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Additional Form Included with this Guide:

⇒ Retiree Supplemental Benefit Enrollment/Change Form

This is a summary of benefit information and does not guarantee benefits. It is not intended as a detailed overview of benefits. Benefits may be subject to change. Some limitations and/or exclusions may apply.

Who is Eligible for Retiree Supplemental Benefits? continued

Surviving Spouse or Child of a deceased City of Akron Retiree

Should a Retiree pass away, the surviving spouse and/or surviving child of the deceased Retiree may be eligible to continue benefits under the Retiree Supplemental Benefit program. Once the City of Akron is notified of the death of a Retiree (must be within 31 days of date of death), a benefit packet will be sent to the surviving spouse and/or surviving child.

Who is NOT eligible to participate in the Retiree Supplemental Medical Benefits?

- ⇒ A Retiree who is not enrolled in the OPERS or OP&F pension health care option.
- ⇒ A Retiree's spouse and/or child who is not enrolled in a medical care option established by: OPERS; OP&F; The State Teachers Retirement System (STRS); The School Employees Retirement System (SERS); and The Ohio Highway Patrol Retirement System (OHPRS).
- ⇒ A Retiree whose date of hire with the City of Akron is on or after January 1, 2017.
- ⇒ A surviving spouse who has remarried.
- ⇒ A surviving dependent child who no longer meets the dependent eligibility requirements.
- ⇒ A stepchild of a deceased Retiree.

Who is NOT eligible to participate in the Retiree Dental & Vision Benefits?

- ⇒ A Retiree whose date of hire with the City of Akron is on or after January 1, 2017.
- ⇒ A surviving spouse who has remarried.
- ⇒ A surviving dependent child who no longer meets the dependent eligibility requirements.
- ⇒ A stepchild of a deceased Retiree.

Can I enroll just my Spouse or Dependents?

No, the Retiree must be enrolled in the benefit in order for any eligible spouse and/or dependents to be covered. For spouse and dependent eligibility requirements, see page 3.

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Overview of Benefits Effective January 1, 2019

Retiree Supplemental Medical Benefits

New Benefit Period for 2019

The benefit period for 2019 will begin January 1, 2019. This change will put all of the Retiree Supplemental Benefits on a calendar year cycle.

Monthly Contributions

Effective January 1, 2019, eligible Retiree, Surviving Spouse and Surviving Children who enroll in the Retiree Supplemental Medical Benefits will be charged a monthly contribution as follows:

- ⇒ **Single election: \$30 per month**
- ⇒ **Family election: \$60 per month**

Medical Benefit

Medical Mutual (MMO) will continue as the medical carrier. There is no change to the benefits for the benefit period beginning January 1, 2019. The benefits available under the Retiree Supplemental Medical benefit will be provided based on the summary of benefits on page 9.

Benefits will continue to pay supplemental to your State Retirement benefit option and Medicare (if applicable) based on the summary of benefits.

New National Network

Effective January 1, 2019, SuperMed PPO Service area will be made up of all 88 Ohio counties, as well as the following Kentucky Counties: Boone, Campbell, and Kenton. The national network will be Aetna Open Choice Network (through AXA).

ID Cards

New ID cards will be issued by Medical Mutual. If you reside in the SuperMed service area, your card will say SuperMed PPO. If you reside outside of the SuperMed service area, your card will say Aetna Open Choice PPO. For any questions regarding the new ID cards, please call Medical Mutual at 1-877-328-6664.

How to Submit Monthly Contribution Payments

The City of Akron will send an invoice to the home address on file with the City of Akron Employee Benefits Division.

The first invoice for 2019 will be mailed around January 25, 2019 for the month of January. Payment will be due within 18 calendar days of the date of the invoice.

You will have several options to pay the monthly contributions that are invoiced to you.

Details on payment options will be included with the first invoice you receive for the Supplemental Retiree Medical benefits in January 2019.

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Overview of Benefits Effective January 1, 2019

Retiree Dental Benefits

There is no monthly contribution to enroll in the Retiree Dental Benefit.

There is no change to the benefit design for the 2019 Retiree Dental Benefit. See summary on page 10.

You may enroll yourself and eligible dependents in the dental benefit even if you do not enroll in the Retiree Supplemental Medical benefit. No other dental coverage is required.

Retiree Vision Benefits

There is no monthly contribution to enroll in the Retiree Vision Benefit.

There is no change to the benefit design for the 2019 Retiree Vision Benefit. See summary on page 11.

You may enroll yourself and eligible dependents in the vision benefit even if you do not enroll in the Retiree Supplemental Medical benefit. No other vision coverage is required.

Retiree Group Term Life Insurance Benefits

Retirees are provided with Basic Group Term Life Insurance at no cost to the Retiree. Life Insurance benefits are currently administered through The Standard.

Upon retirement from the City of Akron, the amount of Life Insurance benefit you had as an active employee remains in force for twelve (12) months. Twelve (12) months after your retirement, the benefit amount is reduced by 50%.

If you would like to update your life insurance beneficiary you may:

- ⇒ Download a form at www.akronohio.gov, type Employee Benefits in the search box, click the link “Employee Benefits”. Forms are listed on the right hand side under “Additional Resources”. Click on The Standard Life Insurance Beneficiary Form, OR
- ⇒ Call Employee Benefits Division at (330)375-2700 to request a life insurance beneficiary form by mail. Beneficiary changes cannot be taken over the phone; however, a form will be mailed to you.

Note: Life Insurance beneficiaries can be changed at any time during the year and must be submitted in writing.

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Life/Family Status Changes During the Year

A qualifying life event or change in your situation may make you eligible for a **Special Enrollment Period**, allowing you to make changes to the Retiree Supplemental Benefits outside the annual Open Enrollment period.

Should you experience a qualifying life event, you must notify the Employee Benefits Division within 31 days of the event in order to make any changes to your benefit elections.

Qualifying Life Events

Loss of Health Coverage

- Losing existing health coverage
- Losing eligibility for Medicare or Medicaid
- Dependent child losing coverage

Changes in household

- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

Gain Health Coverage

Become eligible for Medicare

How to Enroll and Make Changes

If you are not making any changes, you do not need to return an Enrollment/Change Form; **HOWEVER, you are required to submit proof of enrollment in a State Retirement Benefit option if you are enrolled or are enrolling in the Retiree Supplemental Medical Benefit** (see page 3).

Retiree Supplemental Benefit Enrollment/Change Form

If you are electing new benefits for you or any eligible dependents or making any changes, a blank Enrollment/Change Form is included with this packet. Return Enrollment/Change Forms to the City of Akron Employee Benefits Division (see page 8 address).

Please Note: If you covered a dependent in 2018 and they are no longer eligible in 2019 based on the rules on page 3, the dependent will be removed even if you do not return a change form.

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Forms and Required Documents

If You Are Making Changes

If you are making changes, such as adding or dropping a dependent, or adding or dropping a benefit, you must complete and return the Retiree Supplemental Benefit Enrollment/Change Form

If you are adding a dependent to the Retiree Supplemental Medical, Retiree Dental or Retiree vision, you must provide the Required Documents for New Dependents (see side chart).

If You or Eligible Dependents Are Enrolling/Staying in the Retiree Supplemental Medical Benefit

Proof of enrollment in a health care option with OPERS, OP&F or other qualified State Retirement benefit option is required . Proof must have the State Retirement logo on it. **Proof is required annually—even if you are not returning an Enrollment/Change Form.**

Enrollment /Change Forms and Required Documents
must be returned no later than
4:00 p.m. on Friday, December 14, 2018.

Proof of enrollment
must be returned no later than
4:00 p.m. on Friday, December 28, 2018.

Forms and documents may be returned to the address below **(please note we have moved)**:

City of Akron
Employee Benefits Division
Municipal Building
166 South High Street, Room 703
Akron, Ohio 44308

You may also Fax to (330) 375-2239
or e-mail to benefits@akronohio.gov.

*Required Documents for New Dependents

Spouse of a Retiree
Marriage certificate AND one form of documentation establishing current marital status such as jointly filed federal tax return, joint mortgage/lease, joint bank or credit account, insurance policy dated within the past 6 months.

Retiree's Dependent Child (under age 26)
Birth certificate or adoption decree naming the Retiree or Retiree's lawful spouse as a parent OR copy of court order naming the Retiree as the child's legal guardian or custodian.

Disabled child (age 26 or older)
Birth certificate or adoption decree naming the Retiree as a parent OR copy of court order naming the Retiree or the Retiree's lawful spouse as the child's legal guardian or Custodian AND Disability Verification Form, as required.

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Retiree Supplemental Medical Benefits



Retiree Supplemental Medical benefits are currently administered by Medical Mutual and utilize the SuperMed PPO network and the Aetna Open Choice National network. There are two levels of care available (network and non-network). Each time you or a family member receives care, if the provider is in the network, there is a higher level of benefit. If the provider is not in the network, there may be a lower level of benefit which results in higher out of pocket costs to you.

These benefits pay as a supplement only based on eligibility rules on page 3. Some limitations and exclusions may apply based on coverage rules.

Supplemental Medical Benefit Summary

		In-Network	Out-of-Network
Deductible	Single	\$125	\$250
	Family (1)	\$250	\$500
Coinsurance (*after deductible)		20%/80%*	30%/70%*
Coinsurance Out-of-Pocket Maximum (includes deductible)	Single	\$775	\$1,550
	Family (1)	\$2,325	\$4,650
Office Visit	PCP (2)	\$15	30%/70%*
	Specialist (2)	\$25	30%/70%*
Office Visit – Preventive/Routine services ONLY		100%	30%/70%*
Emergency Room (waived if admitted)		\$125	\$125
Non-Emergency use of Emergency Room		\$125 copay/80%*	\$125 copay/70%*
Urgent Care		\$45	30%/70%*
Hospitalization, Diagnostic Lab, X-Ray, and Medical Tests		20%/80%*	30%/70%*
Prescription		NOT COVERED	NOT COVERED

1. For the family deductible and coinsurance out-of-pocket maximum, one individual on the program will never pay more than the Single Deductible/Out-of-Pocket maximum, and the whole Family combined will never pay more than the Family Deductible/Out-of-Pocket maximum. Example: Employee and Spouse enrolled. Employee has \$775 Out-of-Pocket maximum and Spouse has \$775 Out-of-Pocket maximum (not \$2,325).
2. Office visit copayments are based on the type of provider that performs the office visit. PCP (Primary Care Physician) is a practitioner that specializes in general practice, family practice, internal medicine, obstetrics and gynecology (OB/GYN), psychiatry, psychology, and certain licensed counselors. Specialists are practitioners, other than a Primary Care Physician, who provides services within a designated specialty area of practice such as dermatologists, cardiologists, chiropractor, endocrinologist and podiatrists to name a few.

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Retiree Dental Benefits

Retiree Dental benefits are currently administered through Guardian. This program uses a network of participating providers (PPO) who agree to accept Guardian's Usual, Customary and Reasonable (UCR) fee. This means less out of pocket cost to you when you use a network provider.

The Benefit Period is January 1, 2019 to December 31, 2019.



Dental Benefit Provision	PPO	
	Network	Non-Network
Calendar Year Deductible (Single/Family)	NONE	
Class I – Preventive Oral Exams, Prophylaxis (dental cleaning), Bitewing X-rays, Full Mouth X-Rays, Sealants	100%	100% of UCR
Class II – Basic Fillings (one surface), General Anesthesia ⁽¹⁾ , Scaling & Root Planing (per quadrant), Simple Extractions	100%	100% of UCR
Class III – Major Dentures, Single Crowns	60%	60% of UCR
Class IV – Orthodontic Procedures Adults and Children	60% Coverage	60% Coverage
Orthodontic Lifetime Maximum	\$2,500	
Annual Yearly Maximum (Per Person) Applies to Class I, Class II & Class III	\$500 <i>(Akron Nurses Association, Management; Non-Bargaining; AF-SCME; CSPA; CWA)</i>	
Annual Yearly Maximum (Per Person) Applies to Class I, Class II & Class III	\$1,500 <i>(Police and Firefighters covered under union benefits at the time of retirement)</i>	


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Retiree Vision Benefits

Retiree Vision benefits are currently administered through Medical Mutual. No specific network required.

The Benefit Period is January 1, 2019 through December 31, 2019.



Vision Plan	 MEDICAL MUTUAL
Examinations (one per Benefit Period)	\$50 Allowance
Lenses (per pair, one pair per Benefit Period)	
Single Vision	\$40 Allowance
Bifocal	\$60 Allowance
Trifocal	\$76 Allowance
Lenticular	\$92 Allowance
Contact Lenses	
After cataract surgery	\$116 Allowance
For visual acuity not correctable to 20/70 in the better eye by use of conventional lenses	\$116 Allowance
Other contacts	\$60 Allowance
Frames (per frame, one frame per every Two Benefit Periods)	\$60 Allowance

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Important Contact Information

Retiree Supplemental Medical

Group Number: 500878

Medical Mutual Customer Service - Claims, benefit questions, prior authorization

1-877-328-6664

Call or go online for provider information.

www.medmutual.com

Retiree Dental

Group Number: 434378

Guardian Customer Service:

1-800-541-7846

Call or go online for provider information.

www.guardiananytime.com

Retiree Vision

Group Number: 500878

Medical Mutual Customer Service - Claims, Benefit questions

1-800-362-5729

Call or go online for provider information.

www.medmutual.com

City of Akron Employee Benefits Division

Employee Benefits Division

Phone: (330) 375-2700

Fax: (330) 375-2239

Website:

http://www.akronohio.gov/cms/employee_benefits/index.html

Hours: 8am—4:30pm (EST)

Email: benefits@akronohio.gov

Retiree Supplemental Medical Billing Contact

Utility Business Office

Retiree Supplemental Medical Benefit phone payments and payment questions.

330-375-2554

Mail Payments to:

P.O. Box 3674

Akron, Ohio 44309

Ohio Public Employee Retirement System (OPERS)

Non-Medicare retirees

1-800-222-7377

8am—4:30pm (EST)

OPERS Medicare Connector—Via Benefits—for OPERS

Retirees participating in a Medicare plan through the Connector.

1-844-287-9945

8am—9pm (EST)

Ohio Police & Fire

Ohio Police & Fire Pension Fund

1-888-864-8363

Aon Retiree Health Exchange

1-844-290-3674

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