

Dayton Public Schools

Benefits Guide

Plan Year: 2021



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Welcome!

At **Dayton Public Schools**, we recognize that our employees and their families have unique needs. We offer a wide variety of excellent benefit programs. This is one of the most important ways we say thank you for your excellent service and contributions. We are pleased to provide this “New Hire Benefit Guide”. It is important that you review this benefit guide prior to your enrollment.

Our benefits package is designed to provide you with the best healthcare options at the most affordable rates, helping to protect your physical and financial future. In return, we hope you will commit to making the best choices you can, like getting an annual checkup and making time to exercise – choices that can help you stay healthy and be the best you can be.

Our benefits are a valuable component of the total compensation package provided to DPS employees. The Dayton Public Schools Open Enrollment period is provided each year to allow you to review current benefit coverage and make benefit elections.



Who is Eligible?

You (and your eligible dependents; defined below) may enroll for healthcare coverage on the date of hire: If you are a full or part-time employee that works 10 hours or more per week.

Married Dayton Public Schools Couples

- You are covered as either a member or spouse, but not both
- Children are covered by one parent only
- Social Security Numbers and Date of Birth are required to enroll your spouse and dependents

Dependent Verification

Any employee adding dependents, *at any time*, that were not previously covered on the Dayton Public Schools Medical, Dental or Vision plans, must provide supporting documentation during enrollment period.

“Enrollment” does not secure coverage for your dependents.

Please be prepared to provide supporting documentation as outlined below within your enrollment period. Documentation can be submitted online through Benefitfocus or please email Jenise Brown, Associate Director of HR Support Systems at jlbrown@daytonpublic.com.

Definition of Eligible Dependent	Required Documentation
<p>Spouse</p> <p>Your legally married spouse</p>	<p>Copy of marriage certificate; AND</p> <p>A copy of your most recent joint federal tax return filed within 17 months (front page through line 6 of Form 1040); please black out the first five digits of your SSN and all financial information. Note: if your spouse files married separately, you will also need to submit their tax return from the same year you are providing (front page through line 6 of Form 1040). Please black out any financial information and social security numbers. We only need the last 4 digits of the employee's SSN.</p>
<p>Domestic Partner</p> <p>Your eligible, unrelated domestic partner</p> <ul style="list-style-type: none"> - Deductions will be post-tax. 	<p>Copy of the domestic partner affidavit (signed by you and your partner); AND</p> <p>Proof of dependency as evidence by a copy of two of the following documents:</p>

	<p>§ Proof of shared residence via joint mortgage statement or rental agreement</p> <p>§ Automobile title or registration showing joint ownership of vehicle</p> <p>§ Joint checking, bank, or investment account statement</p> <p>§ Joint credit account statement</p> <p>§ A will and/or life insurance policy which designates the other as primary beneficiary</p>
<p>Dependent Child</p> <p>Your biological children, adopted children and/or step-children, a child placed for adoption or a child by whom employee or spouse are the legal guardian. (Custodial Grandchildren) – up to age 26</p> <p>A child who is the subject of a Qualified Medical Child Support Order (QMCSO) issued to you.</p>	<p>A copy of the following documents (varies by the relationship of the child to the Employee):</p> <p>§ Natural child or legally adopted child: State or county issued birth certificate showing employee's name or signed court order</p> <p>§ Stepchild: State or county issued birth certificate showing parents' names, copy of your Marriage Certificate, and copy of your joint federal tax return filed within 18 months (front page only).</p> <p>§ Child whom you have legal guardianship: Signed Court Order and most recent federal tax return filed within 17 months claiming the child as a dependent. Please be sure to leave the last four digits of the dependent's SSN visible.</p> <p>§ Child who is the subject of a Qualified Medical Child Support Order: Sign Court</p>

***Failure to provide verification information will result in the termination of your dependents from your Medical, Dental and Vision plans.**



Qualifying Life Events

Changing benefit elections

- After you elect your benefits, you may be able to change your coverage if you have a qualifying event. The following list highlights these qualifying events, but is not limited to:
 - ➔ Change in marital status (marriage, death of spouse, divorce, legal separation)
 - ➔ Change in number of dependents (birth, death, adoption, change in child custody, eligibility status, child support order)
 - ➔ Change in employment status for you or your spouse (commencement, termination)
 - ➔ Change in spouse's employer-sponsored coverage (plan offerings change)
- Documentation must be submitted within 30 days of the event to HR that shows the date of the qualifying event
- **You MUST make this change within 30 days of the qualifying event.** Failure to do so may affect your coverage.

What You Need to Know

- The medical / prescription drug program is compliant with Healthcare Reform
- OPT OUT – In order to receive opt out incentive, you and your dependents must have other group health coverage, Medicare, Medicaid, or Tricare

2021 Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA) Contributions

- Dayton Public School's annual contribution amount:
 - Employee = \$750 / Family = \$1500

New Hire Benefit Guide

- You have a choice of banking options for your HSA. With Avidia, your account is opened automatically however, you can opt to open an account with Wright Patt Credit Union.
- If you choose Wright Patt Credit Union, you will need to apply for a Health Savings Account online. Please see the link: <http://www.wpcu.coop/applyhsa>.

Prorated Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA) Contributions

<u>Hired in January</u>		<u>Hired in July</u>	
Family	\$1,375	Family	\$625
Single	\$688	Single	\$313
<u>Hired in February</u>		<u>Hired in August</u>	
Family	\$1,250	Family	\$500
Single	\$625	Single	\$250
<u>Hired in March</u>		<u>Hired in September</u>	
Family	\$1,125	Family	\$375
Single	\$563	Single	\$188
<u>Hired in April</u>		<u>Hired in October</u>	
Family	\$1,000	Family	\$250
Single	\$500	Single	\$125
<u>Hired in May</u>		<u>Hired in November</u>	
Family	\$875	Family	\$125
Single	\$438	Single	\$63
<u>Hired in June</u>		<u>Hired in December</u>	
Family	\$750	Family	None
Single	\$375	Single	None



- DPS has a partnership with Wellvibe. Wellvibe is a health & wellness program offered to employees on the medical plan. DPS will reward you with a \$75 gift card if you see your physician for an annual physical or have a preventive screening within the calendar year. Wellvibe will automatically receive confirmation that you visited with your doctor, and all you need to do is register and login on the Wellvibe website in order to claim your gift card. Make sure to be on the look-out for communication and registration instructions regarding Wellvibe in the coming weeks. You don't want to miss out on this great incentive.

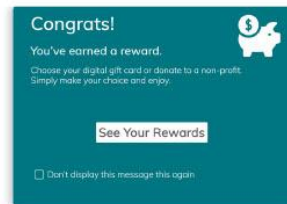


Claim Your \$75 Gift Card Today!

Did you complete an annual physical with your PCP in 2021? If so, you are eligible to receive a gift card through Wellvibe. Log in to your Wellvibe account to redeem your \$75 gift card!

Steps to Redeem Your Gift Card

1. Log in to Wellvibe at [Wellvibelogin.com](https://wellvibelogin.com)
2. Once you've logged in you will see this pop up:



3. Select "See your rewards"
4. Once on the reward page, enter your name and email address and select the amount you want to redeem.
5. Hit "Cash in!" and you will then receive an email with your options of available gift cards.

Please note – your annual physical visit must process through insurance claims before Wellvibe receives notice. This can take up to 8 weeks.

Questions? Contact the Wellvibe support team at support@wellvibe.com.



AFSCME Members (Food Service, Custodians, & Security Resource Officers)



- You have Dental and Vision coverage through your Union. See page 13 for details.

How to Enroll

Benefitfocus[®]

The District's Benefits Enrollment Administrator is Benefitfocus. Through Benefitfocus, you can have access to all of your benefits information, check your coverage, and enroll in benefits.

How to Enroll

1. *Phone: DPS Benefits Service Center*

Monday-Friday 8:00 am – 8:00 pm EST

Phone: (855) 940-5581

2. *Online: Benefitfocus Self-Service Enrollment Platform*

[Bit.ly/dpsbenefits](https://bit.ly/dpsbenefits)

Login Information: Your login information is the same login you use to login on your DPS computer password.

Medical Insurance



The benefit summary is intended to highlight your benefits and should not be relied upon to fully determine your coverage. If this benefit summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Carrier		Anthem BlueCross Blue Shield	
Plan Type		High Deductible Health Plan	
	In-Network	Out-of-Network	
Deductible	\$1,500 Ind. / \$3,000 Family	\$4,000 Ind. / \$8,000 Family	
Type	Non-Embedded	Non-Embedded	
Co-Insurance	100%	70% / 30%	
Out-of-Pocket (combined Medical & Pharmacy)	\$3,500 Ind. / \$6,850 Family	\$5,000 Ind. / \$10,000 Family	
Lifetime Maximum	Unlimited	Unlimited	
Physician			

New Hire Benefit Guide

Office Visits (after deductible has been met)	\$20 PCP	Subject to Deductible / Coinsurance
Specialist Visit (after deductible has been met)	\$40	Subject to Deductible / Coinsurance
Preventive Care (inc. lab, x-ray & other preventive tests)	Covered in Full	Subject to Deductible / Coinsurance
Facility		
Emergency Room	\$150 Copay after Deductible met	\$150 Copay after Deductible met
Inpatient Hospital	Subject to Deductible	Subject to Deductible / Coinsurance
Outpatient Hospital	Subject to Deductible	Subject to Deductible / Coinsurance
Urgent Care	\$50 Copay after Deductible met	Subject to Deductible / Coinsurance
Prescription Drugs		
Retail	Subject to Deductible Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$50 Copay	Subject to Deductible / Coinsurance
Mail Order	Subject to Deductible Tier 1: \$30 Tier 2: \$90 Tier 3: \$150	Not Applicable

New Hire Benefit Guide

All other medical benefits are subject to the deductible and co-insurance. Copays listed above apply to the out-of-pocket maximum.

The above is a brief summary of medical benefits, please refer to the Certificate of Coverage for more information.

Eligible Dependent(s): To be eligible the child(ren) must be under the age of 26.

MEDICAL - Employee Contributions Per Pay

Medical 26 Pays Coverage	Weekly Hours	Employee Cost Per 26 pay
Single	30+	\$51.26
	25-29	\$58.09
	20-24	\$112.78
	15-19	\$170.87
	10-14	\$228.96
Family	30+	\$129.75
	25-29	\$147.05
	20-24	\$285.45
	15-19	\$432.50
	10-14	\$579.54

Medical 20 Pays Coverage	Weekly Hours	Employee Cost Per 20 pay
Single	30+	\$66.64
	25-29	\$75.52
	20-24	\$146.61
	15-19	\$222.13
	10-14	\$297.65
Family	30+	\$168.67
	25-29	\$191.17
	20-24	\$371.08
	15-19	\$562.25
	10-14	\$753.41

Medical OPT Out Incentive

Dayton Board offers a medical plan OPT OUT INCENTIVE if an employee does not elect medical coverage. Employees must choose either a.) \$150 quarterly cash or b.) \$600 deposited into a Flexible Spending Healthcare account. If you opt out and your other group cover is a HDHP with a Health Savings Account, then you should not choose Flexible Spending.

Dental Insurance



superiordental.com | (800) 762-3159

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health *and* helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a SUPERIOR dental plan for you to elect – please see the plan details below. Sign up today for your SUPERIOR dental coverage...and let SDC keep you *smiling for a lifetime!*

New Hire Benefit Guide

Plan #1118	In Network	Out of Network
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Contract Maximum (per member, per contract period)	\$1,500	\$1,500
Orthodontia	50%	50%
Orthodontia Maximum (lifetime maximum)	\$5,000	\$5,000
Deductible (per contract period and only apply to Basic and Major Services)	\$25/\$75	\$25/\$75
Copay (applies to preventive exams)	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible
Dependents are covered to the maximum age of 26, through the end of the birth month.		

The above is a brief summary of dental benefits, please refer to the Certificate of Coverage for more information.

DENTAL - Employee Contributions Per Pay

Dental 26 Pays Coverage	Weekly Hours	Employee Cost Per 26 pay
Single	30+	\$1.12
	25-29	\$1.91
	20-24	\$3.71
	15-19	\$5.62
	10-14	\$7.53
Family	30+	\$3.55
	25-29	\$6.05
	20-24	\$11.73
	15-19	\$17.78
	10-14	\$23.82

Dental 20 Pays Coverage	Weekly Hours	Employee Cost Per 20 pay
Single	30+	\$1.46
	25-29	\$2.48
	20-24	\$4.82
	15-19	\$7.31
	10-14	\$9.79
Family	30+	\$4.62
	25-29	\$7.86
	20-24	\$15.25
	15-19	\$23.11
	10-14	\$30.97

Note: Superior Dental will only provide a dental insurance card if there is a plan change.

Vision Insurance



Anthem – Blue View Vision	In – Network Provider
Routine Eye Exam	\$10 copay
<p>Lenses</p> <ul style="list-style-type: none"> • Single, Bifocal, Trifocal, Lenticular • Eyeglass Lens Enhancements <p>-Transitions, Standard Polycarbonate, Factory Scratch coating</p>	<p>\$25 copay</p> <p>\$0 copay – When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discount cost. (Schedule Below)</p>
Frames	\$150 allowance, 20% off balance
<p>Contact Lenses (instead of eyeglasses)</p> <p>Conventional</p> <p>Elective or Disposable</p> <p>Non-elective – Medically Necessary</p>	<p>Allowance covers materials only</p> <p>\$150 allowance; 15% off balance over \$150</p> <p>\$150 allowance (no additional discount)</p> <p>\$0 copay, Paid in Full</p>
<p>Frequency (based on date of service)</p> <p>Examination</p>	Once every 12 months

New Hire Benefit Guide

Frames	Once every 12 months
Eyeglass Lenses or Contact Lenses	Once every 12 months
Out of Network Benefits Available	You will obtain the highest level of benefits by utilizing providers in the network such as Lens Crafters, Pearle Vision, Sears Optical, Target Optical and many other retail providers on the National Insight Network.

Description	Member cost	Description	Member cost
<ul style="list-style-type: none"> Progressive Lenses <ul style="list-style-type: none"> Standard \$85 Premium Tier 1 \$85 Premium Tier 2 \$95 Premium Tier 3 \$110 Anti-Reflective Coating <ul style="list-style-type: none"> Standard \$45 Premium Tier 1 \$57 Premium Tier 2 \$68 UV Coating \$15 Tint (Solid and Gradient) \$15 		<ul style="list-style-type: none"> Transitions lenses (Adults) \$75 Standard Polycarbonate lenses (Adults) \$40 Other lens upgrades and add-ons 20% off retail price Retinal Imaging (obtained at same time as covered eye exam) Up to \$39 Standard contact lens fitting and follow-up after comprehensive eye exam Up to \$40 Premium contact lens fitting and follow-up after comprehensive eye exam 10% off retail price Additional supplies of conventional contact lenses after benefits have been used 15% off retail price Additional complete pairs of eyeglasses 40% off retail price Eyeglass materials purchased separately 20% off retail price Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	

The above is a brief summary of vision benefits, please refer to the Certificate of Coverage for more information.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS



PEARLE
VISION

OPTICAL



JCPenney | optical

GLASSES.COM

contactsdirect

1800 contacts

Other discount offers on LASIK surgery and much more available through Anthem's Special Offers program.

VISION - Employee Contributions Per Pay

Vision 26 Pays Coverage	Weekly Hours	Employee Cost Per 26 pay
Single	30+	\$0.24
	25-29	\$0.40
	20-24	\$0.79
	15-19	\$1.19
	10-14	\$1.60
Family	30+	\$0.61
	25-29	\$1.03
	20-24	\$2.00
	15-19	\$3.03
	10-14	\$4.06

Vision 20 Pays Coverage	Weekly Hours	Employee Cost Per 20 pay
Single	30+	\$0.31
	25-29	\$0.53
	20-24	\$1.02
	15-19	\$1.55
	10-14	\$2.07
Family	30+	\$0.79
	25-29	\$1.34
	20-24	\$2.60
	15-19	\$3.94
	10-14	\$5.28



AFSCME Dental and Vision Plans

Ohio AFSCME Care Plan Dental Benefits: Dental Benefits Level 2-A

- Covers Employee, Spouse, and Dependent Children
- Open panel (choose your own dentist)
- Payment according to fee schedule
- \$1,500 Orthodontic Benefit for Dependent Children under the age of 19
- Annual Maximum Benefit - \$4,000 per each family member

Ohio AFSCME Care Plan Vision Benefit: Vision Care Benefit I

- Covers Employee, Spouse, and Dependent Children
- Frame Allowance – Adults once every 24 consecutive months and children under 19 once every 12 consecutive months
- Covers exam and glaucoma testing
- Standard Frames
- Basic single vision, bifocal, or trifocal lenses at no cost when provider network is used or allowance for contacts

Employee Assistance Program Level 3

Hearing Aid Coverage

Health Savings and Health Reimbursement Plans

Health Savings Account (HSA) – DPS will contribute either Employee = \$750 / Family = \$1500 into your HSA if enrolled in the medical plan and have an active HSA

A Health Savings Account (HSA) is an account into which you can deposit money to save for future medical expenses. There are certain advantages to depositing money into these accounts, including favorable tax treatment.

Who Can Have an HSA?

Any individual can contribute to an HSA if they have coverage under an HSA-qualified “high deductible health plan” (HDHP), and have no other first-dollar medical coverage (i.e. low deductible/co-pay health plan, Medicare, TRICARE, VA benefits or Indian Health Services in the last 90 days, general purpose Health Flexible Spending Account or Health Reimbursement Arrangement) and cannot be claimed as a dependent on someone else’s tax return. Other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted.

High Deductible Health Plans (HDHP)

You must have coverage under an HSA qualified “high deductible health plan” (HDHP) to open and contribute to an HSA.

Generally, this is health insurance that does not cover first dollar medical expenses. Federal law requires that 2021 health insurance deductible be at least \$1,400 for self-only coverage and \$2,800 for family coverage, respectively.

In general, the deductible must apply to all medical expenses (including prescriptions) covered by the plan. However, plans can pay for “preventive care” services on a first-dollar basis. “Preventive care” may include routine pre-natal and well-childcare, child and adult immunizations, annual physicals, mammograms, etc.

Important HSA Details!

If you are enrolling in the Medical Plan with HSA for the first time you have a choice of banking options for your HSA. With Avidia, your account is opened automatically however, you can opt to open an account with Wright Patt Credit Union.

If you opt for the Wright Patt account, you will need to open your account online at wpcu.coop.

If you would like to transfer funds from an existing HSA, please contact Flexbank|Navia at 888-677-8373 or email DAYHSA@naviabenefits.com for the appropriate forms.

Healthcare Reimbursement Arrangement (HRA)

Your Personal Tax-Free Health Reimbursement Arrangement

If you have coverage under your employer's group health insurance plan but are **ineligible** to contribute to a Health Savings Account (HSA), you will receive a benefit known as a Health Reimbursement Arrangement (HRA).

Who is eligible for HRA reimbursement?

You may request reimbursement for eligible expenses for your spouse and eligible dependents as long as they are covered under a group health plan. Children are eligible for reimbursement from the HRA through age 26.

HRA Benefits*

This plan year, your employer will fund your HRA with:

***\$750** per Employee – Only contract

***\$1,500** per Family contract

One person or a combination of covered dependents may access the HRA benefit. From this unique account you can be reimbursed for eligible out of pocket medical, vision and dental expenses . . .tax free!

**Maximum HRA Benefit is prorated for those who are newly eligible following the initial enrollment period. If you have already received employer funding into your HSA, you will not receive additional funding under this plan.*

HRA FAQs

How do I request reimbursement if I did not use my Navia debit card for the Purchase?

We want to make it easy for you to obtain reimbursement. In order to process your request, we must receive a signed claim form as well as itemized receipts.

How long will it take to make a withdrawal?

Reimbursement requests are processed through Navia. You may be reimbursed by check or direct deposit. Once your claim has been processed, the direct deposit takes approximately two business days to appear in your bank account. You will receive emails regarding the status of your claim and when to expect the deposit.

When can I submit requests to withdraw money from my HRA?

If you have eligible expenses, you may request reimbursement at any time. However, many people accumulate a number of receipts and submit them all at once.

Do I have to submit all requests for reimbursement before the end of the plan year in order to be reimbursed?

No. You will have up to 90 days after the plan year to make requests for reimbursement.

I was billed \$100 in March for my surgery last October. Can I be reimbursed with this year's money?

Unfortunately, no. Reimbursements are made based upon your date of service, not when you paid the bill.

I have dental insurance but my dentist makes me pay a portion of my bill at the time of service. Can I get reimbursed for what I have paid?

Not immediately. Where you are responsible for a percentage of the expense, before we can reimburse you, you must first submit these types of expenses to your insurance company. Your insurance company will then send you a summary of your medical claims indicating what amount, if any, insurance has paid. This is known as an "Explanation of Benefits" (EOB). We need a copy of this EOB in order to reimburse you.

What happens if I terminate employment?

You may continue to submit requests for reimbursement for allowable expenses incurred through the termination of your participation in your group health plan. You have 90 days after the end of the plan year to submit the eligible expenses to FlexBank|Navia.



Flexible Spending Accounts

Healthcare Flexible Spending Account (FSA)

Take Control of your Health Care Expenses with Pre-Tax Dollars

A Flexible Spending Account (FSA) is a special employee benefit. From this unique account you can pay for many things you are already buying... before you pay taxes. Eligible expenses include out-of-pocket medical, vision and dental expenses for you and your family. In addition, for your Health Care FSA, you may be reimbursed up to the amount you elect for the plan year - at any time—regardless of the amount you have deposited to date. There isn't another account like it!

Limited Purpose Healthcare Flexible Spending Accounts

Employees enrolled in the HDHP/HSA plan will have access to a Limited Purpose Healthcare Flexible Spending Account (FSA). *The Limited Purpose FSA can only be used for dental and vision expenses.*

- Annual maximum contribution: \$2,750

Dependent Care Flexible Spending Account

You can also pay for Dependent Care Expenses Pre-Tax!

If you take your child (up to age 13) to a day care provider so you and your spouse can work, you can pay for those expenses pre-tax through this plan. You may also use this account for adult day care for a spouse (or child age 13 or older) who is physically or mentally incapable of self-care. This account is different from the Health Care FSA in that you may be reimbursed up to what you have deposited to date.

The Benefits

As you now know, the money you set aside in your FSA is pre-tax. When you don't have to pay taxes, it's like getting an instant pay raise. The money is deposited into your FSA each pay period through pre-tax payroll deduction. You then get to make withdrawals for eligible expenses...tax-free!

The Rules

No one likes rules. But, the rules are easy once you know what they are.

- Plan ahead because you can only elect once a year during your FSA enrollment period.
- Your elected amount, with few exceptions, can't be changed during the plan year.
- Any money left in your account at the end of the plan year cannot be returned to you...you have to use it or lose it.

The "Secret" of living with the rules

You should only set aside money for eligible expenses that are repetitive or predictable. These are expenses you know you will be buying anyway. Your dates of service must be during your employer's plan year, so make sure to budget carefully.

Review your account 24-7

You may view your account balance, order debit cards for dependents, and submit claims 24-7 at www.naviabenefits.com. The Company ID is DYO, you will need this code to setup your online account.

Look for our app!

You can find the Navia app on the iTunes or Google Play store!

Call Us!

If you have questions and want to talk with someone in person vs. researching online, please call Navia's office Monday - Friday from 8:00 am to 8:00 pm at 800-669-3539.



FlexBank | Navia
1250 W. Dorothy Lane, Suite 107
Dayton, Ohio 45409
Phone: 800-669-3539
Fax: 866-535-9227

Basic Life & Accidental Death and Dismemberment

Life insurance is one of those things that most people don't like to think about, but it is essential. If you don't have it, you can leave your family in a financial hardship. There are many different costs associated with death and the costs that you incur after you have died will likely fall upon your family's shoulders. You must consider funeral costs, debts, medical costs, estate costs, and death taxes.

Dayton Board understands and supports the need for employees to maintain at least a minimal amount of employee life insurance. Dayton Board provides Basic Life and Accidental Death & Dismemberment coverage through **Voya Financial** for each employee. This life insurance plan is a group term insurance policy and it does not accumulate a cash value.

During your initial enrollment period, which is the first 30 days of employment, you receive coverage under the group life insurance policy dependent on your job class. This coverage is paid for by Dayton Public Schools.

During your newly eligible enrollment period, you may purchase additional coverage up to 5x (five times) your annual salary (\$500,000 maximum).

The above is a brief summary of Life & Accidental Death and Dismemberment benefits, please refer to the Certificate of Coverage for more information.

Supplemental Life & Accidental Death and Dismemberment

If you enroll during your initial enrollment period, coverage is guaranteed up to the lesser of \$100,000 or 5x salary. If you did not enroll and later choose to enroll, you will be required to provide Evidence of Insurability, which includes an application, and possibly a medical exam, and a Physician's statement.

Supplemental Life and Accidental Death & Dismemberment Insurance (AD&D) through **Voya Financial** provide affordable financial security for your loved ones.

Dayton Public School employees can purchase Supplemental Life and AD&D Insurance in increments of \$10,000.

- **Employee** Guarantee Issue - the lesser of 5 times basic annual earnings or \$100,000
- **Spouse Benefit** - \$5,000, \$10,000 or \$20,000 Guarantee Issue

- **Child(ren) Benefit** – \$2,500, \$5,000 or \$10,000 Guarantee Issue

Guarantee Issue is only available as a new entry during your initial new hire eligibility period and amounts applied for above the guarantee issue amounts are subject to Evidence of Insurability.

The above is a brief summary of Supplemental Life & Accidental Death and Dismemberment benefits, please refer to the Certificate of Coverage for more information.

Voluntary Short-Term Disability and Long-Term Disability

Short-Term Disability

The Short Term Disability Insurance program is designed to help pay the bills that do not go away just because you cannot work due to illness or a non-occupational injury. The benefit can cover everyday costs such as housing, food, car payment and even additional medical costs. Short Term Disability helps you focus on what is most important: a full recovery and successful return to your life - as soon as possible!

Voya's Short Term Disability benefit is the amount the eligible employee elects not to exceed 66 2/3% of your before-tax weekly earnings and can be selected in increments of \$50. The minimum benefit is \$25 per week and a maximum benefit of 66 2/3% or \$1,750/week whichever is greater. Benefits begin on the 30th day of your disability sickness or injury. Benefits are payable up to 6 months. Partial Disability benefit, Survivor Benefit and Waiver of Premium Benefit included.

Long-Term Disability

Eligible employees may purchase long-term disability insurance through **Voya** to provide paycheck protection in the event of an extended accident or illness. Benefits begin after 180 days of disability. If you become disabled, benefits are payable to your Social Security Normal Retirement Age. The benefit equals up to 66 2/3% of your before-tax monthly earnings and can be selected in increments of \$100. The minimum benefit is \$300 per month and a maximum benefit of 66 2/3% or \$7,500/month whichever is greater. Partial Disability benefit, Survivor Benefit and Waiver of Premium Benefit included.

The above is a brief summary of Short-Term and Long-Term benefits, please refer to the Certificate of Coverage for more information.

Ohio STRS/SERS (DPS) Benefit Calculation Formula

Your STRS/SERS **Long Term Disability** coverage is based on your years of service with the state school system. There is no STD benefit with STRS/SERS, but rather only Sick Leave Days given to employees from the school district. **180 day QP with SSNRA duration**

If you were hired 7/1/13 or later:

0-10 years of service: No disability benefit. You can elect up to 66 2/3% benefit of your monthly earnings through **Voya** in \$100 increments rounded to nearest \$100 without exceeding 66 2/3% of salary.

10-21 years of service: Benefit is 45% of salary and is taxable. You can elect up to 25% of salary to supplement your STRS/SERS benefit through **Voya** (no offsets on AEB benefit until STRS benefit plus AEB benefit exceed 70% of salary).

22-29 years of service (same regardless of Hire date): STRS benefit increases by 2.1% increase each year until you reach a maximum of 60% taxable benefit in your 29th year of service. You can elect an additional benefit with **Voya** to supplement your STRS/SERS benefit.

Pre-Existing Condition: 12/12—anything diagnosed in the last 12 months has a limited benefit (see next explanation)

Pre-Existing Condition Limitation: Limited benefit of 25% for 4 weeks

You can elect up to the difference of your STRS/SERS benefit and 70% of salary.

5-21 years	22 years	23 years	24 years	25 years	26 years	27 years	28 years	29+ years
45%	46.2%	48.2%	50.4%	52.5%	54.6%	56.7%	58.8%	60%

Short-Term Disability

STRS/SERS does not provide a Short Term Disability benefit. You can use your accumulated sick time but can also elect STD through Voya. You can elect up to 66 2/3% of your earnings. Or you can elect down to a lesser benefit depending on your situation.

30 day elimination period for Accident and Illness with 6 month duration.

AFLAC Group Insurance

Aflac Voluntary Insurance Benefits—All 3 plans Guarantee Issue (no health questions)

The Aflac coverages described in this Benefit Guide are available subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the Aflac plan Product Brochure for each product, as this Guide is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

Aflac is different from major medical insurance. It's insurance for daily living. If you're sick or injured, Aflac pays cash benefits directly to you (unless otherwise specified) to help address out-of-pocket medical costs, everyday expenses—whatever you choose. More than 50 million people worldwide have chosen Aflac voluntary insurance products for the added comfort of being better prepared for whatever life may bring.

Why Aflac?

- Most claims processed in about 4 business days
- Cash benefits paid directly to you, unless otherwise assigned
- Benefits paid regardless of any other insurance you may have
- No deductibles or copayments

- Freedom to choose any provider
- Plan stays with you if you leave your job (with certain stipulations)

Aflac Offers Your Personnel Selection of the following coverage's for you and your family:

Group Accident Insurance- helps pay for out-of-pocket costs that arise from an accident such as fractures, dislocations and lacerations. This plan includes a wellness benefit.

AFLAC Accident provides added protection for life's unexpected moments. According to the National Safety Council, 43% of all medically consulted injuries occur at home. In fact, 1 in every 14 people in the United States experience an unintentional injury at home serious enough to consult with a medical professional. If you're like most people, you don't budget for life's unexpected moments. But at some point, you may make an unexpected trip to your local emergency room. And that could add a set of unexpected bills into the mix.

Benefits:

- More than 50 events that trigger benefits payments, including Fractures, Dislocations, Ambulance, and Physical Therapy, among others.
- Medical Fees Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit
- Guaranteed-issue coverage (which means you may qualify for coverage without having to answer health questions)
- Portable coverage that allows you to retain coverage at the same rate if your employment status changes (with certain stipulations)

Group Critical Illness Advantage Insurance – helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer (internal and invasive), heart attack, stroke, end-stage renal failure or major organ transplant. This plan also includes a wellness benefit.

The *new enhanced* Aflac group Critical Illness insurance plan can help with the treatment costs of covered critical illnesses, such as a heart attack, or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With group Critical Illness insurance from Aflac, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefits:

- Lump-sum benefit for a covered critical illness such as: heart attack, stroke, major organ transplant, and end-stage renal failure
- Health Screening Benefit

Group Hospital Indemnity Insurance — helps offset the out of pocket expenses associated with an expected or unexpected hospital stay.

The group supplemental Hospital Indemnity Plan provides benefits for inpatient services as a result of covered accidents and sickness. Calendar year deductibles, coinsurance portions and co-payments can take their toll on your family's budget. Even a minor trip to the hospital can present you with unexpected expenses that your major medical insurance may only pay a portion of your entire stay. The Supplemental Hospital Indemnity plan offers you and your family a solution to the financial burdens created by a sudden hospitalization. 12/12 pre-existing limitation applies.

Benefits:

- Hospital Admission: \$500
- Hospital Confinement: \$200
- Hospital Intensive Care: \$200

The Aflac coverage described in this booklet is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

Coverage underwritten by American Family Life Assurance Company of Columbus. Group coverage underwritten by Continental American Insurance Company, which is not licensed to solicit business in Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For individual coverage in New York or coverage for groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina

Benefits at a Glance

Plan	Provider	Customer Service
Medical Insurance	Anthem Group Number: OH2000	www.anthem.com 833-592-9954
Pharmacy	Rx Benefits RXBIN: 610014 RXGRP: RXBDAYE	RxHelp@rxbenefits.com http://www.express-script.com 800-334-8134
Dental Insurance	Superior Dental Care Group Number: D8232	www.superiordental.com 800-762-3159 or 937-438-0283
Vision Insurance	Blue View Vision Insight	www.anthem.com 877-635-6403
Health Savings Account Balance	Avidia Bank Customer Service	www.avidiabank.com 855-248-6311
Health Savings Account Balance	Key Bank Customer Service	www.key.com 800-539-2968
Health Savings Account Balance	Wright Patterson Credit Union	www.wpcu.com 800-762-0047 or 937-912-7000
FSA/ HRA and HSA Questions (not current HSA bank account balance inquiries)	Navia Group Number: 876	www.flexbank.net 888-677-8373

New Hire Benefit Guide

Voluntary Short-Term & Long-Term Disability	Voya Financial Group Number: 702498	www.voya.com/claims 866-228-8742
Aflac Group Insurance (Accident, Critical Illness, and Hospital Indemnity)	Aflac Group Number: 21094	www.aflacgroupinsurance.com 800-433-3036
Broker Services	McGohan Brabender	www.mcgohanbrabender.com 877-635-5372 (Customer Service)
Medicare & Retirement Health Insurance	RetireMEDiQ	www.retiremediq.com 866-600-4266
Dayton Board – Human Resources	Jenise Brown, Associate Director of HR Support Systems	jlbrown@daytonpublic.com 937-542-3173
DPS Enrollment Center	BenefitFocus	Dpsbenefits@benefitfocus.com 855-940-5581