



COLUMBUS
CITY SCHOOLS

2024 **BENEFITS GUIDE**

Open Enrollment Period
October 9-27, 2023

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If you (and/or) your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 38 for more details.

Information in this guide is for reference only. Please consult your contract or the Summary Plan Documents, amendments, and riders for exact benefits. When there is a discrepancy between this guide and the contracts and SPD's, information in the contracts and SPD's will provide the final rule.

BENEFIT CONTACTS:

Benefit Plan	Provider	Group/Plan #	Contacts	Website
Medical	United HealthCare (UHC)	918500	1-844-210-6436	www.myuhc.com
Prescription Drugs	Express Scripts	CBYA	1-866-533-7005	www.express-scripts.com
Dental	Delta Dental of OH	0215	1-800-282-0749	www.deltadentaloh.com
Vision	Vision Service Plan (VSP)	30099933	1-800-877-7195	www.vsp.com
Basic Term and Supplemental Life Insurance	The Hartford	681625	1-888-563-1124	www.thehartford.com/ employeebenefits/claims
FSA & HSA	WEX	Columbus City Schools	1-866-451-3399	www.wexinc.com
Employee Assistance Program (EAP) & Health Advocacy	HealthAdvocate	Columbus City Schools	1-866-799-2728	www.healthadvocate.com/ members
Benefits Information	Columbus City Schools	N/A	BenefitQuestions @columbus.k12.oh.us	www.ccsch.us/employeebenefits
Dependent Verification	BMI	Columbus City Schools	1-877-634-7780	www.bmiverify.com
Voluntary Benefit Enrollment	US Enrollment Services	Columbus City Schools	1-800-735-0080	columbuscityschools. mybenefitsinfo.com
Term to 100 Life Insurance	Allstate	N/A	1-800-521-3535	www.allstatebenefits. com/mybenefits
Short Term Disability (STD) Claim Filing	Voya	70215-3	1-866-228-8742	claimscenter.voya.com
Critical Illness Insurance Claim Filing	Voya	70215-3	1-888-238-4840	claimscenter.voya.com
Accident Insurance Claim Filing	Voya	70215-3	1-888-238-4840	claimscenter.voya.com
Legal Insurance	LegalEASE	1000030	1-888-416-4313 hotline@ legalaccessplans.com	vsc.legalease.com
Pet Insurance Enrollment Information	Nationwide Insurance	Columbus City Schools	1-877-738-7874	benefits.petinsurance.com/ columbus-city-schools26
Leave of Absence Requests	Broadspire	Columbus City Schools	888-578-8561	www.myleavetech.com

WHO IS ELIGIBLE?



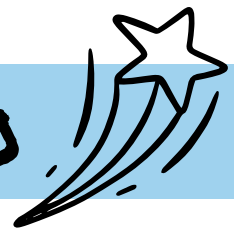
Benefits-Eligible Employees

- Full-time employees
- Part-time classified employees working at least 20 hours per week
- Part-time (0.5) certificated employees
- Latchkey teachers
- Tutors scheduled for a minimum of 15 hours per week
- ACA eligible employees (not normally eligible, but worked an average of 30 hours per week over the course of 12 months)
- Building and Long-term Substitutes

Benefits-Ineligible Employees

- Temporary employees
- Part-time employees working less than 20 hours per week
- Summer school employees
- Part-time hourly teachers (i.e. LLI, Read 180, Home Instruction)
- Daily Substitutes

FIND MORE BENEFITS INFO



Benefits Guide:

Go to ccsoh.us/domain/177 to find an electronic version of this Benefits Guide and important information on both Core and Voluntary Benefits, Qualifying Life Events, New Hire Enrollment instructions, announcements, deadlines, and more.

Open Enrollment Instruction Guide:

Choose ccsoh.us/domain/177 to find step-by-step instructions on how to complete Open Enrollment.

Contact the Benefits Team:

Email us or call to speak to someone directly about your benefit questions or concerns. The Benefits Team will be glad to assist!

Email: Benefitquestions@columbus.k12.oh.us

Phone: 614-365-6475



NEW HIRE + MID YEAR CHANGES

Enrollment Event	Time Frame to Enroll	When Benefits Begin
New Hire Transfer into a benefits-eligible position Return from an unpaid leave of absence and benefits lapsed	Within 30 days from your hire/transfer/return from leave date	The 1st of the month following 30 days of employment
Qualifying Life Events	Within 30 days of the event date	The date of the QLE
Open Enrollment	2024 Open Enrollment Oct 9 - Oct 27, 2023	January 1, 2024

QUALIFYING LIFE EVENT

The benefits you elect as a new hire are the benefits you will have for the entire calendar year. Benefits can only be changed mid-year if you experience a Qualifying Life Event (QLE) which includes birth/adoption of a child, marriage, divorce/legal separation, loss/gain of other coverage, or change in job status (promotion or demotion). You have 30 days from the date of the QLE to make changes to your benefits.

WHEN DO BENEFITS END?

Terminations/Resignations:

Benefits will end on the last day of the month of your effective separation date. **IMPORTANT NOTE: FSA coverage ends on your termination date. If you would like to continue FSA coverage further, then you must elect to do so through COBRA.**

Retirement:

Employees who are retiring at the end of the school year: School employees (i.e. Custodians, Teachers, Bus Drivers, etc.) benefits end on 9/30/YYYY. Non-school based employees (i.e. HR, Administrators, Accounting, IT, etc.) benefits end on contribution paid-through date (no contract that coincides with school year). **IMPORTANT NOTE: FSA coverage ends on your termination date. If you would like to continue FSA coverage further, then you must elect to do so through COBRA.**

Overage Dependent Coverage:

Medical and vision benefits end at the end of the month of your dependent's 26th birthday. Dental benefits end on your dependent's 26th birthday.

Voluntary Benefits:

Call US Enrollment at 1-800-735-0080 to terminate voluntary benefits.

2024 OPEN

IMPORTANT!

**YOU MUST ENROLL BETWEEN
OCTOBER 9-27, 2023**

- You must complete Open Enrollment in order to have benefits for 2024! Even if you are out sick, on vacation, or on a paid leave of absence, you still must complete Open Enrollment by October 27, 2023.
- All Employees hired before November 1, 2023, must complete Open Enrollment. Even if you were a new hire within the last 12 months. All employees sign up for benefits each year.
- Dependent names and social security numbers must match their social security cards exactly. Reference dependent social security cards for accuracy. Addresses and birth dates must also be correct.
- If you want a Flexible Spending Account for 2024, you must complete the enrollment process. You cannot choose "No Changes." FSA elections will not roll over from year to year.

Need Employee Self Service Help?

ENROLLMENT

OCTOBER 9-27

Checklist:



REVIEW

Review this Benefits Guide thoroughly to understand your plan options. Refer to the 2024 Instruction Guide on how to enroll.



GATHER

Gather Social Security cards for all dependents. Names and Social Security numbers must match the card EXACTLY. Any new dependents must be verified. See page 9 for more information.



LOGIN

Login to Employee Self Service (ESS) at columbus.munisselfservice.com

- Review all of your personal information to ensure its accuracy.
- Enroll in your Core Benefits (medical, dental, vision, FSA, HSA, and basic life insurance).
- Add any eligible dependents you wish to cover. Make sure your dependents' information EXACTLY matches their Social Security card.
- Make sure to designate a beneficiary for any life insurance policies. (*Dependents age 18+ recommended.*)
- Beneficiaries are the same for Basic & Supplemental Life through The Hartford.



SCHEDULE

Schedule an appointment online with US Enrollment Services by calling 800-735-0080 or by visiting columbuscityschools.mybenefitsinfo.com

The US Enrollment Specialist can help you complete your entire Open Enrollment OR just add/update/change/terminate your voluntary benefits.



CHECK

Check your 2024 contributions on the following paychecks. Do they reflect your new elections?

- 21 Pays: November 24, 2023
- 26 Pays: December 8, 2023

Call the Help Desk at 614-365-8425

BENEFITS + LEAVES OF ABSENCE

FMLA (Family & Medical Leave Act of 1993)



If you need to take a leave of absence, Broadspire, our Leaves of Absence Administrator, will determine whether you are eligible for FMLA. Broadspire can be contacted at 888-578-8561. Under the provisions of FMLA, Columbus City Schools is required to maintain an employee's health benefits for a period not to exceed 12 weeks from the date of leave. You will pay for insurance under the same conditions (during those 12 weeks), as if you continued active employment. Once FMLA has been exhausted, you are responsible for the total cost of maintaining benefits coverage. Once approved for FMLA leave, if you move into an unpaid status while on leave, you will receive documentation regarding eligibility to continue benefits.



Unpaid Leave of Absence

If you choose to maintain benefits coverage while on an unpaid leave of absence, you are required to pay 100% of the total cost of insurance (both employee and employer shares) unless you are covered by FMLA. The Benefits Department will mail a written notice to you specifically outlining required payments to continue coverage for you and/or your dependent(s). While on an unpaid leave, payments for your benefit contributions will be paid directly to the CCS Benefits Team. To continue Voluntary Benefits while on an unpaid leave, you must contact US Enrollment Services at 1-800-735-0080 to arrange direct payments.

Workers' Compensation Leave of Absence

If you choose to continue benefits while on an approved unpaid Worker's Compensation leave of absence, you must self-pay for benefits:

- Classified employees will pay their normal benefit premium, for a period not to exceed 2 years.
- Certificated employees are responsible for 100% of the cost of the benefit premiums.

You are responsible for ensuring that your benefit coverage continues while on a leave of absence. If you waive coverage while on unpaid leave and wish to be reinstated upon your return to work, please email the Benefits Team at BenefitQuestions@columbus.k12.oh.us. This MUST HAPPEN within the first 30 days of your return-to-work date to request reinstatement of your benefits. The Benefits Team will set up Employee Self Service so you can re-enroll.

If you need to request a leave of absence, contact Broadspire at www.myleavetech.com or 888-578-8561.



VERIFYING DEPENDENTS



If you are enrolling any new dependents in our Core Benefits, you will be required to provide eligibility documents to BMI, the third party verification administrator for Columbus City Schools.

Eligible Dependents

Spouses and children are considered eligible for coverage under the CCS benefits plans. Dependent children are eligible for medical and vision coverage to age 26, and coverage will end at the end of the month of their 26th birthday. Dental benefits for children run to age 26, with benefits ending on their 23rd birthday.

Dependent Verification Process

BMI will contact you directly via letters to your home, emails sent to your CCS address, and texts. They will provide you with the names of the dependents you are being asked to verify and the deadline by which you must send in the required documentation. Below is a list of eligible dependents and the required documentation. Participation in the verification program is mandatory, and any unverified dependents will be removed from the plan. The program ensures that CCS is able to offer employee benefit plans that are cost effective with competitive rates by only providing coverage to those who are eligible.

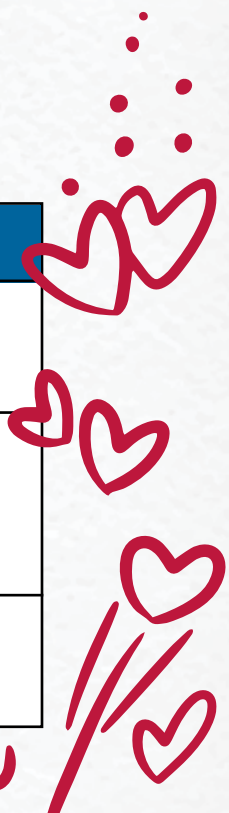
Required Dependent Information

If you are enrolling an eligible dependent in your Core Benefits, the following information is required when entering your dependent in Employee Self Service.

- Date of Birth MM/DD/YYYY
- Social Security Number ###-##-####



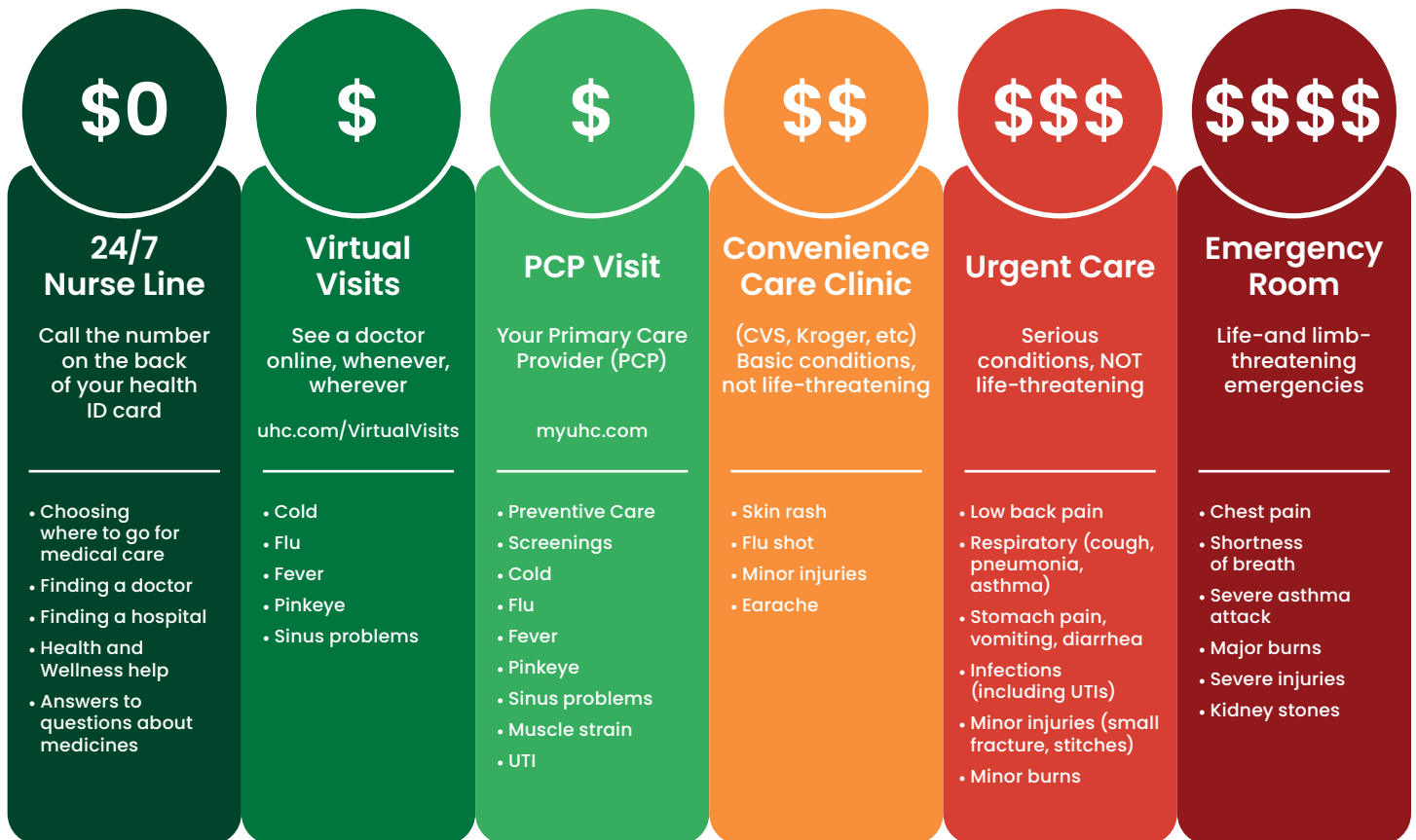
Eligible Dependents	Required Verification Documents
Spouse	Marriage Certificate and document showing joint ownership
Biological, Adopted, Stepchild, or Foster Child	Birth Certificate; Child Support Court Order; Adoption Court Award; Guardianship Court Award (until age 18)
Disabled Overage Dependents	Proof of handicapped status verified by dependent's physician (for medical benefits only)



COMPARE CARE OPTIONS TO KEEP COSTS DOWN

Getting care at the place that best fits your condition or situation will save you money compared to an Emergency Room (ER) visit.* If you have a life-threatening condition, call 911 or go to the ER.

For everything else, it may be best to contact your Primary Care Provider (PCP) first. If seeing your PCP isn't possible, it's important to know your other care options, especially before heading to the ER.



Learn more at uhc.com/quickcare

*Examples of conditions listed are not inclusive of all care



HEALTH CARE GLOSSARY:

Deductible: The amount you must first pay for medical coverage before the plan pays.

Co-Payment: Often referred to as a co-pay, a fixed amount you must pay for covered medical services or prescription medications, typically either at the time of the office visit or when you pay for your prescriptions.

Co-Insurance: After satisfying the deductible, the percentage of covered expenses that insurance will cover.

Out-of-Pocket Maximums: The maximum amount of money you will be required to pay for covered medical services in a calendar year. Once your share of the covered medical expenses reaches this maximum, the plan will pay 100% of your covered charges for the balance of the year.

CORE BENEFITS - MEDICAL



Columbus City Schools is proud to offer medical coverage through UnitedHealthcare (UHC). There are three continuing medical plan options.

1. Select Basic Plan

This plan is available to Classified staff only and offers lower rates than other plan options, but has higher co-pays for medical services and prescription drugs. This plan includes a deductible and out-of-pocket max. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

2. Select Plan

This plan offers affordable rates and co-pays for many services. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan does not offer any out-of-network coverage, with the exception of approved emergency services.

3. Choice Plan

This plan offers higher rates compared to the other plan options. This plan includes a deductible and out-of-pocket max. These differ depending on your employee classification. This plan includes network and out-of-network coverage. Be aware that out-of-network coverage has higher out-of-pocket costs.

4. High-Deductible Health Plan

This plan is available to Classified staff only and offers lower rates to employees hired after May 31, 2009, who will be adding family members to their plan. This plan is different from the others in that there are no co-pays or co-insurance. Employees cover all qualified medical and Rx expenses (except for preventive) until the deductible/out-of-pocket max is reached. After the deductible is reached, the plan pays for 100% of eligible expenses.

The Summary of Benefits Coverage is available on the web at: ccsoh.us/domain/177. A paper copy is also available, free of charge, by sending an email to BenefitQuestions@columbus.k12.oh.us.

PREVENTIVE CARE



Routine preventive care can be the best way to prevent disease and detect disease early.

General preventive services are covered by your health plan at 100%.

To find out what preventive care you should be receiving, contact your doctor or visit

uhc.com/preventivecare

Condition Management Programs

Disease Management

UnitedHealthCare offers so much more than just great healthcare coverage, they also provide support to help you stay healthy. UHC provides personal health support if you are managing a chronic disease like diabetes or heart disease. UHC's Condition Management Program is there for you every step of the way. UHC may reach out to you directly so that you can take advantage of the programs available to you, or you can call the number on the back of your ID card to ask how UHC can help.

Maternity Support Management

The Maternity Support Program is here for anyone thinking about having a baby or if you have a baby on the way. UHC can help you choose a doctor for yourself and a pediatrician for your newborn. They can provide you with information to help you take care of yourself and your baby. **Participate in the maternity support management program and earn up to \$150 towards the purchase of a stroller!** Call UHC at 877-201-5328 Monday-Friday or visit myuhc.phs.com/maternitysupport to get started.

HOW AN HDHP WORKS

Single Coverage

Qualified in-network Medical and Rx expenses



100% of qualified medical and Rx expenses are paid by the **EMPLOYEE** until the **\$1,600** deductible is met.

Preventive care and selected preventive medications are covered 100% before deductible is met.

Pre-tax employee contributions to an HSA can be used to pay for these expenses



Once the deductible is met through qualified expenses incurred by the employee, then qualified medical expenses (including Rx) are **covered 100% by insurance**

Employee + 1 or Family Coverage

Qualified in-network Medical and Rx expenses



100% of qualified medical and Rx expenses are paid by the **EMPLOYEE** until the **\$3,200** deductible is met.

Preventive care and selected preventive medications are covered 100% before deductible is met.

Pre-tax employee contributions to an HSA can be used to pay for these expenses




Once the deductible is met through qualified expenses incurred by any covered family members, then qualified medical expenses (including Rx) are **covered 100% by insurance**

Want more HDHP information? Visit <https://tinyurl.com/CCSHDHP>



MEDICAL FSA VS. HSA

Comparison Page

 **New for Classified Staff** 
who elect the HDHP in 2024

Frequently Asked Questions	Flexible Spending Account	Health Savings Account
What is it?	It's an account to help you pay for covered health care services and eligible medical expenses.	It's a personal bank account to help you save and pay for covered health care services and qualified medical expenses.
What benefit plans allow for this?	Certificated Select & Choice Classified Select Basic, Select & Choice	Classified High Deductible Health Plan
How do I put money into the account?	Your employer will take out pre-tax contributions from your paycheck and put it into the account.	You can make deposits like you do with other personal bank accounts. You can contribute pre-tax contributions from your paycheck.
Is there a limit on how much I can put into it?	The CCS Individual limit on the FSA is \$2,500 annually regardless of which plan or coverage level the employee elects.	The IRS single limit is \$4,150. The family limit is \$8,300. (Employee must be on a family HDHP plan, and the spouse cannot carry another HSA.)
What happens to the money if I leave CCS?	Any contributions that haven't been used upon termination are forfeited.	You own the account, and it follows you.
When is the money available to spend?	The entire elected amount is available to spend on the first day of the plan year.	After 1/1/24, as you contribute.
What will happen if I don't spend the entire elected amount during the plan year?	If you do not spend the entire elected amount by the end of the plan year grace period, the money is forfeited.	Any unspent money left in your account can stay there and earn interest.
Can I spend it on things other than healthcare?	No, you cannot spend it on anything other than qualified medical expenses.	No, as long as you are under the age of 65. If you use it for services other than qualified medical expenses, you could pay a 20% penalty tax. If you are over the age of 65, you can use it for pretty much anything.

CORE BENEFITS- HSA

Health Savings Account

-ONLY AVAILABLE TO CLASSIFIED STAFF WHO ELECT THE HDHP-

Why should I choose a Health Savings Account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified healthcare expenses if you are enrolled in a High Deductible Health Plan (HDHP). You can also use an HSA as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.

The IRS sets the maximum dollar amount you can elect and contribute to a health savings account (HSA). The 2024 annual contribution limit is Single coverage - \$4,150 Family coverage - \$8,300.

Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits. To determine your contribution, we recommend setting a goal on what you plan to use your HSA for. Keep in mind that you're not locked in to that decision and can change your contribution amount at any time.



It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility

Save for a rainy day. Invest for your future retirement or spend your funds on qualified expenses, penalty free.



Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping all receipts in case of an IRS audit. Important Note: You can only spend funds that you have already contributed. You do not have advance funding as with an FSA.



Smart savings

The HSA's unique, triple-tax savings means that the money you contribute, earnings from investments, and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



Investment options

You can invest your HSA funds in an interest-bearing account or in our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

What does it cover?

There are thousands of eligible items.

The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at www.wexinc.com/insights/benefits-toolkit/eligible-expenses/

Can I enroll?

You must be enrolled in a High Deductible Health Plan (HDHP) in order to enroll in the HSA.

You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical Flexible Spending Account (FSA) or select Health Reimbursement Arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.
- Refer to the example on page 15 when determining how much to contribute.

CORE BENEFITS- FSA

FLEXIBLE SPENDING



As part of the wide range of benefits choices, Columbus City Schools offers Flexible Spending Accounts (FSA). FSAs give you the opportunity to set aside money on a pre-tax basis for medical and childcare expenses. You cannot elect a medical FSA if you are enrolled in the High Deductible Health Plan.

Medical FSA

- These dollars can be used to pay for a wide range of healthcare expenses such as medical, dental and vision copays and deductibles. There is also a long list of over-the-counter items that these dollars can be used for. For a full list of eligible expenses, visit wexinc.com/insights/benefits-toolkit/eligible-expenses/. Also take advantage of your dollars at FSASore.com.
- **Minimum Annual Contribution: \$260**
Maximum Annual Contribution: \$2,500
- If you are enrolling in the Medical FSA for the first time with CCS, you will receive a WEX debit card in the mail. All funds are available on the first day of coverage. If you are re-enrolling, you may continue to use the debit card from the previous year. As you use your dollars, you may receive an email from WEX asking for substantiation of the dollars you spent. Make sure to hold on to your receipts!

Dependent Care FSA (DCFSA)

- **These dollars can be used for child care expenses for a dependent child under the age of 13 - NOT medical care expenses.** These expenses can include daycare, latchkey/after school programs, and day camps. Dollars can also be used for adult daycare for a disabled adult dependent or an elderly parent.
- **Minimum Annual Contribution: \$260**
Maximum Annual Contribution: \$5,000
- Submit daycare receipts to WEX. DCFSA reimbursements will be issued as your account is funded. DCFSA funds cannot be used prior to being deducted from your payroll check.

You must re-enroll in your FSA every year!

Previous year elections do not carry over.

FSA dollars are “use it or lose it”.

Please budget wisely when planning your contributions.

The Medical FSA offers a grace period until March 15th of the following year to incur new claims and submit for reimbursement.

The Dependent Care FSA offers a grace period until March 15th of the following year to incur new claims. You have 120 days after the end of the plan year to submit claims, but all claims must be incurred during the plan year (including the grace period).

DO THE MATH!

When deciding how much you would like to contribute, consider how much you want to deduct from each payroll check or how much you want to contribute annually.

If you have a total annual election in mind, divide that number by the remaining pay dates in the calendar year. Don't forget to consider how many paychecks you receive in a year (21 or 26).

Example:

If you need \$500 for the year and have 26 paychecks remaining
 $\$500 \div 26 \text{ pay periods} = \$19.23 \text{ per paycheck}$

Please note that FSA & HSA plans are regulated by the IRS. If you have any tax concerns or questions, please contact your tax advisor.

$$a + b = c$$

Important Dates for your Medical and Dependent Care FSA Accounts

General Plan Rules

The Internal Revenue Service imposes the following rules and regulations on pre-tax Flexible Spending Accounts:

- Under plan guidelines for the Medical & Dependent Care Flexible Spending Accounts, you have up until March 15, 2025 to continue to incur medical expenses and use funds that have not been exhausted from your 2024 accounts.

For example, you can go to the dentist in February 2025, get a root canal, and use 2024 FSA dollars to pay for this expense.

The IRS allows you to continue to be reimbursed for money left in both your Dependent Care and Medical Flexible Spending Accounts from 2024. All submissions for reimbursement

for the 2024 Medical Flexible Spending Account are due to WEX no later than April 30, 2025. **Any dollars in Medical Flexible Spending Accounts left unclaimed after the April 30th deadline will be forfeited.**

- You may be eligible for a Federal Child and Dependent Care Tax Credit to deduct certain health care expenses on your tax return. Be sure to talk to a tax advisor to see whether the tax credits and deductions or the Flexible Spending Accounts are the best choice for you.

CCS WELLNESS

Columbus City Schools Staff Wellness Initiative is an award-winning program! The Initiative strives to improve student success through creating and fostering a culture of wellness for students and staff. Wellness programming is open to ALL staff members.



TEN DIMENSIONS OF WELLNESS



PHYSICAL



SPIRITUAL



INTELLECTUAL



FINANCIAL



EMOTIONAL



CAREER



CULTURAL



CREATIVE



SOCIAL



ENVIRONMENTAL

CCS Wellness programming is a benefit for all CCS staff members.

Visit the Wellness website to see the most up to date wellness resources and opportunities!

[CCSOH.US/WELLNESS](https://ccsoh.us/wellness)

your dedicated nurse

GRACE CRAWFORD
MHA, BSN, RN

(614) 867-6567
g Crawford1@columbus.k12.oh.us

HEALTHY BODIES
ACTIVE MINDS
COLUMBUS CITY SCHOOLS

REAL APPEAL



Get fit. Get results.

A proven way to live healthier.

Real Appeal® is an online weight management and healthy lifestyle program designed with simple, realistic goals for proven success—at no additional cost to eligible members.



Fitness on Demand™
Crush your fitness goals



Online coaching
Personalized support



Success kit
Tools and resources

Get started today

columbuscityschools.realappeal.com

Scan the QR code to enroll



Real Appeal is available at no additional cost to employees, their covered spouses and dependent(s) 18 or over with a BMI of 23 or greater, subject to eligibility. Real Appeal is a trademark of Real Appeal, LLC. All other trademarks are the property of their respective owners. © 2021 Real Appeal, LLC 951-228-1177 201805-042121

EMPLOYEE ASSISTANCE AND HEALTH ADVOCACY



Navigating the healthcare system and dealing with personal problems can be a challenge. HealthAdvocate experts will answer your questions and take on virtually any healthcare or administrative issue so you get to the right care at the right time. HealthAdvocate also provides **four confidential counseling sessions** to help you work through personal issues - all at no cost to you!

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Arrange second opinions and transfer medical records; coordinate care and services

Confidential support for personal problems

- Four free sessions for relationship issues, stress, depression, substance abuse and more
- Build coping skills to manage life's challenges and gain control of your life

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve complicated claims and billing issues

Work/life resources to make life easier

- Locate childcare, eldercare, summer camps, special needs services, and relocation support
- Easy access to legal/financial experts and information, saving you time, money and worry

The Health Advocacy and Employee Assistance Program (EAP) is FREE and confidential to employees and their spouses, dependents, parents and parents-in-law. Crisis help is available 24/7.

Turn to HealthAdvocate- We can help.

866-799-2728 • answers@HealthAdvocate.com • WebHealthAdvocate.com/members • Download the app today!

CERTIFICATED EMPLOYEES & ADMINISTRATORS

Medical & Pharmacy Summary

Benefit	Select	Choice	
		Network	Non-Network
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member can also receive care from non-network providers at a lower benefit level
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted			
Medical Deductible Individual/Family	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
Annual Out-Of-Pocket Maximum (OOP)	Network medical and pharmacy copayments, deductibles and coinsurance will accumulate to the Out-Of-Pocket Maximum.		
Medical OOP Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000
Preventive Care Services (Routine preventive care services)			
	\$0 Copay	\$0 Copay	Not Covered
Primary Care Physician Office Visits	\$20 Copay	\$20 Copay	20% Coinsurance after deductible
Specialist Office Visits	\$30 Copay	\$30 Copay	20% Coinsurance after deductible
Urgent Care Visits	\$35 Copay	\$45 Copay	Not Covered
Hospital Emergency Room	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)
Inpatient Facility Services	0% Coinsurance after deductible No Physical Medicine & Rehabilitation (PM&R) limit	0% Coinsurance after deductible 60 day combined PM&R limit	20% Coinsurance after deductible 60 day combined PM&R limit
Outpatient Facility Services	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Services (30 visits/year)			
	\$30 Copay	\$30 Copay	20% Coinsurance after deductible
Physical & Occupational Therapy (60 visits/year combined)			
	\$30 Copay	\$30 Copay	20% Coinsurance after deductible
Speech Therapy (20 visits/year)			
	\$30 Copay	\$30 Copay	20% Coinsurance after deductible
DME - Medical Supplies, Equipment, & Appliances			
	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Diabetic/Asthmatic Supplies			
	\$0 Copay	\$0 Copay	Not Covered
Human Organ/Tissue Transplant			
	Plan pays 100%	Plan pays 100%	Not Covered
Mental Health/Substance Abuse Inpatient Services			
	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Mental Health/Substance Abuse Outpatient Services			
	\$20 Copay	\$20 Copay	20% Coinsurance after deductible
Hospice Care			
	Plan pays 100%	Plan pays 100%	
Home Health Care			
	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible
Pharmacy OOP Individual/Family			
	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000
Prescription Drugs Retail Pharmacy (30 day supply)			
	\$8 Generic/\$50 Brand Preferred/ \$80 Brand Non-Preferred/ Speciality 20% (\$80 min, \$120 max)	\$8 Generic/\$50 Brand Preferred/ \$80 Brand Non-Preferred/ Speciality 20% (\$80 min, \$120 max)	50% Coinsurance
Prescription Drugs Retail Pharmacy (90 day supply)			
	\$20 Generic/\$100 Brand Preferred/ \$160 Brand Non-Preferred/ Speciality 20% (\$160 min, \$240 max)	\$20 Generic/\$100 Brand Preferred/ \$160 Brand Non-Preferred/ Speciality 20% (\$160 min, \$240 max)	Not Covered
Dependent Child Age	Up to age 26		

Note: Above summaries are for reference only. Please consult Summary Plan Document, amendments, and riders for exact plan benefits.

CLASSIFIED EMPLOYEES & CLASSIFIED SUPERVISORS

Medical & Pharmacy Summary



	Select Basic	Select	Choice		HDHP
Benefit			Network	Non-Network	
Choice of Physician	Member selects a physician from the network	Member selects a physician from the network	Member selects a physician from the network	Member selects a non-network physician at a lower benefit	Member selects a physician from the network
Annual Medical Deductible - Deductible applies except for services with a copay unless otherwise noted					
Medical Deductible Individual/Family	\$300/\$900	\$300/\$900	\$150/\$300	\$900/\$2,700	In-Network: \$1,600/\$3,200 Out-of-Network: \$3,200/\$6,400
Annual Out-Of-Pocket Maximum (OOP)	Network medical copayments will accumulate to the Out-Of-Pocket Maximum along with any applicable medical deductibles and coinsurance. (See Pharmacy Out-Of-Pocket Maximum below)				
Medical OOP Individual/Family	\$750/\$1,500	\$750/\$1,500	\$750/\$1,500	\$2,250/\$4,500	In-Network: \$1,600/\$3,200 Out-of-Network: \$3,200/\$6,400
Preventive Care Services					
Preventive Care Services <small>(Routine preventive care services)</small>	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered	\$0 before deductible
Physician Office Visits	\$20 Copay	\$15 Copay	\$15 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Specialist Office Visits	\$30 Copay	\$30 Copay	\$30 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Urgent Care Visits	\$50 Copay	\$50 Copay	\$50 Copay	Not Covered	100% until deductible met then \$0
Hospital Emergency Room	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	\$200 Copay (waived if admitted)	100% until deductible met then \$0
Inpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible No PM&R limit	5% Coinsurance after deductible 60 day combined PM&R limit	30% Coinsurance after deductible 60 day PM&R limit	100% until deductible met then \$0
Outpatient Facility Services	10% Coinsurance after deductible	10% Coinsurance after deductible	5% Coinsurance after deductible	30% Coinsurance after deductible	100% until deductible met then \$0
Chiropractic Services					
Chiropractic Services <small>(30 visits/year)</small>	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Physical & Occupational Therapy					
Physical & Occupational Therapy <small>(60 visits/year combined)</small>	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
Speech Therapy					
Speech Therapy (20 visits/year)	\$20 Copay	\$20 Copay	\$20 Copay	30% Coinsurance after deductible	100% until deductible met then \$0
DME - Medical Supplies, Equipment, & Appliances					
DME - Medical Supplies, Equipment, & Appliances	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	100% until deductible met then \$0
Diabetic/Asthmatic Supplies					
Diabetic/Asthmatic Supplies	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered	100% until deductible met then \$0
Human Organ/Tissue Transplant					
Human Organ/Tissue Transplant	Plan pays 100%	Plan pays 100%	Plan pays 100%	Not Covered	100% until deductible met then \$0
Mental Health/Substance Abuse Inpatient Services					
Mental Health/Substance Abuse Inpatient Services	10% Coinsurance after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	20% Coinsurance after deductible	100% until deductible met then \$0
Mental Health/Substance Abuse Outpatient Services					
Mental Health/Substance Abuse Outpatient Services	\$20 Copay	\$15 Copay	\$15 Copay	20% Coinsurance	100% until deductible met then \$0
Home Health Care					
Home Health Care	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	20% Coinsurance after deductible (30 visit limit/year)	100% until deductible met then \$0
Hospice Services					
Hospice Services	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	0% Coinsurance after deductible	100% until deductible met then \$0
Pharmacy OOP Individual/Family					
Pharmacy OOP Individual/Family	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	100% until deductible met then \$0 *Select generic preventive drugs offered at no cost.
Prescription Drugs Retail Pharmacy (30 day supply)					
Prescription Drugs Retail Pharmacy (30 day supply)	\$14 Generic/ \$25 Brand Preferred/ \$40 Brand Non-Preferred	\$7 Generic/ \$18 Brand Preferred/ \$35 Brand Non-Preferred	\$7 Generic/ \$18 Brand Preferred/ \$35 Brand Non-Preferred	50% Coinsurance	100% until deductible met then \$0
Prescription Drugs Retail Pharmacy (90 day supply)					
Prescription Drugs Retail Pharmacy (90 day supply)	\$28 Generic/ \$50 Brand Preferred/ \$80 Brand Non-Preferred	\$14 Generic/ \$35 Brand Preferred/ \$70 Brand Non-Preferred	\$14 Generic/ \$35 Brand Preferred/ \$70 Brand Non-Preferred	Not Covered	100% until deductible met then \$0
Dependent Child Age	Up to age 26				

Note: Above summaries are for reference only. Please consult Summary Plan Document, amendments, and riders for exact plan benefits.



United Healthcare **RESOURCES**

24/7 VIRTUAL VISITS

Get same-day care

24/7 Virtual Visits are a way to schedule same-day, urgent care visits so you can talk with a provider 24/7 for common urgent care needs or when your primary care provider (PCP) is not available.



VIRTUAL PRIMARY CARE

See a primary care doctor, virtually

Get regular health visits and checkups with a Primary Care Provider (PCP), without the office visit. You can choose to see a network PCP regularly so the same provider will take care of you over time.



24/7 Virtual Visits cost the same as a physician office visit copay. Learn more by visiting myuhc.com/virtualvisits



Get confidential behavioral health care by talking to a psychiatrist or therapist during a virtual visit from the safety and comfort of your home.

Get caring 1-on-1 support

VIRTUAL THERAPY



Virtual specialty care allows you to more quickly access specialty care that's personalized for your specific care needs, such as migraine needs.

Access specialty care more quickly

VIRTUAL SPECIALTY CARE

GET THE **MOST** OUT OF YOUR BENEFITS

Your personalized website, myuhc.com, features tools designed to help you:

- **Find, price and save on care** — you can save with Virtual Visits and other tools. When you compare costs for providers and services, you can save an average of 36% on healthcare costs.
- **Get care from anywhere** with Virtual Visits. A doctor can diagnose common conditions by phone or video 24/7.
- **Understand your benefits** and the financial impact of care decisions.
- **Find tailored recommendations** regarding providers, products and services. You can even generate an out-of-pocket estimate based on your specific health plan status.
- **Access claim details**, plan balances and your health plan ID card quickly.
- **Follow through on clinical recommendations** and access wellness programs.
- **Check your plan balances**, access financial accounts and more.

CORE BENEFITS-RX

PHARMACY (Rx)



EXPRESS SCRIPTS®

Columbus City Schools has partnered with Express Scripts to offer our employees a trusted name in prescription drug coverage.

*All prescription drug co-pays and costs can be found on pages 18 and 19.

Express Scripts also has pharmacists available 24/7 to answer questions about drug interactions, side effects, medication risks and benefits, and many other prescription drug questions and concerns you might have.

Express Scripts Home Delivery Pharmacy

Express Scripts offers home delivery on most maintenance medications, and it comes with an additional savings. Express Scripts will ship up to a 90-day supply of your medication directly to your doorstep. The shipping is free, and for an added convenience, you can set up your prescriptions to auto-refill. Simply ask your doctor to send your prescriptions directly to Express Scripts to fill every 90 days.



Online

If you haven't created an account, go to www.express-scripts.com and click Register. Once your account is up and running, you can switch medication to Home Delivery, order refills, track orders, and much more.



E-Prescribe

Ask your doctor to submit your prescription electronically (e-Prescribe). Express Scripts Pharmacy® will process your prescription and mail it to you. If a copayment applies, you'll receive an invoice in the mail. Your doctor can submit prescriptions directly to Express Scripts through the electronic medical record (EMR) at: Express Scripts Home Delivery Pharmacy, 4600 North Hanley Road, St. Louis, MO 63134.



Mobile app

If you have an existing prescription at a retail or military pharmacy, you can transfer it to delivery using the Express Scripts® mobile app. Simply download the app today for FREE by searching "Express Scripts" in your mobile app store and signing in to get started.



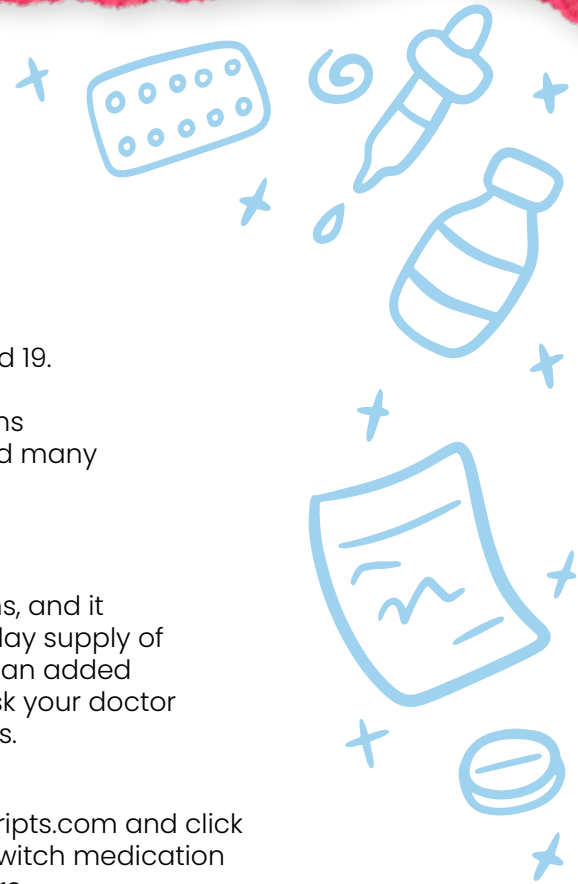
Phone

Call 877-363-1303 and have your prescription bottle ready. A patient care advocate will work with your doctor to transfer your medication to Home Delivery.



Mail

Fill out the Home Delivery Order Form (available online) and then mail the form and your 90-day prescription to the address listed on the form.



If you elect medical coverage with CCS, you will automatically be enrolled in the prescription drug coverage. Please note that Express Scripts will mail a separate prescription drug ID card to your home. Your UHC ID number and your Express Scripts ID number are the same.

CORE BENEFITS-DENTAL

DENTAL BENEFITS



Because oral health is so important, Columbus City Schools offers a dental plan to help you keep your mouth and your family's mouths healthy!

Maximizing your Dental Benefits

To get the most of our dental benefits, search www.deltadentaloh.com for a dentist that participates in the **Delta Dental PPO or Premier Network**. This will ensure hassle-free claim submission and protect you from unexpected balance billing from the dentist.

Balance billing is when the nonparticipating doctor charges more than the insurance company pays participating providers.

Delta Dental will only pay their highest contracted rate to a nonparticipating dentist. The dentist may pass on the additional costs to you.

NOTE: Eligibility for dependents covered under the CCS dental plan ends on the dependent's 26th birthday.

To find a network participating dentist: Visit www.deltadentaloh.com or call 1-800-282-0747.

Delta Dental does NOT issue ID cards.
Tell your dentist you have Delta Dental to verify your coverage.

	Delta Dental PPO/Premier Dentist	Nonparticipating Dentist <small>*patient may be balance billed</small>
Plan Deductible	\$0	
Annual Calendar Maximum Benefit	\$1,500 per person	
Orthodontic Lifetime Maximum Benefit	50% up to \$1,000 per person/lifetime (no age restriction)	
Diagnostic & Preventative		
Diagnostic and Preventative Services <small>exams, cleanings, fluoride, and space maintainers</small>	100%	100%
Emergency Palliative Treatment <small>to temporarily relieve pain</small>	100%	100%
Radiographs <small>X-rays</small>	100%	100%
Basic Service		
Minor Restorative Services <small>Fillings and crown repair</small>	80%	80%
Endodontic Services <small>Root canals</small>	80%	80%
Periodontic Services <small>To treat gum disease</small>	80%	80%
Oral Surgery Services <small>Extractions and dental surgery</small>	80%	80%
Major Restorative Services <small>Crowns</small>	80%	80%
Other Basic Services <small>Miscellaneous services</small>	80%	80%
Relines and Repairs <small>To bridges, implants, and dentures</small>	80%	80%
Major Service		
Prosthodontic Service <small>Bridges, implants, and dentures</small>	50%	50%

CORE BENEFITS-VISION

VISION BENEFITS



Columbus City Schools has partnered with VSP to offer District employees two vision options: Base Plan and Buy-Up Plan. While both are great options, you might find one that better fits your needs.

- 1. Vision Base Plan** - This plan is 100% paid for by the District for most employees. (Latchkey Teachers and Job Share Teachers are required to pay a portion of the premium.)
- 2. Vision Buy-Up Plan** - This plan offers a more extensive vision option, and the premium for the additional benefits are covered 100% by the employee.

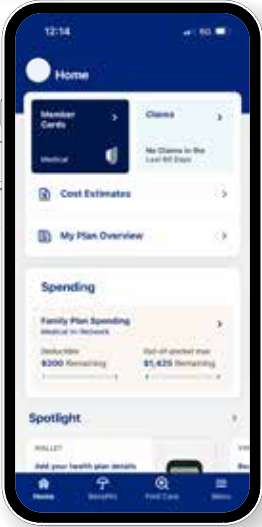
To find an in-network provider, visit the VSP website at www.vsp.com.

VSP also offers extra savings if you choose to buy your eyewear online at Eyeconic. Visit www.eyeconic.com for more information.

VSP does NOT issue ID cards.
Tell your vision provider you have VSP to verify your coverage.

	Base Plan	Buy-Up Plan	Out-Of-Network (applies to both plans)
Routine Eye Exam	\$10.00 (applies to exam and lenses materials) Once every 24 months	\$10.00 co-pay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Frames	\$105 + 20% off any balance	\$150 + 20% off any balance	Up to \$70 Follows frequency of in-network benefit
Single Vision Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$50 Follows frequency of in-network benefit
Bifocal Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$75 Follows frequency of in-network benefit
Trifocal Lenses	Covered in full after \$10 copay Once every 24 months	Covered in full after \$25 copay Once every 12 months	Up to \$100 Follows frequency of in-network benefit
Lens Enhancements	\$14-\$70 copay depending on enhancement Once every 24 months	\$14-\$70 copay depending on enhancement Once every 12 months	Not Available
Contact Lenses (in lieu of eyeglasses)	\$105 Once every 24 months	\$150 Once every 12 months	Up to \$105 Follows frequency of in-network benefit

GO MOBILE



United Healthcare

When you're out and about, the UnitedHealthcare app puts your health at your fingertips. Download it today to get instant access to your health plan details.

Find care

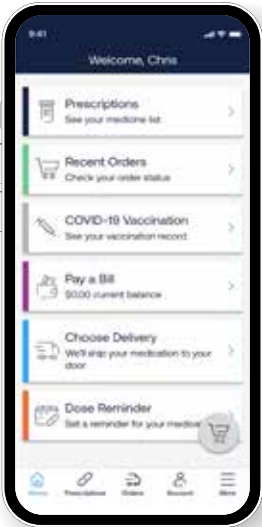
- Find network care options for doctors, clinics and hospitals in your area.
- Talk to a doctor by video 24/7.
- See reviews and ratings for doctors.

Manage health plan details

- Generate and share digital health plan ID cards.
- View claims and account balances.

Stay on top of costs

- Contact a registered nurse 24/7 for advice about medical questions.
- Use the Talk to Me tool to ask a service representative to call you and answer questions about claims and benefits.

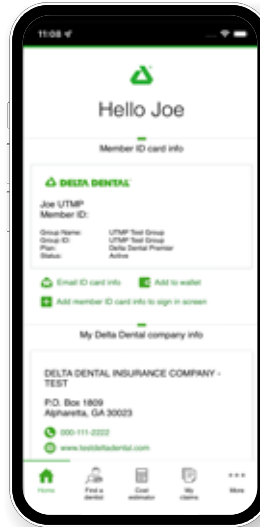


Express Scripts

The newly designed Express Scripts app lets you easily and quickly find everything you need for your medicine.

You can:

- Order refills for you or your family.
- Track orders.
- Start automatic refills.
- Access ID card.

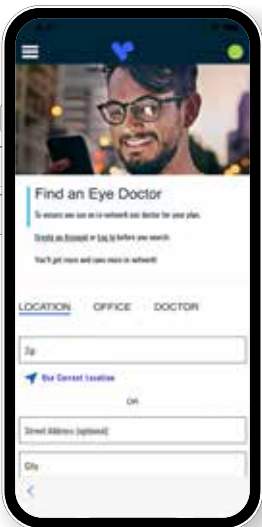


Delta Dental of Ohio

The Delta Dental mobile app makes it easy for you to get the most of your dental benefits anytime, anywhere.

You can:

- Find a dentist.
- Access your ID card.
- Check claims.
- View coverage.
- Display virtual ID card.

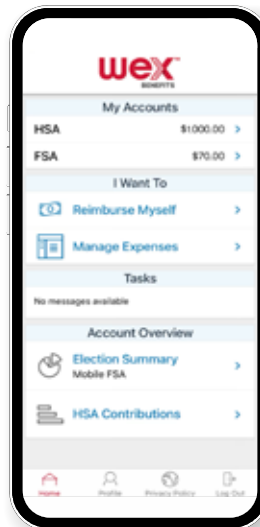


VSP

Manage your eye care needs at any time, and from anywhere, with VSP Vision Care On The Go.

You can:

- Find a doctor.
- Check your coverage.
- Access your vision card.
- Shop the latest eyewear.



WEX (FSA)

Enjoy real-time access to all your benefits accounts in one spot.

You can:

- View statements.
- Start automatic refills.
- Access ID card and notifications.
- Check balances and see account activity.
- Get instant notifications on claim statuses.
- Upload claim verification documents.

CORE BENEFITS-LIFE INSURANCE

BOARD SPONSORED LIFE INSURANCE



Planning for your family's financial well-being can bring you peace of mind. Life Insurance can provide financial support to your beneficiaries in the event of your death. Columbus City Schools pays the full cost of your Basic Term Life Insurance coverage through The Hartford, and you may also purchase additional coverage to meet your needs. For more life insurance options in addition to the Supplemental Life Insurance described in the next column, please see the section of this guide on the Group Term to Age 100 Life Insurance (page 34).

Available Services

The Hartford has a suite of valuable additional services to help you and your loved ones make informed decisions during some of the most difficult times in their lives.

During life's most trying times, understanding one's options and choosing the best direction can be very difficult. End-of-life decisions, financial matters, insurance needs, and planning for the loss of a loved one may be easier with the help of experienced and compassionate professionals.

- Funeral Concierge
- Estate Guidance
- Beneficiary Assist (help for those coping with a loss)
- Travel Assistance and Theft Protection Service

Your Coverage

- **Basic Life Insurance** - term life insurance paid for in full by the District and based on your position.
- **Supplemental Life Insurance** - if eligible, you may elect to purchase additional term life insurance coverage for yourself in amounts based on your position.

The Board paid Basic Life Insurance and the Supplemental Life Insurance with The Hartford is coverage on yourself.

If you would like to cover your spouse or dependent child(ren), please see the Allstate Term Life information on page 34.

Basic Life Plan Benefits

Benefits Eligible Employee Type	Coverage Amount
Superintendent	\$300,000
Chief Executives	\$100,000
Full-time Certificated/ Administrators	\$50,000
Part-time certificated	\$25,000
Full-time classified	\$50,000
Part-time classified	\$25,000
Tutors	\$20,000

Supplemental Life Insurance

If you are an executive, certificated employee, administrator, or classified employee, you may purchase Supplemental Life Insurance equal to your Basic Life Insurance amount. Whether you are enrolling as a new employee or during Open Enrollment, no proof of good health is required. You pay for your Supplemental Life Insurance coverage with post-tax dollars through convenient payroll deductions. Please note that Tutors and Latchkey Teachers are not eligible to elect Supplemental Life Insurance.



CERTIFICATED + ADMINISTRATORS

2024 Contributions Per Pay



MEDICAL

21 PAY PLAN	Select	Choice
Employee Only	\$58.25	\$69.38
Employee + Child	\$118.24	\$138.32
Employee + Spouse (Grandfathered Rates)**	\$118.24	\$138.32
Employee + Spouse*	\$331.03	\$351.11
Employee + Children	\$174.46	\$204.10
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$174.46	\$204.10
Family (Employee + Spouse & Child(ren))*	\$488.40	\$518.04

26 PAY PLAN	Select	Choice
Employee Only	\$47.05	\$56.03
Employee + Child	\$95.50	\$111.72
Employee + Spouse (Grandfathered Rates)**	\$95.50	\$111.72
Employee + Spouse*	\$267.36	\$283.58
Employee + Children	\$140.92	\$164.86
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$140.92	\$164.86
Family (Employee + Spouse & Child(ren))*	\$394.48	\$418.42

*CEA bargaining unit members or Administrators who add their spouse after May 31, 2009 will pay a higher contribution rate to include their spouse for medical coverage.

**CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their medical coverage since May 31, 2009, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.98	\$3.22
Family	\$3.98	\$3.22

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.51	\$3.65

VISION BUY-UP The Base Vision plan is paid 100% by the District.

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2+	\$8.95	\$7.23

CLASSIFIED EMPLOYEES AND SUPERVISORS

2024 Contributions Per Pay



MEDICAL

21 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$15.02	\$29.40	\$67.48	\$121.32
Employee + Child	\$29.96	\$58.61	\$134.53	\$241.44
Employee + Spouse (Grandfathered Rates)**	\$29.96	\$58.61	\$134.53	\$241.44
Employee + Spouse*	\$299.04	\$327.69	\$403.61	\$241.44
Employee + Children	\$44.22	\$86.49	\$198.50	\$356.70
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$44.22	\$86.49	\$198.50	\$356.70
Family (Employee + Spouse & Child(ren))*	\$441.22	\$483.49	\$595.50	\$356.70

26 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$12.14	\$23.74	\$54.50	\$97.99
Employee + Child	\$24.20	\$47.34	\$108.66	\$195.01
Employee + Spouse (Grandfathered Rates)**	\$24.20	\$47.34	\$108.66	\$195.01
Employee + Spouse*	\$241.53	\$264.67	\$325.99	\$195.01
Employee + Children	\$35.71	\$69.86	\$160.33	\$288.10
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$35.71	\$69.86	\$160.33	\$288.10
Family (Employee + Spouse & Child(ren))*	\$356.36	\$390.51	\$480.98	\$288.10

*OAPSE bargaining unit members or Classified Supervisors who add their spouse after April 30, 2010 will pay a higher contribution rate to include their spouse for medical coverage.

**OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their medical coverage since April 30, 2010, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.98	\$3.22
Family	\$3.98	\$3.22

LIFE INSURANCE

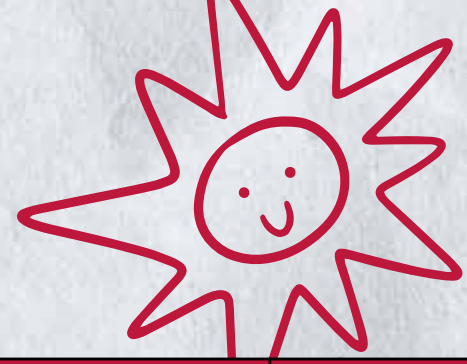
	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.51	\$3.65

VISION BUY-UP The Base Vision plan is paid 100% by the District.

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Family	\$8.95	\$7.23

ELIGIBLE TUTORS

2024 Contributions Per Pay



MEDICAL

21 PAY PLAN	Select	Choice
Tutors (15-25 scheduled hours)		
Employee Only	\$272.73	\$282.81
Employee + One (Child or Spouse)	\$543.83	\$563.91
Family (Employee + Spouse & Child(ren))	\$802.33	\$831.97
Tutors (Over 25 scheduled hours)		
Employee Only	\$155.34	\$165.42
Employee + One (Child or Spouse)	\$309.75	\$329.83
Family (Employee + Spouse & Child(ren))	\$456.99	\$486.63

26 PAY PLAN	Select	Choice
Tutors (15-25 scheduled hours)		
Employee Only	\$220.28	\$228.42
Employee + One (Child or Spouse)	\$439.24	\$455.46
Family (Employee + Spouse & Child(ren))	\$648.05	\$671.99
Tutors (Over 25 scheduled hours)		
Employee Only	\$125.46	\$133.60
Employee + One (Child or Spouse)	\$250.17	\$266.39
Family (Employee + Spouse & Child(ren))	\$369.12	\$393.06

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only (15-25 hours)	\$19.93	\$16.09
Family (15-25 hours)	\$19.93	\$16.09
Employee Only (Over 25 hours)	\$11.16	\$9.01
Family (15-25 hours)	\$11.16	\$9.01

LIFE INSURANCE Tutors are NOT eligible for Supplemental Life Ins.

	21 Pay Plan	26 Pay Plan
Basic Life \$20,000 (District Paid)	\$0.00	\$0.00

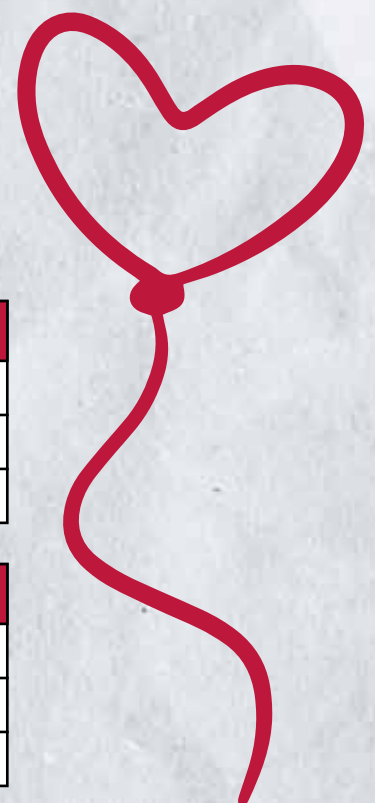
VISION BUY-UP The Base Vision plan is paid 100% by the District.

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Family	\$8.95	\$7.23



LATCHKEY TEACHERS

2024 Contributions Per Pay



MEDICAL

21 PAY PLAN	Select	Choice
Employee Only	\$155.34	\$165.42
Employee + One (Child or Spouse)	\$309.75	\$329.83
Family (Employee + Spouse & Child(ren))	\$456.99	\$486.63

26 PAY PLAN	Select	Choice
Employee Only	\$125.46	\$133.60
Employee + One (Child or Spouse)	\$250.17	\$266.39
Family (Employee + Spouse & Child(ren))	\$369.12	\$393.06

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only	\$11.16	\$9.01
Family	\$11.16	\$9.01

VISION BASE

	21 Pay Plan	26 Pay Plan
Employee Only	\$0.58	\$0.47
Employee + 1	\$1.16	\$0.94
Family	\$1.87	\$1.51

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.36	\$2.71
Employee + 1	\$6.71	\$5.42
Family	\$10.82	\$8.74

NOTE: Latchkey Teachers are NOT eligible for Basic or Supplemental Life Insurance.



JOB SHARE TEACHERS

2024 Contributions Per Pay



MEDICAL

21 PAY PLAN	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$299.39	\$309.47
Employee + Child	\$596.99	\$617.07
Employee + Spouse (Grandfathered Rates)**	\$596.99	\$617.07
Employee + Spouse*	\$703.38	\$723.46
Employee + Children	\$880.82	\$910.46
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$880.82	\$910.46
Family (Employee + Spouse & Child(ren))*	\$1,037.79	\$1,067.43

26 PAY PLAN	Select	Choice
Job Share Percentage	50%	50%
Employee Only	\$241.82	\$249.96
Employee + Child	\$482.18	\$498.40
Employee + Spouse (Grandfathered Rates)**	\$482.18	\$498.40
Employee + Spouse*	\$568.11	\$584.33
Employee + Children	\$711.44	\$735.38
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$711.44	\$735.38
Family (Employee + Spouse & Child(ren))*	\$838.22	\$862.16

*CEA bargaining unit members or Administrators who add their spouse after May 31, 2009 will pay a higher contribution rate to include their spouse for medical coverage.

**CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their medical coverage since May 31, 2009, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

DENTAL 50%

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.98	\$3.22
Family	\$3.98	\$3.22

VISION BASE 50%

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Family	\$8.95	\$7.23

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.51	\$3.65

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Family	\$8.95	\$7.23

TUITION DISCOUNTS AND SCHOLARSHIPS



CCS has partnered with Franklin University to offer the following discounts:

- 10% tuition discount on Associate and Bachelor Degree programs and undergraduate certificate programs including K-12 Education Bachelor's Degree programs and the Post-Baccalaureate Teacher Certification Program
- 20% tuition discount on 20+ accelerated Master's Degree and Graduate Certificate Programs
- 15% tuition discount on Doctoral Programs, including the Ed.D. in Organizational Leadership



The Otterbein Scholarship for children of CCS employees is available to any undergraduate under the age of 23 who has not completed a Bachelor's Degree, whether they are applying as a new first-time first-year student or a transfer student. The current value of the award is \$19,000, renewable for all four years, giving your children the opportunity to access all of the benefits of a private university at public school prices.



CCS has partnered with Capital University to offer CCS employees discounted tuition rates, along with other grants, scholarships, and student loans for the following programs:

- Capital City Teacher Residency Program Primary P-5
- Capital City Teacher Residency Program Primary (P-5) and K-12 Intervention Specialist
- Post-Baccalaureate Teacher Licensure (All areas)
- Teaching English to Speakers of Other Languages/ TESOL (Endorsement)
- Adult and Continuing Education (Social Work)



CCS has partnered with Ashland University to provide District employees, spouses, and dependents the chance to receive discounted tuition for Associate, Bachelor, and Master's Degrees as well as Doctoral programs.

- Online undergraduate students: 10% tuition discount on top of most grants, scholarships, and student loans
- Traditional on-campus full-time undergraduate students: \$1,000 per year (\$500 per semester) on top of any other grants, scholarships, and student loans
- All Graduate students: 10% percent tuition discount on top of any other grants, scholarships, and student loans
- All students participating in the RN-BSN program: \$200 per credit hour



CCS has partnered with Ohio Dominican University to offer tuition discounting for CCS employees, spouses, and dependents for the following graduate programs:

- Master of Arts in English
- Master of Arts in TESOL
- Master of Business Administration (Data Analytics, Risk Management, Leadership, Finance, Accounting, and Sports Management)
- Master of Education (including curriculum and instruction and educational leadership with endorsements in early childhood, reading, teacher leader, and TESOL)
- Master of Science in Sports Management
- Master of Theology

For more information regarding tuition discounts and scholarships, please visit ccsoh.us/employeebenefits.

VOLUNTARY BENEFITS

Voluntary Benefits are additional insurance products available for purchase at affordable rates. You also have the advantage of paying for these benefits through convenient, after-tax payroll deductions.

As an eligible employee working over 20 hours per week, you may purchase many of these coverages without a medical exam. **Tutors are not eligible for Voluntary Benefits.** Proof of good health may be required for late entry into the plan.

How to Enroll

Schedule an appointment with US Enrollment Services within 30 days of your hire/eligibility date to get more information and to enroll in your Voluntary Benefits.

Schedule an appointment by visiting:
columbuscityschools.mybenefitsinfo.com/
or by calling 800-735-0080.

Short-Term Disability Insurance

For many households, going without income for even a few weeks can be devastating. Short-Term Disability Income Insurance can help protect your finances if you experience an eligible illness or injury that leaves you unable to work. It provides benefits to replace up to 60% of your weekly earnings for 26 weeks. These weekly benefits allow you to concentrate on getting better and when possible, back to work.

How the Plan Works

Weekly benefits begin after 14 days of disability from an illness or injury. You may choose a weekly benefit amount up to \$1,400 (but not more than 60% of your income).

Plan Costs

You pay for the Short-Term Disability plan through convenient payroll deductions. For cost information, ask your US Enrollment Specialist when you enroll.

Make sure to update your Short-Term Disability policy to reflect salary changes.

Accident Insurance

Accident Insurance pays you cash benefits for injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. Accident Insurance is a limited benefit policy and is not health insurance.

Plan Features

Guaranteed Issue – No medical questions or tests are required for coverage.

- Flexible – You can use the benefit payments as you see fit.
- Payroll deductions: Premiums are paid through convenient payroll deductions.
- Portable – If you leave your current employer or retire, you can take your coverage with you.

Plan Benefits with Accident Coverage

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note: there may be some variations by state.

- Accident Hospital Care
- Burns
- Concussions
- Fractures
- Common Injuries
- Accidental Death & Dismemberment
- Catastrophic Accident Benefits

Wellness Benefit with Accident Coverage

Wellness Benefit: \$100 for employee and spouse per year for completing a health screening test and \$25 for each child up to a maximum of \$200 per year for all children. (See Critical Illness section on page 33 for more information about the wellness benefit.)

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN). A member of the Voya family of companies.

VOLUNTARY BENEFITS

Critical Illness (CI) Insurance

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition, on or after your coverage effective date. It can help you pay for medical expenses such as deductibles and copays, child care, home healthcare costs, and monthly living expenses. Critical Illness Insurance is a limited benefit policy and is not health insurance.

Plan Features

- **Guaranteed Issue** - No medical questions or tests are required for coverage.
- **Flexible** - You can use the benefit payments for any purpose you like.
- **Payroll Deductions** - Premiums are paid through convenient payroll deductions.
- **Portable** - If you leave your current employer or retire, you can take your coverage with you.

Covered Illnesses

Critical Illness Insurance provides a benefit payment for the following illnesses and conditions. Covered illnesses/conditions are broken out into groups called "modules". Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

- **Base Module:** heart attack (not cardiac arrest), stroke, coronary artery bypass (25%), coma, major organ failure, permanent paralysis, end stage renal (kidney) failure
- **Cancer Module:** cancer, skin cancer (10%), carcinoma in situ (25%)

Maximum CI Benefits

- **For employees:** You have the opportunity to purchase a Maximum Critical Illness Benefit of \$30,000 in \$5,000 increments.
- **For your spouse:** You may purchase a Maximum Critical Illness Benefit of \$15,000 in \$5,000 increments.
- **For your children:** You may purchase a Maximum Critical Illness Benefit of \$10,000 or \$1,000, \$2,500, \$5,000 for each covered child.

Multiple Claims

Usually you are only able to receive the Maximum Critical Illness Benefit once for each covered condition. Your plan includes the Recurrence Benefit (not applicable to the cancer module), which allows you to receive a benefit for the same condition a second time. It's important to note that in order for the second occurrence of the illness to be covered, it must occur after 6 consecutive months without the occurrence of any covered critical illness named in your certificate, including the illness from the first benefit payment.

If you have reached the benefit limit by receiving the maximum benefit for each covered condition, you may choose to end your coverage; however, if you have coverage for your spouse and/or children, you must continue your coverage in order to keep their coverage active. Please see your certificate of coverage for details.

Wellness Benefit with CI Coverage

- The Wellness Benefit provides an annual benefit payment if you complete a health screening test. You may only receive a benefit payment once per year, even if you complete multiple health screening tests.
- Examples of health screening tests include, but are not limited to, PAP tests, serum cholesterol tests for HDL & LDL levels, mammography, colonoscopy and stress tests on a bicycle or treadmill.
- The annual benefit amount is \$100 for completing a health screening test.
- If your spouse and/or children are covered for Critical Illness Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$100. The benefit for child coverage is \$25 per child with an annual maximum of \$200 for all children.



VOLUNTARY BENEFITS

Group Term to Age 100 Life Insurance

Life is unpredictable. You do not know when or how death may occur, but having the right coverage in place can provide peace of mind for you and your family. Group Term to Age 100 Life Insurance provides a lump sum cash benefit should you or your covered spouse or dependents die before age 100. Your rate is guaranteed for the first five years of coverage and the tax-free* death benefit is paid directly to your designated beneficiary in one lump sum and can be used to help cover daily living expenses, debts, funeral costs and more.

**With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.*

The supplemental health coverage is provided by limited benefit insurance. The policies have exclusions and limitations, may have reductions of benefits at specific ages, and may not be available for sale in all states. The policies are underwritten by American Heritage Life Insurance Company (Jacksonville, FL). For costs and complete details, contact your Allstate Benefits Representative. Allstate Benefits is the marketing name for American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.



If you would like to carry a life insurance policy on your spouse or dependent children, the voluntary term life benefits with Allstate provide you with an opportunity to do so.

Legal Insurance

(CEA members not eligible)

The LegalGUARD Plan, through LegalEASE, offers a package of legal assistance benefits that can help you deal with a variety of legal situations. This service is available through convenient post-tax payroll deductions.

The LegalGuard Plan includes unlimited free consultations with plan attorneys in person, over the phone, or online. The plan includes a wide range of drafting and/or reviewing legal documents including deeds, leases, affidavits and others. Members may have a free simple will and power of attorney prepared by a plan attorney each year. The plan will cover a simple divorce in full.

Many other family law issues are also covered such as child support, child custody and adoptions. Additional services include criminal defense matters, real estate matters and more. Other benefits include financial planning, identity theft prevention, identity theft recovery and debt management.

Pet Insurance - Nationwide



Similar to health insurance for the people in your family, the Pet Insurance Plan helps you meet the cost of caring for your pets. The Pet Insurance Plan is available through VPI Pet Insurance. You may choose from two levels of benefits that cover some of the cost of routine care, as well as treatment for injuries and illnesses. Your cost for coverage is based on your pet's age and breed. You pay for the coverage through a convenient post-tax payroll deduction. To learn more, get a quote, and enroll, please visit: <https://benefits.petinsurance.com/columbus-city-schools26>.



IMPORTANT NOTICES

SBC Availability

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: ccsoh.us/domain/177. A paper copy is also available, free of charge, by sending an email to BenefitQuestions@columbus.k12.oh.us.

Model General Notice of COBRA Continuation Coverage Rights

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

IMPORTANT NOTICES *Continued*

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to CCS Benefits at BenefitQuestions@columbus.k12.oh.us.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation

coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

IMPORTANT NOTICES *Continued*

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Columbus City Schools, 3700 South High Street, Columbus, OH 43207. Phone: 614-365-6475

Woman's Health and Cancer Rights Act of 1988 – Notice of Post-Mastectomy Benefits

The Women's Health and Cancer Rights Act of 1998, a federal law, was enacted on October 21, 1998. This law requires that a medical plan's coverage of a necessary mastectomy also include the following post-mastectomy coverage for:

- Reconstruction of the breast;
- Surgery of the other breast to achieve the appearance of symmetry;
- Prostheses; and
- Treatment of physical complications during any stage of the mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient. Benefits will be subject to the same annual deductibles, copays and coinsurance as applicable to any other type of care.

To request special enrollment or to obtain more information, contact:

The Benefits Team
COLUMBUS CITY SCHOOLS
3700 South High Street 47209
614-365-6475
BenefitQuestions@columbus.k12.oh.us

The Newborns' and Mothers' Health Protection Act of 1996 (Newborn's Act)

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment Notice

If you are declining enrollment for yourself or your insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, you and your dependents may have special enrollment rights if coverage is lost under Medicaid or State Health Insurance ("SCHIP") Program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.



Important Notice from Columbus City Schools about your Prescription Drug Coverage and Medicare for Plan Year 2024

Please read this notice carefully and keep a copy for your records.

This notice provides important information about your current prescription drug coverage through Columbus City Schools and about your options under Medicare's prescription drug coverage (if you are currently eligible for Medicare). This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Columbus City Schools has determined that the prescription drug coverage offered by the Columbus City Schools Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Columbus City Schools coverage will not be affected. Your Columbus City Schools coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does. You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan. If you do decide to

join a Medicare drug plan and voluntarily drop your current Columbus City Schools coverage, be aware that you and your dependents can re-enroll during the annual Open Enrollment period or if you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Columbus City Schools and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

- Contact the Benefits Department at 614-365-6475 with any questions you might have about the CCS pharmacy benefit plan.
- Contact Express Scripts at 866-533-7005 with any questions regarding your current prescription drug coverage.

NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan and if this coverage through Columbus City Schools changes. You may also request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov Fax: 916-440-5676
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: Phone: 678-564-1162, Press 2 https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>

NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security
Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human
Services Centers for Medicare &
Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Privacy Notice

This notice (updated 9/29/2013) describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

YOUR RIGHTS

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

OUR USE AND DISCLOSURES

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

YOUR RIGHTS

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

NOTE: If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

HIPAA Privacy Notice *Continued*

OUR USE AND DISCLOSURES

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

EXAMPLE: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

EXAMPLE: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

EXAMPLE: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

- We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

- We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.





**COLUMBUS
CITY SCHOOLS**

BENEFITS ADMINISTRATION

2024 BENEFITS GUIDE

www.ccsok.us/employeebenefits
BenefitQuestions@columbus.k12.oh.us