



DATE: October 27, 2025
TO: Benefit Eligible Employees of the ACSHP
FROM: Apollo Career Center, a member of the ACSHP
RE: **IMPORTANT** – Annual Open Enrollment Information
Effective Date of Coverage: January 1, 2026

The **ANNUAL OPEN ENROLLMENT** for health, prescription drug, dental, vision, and voluntary life insurance will be from **November 3, 2025 through November 14, 2025** with coverage effective January 1, 2026. Unless you have an IRS qualified life event, this is the only time an employee can (1) change coverage, (2) add or enroll in coverage, or (3) add or remove an eligible dependent or (4) terminate any type of coverage.

For a list of IRS qualified events, check out the ACSHP website at [Allen County Schools Health Plan Benefits Portal](#)

*****Your benefit elections **MUST** be completed on-line*****

ACSHP uses the **PlanSource** on-line enrollment system. Keep reading for details!

But first, January 1, 2026 - Brings a few Changes

MEDICAL PLANS:

Reminder regarding plan changes Effective April 3, 2025

Ohio House Bill 315 introduced updates to insurance coverage requirements. Below are the key updates:

1. **Equivalent Copays for Physical Therapy, Occupational Therapy and Chiropractic Services**
 - a. **What's Changing:** Copays for physical therapy, occupational therapy, and chiropractic services will now align with the copay for a primary care physician (PCP) visit.
 - b. **Details by Plan:**
 - i. **MDHP Plan:**
 - o PCP office visit copay: \$25, then 100% coverage for both network and non-network services.
 - o Physical therapy, occupational therapy, and chiropractic services: \$25 copay, then 100% coverage for both network and non-network services.
 - o **Speech Therapy Exception:** Speech therapy will remain at 75% after deductible (network) and 50% after deductible (non-network).
 - ii. **HDHP Plan:** No changes. PCP visits, therapy, and chiropractic services will continue to be subject to the deductible and coinsurance.

2. Hearing Aid Coverage (*Applies to both plans*)

- a. **What's Covered:** Hearing aids for members and dependents will now be covered with no cost-sharing for eligible members.
- b. **Eligibility:** Members aged 21 and younger who are verified as deaf or hearing-impaired by a licensed audiologist, otolaryngologist, or physician.
- c. **Benefit Details:**
 - i. Coverage includes hearing aids up to a \$2,500 maximum benefit per ear every 48 months, when obtained from a network or non-network provider .
 - ii. Related services, such as assessments, adjustments, and fittings, are also covered in full.
 - iii. Exception: For Health Savings Account (HSA) plans, hearing aids and related services will be subject to the plan's deductible.

HDHP Network & Non-Network Deductibles Changes

1. To comply with IRS Regulations, the HDHP network and non-network deductibles have increased. The coinsurance limit was reduced accordingly to ensure the Maximum Out-of-Pocket limit remains unchanged. These changes are represented below in **RED**.

Proposed HDHP Plan Changes	1/1/25 - 12/31/25				1/1/26 - 12/31/26			
	Network		Non-Network		Network		Non-Network	
	Single	Family	Single	Family	Single	Family	Single	Family
Deductible	\$3,300	\$6,600	\$6,600	\$13,200	\$3,400	\$6,800	\$6,800	\$13,600
Coinsurance Maximum	\$2,600	\$5,200	\$5,200	\$10,400	\$2,500	\$5,000	\$5,000	\$10,000
Out-of-Pocket Maximum	\$5,900	\$11,800	\$11,800	\$23,600	\$5,900	\$11,800	\$11,800	\$23,600

MMO will reissue new Medical ID cards for those enrolled in the MDHP or HDHP plan.

TELADOC – Due to the passing of the Reconciliation Bill, effective September 1, 2025, HDHP members will no longer have a copay per visit fee.

PLEASE USE THE ATTACHED TOOLS FLYER TO FIND WAYS TO HELP IMPROVE HEALTH AND REDUCE COSTS!

Enrolling for the 2026 Plan Year

The online open enrollment process will be an **ACTIVE** enrollment.

What does this mean for you?

- **Action Required:** You **MUST** log on to the PlanSource system and confirm your elections.
- **Life Insurance Elections:**
 - Your Basic Life/AD&D and Voluntary Life, Voluntary Spouse and Voluntary Child elections will copy over for 2026.
 - Be sure to review the voluntary rates. Note, since the rates are age banded, they may increase if you move to the next age band.
- **Medical, Dental and Vision Plans:**
 - You will need to actively enroll in the Medical, Dental or Vision plans through the system.
 - If you do not actively enroll or decline coverage for these benefits during the open enrollment period, these benefits will automatically be marked as **declined** for the 2026 plan year. NOTE, as shown below, You will be able to see your current medical plan election when enrolling in coverage.

View Less

< TO BENEFITS

Family Covered + ADD FAMILY MEMBER

☒ Yourself ☐ Susie Test

Select a Plan

Current Plan			Compare			Compare														
<p>HDHP (High Deductible Health ...) \$211.16 <small>Per Pay Period</small></p> <table border="1"> <tr> <td>Plan Type</td> <td>Office Visit f...</td> <td>Office Visit f...</td> </tr> <tr> <td>HDHP</td> <td>90% after...</td> <td>90% after...</td> </tr> </table> <p>View Plan</p>			Plan Type	Office Visit f...	Office Visit f...	HDHP	90% after...	90% after...	<p>MDHP (Mid Deductible Health ...) \$263.39 <small>Per Pay Period</small></p> <table border="1"> <tr> <td>Plan Type</td> <td>Office Visit f...</td> <td>Office Visit f...</td> </tr> <tr> <td>MDHP</td> <td>\$25 copay</td> <td>\$50 copay</td> </tr> </table> <p>View Plan</p>			Plan Type	Office Visit f...	Office Visit f...	MDHP	\$25 copay	\$50 copay	<p> Decline Medical Benefits</p> <p>Decline Coverage</p>		
Plan Type	Office Visit f...	Office Visit f...																		
HDHP	90% after...	90% after...																		
Plan Type	Office Visit f...	Office Visit f...																		
MDHP	\$25 copay	\$50 copay																		

How do I log on to PlanSource?

- Use **Firefox** or **Google Chrome** as your search engine when logging into the benefit enrollment system. Do not use **Internet Explorer**.
- Type <https://benefits.plansource.com> into your search engine.
- **USERNAME:** This will NOT change. It is the first initial of your first name, then up to six letters of your last name followed by the last four digits of your SSN.

Examples:

Employee name: John Smith User Name is: jsmith4157
 Employee name: Susan Schneider User Name is: sschnei3312

- **PASSWORDS:** All passwords have been reset to a default password, which is your birthdate in this format: YYYYMMDD
- **PLEASE NOTE:** If you worked at another ACSHP district previously, your Username will be slightly different. If you need assistance, contact the Treasurer's office.

For further guidance, visit the ACSHP Website at [Allen County Schools Health Plan Benefits Portal](#) for the step-by-step instruction guide on how to log into the Plan Source system. The process is easy!

Dependent Audit & Spousal Coordination of Benefits

- **Dependent Children Audit PROCESS:**
 - **Automatic Agreement Generation:**
 If you have a dependent listed in PlanSource, the **Dependent Verification Acknowledgement Agreement** will automatically generate. This Agreement explains dependent eligibility for the Medical, Dental and Vision benefits, and lists the required documentation to confirm dependent eligibility.
 - **Document Submission Deadline:**
 The required documents can be uploaded directly into PlanSource. If you do not upload the

required information before **January 31, 2026**, your dependents will be **removed from the plan effective January 31, 2026**.

- **Previously Submitted Documentation:**

If you have already provided documentation on your dependent children in the past, you will NOT need to complete it again.

- **Spousal Coordination of Benefits (COB) Certification PROCESS:**

- **New Spousal COB Survey**

A new Spousal COB survey has been added to PlanSource. You must complete the survey if you have a spouse included as a dependent. Based on your response, you may be required to have your spouse's employer complete the **Spousal COB Certification form**.

The screenshot shows a web form titled "Spousal COB Survey". At the top, it states: "To cover your spouse under the ACSHP medical plan, you must select the appropriate coverage status below indicating whether coverage under the ACSHP plan will be deemed Primary or Secondary for your spouse." There is a "Completed" status indicator in the top right corner. Below this, there are three radio button options: "Primary (SP-COB Form NOT Required)", "Secondary (SP-COB Form NOT Required)", and "COB Status To Be Determined (TBD) (SP-COB Form IS Required)". A prompt says "Please indicate the status of your spouse". Under the "TBD" option, there is a section for "Subscriber: Jester Tester" with several radio button choices: "Does Not Apply: I am not covering a spouse", "Primary: My spouse is not employed", "Primary: My spouse is retired and eligible for Medicare", "Primary: My spouse is self-employed and does not offer Medical/Rx coverage to his/her employees", "Primary: My spouse is also employed by one of the following Allen County School Districts. (Allen County ESC, Allen East, Apollo, Bath, Bluffton, Delphos, Elida, Lima, Perry, Shawnee, Spencerville, West Central)", "Secondary: My spouse is currently enrolled in his/her Employer's or Retiree Medical/Rx group coverage and will be covered as secondary under the ACSHP medical plan.", and several "COB Status TBD" options for self-employed, non-eligible, eligible but not enrolled, and high-cost scenarios.

- **OPERS Coverage:**

If your spouse is currently covered through OPERS, you will have the option of enrolling your spouse onto the ACSHP plan as primary. However, please note:

- This may affect your spouse's ability to receive HRA funds from OPERS.
- Any and all tax ramifications are your responsibility. Please ensure you fully understand your options before making a decision.

- **Exemptions from the Spousal COB Certification Form:**

The **Spousal COB Certification form** will **NOT** be required if any of the following situations apply to your spouse:

- **Does Not Apply:** I am not covering a spouse
- **Primary:** My spouse is not employed
- **Primary:** My spouse is retired and eligible for Medicare
- **Primary:** My spouse is self-employed and does not offer Medical/Rx coverage to his/her employees
- **Primary:** My spouse is also employed by one of the following Allen County School Districts (Allen County ESC, Allen East, Apollo, Bath, Bluffton, Delphos, Elida, Lima, Perry, Shawnee, Spencerville, West Central)
- **Secondary:** My spouse is currently enrolled in his/her Employer's or Retiree Medical/Rx group coverage and will be covered as secondary under the ACSHP medical plan

- **COB Status TBD:**

If your response includes, “COB Status TBD,” the **Spousal COB Certification Acknowledgement** page will generate. This page explains the Spousal COB requirements for spouses who are eligible for coverage from their own employer or retirement plan. **You will be required to upload a Spousal COB Recertification form in PlanSource.**

- **Document Submission Deadline:**

If required, you will need to upload the completed **Spousal COB Certification form** in PlanSource **by January 31, 2026**. Failure to provide the required information will result in your spouse’s coverage being **terminated effective January 31, 2026**.

For further guidance, visit the ACSHP Website at [Allen County Schools Health Plan Benefits Portal](#) and click on the Life Events tab!

Voluntary Life Insurance

- You may add or increase your Voluntary Life Insurance amount during open enrollment.
- Some changes require **Evidence of Insurability (EOI)** and will not become effective until approved by Dearborn Insurance Company.
- Currently enrolled employees and dependents may increase their Voluntary Life amount up to \$10,000 without the Evidence of Insurability requirement.
 - Guarantee Issue Maximums still apply:
 - Employee: 5x the employee’s salary or \$300,000 employee *whichever is less*
 - Spouse: \$50,000

All of the rules are outlined in PlanSource.

If EOI is required, you can complete the EOI while enrolling in PlanSource, or click on this [Dearborn EOI Link](#). When completing the EOI application, you will need to provide the following information for the applicant:

- Employee DOB and SSN will need to be provided once you click on the EOI link for security validation
- Applicant current height and weight
- Applicant treatment history
- Applicant medication(s) for any health condition(s)
- Applicant name and address of any physician, hospital or practitioner that provided medical care, consultation or treatment

The deadline to complete the EOI application is December 17, 2025.

IMPORTANT DATES TO REMEMBER

Employee Help Labs will be held on Nov 5th and Nov 11th from 2:30-3:00 in Room 237
Open Enrollment Period: November 3, 2025 through November 14, 2025
Plan Source On-line System Open: November 3, 2025 through November 14, 2025

DEADLINE TO COMPLETE ON-LINE ENROLLMENT

All eligible employees **MUST** complete their benefit elections via the PlanSource Self-Service Enrollment system **no later than November 14, 2025**. The system will close on this date. Failure to do so may result in loss or delay of coverage effective January 1, 2026.

The ACSHP Website [Allen County Schools Health Plan Benefits Portal](#) has lots of great information, including:

➤ **Open Enrollment Section** (*located on the home page*) that includes:

- **PlanSource Enrollment Guide**
- **Benefit Summaries & SBCs** for all of the plans offered
- **Videos** outlining **PPO vs. HDHP** and **Health Savings Account (HSA) vs. FSA** rules and regulations
- Your **ComPsych® GuidanceResources®** which provides Employee Assistance for all employees for anything that stresses you!
- **Information on Teladoc** which is **24/7/365** access to U.S. board certified doctors through the convenience of phone or video consults, saving you time & money.
- **Required Annual Notices**
- **Customer Service Numbers** and links
- **Spousal Coordination of Benefits** Rules and Forms
- How to **log on to Medical Mutual of Ohio's** website to find network providers, check the status of a claim, review EOBs, view your member ID card, utilize SmartShopper or contact customer service.
- **How to find a dentist or vision provider**
- Information about our **Wellness Program**
- And so much more!

SmartShopper

How to Use SmartShopper® and Earn Cash Rewards

SmartShopper® Makes It Easy to Save on Medical Procedures. Medical procedure costs can vary widely depending on the location. With SmartShopper®, you can compare in-network providers and earn a cash reward when you choose a cost-effective option.

Here's how to get started:

Browse Locations Online

1. Visit [MMO SmartShopper](#)
2. Log in or create an account
3. Compare in-network locations, costs, and reward amounts

Call a Care Concierge

Dial **877-292-1541** for personalized support. A Care Concierge can help you:

- Find a location
- Compare costs
- Confirm reward amounts
- Schedule your appointment

Availability:

Monday–Thursday: 8 a.m. – 8 p.m. ET

Friday: 8 a.m. – 6 p.m. ET (Summer Fridays close at 3 p.m. ET)

Learn More

To review the SmartShopper flyer and see the list of elective services eligible for rewards:

- Visit the ACSHP Website [Allen County Schools Health Plan Benefits Portal](#) at the Allen County Schools Health Plan Benefits Portal.
- Click on the Benefits tab.
- Select the SmartShopper Section.

FEDlogic - A New Resource for You and Your Household

Don't forget about the **new service** that is available to you and your household members! This service is **unlimited, confidential, and free** and **it applies to ALL employees** whether or not you are eligible for benefits.

What is FEDlogic?

FEDlogic is an independent educational resource staffed by experts in all fields of benefits, beyond what is offered through our District. Their team is here to help you navigate complex benefit options and make informed decisions.

Why Contact a FEDlogic Expert?

Here are some situations where FEDlogic can provide valuable guidance:

- **Medicare Assistance:** You're approaching or have reached age 65 and need unbiased help understanding Medicare and the options available to you.

- **Retirement Planning:** You're 62 or older and want to maximize your retirement benefits now or plan for the future.
- **Major Health Diagnoses:** You or a family member have been diagnosed with a major ailment (e.g., cancer, ESRD, ALS).
- **Family Support:** You have a child born prematurely or a family member with a disability.
- **Survivor Benefits:** You've lost a spouse and need help understanding survivors' benefits.
- **Health Coverage Challenges:** You are unable to work or have lost access to affordable health coverage.
- **Dependent Coverage:** Your dependent child is no longer eligible for the medical plan due to turning age 26.

How FEDlogic Can Help?

FEDlogic provides the information you need to make informed decisions about your benefit options. Their experts have years of experience working for the Social Security Administration and understand these policies inside and out.

Without proper education and advocacy, many individuals miss out on benefits they are entitled to. FEDlogic ensures you don't leave any benefits on the table.

What Makes FEDlogic Unique?

They do not sell, endorse, or promote any products or services.

They provide unbiased education and practical guidance to support families during life changes.

Accessing FEDlogic Resources

- Visit the FEDlogic website [FEDLogic](https://www.fedlogicgroup.com) or scan the QR code below.
- Use the employee access code provided below to log in.
- Explore recorded audio series and monthly webinars for additional support.



EMPLOYEE
ACCESS CODE:
alcs25

SCAN THE QR
CODE TO
ACCESS YOUR
RESOURCES



Contact FEDlogic at 877-837-4196 or via email at services@fedlogicgroup.com to schedule a phone consultation at your convenience with one of their experts.

You can also view this valuable information at the ACSHP Benefits Website: [ACSHP Benefits Website - FEDlogic](https://www.acsphp.com/benefits)

**Allen County Schools Health Plan
Funding Rates effective January 1, 2026
Worksheet**

	2026 Rates	Board	Employee	Pay Periods
MDHP		85%	15%	24
Single	\$932.70	\$792.80	\$139.90	\$69.95
Family	\$2,311.82	\$1,965.05	\$346.77	\$173.39
HDHP		85%	15%	24
Single	\$829.32	\$704.92	\$124.40	\$62.20
Family	\$2,056.52	\$1,748.04	\$308.48	\$154.24
Dental		85%	15%	24
Composite	\$102.64	\$87.24	\$15.40	\$7.70
Vision		0%	100%	24
Employee Only	\$6.78	\$0.00	\$6.78	\$3.39
EE + Spouse	\$12.90	\$0.00	\$12.90	\$6.45
EE + Children	\$13.56	\$0.00	\$13.56	\$6.78
EE + Family	\$19.94	\$0.00	\$19.94	\$9.97

Apollo Opt-Out Stipends

Medical (25% of Board Share MDHP)

Per Month	\$198.20
Total for Calendar Year	\$2,378.40

Dental (25% of Board Share)

Per Month	\$21.81
Total for Calendar Year	\$261.72

Both Medical & Dental

Per Month	\$220.01
Total for Calendar Year	\$2,640.12

Allen County Schools Health Plan January 1, 2026 Benefit Plans

	As of April 3, 2025				Effective January 1, 2026			
	MDHP		HDHP		MDHP		HDHP	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Benefit Period	Calendar Year		Calendar Year		Calendar Year		Calendar Year	
Dependent Age	26 - Removal End of Month		26 - Removal End of Month		26 - Removal End of Month		26 - Removal End of Month	
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Benefit Period Deductible – Single/Family	\$1,250 / \$2,500	\$2,500 / \$5,000	\$3,300 / \$6,600	\$6,600 / \$13,200	\$1,250 / \$2,500	\$2,500 / \$5,000	\$3,400 / \$6,800	\$6,800 / \$13,600
	Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.		Embedded Deductible - On a family contract, no one family member will pay more than a single contract.	
Coinurance - Amount Plan pays after Deductible or Copays, unless	75%	50%	90%	60%	75%	50%	90%	60%
Coinurance Maximum – Single/Family	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,600 / \$5,200	\$5,200 / \$10,400	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,500 / \$5,000	\$5,000 / \$10,000
	Embedded Coinurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinurance - On a family contract, no one family member will pay more than a single contract.		Embedded Coinurance - On a family contract, no one family member will pay more than a single contract.	
Out-of-Pocket Maximum - Single/Family	\$4,250 / \$8,500	\$8,500 / \$17,000	\$5,900 / \$11,800	\$11,800 / \$23,600	\$4,250 / \$8,500	\$8,500 / \$17,000	\$5,900 / \$11,800	\$11,800 / \$23,600
	(Deductible + Coinurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of \$9,200 / \$18,400 for Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinurance + Medical & Rx copays) (Deductible + Coinurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of \$9,200 / \$18,400 for 2025 Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinurance ONLY) Medical & Rx copays continue to apply to the ACA statutory maximum of \$9,200 / \$18,400 for 2025 Embedded Out-of-Pocket - On a family contract, no one family member will pay more than a single contract.		(Deductible + Coinurance + Medical & Rx copays) Embedded Out-of-Pocket. On a family contract, no one family member will pay more than a single contract.	
Services with Copays - flat dollar copays do accumulate toward the Out-of-Pocket Maximum.								
Office Visit – PCP (Illness/Injury)	\$25 copay, then 100%. Includes most services performed during that visit.		90% after deductible		60% after deductible		90% after deductible	
Office Visit -Specialist (Illness/Injury)	\$50 copay, then 100%. Includes most services performed during that visit.		90% after deductible		60% after deductible		90% after deductible	
Well Child Care Services (Under age 21)	100% No deductible		60% after deductible		50% after deductible		100% No deductible	
Urgent Care Office Visit	\$60 copay, then 100%. Includes most services performed during that visit.		90% after deductible		60% after deductible		90% after deductible	
Emergency use of an Emergency Room	\$150 copay, then 75% after deductible. Copay Waived if Admitted		Deductible, \$85 copay, then 90% Copay Waived if Admitted		\$150 copay, then 75% after deductible. Copay Waived if Admitted		Deductible, \$85 copay, then 90% Copay Waived if Admitted	
Non-Emergency use of an Emergency Room	\$300 copay, then 75% after deductible.		Deductible, \$200 copay, then 90%		\$300 copay, then 75% after deductible.		Deductible, \$200 copay, then 90%	
Inpatient and Outpatient Facility								
Semi-Private Room and Board	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Diagnostic Services (Labs, Imaging, X-rays and Testing)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Medical & Surgical Services (Anesthesia, Assist. Surgeon, Pathology, Therapeutic Injections & Misc. Medical Services)	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Surgical Services (Professional, Diagnostic Endoscopic Services)	\$25 copay then 75% Physician Office; 75% after deductible elsewhere	\$25 copay then 50% Physician Office; 50% after deductible elsewhere	90% after deductible	60% after deductible	\$25 copay then 75% Physician Office; 75% after deductible elsewhere	\$25 copay then 50% Physician Office; 50% after deductible elsewhere	90% after deductible	60% after deductible

	As of April 3, 2025				Effective January 1, 2026			
	MDHP		HDHP		MDHP		HDHP	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Drug & Biologicals	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Durable Medical Equipment	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Medical Supplies	75% after deductible	50% after deductible	90% after deductible	60% after deductible	75% after deductible	50% after deductible	90% after deductible	60% after deductible
Therapy (Physical, Occupational)								
Therapy (Speech)								
Additional Services								
Ambulance								
Chiropractic Services								
Durable Medical Equipment								
Home Healthcare								
Hospice								
Outpatient Allergy Testing								
Outpatient Allergy Treatment								
Mental Health and Substance Abuse - Federal Mental Health Parity								
Inpatient Mental Health & Substance Abuse Services								
Outpatient Mental Health & Substance Abuse Services								
Bariatric Surgery								
Lasik								
Prescription Drugs								
Express Scripts National Preferred Formulary Network								

Benefits in blue font are due to HB 315 effective 4/2/25

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Allen County Schools Health Plan

Passive PPO Dental Summary of Benefits

SDC Network

Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age Limit	Age 26; removal End of Month	
Benefit Period Maximum (per member)	\$2,500	
Benefit Period Deductible (per member)	\$25 Single / \$50 Family	
Class I - Preventive & Diagnostic	100% (no deductible)	100% (no deductible)
Class II - Basic Restorative/Essential	85% after deductible	85% after deductible
Class III - Major Restorative/Complex	80% after deductible	80% after deductible
Class IV - Orthodontia	60% (no deductible)	60% (no deductible)
Orthodontic Lifetime Maximum (per member)	\$1,000	

Under the Passive PPO plan, you may choose at the time of service a SDC participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates and cannot balance bill. Nonparticipating benefits are based on the usual and customary fees in the geographic areas in which the expenses are incurred.

For a current listing of participating dental providers from the SDC Network by using the network search on MMO's website:

[SDC Network](#)

This summary of benefits is intended to be a brief outline of coverage. The contract and/or certificate will contain the complete listing of covered services. In the event of a conflict between the contract and this summary, the group contract will prevail.



Allen Cty Health Plan

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our **Enhanced Provider Locator** on www.eyemed.com or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6.

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$150 allowance; 80% of charge over \$150	Up to \$105
Standard Plastic Lenses		
Single Vision	\$15 Co-pay	Up to \$30
Bifocal	\$15 Co-pay	Up to \$50
Trifocal	\$15 Co-pay	Up to \$70
Standard Progressive Lens	\$80 Co-pay	Up to \$50
Premium Progressive Lens ^Δ	\$100 Co-pay - \$125 Co-pay	
Tier 1	\$100 Co-pay	Up to \$50
Tier 2	\$110 Co-pay	Up to \$50
Tier 3	\$125 Co-pay	Up to \$50
Tier 4	\$80 Co-pay; 80% of charge less \$120 Allowance	Up to \$50
Lenticular	\$15 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^Δ	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$150 allowance; 15% off retail price over \$150	Up to \$150
Disposable	\$0 Co-pay; \$150 allowance; plus balance over \$150	Up to \$150
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

^ΔPremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$40
Frames (Once every 24 months)	\$0 Co-pay; \$150 allowance; 80% of charge over \$150	Up to \$105
Single Vision Lenses (Once every 12 months)	\$15 Co-pay	Up to \$30
Or		
Contacts (Once every 12 months)	\$0 Co-pay; \$150 allowance; plus balance over \$150	Up to \$150

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

84%
SAVINGS
with us*

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 -\$150 allowance \$13 -\$2.60 (20% discount off balance) \$10.40	Frame \$163
Lens \$15 Co-pay \$15 UV treatment add-on +\$15 Scratch coating add-on \$45	Lens \$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total \$65.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

Don't forget to Use these Tools!

We know that the healthcare system can be difficult to navigate which is why we provide our members with tools to assist!

MMO Customer Care

MMO service team to answer any questions or concerns with your Medical or Prescription Drug coverage.

Call **1.800.382.5729**

Mon. - Thurs. - 7:30 am - 7:30 pm
Fri. - 7:30 am - 6:00 pm
Sat. - 9:00 am - 1:00 pm

Nurseline

AFTER HOURS - If you are unsure whether you should go to the emergency room, urgent care or be directed to another source of care, Nurseline will assist!

Call **1.888.912.0636**

Available 24 hours a day,
7 days a week

Teladoc

Need Care NOW?

Use Teladoc at NO COST for MDHP members or \$55/visit for HDHP members! Available 24 hours a day, 7 days a week access to U.S. **Board Certified doctors** by web, phone or mobile app.

Great for treating colds, flu, rashes, strep, upper respiratory conditions, allergies and more.

Register Now: [Telemedicine Provider](#)

[Teladoc®](#)

You can also download the Teladoc app on your smartphone or call **1.800.835.2362**

Sword Health

Back, joint or muscle pain?

Or did you recently have hip, knee, shoulder surgery and need a bit more physical therapy in the comfort of your home?

This program provides you with a certified physical therapist virtually that has proven to ease pain and help recover from surgery.

Enroll to get started:

<https://join.swordhealth.com/medmutual/register>

For Questions: **1.888.246.0476**

Mon. - Fri. 9am - 6pm

ComPsych

All benefit eligible employees are automatically enrolled in the EAP program by ComPsych. This includes **6** free counseling sessions available for each unrelated issue in a 12 month period. They help with anything that brings stress into your life!

- | | |
|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Family Law |
| <input type="checkbox"/> Advanced Directives | <input type="checkbox"/> General Financial |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Income Tax |
| <input type="checkbox"/> Divorce or Separation | <input type="checkbox"/> Medicaid, Medicare, SSDI |

Here when you need us.

Call: **833-787-7774**

TTY: **800.697.0353**

Online: guidanceresources.com

App: **GuidanceNowsm**

Web ID: **ACSHP**

SmartShopper

Cash for Smart Decisions!

The next time you need a non-emergent procedure, contact SmartShopper first! Either by phone or online, you describe the service you need and SmartShopper will provide cost and quality information for providers in the network!

Completely voluntary!

You can select one of the providers they recommend and receive a CASH award or use a different provider.

Concierge Team: 1.877.292.1541

Mon. - Thurs. 8am - 8pm

Fri. - 8am - 6pm

Or log on at ADD WEBSITE

Do Your Part to stay healthy and keep costs down by joining the Wellness Program and using all of the tools available to you! We are all in this together!

Allen County Schools Health Plan

Allen County Schools Health Plan Benefits Portal

YES! All the benefit plan information, customer service numbers, links to carrier websites, information about the **wellness program** along with all these tools are accessible 24 hours a day, 7 days a week for your use!

You can earn rewards by participating in the wellness program!

Allen County Schools Health Plan

Tool	Description/Usage Example	Information
Wellness Program with Julie*	I need help understanding my biometric screening results and figuring out how I can improve my numbers.	julie.moore@staff.allencountyesc.org
SmartShopper	This tool allows me to find a provider or check my provider for cost and quality effectiveness. I can earn a reward when I use this tool.	https://medmutual.smartshopper.com/ 1-877-292-1541
Consortium Benefit Website*	I need one place to get all of my questions answered about all of our benefit plans.	https://c2mb.ajg.com/acshp/home/
Fedlogic*	I'm interested in finding out about medical plans that might help me save money, whether Medicare or Medicaid and others!	https://employees.fedlogicgroup.com/ Employee Access Code: alcs25
ComPsych EAP*	Use this tool when you are stressed for any reason!	https://www.guidanceresources.com/groNg/#/login WebID: ACSHP
Sword	I have low back pain and need help determining what exercises I can do to help alleviate the pain and function better.	https://join.swordhealth.com/medmutual/register
Teladoc	It's 2am and I have a medical question/have a common illness. I can use this tool at NO charge to me and speak to a board certified physician.	https://www.teladochealth.com/

*Available to ALL employees, not just those enrolled in the District's Health Insurance

Allen County Schools Health Plan Benefits Website



Our website gives you 24/7 access to so much information:

Home Tab

- Open Enrollment Information
- PlanSource Link & Guide
- Carrier Contact Information

Benefits Tab

Separate Sections for:

- Medical
- Teladoc
- Dental
- Vision
- EAP
- Life
- FSA

Provider Sites

Quick links to all carrier sites to find a provider

Miscellaneous Tab

- Cost Savings Tools
- Personal & Financial Calculators
- Legislation Notices

Wellbeing & Engagement Tab

Overview of Wellbeing Program with Julie Moore along with resources

Life Events Tab

Describes the different qualifying life events which would allow you to make mid-year changes outside of the annual enrollment

WebMD Tab

Includes current articles about health and wellbeing

Discount Programs Tab

Includes access to various discount programs available to you.

Click on link to access the website:
[Allen County Schools Health Plan Benefits Portal](#)