



2025 Benefits Guide



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Treasurer's Office.

Benefits Website

It is important for you to review the Benefits Website which Includes information on all of the available benefit plans, costs, customer service phone #, open enrollment information, annual notices and links to carrier websites along with information regarding the Wellbeing program.

You can access this information 24/7 by clicking here: [Mentor Benefits Website](#)

Benefits Overview

Mentor Public Schools is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week and Bus Drivers. Part-time employees working 20 hours, or more are eligible for Basic Life / AD&D and Voluntary Life ONLY. Long Term Subs are eligible for benefits on the 1st of the month following 60 working days.

The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical), and Mentor Public Schools provides other benefits at no cost to you (life, AD&D, EAP, dental and vision). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Mentor Public Schools payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Life Insurance and AD&D Insurance
- Employee Assistance Program (EAP) – Resource Advisor
- Supplemental Life
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability
- Accident
- Hospital Indemnity
- Critical Illness
- Whole Life Insurance
- Flexible Spending Account and Dependent Care Accounts (FSA)
- Legal Services – NEW Plan Effective 1/1/25
- Identity Theft – NEW Plan Effective 1/1/25

For an overview of the benefits and applicable costs, check out the Benefits Website under the Benefits Overview & Costs tab located here: [Benefits Overview & Costs Section of Benefits Website](#)



Eligibility

You and your dependents are eligible for Mentor Public Schools benefits on the first of the month following date of hire. Long Term Subs are eligible on the 1st of the month following 60 working days.

Eligible dependents include:

- Your spouse (provided you are not legally separated),
- You or your spouse's: natural children; children placed for adoption or legally adopted children; children for whom you or your spouse are the Legal Guardian or Custodian; or any children who, by court order, must be provided health care coverage.
- Dependent children are covered until the end of the month of their 26th birthday.
- Eligibility will continue past the age limit for eligible dependents who are unmarried and primarily dependent upon you for support due to a physical handicap or intellectual disability which renders them unable to support themselves. In order to continue coverage, you must complete the MMO Request to Extend Limiting Age for Dependent Child form and be approved by MMO. An attending physician will also need to complete the form.

Changes to your New Hire or Open Enrollment elections may not be made during the year unless you have an IRS Qualifying Life Event. Qualifying Events include: marriage, divorce, legal separation, birth, or adoption of a child, change in a child's dependent status, death of a spouse, child or other qualified dependent, commencement or termination of adoption proceedings, or a change in a spouse's benefits. If you need to make a change outside of your New Hire election or Open Enrollment due to a Qualifying Life Event, please contact Rachael Griffis at griffis@mentorschools.org within 30 days of that event. If the request is not received within 30 days of the event, then all changes must wait until the next annual Open Enrollment.

Check out the Benefits Website to review information on Qualifying Life Events under the Life Events tab located here: [Life Events Section of the Benefits Website.](#)



How do I enroll in Benefits?

Mentor utilizes the Employee NAVIGATOR portal to make benefit elections. When you login, you will be able to:

- Add your dependents.
- Walk through your benefit options and make elections.
- If your benefit requires a beneficiary designation or Evidence of Insurability form, you will be prompted to add the details.
- Once you are done, you will be prompted to review your benefit elections and Sign and Agree they are correct to complete your enrollment.
- If you miss a step, you will see Enrollment Not Complete in the progress bar with the incomplete steps highlighted.
- After you complete your enrollment, you might be assigned HR Tasks (such as upload marriage certificate, birth certificate(s) or the spousal COB form. Click on the Start Tasks button to upload the required documentation.

Click on this link to enroll in your benefits or create a life event: [Employee NAVIGATOR Portal](#)

When you Log In for the first time, you will need to:

- Register as a New User. Click on the Register New link to create an account.
- Enter your first and last name, your date of birth, the last four digits of your social security number.
- Type in Company Identifier: **Mentor**
- You will then create your username and password.
- If you forget your password, you can reset it.

Videos are available on the Home Page to walk you through as a First Time User and also to process Profile Changes & Mid-Year Life Events. Make sure to watch the video before you start enrollment.

If you are enrolling your dependents for the first time, you will need to add the dependent name, relationship, social security number and date of birth for each of your eligible dependents you wish to enroll in any line of coverage.

To verify eligibility of your dependents, you will be required to upload to employee NAVIGATOR the required documentation as listed below to validate your dependent's eligibility for coverage under the medical, dental or vision plans.

- Spouse
 - » Marriage certificate listing date of marriage, or
 - » Current federal tax return (front/signature pages only – black out financial information)
- Dependent Children (whichever applies)
 - » Birth certificate listing employee or spouse as parent.
 - » Adoption certificate / placement agreement
 - » Documentation of legal custody / guardianship
 - » National medical support notice / court order

Your benefits may be affected if there is a delay verifying the eligibility of your dependents.

For full details regarding employee NAVIGATOR, check out the Benefits Website under the Online Enrollment tab: [Online Enrollment Section of Benefits Website.](#)

Medical Benefits

Administered by Medical Mutual of Ohio (MMO)

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Mentor Public Schools.

Mentor Public Schools offers you a choice of the following medical plans:

- Certified, Exempt and Administrators are offered the MedFlex (Narrow Network), SuperMed Plus PPO, or the Bronze plan.
- Classified employees are offered the MedFlex (Narrow Network) and the SuperMed Plus PPO plan.

MedFlex Plan

Medflex gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. But unlike the PPO plans, care under the Medflex plan is covered only if you see a provider within the Medflex network. Only emergencies are covered outside the Medflex network. The Medflex network does NOT include the Cleveland Clinic.

Check to see if your provider, labs, urgent cares and hospitals are in the network: [MedFlex Provider Link](#)

SuperMed Plus PPO Plan

PPO, which stands for Preferred Provider Organization, is defined as a type of managed care health insurance plan that provides maximum benefits if you visit an in-network physician or provider, but still provides some coverage for out-of-network providers. Additionally, you can usually visit any provider without a referral from your primary physician. Offered to all eligible employees.

Check to see if your provider, labs, urgent cares and hospitals are in the network: [SuperMed Plus PPO Provider Link](#)

Bronze Plan

A Bronze health plan is the lowest of the plan levels. It typically offers the lowest monthly premiums but costs the most out of pocket if you end up needing health care. Offered to Certified, Exempt and Administrators only.

Check to see if your provider, labs, urgent cares and hospitals are in the network: [Bronze Super Med Plus Provider Link](#)

For Benefit or Claim Questions, contact the MMO Advocacy Line

Call **888.636.3622**

Mon. – Thurs. – 7:30 am – 7:30 pm

Fri. – 7:30 am - 6:00 pm

Sat. - 9:00 am – 1:00 pm

Spousal COB Rules for Medical Coverage:

The following applies to New Hires beginning 8/1/2022:

Spouses with available health insurance and/or prescription drug insurance sponsored by their employer, business organization or any retirement plan, must enroll in such employer, business organization, or retirement plan sponsored group insurance coverage. **If this applies to your spouse, they can be added to your health and prescription plans with coverage as the secondary payer of benefits.** If your spouse is to be covered as primary, their employer will need to complete the Spousal COB Eligibility Certification form.

A task will automatically trigger to complete the Spousal Coordination of Benefits Certification Form if you elect medical coverage and enroll your spouse.

While completing your open enrollment elections in Employee Navigator, if you elect medical coverage for your spouse a Spousal COB Survey will populate. You must select one of the options provided before being able to proceed with your enrollment elections.

If you chose one of the below options, **YOU DO NOT** need to submit the Spousal Coordination of Benefits Eligibility Certification form.

- Employed by the District
- Not employed
- Self-employed

The Treasurer's Office will automatically approve the task once the survey questions have been reviewed. All other responses will require your spouse's employer to complete the Spousal Coordination of Benefits Eligibility Certification form and must be uploaded to Employee Navigator within 30 days of your new hire, life event or open enrollment.

Effective January 1, 2025, the following applies to employees hired prior to 8/1/2022:

Spouses with available health insurance and/or prescription drug insurance sponsored by their employer, business organization or any retirement plan, **must enroll** in such employer, business organization, or retirement plan sponsored group insurance coverage. **If this applies to your spouse, they can be added to your health and prescription plans with coverage as the secondary payer of benefits. If your spouse is eligible for other coverage but you want him/her to remain as primary under the Mentor medical plan, your premium deduction will increase by \$100 / month to include the surcharge.**

A task will automatically trigger to complete the Spousal Coordination of Benefits Certification Form if you elect medical coverage and enroll your spouse.

While completing your open enrollment elections in Employee Navigator, if you elect medical coverage for your spouse a Spousal COB Surcharge Survey will populate. You must select one of the options provided before being able to proceed with your enrollment elections. If you select one of the options to include the surcharge, your per pay costs of each medical plan will automatically apply the \$100/month surcharge based on the applicable per pay deduction.

If you chose one of the below options, **YOU DO NOT** need to submit the Spousal Coordination of Benefits Eligibility Certification form.

- Employed by the District
- Not employed
- Self-employed
- Indicate you want to pay the monthly surcharge so your spouse can remain on the medical plan as primary.

The Treasurer's Office will automatically approve the task once the survey questions have been reviewed. All other responses will require your spouse's employer to complete the Spousal Coordination of Benefits Eligibility Certification form and must be uploaded to Employee Navigator within 30 days of your new hire, life event or open enrollment.

MMO Nurseline

This program is available to all members enrolled in the medical plan (Medflex, PPO or the Bronze Plans).

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! A trained nurse will provide you with guidance. Since non-emergency visits to the emergency room are NOT COVERED under the medical plans, it is important to call Nurseline for guidance on where to seek treatment.

Call **888.912.0636**

Available 24 hours a day and 7 days per week

Teladoc

This program is available to all members enrolled in the medical plan (Medflex, PPO or the Bronze Plans). Don't have time to physically go to the clinic or is it after hours and you need care? Use Teladoc at NO COST! Click on the link to the Benefits Website below for additional details.

SmartShopper

This program is ONLY available to all members enrolled in the medical plan (PPO or the Bronze Plans). Employees enrolled in the MedFlex Plan are not eligible for this program.

The next time you need to have a medical procedure, check SmartShopper first. If you choose a cost-effective location, not only will you save money, but you can also earn a cash reward. *Click on the link to the Benefits Website below for additional details.*

For full details regarding the medical plan and additional information, check out the Benefits Website under the Health Benefits tab / Medical Benefits section located here: [Medical Section of Benefits Website](#)

Medical Mutual of Ohio Offered to ALL Full-Time Employees

	SuperMed PPO Plus Medical Plan	
	In-Network	Out-of-Network
Annual Deductible	\$250 Single / \$500 Family	\$500 Single / \$1,000 Family
Annual Coinsurance Out-of-Pocket Maximum (excludes deductible)	\$750 Single / \$1,500 Family	\$1,500 Single / \$3,000 Family
Annual Out-of-Pocket Maximum (includes deductible, coinsurance and Medical and Rx copays)	\$1,500 Single / \$3,000 Family	Unlimited
Coinsurance	90%	80%
DOCTOR'S OFFICE		
Office Visits – PCP	\$10 Copay, then 100%	80% after deductible
Office Visits – Specialist	\$20 Copay, then 100%	80% after deductible
Teladoc	100%	N/A
Urgent Care Visits	\$30 Copay, then 100%	80% after deductible
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	100%	80% after deductible
HOSPITAL SERVICES		
Emergency Use of Emergency Room	\$150 Copay, then 100% (copay is waived if admitted)	
Emergency Medical / Accident Related Services and Physician Charges	100%	
Non-Emergency Use of Emergency Room	Not Covered	
Non-Emergency Medical / Accident Related Services and Physician Charges	Not Covered	
Inpatient	90% after deductible	80% after deductible
Outpatient Surgery	90% after deductible	80% after deductible
Ambulance Service	90% after deductible	90% after deductible
OTHER SERVICES		
Maternity Services	90% after deductible	80% after deductible
Diagnostic Imaging, Lab and X-Rays	90% after deductible Specified Labs will pay at 100%, no deductible	80% after deductible
Outpatient Physical, Occupational, Speech Therapy Services (Limited to 20 visits each per CY)	\$20 Copay, then 100%	80% after deductible
Outpatient Chiropractic Services (Limited to 24 visits per CY)	\$20 Copay, then 100%	80% after deductible
Skilled Nursing (180 days per CY)	90% after deductible	80% after deductible
Private Duty Nursing (82 days per CY; 164 days per Lifetime)	90% after deductible	80% after deductible
Durable Medical Equipment	90% after deductible	80% after deductible
PRESCRIPTION DRUGS		
	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic Drug	\$10 Copay	\$20 Copay
Preferred Brand Drug	\$30 Copay	\$60 Copay
Non-Preferred Brand Drug	\$50 Copay	\$100 Copay
Generic Incentive Penalty	If prescription filled with Brand Name drug when Generic is available, you will be responsible for the Brand copay PLUS the difference between the cost of the Generic and Brand Name prescription.	
Home Delivery Incentive Penalty	The Home Delivery Incentive allows a member to receive up to three fills at the participating retail pharmacy. This allows the member a full 90 days to get the prescription set-up with the mail order program. The fourth fill of the medication must be filled through Express Scripts Home Delivery Pharmacy rather than at a retail pharmacy or the medication is NOT covered.	
Coverage Management Programs	Coverage management programs include prior approval, step therapy and quantity limits and apply to some prescriptions. NOTE: Your doctor or your pharmacist may call Express Scripts at 800.753.2851 to initiate the prior authorization or step therapy review process.	

Medical Mutual of Ohio Offered to ALL Full-Time Employees

	MedFlex Medical Plan	
	In-Network	Out-of-Network
Annual Deductible	\$0 Single / \$0 Family	N/A
Annual Coinsurance Out-of-Pocket Maximum (excludes deductible)	\$0 Single / \$0 Family	N/A
Annual Out-of-Pocket Maximum (includes deductible, coinsurance and Medical and Rx copays)	\$500 Single / \$1,000 Family	N/A
Coinsurance	100%	N/A
DOCTOR'S OFFICE		
Office Visits – PCP	\$10 Copay, then 100%	Not Covered
Office Visits – Specialist	\$20 Copay, then 100%	Not Covered
Teladoc	100%	Not Covered
Urgent Care Visits	\$30 Copay, then 100%	Not Covered
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	100%	Not Covered
HOSPITAL SERVICES		
Emergency Use of Emergency Room	\$150 Copay, then 100% (copay is waived if admitted)	
Emergency Medical / Accident Related Services and Physician Charges	100%	
Non-Emergency Use of Emergency Room	Not Covered	
Non-Emergency Medical / Accident Related Services and Physician Charges	Not Covered	
Inpatient	100%	Not Covered
Outpatient Surgery	100%	Not Covered
Ambulance Service	100%	Not Covered
OTHER SERVICES		
Maternity Services	100%	Not Covered
Diagnostic Imaging, Lab and X-Rays	100%	Not Covered
Outpatient Physical, Occupational, Speech Therapy Services (Limited to 20 visits each per CY)	100%	Not Covered
Outpatient Chiropractic Services (Limited to 24 visits per CY)	100%	Not Covered
Skilled Nursing (180 days per CY)	100%	Not Covered
Private Duty Nursing (82 days per CY; 164 days per Lifetime)	100%	Not Covered
Durable Medical Equipment	100%	Not Covered
PRESCRIPTION DRUGS		
	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic Drug	\$10 Copay	\$20 Copay
Preferred Brand Drug	\$30 Copay	\$60 Copay
Non-Preferred Brand Drug	\$50 Copay	\$100 Copay
Generic Incentive Penalty	If prescription filled with Brand Name drug when Generic is available, you will be responsible for the Brand copay PLUS the difference between the cost of the Generic and Brand Name prescription.	
Home Delivery Incentive Penalty	The Home Delivery Incentive allows a member to receive up to three fills at the participating retail pharmacy. This allows the member a full 90 days to get the prescription set-up with the mail order program. The fourth fill of the medication must be filled through Express Scripts Home Delivery Pharmacy rather than at a retail pharmacy or the medication is NOT covered.	
Coverage Management Programs	Coverage management programs include prior approval, step therapy and quantity limits and apply to some prescriptions. NOTE: Your doctor or your pharmacist may call Express Scripts at 800.753.2851 to initiate the prior authorization or step therapy review process.	

Medical Mutual of Ohio ONLY Offered to Full-Time Certified, Exempt and Administrators

	Bronze Medical Plan	
	In-Network	Out-of-Network
Annual Deductible	\$6,000 Single / \$12,000 Family	\$12,000 Single / \$24,000 Family
Annual Coinsurance Out-of-Pocket Maximum (excludes deductible)	\$850 Single / \$1,700 Family	\$1,700 Single / \$3,400 Family
Annual Out-of-Pocket Maximum (includes deductible, coinsurance and Medical and Rx copays)	\$6,850 Single / \$13,700 Family	\$13,700 Single / \$27,400 Family
Coinsurance	60%	50%
DOCTOR'S OFFICE		
Office Visits – PCP (3 visits with copay limit is combined for PCP, Specialist and Urgent Care)	\$40 Copay, then 100% for first three visits; additional visits are 60% after deductible	50% after deductible
Office Visits – Specialist (3 visits with copay limit is combined for PCP, Specialist and Urgent Care)	\$80 Copay, then 100% for first three visits; additional visits are 60% after deductible	50% after deductible
Teladoc	100%	N/A
Urgent Care Visits (3 visits with copay limit is combined for PCP, Specialist and Urgent Care)	\$80 Copay, then 100% for first three visits; additional visits are 60% after deductible	50% after deductible
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	100%	50% after deductible
HOSPITAL SERVICES		
Emergency Use of Emergency Room	\$300 Copay, then 100% after deductible (copay is waived if admitted)	
Emergency Medical / Accident Related Services and Physician Charges	60% after deductible	
Non-Emergency Use of Emergency Room	Not Covered	
Non-Emergency Medical / Accident Related Services and Physician Charges	Not Covered	
Inpatient	60% after deductible	50% after deductible
Outpatient Surgery	60% after deductible	50% after deductible
Ambulance Service	60% after deductible	50% after deductible
OTHER SERVICES		
Maternity Services	60% after deductible	50% after deductible
Diagnostic Imaging, Lab and X-Rays	60% after deductible Specified Labs will pay at 100%, no deductible	50% after deductible
Outpatient Physical and Occupational Therapy Services (Limited to 40 visits combined per CY)	60% after deductible	50% after deductible
Outpatient Speech Therapy Services (Limited to 20 visits per CY)	60% after deductible	50% after deductible
Outpatient Chiropractic Services (Limited to 12 visits per CY)	60% after deductible	50% after deductible
Skilled Nursing (90 days per CY)	60% after deductible	50% after deductible

	Bronze Medical Plan	
	In-Network	Out-of-Network
Private Duty Nursing (90 days per CY)	60% after deductible	50% after deductible
Durable Medical Equipment	60% after deductible	50% after deductible
PRESCRIPTION DRUGS	Retail (30 Day Supply)	Mail Order (90 Day Supply)
Generic Drug	40% after deductible	40% after deductible
Preferred Brand Drug	40% after deductible	40% after deductible
Non-Preferred Brand Drug	40% after deductible	40% after deductible
Generic Incentive Penalty	If prescription filled with Brand Name drug when Generic is available, you will be responsible for the Brand copay PLUS the difference between the cost of the Generic and Brand Name prescription.	
Home Delivery Incentive Penalty	The Home Delivery Incentive allows a member to receive up to three fills at the participating retail pharmacy. This allows the member a full 90 days to get the prescription set-up with the mail order program. The fourth fill of the medication must be filled through Express Scripts Home Delivery Pharmacy rather than at a retail pharmacy or the medication is NOT covered.	
Coverage Management Programs	Coverage management programs include prior approval, step therapy and quantity limits and apply to some prescriptions. NOTE: Your doctor or your pharmacist may call Express Scripts at 800.753.2851 to initiate the prior authorization or step therapy review process.	



Dental Benefits

Administered by MetLife

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Mentor Public Schools dental benefit plan at no cost for full-time employees.

Check to see if your dental provider is participating in the network: [Find a Dentist](#)

For full details regarding the dental plan and additional information, check out the Benefits Website under the Health Benefits tab / Dental Benefits section located here: [Dental Section of Benefits Website](#)

	MetLife Network: PDP	
	In-Network % of Negotiated Fee	Out-of-Network % of R&C Fee
COVERAGE TYPE		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	60%	60%
Type D: Orthodontia	60%	60%
Special Surgical Covered Services	100%	100%
DEDUCTIBLE		
Individual	\$25	\$25
Family	\$75	\$75
Annual Maximum Benefit Per Person	\$1,250	\$1,250
Annual Maximum Special Surgical Per Person	\$1,000	\$1,000
Orthodontia Lifetime Maximum Per Person	\$1,250	\$1,250

List of Primary Covered Services and Limitations:

Plan Type	How Many / How Often
TYPE A: PREVENTIVE	
Prophylaxis (cleanings)	Two per calendar year
Oral Examinations	Two exams per calendar year
Topical Fluoride Applications	Two fluoride treatments per calendar year for dependent children up to his / her 19th birthday
X-rays	Bitewings X-Rays; two sets per calendar year
Space Maintainers	Space maintainers for dependent children up to his/her 19th birthday
TYPE B: BASIC RESTORATIVE	
Fillings, Simple Extractions, Crown, Denture and Bridge Repair / Recementations, Oral Surgery	
X-Rays	Full mouth or panoramic X-rays; one per 24 months
Endodontics	Root canal treatment
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	Periodontal scaling and root planing Periodontal surgery Periodontal maintenance treatments and prophylaxis

Plan Type	How Many / How Often
TYPE C: MAJOR RESTORATIVE	
Implants	Replacement; one every 5 calendar years
Bridges and Dentures	Dentures and bridgework replacement one every 5 calendar years. Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 5 calendar years
TYPE D: ORTHODONTIA	
<p>Your children, up to age 26, are covered while Dental insurance is in effect. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis. 25% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary. Orthodontic benefits end at cancellation of coverage.</p>	



Vision Insurance

Administered by Ameritas

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Mentor Public Schools provides vision coverage through Ameritas utilizing the EyeMed Access Network to you and your family at no cost for full-time employees. [EyeMed Provider Search](#)

For full details regarding the vision plan and additional information, check out the **Benefits Website** under the **Health Benefits** tab / **Vision Benefits** section located here: [Vision Section of Benefits Website](#)

	Ameritas Vision Plan	
	In-Network EyeMed Access Network	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam – once every 12 months	Covered in Full	Up to \$35
Lenses – once every 12 months		
Single Vision Lenses	Covered in Full	Up to \$25
Lined Bifocal Lenses	Covered in Full	Up to \$40
Lined Trifocal Lenses	Covered in Full	Up to \$55
Lenticular Lenses	20% Discount	No Benefit
Frames – once every 12 months		
Frame Allowance	\$150	Up to \$75
Contact Lenses once every 12 months if you elect contacts instead of lenses / frames	Up to \$150 Fit & Follow Up Exams: Standard – up to \$55 Premium – 10% off retail"	Up to \$120 Fit & Follow Up Exams: No benefit



Life and Accidental Death & Dismemberment Insurance

Insured by Anthem Life

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die while employed by Mentor Public Schools. The company provides a minimum basic life insurance of \$45,000 at no cost to you. Benefits reduce 33% at age 70 and 50% at age 75.

Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death & Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Mentor Public Schools provides a minimum AD&D coverage of \$45,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above. Benefits reduce 33% at age 70 and 50% at age 75.

Employee Assistance Program (EAP)

Administrated by Resource Advisor

Resource Advisor is a member assistance program that's included with your life benefit. It provides resources and services to support you and your household family members when you may need it. If you're feeling stressed, worried, or going through a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- By phone: Call **888.209.7840**.
- In-person: You can call to set up face-to-face sessions and then schedule appointments directly with your counselor.
- Video visit: You can talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. You will receive details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

Supplemental Life Insurance

Insured by Anthem Life

While Mentor Public Schools offers term life insurance, some employees may want to purchase additional coverage. You may also purchase supplemental life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 or three times your salary, and up to \$25,000 for your spouse) without answering medical questions if you enroll when you are first eligible. Note, if you do not enroll in coverage within 31 days of becoming eligible, you will need to submit Evidence of Insurability (EOI) if you enroll at a later date.

Child dependents are covered under Supplemental Child Life insurance until age 26. If you no longer have eligible dependents covered under the plan, contact the Treasurer's office to drop coverage.

Employee	Up to five times your salary in increments of \$10,000; \$300,000 maximum amount
Spouse	Up to \$150,000 in increments of \$5,000 (not to exceed 50% of Employee election)
Children	5,000 or \$10,000 (not to exceed 50% of Employee election)

Benefits reduce 33% at age 70 and 50% at age 75.

During Open Enrollment, you will be permitted to increase your benefit amount by one increment up to the guaranteed issue amount without providing EOI.

For full details regarding the life/AD&D, EAP and Supplement Life plans, check out the Benefits Website under the Other Benefits tab / Life and Employee Assistance Plan section located here:

[Life & EAP Section of Benefits Website](#)

Supplemental Products

Voluntary Short-Term Disability Insurance (STD)

Administered by Guardian

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Benefits begin on the first day of any injury or hospitalization and 8th day for illness and can continue for up to 26 weeks. You can select between two plan options:

Option 1

Benefit Amounts: 40% of weekly covered earnings
Benefit Maximum: \$1,500 per week

Option 2

Benefit Amounts: 60% of weekly covered earnings
Benefit Maximum: \$1,500 per week.

Pre-existing conditions do apply.

If you do not enroll in this coverage during the open enrollment, EOI will be required if you wish to enroll during the next open enrollment.

Voluntary Long-Term Disability Insurance

Insured by Guardian

Meeting your basic living expenses can be a challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income.

LTD coverage provides income when you have been disabled for 180 days or more. The benefit is 60% of your monthly earnings, up to \$8,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to your Social Security Normal Retirement Age.

Pre-existing conditions do apply.

If you do not enroll in this coverage during the open enrollment, EOI will be required if you wish to enroll during the next open enrollment.



Accident Insurance

Insured by Guardian

Voluntary Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. Accidents happen. With accident insurance, you can help them hurt a bit less. This benefit is paid for by you if chosen.

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Guardian accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football. And with Guardian Accident insurance, you have a unique Wellness Benefit. You will receive a lump sum benefit payment once a year when you complete a qualified wellness test or procedure.

Coverage is portable if you leave employment before age 70.

Hospital Indemnity Insurance

Insured by Guardian

Voluntary Hospital indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery. This benefit is paid for by you if chosen.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay. That's where hospital indemnity coverage can help.

If you are admitted to a hospital for a covered sickness or injury, you'll receive payments that can be used to cover all sorts of costs, including:

- Deductibles and copays.
- Travel to and from the hospital for treatment.
- Childcare service assistance while recovering.

Coverage is portable if you leave employment before age 70.

Critical Illness Insurance

Insured by Guardian

Voluntary Critical Illness Insurance helps provide financial relief from the expenses associated with a serious illness, such as a heart attack, stroke, or cancer. Critical Illness benefits are paid as a lump-sum cash benefit when you or a covered family member is diagnosed with a covered illness to give you a financial cushion to help you manage your illness, your way. This benefit is paid for by you if chosen.

Coverage is portable if you leave employment before age 70.

Whole Life Insurance

Insured by Allstate

With an unexpected death, you don't want to leave behind financial obligations. Whole Life Insurance from Allstate Benefits can help your family realize the goals and dreams you shared together and builds cash value you can draw on while still alive.

For full details regarding the Supplemental Products, check out the Benefits Website under the Other Benefits tab / Supplemental Products section located here: [Supplemental Products Section of Benefits Website](#)

Legal Services – *NEW Plan Effective 1/1/25*

Legal insurance helps you plan for the good times in life, like welcoming a child into your family and updating your will. It's also there to help you through life's struggles, like when kids make mistakes, you get caught speeding or true love just doesn't work out. A legal insurance plan from ARAG covers a wide range of legal needs like the examples shown below – and many more – to help you address life legal situations.

- Consumer Protection Matters
- Criminal Situations
- Family Law Events
- Finance, Tax & Debt-Related Matters
- Home Ownership or Renter Matters
- Traffic Troubles
- Wills & Estate Planning Needs
- General Needs

Identity Theft – *NEW Plan Effective 1/1/25*

LifeLock™ with Norton™ Benefit Plans provides peace of mind with comprehensive all-in-one protection for your identity, personal information and connected devices.

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. Norton LifeLock helps monitor your personal accounts and sends you alerts† if they detect potential threats to your identity. If you should become a victim of identity theft, they will work to resolve it. Norton's multi-layered, advanced security helps protect against existing and emerging malware threats to your devices and helps protect your private and financial information when you go online.

Flexible Spending Accounts (FSAs)

Administered by Medical Mutual of Ohio

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

- FSA Healthcare Spending Limit: \$3,300
- FSA Maximum Rollover: \$660
- Dependent Care Spending Limit: \$5,000

Medical Mutual is the administrator of two individual Flexible Spending Accounts – one for healthcare expenses and one for dependent childcare and elder care expenses. You can enroll in one or both FSAs. You use each account separately, but they work similarly.

Here's How an FSA Works

1. You decide the annual amount (up to the annual limits mentioned above) you want to contribute to either or both FSAs based on your expected healthcare and/or dependent childcare/elder care expenses.
2. Your contributions are deducted from each paycheck before income and Social Security taxes and deposited into your FSA.
3. You can pay with the Healthcare FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
4. You are reimbursed from your FSA. So, you actually pay your expenses with tax-free dollars.

For full details regarding the FSA and DCA plans, check out the Benefits Website under the Other Benefits tab / Flexible Spending Account (FSA) section located here: [FSA Section of Benefits Website](#)

Wellbeing

The Mentor School District values you, your health, and your holistic wellbeing. To support your journey, you are encouraged to take advantage of these benefits:

- Create healthy habits by utilizing the Virgin Pulse app and meeting with your onsite health coach to earn rewards up to \$400 per year.
- Access convenient medical care at the Cardinal Wellness Clinics
 - » Mentor Location, 8655 Market Street, Mentor, OH, **440.701.7650**.
Open Monday, Tuesday and Thursday 7:00 am to 5:00 pm
 - » Eastlake Location, 34050 Glen Drive, Eastlake, OH, **440.283.2710**
Open Wednesday 9:00 am to 5:00 pm and Friday 8:00 am to 4:00 pm
 - » Closed during the summer months.
- Utilize disease management programs.
- Access confidential and free mental health and life event counseling through your Employee Assistance Program (EAP)
- Read the monthly newsletters.

For full details regarding the Wellbeing programs, check out the Benefits Website under Wellbeing tab located here: [Wellbeing Section of the Benefits Website](#)

Resources

Check out the Benefits Website to review the Summer Guide under the Resources tab located here: [Resources Tab of Benefits Website](#)

Annual Notices

Check out the Benefits Website to learn more regarding the below notices.

[Annual Notices Section of Benefits Website](#)

- No Surprise Act
- Transparency in Coverage Rule
- Annual Notices
- HIPAA Notice of Privacy Practices
- COBRA Notice
- New Hire Marketplace Notice
- Medicare Part-D Notice

This benefits guide prepared by



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