



MIAMI COUNTY EDUCATIONAL SERVICE CENTER

2000 West Stanfield Road | Troy, OH 45373-2987 | PH: (937) 339-5100 | F: (937) 339-3256
Superintendent, David Larson | Treasurer, Cindy A. Hale

Miami County ESC Insurance Options Benefits beginning January 1, 2023

Full time (FT) employees are entitled to the following insurance options. If you are not a FT employee, but are employed in a position that is 30 hours or more per week, you are entitled to receive insurance benefits.

MEDICAL – United Health Care (Rates are effective 1/1/2023 thru 12/31/2023)

Please choose from one of the plans below:

High Deductible Health Plan (HDHP) with HSA

	Monthly Premium	Board Cost	Employee Cost
Employee Only	\$1,080.58	\$ 864.46	\$216.12
Employee+Child(ren)	\$1,994.53	\$1,396.17	\$598.36
Family	\$2,770.16	\$1,939.12	\$831.04

Brief Description of Benefits – Please see the detailed benefit summaries for more information:

Deductibles: Employee Only Plan - \$2,000.00
Employee+Child(ren) - \$4,000.00
Family - \$4,000.00

PCP sick visit – Deductible then 0%
Specialist visit – Deductible then 0%
Prescriptions – Deductible then \$0

Wellness at Participating Provider – covered in full

If your spouse is eligible for medical insurance coverage through their employer, they are not eligible to enroll in the Miami County ESC medical insurance plan.

PPO Plan

	Monthly Premium	Board Cost	Employee Cost
Employee Only	\$1,080.58	\$ 935.36	\$145.22
Employee+Child(ren)	\$1,994.53	\$1,559.72	\$434.81
Family	\$2,770.16	\$2,166.27	\$603.89

Brief Description of Benefits – Please see the detailed benefit summaries for more information:

Deductibles: Employee Only Plan - \$2,000.00
Employee+Child(ren) - \$4,000.00
Family - \$4,000.00

PCP sick visit – \$20.00 co-pay
Specialist visit – \$30.00 co-pay
Prescription Tier Plan - \$10 / \$30 / \$50 / 30%

Wellness at Participating Provider – covered in full

If your spouse is eligible for medical insurance coverage through their employer, they are not eligible to enroll in the Miami County ESC medical insurance plan.

Enrolling in (Please select one):

Employee Only ___ HSA ___ PPO Employee+Child(ren) ___ HSA ___ PPO Family ___ HSA ___ PPO Waive ___

DENTAL –Delta Dental (Rates are effective 1/1/2023 thru 12/31/2023)

	Monthly Premium	Board Cost	Employee Cost
Employee Only	\$29.86	\$26.88	\$2.98
Family	\$75.54	\$67.99	\$7.55

Brief Description of Benefits – Please see the detailed benefit summaries for more information:

Annual deductible \$25.00 Single; \$50.00 family Orthodontic allowance \$750.00 (lifetime)
Preventive services – covered in full Annual maximum benefit \$750.00/person
Basic services – 20% coinsurance after deductible; Major services – 50% coinsurance after deductible

Enrolling in: Employee Only ____ Family ____ Waive ____

VISION – VSP (Rates are effective 1/1/2023 thru 12/31/2023)

	Monthly Premium	Board Cost	Employee Cost
Vision Single	\$ 7.77	\$ 6.99	\$.78
Vision Family	\$18.09	\$16.28	\$1.81

Brief Description of Benefits – Please see the detailed benefit summaries for more information:

Examination co-pay - \$10.00 Lenses - \$25.00 every 12 months Frames - \$25.00 every 24 months

Enrolling in: Employee Only ____ Family ____ Waive ____

LIFE - Securian Financial

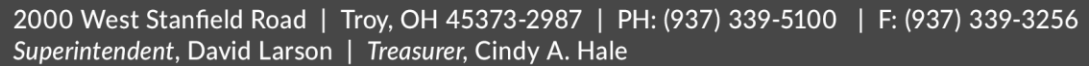
Premium is paid 100% by the ESC Board

Life Insurance (Term): Policy amounts are based upon employment status. Employee cost is **\$.00**

	Amount of the Policy		Amount of the Policy
Class 1 Superintendent and Treasurer	Per Contract	Class 4 Part- Time Staff	\$25,000
Class 2 Mid-Level Administrators	1 X Salary	Class 5 Administrative Part-Time	\$10,000
Class 3 Full Time Staff	\$50,000		

To **ENROLL OR DECLINE/WAIVE** medical, dental, vision, and life insurance, you must sign into the **Benelogic On-Line Enrollment System**. If the Benelogic enrollment is not completed within 30 days of employment, you will not be eligible for insurance benefits until the open enrollment period for coverage to begin January 1st of next year.

Signature of Employee (REQUIRED): _____ Date: _____

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