



OneEighty

Helping people change direction.

Benefits Guide

Effective July 2025 - June 2026

Making Your Benefit Selections

Eligibility

Eligible:

- FT Employees working 30+ hours per week
- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners
- Foster children
- Sisters, brothers, parents or in laws, grandchildren, etc.

Enrollment Forms

All enrollment must be completed through **HR**.

Mid-Year Changes

Your benefit plans are in effect **July 1 – June 30** each year. In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits begin on the **first day of the month following your start of employment**; this is your effective date. Be sure to submit your selections within your first 30 days of benefits eligibility.

Your benefit selections will be in effect through **June 30**.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from **July – June** of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

You must request a change to your benefits within **30 days** of your life event (60 days for changes involving Medicaid eligibility).

Documentation may be required.

Important Contacts

Medical Insurance	Meritain Health Group: 24911	800.925.2272 www.meritain.com
Prescriptions	CVS Caremark	1.800.776.1355 www.caremark.com
Flexible Spending Accounts (FSAs)	WEX Health	866.451.3399 benefitslogin.wexhealth.com
Dental Insurance	Principal Group: 1142273	800.247.4695 www.principal.com
Vision Insurance	Principal Group: 1142273	800.877.7195 www.principal.com/vsp
Life/AD&D Insurance	Sun Life Group: 916943	800.247.6875 www.sunlife.com/us
Disability & Critical Illness Insurance	Sun Life Group: 916943	800.247.6875 www.sunlife.com/us

Your OneDigital Team

Your OneDigital team is here to help you with claims, ID cards, coverage questions, and more!

Carlie Eisenbrei | Benefits Consultant | carlie.eisenbrei@onedigital.com | 330.591.4572

Autumn Lambert | Account Manager | autumn.lambert@onedigital.com | 330.591.4574



Tammy Hart
Director of HR and Operations
hartt@one-eighty.org

Ashleigh Cole
Human Resources Manager
colea@one-eighty.org

Helpful Terms & Resources

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs. *The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.*

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).



How to handle medical bills (4:46)



WHERE TO GO FOR CARE

Telemedicine \$

Conditions Treated:

- Cold & flu
- Sinus infection
- Allergies
- Rash
- Mental Health



24/7/365



Typical Wait:
10-15 Min

Retail Clinic \$\$

Conditions Treated:

- Cold & flu
- Minor Injuries (cuts and burns)
- Infections (sinus, ear, strep throat, urinary tract)
- Allergies
- Rash



Varied,
Nights/
Weekends



Typical Wait:
10-30 Min

Emergency Room \$\$\$\$

Conditions Treated:

- Life-threatening symptoms
- Chest Pain or shortness of breath
- Head or spinal injury
- Excessive Bleeding
- Sudden loss of vision or speech
- Difficulty walking
- Dizziness or loss of consciousness
- Major broken bone, injury, burn, or cut
- Severe pain
- Uncontrollable thoughts of self-harm, suicide, or homicide



24/7/365



Typical Wait:
4 Hours

Physician's Office \$-\$\$

Conditions Treated:

- Annual physical
- Immunizations
- Condition management
- Preventive services
- Non-emergent illness (allergies, cold, flu, etc.)
- Mental Health



M-F, Hours
Varied



Typical Wait:
1-10 Days

Urgent Care \$\$\$

Conditions Treated:

- Cold & flu
- Sprains & strains
- Stitches
- X-rays
- Bites & burns
- Minor infections



Varied,
Nights/
Weekends



Typical Wait:
15-30 Min

Urgency Center \$\$\$\$\$

Conditions Treated:

- Similar to a hospital based ER, but requires you to be transported to a hospital based ER if you need extensive care.



24/7/365



Typical Wait:
30+ Min



Learn more medical
cost savings
strategies



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Medical Plans

Meritain Health®
an  **aetna** company

Medical insurance helps you pay for preventive care, routine health needs, prescriptions, and advance procedures by cost-sharing with your insurance provider.

[Find an In-Network Provider](#)

In-Network Benefits	Meritain Aetna Choice II Base Plan See Plan Details	Meritain Aetna Choice II Buy-Up Plan See Plan Details
Calendar Year Deductible	Individual: \$3,500 Family: \$7,000	Individual: \$1,500 Family: \$3,000
Preventive Care	100% Covered	100% Covered
Office Visits	PCP: \$30 Copay Specialist: \$60 Copay Urgent Care: \$75 Copay	PCP: \$30 Copay Specialist: \$60 Copay Urgent Care: \$75 Copay
Procedures	Inpatient: *20% Coinsurance Outpatient: *20% Coinsurance Emergency Room: \$350 Copay	Inpatient: *20% Coinsurance Outpatient: *20% Coinsurance Emergency Room: \$350 Copay
Prescriptions (Retail/Mail Order)	Generic: \$20/\$50 Copay Brand: \$50/\$150 Copay Non-Preferred: \$100/\$300 Copay Specialty: 25% Up to \$350 Max	Generic: \$20/\$50 Copay Brand: \$50/\$150 Copay Non-Preferred: \$100/\$300 Copay Specialty: 25% Up to \$350 Max
Out-of-Pocket Maximum	Individual: \$4,500 Family: \$9,000	Individual: \$3,500 Family: \$7,000
Premiums (Semi-Monthly) (Non-Participant Participant)		
Employee	\$117.50 \$67.50	\$128.50 \$78.50
Employee+Spouse	\$238.00 \$188.00	\$262.00 \$212.00
w/ Spousal Surcharge**	\$288.00 \$238.00	\$312.00 \$262.00
Employee+Child(ren)	\$220.00 \$170.00	\$242.00 \$192.00
Family	\$318.50 \$268.50	\$351.50 \$301.50
w/ Spousal Surcharge**	\$368.50 \$318.50	\$401.50 \$351.50

*Deductible Applies First

**A spouse surcharge, will apply if your spouse is eligible for insurance from their employer but you choose to put the spouse on OneEighty insurance.

Other Coverage: If you have other coverage and decline OneEighty Health Insurance a stipend will be paid in the amount of \$50.00 per pay period.

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Carrier Resources

Meritain Health
an  **aetna** company

Member Website

View the Full Meritain Resource Library 

24/7 access to your personal benefits information: Check your benefits and eligibility; Find the status of claims; View your Explanations of Benefits (EOBs); Review your benefit plan document; View deductibles and out-of-pocket limits; Access your ID card.

Visit www.meritain.com

Download **Mobile App**



LEARN MORE 

Telemedicine

Whether it's a nagging cough, middle-of-the-night fever, or a suspicious-looking mole or rash — telehealth through **Teladoc** is here when you need it. Connect with a board-certified physician 24 hours a day, 7 days a week.

Visit www.meritain.com or Call **1.800.835.2362**

Download **Mobile App**



LEARN MORE 

Prescription Drug Programs

The **MPS Cost Avoidance Research Effort (CARE) Program** can help you with navigating high-cost specialty medications.

The **Diabetic Meter Program** is offered as part of your prescription benefit plan and provides eligible members with a blood glucose meter at no out-of-pocket cost.

Rx Smart Savings makes saving at the pharmacy counter easy.

View the Full Prescription Drug Resource Library 

Wellness Discounts

Browse big savings on major brands for all your health and wellness needs. **LifeMart** is your employer's way of saying thanks for your hard work— and helping you keep more of your paycheck.

Visit meritain.lifemart.com

Download **Mobile App**



LEARN MORE 

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Caremark Cost Saver



We know that keeping your out-of-pocket costs low is important to you and your family. That's why we offer Caremark Cost Saver, helping you save money on your medications.

How Cost Saver Works

Cost Saver makes sure you get the lowest possible cost for medications covered under your plan. All you have to do is present your CVS Caremark member ID card when you pick up your prescriptions. They'll manage the rest for you by automatically applying the lowest available discount price through GoodRx's prescription pricing.

Cost Saver Benefits:

- **Providing you with the best available prices** for many commonly prescribed, non-specialty generic drugs
- **Automatically applying your out-of-pocket costs to your deductible** and out-of-pocket thresholds
- **Delivering you a seamless experience** that avoids wasted time shopping around for the best price

Your CVS Caremark member ID card is all you need for Cost Saver to work for you. Just show it to your pharmacist and they'll take it from there.



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Wellness Benefits



OneEighty's Health and Wellness program

Discounts on insurance premium are available (as noted with the non-participant/participant rates) for those who participate in OneEighty's Health and Wellness program. This program encourages employees to consult with their Primary Care Physician regarding healthy living and preventive care at least once a year. Get the wellness form signed and turned into Human Resources by **October 31** to receive the discount.

Information When You Need It

Access no-cost monthly resources designed to **support your wellbeing, understand your benefits, and manage your finances.**

Topics include:

- tips to connect with your child(ren),
- ways to ditch debt for good, and
- what to do when a medical bill arrives.



Access Now



On-Demand Support

Access on-demand mental health resources on a platform built with your mobile device in mind.

The **Mental Health Hub** includes:

- Tips for managing day-to-day stressors,
- Resources for times of crisis,
- Practical information about mental health,
- and more!



Access Now



Principal Emotional Health Support Line

Get help when you're feeling overwhelmed or need support. You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources.



FSA Savings Plans



Eligible Expenses 

Flexible Savings Accounts

Save tax dollars and receive an advanced loan to assist with qualified expenses with an FSA. Determine your per paycheck contribution at the beginning of the year, and then spend those funds on qualified health expenses or dependent care expenses as needed before the plan year ends. You have until **March 15** of the following year to spend any leftover medical FSA funds.

WEX offers two types of FSAs:

➤➤➤ Health Care FSAs pay for out-of-pocket health care expenses (e.g., doctor copays, prescriptions, deductible expenses, and other FSA Eligible Expenses) not covered by insurance.

➤➤➤ Dependent Care FSAs pay for the care of a dependent child or adult while you work or attend school. Only the amount you've actually contributed is available for use at any one time.

Employees can enroll in one or both types simultaneously in **WEX**. You do not need to elect medical benefits to enroll in the FSAs.

2025 IRS FSA Max Contributions:

HealthCare FSA: \$3,300

Dependent Care FSA: \$5,000

Married filing separately: contribute up to \$2,500 per person.



Clear the confusion
about Dependent
Care FSAs



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Dental Plans

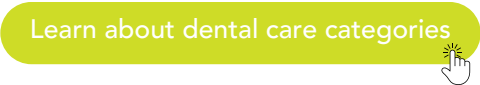


Good dental hygiene has substantial impact on your overall health. Prevent both oral conditions and other diseases through regular preventive dental care.



In-Network Out-of-Network Benefits	Principal Low PPO Plan See Plan Details	Principal High PPO Plan See Plan Details
Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Preventive Services	100% 100%	100% 100%
Basic Services	*80% *80%	*100% *80%
Major Services	Not Covered	*60% *50%
Annual Plan Maximum	\$1,000	\$1,500
Premiums (Semi-Monthly)		
Employee	\$9.35	\$20.18
Employee+Spouse	\$21.19	\$40.35
Employee+Child(ren)	\$24.87	\$51.44
Family	\$39.16	\$71.62

*Deductible Applies First



i Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).



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Vision Plan



Protect your sight and enjoy those sunsets even more with vision insurance. Receive both preventive and materials coverage!



In-Network Benefits	Principal VSP PPO Plan	See Plan Details
Vision Exams	\$10 Copay	
Lenses	Single: \$25 Copay Bifocal: \$25 Copay Trifocal: \$25 Copay	
Frames	\$130 Allowance, then 20% Discount	
Contact Lenses	Evaluation & Fitting: Up to \$60 Copay Elective: \$130 Allowance Medically Necessary: \$25 Copay, then 100% Covered	
Frequency of Services	Exam: 12 Months Lens & Contact Lenses: 12 Months Frames: 24 Months	
Premiums (Semi-Monthly)		
Employee	\$3.59	
Employee+Spouse	\$5.47	
Employee+Child(ren)	\$5.47	
Family	\$9.81	

Your vision plan covers either glasses (lenses and frames) or contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.



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Life/AD&D Plan



[See Plan Details](#)

Voluntary Life and AD&D

You can purchase additional life and AD&D insurance for you and your dependents. This plan is optional and paid 100% by you through payroll deductions if you choose to sign up.

	Benefit	Guarantee Issue
Employee	Minimum \$20,000, Increments of \$10,000 up to \$500,000 Max (cannot exceed 5x your Basic Annual Earnings)	\$100,000
Spouse	Increments of \$5,000 up to \$250,000 (cannot exceed 50% of employee's amount)	\$25,000
Child	\$1,000, \$5,000, or \$10,000	\$10,000

Beneficiary Designation

The beneficiary designations for your life insurance takes precedence over your will. If you want your wishes to be followed after your death, you need to keep your beneficiaries updated. If you have not listed anyone as a beneficiary, your assets will follow a default order to determine who will receive it, such as your spouse, your children, your parents and then your siblings. Listing a beneficiary--and keeping it updated--will save time, effort and potential conflict after you're gone.

Benefit Age Reduction

33% at age 70
33% at age 75

Evidence of Insurability

You must submit an Evidence of Insurability (EOI) form to the insurance carrier if you select an amount of insurance over the "Guarantee Issue Amount (GI)". Any coverage amount over the GI is subject to the carrier's approval. If approved, you will receive a letter in the mail notifying you of the approval. Note: Voluntary life coverage is available up to the GI amount without the need for an EOI form at an employee's initial eligibility only.

[SUBMIT](#)

Disability Plan



Accidents and illnesses happen and often when we least expect them. Ensure you are financially prepared to stay afloat in the midst of a medical condition with disability insurance.

[See Plan Details](#)



Short Term Disability

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time.

Benefit	60% of weekly earnings to a maximum of \$1,000 a week
Duration	26 Weeks
Elimination Period	31 Days

See your benefit summary to learn more about the definition of "unable to work".



Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

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Critical Illness Plan



Being diagnosed with a critical illness can be devastating, both personally and financially. Breathe easier knowing critical illness insurance can help you pay your out-of-pocket expenses and allow you to focus on your health.

[See Plan Details](#)



Coverage Amounts	Employee: Increments of \$5,000 up to \$50,000 Max Spouse: Increments of \$2,500 up to \$25,000 Max (cannot exceed 50% of employee's amount) Child: \$2,500 or \$5,000
Guaranteed Issue Amount	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000
Health Screening Benefit	\$50 Per Person, Per Calendar Year
Cancer Benefits	Invasive Cancer: 100% of Coverage Amount Non-Invasive Cancer: 25% of Coverage Amount
Heart Attack	100% of Coverage Amount
Stroke	100% of Coverage Amount
Coma	100% of Coverage Amount
Loss of Vision	100% of Coverage Amount
Major Organ Failure or End-Stage Kidney Disease	100% of Coverage Amount
Recurrence Benefit Waiting Period	18 Months
Pre-Existing Conditions Limitation	12/12



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Medicare Benefits

Employees are encouraged to contact Sean Lally and Dean Streit at Haudenschild Insurance Agency in Wooster for assistance with Medicare questions and support. The Haudenschild Agency has operated in the Medicare system for more than twenty years and have established themselves as a trusted local resource with an emphasis on service.

Haudenschild is an independent agent located on Cleveland Road in Wooster and SR 39 in Loudonville and contracts with more than ten insurance carriers providing support with Medicare 101, Medicare enrollment, claims support, explanation of benefits, annual reviews, cost savings reports.

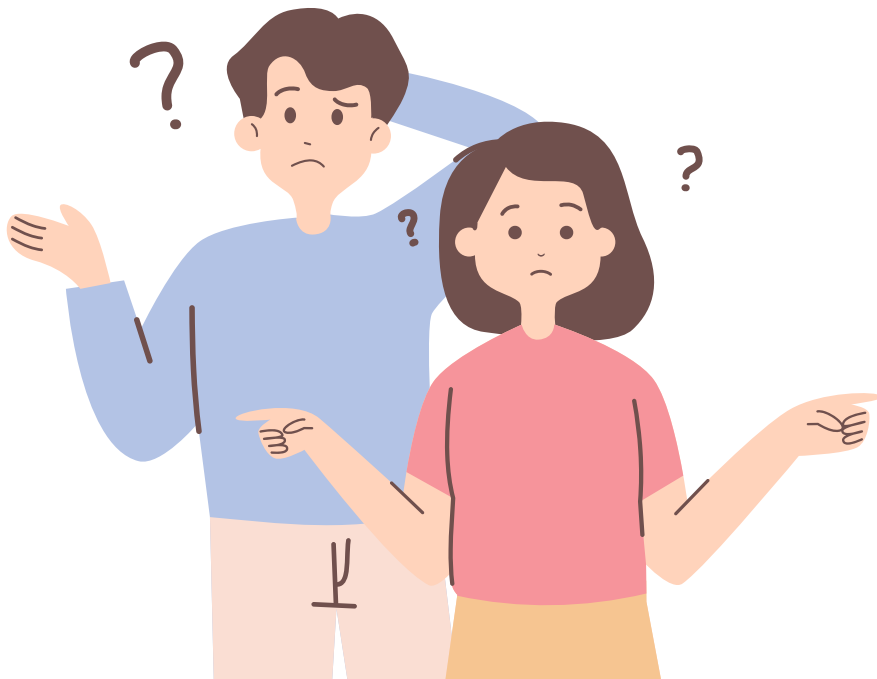
Sean Lally

splally@haudenschildagency.net

Dean Streit

dstreit@haudenschildagency.net

Office Phone: 330.591.4572



Medicare and You
Handbook 2025



OneDigital
Medicare FAQs



Employee Notices

Please review the following required employee notices detailing your rights and options. You can also request a paper copy of any of these notices at any time.

» VIEW NOTICES HERE

» VIEW SBICS HERE



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