

EMPLOYEE BENEFITS OVERVIEW

2022 PLAN YEAR

Five Rivers MetroParks is committed to providing a benefits package that offers quality options and choice to its eligible employees and their qualified dependents. We encourage you to learn everything you can about your benefit options. By taking advantage of your benefit resources, you will be able to make the selections that are best for you and your family for the benefit plan year.

FIVE RIVERS
METROPARKS



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Health Plan Provisions

The following information relates to enrollment in Five Rivers MetroParks' Medical and Dental plans.

When can I enroll?

You may enroll in benefits:

- Within 14 days of employment in an eligible appointment
- Within 31 days of a qualifying event status change
- During the annual open enrollment period

You must contact the Human Resources department at 937-277-4827 to obtain the appropriate forms.

Whom can I enroll?

Spouse

Your legal spouse

Children

Your dependent children who have not reached the age limit of 26 (*i.e., 26th birthday*) and:

- Are your biological children, legally adopted children, stepchildren, children of your same-sex domestic partner, or children for whom you have legal guardianship, legal custody, or an interlocutory order of adoption; and
- Are not eligible to enroll in another employer-sponsored health plan.

Coverage Levels

For medical and dental benefits, you may choose from four coverage levels:

- Employee only
- Employee + children
- Employee + spouse or partner
- Family (employee + spouse or domestic partner + one or more dependents)

Domestic Partnership (DP)

Your same-sex or opposite-sex domestic partner who meets certain criteria as stated on the required Affidavit of Domestic Partnership for Health Coverage is eligible for coverage. Contact the Human Resources Department to obtain appropriate forms.

Ineligible Dependents

Dependents who do not meet the eligibility requirements outlined in the Dependent Eligibility Requirements.

Spousal Surcharge (Medical Plan Only)

Five Rivers MetroParks makes every effort to provide the best benefit package affordable to the company and for our employees. We believe that other employers share in the same responsibility we have, to provide quality healthcare insurance for their employees.

With this in mind:

- If you are married and your spouse has group health coverage available through his or her employer, you may still enroll your spouse in the Five Rivers group health plan. However, if your spouse has group health coverage available through their employer and chooses to enroll in Five Rivers' plan, there will be a surcharge of **\$50 a month (\$25 from the first 2 pays of the month)**.
- If your spouse **DOES NOT** have access to other coverage and you choose to enroll them on the health plan you **WILL NOT** have to pay the surcharge.

NOTE: The spousal surcharge also does not apply if your spouse is self-employed, on Medicare, Medicaid, or Tricare.

PCP Surcharge (Medical Plan Only)

Five Rivers MetroParks is interested in the health of its employees. For that reason, we are promoting the benefits of receiving preventive care and the importance of having an established relationship with a Primary Care Physician (PCP).

In order to incentivize employees and spouses on the medical plan to work with a PCP, Five Rivers MetroParks charges a surcharge to those who choose not to engage with one. Beginning 90 days after the first day benefits begin, there will be a \$70.00 per month surcharge to the medical premium for those members who have not submitted this signed affidavit from their PCP for themselves and any covered spouse/domestic partner.

When does my coverage begin?

Your benefits will be effective on the first day of the month following 30 days of your eligible appointment or, on the date of your qualifying event status change if you **enroll within 30 days** of the event.

When can I make a change to my benefit coverage?

Benefit changes can occur within 30 days of a qualifying event. If you miss this deadline, your next opportunity to change your benefit coverage will be during the annual open enrollment period.

What is considered a qualifying life event?

Because of federal restrictions, you are prohibited from dropping, adding, or changing health plan coverage levels during the plan year unless a qualifying event occurs. There are two types of qualifying events: (1) family status changes and (2) employment status changes.

- **Family Status Changes:** marriage, divorce, childbirth, adoption of a child, death of a spouse/dependent, or a dependent child reaching the age limit
- **Employment Status Changes:** the full-time equivalency (FTE) of your appointment with the Agency changes, your appointment type changes, or your spouse's employment changes and affects benefit coverage

When a qualifying life event occurs, notify 937-277-4827 within 30 days to make enrollment changes to your medical, dental, vision, or health care flexible spending account.

Is there a pre-existing condition clause?

There is no pre-existing condition limitation applied to benefits when enrolling in the agency's medical or dental plans.

When does my coverage end?

- You may cancel coverage during an annual open enrollment period or by submitting the appropriate form within 30 days of a qualifying life event. Contact the Human Resources Department for more information.
- Coverage will terminate for the following covered person(s) when the following events occur:
 - ✓ **For the covered employee and his/her dependents,** when the employee terminates from the Agency or is transferred to an ineligible appointment. Coverage will cease on the last day of the month in which the employee receives their final paycheck.
 - ✓ **For the spouse of the covered employee,** upon decree of divorce, dissolution, or legal separation. Coverage will cease on the event date. If appropriate, premiums will be changed the pay period following the event date.
 - ✓ **For a dependent child,** when the child no longer qualifies as a dependent. Coverage will cease on the event date. If appropriate, premiums will be changed the pay period following the event date.
 - ✓ **For a covered dependent** who is found to be ineligible through the Dependent Child Certification process.

Healthcare Rates

Eligible Employees: Those who work **30** or more hours per week.

Buy-Up Base Plan (PPO)

Plan Tier	Employee Monthly Contribution	Employer Monthly Contribution
Employee	\$136.88	\$583.50
Employee + Spouse	\$273.74	\$1,167
Employee + Child(ren)	\$239.52	\$1,021.12
Family	\$479.06	\$2042.26
Waive all Medical/Family		\$150.00
Waive all Medical/Single		\$70.00

**Spousal Surcharge – \$50.00 in addition to above Employee Monthly Contribution*

Buy-Up Base Plan (PPO)- FOP Only

Plan Tier	Employee Monthly Contribution	Employer Monthly Contribution
Employee	\$133.28	\$587.12
Employee + Spouse	\$266.54	\$1,174.20
Employee + Child(ren)	\$233.22	\$1027.42
Family	\$467.24	\$2,054.86
Waive all Medical/Family		\$150.00
Waive all Medical/Single		\$70.00

**Spousal Surcharge – \$50.00 in addition to above Employee Monthly Contribution*

Core Plan (HSA)

Plan Tier	Employee Monthly Contribution	Employer Monthly Contribution
Employee	\$87.68	\$561.80
Employee + Spouse	\$175.36	\$1,123.44
Employee + Child(ren)	\$153.44	\$983.12
Family	\$306.88	\$1,966.24
Waive all Medical		\$150.00
Single Waiving Family		\$70.00

**Spousal Surcharge – \$50.00 in addition to above Employee Monthly Contribution*

UMR Choice Plus PPO

Medical Benefit Summary

	Network Benefits
Preventive Care	Covered at 100%
Deductible (Embedded)*	Individual - \$2,500 Family – \$5,000
Co-insurance	80% - 20%
Out-of-Pocket Maximum (Deductible Included)	Individual - \$4,500 Family – \$9,000
Primary Care Office Visit	\$30 Co-pay
Specialist Office Visit	\$40 Co-pay
In-Patient Hospital	Deductible & Co-Insurance
Out-Patient Hospital	Deductible & Co-Insurance
Urgent Care	\$50 Co-pay
Emergency Room	Deductible & Co-Insurance
Prescriptions	<u>Network Retail Pharmacies:</u> \$10/\$35/\$70 <u>Home Delivery Service:</u> \$25/\$87.50/\$175

*Embedded deductible means that, *on a Family Plan*, one person can satisfy the individual deductible and one or a combination of all other family members covered can meet the rest to satisfy the family deductible.

UMR Core Choice Plus (HSA)

Medical Benefit Summary

	Network Benefits
Preventive Care	Covered at 100%
Deductible (Embedded)*	Individual - \$3,500 Family - \$7,000
Co-insurance	90%/10%
Out-of-Pocket Maximum (Deductible Included)	Individual - \$4,500 Family - \$9,000
Primary Care Office Visit	Deductible & Co-Insurance
Specialist Office Visit	Deductible & Co-Insurance
In-Patient Hospital	Deductible & Co-Insurance
Out-Patient Hospital	Deductible & Co-Insurance
Urgent Care	Deductible & Co-Insurance
Emergency Room	Deductible & Co-Insurance
Prescriptions	<u>Network Retail Pharmacies:</u> \$10/\$35/\$60 <u>Home Delivery Service:</u> \$25/\$87.50/\$150

*Embedded deductible means that, *on a Family Plan*, one person can satisfy the individual deductible and one or a combination of all other family members covered can meet the rest to satisfy the family deductible.

Prescription Drug Program

United Healthcare offers prescription drug benefits through home delivery mail-order service and nationwide retail pharmacy locations. There are three categories of prescription medications:

Generic drugs (Tier 1)

Generic drugs are federally controlled to meet the same standards of composition, safety, strength, purity, and quality as brand-name drugs. If you receive a generic drug, you will pay a lower amount than for a brand-name drug.

Formulary (Tier 2)

The medications on the formulary list are chosen based on comparative clinical effectiveness, safety profiles, and opportunities to help contain costs.

Non-Formulary (Tier 3)

Brand-name medications that are not part of the formulary list are commonly considered non-formulary because of safety and/or efficacy concerns. Every therapeutic class of drugs has either a generic or formulary option available. When a new drug comes onto the market, the Pharmacy and Therapeutics Committee looks at the drug's safety and efficacy compared to similar drugs already available.

Easy Ways to Reduce Your Prescription Drug Costs

Generic drugs are required by law to have the same active ingredients, dosage form, and strength as their brand-name equivalents, but they generally cost much less. The next time you receive a prescription, ask your doctor or pharmacist whether a generic alternative is available and if it would be appropriate for you.

Mail Order Service Provides a convenient and cost-effective way to order a 90-day supply of medicine you take on a continuing basis. Through this program, you can get many of the same maintenance medications that you have filled at a retail pharmacy delivered right to your mailbox. Home delivery can be used for a new maintenance prescription or refills.

Flexible Spending Account (FSA)

Eligible Employees: Those who work **20** or more hours per week.

You work hard for your paycheck, and your employer wants you to keep as much of it as you can. That's why Five Rivers MetroParks has established a Cafeteria Plan. A Cafeteria Plan is often referred to as a Flexible Spending Account or a FSA. A healthcare FSA allows you to set aside money for non-reimbursed healthcare expenses on a pre-tax basis. A dependent daycare FSA allows you to do the same, but for dependent daycare expenses. As you incur healthcare and/or dependent daycare expenses throughout the year, you can get reimbursed with tax-free dollars from your spending account.

With a FSA, every dollar you set aside saves you taxes and increases your spendable income. You elect to have your annual contribution deducted from your paycheck each pay period, in equal installments throughout the year – before federal income, state income (in most cases) and Social Security taxes are taken out. So, when tax season rolls around, you won't be taxed on the amount you set aside in your FSA.

Annual Election Limits

Type of Account	Annual Election Limit
Healthcare/Medical FSA	\$2,750
Limited Healthcare/Medical FSA	\$2,750
Dependent Day Care FSA	\$2,500 or \$5,000

Participants receive a Flex Card that reflects the balance of their Healthcare and/or Dependent Day Care Reimbursement account. Since there are no transaction fees or pin numbers, the card should be swiped using the "credit/credit card" option. When the Flex Card is swiped, the funds are withdrawn from your account. This is a **"use it or lose it"** benefit. Services must be incurred by December 31st of the plan year. Any funds remaining after all eligible reimbursements have been made are forfeited.



432 East Pearl Street, Miamisburg, OH 45342, Local (Dayton, OH): 937.865.6500
Toll-Free: 800.865.6543

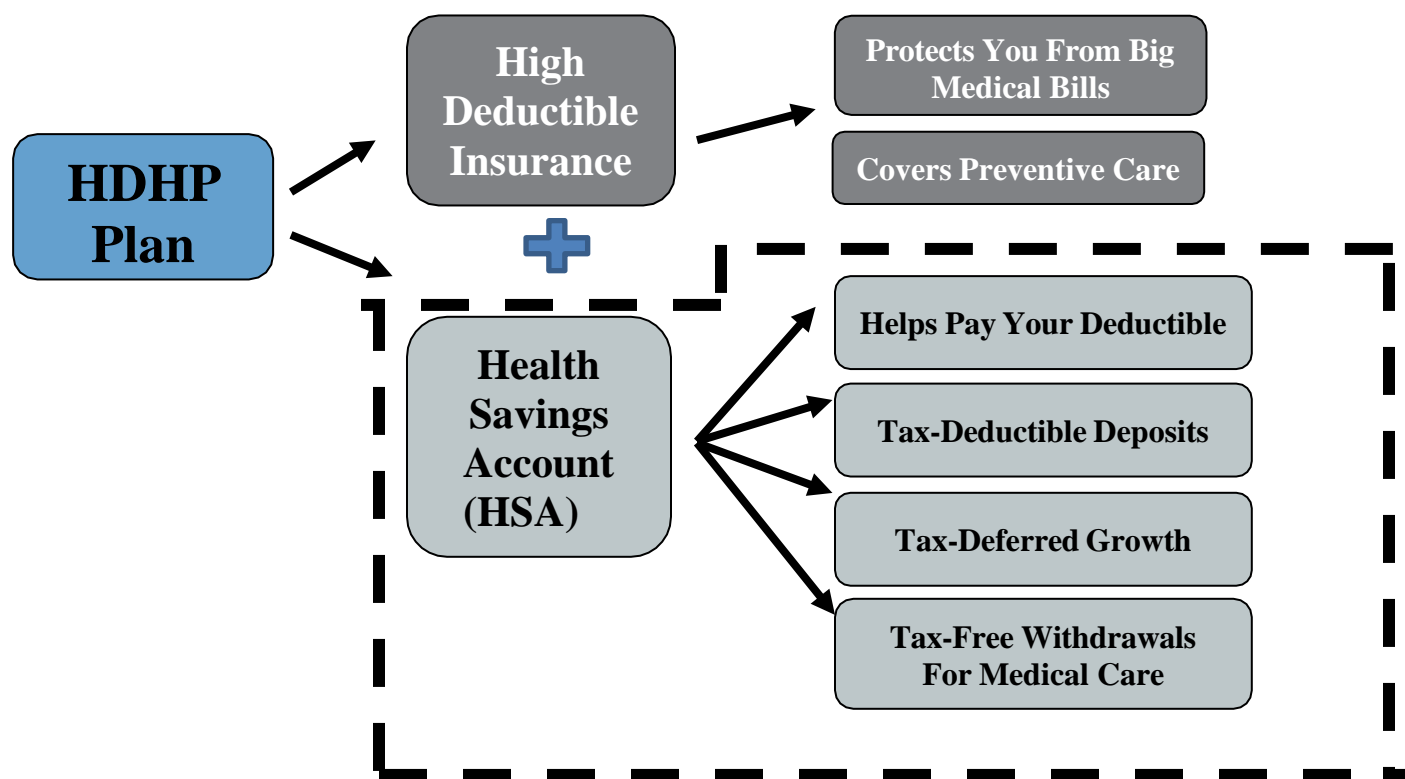
Health Savings Account (HSA)

A Health Savings Account is available to individuals enrolled in a High-Deductible Health Plan (HDHP) and is a way to pay for qualified healthcare expenses and save on taxes. Contributions are made pre-tax and funds can grow tax free. The account is owned by the individual:

- ❖ Only you decide how to spend it.
- ❖ Money left in your account carries over from year to year.
- ❖ It remains yours, even if you leave your employer or retire.

Monies are used to help plan and pay for both current and/or future health care expenses.

How it Works:



Type of Account	Individual Maximum	FRMP Contribution	Combined Maximum
Single	\$2,900	\$700	\$3,650
Family	\$5,500	\$1,700	\$7,300

*Individuals age 55 and older, an additional \$1,000 "catch up" contribution is allowed

Superior Dental Care Dental Plan

The Dental Plan provides coverage for many of the dental services that you and your dependents may need.

Using This Benefit

- The plan offers you a choice of network or non-network coverage.
You can access the directory of participating dentists on their website at:
www.superiordental.com
- If you use a **network** provider – tell the provider’s office that you are covered by Superior Dental Care when making an appointment, or at the time of service.
- If you use a **non-network** provider – the plan pays less for covered services than it does when you utilize a network provider. Your provider may require you to pay for services in full and be reimbursed from Superior Dental Care by filing a claim.

Predetermination of Expense

Upon your request, Superior Dental Care will determine benefit coverage prior to your receiving dental service(s) if the course of treatment is expected to be \$400 or more. You or your dentist can send a written description of the procedures and the dentist’s proposed charges to Superior Dental Care before treatment begins.

The Preferred Plan #403

Preventive Services	100%
Basic Services	80%
Major Services	50%
Contract Maximum*	\$1,250.00
Deductible	\$50/\$150
Orthodontia	50%
Lifetime Ortho Max*	\$1,250.00

***Per Member**



937-438-0283 | 800-762-3159

Dental Plan Rates

Eligible Employees: Those who work 20 or more hours per week.

Plan Tier	Employee Monthly Contribution
Employee	\$28.59
Employee + 1	\$57.17
Family	\$85.83

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health **and** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage...and let SDC keep you **smiling for a lifetime!**

Plan #403	In Network	Out of Network
Preventive <i>oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment</i>	100%	100%
Basic <i>fillings, oral surgery, extractions, repairs & recementation</i>	80%	80%
Major <i>crowns, onlays, bridges, dentures, sealants for children, periodontal treatment, root canal therapy</i>	50%	50%
Contract Maximum <i>per member, per contract period</i>	\$1,250.00	\$1,250.00
Orthodontia	50%	50%
Ortho Maximum	\$1,250.00	\$1,250.00
Deductible <i>applies to Basic & Major services and follows the contract period</i>	\$50/\$150	\$50/\$150
Copay <i>applies to Preventive exams</i>	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible

Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service.

To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.

If your employer has selected a Superior Vision plan to complete the Superior Wellness dental and vision bundle, you must enroll in the SDC dental plan first to be eligible for Superior Vision.

PROTECT YOUR SMILE...AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, SDC will provide a **Free Second Opinion** by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

OVER HALF A MILLION ACCESS POINTS NATIONWIDE

NO WAITING PERIODS | NO BALANCE BILLING (in network) | NO CLAIM FORMS (in network) | NO MISSING TOOTH EXCLUSION

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

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KEEPING YOU AND YOUR FAMILY SMILING FOR A LIFETIME

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10/14/2017

Vision Plan

Eligible Employees: Those who work **20** or more hours per week.

Plan Tier	Employee Monthly Contribution
Employee	\$6.46
Employee + Spouse	\$12.27
Employee + Children	\$12.92
Family	\$18.99



Five Rivers MetroParks

SUMMARY OF BENEFITS

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are for in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of **in-network** providers near you, use our **Enhanced Provider Locator** on www.eyemed.com or call 1-866-804-0982.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay; \$130 allowance; 80% of charge over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$90	Up to \$50
Premium Progressive Lens ^a	\$110 - \$135	
Tier 1	\$110	Up to \$50
Tier 2	\$120	Up to \$50
Tier 3	\$135	Up to \$50
Tier 4	\$90 Copay, 80% of charge less \$120 Allowance	Up to \$50
Lenticular	\$25 Co-pay	Up to \$70
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^a	\$57-\$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Contact Lenses		
Conventional	\$0 Co-pay; \$130 allowance; 15% off retail price over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchase and 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

Life Insurance

Basic Life Insurance

Eligible Employees: Those who work 40 or more hours per week.

Five Rivers MetroParks offers a \$30,000.00 basic life insurance policy to all full-time employees. Coverage begins 30 days after start date. The Agency cover the expense of this benefit.

Supplemental Life Insurance and Accidental Death & Dismemberment

Eligible Employees: Those who work 20 or more hours per week.

Both full-time and part-time employees have an opportunity to purchase supplemental life insurance for themselves or to cover a spouse or dependent children.

- Employee Benefit: 5x salary up to \$500,000
- Employee Guaranteed Issue: \$150,000 (**New Hires Only**)
- Spouse Benefit: 50% of Employee elected amount up to \$100,000
- Spouse Guaranteed Issue: 50% of Employee elected amount up to \$50K (**New Hires Only**)
- Child Benefit: 15 days to 26 years: \$5,000 or \$10,000Rate

Information may be found [HERE](#).

**Enrollments outside of New Hire enrollment will require Evidence of Insurability (EOI) approval.*

Disability Insurance

Disability insurance pays you a monthly benefit if you have a covered disability that lasts for an extended period of time. This coverage is important because disability is more common than you think, and this can protect yourself and the people who depend on you.

	Long-Term Disability (Option 1)	Long-term Disability (Option 2)
Benefits Begin	After 90 th day that you become unable to work due to a non-occupational illness or accident	After 90 th day that you become unable to work due to a non-occupational illness or accident
Benefits Payable	40% of earnings up to \$6,000 per month	60% of earnings up to \$6,000 per month
Pre-Existing Conditions	3 / 12 - If you've received care for a condition in the 3 months prior to your effective date, that condition will not be covered for the following 12 months	3 / 12 - If you've received care for a condition in the 3 months prior to your effective date, that condition will not be covered for the following 12 months

Maximum Benefit	Up to Social Security Normal RetirementAge for all EXCEPT: Mental Health Conditions – 24 months Alcohol, drug, or chemical abuse conditions – 24 months Special conditions – 24 months	Up to Social Security Normal RetirementAge for all EXCEPT: Mental Health Conditions – 24 monthsAlcohol, drug, or chemical abuse conditions – 24 months Special conditions – 24 months
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See The Standard's [Long Term Disability Summary \(LTD\)](#) for cost details.

Short-Term Disability	
Benefits Begin	After 14 th day that you become unable to work due to a non-occupational illness or accident
Benefits Payable	60% of earnings up to \$1,500 per week
Pre-Existing Conditions	3 / 12 - If you've received care for a condition in the 3 months prior to your effective date, that condition will not be covered for the following 12 months
Maximum Benefit	90 Days

See the Standard's [Short Term Disability Summary \(STD\)](#) for cost details

Accident Insurance

Accident Insurance coverage can pay a benefit directly to you if you suffer a covered injury and need treatment. It can offset the high cost of copays, deductibles, and other expenses your medical insurance may not cover.

How it works: This policy pays a lump-sum benefit based on type of injury sustained and treatment needed. When you receive a benefit, the money can be used however employees choose.

Accident Coverage	
Imaging	X-ray: \$50 MRI/CT Scan: \$200
Hospital	\$1,000 for admission \$750 ICU Admission \$200/day for hospital/ICU confinement up to 1 year Inpatient Rehab: \$100 (up to 90 days) Ambulance: \$300 ground / \$800 air

Outpatient	Physician Office: \$50 Physician Office Follow-Up: \$50 (2x per accident) Urgent Care: \$50 Therapy Services: \$50 (Max 3 sessions)
Fractures / Dislocations	Fracture Maximum: \$8,000 / Dislocation Maximum: \$5,000
Employee Monthly Deductions:	Employee: \$9.65 Employee + Spouse: \$15.33 Employee + Child: \$18.25 Family: \$28.59

Additional information available at [Group Accident Insurance Summary](#)

Critical Illness

Critical Illness coverage can help you keep your finances in check by providing a benefit when the expenses of a serious illness start to add up.

How it works: This policy pays a lump-sum benefit based on the diagnoses of a major disease and treatment needed. When you receive a benefit, the money can be used however employees choose.

Critical Illness Coverage	
Benefit Schedule	\$5,000 - \$20,000 maximum per diagnoses
Diagnoses Payments	Heart Attack, Stroke, Major Organ Failure or End Stage Kidney Disease = 100% of Benefit Cancer: Invasive = 100% of Benefit Non-invasive or Skin Cancer = 25% of Benefit
Neurological	Amyotrophic Lateral Sclerosis, Parkinson's, Alzheimer's, MS, Coma = 100% of Benefit (advanced)
Employee Monthly Deductions:	Age 35-44: \$9.40 Age 45-54: \$20.20 Age 55+: \$42.00

Additional information available at [Critical Illness Insurance Summary](#)

Both benefits each pay a \$50 wellness benefit for completing your annual health screenings!

Pension Plan – OPERS

With certain exceptions, all employees who are paid in whole or in part by the state of Ohio, a county, municipality, or any other political subdivision of state or local government in Ohio are enrolled in Ohio Public Employees Retirement System (OPERS), unless they are covered by another state retirement system in Ohio. OPERS members contribute to the System in place of social security.

Employee pre-tax contribution of 10.0% of earnable salary, along with employer contribution of 14.0%, Law Enforcement pre-tax contribution of 12.6% earnable salary, along with employer contribution of 18.1%, is paid into the Public Employee Retirement System (PERS).

New employees have 180 days from their employment start date to select one of the three OPERS Retirement Plans:

- **Traditional Pension Plan** – is a defined benefit plan under which a member's retirement benefit is based on a formula. The formula is determined by years of contributing service and the average of the three highest years of earnable salary (or final average)
- **Member-Directed Plan** – is a defined contribution plan under which employee and a portion of the employer contributions are deposited into a member's individual OPERS account and invested as directed by the member.
- **Combined Plan** – is a retirement plan with both a defined benefit and defined contribution component. Under the defined benefit portion of the Combined Plan, the member's retirement benefit is determined by a reduced formula (similar to the Traditional Pension Plan).

Live Webinar

For help deciding which OPERS retirement plan is best for your career and retirement goals, please visit <https://www.opers.org/members/Plan-select/index.shtml> to learn:

- An overview and comparison of the three retirement plans
- Additional education and resources to help you select a plan
- A chance to have your questions answered by OPERS staff, and you can learn from other participants' questions



1-800-222-PERS (7377)

Supplemental Retirement Plan

457 Deferred Compensation

You work hard every day – is your money working hard enough for you?

When you stop working, your pension will be there for you. But did you know Ohio Deferred Compensation also is available to help support your retirement income?

Ohio Deferred Compensation can help you be better prepared for retirement. Simply enroll, choose how much you want to save from each paycheck, and then let your money go to work for you.

- It's easy. Dollars are automatically deducted from your pay.
- It's flexible. You can increase or decrease the amount at any time.
- It can reduce your current income taxes. Taxes are deferred until you withdraw.
- You have full control. You can choose how your money is invested.
- You'll have more choices. When you leave a job, you can take out your money without penalty or leave it in the plan to potentially grow.
- You'll get all the personalized help you need. Account executives are available to help you keep up with your account.
- Minimum of \$15.00 per pay to get started.

Deferral limits:

Regular Deferral Limit	\$19,500
Age 50-Plus Deferral Limit	\$26,000
Catch-up Deferral Limit	\$39,000



1-877-644-6457

Employee Assistance Program

EmployeeCare of Miami Valley Hospital

Five Rivers MetroParks understands that personal and work-related stress can impact the quality of their employee's life at home and at work. There are times in everyone's life when they could benefit from talking with an objective professional for support or advice.

One of the benefits that Five Rivers MetroParks provides for you is an employee assistance program (EAP). The EAP offers a variety of services (*shown below*):

- Short term counseling, assessment and referral services for couples, individuals, and families
- Work-related problems
- Grief/Loss issues
- Family relations/parenting issues
- Alcohol or drug dependency/abuse
- Stress management
- Emotional problems
- Depression/anxiety

Specialty services include:

- Conflict management
- Eating Disorders
- Eye movement desensitization reprocessing and expressive arts therapy
- Ongoing chemical dependency group for employees who need drug education, not treatment
- Six satellite offices in Greenville, Troy, Eaton, Springboro, Miami Valley Hospital South, and Good Samaritan Hospital.

EmployeeCare provides free, confidential counseling for employees and their families. You can schedule personal counseling sessions, Monday thru Friday, by calling (937) 208-6626 or (800) 628-9343. In addition, a counselor is available for crisis calls 24 hours a day, seven days a week.



Wellness Programs

Sinclair

Five Rivers MetroParks full-time and part-time employees may participate in physical education classes at Sinclair Community College in the PED-6000 series. The Agency will pay the course fee. Visit <https://regportal.sinclair.edu/#search> to find available courses.

YMCA

It's more than just a gym, a pool, or a place for fitness ... the YMCA network of locations gives individuals across the Miami Valley many ways to take charge of their health through their growing programs and services. Five Rivers MetroParks employees receive a Corporate discount.

Outdoor Connections

Five Rivers MetroParks Outdoors Connection Department offer programs that encourage physical fitness, activity and physical skills development that are available to FRMP staff through MetroParks' Wellness Program (e.g., *Fundamentals of Fly Fishing and Backpacking Basics*). Programs eligible for the Wellness Program will have a limited number of spaces available to FRMP staff at the beginning of registration for each class. Interested FRMP staff can simply call Outdoor Connections Department for registration information.

RiverScape

All permanent (full-time and part-time) employees receive free skate rentals at the RiverScape Ice Rink with proof of employment.

Other Benefits

Paid Time Off

Five Rivers MetroParks full-time and part-time employees are awarded (if applicable) paid time off as listed below in accordance with MetroParks policy – as may be amended from time to time and in accordance with your employment classification and/or contractual language.

- Vacation
- Personal Leave
- Sick Leave

Prior Service Credit

Employees who have retirement credits as a result of prior employment with another public agency in the State of Ohio may be eligible to transfer credit to MetroParks. Transferred service credits may be used to determine vacation entitlement. Sick leave credits accumulated during employment with another political subdivision of the State of Ohio can be transferred to MetroParks. Written documentation from that agency confirming employment dates and position, and *(if applicable)* sick leave credits must be provided to Human Resources.

Tuition Reimbursement

Upon completion of initial probationary period, tuition reimbursement is available. The calendar year maximum reimbursement is \$5,000.00. Work-related courses are reimbursed at 80% for full-time employees, and 40% for part-time employees.

Legal Shield/ID Shield

Have You Ever?

- Needed your Will prepared or updated
- Received a moving traffic violation
- Have teenage drivers or kids in college
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Been a victim of IDENTITY THEFT or worried about it
- Wanted to know your options for mortgages
- Needed help with insurance claims
- Been pursued by a collection agency
- Signed a contract
- Had concerns regarding child support
- Wanted to know what your legal rights are

Paid Holidays

Paid holidays may vary based on Bargaining Agreements.

- | | | |
|-----------------|------------------------------|-------------------------|
| *New Year's Day | *Martin Luther King, Jr. Day | *Memorial Day |
| *Juneteenth | *Independence Day | *Labor Day |
| *Veteran's Day | *Thanksgiving | *Day after Thanksgiving |
| *Christmas Day | | |

Important Notice from Five Rivers MetroParks About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Five Rivers Metroparks and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Five Rivers Metroparks has determined that the prescription drug coverage offered by the UMR's Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Five Rivers MetroParks coverage may be affected.

See the Certificate of Coverage to determine how your plan coordinates with Medicare Part D coverage should you elect Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Five Rivers Metroparks coverage, be aware that you and your dependents may NOT be able to get this coverage back.

If you decide to join a Medicare drug plan and drop your current Five Rivers Metroparks coverage, be aware that you and your dependents will NOT be able to get this coverage back if Five Rivers Metroparks is a Medigap issuer.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Five Rivers Metroparks and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information or call Five Rivers Metroparks at 937-275-7275. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Five Rivers Metroparks changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the 'Medicare & You' handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the 'Medicare & You' handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender: Five Rivers MetroParks

Contact: Human Resources

Phone: 937-275-7275

E-mail: HR@metroparks.org

Address: 409 E. Monument Ave,
3rd Floor
Dayton, OH 45402

BENEFIT CONTACT LIST

Provider	Contact # / Website	Benefit Plan(s)
UMR	Member Support: 1-800-826-9781 www.UMR.com	Buy-Up PPO Plan Core HSA Plan
The Standard Insurance Company	1-800-628-8600 www.standard.com	Group Life (Basic) Voluntary Supplemental Life Long-Term Disability
Superior Dental Care	1-800-762-3159 www.superiordental.com	Dental
myCafeteria Plan	1-800-865-6543 www.myCafeteriaPlan.com	Health Care FSA Dependent Care FSA
EyeMed	1-866-939-3633 www.eyemedvisioncare.com	Vision Plan
Fifth Third Bank	1-888-350-5353 www.53hsa.com	Health Savings Account (HSA)
McGohan Brabender	1-877-635-5372 OR 1-937-260-4300 mbadvocates@mcgohanbrabender.com	Insurance Broker
Unum	1-800-219-2396 www.unum.com	Accident Insurance Critical Illness/Cancer
OPERS	1-800-222-7377 www.opers.org	Retirement
Deferred Compensation	1-877-644-6457 www.Ohio457.org	Tax-Deferred Savings Plan
EmployeeCare	1-800-628-9343 OR 1-937-208-6626 www.miamivalleyhospital.org	Employee Assistance
Human Resources	937-278-2603	Benefit Questions

Last Updated 11/8/2021