

# *Lexington*

## *Staff Update*

### *February 23, 2022*

From the office of the Treasurer...

#### **All Staff**

- **Required Background Checks** - Ohio Revised Code requires all school district employees to have a new FBI background check completed every 5 years. The cost is \$27 and can be paid by cash or check.

If you have received an e-mail regarding the need to complete a new background check, please contact Erika at ext. 1909 to set up a time to be fingerprinted. If you have any questions, please contact the Treasurer's Office.

- **Kiosk Entries** – To assist in ensuring all payroll processing is completed as efficiently and accurately as possible, please ensure all necessary Kiosk entries are entered into Kiosk in a timely manner. This helps to limit the need for manual entry and ensures the accuracy of all staff leave balances. This will also allow for any potential questions that may arise to be answered in a timely manner.

#### **Amazon Orders**

Many of you have continued to take advantage of our online Amazon ordering access that has been established through our business account. As a reminder, please ensure that a PO is in place prior to attempting to place an Amazon order. This will help ensure that the order is able to be approved and processed. We are still required to ensure District funds are properly encumbered (i.e. a PO is in place) prior to obligating any District funds.

#### **Wellness Information:**

As we begin the 2022 calendar year, just a reminder to all employees of the wellness incentive available to District employees.

If an employee who elects to purchase our group medical coverage with Anthem, has an annual wellness exam and has the certification form completed by their physician, they will receive an incentive payment from the Board of \$100.00. As a reminder, only employees are eligible for the incentive payment.

This Wellness Incentive remains in place for the 2022 calendar year as members are eligible for this incentive annually. The form can be found at the following link: <https://www.lexington.k12.oh.us/images/AnthemWellnessExamForm.pdf>. For any completed wellness exams, please send the signed form to the Treasurer's Office.

#### **Useful? Information:**

- Elephants are scared of bees;
- Laughing lowers stress and strengthens the immune system;
- Candles will burn longer and drip less if they are placed in the freezer for a few hours before using;
- Blue whales are so large that a human could swim through its veins;
- The snow on Pluto is red;
- In ancient Greece, throwing an apple at someone was done to declare one's love.

#### **Financial Communications:**

##### **Insurance Information Session**

As you know, after meeting as an Insurance Committee, we had scheduled an insurance information session for January 25<sup>th</sup>. While there were no changes to deductibles, co-insurance, or co-payments within our plan, the Committee thought such a meeting would be beneficial to help with understanding the various aspects of our plan. Unfortunately, the January 25<sup>th</sup> meeting was canceled due to snow, and there was a scheduling conflict with the February 23<sup>rd</sup> early release. Given this fact, I wanted to include some information within this update that I hope is helpful in understanding certain terminology and how it works within our plan network.

##### **Deductible**

The deductible for our plan continues to be \$250 individual and \$500 family. The best way to think of a deductible is that these are the first dollars applied to certain medical costs that we are responsible for. Once we meet our deductible, either as an individual or family, we are no longer responsible for the deductible for the remainder of the year. Even if on a family plan, the individual deductible applies so no single individual would be responsible for a \$500 deductible within a family plan. Additionally, for regular doctor visits in which we pay a \$20 co-payment, there is no deductible for this type of visit.

##### **Co-Pay**

As mentioned above, our co-payment continues to be \$20 and applies to certain medical needs described in our summary of benefits (i.e. regular doctor's visits). There is no co-payment for preventative care. The co-payment for Urgent Care remains at \$35 while the co-payment for Emergency Room remains at \$100 (the Emergency Room co-pay is waived if admitted). Our 15% co-insurance also applies to Urgent Care and Emergency Room visits.

##### **Co-Insurance**

As mentioned, our co-insurance remains to be at 15% and applies to certain medical visits and needs as described in our summary of benefits. The 15% co-insurance is the percentage of medical bill we are responsible for paying after our annual medical deductible has been met. For instance, if I've met my deductible for the year and incur a \$200 medical expense, I would be responsible for 15% co-insurance totaling \$30 for this medical expense unless I have met my Out-of-Pocket Maximum for the year.

##### **Out-of-Pocket Maximum**

Speaking of Out-of-Pocket Maximum, these amounts for our plan are \$1,500 individual and \$3,000 family and represent the maximum amount annually that we can potentially pay out for in-network medical care and pharmacy costs. Once these levels of out-of-pocket payments are reached, either individually or as a family, our plan covers 100% of the costs for the remainder of the calendar year. What this means is that, even if I am on a family plan, if I have incurred \$1,500 of medical out-of-pocket expenses for the year, I will not incur any additional in-network out-of-pocket costs for the remainder of the calendar year.

I have included on the next page various examples to help with understanding different applications of how our plan works. While these examples can't cover every situation, my hope is that they provide some helpful information.



## **GO LEX!!!!**

## **Insurance Information Examples**

The following examples are provided for illustration purposes. While each individual claim is unique and these examples can't cover every potential medical scenario, the goal is to provide an overview of how various aspects of our plan apply to real world scenarios. Due to an apparent lack of creativity, I will use my name in all of the examples. ☺

### **Example #1:**

Jason visits his in-network doctor for preventative care and screenings. Since these services are for preventative care, there would be no charge for the services. The deductible, co-pay, or co-insurance would not apply.

### **Example #2:**

Jason visits his in-network doctor for primary care or other non-preventative care. The co-pay amount of \$20 would apply to this visit while the deductible and co-insurance would not apply. The total charge for such a visit would be \$20. This \$20 would be counted toward Jason's individual and family out-of-pocket maximum calculation.

### **Example #3:**

Jason visits LiveHealth Online for primary care or other non-preventative care. The co-pay amount of \$20 would apply to this visit while the deductible and co-insurance would not apply. The total charge for such a visit would be \$20. This \$20 would be counted toward Jason's individual and family out-of-pocket maximum calculation.

### **Example #4:**

Jason visits Urgent Care for a medical need requiring urgent medical attention. This is Jason's first medical need of the year and neither the individual nor family deductible has been met. The total cost for services for the visit total \$500. Jason's responsibility for these total costs would be the \$35 co-pay at the time of service, the \$250 deductible amount, and the 15% co-insurance for the remaining balance, \$37.50 ( $\{ \$500 - \$35 - \$250 \} \times 15\%$ ). Therefore, the total out-of-pocket cost for this visit would be \$317.25. This \$317.25 would be counted toward Jason's individual and family out-of-pocket maximum calculation.

### **Example #5:**

Jason makes a similar visit to Urgent Care after already meeting his annual deductible. The total costs for the services are again \$500. Jason's responsibility for these total costs would be the \$35 urgent care co-pay plus 15% co-insurance for the remaining balance, \$69.75 ( $\$465 \times 15\%$ ). Therefore, the total out-of-pocket cost for this visit would be \$104.75. This \$104.75 would be counted toward Jason's individual and family out-of-pocket maximum calculation.

### **Example #6:**

Jason has an emergency and visits the Ohio Health emergency room where he is admitted. Due to being admitted, Jason's \$100 emergency room co-pay is waived. The total costs of services for Jason's visit total \$3,000. Since Jason has already met his deductible for the year, his responsibility for these total costs would be the 15% co-insurance totaling \$450. This \$450 would be counted toward Jason's individual and family out-of-pocket maximum calculation.

### **Example #7:**

Jason visits Ohio Health for scheduled surgery and has already met his annual deductible for the year. The total costs for the surgery total \$6,000. Jason's responsibility for these total costs would be the 15% co-insurance totaling \$900 ( $\$6,000 \times 15\%$ ). However, during the year, Jason has already had other medical costs totaling \$912 as described in the previous examples. Therefore, Jason is responsible for only the \$588 that would cause him to reach his \$1,500 out-of-pocket maximum for the year. Jason's remaining in-network medical costs for these services and the remainder of the year are covered at 100% by the plan, including pharmacy needs.

### **Example #8:**

In addition to Jason reaching his out-of-pocket maximum for the year, Jason's dependents have had an additional \$1,500 of cumulative out-of-pocket medical expenses during the year. Jason's family has now reached the \$3,000 out-of-pocket family maximum for the calendar year. The family's remaining in-network medical costs for the remainder of the year are covered at 100% by the plan, including pharmacy needs.