Benefits Enrollment

2022

educational service center
of Central Ohio

educational service center
Council of Governments

OHIO Healthcare PLAN
Central Division of OHI

Table of Contents

2022 Benefits Enrollment	3
Eligibility	4
Benefits Administrators	5
Mid-Year Changes	6
Medical Insurance	8
Dental Insurance	10
Vision Insurance	12
Flexible Spending Account (FSA)	13
Life Insurance, Disability Insurance	14
Critical Illness Insurance	15
Accident Insurance	16
HelpNet	17
Marathon Health	19

2022 Benefits Enrollment
October 11-22, 2021

Dear Ohio Healthcare Plan Participant:

Open enrollment for benefits is **October 11–22, 2021.** Employees will be able to use an online registration system to confirm their benefits. This system will be available during open enrollment for employees to select their coverage. This **mandatory** enrollment process is required under the terms of Internal Revenue Code Section 125. All employees must complete the enrollment process, regardless of whether or not they elect to change their benefits. Failure to enroll will result in loss of coverage.

The rest of this brochure provides **important** information regarding the enrollment process, plan options and eligibility requirements for coverage under the plans for you and your dependent spouse and children. If there is any discrepancy between the information in this brochure and any official plan document, the official plan document will control.

Enrollment Process: Mandatory for All Benefit-Eligible Employees

Ohio Healthcare Plan knows how important benefits are to you and your family, so we will continually work at evaluating and updating the programs we offer. We are committed to providing information to help you make informed decisions.

Employees will receive enrollment instructions. If you have any questions or concerns, please contact benefits@escco.org.

Open Enrollment

To begin open enrollment, please visit **ohp.benelogic.com**. To access this site, employees should use their ESC email address and password. For assistance resetting your password, please contact the ESC Help Desk at 614.542.4159.

Additional Information

All plan communication will be provided electronically to you to review throughout the Plan year, unless you notify the Benefits Department with a request to provide some or all plan communications in paper hard-copy.

Eligibility

Dependent Eligibility for Medical and Dental Plans

Spouses who meet the criteria and children (up to age 26) are eligible for medical, dental and vision coverage.

Important Criteria

Special Eligibility Requirements for Spouses in the Medical Plan Only

Spouse who are eligible for another employer-sponsored medical plan must take that coverage on an individual basis as primary insurance in order to be covered with Ohio Healthcare Plan for secondary insurance unless the spouse meets one of the criteria below:

- The spouse is also eligible for the Ohio Healthcare Plan through his/her participating school.
- The spouse is not eligible for an employer-sponsored medical plan.
- The spouse would be required to pay more than 50% of the total premium for single coverage
- Premium does NOT include spousal incentives or other such additional compensation, etc. forfeited upon enrollment in their own plan.

Note: If your spouse is currently enrolled in other coverage and contributing to a Health Savings Account (HSA), and you enroll them in your PPO plan as secondary, IRS rules may preclude them from making or receiving additional HSA contributions. In order to make or receive HSA contributions, an individual must only be covered by an HSA- qualified health plan. For questions regarding spousal secondary coverage when receiving HSA contributions, please reach out to the Administrative Support Team (AST) at 1.855.664.0012 or email AST@planmanagementservice.com.

Benefits Administrators

The 2022 Benefits Enrollment booklet was created so that all ESC/COG employees would have a single document to review all benefits. The Benefits department also wanted to make sure that all employees had a chance to educate themselves before the start of open enrollment, which is mandatory for all benefit-eligible employees.

Below you will find a list of customer service numbers for each benefit administrator:

Medical Plan	ALLIED	alliedbenefit.com 800.288.2078	Coverage, claims, find a medical doctor or other healthcare provider, and order ID cards
Prescription Drug	EXPRESS SCRIPTS®	express-scripts.com 866.275.0044	Coverage, claims and preferred formulary
Dental Plan	DELTA DENTAL®	deltadentaloh.com 800.524.0149	Coverage, claims, find a dental provider and order ID cards
Voluntary Life, Disability, Accident, Critical Illness	NEW YORK LIFE	newyorklife.com 800.225.5695	Voluntary term life and AD&D coverage. Short- and long-term disability, Accident and Critical Illness policies
Vision Plan	Ameritas®	ameritas.com 800.659.2223	Vision insurance information
Flexible Spending	CHARDSNYDER™ Benefit Solutions	chard-snyder.com 800.982.7715	Healthcare and dependent care accounts
Employee Assistance Plan	HelpNet	helpneteap.com username: esc password: employee 800.969.6162	Free personal assistance for family issues, addictions, emotional problems, legal and financial concerns and much more

Mid-Year Changes

Making Changes When a Special Enrollment/Qualifying Event Occurs During the Year

Your enrollment elections will remain in place for all of the calendar year enrolled.

You may only make changes to your plan throughout the year if you have a special enrollment/ qualifying event or family status change.

You need to submit the change within 31 days after the qualifying event (and within 60 days for a newly eligible dependent child). If you go beyond this time limit, you may have to wait until the next open enrollment period. Please contact the Benefits Department for more information, benefits@escco.org.

Examples of a special enrollment/qualifying event (family status change):

- Marriage
- Divorce or legal separation
- Loss of coverage (not dropping coverage voluntarily)
- Death
- Qualified Child Medical Support Order (QCMSO)
- Legal guardianship
- Newborn and adoption

Additional Help Available

If you are having difficulty enrolling or providing requested documents in the timeframe required, please contact ast@planmanagementservice.com for special handling.

Fraud Notice

Misrepresentation of eligibility through facts or verification documents may constitute fraud. Coverage under the plan and/or employment can be terminated and the employee will be responsible for the refund of claims paid in error.

Required Eligibility Uploads

Employees are required to verify the eligibility of spouses and dependents in the medical and dental plans.

Complete the following steps to upload documents to your online employee file cabinet (ohp.benelogic.com):

Step 1: Obtain the required documentation for each dependent

Required Documentation for Spouse
One of these documents is required each year for medical and dental coverage:

- The first page of your last Federal 1040 tax return with spouse's name listed (black out financial information and all but the last 4 digits of all SSNs
- If filing head of household, both the employee and the spouse must complete affidavits (please contact Benefits department for affidavit)
- If married in the current year and have not filed taxes together, provide marriage certificate.

A spousal eligibility requirement must be completed during your online enrollment. The online questionnaire may prompt you to upload a Spousal Verification Form (available in the benefit portal) to complete your medical coverage enrollment.

Required Documentation for Dependents

- **Birth Child**: Birth certificate; provide one time
- **Adopted Child**: Legal adoption documentation; provide one time
- **Legal Guardianship for Child**: Proof of legal guardianship or "Qualified Child Medical Support Order" (QCMSO); provide one time unless there is a change
- **Step Child**: Divorce decree to identify primary medical coverage; provide one time unless there is a change. Birth certificate; provide one time
- **Disabled Dependent**: Certificate of Disability for the Handicapped Children's Provision Application for Continuation of Coverage (please contact Benefits department for form)

Step 2: Upload your document(s) by first scanning and saving to your computer or portable drive. (PDF, PNG, JPG, or BMP)

Step 3: Upload your document(s) to Benelogic

- Log on to **ohp.benelogic.com** with your district-specified user ID and password
- From the home page, select Upload a Document, then click Add a File
- Locate your file on your computer/device, add a document description to the file name, and then click Save to continue

You may also fax forms to 419.267.5262.

Note: Only eligible dependents may be enrolled in your benefit plan. (Refer to your plan's benefit booklet or benefits offices if unsure of guidelines). Dependent proof of eligibility may be required; such as birth certificates, custody or guardianship papers (for children eligibility) and/or first page of your last filed 1040 tax return (for spouse eligibility) with the financial information and all but the last 4 digits of the SSNs blacked out. Failure to provide proof of eligibility upon request or failure to enroll a spouse into their own employer's sponsored coverage, if eligible, will result in the recovery of all benefits paid on behalf of that spouse/dependent by your Plan.

Medical Insurance Coverage

Administrator: Allied Benefits | www.alliedbenefit.com | 800.288.2078

Amounts shown are what you pay for in-network benefits.	**PPO**	**HDHP/High Deductible**
Preventative Care	Preventative services covered 100% for all plans	
Annual Deductible *This is the dollar amount you must pay first in a year before the plan begins paying specified benefits.*	$750/person $2,000/family You do not have to meet the deductible before copays apply.	$1,500/person $3,000/family You must meet the deductible before the prescription copays apply.
Doctor Office Visit *Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor*	$25 for primary care $50 for specialist	$0 after deductible
Urgent Care	$50 copay	$0 after deductible
Emergency Room	$250 copay (waived if admitted)	$0 after deductible
Inpatient Hospital and Outpatient Surgery	20% after deductible	$0 after deductible
Prescription Drugs	Deductible does not apply	After the deductible is reached
Retail- 30 day supply	$10 generic $35 formulary brand $150 non-formulary brand	$15 generic $87.50 formulary brand $150 non-formulary brand
Mail Order- 90 day supply	$25 generic $87.50 formulary brand $150 non-formulary brand	$25 generic $87.50 formulary brand $150 non-formulary brand
Maximum Out-of Pocket *Includes deductibles and copays. This is the most you will pay towards your in-network expenses.*	$3,500/person $7,000/family	$2,500/person $5,000/family

2022 Medical Insurance Rates

HDHP plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	$128.20	$64.05	$320.50	$160.25
Board pays	$512.80	$256.40	$320.50	$160.25
Total	$641.00		$641.00	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	$339.80	$169.90	$849.50	$424.75
Board pays	$1,359.20	$679.60	$849.50	$424.75
Total	$1,699.00		$1,699.00	

PPO plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	$144.00	$72.00	$360.00	$180.00
Board pays	$576.00	$288.00	$360.00	$180.00
Total	$720.00		$720.00	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	$381.40	$190.70	$953.50	$476.75
Board pays	$1,525.63	$762.80	$953.50	$476.75
Total	$1,907.00		$1,907.00	

Dental Insurance

Administrator: Delta Dental | www.deltadentaloh.com | 800.524.0149

For verification of eligibility please refer to the telephone number on the employee's identification card.

Call this number to verify eligibility for plan benefits before the charge is incurred.

Please read the section Alternate Treatment in the Dental Plan. Please visit www.escco.org, where you will find this document under Forms & Files, then Benefits. Employees will need to follow this section or reimbursement from the plan may be reduced.

DENTAL CARE BENEFIT SCHEDULE

DENTAL CARE BENEFIT	
MAXIMUM BENEFIT AMOUNT	**BENEFIT**
For Class A – Preventive, Class B – Basic, and Class C – Major	$1500 per Benefit year
For Class D – Orthodontia (For Depedendent Children under age 25 Only)	$1,000 per Lifetime
COVERED CHARGES	
Classes of Benefits	**Percentage Payable**
Class A Services - Preventive	100%
Class B Services - Basic	80%
Class C Services - Major	70%
Class D Services - Orthodontia	50%

Dental expenses under the dental benefits section of this plan do not apply to the benefit year deductible or to the out-of-pocket maximum under the medical portion of this plan.

2022 Dental Insurance Rates

Single or Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	$18.40	$9.20	$46.00	$23.00
Board pays	$73.60	$36.80	$46.00	$23.00
Total	$92.00		$92.00	

Vision Insurance Coverage

Administrator: Ameritas | www.ameritas.com | 800.659.2223

Focus® Plan Summary **Effective Date:** 1/1/2022

	VSP Choice Network	Out of Network
Deductibles		
	$15 Exam	$15 Exam
	$15 Eye Glass Lenses or Frames*	$15 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $130	Up to $105
Medically Necessary	Covered in full	Up to $210
Frames	$130	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*

Lens Options (member cost)*

	VSP Choice Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

2022 Vision Insurance Rates

Tier	Monthly	Per Pay
Employee	$9.32	$4.66
Employee +1	$14.12	$7.06
Family	$25.04	$12.52

Insurance rates are calculated on a **monthly** basis.

Flexible Spending Account (FSA)

Administrator: Chard Snyder | www.chard-snyder.com | 800.982.7715

A Flexible Spending Account (FSA) allows an employee to set aside a portion of their income, before taxes, for approved healthcare and dependent care expenses. Benefits of an FSA include:

- Helping budget and pay for approved expenses over the course of the plan year.
- Increasing take-home pay because the FSA contribution reduces tax liabilities.
- Creating financial flexibility because the total medical FSA pledge amount is available at any time during the plan year.

Getting Started

During open enrollment, an employee may choose the amount of money to be deducted from their paycheck for contribution toward an FSA. The maximum amount of money an employee can contribute is $2,750 for medical savings and $5,000 for dependent care.

Debit Card

The ESC/COG offers a debit card that can be used virtually everywhere that Visa and Mastercard are accepted. This allows payments to be deducted directly from the FSA account, eliminating paperwork and reimbursement wait time.

FSA or Child Care: Which is better for a tax return?

The same dependent care expenses that qualify for the FSA are eligible for a federal income tax credit. Employees cannot use both tax advantages for the same expenses, though they may be able to take a tax credit for expenses they do not pay though the FSA. Other tax credits, such as the Earned Income Credit (EIC) can be affected by using the FSA. Depending on an employee's income level, the EIC may either increase or decrease if they incur a salary reduction to contribute to the FSA plan. Employees should consult a tax advisor to confirm which would be best.

Flexible Spending Account (FSA)

Qualified Medical Expenses*

Any medical/dental/optical expense incurred during the plan year for the employee, their spouse or dependents may be paid through the employee's medical FSA, such as:

- Acupuncture
- Alcohol/drug treatment
- Ambulance
- Blood pressure monitoring devices
- Body scans
- Chiropractors
- Christian Science practitioners
- Contact lenses and solution
- Deductibles and copays
- Dentures
- Diabetic supplies and insulin
- Emergency room copay
- Eye exams and eyeglasses
- Fertility treatment/drugs
- Guide dog
- Hearing exams/aids
- Lab fees
- Lasik eye surgery
- Learning disability tuition
- Obesity program fee
- Office visit copays
- Orthodontia
- Ostomy products
- OTC drugs with prescription
- OTC medical supplies
- Oxygen
- Prescription drugs and copays
- Prescription sunglasses
- Psychological counseling
- Smoking cessation program
- Vaccines
- Vasectomy

**This list is not comprehensive. Internal Revenue Code 213(d) defines expenses eligible for reimbursement.*

Qualified Dependent/Child Care Expenses

Expenses for the care of a dependent that enable the employee and/or their spouse to work qualify. The maximum amount that they can contribute to a Dependent Care FSA is $5,000 in a calendar year or $2,750 if they are married and filing a separate tax return.

- Day care or babysitting for an employee's child under age 13.
- Services that can be provided in the home or in another location (such as a day care center). Service must be for the physical care of the child, not for education.
- Qualified expenses include costs for adult day care (such as spouse or dependent parent). The adult dependent must reside with the employee and regularly spend at least eight hours per day in their home.
- The election cannot be greater than their spouse's income or one half their joint income, whichever is smaller.
- An employee must supply the care provider's name, address and employer identification number or social security number with the reimbursement claim.
- An employee will be reimbursed up to the current balance in their account when submitting a claim.

Life Insurance & Disability Insurance

Administrator: Cigna | www.cigna.com | 800.36.CIGNA

Group Term Life and Accidental Death Insurance*

Basic group term life insurance in the amount of $50,000 is provided to all full-time employees at no cost.

In addition to the group term life provided by the ESC/COG, employees have the opportunity to purchase additional term life protection up to five times their annual salary, but not to exceed $500,000, whichever is less. No medical questions are asked for amounts up to $150,000 if the employee enrolls when they are first eligible.

Employees also have the option to cover a spouse up to 50% of what the employee elects up to $25,000 and children up to $10,000.

Accidental Death and Dismemberment (AD&D)

AD&D coverage provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after the accident.

Disability Insurance (Short Term, Long Term)*

Voluntary short- and long-term disability insurance from Cigna provides employees with the security of knowing a paycheck will not stop if they have an extended disability due to illness or accident. This program provides 60% of the monthly salary up to a maximum of $5,000. It Includes two options for both short- and long-term coverage with benefit duration periods from nine weeks to social security full retirement age.

Disability insurance does have a pre-existing condition period of 3/12. This means that if an employee was treated for a medical condition three months prior to the effective date, it will be considered a pre-existing condition and will not be covered unless they are treatment free for 12 months after the effective date of coverage.

*This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations, which may affect any benefits payable. The online benefits portal can give complete details of the coverage and availability.

Critical Illness Insurance

Administrator: Cigna | www.cigna.com | 800.36.CIGNA

Facing a critical illness is difficult. There is so much to think about—from deciding between treatment options to managing the family's everyday needs to maintaining financial and emotional stability.

Cigna critical illness insurance can provide immediate financial relief from the overwhelming expenses of a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum cash benefit when an employee is diagnosed with a covered illness easing financial worries.

What's Covered?

- Heart attack
- Stroke
- Renal (kidney) failure
- Coma
- Loss of hearing
- Major organ transplant
- Coronary artery by-pass surgery (25% benefit)
- Cancer

Health Screening Benefit

The Health Screening benefit pays the cost of one screening test per calendar year ($100 maximum). Some of the many screening tests covered include:

- Low-dose mammography
- Pap smear (women over 18)
- Serum cholesterol
- Prostate specific antigen

Features

- **Single Cash Benefit**: Choose a benefit of $10,000, $20,000 or $30,000. Amounts vary by state
- **Guaranteed Renewable**: Guaranteed active coverage to age 100, as long as premiums are paid. Premiums may change if the premium for all policies in an employee's class changes
- **Level Premiums**: Enjoy rates that don't increase because of age.
- **Hospitalization-Treatment**: Not required to collect benefit. Benefit payment comes after diagnosis
- **Family Coverage**: Apply for spouse, children and dependent grandchildren
- **Convenient Payroll Deduction**: No bills. No checks. A direct bill option is available when an employee changes jobs or retires

Accident Insurance

Administrator: Cigna | www.cigna.com | 800.36.CIGNA

Cigna accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides cash benefits to help cover things health insurance doesn't, such as:

- Deductibles
- Copayments
- Transportation and lodging costs
- Everyday bills and more

What's more, benefits come directly to the employee without any restrictions on how they are used. Unexpected accidents are unpredictable, but employees can protect their family from the expenses accidents bring with them.

24-Hour Coverage

- **Initial Care Benefits**: Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery and emergency dental
- **Injury Benefits**: Burn; concussion; dislocation; eye injury; fracture; ruptured disc; joint replacement; rotator cuff injury; laceration; hernia repair; torn knee cartilage
- **Follow-Up Care Benefits**: Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

Benefits Information

- Benefits paid directly to the employee without any restrictions on how they can be used
- Benefits are paid to employee regardless of any other coverage
- Guarantee Issue: There are no medical questions to answer, but an spouse must answer a disability question
- Level Premiums and Benefits: Renewable as long as premiums are paid
- Family Coverage: Apply for spouse, children and dependent grandchildren
- Convenient Payroll Deduction: No bills. No checks

HelpNet

Work-Life Programs: www.helpneteap.com

Click on “Work-Life Programs” in upper right corner
- Username: esc
- Password: employee

Free online access to a wide range of resources on topics of interest to the employee and members of their household—all available on one website
- Articles on balance, parenting, wellness, grief, relationships, career skill-builders, and more. Spanish language available
- Seminars with featured monthly themes, such as *Getting Organized*, *Handling Bullies at Any Age*, *Improving Sleep*, *Strengthening Work Teams*, *Parenting* and *Communication*
- Savings center with free registration using the company code ***Advantage*** for 25–70% discounts off regular retail prices
- Relocation assistance provides community information on demographics, home sales, school districts, school reports, places of worship, up-to-date maps and more

Personal Counseling: 1.800.969.6162

Solution-focused brief therapy (1 to 6 sessions) at no cost for the employee or members of their household.
- Counseling provided for marital and family issues, addictions, emotional problems, career issues, relationships, aging parents, stress/anxiety, depression and life enrichment techniques
- Available 24 hours a day, 7 days a week, 365 days a year
- All services are strictly confidential. Call anytime

Legal, Financial and ID Recovery

The employee and members of their household can receive telephonic consultation when a legal issue, financial matter or an instance of identity fraud disrupts life. Through professional consultation, these programs can save time, while providing valuable information, support and peace of mind.

- Legal Assist provides access to qualified legal advice and council, either by phone or in person, as determined by the need
- Coverage is available nationwide
- Consultations are free, half-hour sessions with an attorney qualified to handle the issue.
- Receive a 25% discount on hourly attorney fees if representation is required
- Valuable legal resources are available online as part of the work-life website

educational service center
of Central Ohio

OHIO Healthcare PLAN
Central Division of OHI

Get a checkup → get a check

Your health is worth a lot. Earn $150 just for keeping it on track!

How it works:

- All employees enrolled in the medical plan may participate.
- Schedule a preventative care checkup with your primary care provider throughout the plan year.
- Approximately 4-6 weeks after you visit, you will recieve $150.*

*The amount will be added to your regular paycheck and is subject to applicable taxes.

Health Benefit Provided by Marathon Health

We have partnered with Marathon Health, one of the leaders in worksite healthcare, to provide you and your family with high-quality, affordable healthcare. Visit the Member Portal to learn more about services provided by Marathon Health, message the care team and schedule an appointment.

Comprehensive Care

- Annual check-ups
- Acute (sick) care needs
- Chronic conditions
- Health coaching
- Medications
- Lab tests

Convenience

- The health center is conveniently located nearby
- Same or next-day appointments available
- Online scheduling and digital check-ins
- In-person, video and phone appointments

Eligibility

Employees, spouses/partners and dependents 3+ covered on the health plan are eligible to use the services provided by Marathon Health.

FREE Healthcare Services

All services are **FREE** for Ohio Healthcare Plan members.

Confidential

Just like with any other medical provider, your visits are completely confidential. That means no one knows but you and your care team.

Health Centers

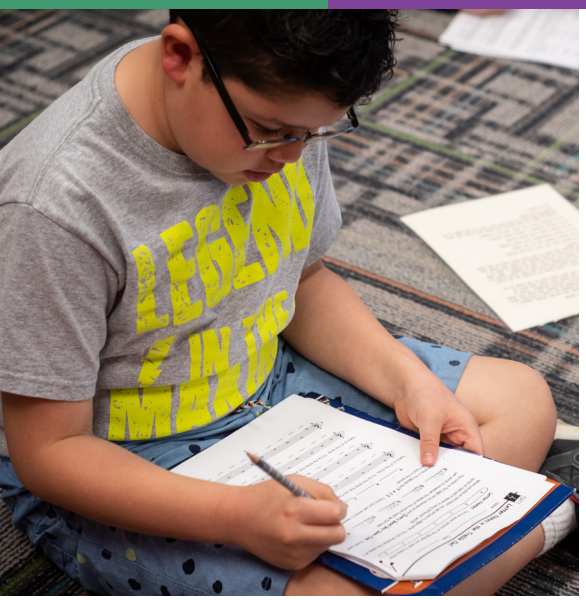
Marathon Health @ Easton Town Center
3866 Townsfair Way, Columbus, OH 43219
Mon/Wed: 10am - 7pm
Tue/Thu/Fri: 7am - 4pm

Marathon Health @ Hilliard
2391 Hilliard Rome Rd., Columbus, OH 43206
Mon/Wed/Fri: 7am - 4pm
Tue/Thu: 10am - 7pm
Sat: 8am - Noon

Marathon Health @ Parkway Centre
4152 Buckeye Parkway, Grove City, OH 43123
Mon/Wed: 10am - 7pm
Tue/Thu/Fri: 7am - 4pm

Get Started Today!
Register or schedule an appointment on the Member Portal at **marathon-health.com/join** or text **JOIN to 77239**.

Marathon Health



Important

2022 Benefits Enrollment

OHIO Healthcare PLAN
Central Division of OHI

educational service center
of Central Ohio

educational service center
Council of Governments