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MIAMI COUNTY EMPLOYEE BENEFIT GUIDE



This packet provides a general overview of the employee benefits available to eligible employees. In the event of a discrepancy between the information contained in this packet and the applicable certificate of coverage, the certificate of coverage for each plan shall govern.

Employees who work in the office of an elected official or are covered by a collective bargaining agreement should be aware that certain benefits or provisions described in this packet may not apply due to the terms of their individual agreement, collective bargaining agreement, or departmental policies. Employees should consult their Department Head or applicable collective bargaining agreement for information specific to their employment.



A Message from Miami County Human Resources

Your health, well-being, and financial security matter to us. We recognize that the benefits you choose affect not only you, but also the people who depend on you. That is why Miami County is committed to providing a benefits program that offers meaningful choices, valuable resources, and support for you and your family through every stage of life. As we look ahead to 2027, our focus remains on helping you access quality coverage, understand your options, and make informed decisions that best meet your needs.

For 2027, Miami County received a **9.1% health insurance renewal** through the County Employee Benefits Consortium of Ohio (CEBCO), a favorable result compared to the consortium's overall renewal experience. Our continued participation in CEBCO helps us maintain access to quality healthcare coverage while managing costs for employees and the County. In addition to contributing toward monthly health insurance premiums, the County continues to support employees enrolled in qualifying high-deductible health plans through employer contributions to their Health Savings Accounts.

This year, we are pleased to introduce a **third health insurance plan option**, providing employees with greater flexibility to select coverage that best meets their individual and family needs. We are also expanding our voluntary benefit offerings with the addition of **LegalShield and IDShield**, providing access to legal services and identity theft protection. Additionally, we are introducing **Savi, a student loan assistance resource** designed to help employees better understand their repayment options, identify potential loan forgiveness opportunities, and navigate the student loan repayment process.

With more options available, it is especially important to understand how each plan works. The lowest monthly premium does not always mean the lowest overall cost. I encourage you to carefully review the plan comparisons and examples in this guide, attend a benefit meeting, and explore the many valuable programs and resources already available through your County benefits.

All benefits described in this guide are effective January 1, 2027. Our goal is to provide you with the information and resources necessary to make confident, informed decisions about your coverage.

I extend my sincere appreciation to the Board of Miami County Commissioners, the Miami County Insurance Committee, and our benefits broker, Benefits Analysis Corporation, for their continued collaboration and thoughtful work throughout the renewal process.

On behalf of the Board of Miami County Commissioners and the Miami County Insurance Committee, we wish you and your family continued health and wellness throughout the year ahead.

A handwritten signature in cursive script that reads "Angela Lewis".

Human Resources Director
Board of Miami County Commissioners

QUESTIONS? WE'RE HERE TO HELP!

The Human Resources team is here to support you throughout Open Enrollment and beyond. Whether you have questions about your benefits or need personalized assistance, we're happy to help. Simply scan the QR code to access ASK HR, where you can submit a question or schedule a one-on-one appointment with an HR team member. Questions submitted through ASK HR will receive a response within 24 business hours.



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GLOSSARY

ALLOWED AMOUNT

This is the maximum payment the plan will pay for a covered health service. May also be called “eligible expense”, “payment allowance”, or “negotiated rate”.

APPEAL

A request that your health insurer or plan review a decision that denies a benefit or payment (in whole or in part.)

BALANCE BILLING

When a provider bills you for the balance remaining on the bill that your plan does not cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$40, the provider may bill you for the remaining \$60. This happens most often when you see an out-of-network provider. A network provider may not balance bill you for covered services.

COPAY

A flat dollar amount paid for certain services.

COINSURANCE

The split-cost percentage between the plan and the member for services after the deductible has been met. For example, if you have a 20% coinsurance after meeting your deductible, you will pay \$40 for a covered service that costs \$200.

DEDUCTIBLE

The amount you pay for covered healthcare services before your insurance plan starts to pay some or all of the covered charges. Deductibles reset on January 1. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles.

DEPENDENT

Plans offered through Miami County allow employees to cover a dependent up to age 26, regardless of marital or student status, through the end of the month in which they turn 26. Children with disabilities who meet certain criteria may continue health coverage past age of 26 with proof of disability.

DIAGNOSTIC CARE

Diagnostic care given to diagnose or treat existing symptoms.

EMERGENCY MEDICAL CONDITION

An illness, injury, or symptom (including severe pain), or condition severe enough to risk serious danger to your health if you did not get medical attention right away. If you did not get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; 2) You would have serious problems with bodily functions; or 3) You would have serious damage to any part or organ of your body.

FORMULARY

A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost-sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost-sharing amount will apply to each tier.

MEDICALLY NECESSARY

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

NETWORK

Within the medical, dental and vision plans you have the freedom to use any provider. However, when you use an in-network provider, the amount you pay out-of-pocket will be based on a negotiated fee, which is usually

lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between the negotiated amount and what the provider originally billed.

OUT OF POCKET MAXIMUM

The amount of money you could pay during a plan year before insurance pays 100% of all covered services. Coinsurance does count toward your annual out of pocket maximum.

PLAN

Health coverage issued to you directly (individual plan) or through an employer, union, or other group sponsor (employer group plan) that provides for certain health care costs. Also called “health insurance plan,” “policy,” “health insurance policy,” or “health insurance.”

PREAUTHORIZATION

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment (DME) is medically necessary. Sometimes called “precertification” or “prior approval.” Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.

PREMIUM

The amount you pay from your paycheck for your insurance.

PREVENTATIVE CARE

Routine care, such as an annual physical, intended to keep you healthy. A service is considered preventative if there are no signs of illness and no indication that diagnostic services or treatment are needed.

PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

SCREENING

A type of preventative care that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

SPECIALIST

A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

SPECIALTY DRUG

A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

URGENT CARE

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

ELIGIBILITY

Rates and plans included in this guide will be effective on January 1, 2027 and remain in effect through December 31, 2027. **NEW HIRES must complete their benefit enrollments within 30 days of their start date.**

NEW HIRE ELIGIBILITY	QUALIFYING LIFE EVENTS	OPEN ENROLLMENT
As a newly hired or rehired benefits-eligible employee, you have 30 calendar days to enroll in benefits. After this time, changes can only be made with a qualifying life event.	You have 30 calendar days to make changes to your benefits if you experience a qualifying life event such as marriage, birth/adoption, divorce, or gaining or losing other coverage.	Open Enrollment gives you the opportunity to review and make changes to your benefits and covered dependents.
EFFECTIVE DATE		
First day of the month following 30 calendar days of employment.	Date of Qualifying Life Event.	Open Enrollment elections become effective on January 1.

REQUIRED DOCUMENTATION
If you are enrolling family members in a benefit plan due to a Qualifying Life Event, the following documentation must be uploaded during the UKG enrollment process. Contact HR if you have difficulty uploading the documentation.
SPOUSE
Social Security card and one of the following: Marriage License Copy of the first page of your previous year tax return showing “Married Filed Jointly” or “Married Filing Separately”
CHILD(REN)
Social Security card and the following: <u>Biological Children:</u> Birth Certificate <u>Adoption/Guardianship:</u> Court documents placing child with you <u>Stepchildren:</u> Legal marriage document & child’s birth certificate <u>Court-Ordered Dependents:</u> Court order establishing responsibility to provide dependent health insurance coverage

You are eligible to elect the benefits in this guide if you are a full-time employee in a benefits-eligible position or limited benefits if you are a part-time employee in a benefits-eligible position working on average 20 or more hours per week. Employees in temporary or seasonal positions are not eligible for benefits.

Employees who have elected coverage in a benefit plan may enroll their legal spouse and dependent children up to age 26 regardless of marital or student status, including:

- Son, daughter, stepson, or stepdaughter
- Legally adopted child
- Legally placed foster child
- Disabled child age 26 or older upon approval
- Child placed by an authorized agency or by judgement, decree, or other court order

ELIGIBILITY & WHEN BENEFITS BEGIN AND END

BENEFIT	MINIMUM HOURS PER WEEK WORKED TO BE ELIGIBLE	WHO PAYS		BENEFIT BEGINS		CHANGES ACCEPTED		BENEFIT ENDS	
		County	You	Hire Date	1 st of Month after 30 Days	Life Event	Open Enrollment	Last Day Worked	End of Month Worked
Medical (Dependents to age 26)	30 hours	•	•		•	•	•		•
HSA Contribution	30 hours	•			•	•	•	•	
Voluntary HSA Contribution	30 hours		•		•	Anytime		•	
Flex Spending: Healthcare	30 hours		•		•	•	•	•	
Flex Spending: Dependent Care	30 hours		•		•	•	•	•	
Dental (Dependents to age 26)	30 hours		•		•	•	•		•
Vision (Dependents to age 26)	30 hours		•		•	•	•		•
Basic Life & AD&D	30 hours	•			•	•	•	•	
Voluntary Life & AD&D	30 hours		•		•	•	•	•	
Assurity	N/A		•		•	•	•	•	
Employee Assistance Program	N/A	•		•		•	•	•	
OPERS	N/A	•	•	•		•	•	•	
Deferred Compensation	N/A		•	•		•	•	•	
LegalShield & IDShield	N/A		•	•		•	•	•	
Savi	N/A		•	•		•	•	End of calendar year	
YMCA	N/A	•	•	•		Anytime			•

CONTINUING COVERAGE UNDER COBRA

To help you continue your health coverage, Congress passed the Consolidated Omnibus Reconciliation Act (COBRA) in 1986. Under COBRA, you are eligible to purchase medical only, dental/vision only, or medical/dental/vision coverage under certain circumstances when your group health plan coverage with Miami County ends. If you are a Miami County employee and have medical, dental and/or vision coverage, you and your covered family members have the right to elect COBRA continuation coverage for up to 18 months if your coverage is lost because of one of these qualifying events:

- Your employment ends for a reason other than gross misconduct or
- Your work hours are reduced to the point where you no longer are eligible for benefits

The 18-month COBRA continuation period may be extended to 29 months if you or a family member (who is a qualified beneficiary) is disabled according to Social Security at the time of one of the above qualifying events. This 11-month extension is available to all qualified beneficiaries who lose coverage due to termination of employment or a reduction of hours.

Covered family members have the right to choose COBRA continuation coverage for up to 36 months if coverage is lost for any of these qualifying events:

- Death of the employee
- Divorce or legal separation of the employee and spouse or dissolution of the
- Domestic partnership
- A child loses coverage (turns 26)

The Life and Disability plans have conversion options. Consult your plan documents for more information.

2027 PAYROLL DEDUCTIONS

Deductions are taken from the first and second paychecks of each month. There are two months with a third paycheck from which no benefit deductions are withheld. Payroll deductions are taken one month in advance for all benefits except Assurity, HSA, and Flex Spending, which are taken for the current month.

[*A printable 2027 Payroll Calendar can be found at the end of this guide.*](#)



WHY IT MATTERS

Choosing beneficiaries isn't just another form. It determines who will receive certain benefits—such as life insurance, retirement accounts, and other eligible plans—if something happens to you. In many cases, your beneficiary designation **takes precedence over the instructions in your will.**



REVIEW YOUR BENEFICIARIES IF YOU HAVE EXPERIENCED:



Marriage or divorce



The birth or adoption of a child



The death of a beneficiary



A significant change in your family or personal relationships



Any major life event that affects your estate planning



DON'T FORGET YOUR CONTINGENT BENEFICIARY

A contingent beneficiary receives your benefits if your primary beneficiary is unable to do so. Naming both a primary and contingent beneficiary can help avoid delays and ensure your wishes are carried out.



FIVE-MINUTE CHECK

Take a few minutes to make sure your information is up to date.



Is my primary beneficiary information correct?



Have I named a contingent beneficiary?



Have I experienced any life changes since my last review?



Are my beneficiary designations still consistent with my wishes?



MAKE IT AN ANNUAL HABIT

Even if nothing has changed, take a moment during Open Enrollment each year to confirm your beneficiary information is accurate and up to date.



IMPORTANT

If you name a minor child as a beneficiary, additional legal steps may be required before benefits can be paid. In most cases, a court must appoint a guardian or custodian to manage the funds until the child reaches the age of majority.

Consider consulting an attorney or financial advisor when making beneficiary decisions.

EMPLOYEE BENEFITS SELF-SERVICE

U K G R E A D Y

1

Navigate to UKG



Scan/click the QR code, click on Benefits Self-Service Portal at help.miamicountyohio.gov, or download the **UKG Ready** app from the App Store or Google Play.

UKG is available from any location - you do not need to be on Miami County's system.

2

Log into your UKG account



Company Short Name: **6163172**

Username: First Initial + Last Initial + Last 4 of SSN

Example: Susie Hire 110-02-2023 = **SH2023**

Forgotten Password: Click **FORGOT PASSWORD**

3

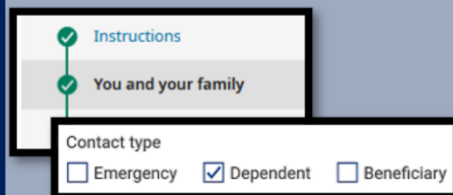
Begin Enrollment



Click on **MY BENEFITS > START OPEN ENROLLMENT**

4

Review your contact information



Review contacts, dependents, and beneficiaries by clicking on **YOU AND YOUR FAMILY**.

Each contact must have **at least one** box checked.

- **EMERGENCY:** Contact in case of an emergency
- **DEPENDENT:** Listed as a possible enrollee for applicable benefits.
- **BENEFICIARY** Listed as a possible beneficiary on applicable benefits.

5

Make your elections



Review each benefit screen carefully. Your 2026 elections will be shown on each screen.



Be sure to click **SUBMIT** when you are finished making your elections.

HEALTH INSURANCE PLANS



BENEFITS	PPO	STANDARD HIGH-DEDUCTIBLE PLAN	AGGREGATE HIGH-DEDUCTIBLE PLAN
DEDUCTIBLE TYPE	EMBEDDED	EMBEDDED	NON-EMBEDDED
SINGLE			
Deductible	\$500	\$3,500	\$1,750
Max Out of Pocket	\$2,500	\$3,500	\$3,500
FAMILY			
Deductible	\$1,000	\$7,000	\$3,500
Max Out of Pocket	\$5,000	\$7,000	\$7,000
SERVICES			
Preventative Care	Covered in Full	Covered in Full	Covered in Full
Primary Care	\$20 Copay	Deductible then 0%	Deductible then 10%
Specialist Care	\$40 Copay	Deductible then 0%	Deductible then 10%
Telehealth - Medical	Covered in Full	\$59	\$59
Telehealth - Behavioral	Covered in Full	\$80	\$80
Urgent Care	\$50 Copay	Deductible then 0%	Deductible then 10%
Emergency Room	\$250	Deductible then 0%	Deductible then 10%
Hospital	Deductible then 20%	Deductible then 0%	Deductible then 10%
PRESCRIPTIONS			
30 Day			
Tier 1	\$10	Deductible then 0%	Deductible then 10%
Tier 2	\$20	Deductible then 0%	Deductible then 10%
Tier 3	\$40	Deductible then 0%	Deductible then 10%
90 Day			
Tier 1	\$20	Deductible then 0%	Deductible then 10%
Tier 2	\$40	Deductible then 0%	Deductible then 10%
Tier 3	\$80	Deductible then 0%	Deductible then 10%
Preventative Rx List	Not Applicable	Applicable	Applicable

For 2027, Miami County employees can choose from **three health insurance plans**: a traditional Preferred Provider Organization (PPO) plan, a Standard High-Deductible Health Plan (HDHP), and an Aggregate High-Deductible Health Plan (HDHP).

All three plans are administered by Anthem through Miami County's partnership with the County Employee Benefits Consortium of Ohio (CEBCO). Spouses are eligible for coverage regardless of whether they have access to health insurance through another employer.

The table above provides an overview of the in-network benefits available under each plan. Additional information, including out-of-network coverage, is available on the following pages and in the official plan documents.

Your Biweekly Deduction	PPO	STANDARD HDHP	AGGREGATE HDHP
Employee	\$114.01	\$60.59	\$61.49
Employee + Spouse	\$251.16	\$133.49	\$135.47
Employee + Child(ren)	\$204.88	\$108.88	\$110.51
Family	\$342.03	\$181.78	\$184.48

The Board of Miami County Commissioners pays approximately 86% of the monthly premiums for the high-deductible plan and approximately 75% of the monthly premiums for the PPO plan.

Understanding Embedded and Non-Embedded Deductibles

The PPO and Standard HDHP have **embedded deductibles and out-of-pocket maximums**. This means each covered family member has individual limits, in addition to the overall family limits. Once an individual meets their applicable limit, the plan begins paying benefits at the corresponding level for that person, even if the family limit has not been reached. Expenses incurred by all covered family members also count toward the family limits.

The Aggregate HDHP has **non-embedded family deductibles and out-of-pocket maximums**. When covering more than one person, the entire family deductible must be met before the plan begins paying benefits subject to the deductible. Expenses from all covered family members contribute toward the family deductible and out-of-pocket maximum, but individual family members do not have separate embedded limits under this plan.

What Will Each Plan Actually Cost?

The lowest monthly premium does not always mean the lowest overall cost. When comparing plans, consider your monthly premiums, deductibles, coinsurance, out-of-pocket limits, and the County's HSA contributions.

The following examples show how the same medical expenses can result in different costs depending on the plan selected.

Example 1: Family Coverage

Diane Smith enrolls herself, her husband Jack, and their two children in Miami County's health insurance.

IMPORTANT: How the Aggregate HDHP Works for Families

Unlike the Standard HDHP and PPO, the Aggregate HDHP does not have a separate individual deductible for family coverage.

One family member could be responsible for satisfying the entire \$3,500 family deductible.

Once the family deductible is met, the plan begins paying 90% of covered in-network expenses, and the family pays 10%, until the applicable out-of-pocket maximum is reached.

The Standard HDHP works differently. Each covered family member has their own \$3,500 deductible and out-of-pocket maximum, regardless of the medical expenses incurred by other family members.

Plan Comparison



	Standard HDHP	Aggregate HDHP	PPO
Family deductible	\$7,000	\$3,500	\$1,000
Individual deductible	\$3,500	<i>not applicable (family limit applies)</i>	\$500
Family out-of-pocket maximum	\$7,000	\$7,000	\$5,000
Individual out-of-pocket maximum	\$3,500	<i>not applicable (family limit applies)</i>	\$2,500
Coinsurance	0%	10%	20%
Monthly premium	\$363.56	\$368.96	\$684.06

Medical Event 1: Diane's Surgery

In March, Diane has outpatient surgery with an in-network provider. The allowable billable amount from the provider is \$5,500.

	Standard HDHP	Aggregate HDHP	PPO
Deductible paid	\$3,500	\$3,500	\$500
Coinsurance paid	\$0	\$200	\$1,000
Diane's total cost	\$3,500	\$3,700	\$1,500

Under the Standard HDHP, Diane reaches her individual out-of-pocket maximum and will not pay additional costs for covered in-network services for the remainder of the plan year.

Under the Aggregate HDHP, Diane satisfies the entire family deductible. However, she continues to pay 10% coinsurance until the family reaches its out-of-pocket maximum.

Coinsurance is the split-cost percentage between the plan and the member for services after the deductible has been met.

For example, if you have a 20% coinsurance after meeting your deductible, you will pay \$40 for a covered service that costs \$200.

Medical Event 2: Jack's Procedure

In June, Jack has an outpatient procedure with an in-network provider. The allowable billable amount from the provider is \$2,500.

	Standard HDHP	Aggregate HDHP	PPO
Deductible paid	\$2,500	\$0	\$500
Coinsurance paid	\$0	\$250	\$400
Jack's total cost	\$2,500	\$250	\$900

Under the Aggregate HDHP, Diane has already satisfied the shared family deductible, so Jack pays only 10% coinsurance.

Under the Standard HDHP and PPO, Jack's expenses are first applied toward his individual deductible. Under the PPO, the remaining expenses are subject to 20% coinsurance once his deductible is met.

Medical Event 3: Diane's Second Surgery

In September, Diane needs another outpatient surgery with an in-network provider. The allowed amount is \$10,000.

	Standard HDHP	Aggregate HDHP	PPO
Deductible paid	\$0	\$0	\$0
Coinsurance paid	\$0	\$1,000	\$1,000
Diane's total cost	\$0	\$1,000	\$1,000

Under the Standard HDHP, Diane has already reached her individual out-of-pocket maximum, so she pays nothing for this surgery.

Under the Aggregate HDHP, the family has satisfied its deductible but has not reached its out-of-pocket maximum. Diane continues paying 10% coinsurance.

Under the PPO, Diane pays \$1,000 in coinsurance, bringing her total annual out-of-pocket expenses to her \$2,500 individual maximum.

[Annual Cost Comparison](#)

	Standard HDHP	Aggregate HDHP	PPO
Annual premiums	\$4,362.72	\$4,427.52	\$8,208.72
Diane's medical expenses	\$3,500	\$4,700	\$2,500
Jack's medical expenses	\$2,500	\$250	\$900
Total before HSA contribution	\$10,362.72	\$9,377.52	\$11,608.72
County HSA contribution	-\$2,000	-\$2,000	\$0
Estimated annual cost after HSA contribution	\$8,362.72	\$7,377.52	\$11,608.72

[What does this example show?](#)

Standard HDHP

Diane pays nothing for her second surgery because she has already reached her individual out-of-pocket maximum. Jack's expenses are tracked separately.

Aggregate HDHP

Diane satisfies the entire family deductible with her first surgery, allowing Jack to benefit from coinsurance immediately. However, Diane continues paying coinsurance because the family has not reached its shared out-of-pocket maximum.

PPO

Diane and Jack have lower individual deductibles, but their monthly premiums are substantially higher. Diane reaches her individual out-of-pocket maximum following her second surgery.

Example 2: Employee-Only Coverage



Now let's look at how the plans compare when Diane enrolls in employee-only coverage. Unlike family coverage, each plan has an individual deductible and out-of-pocket maximum.

[Plan Comparison](#)

	Standard HDHP	Aggregate HDHP	PPO
Deductible	\$3,500	\$1,750	\$500
Out-of-pocket maximum	\$3,500	\$3,500	\$2,500
Coinsurance	0%	10%	20%
Monthly premium	\$121.18	\$122.98	\$228.02

[Diane's Surgery](#)

Diane has outpatient surgery with an in-network provider. The allowable billable amount from the provider is \$5,500.

	Standard HDHP	Aggregate HDHP	PPO
Deductible paid	\$3,500	\$1,750	\$500
Coinsurance paid	\$0	\$375	\$1,000
Total medical cost	\$3,500	\$2,125	\$1,500

Annual Cost Comparison

	Standard HDHP	Aggregate HDHP	PPO
Annual premiums	\$1,454.16	\$1,475.76	\$2,736.24
Medical expenses	\$3,500	\$2,125	\$1,500
County HSA contribution	−\$1,000	−\$1,000	\$0
Estimated annual cost after HSA contribution	\$3,954.16	\$2,600.76	\$4,236.24

REMEMBER: The lowest-cost plan in these examples may not be the lowest-cost plan for you. Your actual costs will depend on your medical needs and the services you receive. The Standard HDHP provides separate individual limits for covered family members, while the Aggregate HDHP uses shared family limits. Consider both your expected medical expenses and your ability to manage unexpected costs when choosing a plan.

These examples assume covered in-network services, no prior medical expenses during the plan year, and receipt of the full annual County HSA contribution. Annual cost estimates reflect employee premiums and medical expenses, less the County's HSA contribution. HSA contributions are deposited quarterly and may be used to pay eligible medical expenses. Unused HSA funds remain in the employee's account. County HSA contributions are not available under the PPO. Actual costs may vary.

UNDERSTANDING HOW YOUR MEDICAL PROCEDURES ARE COVERED

Know what to expect before receiving care.

Understanding how your health insurance works can help you avoid unexpected medical expenses. Before scheduling a procedure, take a few minutes to confirm your coverage, understand your potential costs, and determine whether prior authorization is required.

PREVENTIVE, DIAGNOSTIC, AND TREATMENT SERVICES

PREVENTIVE CARE: Routine screenings and services intended to identify potential health concerns before symptoms develop, such as certain mammograms, colonoscopies, and annual preventive examinations. Eligible preventive services are generally covered at 100% when provided by an in-network provider. However, additional services or tests performed during the same visit may result in out-of-pocket costs.

DIAGNOSTIC CARE: Tests or procedures used to investigate symptoms, evaluate an abnormal screening result, or diagnose a medical condition. Examples include imaging ordered for persistent pain or a colonoscopy performed to evaluate symptoms. Deductibles, copays, or coinsurance may apply depending on your health plan.

MEDICAL TREATMENT: Services intended to treat an existing medical condition, such as surgery, physical therapy, or other medical procedures. Your share of the cost depends on your selected health plan, the services received, and whether your providers are in-network.

BEFORE SCHEDULING A PROCEDURE

To better understand your coverage and potential costs:

1. **Confirm your providers are in-network.** Ask about the physician, facility, and other providers involved in your care, such as anesthesiologists.
2. **Ask whether prior authorization is required.** Your healthcare provider typically submits the request, but you should confirm approval before receiving care.

3. **Request an estimate of your costs.** Ask your provider for the procedure's billing codes and contact Anthem to understand how your benefits may apply.
4. **Review your deductible and out-of-pocket maximum.** The amount you have already paid toward these limits can significantly affect your remaining costs.

AFTER RECEIVING CARE

Anthem will process your claim according to your plan's benefits. You will receive an Explanation of Benefits (EOB) showing the amount billed, the allowed amount, what your plan paid, and any amount you may owe.

An EOB is not a bill. Compare it with any bill you receive from your healthcare provider.

Once you reach your plan's applicable in-network out-of-pocket maximum, your plan pays 100% of covered in-network expenses for the remainder of the plan year.

HAVE QUESTIONS?

Contact Anthem using the Member Services number on your insurance ID card. Anthem can help explain your coverage, prior authorization requirements, estimated costs, and how your claims were processed.

CEBCO DIABETIC SUPPLY BENEFIT



Coverage for diabetic supplies for Durable Medical Equipment (DME) to control diabetes can be difficult to navigate. Some items are covered through prescription benefits while others are covered through medical benefits. To access benefits for diabetic supplies, you must have a prescription. The items listed below are covered at the levels indicated with a prescription through your benefit with **Anthem Rx** when purchased through a pharmacy.

NO EXPENSE TO YOU:

- Lancets
- Test Strips
- Needles
- Syringes
- Ketone Strips

COINSURANCE RESPONSIBILITY:

- Meters
- Alcohol Swabs
- Freestyle Libre
- Freestyle Libre 2
- Dexcom G6
- Omnipod
- Omnipod Dash

DEDUCTIBLE & COINSURANCE:

- Infusion Sets
- Reservoirs
- Insulin Pump
- Tubing
- Pump Supplies

These are considered supplies to equip Durable Medical Equipment (DME).

CEBCO's benefits for diabetic supplies follow accepted insurance guidelines.

HEALTH SAVINGS ACCOUNT



www.parknationalbank.com

1.888.474.7275

THESE ACCOUNTS ARE ONLY FOR THOSE INDIVIDUALS ENROLLED IN THE HIGH-DEDUCTIBLE HEALTH PLAN

A Health Savings Account (HSA) helps you pay for out-of-pocket medical expenses and save for future costs. The funds can be spent on a variety of things, including trips to the chiropractor, purchasing eyeglasses, and paying for your prescription

medications - giving you flexibility on how and where you spend your money. These accounts are tax-advantaged, and the balances roll over from year to year.

Miami County's Contribution To Your HSA Account

Miami County contributes money quarterly into a health savings account for employees enrolled in the high-deductible health plan. The funds are distributed equally on the 10th (or the first business day following) of January, April, July, and October.

To be eligible for an HSA contribution, you must have an HSA set up with Park National Bank and be:

- in an active pay status with Miami County on the day the funds are distributed, and
- enrolled a high-deductible health plan through Miami County

Maximum Contribution Amounts

The County contributions and any individual contributions you choose to make cannot exceed the 2027 IRS limits.

ENROLLMENT LEVEL	IRS LIMIT	COUNTY CONTRIBUTION	MAX EMPLOYEE CONTRIBUTION
Individual	\$4,500	\$1,000	\$3,500
Family	\$9,000	\$2,000	\$7,000
Catch-Up Contributions (<i>Age 55+</i>)	\$1,000	-	\$1,000

Setting Up Your Account

Miami County partners with Park National Bank for HSA accounts. Simply visit one of branches below to set up your account. If you are unable to go to a location during regular business hours, contact HR for assistance.

Troy
1314 W. Main Street
937.339.6626

Piqua – West
1603 Covington Ave.
937.778.4617

Piqua – Downtown
215 N. Wayne Street
937.615.1042

Important Note Regarding Medicare & HSA Plans

If your spouse is enrolled in Medicare, the County's HSA contribution will be based on the single coverage amount. However, you may still qualify for the IRS family HSA contribution limit if you maintain qualifying family high-deductible health plan coverage and are otherwise HSA-eligible. The County's contribution counts toward your annual IRS limit. Please refer to IRS guidelines, including Publication 969, or consult a tax professional for specific eligibility and contribution rules.

PREVENTATIVE DRUG LIST

**THIS BENEFIT APPLIES ONLY FOR THOSE
INDIVIDUALS ENROLLED IN THE HIGH-
DEDUCTIBLE HEALTH PLAN**

PreventiveRxSM Drug List: Enhanced Plan (National Drug List)



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.

Not all drugs on this list may be covered by your plan. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

ASTHMA

Advair HFA
albuterol sulfate hfa
albuterol sulfate
nebulization soln, syrup,
tabs
Arnuity Ellipta
Breo Ellipta
budesonide/formoterol
aerosol
budesonide inhalation
suspension
cromolyn sodium
nebulization soln
elixophyllin
Flovent Diskus
Flovent HFA
fluticasone/salmeterol blistr
powder for inhalation
levalbuterol nebulization
soln
levalbuterol tartrate HFA
metaproterenol sulfate
syrup, tabs
montelukast
Perforomist
ProAir HFA
ProAir RespiClick
QVAR
Serevent Diskus
Spiriva RespiMat
Symbicort
terbutaline sulfate injection,
tabs
Theo-24
theochron
theophylline, ER, CR
Ventolin HFA
wixela inhub
zafirlukast

BLOOD CLOTS

Brilinta

Eliquis
heparin
jantoven
warfarin
Xarelto

DIABETES

*Diabetic supplies including
blood glucose meters, test
strips and lancets require a
prescription to be covered
by this plan. Only blood
glucose meters & blood
glucose test strips by
Lifescan & Roche will be
covered by this benefit.*

acarbose
ActoPlusMet XR
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
chlorpropamide
Farxiga
glimepiride
glipizide
glipizide er/xl
glipizide with metformin hcl
glyburide
glyburide with metformin
hcl
glyburide, micronized
Humalog
Humalog KwikPen
Humulin
Humulin KwikPen
Insulin Lispro
Insulin Lispro Junior
Insulin Lispro Pen
Insulin Lispro Protamin
Janumet
Janumet XR
Januvia
Jardiance

Lantus
Lantus Solostar
Levemir
Levemir Flexpen
Levemir FlexTouch
metformin hcl
metformin hcl er (Generic
for Glucophage XR)
miglitol
nateglinide
Ozempic
pioglitazone
pioglitazone- glimepiride
pioglitazone- metformin
repaglinide
repaglinide- metformin
Rybelsus
Symlin
Synjardy
Synjardy XR
tolazamide
tolbutamide
Toujeo
Tresiba
Tresiba FlexTouch
Trulicity
Victoza
Xigduo XR

HEART HEALTH AND HIGH BLOOD PRESSURE

acebutolol hcl
acetazolamide
afeditab cr
amiloride hcl
amiloride/ hctz
amlodipine besylate
amlodipine/ benazepril
amlodipine/ olmesartan
amlodipine/ valsartan
amlodipine/ valsartan/ hctz
atenolol
atenolol/ chlorthalidone

benazepril hcl
benazepril hcl/ hctz
betaxolol hcl
Bidil
bisoprolol fumarate
bisoprolol fumarate/ hctz
bumetanide
candesartan
candesartan/ hctz
captopril
captopril/ hctz
cartia XT
carvedilol
carvedilol er
chlorothiazide
chlorthalidone
clonidine tabs, patches
digitek
digox
digoxin
Dilatrate SR
diltiazem cd
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril maleate
enalapril/ hctz
epplerenone
eprosartan
ethacrynic acid tabs
ezetimibe
ezetimibe/simvastatin
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydralazine hcl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz

PreventiveRxSM Drug List: Enhanced Plan (National Drug List)



isosorbide dinitrate
isosorbide dinitrate er
isosorbide mononitrate
isosorbide mononitrate er
isradipine
labetalol hcl
lisinopril
lisinopril/ hctz
losartan
losartan/ hctz
matzim la
methazolamide
methyclothiazide
methylidopa
methylidopa/ hctz
metolazone
metoprolol succinate er
metoprolol tartrate
metoprolol tart/ hctz
minitran
minoxidil
moexipril hcl
moexipril/ hctz
nadolol
nadolol/
bendroflumethiazide
nicardipine hcl
nifedipine
nifedipine er
nimodipine
nisoldipine er
Nitro-Dur 0.3, 0.8mg/ hr
nitroglycerin
nitroglycerin 400 mcg spray
nitroglycerin er
nitroglycerin lingual
nitroglycerin sl tabs
olmesartan
olmesartan/ hctz
olmesartan/amlodipine/
hctz
perindopril
pindolol
prazosin hcl
propranolol hcl
propranolol hcl er
propranolol/ hctz
quinapril hcl
quinapril/ hctz
ramipril
ranolazine er
sorine

sotalol hcl
sotalol hcl af
spironolactone
spironolactone/ hctz
taztia xt
telmisartan
telmisartan/ amlodipine
telmisartan/ hctz
terazosin hcl
tiadylt
timolol maleate tablet
torsemide
trandolapril
trandolapril/ verapamil
triamterene/ hctz
valsartan
valsartan/ hctz
verapamil hcl
verapamil hcl er

HEART RATE AND RHYTHM

amiodarone
disopyromide
flecainide
mexiletine
Norpace CR
pacerone
propafenone
propafenone ER
quinadine
quinidine ER, CR

HIGH CHOLESTEROL

atorvastatin
atorvastatin/ amlodipine
cholestyramine
cholestyramine light
colesevelam
colestipol hcl
ezetimibe
ezetimibe-simvastatin
fenofibrate (43, 50, 67, 130,
134, 150, 200 mg capsules
& 40, 48, 54, 120, 145,
160mg tablets)
fenofibric acid
fluvastatin
fluvastatin ER
gemfibrozil
lovastatin
niacin ER

pravastatin
prevalite
rosuvastatin
simvastatin

MALARIA

atovaquone/proguanil
chloroquine
mefloquine
primaquine

MENTAL HEALTH

amitriptyline
amoxapine
aripiprazole
aripiprazole ODT
bupropion
bupropion SR
bupropion XL
carbamazepine
carbamazepine ER
chlorpromazine
citalopram
clomipramine
clozapine
clozapine ODT
desipramine
desvenlafaxine ER
Dilantin
divalproex sodium DR, ER
Doxepin
duloxetine
Epitol
escitalopram
ethosuximide
felbamate
fluoxetine tablets 10 mg, 20
mg
fluoxetine capsules, solution
fluoxetine DR
fluphenazine
fluvoxamine
fluvoxamine ER
gabapentin
haloperidol tablets
Imipram
imipramine tablets,
capsules
lamotrigine
lamotrigine ER
lamotrigine ODT
levetiracetam

levetiracetam ER
lithium
lithium ER
loxapine
maprotiline
mirtazapine
mirtazapine ODT
molindone
nefazodone
nortriptyline
olanzapine
olanzapine ODT
oxcarbazepine
paliperidone ER
paroxetine
paroxetine ER
perphenazine
phenelzine
phenytoin
phenytoin ER
pregabalin
primidone
prochlorperazine
protriptylin
quetiapine
quetiapine ER
risperidone
risperidone ODT
roweepra
sertraline
subvenite
thioridazine
thiothixene
tiagabine
topiramate
topiramate ER
tranylcypromine
trazodone
trifluoperazine
trimipramine
Trokendi XR
valproic acid
venlafaxine
venlafaxine ER
ziprasidone
zonisamide

OSTEOPOROSIS

alendronate sodium
amabelz
calcitonin- salmon
Climara Pro

Combipatch
dotti
estradiol tab, patch
estradiol/
norethindrone
acetate
estropiate
Fosamax Plus D
ibandronate sodium
tablets
Jevantique
jinteli
medroxyprogesterone
acetate
Menest
norethindrone-ethinyl
estradiol
Premarin tablets
Premphase
Prempro
raloxifene
risedronate

STROKE

aspirin- dipyridamole
ER
cilostazol
clopidogrel bisulfate
dipyridamole
prasugrel

**THIS BENEFIT
APPLIES ONLY FOR
THOSE INDIVIDUALS
ENROLLED IN THE
HIGH-Deductible
HEALTH PLAN**

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICESM Managed Care, Inc. (RIT), Healthy AllianceSM Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. A00526ANMENABS Rev. 4/1/2021

FLEXIBLE SPENDING ACCOUNTS



www.naviabenefits.com

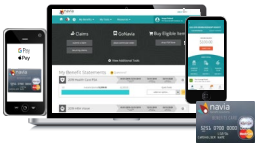
1.800.247.4695

Account Code: MUO

With a Flexible Spending Account (FSA), you can save money pretax for healthcare expenses, including medical, dental, and vision, that are either not covered or only partially covered by your insurance plan. These expenses can be for you, your spouse, or child(ren) even if they are not enrolled in a health insurance plan with you.

Claims can be submitted until March 31, 2028 for expenses incurred through March 15, 2028. You will lose any amounts remaining after the run-out period so it is important to plan your contributions carefully.

Accessing Your Account



Download the MyNavia mobile app by searching for “Navia Benefits” in the Google Play or Apple App Store. If you have not previously created an online account, you can do so within the app by clicking on “Register Online”. Use the account code **MUO** when prompted.

You can also access your account online at <https://www.naviabenefits.com>

Dependent Care Flexible Spending Account

Dependent care expenses can be paid for from this FSA account, including daycare or after-school care for children under 13 years of age, an elderly person or a person with disabilities as long as they are claimed as a dependent on your tax return. Unused funds are forfeited after a run-out period following the end of the plan year.

Your contributions to the Dependent Care account cannot exceed the limit of \$7,500 (or \$3,750 for married individuals filing separately) set forth by the IRS. Unlike a Healthcare FSA, a Dependent Care FSA is not pre-funded. This means your total annual election is not immediately available at the beginning of the plan year.

In addition to the standard [Life Event](#) list, you can also make the following mid-year changes to your Dependent Care FSA if you experience any of the following events:

- A change in your day care costs, such as a rate decrease or increase, or receiving free day care.
- A change in your need for day care (e.g., your spouse loses employment or has a change in work schedule).
- Your dependent ceases to satisfy the eligibility requirements.

Healthcare Flexible Spending Account

The Healthcare Flexible Spending Account cannot be utilized in conjunction with a high-deductible health plan.

A Healthcare FSA is a personal expense account that allows you to set aside a portion of your salary pre-tax to pay for qualified medical expenses.

Healthcare FSAs can be used to pay for eligible expenses, including medical, prescription drugs, dental, and vision. Copays, co-insurance, and deductibles can be paid from these accounts. Healthcare FSA account balances can carry-over up to \$700 annually for 2027 enrollments. This option is limited only to individuals not enrolled in a High-Deductible Health Plan or contributing to an HSA account.

Your contributions to the Health Care account cannot exceed the annual limit set by the IRS, which for 2027 is \$3,500.

Visit Miami County's HR page for a listing of eligible expenses under a Healthcare Flexible Spending Account.

ENROLLEES IN A HIGH-DEDUCTIBLE HEALTH PLAN ARE NOT ELIGIBLE TO ENROLL IN THIS ACCOUNT.

PROTECTING YOUR PRIVACY



Protecting your privacy

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive the best treatments for certain health conditions. They review the information your doctor sends us before, during, or after your treatment. We also use case managers. They're licensed healthcare professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

For additional information about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
 - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services?

Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

For full details, read your plan document, which has all the details about your plan. You can find it on [anthem.com](https://www.anthem.com).

WELLNESS AT MIAMI COUNTY



Complete activities to earn rewards!

The CEBCO Rewards 200 program connects you with digital health and wellness tools that can help you live healthier. Complete any of the activities listed below between July 1, 2026, and June 30, 2027, and you'll earn up to **\$200** in rewards to apply to electronic gift cards. This program, sponsored by your employer, is open to you and your covered spouse or partner.

ACTIVITY TYPE	ACTIVITIES	AMOUNT
Preventive Care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventative wellness exam or well-woman exam with your doctor.	\$50
	Get an annual cholesterol test (men over 35 and women over 40). ^{1 2}	\$25
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have a prostate cancer screening (men ages 55 to 69)	\$25
Condition Management Rewards are added to your account as you meet benchmarks or complete a program.	Work one-on-one with your ConditionCare health coach and earn rewards for participating in and completing the program. ³	\$25
	Receive two annual A1c tests (for members diagnosed with diabetes). ¹	\$25
Digital & Wellness Activities Rewards are added to your account as you complete activities on the SydneySM Health app or on anthem.com .	Log in to the Sydney Health app.	\$25
	Complete a health assessment and receive tailored health recommendations.	\$25
	Track your steps.	Up to \$50 (\$2 per 50,000 steps tracked)
	Complete team challenges throughout the year (four challenges are offered).	Up to \$100 (\$25 per challenge)

Earn and redeem your rewards

1. To view your rewards, log in to [Sydney Health](#), or go to [anthem.com](#).
2. Next, go to **Access Care** and select **My Health Dashboard**.
3. You can select **My Rewards** to see a snapshot of your reward status, as well as ways to earn more rewards.
4. You also can select **Redeem Rewards** to see how much you have earned.⁴

Use your rewards toward electronic gift cards for popular retailers, such as Amazon, Apple®, all Gap brands, Target, The Home Depot®, T.J. Maxx®, Uber, and Uber Eats. Minimum gift card amounts are set by each individual retailer.

You must redeem your rewards by September 30, 2026.



Scan this QR code to view your rewards on the [Sydney Health](#) app.⁴



1 All preventive care activities and diagnostic A1c lab tests should be processed through Anthem Blue Cross and Blue Shield claims in order to trigger the respective reward.

2 Annual cholesterol test eligibility: men 35 years and older and women 40 years and older with a full cholesterol (lipid) panel.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for completion of one of five ConditionCare programs: chronic obstructive pulmonary disease, coronary artery disease, asthma, diabetes, and congestive heart failure. Reward is \$25 for program completion.

4 Rewards must be redeemed by September 30, 2026. Minimum gift card amounts are set by each individual retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse or domestic partner. Members must be active on the plan, and their activity must take place during the plan year. A subscriber and spouse or domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to [anthem.com](#) or open the Sydney Health app to see the electronic gift card options available to you.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

SYDNEY HEALTH APP

The Sydney Health app gives Anthem members convenient access to health plan information and digital health resources.

- Access your digital member ID card.
- Review health plan information and benefits.
- Find care and health resources.
- Connect with available wellness and health programs.

Download the Sydney Health app and sign in with your Anthem member information. Features vary by plan.

SMARTSHOPPER

SmartShopper helps members compare costs and identify lower-cost options for eligible healthcare services.

Earn cash rewards up to \$500 with SmartShopper.

Since SmartShopper is part of your benefits, there are no extra steps or fees. It's quick & easy to compare costs and cash reward amounts before scheduling your procedure. And the best part? Your cash reward will be sent automatically.



Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

For technical support call: 866-755-2680

Compare locations at SmartShopper.com or call the Care Concierge Team at **866-285-7078**.

It's Simple To Use

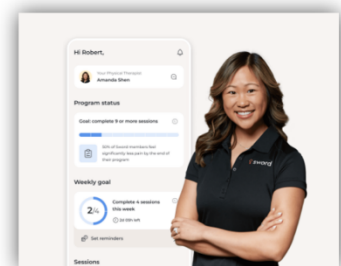
Schedule your appointment or let the Care Concierge Team do it for you.

Earn your cash reward by having your appointment within the year.

SWORD: A BETTER WAY TO FEEL BETTER

SWORD Health provides digital physical therapy and musculoskeletal care through personalized programs.

Eligible employees and enrolled family members may be able to access the program at no cost.



Here's how it works

- Pick Your PT**
Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.
- Get Your Sword Kit**
Your kit comes with your own tablet, and will provide you and your PT with real-time feedback.
- Stay Connected**
Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.
- Feel the Relief**
Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.



Download the app and start today.

LIVEHEALTH ONLINE

LiveHealth Online provides virtual healthcare visits for eligible members, allowing you to connect with a provider online.

Care options include:

- Annual Wellness: Preventive care, screenings, chronic condition support, and referrals.
- Virtual Primary Care: Routine checkups and ongoing care with a virtual PCP.
- 24/7 Urgent Care: Treatment for common illnesses and conditions, with prescriptions sent to your pharmacy when needed.
- Allergy Care: Virtual treatment for common allergy symptoms.
- Therapy & Psychiatry: Online mental health support, including therapy and medication management.



Get started today! LiveHealth Online is available through the SydneySM Health and LiveHealth Online apps, or [Anthem.com](https://www.anthem.com) and [LiveHealthOnline.com](https://www.LiveHealthOnline.com)

What's the cost of a LiveHealth Online visit?

PPO plans are covered in full, H.S.A. plans pay:

- \$59 per visit with a medical doctor
- \$95 per visit with a dermatologist
- \$80 per visit with a licensed therapist
- \$95 per visit with a psychologist
- \$175 for an initial evaluation by a psychiatrist and \$75 for a follow-up visit

Start using LiveHealth Online.

To register, go to livehealthonline.com or download the free app. For a medical visit, log on, choose a doctor, and your visit will begin in minutes. For mental health visits, choose from the available dates to schedule your appointment. LiveHealth Online is secure and confidential.⁶

SKIP THE PHARMACY WITH HOME DELIVERY

Eligible members may use home delivery for certain maintenance prescriptions through the plan's pharmacy benefit.

- Convenient delivery of eligible prescriptions.
- Useful for medications taken regularly.
- Confirm eligible medications, cost, refill timing, and enrollment instructions through Anthem

There are more than 25,000 pharmacies to choose from.

Here's how to find one near you:

1. Log on to [anthem.com](https://www.anthem.com) and choose Pharmacy.
2. On the Pharmacy page, choose Find a Pharmacy.
3. Enter your ZIP code or city.

How to download our Sydney Health app:

Scan the QR code with your phone's camera.



LARK: DIABETES PREVENTION

Lark is a digital diabetes prevention program designed to help eligible individuals understand their risk for prediabetes and build healthier habits.



- Start with a brief health-risk assessment.
- Receive personalized digital support and healthy habit guidance.
- Eligibility is determined through the applicable health plan.

Current program information: lark.com/anthem



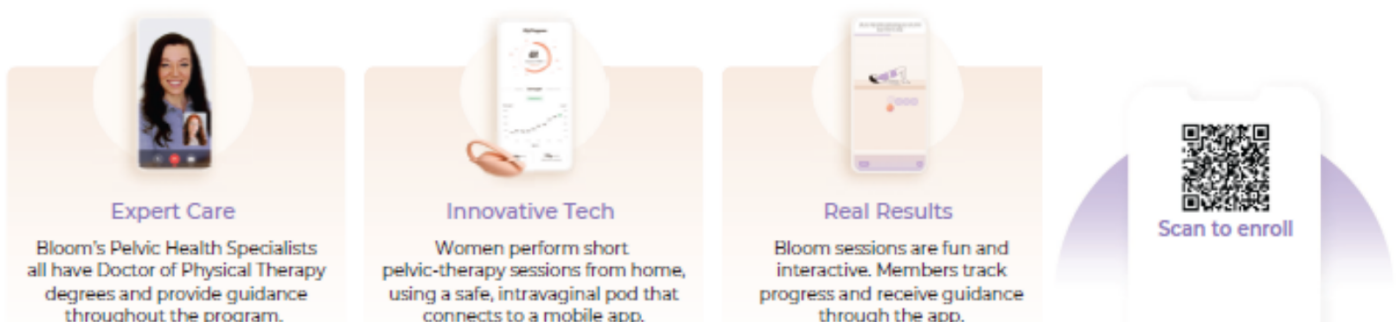
BLOOM

Bloom is your no-cost, digital pelvic health benefit.

1 in 3 women suffer from pelvic health disorders¹ including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

Activate your no-cost benefit today: join.hibloom.com/cebco

What you get with Bloom



VISION PLANS

www.vsp.com 1.800.877.7195

Refer to plan document in UKG for out of network coverages.

Your Biweekly Deduction	Plan A	Plan B
Employee	\$4.29	\$5.90
Employee + 1	\$8.59	\$11.81
Family	\$13.01	\$17.92

PLAN A (005)			PLAN B (006)	
VISION EXAM	\$10 Copay (Up to \$39)			
CONTACT LENS EXAM	Covered in full after copay, Receive 15% off contact lens exam services; Copay will never exceed \$60			
FREQUENCY	Exam, Lenses, Frame: Every other calendar year		Exam & Lenses: Every calendar year Frames: Every other calendar year	
CONTACT LENS COVERAGE				
Necessary Contact Lenses	Covered in full after copay up to allowance			
Elective Contact Lenses	\$130 Allowance			
FRAME COVERAGE	\$15 Copay; \$250 Frame allowance; +20% off any amount above the allowance			
PRESCRIPTION LENSES	Single Vision, Lined Bifocal, Lined Trifocal, Lenticular: Covered in full after copay up to allowance			
LENS ENHANCEMENTS	SINGLE VISION	MULTIFOCAL	SINGLE VISION	MULTIFOCAL
Standard Anti-Glare Coating	\$37 after copay	\$37 after copay	\$37 after copay	\$37 after copay
All Other Anti-Glare Coating	\$51-\$75 after copay	\$51-\$75 after copay	\$51-\$75 after copay	\$51-\$75 after copay
Impact-Resistant for Children	Covered in full after copay		Covered in full after copay	
Impact-Resistant for Adults	\$23 after copay	\$28 after copay	\$23 after copay	\$28 after copay
Standard Progressives	N/A	Covered in full after copay	N/A	Covered in full after copay
Premium & Custom Progressives	N/A	Covered in full after copay	N/A	Covered in full after copay
Tints/Light-Reactive Lenses	\$70 after copay		\$70 after copay	
Scratch-Resistant Coating	\$15 after copay		\$15 after copay	
LIGHTCARE	Covered in full after copay			
	Allows you to use frame allowance toward non-Rx blue light filtering glasses/sunglasses from the doctor's frame board or Eyeconic.			
	Exhausts both lens & frame eligibility.			

GET MORE AT PREFERRED IN-NETWORK LOCATIONS

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.



DENTAL PLANS

www.principal.com

1.800.247.4695

Your Biweekly Deduction	Low Plan	High Plan
Employee	\$16.29	\$25.31
Employee + Spouse	\$30.20	\$47.88
Employee + Child(ren)	\$33.75	\$52.92
Family	\$55.70	\$87.70

CHOICE POINT NETWORK	PLAN A (LOW)	PLAN B (HIGH)
BASIC & MAJOR DEDUCTIBLE	\$50/Single \$150/Family	\$50/Single \$150/Family
ANNUAL MAXIMUM BENEFIT	\$1,000 per Person	\$1,500 per Person
PREVENTATIVE SERVICES Exams, cleanings, x-rays, fluoride treatment for children, ER treatment, sealants for children, space maintainers	Covered in Full	Covered in Full
BASIC SERVICES Fillings, simple extractions, root canal therapy, oral surgery, repairs and recommendations, periodontal treatment	80% after Deductible	80% after Deductible
MAJOR SERVICES	Not Covered	50% after Deductible
ORTHODONTIC SERVICES (age limitations apply)	Not Covered	50% up to \$1,000

Added Dental Services

All members are eligible for second opinions from dental providers at 100%. This helps you make sure you get the best advice to make an informed decision about your care. Certain health conditions can put you or your covered dependents at risk for dental problems. That's why these extra dental benefits are available.

Health Condition	Extra Services
Diabetes, Heart Disease, or Pregnancy	Additional cleaning (routine or periodontal), or scaling or root planning covered at 100% (if dentally necessary)
Cancer – undergoing chemotherapy or head/neck radiation	Fluoride treatment (up to 3 every 12 months) covered at 100%, and additional cleaning (routine)
Autism, Down Syndrome, Cerebral Palsy, Muscular Dystrophy, or Spina bifida	General anesthesia or intravenous sedation coverage for the removal of impacted teeth, removal of dental cyst and tumors, multiple restorative services for dependents under the age of five, periodontal osseous surgery, bone grafting, surgical removal of four third molars on the same date of services.

Principal Dental Rollover Benefit

If you use 50% or less of your annual dental maximum in a given year and complete your routine preventive care visits, you can roll over 25% of that year's annual maximum to the following year.

You can continue to build your rollover amount each year, up to a maximum of 100% of your annual benefit limit.

How It Works

- Use 50% or less of your annual maximum and have your annual preventive care → You earn a 25% rollover for the next year.
- Use more than 50% → No rollover that year.
- Skip preventive care or have no claims at all → Rollover resets to \$0.

This feature rewards members who maintain regular preventive care and helps you build extra coverage for future dental expenses.

Rollover Examples

Below are examples showing how rollover amounts can accumulate—or reset—based on your annual usage.

ROLLOVER EXAMPLE FOR LOW PLAN (\$1,000 ANNUAL MAXIMUM)					ROLLOVER EXAMPLE FOR HIGH PLAN (\$1,500 ANNUAL MAXIMUM)				
Year	Annual Max + Rollover	Benefits Paid	Eligible	Rollover 25% of Max	Year	Annual Max + Rollover	Benefits Paid	Eligible	Rollover 25% of Max
1	\$1,000	\$450	Yes	\$250	1	\$1,500	\$450	Yes	\$375
2	\$1,250	\$850	No	\$0	2	\$1,875	\$850	No	\$0
3	\$1,250	\$450	Yes	\$250	3	\$1,875	\$450	Yes	\$375
4	\$1,500	\$0	No	\$0	4	\$2,250	\$0	No	\$0
5	\$1,000	\$450	Yes	\$250	5	\$1,500	\$450	Yes	\$375

- Year 2 shows no rollover because claims exceeded 50% of the maximum.
- Year 4 resets to \$0 because preventive care was not completed or no claims were submitted.
- This is why it pays to visit your dentist regularly for preventive care.

Principal Dental Out-Of-Network Charges

Employees can maximize their dental benefits and reduce their out-of-pocket expenses by using network providers.

However, if you choose to go to an out-of-network Dentist, your procedure could still be covered at the prevailing fee set by Principal Dental. The prevailing fee is the maximum dollar amount reimbursed for each service and is based on the 99th percentile of what dentists charge within a defined geographic region (by ZIP code.)

Example: Let's look at how a particular dental procedure might be paid depending on whether your dentist is in-network or out-of-network. The standard charge for your procedure in both cases is \$985.

If Your Dentist Is **In-Network**

- Maximum allowed amount (per contract with Principal): \$650
- Principal pays 80%: \$520
- Your coinsurance (20%): \$130
- Your total out-of-pocket cost: \$130

You pay only your coinsurance. In-network dentists agree not to bill you for the difference.

If Your Dentist Is **Out-of-Network**

- Prevailing fee used by Principal: \$830
- Principal pays 80% of prevailing fee: \$664
- Your coinsurance (20%): \$166
- Possible balance bill: \$155 (\$985 original charge minus payments from you and Principal)

Because out-of-network dentists are not bound by a fee agreement, they can bill you for the difference between their charge and the amount Principal covers so your total potential cost is \$321 (\$166 coinsurance + \$155 balance bill)



LIFE & AD&D INSURANCE

www.mutualofomaha.com 1.888.525.0787

Life insurance can be a key component of your financial plan. Learn about plan types, how the plans work, and which option is the right fit for you and your family by visiting Mutual of Omaha's [online resources](#).

County-Paid Coverage - \$50,000

Miami County provides a \$50,000 Life and Accidental Death and Dismemberment ("AD&D") policy for all eligible employees. The county-paid amount is subject to a reduction of 35% at age 75 and 70% at age 80.

Voluntary Life & AD&D Insurance

You may elect or increase voluntary life and AD&D insurance coverage for yourself, your spouse, and your child(ren) either **as a new hire** or **during open enrollment**.

Child Policies

Miami County employees can also purchase a child policy in increments of \$2,500 up to \$10,000.

INSURED AMOUNT	\$2,500	\$5,000	\$7,500	\$10,000
DEDUCTION	\$0.21	\$0.42	\$0.63	\$0.84

Employee & Spouse Guarantee Issue & Maximum Amounts

Guarantee Issue (GI) amounts, marked with an asterisk (*), represent the maximum coverage you can elect without completing an Evidence of Insurability (EOI) form. If you request an amount higher than the GI limit, you'll receive detailed instructions from Mutual of Omaha.

Please note: Payroll deductions and coverage will not begin until your EOI has been reviewed and approved.

Employee Incremental Amount	\$10,000	Spouse Incremental Amount	\$5,000
Employee Guarantee Issue *	\$100,000	Spouse Guarantee Issue *	Up to \$25,000
Employee Maximum Amount	\$230,000	Spouse Maximum Amount	\$115,000
Reduction Schedule	Age 65 – 35% * Age 70 – 60% * Age 75 – 75% * Age 80 – 85%		

As a New Hire

Employee Coverage

- You may elect up to \$100,000 in additional coverage without completing an Evidence of Insurability (EOI).
- You may elect more than \$100,000 and up to \$230,000 with an approved EOI.

Spouse Coverage

- Spouse coverage cannot exceed 50% of your elected employee coverage.
- You may elect up to \$25,000 for your spouse without an EOI.
- You may elect more than \$25,000 and up to \$115,000 with an approved EOI.

Child(ren) Coverage

- You may elect up to \$10,000 for your eligible child(ren) without an EOI.

During Open Enrollment

Employee Coverage

- You may increase your existing coverage by \$10,000 per year, up to the \$100,000 limit, without an EOI.
- Increases that bring your total above \$100,000 (up to \$230,000) require an approved EOI.

Spouse Coverage

- Spouse coverage cannot exceed 50% of your total employee coverage.
- You may increase your spouse's coverage by \$5,000 per year, up to \$25,000, without an EOI.
- Increases that bring your spouse's total above \$50,000 (up to \$115,000) require an approved EOI.

Rates

AD&D coverage, regardless of age, is \$0.01 per month per \$1,000 of coverage elected.

Life insurance rates are shown on the table below. Life insurance rates are based on the individual's age. To calculate your payroll deduction, find the rate based on your age group (or your spouse's age group, if applicable) as of January 1, 2026. Divide the amount of life insurance you are requesting by \$1,000 and multiply this number by the rate for the appropriate age rate.

AGE	RATE/\$1,000 OF COVERAGE
<29	\$0.04
30 – 34	\$0.05
35 – 39	\$0.07
40 – 44	\$0.11
45 – 49	\$0.17
50 – 54	\$0.26

AGE	RATE/\$1,000 OF COVERAGE
55 – 59	\$0.41
60 – 64	\$0.55
65 – 69	\$0.92
70 – 74	\$1.46
75 – 79	\$3.08
80+	\$6.84

EXAMPLE:

Age	Rate/\$1,000 of Coverage
<29	\$0.04
30 – 34	\$0.05
35 – 39	\$0.07
40 – 44	\$0.11
45 – 49	\$0.17
50 – 54	\$0.26
55 – 59	\$0.41
60 – 64	\$0.55

Amelia is 48 years old & applies for \$150,000 in life insurance.

A. Divide the amount of life insurance by \$1,000. $\frac{150,000}{1,000} = 150$

B. Multiply Amelia's age rate by the answer from A. $150 \times \$0.17 = \25.55

If approved, Amelia will have a deduction of \$25.55 per check.

Amelia also wants to apply for \$50,000 of life insurance for her husband who is 55.

A. Divide the amount of life insurance by \$1,000. $\frac{50,000}{1,000} = 50$

B. Multiply spouse's age rate by the answer from A. $50 \times \$0.41 = \20.50

C. Add the amount from the first example and the amount from this example for the total payroll deduction.

If approved, Amelia will add \$20.50 to her original deduction for her spouse's life insurance, for a total of \$46.05 per check.

ASSURITY SUPPLEMENTAL PLANS



Miami County offers five supplemental insurance plans through a partnership with Assurity. All plan details and rates are explained in detail with individual brochures in UKG.

Please refer to the plan documents for full details, pricing, limitations, conditions and exclusions.

For questions about plans and claims, contact:

Susan Svarda

PH: 937.730.0067

ssvarda@voluntarypartners.com

Accident

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance pays a benefit directly to you when you receive treatment from a physician for a covered accident.

Key Features

- Helps with out-of-pocket expenses associated with covered accidents
- No deductibles, copays, coinsurance or networks - see any doctor
- Guaranteed issue – no medical exams or tests
- Portable – coverage continues if you retire or change jobs, as long as you pay the premiums

Accident (Biweekly)	All Ages
Employee	\$6.97
Employee + Spouse	\$12.18
Employee + Child(ren)	\$14.51
Family	\$21.45

Hospital Indemnity

A hospital stay can be expensive - even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you for an admission or observation stay of 20+ hours.

Key Features

- Pays a lump-sum benefit starting at admission
- No deductibles, copays, coinsurance or networks (see any doctor)
- Guaranteed issue – no medical exams or tests
- Portable – coverage continues if you retire or change jobs, as long as you pay the premiums

Hospital (Biweekly)	All Ages
Employee	\$9.11
Employee + Spouse	\$18.79
Employee + Child(ren)	\$17.10
Family	\$26.78

Critical Illness

More people are surviving life threatening illnesses than ever before. Unfortunately, the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance pays a lump-sum benefit directly to you if you are diagnosed with stroke, heart attack or a number of other covered illnesses and medical conditions.

Key Features

- Pays a lump sum directly to you
- Includes a health screening benefit which pays \$50 a year for any number of common covered medical tests or procedures
- Guaranteed issue – no medical exams or tests
- Portable – coverage continues if you retire or change jobs, as long as you pay the premiums

CI: Employee or Employee & Child(ren) (Biweekly)				CI: Employee & Spouse or Family (Biweekly)			
	Benefit Amount				Benefit Amount		
Issue Age	\$10,000	\$20,000	\$30,000	Issue Age	\$10,000	\$20,000	\$30,000
18-24	\$2.06	\$3.55	\$5.03	18-24	\$3.28	\$5.47	\$7.66
25-29	\$2.76	\$4.77	\$6.80	25-29	\$4.33	\$7.29	\$10.26
30-34	\$3.61	\$6.39	\$9.15	30-34	\$5.69	\$9.77	\$13.85
35-39	\$5.20	\$9.27	\$13.32	35-39	\$8.21	\$14.23	\$20.26
40-44	\$7.07	\$12.69	\$18.29	40-44	\$11.15	\$19.52	\$27.87
45-49	\$9.71	\$17.82	\$25.91	45-49	\$15.26	\$27.35	\$39.45
50-54	\$13.53	\$25.25	\$36.96	50-54	\$21.10	\$38.65	\$56.18
55-59	\$18.70	\$35.50	\$52.28	55-59	\$28.96	\$54.12	\$79.29
60-64	\$23.36	\$44.97	\$66.57	60-64	\$35.89	\$68.29	\$100.68
65-69	\$30.64	\$59.62	\$88.61	65-69	\$46.79	\$90.26	\$133.73
70+	\$45.16	\$88.56	\$131.93	70+	\$68.63	\$133.71	\$198.79

Short Term Disability

An accident or injury may stop you from working, but it won't stop your bills. If you're unable to work, do you have enough money set aside to cover your expenses while you recover?

Disability Income insurance helps replace income and maintain financial stability for up to one year if you become disabled and are unable to work, providing a reliable stream of income and peace of mind.

Group Short-Term Disability Income insurance pays a weekly benefit directly to you if you are sick or injured and can't work.

Key Features

- Pays benefits if you become totally disabled and can't perform the important duties of your occupation, as long as you are not working another job and are under the care of a physician
- Weekly benefit from \$250 to \$1,000 by \$50 increments, subject to maximum benefit of 60% of weekly income
- Pays 50% of your weekly total disability benefit if you return to work part time, following a period of paid total disability

Short Term Disability (Biweekly)								
Annual Income	\$21,750	\$26,000	\$30,500	\$34,750	\$39,000	\$43,500	\$47,750	\$52,000
Weekly Benefit	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
Issue Age								
18-49	\$14.87	\$17.85	\$20.83	\$23.80	\$26.78	\$29.76	\$32.72	\$35.70
50-59	\$22.42	\$26.90	\$31.39	\$35.86	\$40.36	\$44.83	\$49.33	\$53.80
60-69	\$31.73	\$38.09	\$44.43	\$50.78	\$57.13	\$63.48	\$69.82	\$76.16
70+	\$44.61	\$53.53	\$62.46	\$71.39	\$80.31	\$89.24	\$98.15	\$107.06

Short Term Disability (Biweekly)								
Annual Income	\$56,500	\$60,750	\$65,000	\$69,500	\$73,750	\$78,000	\$82,500	\$86,750
Weekly Benefit	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
Issue Age								
18-49	\$38.68	\$41.65	\$44.63	\$47.61	\$50.58	\$53.55	\$56.54	\$59.51
50-59	\$58.29	\$62.78	\$67.26	\$71.75	\$76.23	\$80.71	\$85.20	\$89.68
60-69	\$82.50	\$88.86	\$95.20	\$101.56	\$107.90	\$114.25	\$120.60	\$126.95
70+	\$115.99	\$124.92	\$133.84	\$142.76	\$151.69	\$160.62	\$169.54	\$178.45

Term Life Insurance

Term life insurance is designed as an inexpensive solution to short-term insurance needs. As the name implies, this coverage lasts for a specified period of time, often when a family is most vulnerable to losing income if something happens to the insured.

Key Features:

- Easy-to-understand life coverage for shorter-term or specific needs
- Guaranteed, level premium periods
- Affordable coverage through payroll deduction
- Coverage is available for you, your spouse and children
- Excellent option to supplement permanent life benefits
- Coverage may be converted to permanent life insurance
- Portable coverage—if you switch jobs or retire you can take your coverage with you, after 30 days of continuous coverage

NOTE: Guaranteed issue benefit maximum is \$150,000 for ages 18-60 and \$75,000 for issue ages 61 and above. Benefit amounts above those limits are subject to underwriting.

10-YEAR TERM PRICING

Employee-Only, 10-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Employee Age	Under 26	\$1.63	\$3.27	\$4.90	\$6.54	\$8.17	\$9.81
	26-30	\$1.82	\$3.64	\$5.46	\$7.29	\$9.11	\$10.93
	31-35	\$2.69	\$5.39	\$8.09	\$10.79	\$13.48	\$16.18
	36-40	\$3.82	\$7.64	\$11.46	\$15.29	\$19.11	\$22.93
	41-45	\$4.80	\$9.60	\$14.40	\$19.20	\$24.00	\$28.81
	46-50	\$6.49	\$12.99	\$19.49	\$25.99	\$32.49	\$38.99
	51-55	\$9.69	\$19.39	\$29.09	\$38.79	\$48.48	\$58.18
	56-60	\$14.78	\$29.56	\$44.34	\$59.12	\$73.90	\$88.68
	61-65	\$23.30	\$46.60	\$69.90	n/a	n/a	n/a
66-70	\$37.31	\$74.62	\$111.93	n/a	n/a	n/a	
Employee & Spouse, 10-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Spouse Benefit Amt.		\$7,500	\$15,000	\$22,500	\$30,000	\$37,500	\$45,000
Employee Age	Under 26	\$2.27	\$4.56	\$6.84	\$9.13	\$11.41	\$13.70
	26-30	\$2.51	\$5.03	\$7.55	\$10.07	\$12.59	\$15.11
	31-35	\$3.69	\$7.40	\$11.10	\$14.81	\$18.51	\$22.21
	36-40	\$5.24	\$10.48	\$15.73	\$20.98	\$26.23	\$31.47
	41-45	\$6.59	\$13.19	\$19.79	\$26.38	\$32.98	\$39.59
	46-50	\$8.90	\$17.82	\$26.73	\$35.65	\$44.56	\$53.48
	51-55	\$13.27	\$26.56	\$39.85	\$53.13	\$66.41	\$79.70
	56-60	\$20.23	\$40.47	\$60.71	\$80.95	\$101.19	\$121.43
	61-65	\$31.93	\$63.87	\$95.81	n/a	n/a	n/a
	66-70	\$51.19	\$102.38	\$153.58	n/a	n/a	n/a
Employee & Child, 10-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Children Benefit Amt.		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Employee Age	Under 26	\$2.14	\$4.30	\$6.44	\$8.60	\$10.74	\$12.90
	26-30	\$2.33	\$4.67	\$7.00	\$9.35	\$11.68	\$14.02
	31-35	\$3.20	\$6.42	\$9.63	\$12.85	\$16.05	\$19.27
	36-40	\$4.33	\$8.67	\$13.00	\$17.35	\$21.68	\$26.02
	41-45	\$5.31	\$10.63	\$15.94	\$21.26	\$26.57	\$31.90
	46-50	\$7.00	\$14.02	\$21.03	\$28.05	\$35.06	\$42.08
	51-55	\$10.20	\$20.42	\$30.63	\$40.85	\$51.05	\$61.27
	56-60	\$15.29	\$30.59	\$45.88	\$61.18	\$76.47	\$91.77
	61-65	\$23.81	\$47.63	\$71.44	n/a	n/a	n/a
	66-70	\$37.82	\$75.65	\$113.47	n/a	n/a	n/a
Family, 10-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Spouse Benefit Amt.		\$7,500	\$15,000	\$22,500	\$30,000	\$37,500	\$45,000
Children Benefit Amt.		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Employee Age	Under 26	\$2.78	\$5.59	\$8.38	\$11.19	\$13.98	\$16.79
	26-30	\$3.02	\$6.06	\$9.09	\$12.13	\$15.16	\$18.20
	31-35	\$4.20	\$8.43	\$12.64	\$16.87	\$21.08	\$25.30
	36-40	\$5.75	\$11.51	\$17.27	\$23.04	\$28.80	\$34.56
	41-45	\$7.10	\$14.22	\$21.33	\$28.44	\$35.55	\$42.68
	46-50	\$9.41	\$18.85	\$28.27	\$37.71	\$47.13	\$56.57
	51-55	\$13.78	\$27.59	\$41.39	\$55.19	\$68.98	\$82.79
	56-60	\$20.74	\$41.50	\$62.25	\$83.01	\$103.76	\$124.52
	61-65	\$32.44	\$64.90	\$97.35	n/a	n/a	n/a
	66-70	\$51.70	\$103.41	\$155.12	n/a	n/a	n/a

20-YEAR TERM PRICING

Employee-Only, 20-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Employee Age	Under 26	\$1.66	\$3.33	\$4.99	\$6.66	\$8.33	\$9.99
	26-30	\$1.97	\$3.95	\$5.93	\$7.91	\$9.89	\$11.87
	31-35	\$2.81	\$5.62	\$8.43	\$11.24	\$14.06	\$16.87
	36-40	\$3.95	\$7.91	\$11.87	\$15.83	\$19.79	\$23.74
	41-45	\$5.17	\$10.35	\$15.53	\$20.70	\$25.88	\$31.06
	46-50	\$7.21	\$14.43	\$21.65	\$28.87	\$36.09	\$43.31
	51-55	\$10.89	\$21.79	\$32.68	\$43.58	\$54.47	\$65.37
	56-60	\$16.71	\$33.43	\$50.15	\$66.87	\$83.59	\$100.30
Employee & Spouse, 20-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Spouse Benefit Amt.		\$7,500	\$15,000	\$22,500	\$30,000	\$37,500	\$45,000
Employee Age	Under 26	\$2.31	\$4.64	\$6.95	\$9.28	\$11.61	\$13.92
	26-30	\$2.72	\$5.45	\$8.18	\$10.92	\$13.65	\$16.38
	31-35	\$3.86	\$7.72	\$11.58	\$15.45	\$19.32	\$23.18
	36-40	\$5.42	\$10.85	\$16.29	\$21.72	\$27.16	\$32.58
	41-45	\$7.10	\$14.21	\$21.32	\$28.42	\$35.53	\$42.64
	46-50	\$9.89	\$19.79	\$29.69	\$39.59	\$49.49	\$59.39
	51-55	\$14.91	\$29.84	\$44.76	\$59.69	\$74.60	\$89.53
	56-60	\$22.88	\$45.77	\$68.67	\$91.56	\$114.46	\$137.34
Employee & Child, 20-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Children Benefit Amt.		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Employee Age	Under 26	\$2.17	\$4.36	\$6.53	\$8.72	\$10.90	\$13.08
	26-30	\$2.48	\$4.98	\$7.47	\$9.97	\$12.46	\$14.96
	31-35	\$3.32	\$6.65	\$9.97	\$13.30	\$16.63	\$19.96
	36-40	\$4.46	\$8.94	\$13.41	\$17.89	\$22.36	\$26.83
	41-45	\$5.68	\$11.38	\$17.07	\$22.76	\$28.45	\$34.15
	46-50	\$7.72	\$15.46	\$23.19	\$30.93	\$38.66	\$46.40
	51-55	\$11.40	\$22.82	\$34.22	\$45.64	\$57.04	\$68.46
	56-60	\$17.22	\$34.46	\$51.69	\$68.93	\$86.16	\$103.39
Family, 20-Year Level Premium, Blended (Biweekly)							
Employee Benefit Amt.		\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000
Spouse Benefit Amt.		\$7,500	\$15,000	\$22,500	\$30,000	\$37,500	\$45,000
Children Benefit Amt.		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
Employee Age	Under 26	\$2.82	\$5.67	\$8.49	\$11.34	\$14.18	\$17.01
	26-30	\$3.23	\$6.48	\$9.72	\$12.98	\$16.22	\$19.47
	31-35	\$4.37	\$8.75	\$13.12	\$17.51	\$21.89	\$26.27
	36-40	\$5.93	\$11.88	\$17.83	\$23.78	\$29.73	\$35.67
	41-45	\$7.61	\$15.24	\$22.86	\$30.48	\$38.10	\$45.73
	46-50	\$10.40	\$20.82	\$31.23	\$41.65	\$52.06	\$62.48
	51-55	\$15.42	\$30.87	\$46.30	\$61.75	\$77.17	\$92.62
	56-60	\$23.39	\$46.80	\$70.21	\$93.62	\$117.03	\$140.43

Fields showing n/a represents combinations of issue age and benefit amount outside allowable issue limits.

FITNESS CENTER DISCOUNTS

Miami County YMCA



All Miami County employees and their families receive a **30% discount off monthly membership fees** with the Miami County YMCA. Employees who do not use their membership for three consecutive months will lose their membership discount.

Membership includes:

Unlimited access to both branches, open gym, free child watch, family fun nights, open swim for adults & families, program guides, member classes, program rates, AWAY privileges (Always Welcome at YMCAs)

The Miami County YMCA has two conveniently located branches:

Piqua Branch, 937.773.9622
230 West High Street, Piqua, OH 45356

Robinson Branch, 937.440.9622
3060 South County Road 25A, Troy, OH 45373

*Monthly fees are applicable to Bank Draft only.

Membership Type	Enrollment Fee	Monthly Fee*
Youth	\$16.05	\$10.86
Adult	\$37.45	\$26.96
Senior Adult	\$37.45	\$24.34
Single Parent Family / Couple	\$53.50	\$36.01
Senior Couple	\$53.50	\$32.49
Family	\$53.50	\$43.82
Health Center Memberships:		
Single Adult	No additional enrollment fee	\$32.19
Senior Adult		\$28.98
Couple		\$41.46
Senior Couple		\$37.27

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Services provided through Miami County’s partnership with CEBCO and ComPsych are provided to all Miami County employees and their household members for FREE.

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. ComPsych® GuidanceResources® provides support, resources and information for personal and work-life issues.

Free, Confidential Counseling

ComPsych provides **five free confidential counseling sessions for employees and all household members per presenting issue.**

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by Guidance Consultants—highly trained Master- and Doctoral-level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationships/marital conflicts

Work-Life Solutions

Delegate your “to-do” list. Our Work-Life Specialists will do the research for you, providing qualified referrals and customized resources for:

- Finding child and elder care
- Hiring movers or home repairs contractors
- Planning events
- Locating pet care

Legal Guidance

Talk to an attorney by phone. If you require representation, you will be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.

- Divorce & family law
- Debt & bankruptcy
- Real estate transactions
- Civil & criminal actions contracts
- Landlord/tenant issues

Financial Resources

Discover your best options. Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- Retirement and estate planning, taxes
- Relocation, mortgages, insurance
- Budgeting, getting out of debt, bankruptcy and more

Accessing COMPSYCH Resources 24/7



877.327.4452 Phone
800.697.0353 TTY
ComPsych Online

ORGANIZATION ID: EAPCEB

RETIREMENT RESOURCES

Ohio Public Employee Retirement System (OPERS)



All full-time Miami County employees are required to contribute to the Ohio Public Employee Retirement System (OPERS). Employees have 180 days from their start date to select one of the two OPERS retirement plans.

EMPLOYEE TYPE	EMPLOYEE CONTRIBUTION	COUNTY CONTRIBUTION
SHERIFF DEPUTIES	13.0%	18.1%
ALL OTHER COUNTY EMPLOYEES	10.0%	14.0%



OPERS offers phone, virtual, and in-house counseling options to provide guidance to employees preparing to receive their pension. Visit <http://www.opers.org> or call 1-800-222-7377 to learn about enrollment, counseling, retirement, refunds, and more.

The OPERS Member Handbook is a great place to start learning about your benefits with OPERS. It is a comprehensive overview of the benefits of membership with OPERS.

Retiring from Public Employment

As you begin to consider retirement and make the transition from active member to retiree, you need to have a full understanding of the retirement application process under your chosen retirement plan. This includes documents required to process your application and important dates and deadlines.



Returning to Work After Retirement

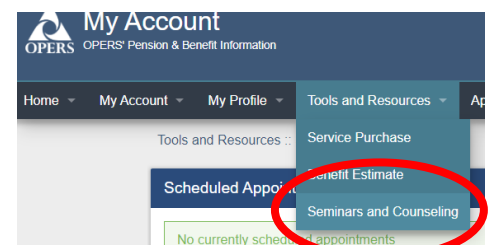
Once you retire under any of the OPERS retirement plans, re-employment in a job that is covered by OPERS, including service in an elected position, may affect continuing receipt of benefits. Retirees who become re-employed must notify the employer that they are receiving an OPERS retirement benefit.

Scheduling an Appointment with OPERS

Members have three options to schedule an appointment with OPERS:

- In-House Counseling
- Phone Counseling
- Virtual Counseling (Zoom)

To schedule one of these appointments, log into your OPERS account at opers.org, then go to Tools and Resources > Seminars and Counseling.



Deferred Compensation (457(b) Plan)



Any public employee who is eligible for OPERS membership is also eligible to enroll in a 457(b) deferred compensation plan. A governmental 457(b) deferred compensation plan is a voluntary retirement savings plan that allows participants to supplement existing retirement/pension benefits by saving and investing pre-tax dollars through payroll contributions. Contributions are tax-deferred (both federal and state income taxes) until money is withdrawn.

With a 457(b) plan, employees can put some of their taxes on hold by reducing the amount of taxes withheld from their pay. Withdrawals are taxed as ordinary income. These plans also have an option to automatically increase annual contributions, rollover options from other retirement/pension plans, flexible withdrawal options for unforeseeable emergencies, and more.

Miami County began offering a Roth option under the Ohio Deferred Compensation plan in 2025.

Employees have the option to choose from two vendors, both of which are listed below. There are differences between the plans and you are encouraged to reach out to the contacts listed for more information. Once enrolled, the plans communicate directly with Miami County payroll to initiate deductions.

Ohio Deferred Compensation
Steve Schmittauer, Account Executive
(937) 284-1212 | Schmits3@nationwide.com
www.ohio457.org

Ohio County Employees Retirement Plan (OCERP)
Hannah McKinley, Retirement Plan Advisor
(719) 301-2726 | hannah.mckinley@empower.com
<https://hannah-mckinley.empowermytime.com/#/>

Medicare

Medicare is health insurance for people 65+, and some people under 65 with certain disabilities or conditions. Enrollment can occur three months prior to your 65th birthday or upon loss of other health insurance coverage, such as an employer plan. Medicare only offers individual coverage and does not offer plans for spouses or dependents. If you maintain health insurance through Miami County in addition to Medicare coverage, the County plan will be the primary payer. For more information, visit www.medicare.gov or call 1-800-633-4227.

Miami County's insurance broker, Benefits Analysis Corporation, is available to assist you with the Medicare process. Contact 937-335-5751 to schedule a personalized, one-on-one session.

When an employee first enrolls in Medicare, there are two primary coverage options:

ORIGINAL MEDICARE	MEDICARE ADVANTAGE (PART C)
Original Medicare includes Part A and Part B. Part A covers inpatient care in hospitals, hospice, home health care, etc. Part B covers services from doctors and other healthcare providers, including outpatient care, preventative services, durable medical equipment, etc.	Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and <i>usually</i> Part D.
You can join a separate Medicare drug plan to get Medicare drug coverage (Part D).	In most cases, you will need to use doctors who are in the plan's network.
You can use any doctor or hospital that takes Medicare, anywhere in the US.	Plans may have lower out-of-pocket costs than Original Medicare.
To help pay your out-of-pocket costs in Original Medicare (like your 20% co-insurance), you can also buy supplemental coverage, like Medicare Supplement Insurance (Medigap), or have coverage from a former employer, union, or Medicaid.	Plans may have some extra benefits that Original Medicare does not cover – like vision, hearing, and dental services.



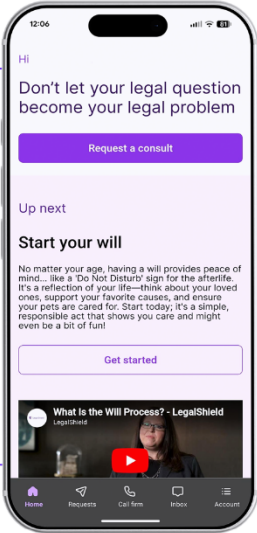
Two Benefits. One Decision. *Complete Peace of Mind.*

Legal and identity theft matters can strike anytime—
don't get caught without a plan!

LegalShield® — Your Legal Safety Net

Save an average of \$1,500* a year and gain a law firm that picks up the phone.

- ✓ **Always someone in your corner** — direct access to a designated provider law firm
- ✓ **Ask anything, as often as you need** — consultation on any personal legal matter
- ✓ **Know what you're signing** — document review and consultation before you commit
- ✓ **Don't face it alone** — help with your speeding ticket
- ✓ **Know your family is prepared, no matter what** — Will preparation included
- ✓ **Reduce the stress of debt collectors** — know your rights
- ✓ **And so much more** — because life doesn't fit in a checklist



IDShield® — Your Identity Security

Identity theft doesn't wait. Neither should your protection.

- ✓ **Identity Fraud Protection Plan** — up to \$5M for certain identity theft-related expenses
- ✓ **Online Privacy & Reputation Management** — take back control of your personal data
- ✓ **Device Protection** — antivirus, VPN, and mobile security keeping your devices safe
- ✓ **Financial Account Monitoring** — round-the-clock monitoring of your accounts
- ✓ **Identity, Credit & Social Media Monitoring** — continuous scanning so you know in real time
- ✓ **Real-Time Alerts** — notification when suspicious activity is detected
- ✓ **Licensed Private Investigators** — full-service identity restoration

LegalShield

Family Plan

\$13.48

PER PAY PERIOD

IDShield

Individual Plan

\$3.25

Family Plan

\$5.63

PER PAY PERIOD

LegalShield & IDShield

Individual Plan

\$16.23

Family Plan

\$18.10

PER PAY PERIOD

*A typical employee, on average, can save \$1,500 a year. The calculation is based on a \$300-per-hour lawyer rate to provide a standard service, such as consultation, will prep that includes a health and financial Power of Attorney, as well as a Living Will/Physicians Directive, minus the annual membership fee, for a cost-saving estimate. Average hourly rate amounts are based on LegalShield Provider Law Firms' average rates. Exact costs are determined by law firms.

**Reduced rate pricing applies
when enrolled in both plans**
No premiums for active military personnel

LegalShield Services

Always someone in your corner.
Legal help for today's needs and tomorrow's plans.

Estate Planning

- Wills and Codicils
- Living Wills / Physician's Directives
- Durable Powers of Attorney
- Trusts (including special needs)
- Executor appointment & probate
- Beneficiary rights

Family & Relationships

- Adoption and paternity
- Child custody
- Divorce (up to 30 hours contested)
- Domestic violence protection
- Pre-nuptial/post-nuptial agreements
- Support orders
- Elder care matters
- Senior Care Advisor

Home & Daily Living

- Sale or purchase of home
- Boundary or title disputes
- Eviction and tenant problems
- Foreclosure
- Security deposit recovery
- Zoning applications

Auto, Finance & More

- Moving violations
- Consumer bankruptcy
- Collection letters
- Tax audit and collection
- E-Notary/E-Signature

IDShield Services

Everything working behind the scenes to
help keep you and your family protected.

Financial Fraud Monitoring

- Financial account monitoring
- Continuous credit monitoring
- Monthly credit score tracker
- Quarterly credit report
- Credit simulator and score factors
- Credit counseling and education
- Payday loan monitoring

Identity Theft Monitoring

- Dark web monitoring
- Auto and home title monitoring
- Public and court records monitoring
- Address change monitoring
- Telecom and utility monitoring
- Child and elder SSN monitoring
- Social media monitoring

Privacy & Device Protection

- AI scam protection
- VPN
- Anti-malware protection
- Password manager
- Mobile security
- Online parental controls
- Email defender

Restoration & Support

- Full-service restoration by LPIs
- Up to \$5M identity fraud protection
- 24/7 emergency assistance
- Lost/stolen wallet support
- Identity restoration tracker
- Child cyberbullying support
- Live member support

For more information, visit: shieldbenefits.com/miamico

Don't wait until it happens to you.

LegalShield® and IDShield® are registered trademarks of Pre-Paid Legal Services, Inc. ("LegalShield"). LegalShield provides access to legal services offered by a network of provider law firms to its members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan overview for specific state of residence for complete terms, coverage, amounts and conditions. IDShield provides access to identity theft protection and restoration services and plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and eligible dependent children under the age of 18. Consultation and Restoration Services for eligible dependent children under the age of 26. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan is underwritten and administered through American Bankers Insurance Company of Florida, an Assurant company. LegalShield is not an insurance carrier. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.



Student Loan Guidance

Savi helps employees take control of their student loans with a comprehensive strategy focused on monthly savings and maximizing forgiveness where possible.

The screenshot displays the Savi Student Loan Dashboard. On the left, a sidebar shows the 'APPLICATION PROGRESS' at 81%, with sections for ESTIMATE, FAMILY, INCOME, EMPLOYMENT, EDUCATION, LOANS, MISCELLANEOUS, SELECT, and ENROLL. The main content area shows an 'Estimated Payment' of \$106/mo (\$238 less than current plan). Below this, a 'FORGIVENESS ELIGIBLE PLAN' is highlighted with a green header. The plan details include: PAYE (Pay As You Earn income-based repayment plan), a 'CONTINUE' button, and four key metrics: \$106 Monthly Payment (\$18 less/mo), \$2,185 Total Payment (\$24,458 less), 1yr 8mo Until Repayment (8yr 4mo less), and \$19,808 Loan Forgiveness (Forgiveness eligible).

- ➔ **Student Loan Dashboard:** A simple, secure dashboard that displays all federal and private student loans in one place.
- ➔ **Eligibility Assessment:** An interactive tool that evaluates potential eligibility for federal or state repayment and forgiveness programs.
- ➔ **Repayment Calculator:** Easily explore how income-driven repayment plans could reduce monthly payments and maximize long-term savings.
- ➔ **Ongoing Education & Communication:** Timely emails guide users through the process, offer policy updates, and invite them to expert-led webinars.
- ➔ **Support When It's Needed:** Access to support via phone, email, and chat for help navigating the platform and answering student loan questions.

Premium Guidance Individualized Support

Employees receive one-on-one guidance from Savi's student loan experts to navigate complex repayment and forgiveness options.

Digitized Applications

Savi streamlines and submits paperwork for federal income-driven repayment plans and Public Service Loan Forgiveness (PSLF), reducing workload and error risk.

Comprehensive Review

A full evaluation of each borrower's student loan situation to identify the most effective strategies for repayment and long-term savings.



College Planning & Financial Education

Savi helps employees and their families navigate the full journey of financing higher education—from early planning to decision day. With practical tools, expert-led workshops, and financial education that goes beyond student loans, families gain the clarity and confidence to make smart choices at every step.

Personalized Strategy Reports

Custom planning guides and projections built from your family's specific financial profile—including estimated aid, loan options, and net cost comparisons across schools.

Visual Funding Waterfall

A clear, step-by-step breakdown of how your family will cover costs using savings, aid, and strategic financing—so there are no surprises on tuition day.

Expert-Led Education

Year-round workshops and simple guides covering FAFSA, 529s, state deadlines, and financial aid strategies—so employees feel confident at every step.

A Full Suite of Student Loan & Education Benefits

Savi offers a comprehensive range of solutions—from repayment guidance and employer contributions to college planning, tuition reimbursement, and SECURE 2.0 retirement match support. We're here to help you deliver meaningful financial wellness benefits with less administrative lift.

Let's talk about what Savi can do for your organization—connect with us at sales@teamsavi.com.

YOUR BIWEEKLY DEDUCTION: \$3.34

Important: The County is billed for the full cost of this benefit at the time of enrollment. Employees who separate from County employment before December 31, 2027, will have the remaining balance of their annual premium deducted from their final paycheck.



Public Service Loan Forgiveness (PSLF)

The PSLF Program forgives the remaining balance on Direct Loans after an employee has made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

To qualify for PSLF, you must be employed full-time by a U.S. federal, state, local, or tribal government or not-for-profit organization (this qualification includes U.S. military service), have Direct Loans (or consolidate other federal student loans into a Direct Loan), repay loans under an income-driven repayment plan, and make 120 qualifying payments.

Employment with Miami County may qualify you for participation in this program. Visit <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service> for more information.

Franklin University Tuition Discount

Miami County employees and their dependents are eligible for a 20% discount on tuition and free books through the County's partnership with the Troy Area Chamber of Commerce.

Visit <https://www.franklin.edu/admissions/partnership-students> for more information.

ANNUAL NOTICES

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator (937) 440-5996.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [insert "30 days" or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at (937) 440-5996.

Premium Assistance under Medicaid & the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866- 444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	ILLINOIS - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	KENTUCKY – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kyneect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	MINNESOTA – Medicaid Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHSHIPProgram@mt.gov
NEBRASKA – Medicaid Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	NEW JERSEY – Medicaid and CHIP Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	PENNSYLVANIA – Medicaid and CHIP Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)	SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	TEXAS – Medicaid Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	VERMONT– Medicaid Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

2027 PAYROLL CALENDAR

PAY PERIOD	PAY DATE
12/19/2026 - 1/1/2027	1/8/2027
1/2/2027 - 1/15/2027	1/22/2027
1/16/2027 - 1/29/2027	2/5/2027
1/30/2027 - 2/12/2027	2/19/2027
2/13/2027 - 2/26/2027	3/5/2027
2/27/2027 - 3/12/2027	3/19/2027
3/13/2027 - 3/26/2027	4/2/2027
3/27/2027 - 4/9/2027	4/16/2027
4/10/2027 - 4/23/2027	4/30/2027
4/24/2027 - 5/7/2027	5/14/2027
5/8/2027 - 5/21/2027	5/28/2027
5/22/2027 - 6/4/2027	6/11/2027
6/5/2027 - 6/18/2027	6/25/2027
6/19/2027 - 7/2/2027	7/9/2027
7/3/2027 - 7/16/2027	7/23/2027
7/17/2027 - 7/30/2027	8/6/2027
7/31/2027 - 8/13/2027	8/20/2027
8/14/2027 - 8/27/2027	9/3/2027
8/28/2027 - 9/10/2027	9/17/2027
9/11/2027 - 9/24/2027	10/1/2027
9/25/2027 - 10/8/2027	10/15/2027
10/9/2027 - 10/22/2027	10/29/2027
10/23/2027 - 11/5/2027	11/12/2027
11/6/2027 - 11/19/2027	11/26/2027
11/20/2027 - 12/3/2027	12/10/2027
12/4/2027 - 12/17/2027	12/24/2027

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