

## Medical Insurance

The School District purchases a high deductible insurance plan through Medical Mutual Insurance. The plan covers major medical and prescription coverage. The District then funds the employee claims as they occur through a 3<sup>rd</sup> party administrator: Barrett Benefits.

The current plan has deductibles as follows:

	<u>Deductible</u>	<u>Max Out of Pocket</u>	<u>Reimbursement Deductible</u>
Single:	\$4,000	\$ 600	\$250
Family:	\$8,000	\$1,200	\$500

Once the employee reaches the reimbursement deductible, Barrett Benefits reimburses the employee directly 80% of their claims cost until they reach the max out of pocket and then Barrett will reimburse 100% of the employee claims. The maximum out of pocket that an employee will pay is Single: \$600 and Family: \$1,200. After the Medical Mutual deductible is reached, Medical Mutual pays 100% towards claims.

Claims can be processed by Barrett Benefits two ways:

1. You can fax or mail your Explanation of Benefits (EOB) to Barrett at:  
Fax (866) 539-5643  
Mail to: Barrett Benefits  
3628 Walnut Hills Road Suite 200  
Orange Village, Ohio 44122  
(866) 845-8600 Option 1
2. You can complete MMO Authorization that will allow Barrett Benefits to retrieve your EOBs from the Medical Mutual website on a weekly basis.

Any questions regarding claims for Barrett Benefits can be emailed to Kathy Salsbury at [ksalsbury@bbginc.net](mailto:ksalsbury@bbginc.net) or she can be reached by phone at (866) 845-8600 Option 1

The Treasurer's office, once a week, receives a list of claims that will be paid by Barrett Benefits. The Treasurer's office does not see any claim detail, they only see the employee's name and a dollar amount. The Treasurer's office then forwards payment to Barrett Benefits, and they in turn process a check to the employee. Please note Barrett Benefits is a licensed 3<sup>rd</sup> party administrator through the State of Ohio. Barrett Benefits is subject to strict audit and bonding requirements from the State of Ohio. Your claims are held in the strictest confidence and actual claims are never seen by staff in the Treasurer's Office.

A copy of the certificate of coverage as well as a benefits book can be obtained at:

<https://www.medmutual.com/member/account/certbooks.aspx>

## **Dental Insurance**

Dental Insurance is provided through a self-insurance program. Guardian Insurance is the servicing company that pays claims on the District's behalf. Claims are submitted to Guardian Insurance and paid directly to the provider. Once per month, Guardian provides a list of claims paid on our behalf. The claims are reviewed for accuracy and the money is debited from the District's Dental account on the 25<sup>th</sup> of each month.

A copy of the certificate of coverage as well as a benefits book can be obtained at:

[www.guardiananytime.com](http://www.guardiananytime.com)

Group Number 464513

## **Optical Insurance**

Employees are entitled to a \$250 reimbursement for optical expenses incurred by an employee or employee's eligible dependents. Original receipts must be submitted, along with a completed Optical Reimbursement Form, to the Treasurer's office for reimbursement.

## **Life Insurance**

Life insurance coverage is available to employees of the District. Employees should consult their negotiated agreement for coverage amounts.

## **Important Dates**

Medical Insurance Coverage Period:

Plan Year – August 1 through July 31

Coverage Year – January 1 through December 31

Dental Insurance Coverage Period:

Plan Year – August 1 through July 31

Coverage Year – January 1 through December 31

Optical Reimbursement Period: September 1st through August 31st

Health Savings Account: September 1st through August 31st

Waiver Deadline: August 15<sup>th</sup> of the new School Year

Waiver Payment: The First Non-payroll Friday of September