



2023
BENEFIT ENROLLMENT
Newly Eligible Members

**Review medical and dental benefit options
and complete enrollment for 2023 benefits**

Your Action is Needed

**Failure to complete online enrollment will result
in an automatic waiver of your benefit coverage**

Welcome Newly Eligible Members



You are receiving this brochure because you are either a new employee or newly eligible employee not currently enrolled in the health plans offered through Scioto Health Plan (SHP), Southeast Division of Optimal Health Initiatives; or you are adding a newly eligible spouse or dependent child to your current plan(s).

Your benefits are an important part of your employment package. Your employer offers medical, prescription, and dental benefits through SHP.

ENROLLMENT WINDOW:

Submit your new enrollment online within 31 days of your eligibility date. If you do not enroll during this time frame, you must wait until the next open enrollment period or until you experience a Qualifying Change in Status event (Special Enrollment or Section 125 Qualifying Event).

WHAT IF I DECLINE COVERAGE IN THE HEALTH PLAN(S)?

Participation is optional. To decline any or all of the health plans, you are required to complete a waiver online within 31 days of your eligibility date. **A waiver means there is no opportunity to enroll until the next open enrollment or a Qualifying Change in Status event occurs. See page 4.**

CAUTION:

Failure to complete online enrollment may result in an automatic waiver of your benefit coverage.

PLEASE NOTE ADDITIONAL INFORMATION:

This brochure provides IMPORTANT information regarding the enrollment process, plan options, and eligibility requirements for coverage under the Plans for you, your spouse, and dependent children. If there is any discrepancy between the information in this brochure and any official Plan document, the official Plan document will control.

All Plan communications will be provided electronically for review throughout the Plan year, or you can contact your Employer's Treasurer/Business Office/Benefit Representative with a request to provide a paper copy of all or some Plan communications.

2023 Benefit Options and Enrollment

Medical Plan Options

- SHP 1 PPO
- SHP 2 HDHP

Dental Plan Options

- Standard
- Premium

Levels of Coverage Available

- Employee only
- Family

Cost of Plans

The cost of coverage depends on your contract with your employer

Eligibility

Dependent Eligibility for Medical and Dental Plans

A Spouse and dependent children (up to age of 26) who meet the Plan's eligibility criteria are able to enroll in the Scioto Health Plan (SHP) for medical and dental coverage.

[Special Eligibility Requirements for a Spouse Enrolled in the Medical Plan](#)

A Spouse that is eligible for enrollment may enroll in SHP for secondary coverage when your spouse is **primary** on another plan. However, for a Spouse to enroll in this Plan for **primary** medical coverage, the Spouse must meet one of the following criteria:

- The Spouse is also eligible for SHP through his/her participating Employer Group.
- The Spouse is not employed or is self-employed and not eligible for a group plan.
- The Spouse is retired and only eligible for a government-sponsored Plan (Medicare/Tricare).
- The Spouse is not eligible for an employer-sponsored or retiree group medical plan (and is not entitled to employment-related funds or stipends for the purchase of individual/exchange coverage).
 - A Spouse eligible for an employer-sponsored or retiree group medical plan (including but not limited to STRS, SERS, OPERS, Police/Fire, etc.) must take that coverage on an individual basis as **primary** insurance. This Plan may then be secondary.
 - A Spouse receiving funds or stipends by a former or current employer must use those funds to enroll or purchase **primary** coverage on an individual basis as primary insurance. This Plan may then be secondary.
- The Spouse is eligible for an employer-sponsored or retiree group medical plan, but would have to pay more than 50 percent of the total premium for single coverage of the lowest cost option available to them. For those entitled to employment-related funds or stipends, the cost of individual/exchange coverage is reduced by the value of the funds/stipend.
 - Premium does NOT include spousal waiver incentives or other such additional compensation forfeited upon enrollment in their plan.

HSA Note: *If your Spouse is currently enrolled in other coverage and contributing to a Health Savings Account (HSA), and you enroll them in your PPO Plan as secondary, IRS rules may preclude them from making or receiving additional HSA contributions. In order to make or receive HSA contributions, an individual must only be covered by an HSA-qualified health plan.*

For questions regarding spousal secondary coverage when receiving HSA contributions, please contact the SHP Administrative Support Team (AST) at 740.354.0230.

Fraud Notice

Misrepresentation of eligibility through enrollment or verification documents may constitute fraud. Coverage under the Plan and/or employment can be terminated. Any claims paid in error due to misrepresentation will be your responsibility.

Mid-Year Changes

Your enrollment elections will remain in place for the entire calendar year enrolled.

You may only make changes to your Plan throughout the year if you have a **Qualifying Change in Status** event.

You need to submit a Change Request within **31 days** from the date of a Qualifying Change in Status event (and within 60 days to enroll a newly eligible dependent child).

If you go beyond the time limit, you may have to wait until the next Open Enrollment period. Please contact the SHP Administrative Support Team (AST) at 740.354.0230 for special handling.

A Qualifying Change in Status event may impact the eligibility of you or your dependent for coverage under the Plan. Examples include one or more of the following. Reference your Benefit Book for a complete list.

- Marital Status (marriage, divorce, legal separation, death of a spouse, etc.)
- Number of Children who are Dependents (birth, death, adoption, etc.)
- Employment Status
- Residence
- Loss of Coverage (not dropping coverage voluntarily)
- Court Order (a duly executed judgment, decree, or order, including a QMCSO)

Submit a Mid-Year Change

- Log in to shp.benelogic.com with your employer-specific User ID and Password
- Select *Make a Change*

Nondiscrimination

No person who is eligible to enroll will be refused enrollment based on health status, health care needs, genetic information, previous medical information, impairment, sexual orientation or identity, gender, or age.

Medical Plan Options

Which Medical Plan is Right For You and Your Family?

PPO	Preferred Provider Organization	With the PPO, you pay more out of your paycheck to “buy” the coverage, and then less out of your pocket because you pay flat copays for routine office visits and prescriptions. The PPO has the lowest deductible.
HDHP	High Deductible Health Plan	With the HDHP, you pay less out of your paycheck to “buy” the coverage, and then more out of your pocket for services. You can set up a health savings account (HSA) that lets you build up tax-deductible money to pay medical expenses. You pay a lower premium but are subject to a higher deductible and maximum out-of-pocket. Check with your local bank or employer to see if they offer an HSA.

These plans have an embedded Deductible, meaning each covered family member only needs to satisfy his or her individual Deductible, not the entire Family Deductible, prior to receiving plan benefits. The balance of the Family Deductible can be satisfied by a combination of remaining family members.

IRS tax-deferred vehicle: The HDHP option is a qualified HDHP that can be used in conjunction with an HSA (Health Savings Account). This account is owned by the employee and may be acquired through your local banker. This provides a means for the employee to defer tax-free money into an account to pay for covered services not paid by the Plan and subject to your out-of-pocket expenses. There are IRS stipulations applied when an HSA is used. If you or your employer contribute toward the HSA, you cannot be covered under more than one (1) plan for the tax period the contribution is made. For more HSA information, you may reference the US Department of the Treasury website at home.treasury.gov.


Which Plan Option is Right for Me?

To compare, enter information from your plan and/or your spouse’s plan ⇨	Plan Name _____		Plan Name _____	
	Worse Case	Likely Case	Worse Case	Likely Case
Annual Payroll Deduction				
Total Copays:				
Office	\$	\$	\$	\$
ER	\$	\$	\$	\$
Urgent	\$	\$	\$	\$
RX-retail	\$	\$	\$	\$
RX-mail	\$	\$	\$	\$
Deductible	\$	\$	\$	\$
Coinsurance	\$	\$	\$	\$
Not to Exceed Max Out-of-Pocket Limit	\$ /person \$ /family	\$	\$ /person \$ /family	\$
Combined Total Annual Cost Estimate	\$	\$	\$	\$
Potential Tax Savings ¹	\$	\$	\$	\$
Net Total Annual Cost Estimate After Tax Savings Estimate	\$	\$	\$	\$

¹ If selecting the HDHP option, you can defer tax-free dollars into an HSA (Health Savings Account). Depending on your income, the amount you defer can be multiplied by your tax bracket (e.g., 15-25%) to see your tax savings estimate. Consulting your tax advisor is the best option.

HSA 2023 Contribution Limits—For SHP2: \$3,850 for single coverage, \$7,750 for family coverage. HSA catch-up contributions for 55 and older is \$1,000.

Summary of In-Network Medical Plan Options 2023

 Search for in-network Anthem Blue Access providers at anthem.com	SHP 1 (PPO)	SHP 2 (HDHP) ³
Medical		
Preventive Care ¹	Preventive services covered 100% for all plans as defined under the Affordable Care Act (ACA)	
Annual Deductible ² <i>This is the dollar amount you must pay first in a year before the plan begins paying specified benefits.</i>	\$850 /person \$2,550 /family You do not have to meet the deductible before copays apply.	\$3,250 /person \$6,500 /family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health, and chiropractor.</i>	\$50 copay for primary care \$85 copay for specialist	Deductible, then Plan pays 80%; Member 20%
Urgent Care	\$85 copay	Deductible, then Plan pays 80%; Member 20%
Emergency Room	\$200 copay + 20% (copay waived if admitted)	Deductible, then Plan pays 80%; Member 20%
Inpatient and Outpatient Services	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 80%; Member 20%
Prescription Drugs	Deductible does not apply	After deductible is met
Retail <i>Up to 34-Day Prescriptions</i>	\$15 Generic \$45 Brand Formulary (Preferred Brand) \$85 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts National Pharmacy Network	Nationwide network which includes CVS, Rite Aid, Walmart, and more	
Mail Order or Smart90 <i>Up to 90-Day Prescriptions</i>	\$30 Generic \$90 Brand Formulary (Preferred Brand) \$170 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 80%; Member 20%
Express Scripts Home Delivery or Smart90 Standard Pharmacy Network	Long-term maintenance medication up to 90-day supply filled either through Express Scripts Home Delivery or a Smart90 Standard retail pharmacy which includes Rite Aid, Walmart, and more	
Specialty <i>Up to 34-Day Prescriptions</i> <i>Up to 90-Day Prescriptions, if allowable</i>	\$100 \$200	Deductible, then Plan pays 80%; Member 20%
Annual Maximum Out-of-Pocket Includes medical and Rx deductibles, coinsurance, and copays. This is the most you will pay toward your in-network medical and prescription expenses.	\$3,400 /person \$7,650 /family	\$6,500 /person \$13,000 /family
Monthly Group Single Rates	\$783	\$621
Monthly Group Family Rates	\$2,065	\$1,632

Footnotes:

- ¹ ACA approved preventative services are found at [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/). Providers must bill under a preventative code.
- ² A wellness credit of \$150 may be applied toward the medical deductible for employees and spouses who participate in the Biometric Screening/Health Risk Assessment (HRA).
- ³ HDHP may be adjusted annually as provided under IRS Code to be eligible as a Qualified HDHP (High Deductible Health Plan).

This chart is a summary of in-network benefits for comparison purposes. Refer to the most recent Benefit Book for complete description of Plan benefits.

Pharmacy Benefit



EXPRESS SCRIPTS®

Our Prescription Plan offers two choices to fill long-term maintenance medications

A maximum of three fills allowed at retail (up to a 34-Day supply) for a new maintenance drug. After that, a 90-Day supply of the drug must be filled at the Express Scripts Home Delivery Pharmacy or at a retail pharmacy in the Smart90 Standard Retail Pharmacy Network.

Express Scripts Home Delivery Pharmacy

You may conveniently fill your long-term maintenance prescriptions through home delivery from Express Scripts Pharmacy.

- FREE standard shipping
- Access to a pharmacist 24/7
- Automatic refill reminders so you are less likely to miss a dose
- Extended Payment Plan available
- Just call 866.275.0044 and they will contact your doctor to get your new prescription or go to [express-scripts.com](https://www.express-scripts.com)

Smart90 Standard Retail Pharmacy Network

If you prefer a retail option to fill your long-term maintenance medications, you may fill at a retail pharmacy in the Smart90 network.

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

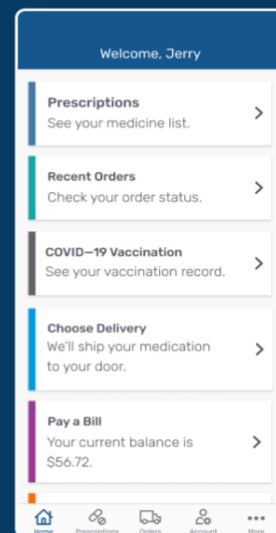
A 90-Day prescription is required.

Note: Walgreens and Kroger are NOT in the pharmacy network

Manage your medication. Anytime. Anywhere.

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

Express Scripts Mobile App



Dental Plan Options



Participating "Delta Dental PPO" and "Delta Dental Premier" dentists can be found at deltadentaloh.com/shp or call 800.524.0149

- You have access to two nationwide networks of participating dentists: Delta Dental PPOSM and Delta Dental Premier®. You may use both networks in all dental plan options.
- Your out-of-pocket costs will likely be lower if you use a Delta Dental PPO provider. Based on the fee schedule, it is generally lower than the maximum approved in the Delta Dental Premier networks. You are responsible for the deductible and coinsurance; no balance billing by your dentist for the Delta discount.
- If you choose to see a non-participating provider, your benefits remain the same. There is no penalty for using an out-of-network provider, but you may be balance billed for amounts in excess of usual and customary. Delta Dental will send you a check for covered services and you are responsible for paying the provider.

Summary of Dental Plan Options		
	Standard	Premium
Dental Networks Delta Dental Provider Search	Delta Dental PPO Network Delta Dental Premier Network	
Annual Deductible	\$50 /person \$100 /family	\$25 /person \$50 /family
Annual Maximum Benefit	\$1,500 /person	\$2,500 /person
Lifetime Maximum Benefit Orthodontia	\$1,500 /person	\$1,800 /person
Preventative	100% covered deductible waived	100% covered deductible waived
Basic Care	Covered at 80%	Covered at 80%
Major Care	Covered at 50%	Covered at 60%
Orthodontia Care	Covered at 60%	Covered at 60%
Adult Orthodontics	Yes	Yes
Sealants	Covered to age 16	Covered to age 16
Monthly Group Rates		
Single	\$32	\$34
Family	\$74	\$81
Composite	\$68	\$74

Wellness Program



The Scioto Health Plan supports early detection, wellness and education programs to assist you with your personal health goals. Making healthy lifestyle choices helps you and the Plan spend less money on health care.



- Biometric Screening
 - ⇒ The Biometric Screening provides a comprehensive picture of your overall health. This powerful tool helps to identify areas where you can work to improve including high cholesterol, high blood pressure, diabetes, nutritional concerns, and many more.
 - ⇒ Because your health matters, members and spouses can earn \$150 toward next year's medical plan deductible just by participating in a free confidential Biometric Screening.
- Scioto Advantage Health & Wellness Center provides Certified Health Coaches, Registered Nurses, Registered Dietitians, and Tobacco Cessation Coaches. You can have support in a non-judgmental approach customized to your needs to meet your goals. Experts can help you with healthy eating, stress reduction, diabetes care, and more.
- Flu shots are offered at your workplace in the fall.
- Preventive care and immunizations for adults and children ages two and up.

Anthem Health & Wellness Programs

- Anthem Sydney Health App includes [My Health Dashboard](#), an online tool to help you take the next step to better health with personalized content and wellness programs.
- [Anthem Condition Care](#) is a no-cost program that provides tools, resources, and support to members and their covered dependents with asthma (pediatric or adult), chronic obstructive pulmonary disease, coronary artery disease, diabetes, and heart failure.
- [LiveHealth Online](#) offers private video visits with a board-certified doctor 24/7 or a mental health professional 8 a.m. to 8 p.m. seven days a week. Register at livehealthonline.com.
 - ⇒ PPO members at a \$0 copay
 - ⇒ HDHP members at a cost of \$59 for a doctor visit and a 45-minute therapy or psychiatry session at the same costs as an office mental health visit

For more information, go to the Medical and Health Center pages at shpoptimalhealth.com

Health & Wellness Center



We are very pleased to offer two Health & Wellness Centers to you, your spouse, and dependent children, ages two and up, enrolled in the medical plan.

- Get care for your sore throat, a cold, or the flu and help with high blood pressure or diabetes. Your facility will treat both acute and chronic conditions, all at no cost to you
- No deductible or copays for office or TeleVisits
- No cost for on-site lab work, physicals, and biometric screening
- No cost for select generic medications and insulin or ePrescribe to the pharmacy of your choice where plan costs apply
- Short or no time in a waiting room
- Expert Health Coaching at no cost
- Private, confidential, and secure

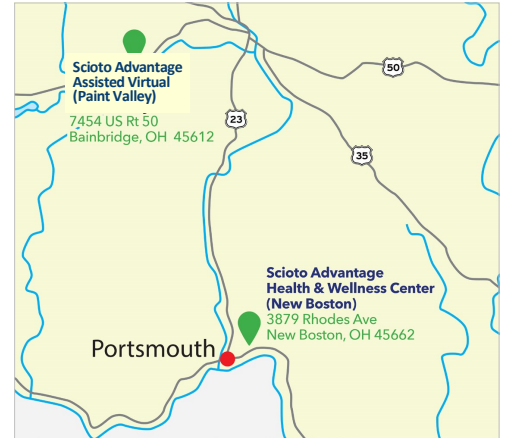
Hours of Operation Subject to change	Monday:	6:00 AM—6:00 PM
	Tues/Wed:	7:00 AM—Noon 1:00 PM—6:00 PM
(New Boston)	Wed:	8:00 AM—5:00 PM
(Paint Valley)	Thursday:	8:30 AM—Noon 12:30 PM—7:00 PM
	Friday:	6:00 AM—4:30 PM
	Saturday:	8:00 AM—Noon (every other)

Labs/Blood Draws:
ALL DAY Tuesday, Wednesday, Thursday
(one per hour during hours of operation)

Nurse Only/Dedicated Labs/Blood Draw Hours:
Tuesday: 6:00 AM—9:00 AM
Thursday: 6:00 AM—11:00 AM

Get Registered and Schedule An Appointment
Contact the 24/7 Patient Support Center at 740.736.5211 or visit Mypremisehealth.com or the My Premise Health App.

Click "Sign Up Now" and remember that each covered member must register separately before scheduling.



Two Convenient Locations

Scioto Advantage Health & Wellness Center (New Boston)

3879 Rhodes Ave | New Boston, OH 45662
740.736.5211
Fx: 740.354.0293



BRYAN GROOMS, DO



SARA MCCULLOUGH, NP



KALEIGH MOORE, NP



STACY WHEELER, RN
Health Center Manager



ALLISON PISTOLE, RN

Scioto Advantage Assisted Virtual (Paint Valley)

7454 US Rt 50 | Bainbridge, OH 45612
Located inside Paint Valley High School
740.736.5211
Fx: 740.634.3586



DENNIS R. KING, MD

Enrollment Instructions

ALERT!

Employees eligible for benefits need to enroll online (or waive coverage) within 31 days of their eligibility date or contact AST for special handling

Before You Enroll:

- If you are enrolling a dependent for the first time, you will need to gather information about you and your dependents:
 - Social Security Number
 - Date of Birth
 - Other medical and dental coverage information that you and your dependents may have
 - Other required documentation to verify eligibility (see page 12)

Log in to the Employee Portal: shp.benelogic.com

- Use your employer-specific **User ID** to log in to your account:

First letter of first name, last name, last 4-digits of Social Security Number @employer

For Example, John Doe from employer Bloom-Vernon would be: jdoe1234@bloomvernon (bloomvernon, clay, green, minford, newboston, northwest, pv, SCCTC, sciotoville, SCOESC, valley, washnile, wheelersburg)

- Enter your **Password**. If you cannot remember your password, click *Forgot User ID / Password?*
 - If first time to log in, your Initial Password is: Date of birth (For Example, mmddyyyy) then change your password and answer security questions

Instructions to Enroll or Waive Coverage:

- Follow the instruction wizard to elect your benefits or to waive coverage
- Review your benefit elections
- Click the *Submit* button to save your elections
- Click *Submit* again to finalize your elections
- Click *View Confirmation* to print the Enrollment Summary for your records

NEED ASSISTANCE?

Employee Portal Login

Benelogic Client Services
866.324.0818
Email:
info@shp.benelogic.com

Required Documentation

Local Administrative Support Team (AST)
740.354.0230
Email: AST@planmanagementservice.com

Required Documentation for Medical and/or Dental Plan Coverage

Employees are required to verify the eligibility of spouse and dependent(s) enrolled in the medical and/or dental plans.

Complete the following steps to upload documents to your Employee Portal File Cabinet:
shp.benelogic.com

Step 1: Obtain the Required Documentation

Obtain the Required Documentation to Enroll Your Spouse

Spouse	<p>Each year, provide the documentation for medical and/or dental coverage:</p> <p>Federal Tax Return Form 1040 first page of the current year (blacking out financials and making sure name(s), filing status, and last 4-digits of SSNs show)</p> <ul style="list-style-type: none"> • Marriage Certificate (if recently married and have not yet filed taxes together) <p>Upon initial enrollment and each year during Open Enrollment, you will be required to verify spousal eligibility. The online system may prompt you to provide the following:</p> <ul style="list-style-type: none"> • Spousal Employer Verification Form - Applies to medical coverage only (available in the Employee Portal under the Resources Tab) • Coordination of Benefits (provide/update Spouse's primary insurance information)
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Obtain the Required Documentation to Enroll Your Dependent(s)

Birth Child	Upon initial enrollment, provide official Birth Certificate from Health Department
Adopted Child	Upon initial enrollment, provide legal adoption documentation
Legal Guardianship for Child	Upon initial enrollment, or if there is a change, provide proof of legal guardianship or "Qualified Child Medical Support Order"
Step Child	<p>Upon initial enrollment, or if there is a change, provide:</p> <ul style="list-style-type: none"> • Official Birth Certificate from Health Department • Divorce Decree to identify primary medical coverage for dependent(s)
Impaired Dependent	<p>Upon initial enrollment, provide:</p> <ul style="list-style-type: none"> • Official Birth Certificate from Health Department • "Certificate of Impairment" Periodically required as deemed necessary (available in the Employee Portal under the Resources Tab)

Step 2: Scan and save required documentation

- Documentation must be saved to a computer for upload or a photo can be taken from a mobile device
- Must be saved and uploaded as a PDF, PNG or JPG

Step 3: Upload documents to your Employee Portal File Cabinet

- From computer or mobile device, login at shp.benelogic.com with your employer-specific User ID and Password
- Select *Upload a Document*
- Locate your file, click *Browse*, or drag file to upload
- Add a description to the file name

Please confirm Contact Information (address, phone, and email) are correct

Fraud Notice:

- Only an eligible dependent(s) may be enrolled in your benefit plan. Refer to your Plan Benefit Book or Employer's Treasurer/Business Office/Benefit Representative if unsure of guidelines. Proof of eligibility for spouse and/or dependent(s) is required (see applicable section above).
- Misrepresentation of eligibility through facts or verification documents may constitute fraud. Coverage under the Plan and/or employment can be terminated. Any claims paid in error due to misrepresentation will be your responsibility.
- Documents are required to remain in your Employee Portal File Cabinet.

Who To Contact

<p>Medical Plan <i>Coverage, claims, find a medical doctor or other healthcare provider, and view or print ID cards</i></p>	<p>Anthem Blue Access Network 833.639.1634</p> <p>National Blue Card Network (out of the region)</p>	<p>anthem.com</p> <p>Search <i>Sydney Health</i> in the app store or Text <i>SYDHEALTH</i> to 268436</p>
<p>Dental Plan <i>Coverage, claims, find a dental provider, and order ID cards</i></p>	<p>Delta Dental 800.524.0149</p>	<p>deltadentaloh.com/shp</p> <p>Consumer Toolkit: toolkitsonline.com</p> <p>Search <i>Delta Dental</i> in the app store</p>
<p>Prescription Drug <i>Coverage, claims and preferred formulary</i></p>	<p>Express Scripts, Inc. 866.275.0044</p>	<p>express-scripts.com</p> <p>Search <i>Express Scripts</i> in the app store</p>
<p>Benelogic SHP Employee Portal: <i>Enrollment, changes, and login help</i></p>	<p>Benelogic Client Services 866.324.0818</p>	<p>Email: info@shp.benelogic.com</p> <p>Employee Portal: shp.benelogic.com</p>
<p>AST Service Support <i>Enrollment, eligibility, and required documentation</i></p> <p>AST and Escalated Support</p>	<p>Cassie Brown Client Support Representative 740.354.0238</p> <p>Mari Moore Client Support Representative 740.354.0290</p> <p>Amy Heimbach Sr. Client Support Executive 740.354.0230</p>	<p>Email: cbrown@planmanagementservice.com</p> <p>mmoore@planmanagementservice.com</p> <p>aheimbach@planmanagementservice.com</p>
<p>Scioto Advantage Health & Wellness Center <i>For primary, acute and chronic conditions, medications, preventive care, physicals, health coaching, and more</i></p>	<p>Premise Health 740.736.5211 Fax: 740.354.0293</p>	<p>mypremisehealth.com</p> <p>Search <i>MyPremiseHealth</i> in the app store</p>

Review Your Benefit Books and Certificate to Preserve Coverage

Medical and Dental Coverage

Please refer to the Resources Tab on the SHP Employee Portal, shp.benelogic.com:

- Member Notices
- Summary of Benefits and Coverage (SBC)
- Benefit Books

All Plan communications will be provided electronically for review throughout the Plan year, or you can contact your Employer's Treasurer/Business Office/Benefit Representative with a request to provide a paper copy of all or some Plan communications.

Vision and Life Insurance Coverage

Please visit your local Treasurer or Business Office for information on your Vision and Life Insurance, including the Life Insurance Certificate.