

# CITY OF NORWOOD

# EMPLOYEE BENEFITS



2024

# Benefits At A Glance

The City of Norwood provides a robust benefit package for employees and their families. The cost for some of these benefits is shared between the city and the employee. You also have the ability to purchase additional voluntary coverage to help offset costs when certain situations arise like illness, death, or accidental injuries.

Employer Paid	Shared Cost	Employee Paid
Basic Life/AD&D	Medical Insurance	Whole Life Insurance
Pension Match	Dental Insurance	Critical Illness/Cancer Insurance
Holidays	Vision Insurance	Accident Insurance
Wellness Program	Health Savings Account	Hospital Indemnity

## How to Enroll

We have partnered with **Enrollment Benefits Concepts**, an enrollment company, to assist with your enrollment and provide education regarding your benefits.

All employees MUST act and enroll or waive benefits via the enrollment call center **within 30 days of your hire date**. During this meeting, you will receive assistance in selecting benefits best suited for you and your family or elect to opt-out and record a beneficiary for your life insurance.

For this open enrollment, all changes will be effective 01/01/2024. Enroll online <https://enrollonline.manhattanlife.com/cityofnorwood> or call **513.371.5552** for any assistance 8:30 AM to 5:00 PM EST.

# Benefits Enrollment

Open Enrollment allows eligible employees to make changes to their benefit elections for the 2024 calendar year; you may also add and/or delete dependents. In addition, if you are eligible and not currently enrolled you may enroll in benefits at this time.

## Eligibility

All full-time employees working at least 30 hours per week are eligible for group benefits.

## Who is an Eligible Dependent?

- An employee's legal spouse
- A Dependent Child until the Child reaches his or her 26th birthday. The term "Child" includes the following Dependents:
  - A natural biological Child
  - A stepchild
  - A legally adopted Child or a Child legally Placed for Adoption
  - A Child under your (or your spouse's) Legal Guardianship as ordered by a court
  - A Child who is considered an alternate recipient under a Qualified Medical Child Support Order (QMCSO)
  - A foster Child, provided the Child meets the dependency ruling by the IRS

Note: An employee must be covered under the Health Care Plan for Dependents to qualify for and obtain coverage. Additionally, proof of eligibility documents will be required. The purpose of this explanation is to ensure that each dependent enrolled in the Benefit Plan is accurately listed and eligible for coverage.

## Qualifying Life Events

Benefit changes are NOT allowed to be made during the plan year, except for a "Qualifying Life Event." The health care plan gives eligible persons special enrollment rights under the plan if there is a loss of other health coverage or a change in family status. Qualifying Life Events that could result in changes to your coverage include:

- Change in marital status (marriage, divorce, annulment or legal separation from a spouse)
- Birth, Adoption, or Placement for Adoption
- Court judgments, decrees, and orders that require medical coverage for a dependent child
- Change in employment status.
- New gain of coverage eligibility under another employer's plan
- Your dependent child no longer meets the eligibility requirements of a dependent
- Death of a dependent
- You or your spouse become eligible for Medicare
- Newly eligible for premium assistance under Medicaid or Children's Health Insurance Program
- Health Care Plan may also allow additional changes to enrollment due to change in status events under the employer's Section 125 Cafeteria Plan.

Unless otherwise stated in the Summary Plan Description, changes to an election must be made within 30 days following the Change in Status event and the effective date of the elected benefits will be the date of the Life Event.

**MEDICAL INSURANCE OPT-OUT:** Employees who elect to opt-out of medical insurance are eligible for a lump sum opt-out benefit of \$2,500! This benefit will be prorated for mid-year enrollments.

Benefits	HDHP (\$3,200 Ded)
In-Network Deductible (Single/Family)	\$3,200/\$6,400
Embedded/Non-Embedded	Embedded
Coinsurance	0%
In-Network Medical Out-of-Pocket Annual Maximum (Single/Family)	\$3,500/\$7,000 <b>RX ONLY</b>
Office Visits (Primary/Specialist)	Deductible/coinsurance
Inpatient Hospital	Deductible/coinsurance
Outpatient Hospital	Deductible/coinsurance
Emergency Room	Deductible/coinsurance
Urgent Care Facility	Deductible/coinsurance
Pharmacy (Tier 1, 2, & 3) Mail order	Deductible then, \$10/\$40/\$70/25%-\$350 Deductible then, \$10/\$125/\$250/25% up to \$350

Per-Pay Medical Plan Rates	
Employee	\$24.02
Employee + Spouse	\$47.84
Employee + Child	\$45.46
Family	\$76.45

# Additional Benefits



sydney

## Download the Anthem Sydney Health app today

- Find care and compare costs
- See what's covered and check claims
- View and use digital Id cards
- Check your plan progress
- Fill prescriptions

## Anthem Engagement Package 200

Rewards employees up to \$200 for taking part in a wide variety of condition management, preventative care, and wellness activities. Employees follow progress through [anthem.com](https://www.anthem.com) or Sydney Health digital platform.

## Anthem Virtual Care Options

Get urgent, primary, and specialty care through the Sydney Health app. Low or no additional cost virtual personalized care.

## Anthem Smart Shopper

When the doctor recommends a medical test or procedure, shop for the service by phone or online at [smartshopper.com](https://www.smartshopper.com). If you have the procedure at a reward-eligible location, you will receive a reward after the claim is paid. Call 866-488-5441.

## Anthem Wellbeing Solutions

Your whole health matters. Wellbeing Solutions is a suite of programs to help with everyday health. Connect with Sydney Health for Behavioral Health Case Management, Emotional Wellbeing Resources, Autism Spectrum Disorder Program, Case Management, Condition Care, and Health Assessments.

# Additional Benefits

## Building Healthy Families

- Live health coaches via chat or phone during pregnancy
- Digital tools and education
- Lactation support
- Onesie if complete program

## Anthem Special Offers and Discounts

Log in to [anthem.com](https://www.anthem.com), choose care, and select Discounts.

- RefreshaDent
- RNationsHearing
- Hearing Care Solutions
- Amplifon
- Glasses.com and 1-800 CONTACTS
- Premier LASIK Network
- TruVision
- 23andMe
- WINFertility
- Nationwide Pet Insurance
- ASPCA Pet Health Insurance
- The Living Well Courses
- Allergy control Products and National Allergy Supply
- And more

## PEAP Public Employees Assistance Program

2368 Victory Pkwy, Suite 401

Cincinnati, OH 45206

**How to access:** Call 513-421-7600 for 24-hour emergency answering service

**What's the benefit:**

- 24 counseling sessions for you and your immediate family members at no cost-12 years and older
- Counselors can help with: Stress, Relationship Problems, Trauma, Grief, and Substance Abuse
- EMDR (Eye Movement Desensitization and Reprocessing) Treatment

# Spending Accounts



Account	Plan Pairing	City Contributions	Annual Maximums
HSA	HDHP	\$1750/\$3500 split Jan/July	\$4,150 EE/\$8,300 FAM 55 plus additional \$1,000
Limited Purpose FSA	HDHP	N/A	\$3,200
Dependent Care FSA	HDHP	N/A	\$5,000

## Health Savings Account (HSA)

### Health Savings Account

**What's the Benefit:** Pre-tax dollars to pay for qualified medical, dental and vision expenses.

**How Does it Work:** When you enroll in the HDHP, a Health Savings Account created where you have the option of electing a pre-taxed amount to be taken from your paycheck and placed into the savings account. This account is designed to help offset medical, dental and vision expenses. You can use your HSA at the time of service, when you get a bill or to reimburse yourself on the back end. Funds rollover from year to year and stay with you if employment were to be ended for any reason.

### Logging into Your HSA (Avidia Bank)

**First time users** Click Online Banking, then "Register" and follow the prompts to setup a username and password. Your **Employee ID is your social without the dashes** and your **Employer ID is AVIFLEXBANK**.

**Returnees** – Enter your username and password. Once you login, you can view your account balance and transaction history as well as make an online bill payment or link your personal bank account to the Avidia Bank HSA to reimburse yourself directly.

### You are not eligible to contribute to an HSA if:

1. You are enrolled in a NON-qualified HDHP or a Medical FSA through a spouse or other source.
2. You are enrolled in VA, CHIP, Medicare or Medicaid benefits.
3. You already made the IRS maximum contribution that calendar year.
4. You can be claimed as a dependent on another person's tax return.
5. You are covered under any other healthcare plan, such as, a spouse's plan, TRICARE, or other individual coverage.
6. You are currently enrolled in a Health Reimbursement Account (HRA) through your spouse's medical plan.

## Limited Purpose FSA

### Limited Purpose FSA

**What's the Benefit:** Pre-tax dollars used to pay for qualified expenses.

- Limited Purpose Eligible Expenses – **Dental and Vision ONLY**

**How Does it Work:** You may also elect an additional pre-taxed amount to be taken from your paycheck and placed into the savings account. The full amount you elect to contribute is available to you upfront on your legibility date. You can use your FSA at the time of service, when you get a bill or to reimburse yourself on the back end. Only \$640 rolls over from year to year, amounts over \$640 are "Use it or Lose it".

### Dependent Care FSA

**What's the Benefit:** Pre-tax dollars to help offset daycare and other eligible expenses.

**How Does it Work:** The funds in this account are available as they are contributed. You can use your DCFSA at the time of service, when you get a bill or to reimburse yourself on the back end. Funds do not rollover from year to year.



**Delta Dental of Ohio:** Employees will have access to the nation’s largest dental networks: Delta Dental PPO and Delta Dental Premier. With 4 out of 5 dentists participating nationwide, these two networks provide superior access to care as well as reduced fees through our agreements with participating dentists.

Benefits	Delta Dental PPO Network*	Delta Dental Premier Network*	Non-Participation Dentist**
Deductible (Single/Family)	None	None	None
Annual Maximum	\$4,000	\$4,000	\$4,000
Preventive and Diagnostic Services: Cleanings, Sealants, X-Rays	100%	100%	100%
Basic Services: Fillings, Extractions, Relines and Repairs, Root Canals	80%	80%	80%
Major Services: Crowns, Bridges, Implants	50%	50%	50%
Orthodontic Services (Up to age 19)	50%	50%	50%
Orthodontic Lifetime Maximum	\$2,000	\$2,000	\$2,000

\*If a member goes to a PPO dentist or a Premier dentist, they will never be balance billed. The differences between PPO & Premier are the discount levels. PPO dentists agree to deeper discounts. The PPO Network has fewer providers than the Premier Network resolving from the deeper discounts. Here are the average discounts for PPO & Premier in Cincinnati:

- **PPO Discount:** 40%
- **Premier Discount:** 28%

\*\*If a member goes to an out-of-network provider, they will not receive Delta Dental’s discounts on services, in addition to the possibility of being balance billed.

### Per-Pay Dental Plan Rates

Employee	\$1.07
Employee + Spouse	\$2.06
Employee + Child	\$3.12
Family	\$4.14



**EyeMed:** Employees receive a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider’s professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. (Non-Prescription Sunglasses, Lasik, Hearing Care, Additional Pairs of Glasses)

Benefits	In-Network Cost	Out-of-Network Reimbursement
<b>Exam at PLUS Providers Exam</b>	\$0 copay \$10 copay	Up to \$40 Up to \$40
<b>Frame- PLUS Providers Frame</b>	\$180 allowance; then 20% off \$130 allowance; then 20% off	Up to \$91 Up to \$91
<b>CONTACTS</b> Contacts- Conventional Contacts- Disposable Contacts- Medically Necessary	\$130 allowance; then 15% off \$130 allowance \$0 copay; Paid-in-Full	Up to \$91 Up to \$91 Up to \$300
<b>STANDARD PLASTIC LENSES</b> Single Vision Bifocal Trifocal Lenticular Progressive- Standard Progressive- Premium Tier 1 Progressive- Premium Tier 2 Progressive- Premium Tier 3 Progressive- Premium Tier 4	\$25 copay \$25 copay \$25 copay \$25 copay \$80 copay \$110 copay \$120 copay \$135 copay \$200 copay	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50 Up to \$50 Up to \$50 Up to \$50 Up to \$50
<b>LENS OPTIONS</b> Anti Reflective- Standard Anti Reflective- Premium Tier 1 Anti Reflective- Premium Tier 2 Anti Reflective- Premium Tier 3	\$45 copay \$57 copay \$68 copay \$85 copay	Up to \$23 Up to \$23 Up to \$23 Up to \$23

Per-Pay Vision Plan Rates	
Employee	\$0.20
Employee + Spouse	\$0.38
Employee + Child	\$0.40
Family	\$0.58

# Critical Illness



ManhattanLife™

**What's the benefit:** Critical Illness coverage provides a lump sum benefit if you are diagnosed with a covered illness. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

### How does it work?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage/rent payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.
- Includes a Benefit Recurrence for a second identical condition such as a heart attack with a treatment-free period of at least 12 months

If you are diagnosed with a covered illness, a benefit payment will be made directly to you. You will need to submit a claim with Manhattan Life to receive your benefit. (see benefit summary for full details)

### What's the cost?

The cost of based on your age and the amount of benefit you select. Please contact the Benefits Centers at 513.371.5552 for more information.

Features of the Critical Illness Plan	Benefit Percentage
<b>Vascular</b>	
Heart attack	100%
Stroke	100%
Transplant as a result of heart failure	100%
Bypass surgery as result of coronary artery disease (pays 25% of benefit amount selected)	100%
<b>Cancer</b>	
First diagnosis of internal cancer or malignant melanoma	100%
Carcinoma in situ	25%
<b>Other Critical Illnesses</b>	
Transplant, other than heart	100%
End-stage renal failure	100%
Loss of sight, speech, or hearing	100%
Coma	100%
Severe burns	100%
Paralysis	100%
<b>Includes \$50 wellness benefit– per insured/ per year</b>	

Critical Illness Features	Guarantee issue
Employee	Up to \$20,000
Spouse	50% of employees benefit
Child(ren)	\$5,000

# Accident Coverage



ManhattanLife™

**What's the benefit:** Accident insurance is an extra layer of protection that pays you cash when you suffer an unexpected, qualifying accident. It provides a lump sum payment for services, treatment, and procedures received related to an injury that was caused by a covered accident. This benefit is in addition to the coverage you receive through your primary medical insurance and is available for yourself, spouse, and children.

## How does it work?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage/rent payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home – and for family visits.

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. You will need to submit a claim to Manhattan Life. A lump-sum cash benefit is paid directly to the insured person after submitting the claim for a covered injury.

Features of the Accident Plan	Benefits
Emergency Room Treatment	\$100
Urgent Care	\$150
Doctors Visit	\$100
Accident Follow-Up	\$25/visit (max of 4 per accident)
Ambulance (ground/Air)	\$200/\$800
Hospitalization/Confinement	\$1,000/\$250 per day
ICU Admission/Confinement	\$2,000/\$500 per day
Chiropractic Treatment	\$30 per day
Physical Therapy	\$30
Family Lodging	\$100 per night
Transportation (Train or Plane)	\$300
Fractures & Dislocations	Up to \$4,000
Blood and Plasma	\$100
Major Diagnostic- X-Ray	\$75
Concussion	\$200
Coma	\$10,000
Catastrophic Benefit	\$100,000

*Plan pays different benefit amounts depending on type of injury/ treatment & Includes \$50 wellness benefit-per insured/year*

# Hospital Indemnity



**What's the benefit:** Hospital Indemnity Insurance is a supplemental insurance plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The benefit pays a lump-sum cash payment when a covered participant is hospitalized and is used in addition to the coverage you receive through your primary medical insurance and is available for yourself, spouse, and children. The payment can be used to help cover medical bills or to cover everyday expenses.

**How does it work?**

When you or a covered family member have a hospital stay, a lump sum payment will be paid directly to you. You will need to submit a claim to Manhattan Life to receive the benefit payment. The payments can be used for any purpose, including:

- Make your mortgage/rent payments
- Pay medical copays/deductibles
- Regular expenses, such as food, rent, and utilities

Features of the Hospital Indemnity Plan	Low Plan	High Plan
Hospital Admission	\$500	\$1,000
Maternity Hospital Admission	\$500	\$1,000
Hospital Indemnity	\$100 (per day up to 30 days)	\$100 (per day up to 30 days)
Maternity Hospital Indemnity	\$100 (per day up to 30 days)	\$100 (per day up to 30 days)
ICU/Cardiac Care/Burn Unit	\$100 (per day up to 30 days)	\$100 (per day up to 30 days)
Follow-up Maternity Care	\$25	\$25
<b>Includes \$50 wellness benefit – per insured/per year</b>		

## Employer Paid Life/AD&D



**What's the benefit:** The City of Norwood provides Basic Life and Accident Death & Dismemberment Insurance through Anthem on behalf of all benefit eligible employees at no cost to you.

- Flat \$25,000 benefit
- Age reduction of 50% @ 70 years old
- Benefit terminates at retirement

## Whole Life



**What's the benefit:** Voluntary Whole Life coverage provides you and your loved ones with a solid foundation on which to build a long-term financial plan. It helps ensure your family is financially protected with money that can be used for funeral costs and other final expenses; immediate needs such as probate expenses; ongoing bills such as utilities; debt liquidation such as paying off loans or a mortgage; and future expenses such as education funds or retirement needs.

### Why do I need Whole Life coverage?

Whole Life coverage is a voluntary policy you can get at reasonable cost during your working years. It's also a benefit that can stay in place when you retire. Features include level premiums through the life of the policy, guaranteed renewable protection that cannot be reduced, and accumulated cash values that can be withdrawn at the policy's surrender, borrowed against as a loan, annuitized, or used to purchase extended or reduced paid-up coverage.

### How does it work?

Coverage amounts vary based on your needs. Coverage is guaranteed to stay level, and cash values stay with the policy for a lifetime, enabling funds to be taken as loans or used to buy paid-up coverage. Coverage is also portable, so you can take it with you if you leave their current job.

Our Whole Life plan has a "living benefit" that offers real value while you're living. You can request an acceleration payment of up to 50 percent of the death benefit if you're diagnosed with a terminal illness in the future. (see summary for full details)

Whole Life Features	Guarantee issue	Simplified Issue (with underwriting questions)
Employee	\$50,000	\$300,000
Spouse (Contingent on two questions)	\$15,000	\$50,000
Child(ren) (Contingent on two questions)	\$10,000	\$25,000
Additional Features	Terminal Illness Acceleration Benefit Facility Care Acceleration Benefit Full Portability	

# Manhattan Life Rates

## Per-Pay Accident Plan Rates

Employee	\$4.42
Employee/ Spouse	\$7.35
Employee/ Child(ren)	\$10.62
Family	\$13.63

## Per-Pay Hospital Indemnity Plan Rates

	Low Plan	High Plan
Employee	\$5.75	\$8.01
Employee/ Spouse	\$10.75	\$15.06
Employee/ Child(ren)	\$8.53	\$12.06
Family	\$13.54	\$19.13

## Whole Life & Critical Illness Indemnity

### What's the cost?

The cost of based on your age and the amount of benefit you select.  
Please contact the Benefits Centers at 513.371.5552 for more information.

# IMPORTANT CONTACT INFORMATION



**Anthem Blue**  
Medical Coverage  
844.456.7112  
[www.anthem.com](http://www.anthem.com)

**Anthem**  
Basic Life  
866.551.0315  
[www.anthem.com](http://www.anthem.com)



**Delta Dental**  
Dental Coverage  
800.524.0149  
[www.deltadental.com](http://www.deltadental.com)



**EyeMed**  
Vision Coverage  
866.800.5457  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)



**Navia**  
HSA, FSA, HRA  
425.452.3500  
[www.naviabenefits.com](http://www.naviabenefits.com)



**Avidia Bank**  
HSA Bank  
855.248.6311  
[www.avidihealth.com/resources](http://www.avidihealth.com/resources)



**ManhattanLife**

**Manhattan Life**  
Critical Illness, Accident, Hospital Indemnity,  
Whole Life  
855.448.6982  
[www.manhattanlife.com](http://www.manhattanlife.com)

## Questions?

Contact your HR team at the City of Norwood!

Marie Sprenger  
Human Resources Director  
513.458.4512 | [msprenger@norwoodohio.gov](mailto:msprenger@norwoodohio.gov)

**Benefit Questions, Claims Issues, Additional Resources**  
**HORAN/HUB**  
**Better Benefits Team**  
**513.792.5759**