

Benefits Enrollment

2025



2025 Benefits Enrollment October 7–18, 2024

Dear Ohio Healthcare Plan Participant:

Open enrollment for benefits is **October 7–18, 2024**. 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 Benefits-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.

Table of Contents

2025 Benefits Enrollment	2
Eligibility	3
Benefits Administrators	4
Mid-Year Changes	5
Medical Insurance	7
Marathon Health	9
Dental Insurance	11
Vision Insurance	12
Flexible Spending Account (FSA)	13
Long Term Care	14
Life Insurance, Disability Insurance	15
Critical Illness Insurance	16
Accident Insurance	17
Bronson HelpNet	18

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

Spouses 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.

How Secondary Insurance Works



Payment Example
(Primary Plan is a PPO)

Primary Plan (Spouse)	Secondary Plan (OHP)
\$2,500 – Total Charge	\$2,500 – Total Charge
\$ 700 – PPO Discount (Aetna)	\$ 800 – PPO Discount (Anthem)
\$1,800 – Discounted Charge	\$1,700 – Discounted Charge
\$ 500 – Deductible	\$ 650 – Deductible
\$1,300 – After the Deductible	\$1,050 – After the Deductible
Paid at 80%	Paid at 80%
\$1,140 – Paid by the Plan	\$ 840 – Would have been Paid by OHP
\$ 760 – Patient Portion	






The primary plan paid \$1,140 and the secondary Plan would have paid \$840, so there would be no secondary payment. In general, if the primary plan pays as much or more than the secondary plan, the secondary plan will pay \$0.

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 2025 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 benefits-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
Vision Plan	 eye Med	eyemed.com	Vision insurance plan, find a provider
Voluntary Life, AD&D, Disability, Accident, Critical Illness	 The Standard™	standard.com	Voluntary term life and AD&D coverage. Short- and Long-Term disability, Accident and Critical Illness policies
Flexible Spending	 CHARDSNYDER™ Benefit Solutions	chard-snyder.com 800.982.7715	Healthcare and dependent care accounts
Employee Assistance Plan	 BRONSON HelpNet	helpneteap.com company code: ESC123 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 at benefits@escoco.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

<i>Amounts shown are what you pay for in-network benefits.</i>	PPO	HDHP/High Deductible
Preventative Care	Preventative services covered 100% for all plans	
Annual Deductible <i>this is the dollar amount you must pay first in a year before the plan begins paying specified benefits.</i>	\$750/person \$2,000/family You do not have to meet the deductible before copays apply.	\$2,000/person. \$4,000/family You must meet the deductible before the prescription copays apply.
Doctor Office Visit <i>Primary care includes family practice, internist, pediatrician, OB/GYN, mental health and chiropractor</i>	\$30 for primary care \$60 for specialist	Deductible, then 80/20
Marathon Health	\$0.00	\$0.00
Urgent Care	\$60 copay	Deductible, then 80/20
Emergency Room	\$250 copay (waived if admitted)	Deductible, then 80/20
Inpatient Hospital and Outpatient Surgery	20% after deductible	Deductible, then 80/20
Prescription Drugs	Deductible does not apply	After the deductible is reached
Retail- 30 day supply	\$10 generic \$35 preferred brand \$60 non-preferred brand \$75 speciality	\$15 generic \$30 preferred brand \$60 non-preferred brand Speciality- contact Express Scripts
Mail Order- 90 day supply	\$25 generic \$87.50 preferred brand \$150 non-preferred brand \$150 speciality	\$25 generic \$87.50 preferred brand \$150 non-preferred brand Speciality-contact Express Scripts
Marathon Health	\$0.00	\$0.00
Maximum Out-of Pocket <i>Includes deductibles and copays. This is the most you will pay towards your in-network expenses.</i>	\$3,500/person \$7,000/family	\$4,000/person \$8,000/family

2025 Medical Insurance Rates

PPO plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$196.00	\$98.00	\$490.00	\$245.00
Board pays	\$784.00	\$392.00	\$490.00	\$245.00
Total	\$980.00		\$980.00	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$519.20	\$259.60	\$1,298.00	\$649.00
Board pays	\$2,076.80	\$1,038.40	\$1,298.00	\$649.00
Total	\$2,596.00		\$2,596.00	

HDHP plan

Single	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$179.60	\$89.80	\$449.00	\$224.50
Board pays	\$718.40	\$359.20	\$449.00	\$224.50
Total	\$898.00		\$898.00	

Family	Full Time (80/20)	Per pay rate	Part Time (50/50)	Per pay rate
Employee pays	\$475.80	\$237.90	\$1,189.50	\$594.75
Board pays	\$1,903.20	\$951.60	\$1,189.50	\$594.75
Total	\$2,379.00		\$2,379.00	

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**.





Where to Go for Care

One of the top ways you can save money on health care expenses is going to the appropriate place to receive care when you need it. If you were to fall and break your arm, the treatment you would receive in an emergency room unit and at an urgent care would be similar but would cost approximately 54% more at the emergency room. Try using the emergency room for true emergencies only to save money on your health care expenses.

Here are a few things to think about when navigating where to go for care:

Telemedicine through LiveHealth Online (Access Soon)

Use Telemedicine for the timely treatment of acute or common illnesses, or when it is hard to access Primary or Urgent Care

Common illnesses

Chronic illnesses

Rural areas

Inclement weather

Primary Care Physician or Marathon Health (Go Soon)

Visit your Primary Care Physician for the timely treatment of acute or chronic illnesses, preventive care, and injuries

Preventive care

Common illness

Ongoing conditions

Referral to specialist

Urgent Care Physician or Marathon Health (Go Quickly)

Visit an urgent care for illnesses and injuries that require immediate attention but are not life-threatening.

Allergic reactions

Sprains

Sore Throat

Vaccinations

Mild to moderate asthma attack

Emergency Room (Go Now)

Visit an Emergency Room or call 911 for more serious or life-threatening conditions

Heart attack symptoms

High fever

Difficulty breathing

Blood loss

Loss of consciousness

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 Dependent 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.

2025 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: Eye Med | www.eyemed.com



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Frequency

Exam

once every plan year

Frame

once every plan year

Lens

once every plan year

Contact Lens

once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$15 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame at PLUS Provider	\$0 copay; 20% off balance over \$180 allowance	Up to \$65
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal/Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 175	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	Up to \$23
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20
Scratch Coating	\$15	Not covered
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$65
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$65
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

2025 Vision Insurance Rates

Tier	Monthly	Per Pay
Employee	\$8.34	\$4.17
Employee +1	\$12.64	\$6.32
Family	\$22.42	\$11.21

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 \$3,200 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 through 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.

Long Term Care



Announcing Life Insurance + LTC Open Enrollment!
Chubb Lifetime Benefit Term with Long Term Care
Available 10/7/2024 - 10/25/2024

Employee Response Required

[Click here](#) to Apply or Waive the Opportunity for Employee Guarantee Issue

This benefit is designed to help you and your family plan for the high cost of long-term care. The need for long-term care can arise unexpectedly, due to accident, illness, or stroke. We encourage you to learn about the Chubb insurance plan and you can **choose a benefit amount** that fits you and your family's needs.

- **The average cost of nursing home care is \$116,800 per year¹** and the average stay is 3 years. [Click here](#) to calculate the cost of care in your area.
- **44% of people currently receiving longer-term care are under 65 years old².** [Click here](#) to watch a personal story about the unexpected need for long term care.
- **Long term care expenses are not covered by your other benefits** such as health insurance, disability insurance, or Medicare.

Other Benefits do not Cover Long Term Care Expenses

Long Term Care Insurance (LTC)	Long Term Disability (LTD)	Health Insurance	Medicare

Advantages of the Chubb Lifetime Benefit Term with LTC Plan

 Issue Age Rates	 Your Good Health	 Portability
Rates are based on your age as of the policy effective date, which is 1/1/2025. Rates do not increase each year as you age. The carrier reserves the right to file for an increase on the LTC product.	Good health buys your coverage. If you wait to apply at a later date, and your health changes, you may no longer qualify based on health conditions.	Premiums will be payroll deducted. If you leave employment, your coverage is portable at the same rate.

Life, AD&D and Disability Insurance

Administrator: Standard | www.standard.com

Group Term Life and Accidental Death & Dismemberment (AD&D) Insurance*

In addition to the group Basic Life insurance provided by the ESC/COG, employees have the opportunity to purchase additional term life protection.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).

Disability Insurance (Short Term, Long Term) *

Short Term Disability coverage replaces a portion of your income when you can't work because of a qualifying disability. This program provides 60% of your monthly salary up to a maximum benefit of \$1,500 per week. There are 2 benefit waiting periods offered; 14 days, or 30 days.

Long Term Disability coverage is designed to replace a portion of your income when you are disabled for an extended period of time due to a qualifying disability and help you get back to work when you are ready. This program provides 60% of your monthly earnings, up to \$8,500 per month. The benefit waiting period is 90 days and could pay through social security normal retirement age.

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

Critical Illness Insurance

Administrator: Standard | www.standard.com

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. Your health insurance covers many of your treatment costs, but you still have a lot of expenses. This coverage helps fill the gap caused by out-of-pocket costs. The Standard's Critical Illness plan helps shield your finances by paying benefits directly to you; this means you get to decide how you spend the money.

What's covered?

Receive 100% of your coverage amount for:

- Heart Attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's Disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25% of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

Health Screening Benefit:

You and your loved ones receive a health screening benefit of \$100 per calendar year for visiting a doctor for a covered wellness screening.

Accident Insurance

Administrator: Standard | www.standard.com

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

- Deductibles
- Co-payments

This is 24- hour coverage, so it includes accidents that occur on or off the job. It also includes a benefit for an accidental death or covered dismemberment for you or your dependents. There are over 70+ benefits for covered injuries and treatments, such as:

- Burns
- Dislocations
- Eye injuries
- Concussions
- Fractures
- Ambulance
- Emergency Room
- X-Rays
- Hospital Admission
- Follow-up care
- Physical Therapy
- Transportation
- Lodging

And much more!

Benefits are paid directly to the employee without any restrictions on how they can be used.

Health Screening Benefit:

You and your loved ones receive a health screening benefit of \$50 per calendar year for visiting a doctor for a covered wellness screening.

Core Benefits available to all employees

Bronson HelpNet



Customized Employee Assistance Programs

Your employees are your most valuable asset. We're here to keep them happy, healthy & productive with uniquely tailored EAP solutions.

FREE Confidential Counseling for You, Your Dependents, and Your Household Members PLUS Other Great Services!

<p><u>Counseling</u></p> <p>If you are worried about your family, personal life or work, call HelpNet!</p>	<ul style="list-style-type: none"> • Free, confidential counseling for you, spouse, dependents, and household members. • A counselor will talk to you about your concerns and together you will decide the primary issues to be resolved. • If caught in the early stages, many problems can be handled in the HelpNet office in just a few sessions. • Our therapists are Master's prepared and we have a network of therapists throughout Ohio for your convenience. • Call us at 1-800-969-6162 to make your appointment today.
<p><u>Work Life Web Site</u></p> <p>Looking for additional resources to help you or a family member, simply check out HelpNet's WLW!</p>	<ul style="list-style-type: none"> • Comprehensive library of support topics including parenting, wellness, career development, consumer tips, and more. • Personalized login capability. • Online forums to connect with co-workers and peers on many topics. • Access to informative live or archived webinars. • Access to over 4,000 continually updated content items. • Log on and see what the Engagement Engine can do for you, it's easy: bronsonhelpnet.com click on Work Life Login and create a new account with your company code: ESC123
<p><u>Financial Assist</u></p> <p>If you have questions about a financial issue, speaking with a financial expert can help!</p>	<ul style="list-style-type: none"> • Free consultation with a financial counselor for you or your family members. • No appointment needed during regular business hours Monday through Friday. Saturday appointments available. • Online financial calculators, library of articles, and do-it-yourself tools to manage finances are also available. • Pocket Smith feature is a calendar-based software program to plan and achieve financial goals. • Call us at 1-800-969-6162 to make your appointment today or visit the Financial Center on the Work Life Web Site.
<p><u>Legal Assist</u></p> <p>If you have questions about a legal issue, speaking with expert legal counsel can help!</p>	<ul style="list-style-type: none"> • Free 30-minute consultation with an attorney by telephone or in person. • In most cases, discounted services available if you need additional legal support. • Nearly 100 do-it-yourself legal forms including basic wills. • Library of hundreds of legal articles and tip sheets. • Call us at 1-800-969-6162 to make your appointment today or visit the Legal Center on the Work Life Web Site.

bronsonhelpnet.com 1-800-969-6162

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 receive \$150.*



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

Important

2025 Benefits Enrollment

