



BENEFITS ENROLLMENT

Newly Eligible Members

**Review medical and dental
benefit options and complete
enrollment for 2021 benefits**

YOUR ACTION IS NEEDED

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



Welcome Newly Eligible Members

Read inside for benefit options and how to enroll

Medical Plan Options 2021

- SHP 1 PPO
- SHP 2 HDHP
- SHP 3 HDHP-MVP

Dental Plan Options 2021

- Premium
- Standard

Levels of Coverage Available

- Employee only
- Family

Cost of Plans

The cost of coverage depends on your contract with your employer.

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 dependent spouse or dependent child to your current plan(s).

Your benefits are an important part of your employment package. Your employer provides your 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 special enrollment / qualifying event.

WHAT IF I DON'T WANT 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.

CAUTION:

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

PLEASE NOTE ADDITIONAL INFORMATION:

The rest of this brochure provides IMPORTANT information regarding the enrollment process, plan options and eligibility requirements for coverage under the plans for you and your dependent spouse and 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 to you for review throughout the Plan Year, unless you notify your Employer's Treasurer/Business Office/Benefit Representative with a request to provide all or some plan communications in paper hard-copy.

Who's Eligible?

Mid-Year Changes

Dependent Eligibility for Medical and Dental Plans

Spouses who meet the criteria and children (up to age 26) are eligible for medical and dental coverage.

Important Criteria for the Medical Plan Only

Special Eligibility Requirements for Spouses

Spouses who are eligible for another employer-sponsored medical plan or retiree group medical plan, such as STRS or SERS, must take that coverage on an individual basis as **primary** insurance in order to be covered with Scioto Health Plan for **secondary** insurance, unless the spouse meets one of the criteria below.

In order for spouses to enroll in the Scioto Health Plan for **primary** medical coverage, they must meet one of the following criteria:

- The spouse is also eligible for the Scioto Health Plan through his/her participating employer.
- The spouse is not eligible for an employer-sponsored medical plan or retiree medical plan.
- The other coverage would cost the spouse more than 50 percent of the total premium for single coverage of the lowest cost plan.
 - * Premium does NOT include spousal incentives or other such additional compensation, etc. forfeited upon enrollment in their own plan.

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.*

Making Changes When a Special Enrollment / Qualifying Event Occurs During the Year

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

You may only make changes to your plan throughout the year if you have a special enrollment / qualifying event (family status change).

You need to submit the change within 31 days after the qualifying event (and within 60 days to enroll a newly eligible dependent child).

If you go beyond the time limit, then 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.

Examples of a special enrollment / qualifying event (family status change):

- * Marriage
- * Divorce or legal separation
- * Loss of coverage (not dropping coverage voluntarily)
- * Death
- * Qualified Child Medical Support Order (QCMSO)
- * Legal guardianship
- * Newborn and adoption

Submit a Change During the Year

- * Log in to <https://shp.benelogic.com> with your district specific User ID and Password.
- * Select *Make a Change*.

Fraud Notice

Misrepresentation of eligibility through facts or verification documents may constitute fraud. Coverage under the plan and/or employment can be terminated and the employee will be responsible for the refund of claims paid in error.

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.
MVP	Minimum Value Plan (also a HDHP)	The MVP has the highest deductible. Once the deductible is met, the Plan pays at 100%. There are no copays. This plan offers basic coverage and includes additional exclusions, such as: <ul style="list-style-type: none"> • No out-of-network coverage except for emergencies. • No coverage for treatment of temporomandibular joint dysfunction (TMJ). • No coverage for chiropractic care.

IRS tax deferred vehicle: The HDHP and MVP options are qualified HDHPs 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 own 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 www.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 *	\$	\$	\$	\$
Net Total Annual Cost Estimate After Tax Savings Estimate				

* If selecting an 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 2021 Contribution Limits—For SHP2 and SHP3: \$3,600 for single coverage, \$7,200 for family coverage. HSA catchup contributions for 55 and older is \$1,000.

Summary of In-Network Medical Plan Options 2021

 Search for in-network Anthem Blue Access providers at www.anthem.com	SHP 1 (PPO)	SHP 2 (HDHP) ***	SHP 3 * (HDHP-MVP) ***
Medical			
Preventive Care Preventive services covered 100% for all plans as defined under the Affordable Care Act			
Annual Deductible ** <i>This is the dollar amount you must pay first in a year before the plan begins paying specified benefits.</i>	\$700 /person \$2,100 /family You do not have to meet the deductible before copays apply.	\$2,800 /person \$5,600 /family	\$7,000 /person \$14,000 /family
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor.</i>	\$35 copay for primary care \$65 copay for specialist	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Urgent Care	\$75 copay	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Emergency Room	\$200 copay + 20% (waived if admitted)	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Inpatient and Outpatient Services	Deductible, then Plan pays 80%; Member 20%	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Prescription Drugs	Deductible does not apply	After deductible is reached	After deductible is reached
Retail <i>Up to 30-Day Prescriptions</i>	\$15 Generic \$45 Brand Formulary (Preferred Brand) \$70 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Express Scripts National Pharmacy Network Nationwide network which includes Kroger, Walmart, and more.			
Mail Order or Smart90 <i>Up to 90-Day Prescriptions</i>	\$30 Generic \$90 Brand Formulary (Preferred Brand) \$140 Brand Non-Formulary (Non-Preferred Brand)	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
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, Kroger, and more.			
Specialty <i>Up to 30-Day Prescriptions</i> <i>Up to 90-Day Prescriptions, if allowable</i>	\$80 \$160	Deductible, then Plan pays 90%	Deductible, then Plan pays 100%
Annual Maximum Out-of-Pocket <i>Includes deductibles and copays. This is the most you will pay toward your in-network medical and prescription expenses.</i>	\$2,800 /person \$6,200 /family	\$3,200 /person \$6,400 /family	\$7,000 /person \$14,000 /family
Single	\$731	\$580	\$424
Family	\$1,928	\$1,523	\$1,119

Footnotes:

Plan changes from 2020 to 2021 in blue.

* Certain exclusions apply. Review list on Page 4.

** A wellness credit of \$150 or \$100 may be applied toward the medical deductible for employees and spouses who participate in the Annual Health Assessment at Scioto Advantage.

*** HDHPs are 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 courtesy fills are allowed at retail (up to a 30 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 the Express Scripts Pharmacy.

- FREE standard shipping
- Access to a pharmacist 24/7
- Automatic refill reminders so you're less likely to miss a dose
- Extended Payment Plan available
- Just call 888-754-7644 and they will contact your doctor to get your new prescription, or go to 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 Kroger, Walmart, Meijer and more.

A 90-day prescription is required.



Pharmacy That Goes Farther.SM

One less card to carry with the Express Scripts mobile app.

- **Locate a Pharmacy**
- **Switch to Home Delivery**
- **Drug Information**
- **Prescription ID Card**

Search *Express Scripts* in your mobile app store.



Dental Plan Options

- 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 balanced 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.



DELTA DENTAL

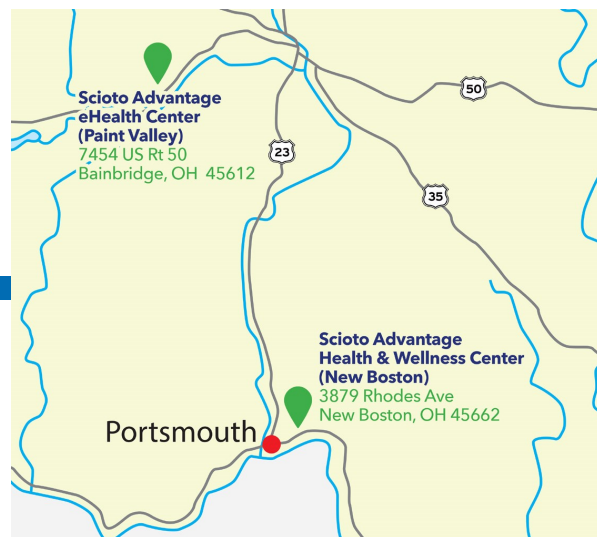
Participating "Delta Dental PPO" and "Delta Dental Premier" dentists can be found at www.deltadentaloh.com/shp or call 800-524-0149.

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
Total Group Rates		
Single	\$31	\$33
Family	\$72	\$79
Composite	\$66	\$72

We are very pleased to offer two Health & Wellness Centers to employees and their dependent spouse and children over two years old 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 deductibles or copays for visits
- No cost for onsite lab work, physicals, Annual Health Assessment (AHA) and more
- No cost 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 (New Boston) (Paint Valley)	Monday: 6:00 AM—6:00 PM Tues/Wed: 7:00 AM—Noon 1:00 PM—6:00 PM Wed: 8:00 AM—5:00 PM Thursday: 8:30 AM—Noon 12:30 PM—7:00 PM Friday: 6:00 AM—4:30 PM Saturday: 8:00 AM—Noon (1st and 3rd each month)
	Labs/Blood Draws: ALL DAY, EVERY Tuesday, Wednesday, Thursday (one per hour during hours of operation) Nurse Only Hours: Tuesday: 6:00 AM—9:00 AM Thursday: 6:00 AM—11:00 AM
Get Registered Each covered member must register separately before scheduling	Call 877.423.1330 or go to CareHere.com/Register & click Member Login Enter your Access Code: SCAD01 Scioto Advantage
Scheduling & 24/7 Support Center	877.423.1330 www.carehere.com CareHere App



Two Convenient Locations

Scioto Advantage Health & Wellness Center (New Boston)

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



BRYAN GROOMS, DO



SARA MCCULLOUGH, NP



SAMANTHA MESSER, NP



KALEIGH CLINE, NP



STACY WHEELER, RN
 Health Center Manager



STEPHANIE POWELL, RN

Scioto Advantage eHealth Center (Paint Valley)

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



DENNIS R. KING, MD



STEPHANIE POWELL, RN

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.

WELLNESS PROGRAMS AT NO COST THROUGH



- Annual Health Assessment (AHA)

⇒ The Annual Health Assessment (AHA) 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 or \$100 toward next year's medical plan deductible just by participating in a free confidential AHA.



- 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 offered at your workplace in the fall.

- Preventive care and immunizations for adults and children typically age 2 and up.



877.423.1330 | [CareHere.com](https://www.carehere.com) | CareHere App

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, types 1 and 2 (pediatric or adult) 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 www.livehealthonline.com.

⇒ PPO members at a \$0 copay starting January 1, 2021.

⇒ HDHP members at a cost of \$59 for 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 www.shpoptimalhealth.com

Enrollment Instructions

ALERT !

Employees eligible for medical 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 11)

Log in to the Employee Portal: <https://shp.benelogic.com>

- * Use your district-specific **User ID** to Sign 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 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

Administrative Support Team (AST)
855-664-0012
Email:
AST@planmanagementservice.com

Required Uploads Needed for Medical and Dental Plan Coverage

Employees are required to verify the eligibility of spouses and dependents in the medical and dental plans.

Complete the following three steps to upload documents to your Online Employee File Cabinet <https://shp.benelogic.com>

Step 1: Obtain the Required Documentation for each dependent.

Obtain Required Documentation for Spouse

Spouse	<ul style="list-style-type: none"> • One of these documents is required each year for medical and dental coverage. <ul style="list-style-type: none"> ⇒ First page of your last Federal IRS 1040 tax return with spouse's name listed (sanitized, blacking out financials and all but the last 4-digits of SSNs) <ul style="list-style-type: none"> * If filing "head of household," Employee and Spouse will be required to complete Affidavits. ⇒ If married in the current year and have not yet filed together, provide Marriage License. • A spousal eligibility questionnaire must be completed during your online enrollment. The online Questionnaire may prompt you to upload a signed Spousal Employer Verification Form (available in the online Resources Tab) to complete your medical coverage enrollment.
--------	---

Obtain the Applicable Required Documentation for Dependents

Birth Child	Birth Certificate. Provide one time.
Adopted Child	Legal adoption documentation. Provide one time.
Legal Guardianship for Child	Proof of legal guardianship or "Qualified Child Medical Support Order" (QCMSO). Provide one time unless there is a change.
Step Child	<ul style="list-style-type: none"> • Divorce Decree to identify primary medical coverage for dependent. Provide one time unless there is a change. • Birth Certificate. Provide one time.
Disabled Dependent	<ul style="list-style-type: none"> • "Disability Certification for Dependent Children" (available in the online Resources Tab). This may be required every five years. • Birth Certificate. Provide one time.

Step 2: Upload your document by first scanning and saving to your computer or portable drive. (PDF, PNG, JPG, or BMP only)

Step 3:

- ◆ Log on to <https://shp.benelogic.com> with your district-specific User ID and Password.
- ◆ From the Home Page, select *Upload a Document* then click *Upload Document*.
- ◆ Locate your file on your computer/device, add a document description to the file name, then *Save* to continue.

NOTE: Only eligible dependents may be enrolled in your benefit plan. (Refer to your Plan's Benefit Book or Personnel office if unsure of guidelines). Dependent proof of eligibility may be required; such as birth certificate, custody, or guardianship papers (for children eligibility) and/or first page of your last filed 1040 tax return (for spouse eligibility) with the financial information and all but the last 4-digits of the SSN blacked out. Failure to provide proof of eligibility upon request *or* failure to enroll a spouse into their own employer's sponsored coverage, if eligible, will result in the recovery of all benefits paid on behalf of that spouse/dependent by your Plan.

Need Help With:

<p>Medical Plan <i>Coverage, claims, find a medical doctor or other healthcare provider, and order ID cards</i></p>	<p>Anthem Blue Access Network 844-879-5710</p> <p>National Blue Card Network (out of the region)</p>	<p>Website: www.anthem.com</p> <p>Mobile App: Search <i>Sydney Health</i> on your mobile device.</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>Website: www.deltadentaloh.com/shp</p> <p>Consumer Toolkit: www.toolkitsonline.com</p> <p>Mobile App: Search <i>Delta Dental</i> on your mobile device.</p>
<p>Prescription Drug <i>Coverage, claims and preferred formulary</i></p>	<p>Express Scripts, Inc. 888-754-7644</p>	<p>Website: www.express-scripts.com</p> <p>Mobile App: Search <i>Express Scripts</i> on your mobile device.</p>
<p>Benelogic <i>SHP Employee Portal</i></p>	<p>Benelogic Client Services 866-324-0818</p>	<p>Email: info@shp.benelogic.com</p> <p>Employee Portal: https://shp.benelogic.com</p>
<p>AST Service Support <i>Enrollment and Eligibility</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</p>	<p>CareHere 877-423-1330 Fax: 740-354-0293</p>	<p>Website: www.carehere.com</p> <p>Mobile App: Search <i>CareHere</i> app on your mobile device.</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, <https://shp.benelogic.com>:

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

All Plan communications will be provided electronically to you for review throughout the Plan Year, unless you notify your Employer's Treasurer/Business Office/Benefit Representative with a request to provide all or some plan communications in paper hard-copy.

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.