

2020-2021 New Hire Benefit Alert



Each year the Streetsboro City Schools evaluates the employee benefit plans, and it remains our intention to provide you and your families with a high level of benefits at an affordable cost.

In This Alert:

Please take time to review your benefit options so that you can select the coverage that best meets your financial and healthcare needs.

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Overview of Benefit Offerings:

Delta Dental is the Dental carrier.

Express Scripts will administer your Rx benefit.

First Stop Health is the Telemedicine vendor.

Guardian is the Basic Life/AD&D and Voluntary Life carrier.

Mutual Health Services will administer the Medical benefits (with Medical Mutual of Ohio).

Vitality is your comprehensive, interactive and personalized wellness program.

VSP will administer the Voluntary Vision benefits.

Should you have any questions about these benefits, please contact **Karen Benci** at (330) 626-4900, ext. 1472 or email: kbenci@scsrockets.org, **Nancy Petel** at **NFP** (216) 264-2726 or email: nancy.petel@nfp.com or **Lisa Holocker** at **NFP** (216) 264-2719 or email: lisa.holocker@nfp.com.

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In the event a discrepancy exists, the policy provisions will prevail.



Eligibility

Check Your Eligibility

You are eligible for group health benefits on the **date of hire**. Eligible employees may enroll their dependents for coverages as well. Eligible dependents include:

- ⇒ Your legal spouse (if you are legally separated or divorced, your spouse is not considered eligible)
- ⇒ Dependent children up to the end of the month of 26th birthday regardless of student or marital status.
- ⇒ Disabled children who are physically or mentally incapable of self-support are eligible with no age limitations as long as the proper paperwork is submitted and approved by each carrier during the enrollment process.

Qualifying Events

For qualifying events such as divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child, you must notify the Plan Administrator. The Plan requires notification within 30 days after the qualifying event occurs. **You must contact Karen Benci at (330) 626-4900, ext. 1472 or email: Kbenci@scsrockets.org and indicate the qualifying event and the date.**

Special Enrollment

If you have declined enrollment for yourself or any dependents because of other insurance coverage, you may in the future be able to enroll in the plan if you or your dependents lose coverage. However you must request enrollment within 30 days after your other coverage ends. In addition, if you have a *new dependent* as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the event.

At the time coverage should end, dependents will be offered COBRA. If you are looking for a more affordable option to COBRA, assistance with the Marketplace or an individual plan, please contact **Debbie Shaff** at NFP at (513) 232-9992 or email deb.shaff@nfp.com.

Wellness with Vitality



Get HEALTHY, Get EDUCATED, Get REWARDED with Vitality and START TODAY!

Vitality is interactive and personalized wellness program that makes it easy for you to live a healthy lifestyle. No matter how old or how healthy you are, take this first step and engage in Vitality and you'll soon start enjoying the benefits of improved health at home, at work and at play.

What each employee needs to do:

- ⇒ Register at www.powerofvitality.com, and click on “register today!” in the upper right-hand corner of the screen.
- ⇒ Complete the short form and choose your own username and password, it is simple and quick!
- ⇒ Once you are registered it is time to get started! Activate your account by completing the **Vitality Health Review (VHR)** and assessment that evaluates your current health status and only takes about 10 minutes to complete.

The **Vitality Health Review (VHR)** is part of your personalized Vitality program.

Do I earn a reward for participating?

Yes, employees that participate in the Vitality Wellness program will earn rewards.. Employees that complete the Health Risk Assessment will earn rewards.

What about my privacy?

Your employer will never see a report of the individual personal information you provide. The data collected from the VHR and the Vitality Check is used exclusively for the administration of the Vitality Wellness program. Your information is *only shared* with the Vitality partners who have signed business associate agreements with strict security parameters and where specific information is needed to provide you with care. Outside of this your personal information is never shared.

What if I have questions?

If you have a program related question or are unable to participate in an activity due to a medical condition, please contact your **Vitality Champ, Eileen Curtis** at (330) 626-4900, ext. 1005 or email her at ecurtis@scsrockets.org. Or, you can contact a Vitality Specialist at **1-877-224-7117** Monday through Friday, between 8:00 a.m. and 5:00 p.m., CST.

Telemedicine with First Stop Health



Scan the QR code to
save First Stop Health's
phone number!



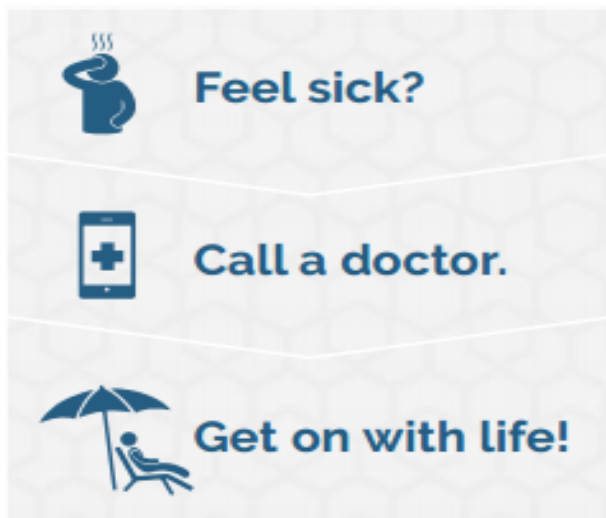
PASC's Telemedicine Benefit

24/7/365
phone and online access to
U.S.-based physicians

888-691-7867



Costsss \$0 to use!



- Diagnosis and treatment provided conveniently via phone
- Prescriptions when appropriate
- Provided FREE to employees on the medical plan and their covered dependents through **Portage Area Schools Consortium**
- Consultations are confidential and only you can access your consultation history and medical records.

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Telemedicine with First Stop Health Continued

Call 888-691-7867 to speak to a physician

What to Expect:

- Available 24/7/365
- Unlimited consultations
- U.S.-based physicians
- Physicians licensed in 49 states (AR excluded)
- No copays or fees to use the service
- 86% of calls to First Stop Health prevent unnecessary trips to doctors' offices and ERs
- Includes covered dependents
- Confidential medical dashboard with record of consultations + tools to upload and share medical records



"I used First Stop Health and it is terrific. I'm at the airport now, leaving for my honeymoon with prescription in hand. Lifesaver!"

-Laura S., First Stop Health Member

Top 10 Reasons Members Call First Stop Health

- 1 Sore Throat
- 2 Cough
- 3 Sinus Infection
- 4 Urinary Tract Infection
- 5 Skin Rash
- 6 Eye Infection
- 7 Ear Ache
- 8 Upset Stomach
- 9 Muscle/Joint Pain
- 10 Medication Refill

To learn more about First Stop Health telemedicine services, contact:

www.fshealth.com
888.691.7867

222 N. Columbus Dr., Suite D
Chicago, IL 60601



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Medical/Rx Benefits with Medical Mutual & Express Scripts

Each time you need medical care, you choose the provider you wish to see. The level of coverage is based on whether or not that provider is in the network.

If the provider is In-Network, there is a higher level of coverage and lower costs to you. If the provider is Out of Network, there is a lower level of coverage which results in higher costs to you.

Care and treatment by a provider who is NOT an Medical Mutual provider may balance bill you for any amount the provider charges above the Medical Mutual Reasonable and Customary charges.

Medical Mutual		
Benefit	Super Med Plus PPO	
	Network	Non-Network
DEDUCTIBLE		
Single	\$250	\$500
Family	\$500	\$1,000
COINSURANCE		
Plan Pays*	90%*	70%*
OUT OF POCKET MAXIMUM (including deductible)		
Single	\$1,000	\$2,000
Family	\$2,000	\$4,000
OFFICE VISIT COPAY		
Primary	\$10 copay	30%
Specialist	\$20 copay	30%
Urgent Care	\$35 copay	30%
ER (True Emergency Only)	\$75 copay	\$75 copay
PREVENTIVE SERVICES		
Physical Exam	100%	30%
*Plan pays after medical deductible has been met		
PRESCRIPTION DRUGS		
Benefit		
	Delivery Method	
	Retail Pharmacy	Mail Order
	Rx Fill	
	30 Days	90 Days
	Tier 1	\$10 copay
	Tier 2	\$20 copay
	Tier 3	\$50 copay
Out of Pocket; Max per Calendar year	Single	Family
	\$7,150	\$14,300

If a brand name Prescription Drug is purchased when a generic Prescription Drug is available and medically appropriate (as determined by the Covered Person's Physician), the difference between the cost of the generic and brand name Prescription Drug that the Covered Person pays is not counted toward the Out-of-Pocket Maximum.

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Know Your Rx Benefits with Express Scripts

For the most up-to-date formulary, you can go to www.express-scripts.com/natplsnatpref14 to view your formulary and find out which medications are preferred.

Most major drugstores participate in the Express Scripts retail pharmacy network. You can find a participating retail pharmacy in the Express Scripts network at www.express-scripts.com/natplsnatpref14.

You will continue to have a home delivery option with Express Scripts. With home delivery from the Express Scripts Pharmacy, you can save money *and* have your medicines mailed directly to you. Get started using one of these methods:

- Mail your prescription(s) along with the required copayment with the envelope and home delivery order form provided with your Welcome Package.
- *Ask your doctor to fax prescriptions or send them by **eprescribing**.*
- Call Member Services toll-free at number found on your member ID card, for help with transferring prescriptions from a retail pharmacy. You will need to have your member ID number handy when you call.

Register with your member ID number at Express-Scripts.com to order prescription refills and renewals online.

What is a Coverage Review or Prior Authorization?

Your plan uses coverage management programs to help ensure you receive the prescription drugs you need at a reasonable cost. Coverage management programs include Prior Authorization, Step Therapy and Quantity Duration. Each program is administered by Express Scripts to determine whether your use of certain medications meets your plan's conditions of coverage. In some cases, a coverage review may be necessary to determine whether a prescription can be covered under your plan.

You can find out ahead of time if a medication needs review by logging on to www.Express-Scripts.com and use the 'Price a Medication' feature, found under 'Manage Prescriptions'. After you look up a medication's name, click 'View Coverage Notes'. Or you can call Member Services at (800) 572-8695.

Online Access to Savings and Convenience

Manage your medicines anywhere, any time with Express-Scripts.com and the Express Scripts Mobile App.

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number available.

- Go to Express-Scripts.com, select Register Now or download the Express Scripts Mobile App for free from your mobile device's app and select Register Now
- Complete the information requested, including personal information and member ID number, create your User Name and Password, along with security information.
- Click Register Now and you're registered!

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Dental Benefits with Delta Dental

Benefit Year - January 1 through December 31

Covered Services -

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Major Restorative Services - crowns	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Major Services			
Prosthodontic Services - bridges, dentures, and crowns over implants	80%	80%	80%
Orthodontic Services			
Orthodontic Services - braces	60%	60%	60%
Orthodontic Age Limit -	Dependent Children up to age 19		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable twice per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Veneers are payable on incisors and cuspids once per tooth per five-year period when necessary due to fracture or decay. Veneers for cosmetic purposes are not Covered Services.
- Composite resin (white) restorations are payable on posterior teeth.

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Dental Benefits with Delta Dental Continued

- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants and implant related services are not Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental Information sheet.

Maximum Payment – \$2,000 per person total per Benefit Year on all services except orthodontic services. \$1,500 per person total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Deductible – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the date that is defined by the Collective Bargaining Unit.

Eligible People – Individuals as defined by the collective bargaining agreement are eligible for benefits. (1000-Educational Service Center of Northeast Ohio), (1020-Streetsboro County Schools) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal Income tax purposes, and/or who are not permanently disabled.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Coordination of Benefits – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease at the end of the month.

Delta Dental provides you with access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier. These two networks provide superior access to care as well as reduced fees through our agreements with participating dentists. This means less out-of-pocket cost to you. You can access a non-network dentist, but you can be balance billed and may have to pay more.

Locate a Delta Dental dentist at www.deltadentaloh.com/findadentist, or call (800) 524-0149.

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Voluntary Vision with VSP

Your vision benefit through **VSP (Vision Service Plan)** is outlined below. Services rendered with a participating **VSP CHOICE network** provider will be paid at a higher level. To find a **VSP Choice** doctor, visit www.vsp.com or call **1-800-877-7195**. When you see a VSP Choice doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.

Reminder: Dependent children are eligible until the end of the month in which they attain the age of 26, regardless of student status.

		VSP Choice Network	
		NETWORK	NON-NETWORK
Frequency			
	Exam	Once Every 12 Months	
	Lens	Once Every 12 Months	
	Frame	Once Every 12 Months	
	Contact Lenses	Once Every 12 Months	
Exam			
	Co-pay	\$20	Up to \$45
Lens			
	Co-pay:		
	Single	\$20	Up to \$30
	Bifocal	\$20	Up to \$50
	Trifocal	\$20	Up to \$65
Lens Enhancements			
	Standard Progressive Lenses	\$55	Up to \$50
	Premium Progressive Lenses	\$95 - \$105	Up to \$50
	Custom Progressive Lenses	\$150 - \$175	Up to \$50
Frames			
	Allowance	Up to \$150, then 20%	Up to \$70
Contacts			
	Elective Contact Lenses*	\$150 allowance	Up to \$105
	Exam (fitting and evaluation)	Up to \$60	No Discounts

*Instead of glasses.

Extra Savings

Glasses and Sunglasses

- ◆ Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.
- ◆ 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Retinal Screening

- ◆ No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction

- ◆ Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

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Life/AD&D and Voluntary with Guardian

Streetsboro City Schools provides you with an Employer Paid Life Insurance with Accidental Death & Dismemberment, as well as the ability to purchase additional Voluntary Life/AD&D.

Voluntary Life Benefits with Guardian

You may purchase additional Life/AD&D insurance from Guardian for yourself and your family members at an affordable rate through payroll deductions. Proof of insurability is required if you did not enroll when you were first eligible.

Accelerated Benefits

You can receive up to 75% of your Optional Term Life insurance proceeds to a maximum of \$250,000 in the event that you become terminally ill and are diagnosed with less than 12 months to live.

Conversion

Should you retire or terminate employment you can generally convert your Life benefits into an Individual Whole Life policy. Please note that conversion is **not** available on AD&D coverage.

You only have 31 days after your group life insurance ends to contact Guardian to convert this policy.

Will Preparation Services

By enrolling for Voluntary Life coverage, Will Prep Services is offered through Integrated Behavioral Health, Inc. For More information about Will Prep Services, go to www.ibhwillprep.com User name: WillPrep; Password: GLIC09 or Call 877-433-6789

Travel Assistance

A Travel Aid benefit is available when you enroll with the Voluntary Life coverage. This service provides you and your dependents with medical, legal, transportation and financial assistance 24/365, when you are more than 100 miles away from home. For more information call 800-537-2029 or www.ibhtravelaid.com

Designation of Beneficiary

It is your responsibility to notify your Karen Benci with any changes in beneficiary designations.

You may designate different beneficiaries for your Basic Life/AD&D and Supplemental Life/AD&D coverage.

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Guardian Voluntary Life/AD&D Cost Worksheet

Portage Area Schools Consortium

You may elect coverage in increments of \$1,000, from a minimum of \$10,000 to a maximum of \$300,000 (Guarantee Issue is \$150,000).

To determine your cost per month, find your age/rate and multiply by your **amount of coverage** and divide by \$1,000.

Example: Employee, age 45.

Employee elects coverage in the amount \$100,000.

$$\$0.195 \times \$100,000 \div \$1,000 = \$19.50 \text{ per month}$$

Employee Age	Rate per \$1,000 x	Amount of Coverage	Divided by \$1,000	Monthly Premium
Under Age 30	\$0.075			
30 - 34	\$0.075			
35 - 39	\$0.095			
40 - 44	\$0.135			
45 - 49	\$0.195			
50 - 54	\$0.325			
55 - 59	\$0.525			
60 - 64	\$0.695			
65 - 69	\$1.045			
70+	\$2.415			

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Guardian WorkLife Matters

Your Confidential Employee Assistance Program is available for all employees enrolled with the Basic life benefits (paid by the Board) —Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055
- Referral to local counselors—up to three sessions free of charge
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center.

WorkLifeMatters can offer support with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College planning
- Financial aid resources
- Finding a pre-school

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day care
- Elder care
- In-home services
- Parenting classes/support
- Respite care
- Senior housing options
- Special needs care

Legal & Financial

- Basic tax planning
- Credit & collections
- Debt counseling
- Home buying
- Immigration
- Legal Forms
- Personal/family legal
- Retirement planning
- Will making

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol
- Grief & loss
- Health & well-being
- Nutrition & fitness
- Pet care
- Relationship issues
- Stress

Working Smarter

- Balancing work and home life
- Career development
- Effective managing
- Relocation
- Stress
- Training development
- Workplace diversity
- Workplace productivity

Connect to a counselor for free support services:

1-800-386-7055

Available 24 hours a day, 7 days a week

Visit www.ibhworklife.com

(User name: [Matters](#) Password: [wlm70101](#))

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Contact Information

Initially, please attempt to resolve claims issues by contacting the Plan Administrator's Customer Service numbers listed in the table. If you encounter any difficulties after speaking with the customer service representative, please contact NFP. We will then intercede on your behalf.

Medical Plan: Mutual Health Services (MHS) Customer Service: (800) 367-3762 Claims Address: Medical Mutual of Ohio PO Box 94648 Cleveland OH 44101 Website: www.mutualhealthservices.com	Prescription Drug: Express Scripts Customer Service: (800) 572-8695 Claims Address: PO Box 52136 Phoenix AZ 85072-2136 Website: www.express-scripts.com
Dental Plan: Delta Dental Customer Service: (800) 524-0149 Claims Address: PO Box 9085 Farmington Hills MI 48334-9085 Website: www.deltadentaloh.com	Wellness: Vitality Customer Service: (877) 224-7117 Fax: (877) 224-7110 Website: www.powerofvitality.com
Vision Plan: VSP Customer Service: (800) 877-7195 Claims Address: 3333 Quality Drive—MS 131 Rancho Cordova CA 95670 Website: www.vsp.com	Employee Assistance Plan (EAP): Guardian Customer Service: (800) 877-7195 Website: www.ibhworklife.com User Name: Matters Password: wlm70101

We consider client service as our top priority. The contacts below will help guide you in reaching us as efficiently as possible. Our team approach includes the ability for all associates to have full access to your account servicing files. Toll free number is **(855) 277-2702**. Fax number is **(216) 816-0035**.

NFP Senior Account Executive, Nancy Petel at (216) 264-2726 or nancy.petel@nfp.com
NFP Senior Coordinator, Lisa Holocker at (216) 264-2719 or lisa.holocker@nfp.com

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