

### **2025 Benefits Portfolio**

# Questions? Call BBG's Customer Service Team! (866) 845-8600

MEDICAL – Medical Mutual of Ohio					
	Traditional Plan	HSA Plan			
Deductible	\$1,750 (single) / \$3,500 (family)	\$2,000 (single) / \$4,000 (family)			
Accumulation Type	Embedded Deductible	Aggregate Deductible			
Coinsurance	80/20	100/0			
In-Network Primary Visits	\$40	0% after deductible			
In-Network Specialist Visits	\$65	0% after deductible			
Prescriptions	\$10 generic / \$45 brand	0% after deductible			
In-Patient/Out-Patient Services	20% after deductible	0% after deductible			
Preventative	0% (not subject to deductible)	0% (not subject to deductible)			
Emergency Room	\$350	0% after deductible			
Urgent Care	\$100	0% after deductible			
Max Out of Pocket	\$3,500 (single) / \$7,000 (family)	\$2,000 (single) / \$4,000 (family)			
HSA Account Eligible	No	Yes			

Spousal Waiver Statement: If your spouse already has access to coverage through their employer, they will not be permitted to enroll in any of the Oakmont medical plans. Should you enroll a spouse, you will need to complete the Spousal Waiver Statement.

#### What is SharedFunding?

- Oakmont purchases a High Deductible plan from the carrier, resulting in lower monthly premiums.
- Employees are responsible for the first part of the deductible.
- Oakmont is responsible for the remaining part of the deductible.
- When the deductible is met, the carrier covers costs, as with any other plan.
- SharedFunding is tracked through the Reimbursement procedures.



## **ESI Employee Assistance Program**

Each of us encounters personal problems from time to time. MMO partners with ESI EAP to provide you with the best possible solutions for issues you or your family may face.

- Work/Life Assistance
- Self-Help Resources
- Wellness Benefits
- Lifestyle Saving Benefits
- Adoption and Children with Special Needs
- Training and Personal Development.



Contact the EAP toll-free at 800.252.4555. Or go to www.EducatorsEAP.com.

#### **Medical Mutual Total Health**

With Total Health, you receive access to personalized, top-tier clinical resources that help improve your overall well-being and save money by addressing health risks as early as possible.

- Managing chronic conditions
- Maternity Support
- Weight Watchers

- Tobacco Cessation Program
- 24-Hour Nurse Line
- Fitness Discounts

# 2025 Benefits Portfolio (cont.)

## **Medical Mutual Additional Benefits**

Telehealth

QuitLine

- Husk Marketplace Weightwatchers Beltone Hearing Aids
  - SmartShopper

More discounts available on your medmutal.com account.

DENTAL – Mutual of Omaha			
	In-Network		
Deductible	\$50 (single) / \$150 (family)		
A: Preventative (Ded Waived)	Covered in full		
B: Basic	20% after deductible		
C: Major	50% after deductible		
Annual Max	\$1,500 plus Maximum Rollover per person		
Orthodontia Services	Not Covered		

VISION – Mutual of Omaha				
		In-Network		
Copays		\$10 (exam) / \$25 (materials)		
Frames Allowance		\$130 + 20% off balance		
Contact Lenses Allowance		\$130 + 15% off balance		
Frequencies	Exam	1 every 12 months		
	Lenses	1 every 12 months		
	Frames	1 every 12 months		

VOLUNTARY TERM LIFE – Mutual of Omaha				
Benefit	Employee	\$10,000 - \$500,000, increments of \$10,000. Cannot exceed 5x salary.		
	Spouse	\$5,000 - \$250,000, increments of \$5,000. Cannot exceed 100% of employee benefit.		
	Child(ren)	\$1,000 - \$10,000, increments of \$1,000.		
Guarantee Issue	Employee	\$110,000		
	Spouse	\$30,000		
	Child(ren)	\$10,000		
Rates	Varies by age and coverage amount selected			

## **SHORT TERM DISABILITY – Mutual of Omaha**

#### Weekly Benefit Amount – 60% of your base weekly pay up to a maximum of \$1,000

Short Term Disability (STD) allows you to protect your monthly income should you become unable to work due to an accident or illness. STD will pay the weekly benefit amount for up to 13 weeks, based on medical necessity.

This benefit includes an elimination period of 7 consecutive days.

#### **LONG TERM DISABILITY – Mutual of Omaha**

#### Monthly Benefit Amount – 60% of your monthly base earnings to a maximum of \$3,000

Long Term Disability (LTD) allows you to protect your monthly income should you become permanently disabled. Benefits end at age 65 or SSRA (Social Security Retirement Age).

This benefit includes an elimination period of 180 consecutive days.

# **HSA EE Per Pay**

Employee Only \$43.73

Employee/Spouse \$ 99.34

Employee/Child(ren) \$ 76.29

Family \$ 139.52

# **Traditional EE Per Pay**

Employee Only \$80.14

Employee/Spouse \$ 321.98

Employee/Child(ren) \$ 296.13

Family \$ 512.43