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OHIO AFSCME CARE PLAN

History

The Ohio AFSCME Care Plan was established in 1973 with the Cuyahoga County Hospitals covering some 2,400 employees. The Care Plan was established under a joint Trust Agreement in strict accordance with the laws of the State of Ohio and Federal Government. The Care Plan is administered by a fourteen, member Board of Trustees composed of equal representation by the Employers and AFSCME. The Ohio AFSCME Care Plan is also covered by the Federal Employee Retirement Income Security Act (ERISA) which requires certain reporting procedures to the Federal Government and to all employee participants covered by the Care Plan.

The first benefit provided was a \$2,000 life insurance policy. A year later, Prescription Drug coverage followed. Dental, Vision, and Hearing were soon added. Plan benefits continue to be improved.

Since 1973, the growth of the Care Plan has been phenomenal. The Care Plan covers 22,291 employees with 281 participating employer groups. Totally, the Care Plan covers 66,000 people which includes employees, spouses and dependent children. **The Care Plan has two offices located here in Ohio, with Service Centers in Cleveland and Cincinnati.**

Employees covered by the Ohio AFSCME Care Plan work for County Hospitals, Cities, Boards of Education, non-profit Public and Private Hospitals, County Departments of Human Services, County Nursing Homes, County Departments of Youth Services, County Boards of Mental Retardation, various Police and Fire Units, Metropolitan Housing Authorities, County Sewer Districts, County Coroner, Community Colleges, County Engineers, County Sheriffs, County Inmate Services and City Zoos.

The Board of Trustees approved a major amendment for the Trust Agreement to be effective May 1, 2006. This amendment provides that benefits of the Care Plan are available to non, AFSCME Bargaining Units **And Non Union Employees** where Employers are making contributions to the Care Plan on behalf of an AFSCME Bargaining Unit.

Except for the Life Insurance plan, which is underwritten by Consumers Life Insurance Company, the Ohio AFSCME Care Plan is self-funded for all other benefits, which include Dental, Hearing, Prescription, EAP and Vision Care.

Since the Plan was established in 1973, there have been minor increases in the contribution rate even though health care costs have increased tremendously during the same period of time. Participating Employers are protected from rate increases for the life of their collective bargaining agreement even though the rates may be increased or benefits improved during the term of the agreement. Other insurance companies, rates usually are increased annually even though benefits may not be improved.

OHIO AFSCME LEGAL CARE PLAN History

The Ohio AFSCME Legal Care Plan went into effect March 1, 1987 to cover 2,200 AFSCME members who were employed by Fairview Park, MetroHealth Systems (Metropolitan General Hospital and Sunny Acres Hospital), and their families. The Legal Plan is administered by four Trustees, two appointed by Ohio Council 8 and two appointed by the Employers. Established as a joint program with MetLife Legal Plans, Inc., the Legal Care Plan represents a major new direction in providing employee benefits for public employees.

Using the Ohio AFSCME Legal Plan is as easy as making a telephone call. When a member needs to speak with an attorney, he/she simply calls a toll free number to verify his/her eligibility for services. The legal assistant will give him/her an Authorization Number and the telephone number of the most convenient MetLife Legal Plans, Inc. office.

Covered services are covered completely, no matter how complex or time consuming the matter may be. There is no dollar or time limit on the use of an attorney's services.

Consultations are unlimited. Members may consult with an attorney as many times as necessary, on virtually any subject except excluded matters. (Excluded matters include any matter involving employment or labor relations).

Use of the Plan is confidential between the plan member and his/her attorney. The employer will not know that an employee has consulted an attorney.

The Plan pays the attorney directly. The only out-of-pocket expenses for the employee are fines, filing fees or court costs, if any.

REQUIREMENTS FOR PARTICIPATION

Effective May 1, 2006. This amendment provides that benefits of the Care Plan are available to non-AFSCME Bargaining Units **And Non Union Employees** where Employers are making contributions to the Care Plan on behalf of an AFSCME Bargaining Unit.

There are several requirements that must be met in order to participate in the AFSCME Care Plans. These requirements are as follows:

- 1) There must be a collective bargaining agreement between the Employer and AFSCME.
 - (a) In order for a Non-AFSCME Bargaining Unit to participate in the AFSCME Care Plan, there must also be a Collective Bargaining Agreement between the Employer and the Non-AFSCME Bargaining Unit.
 - (b) The Employer must be obligated to make contributions to the Care Plan for an AFSCME Bargaining Unit.
- 2) AFSCME must be recognized as the sole and exclusive representative of all employees in the AFSCME Bargaining Unit.
 - (a) The Non-AFSCME Union must be recognized as the sole and exclusive representative of all employees in the Non-AFSCME Bargaining Unit.
- 3) All Employees in the bargaining unit, whether members or non-members, must be covered.
- 4) The Employer must pay the entire premium contribution for each Employee in the bargaining unit.
- 5) There must be specific language in the agreement requiring the Employer to participate and pay the premium contribution rate.

Ohio AFSCME Care Plan

—Sample Language—

(Date)

(Amount)

“Effective _____, the employer shall contribute _____ per month

to the Ohio AFSCME Care Plan for each employee who is covered by this agreement for the purpose of providing

Benefits and Premium Costs

VISION CARE	\$6.75 per Month per Employee
VISION CARE II	\$12.00 per Month per Employee
VISION CARE III	\$16.25 per Month per Employee
LIFE INSURANCE	\$7.50 per Month per Employee
LIFE INSURANCE II	\$17.00per Month per Employee
DENTAL I	\$17.75 per Month per Employee
DENTAL II	\$26.00 per Month per Employee
DENTAL 2-A	\$34.00 per Month per Employee
DENTAL III	\$56.00 per Month per Employee
DENTAL IV	\$60.00 per Month per Employee
HEARING AID	\$.50 per Month per Employee
EAP PROGRAM I	\$1.00 per Month per Employee
EAP PROGRAM II	\$1.25 per Month per Employee
EAP PROGRAM III	\$1.40 per Month per Employee
PRESCRIPTION DRUG	\$15.00 per Month per Employee
PRESCRIPTION CARD	\$150.00Effective 01-01-22
	\$150.00Effective 01-01-23
	\$208.00 Effective 01-01-24

Ohio AFSCME Legal Care Plan

—Sample Language—

“Effective _____ (Date) _____, the employer shall contribute Five dollars per month to the Ohio AFSCME Legal Care Plan for each employee who is covered by this agreement.”

PREMIUM COST \$5.00 per Month per Employee

BENEFIT PLANS

A summary of the benefits provided by the Ohio AFSCME Care Plan and Ohio AFSCME Legal Care Plan are as follows:

1) Life Insurance Benefit

A) Employee coverage (based upon hourly rate of employee at time of death).

Class (1) \$16,000.00 - \$ 8.00 to \$ 8.99 per hour.

Class (2) \$18,000.00 - \$ 9.00 to \$ 9.99 per hour.

Class (3) \$20,000.00 - \$10.00 to \$10.99 per hour.

Class (4) \$22,000.00 - \$11.00 to \$11.99 per hour.

Class (5) \$24,000.00 - \$12.00 to \$12.99 per hour.

Class (6) \$26,000.00 - \$13.00 to \$13.99 per hour.

Class (7) \$28,000.00 - \$14.00 to \$14.99 per hour.

Class (8) \$30,000.00 - \$15.00 or more per hour.

B) Accidental Death and Dismemberment Benefit

C) Dependent coverage

(1) Spouse coverage - \$2,000.00

(2) Child coverage - \$2,000.00
14 days to 19 years (23 years if full-time student)
Under 14 days - No benefit

D) Disability Life Insurance Extension

E) Accelerated Death Benefit

F) Seat Belt Benefit

2) Life Insurance Benefit Level II

A) Amount of Life Insurance – Member \$50,000

B) Amount of Accidental Death &
Dismemberment Insurance \$26,000

C) Dependent Coverage

(1) Spouse Coverage \$2,000

(2) Child Coverage \$2,000
14 days to 19 years (23 years if a full-time student)
Under 14 days No Benefit

D) Disability Life Insurance Extension

E) Accelerated Death Benefit

F) Seat Belt Benefit

3) Prescription Drug Refund Benefit

A) Covers Employee, Spouse, and Dependent Children.

B) 90% reimbursement on each prescription.

C) \$600.00 maximum each year per family member.

4) Prescription Card Plan

A) Covers Employee, Spouse, and Dependent Children.

B) Co-pay of 10% of cost up front and the Plan is billed for 90%.

C) \$5,000.00 maximum each year per family member.

D) An Employer can agree to reimburse the Care Plan for the cost of prescription drugs in excess of the \$5,000.00 maximum each year on an individual basis.

5) Vision Care Benefit Level I

A) Covers Employee, Spouse, and Dependent Children. Adults once every 24 consecutive months and children under the age of 19 once every 12 consecutive months.

- B) Covers Exam (including Glaucoma testing), standard frames, basic single vision, bifocal or trifocal lenses at no cost when provider network used.
- C) Provides an allowance for contact lenses.

6) Vision Care Benefit Level II

- A) Covers Employee, Spouse, and Dependent Children once every 12 consecutive months.
- B) Covers Exam (including Glaucoma testing), standard frames, basic single vision, bifocal, or trifocal lenses at no cost when provider network used.
- C) Provides an allowance for contact lenses.

7) Vision Care Benefit Level III

- A) Covers Employee, Spouse, and Dependent Children once every 12 consecutive months.
- B) Covers Exam (including Glaucoma testing), standard frames, basic single vision, bifocal, or trifocal lenses at no cost when provider network used.
- C) Provides an allowance for contact lenses.
- D) Additional covered services include:
 - 1) Polycarbonate lenses
 - 2) No-line Bifocals (Basic)
 - 3) Ultralight lenses
 - 4) Scratch coating
 - 5) Tints (Basic)

8) Hearing Aid Benefit

- A) Covers Employee, Spouse, and Dependent Children
- B) (Benefits are payable once every 4 years)
- C) \$1,500.00 toward the purchase of a Hearing Aid, Ear Mold, and the services of an Audiologist for each ear.

9) Dental Care Benefit Level I
(Effective January 1, 2001, New Employers will not be accepted into this Benefit Level)

10) Dental Care Benefit Level II and Level 2-A

- A) Covers Employee, Spouse, and Dependent Children
- B) Open Panel (choose your own dentist)
- C) Payment according to fee schedule
- D) \$1,500.00 Orthodontic Benefit for Dependent Children under the age of 19
- E) \$1,500.00 Lifetime Maximum for Implant Services
- F) Annual Maximum Benefit - \$4,000.00 per each family member
- G) No deductible

11) Dental Care Benefit Level III

- A) Covers Employee, Spouse, and Dependent Children
- B) Open Panel (choose your own dentist)
- C) Payment will be made based on applying the following schedule of benefit percentages to the lesser of the UCR or the actual amount charged.
 - 1) Diagnostic/Preventive 100% UCR
 - 2) Minor Restorative 80% UCR
 - 3) Major Restorative 50% UCR
- D) \$2,000.00 Orthodontic Benefit for Dependent Children under the age of 19
- E) \$2,000.00 Lifetime Maximum for Implant Services
- F) Annual Maximum Benefit - \$4,000.00 per each family member
- G) No deductible

12) Dental Care Benefit Level IV

- A) Covers Employee, Spouse, and Dependent Children
- B) Open Panel (choose your own dentist)
- C) Payment will be made based on applying the following

schedule of benefit percentages to the lesser of the UCR or the actual amount charged.

- 1) Diagnostic/Preventive 100% UCR
 - 2) Minor Restorative 80% UCR
 - 3) Major Restorative 60% UCR
- D) \$2,000.00 Orthodontic Benefit for Dependent Children under the age of 19
- E) \$2,000.00 Lifetime Maximum for Implant Services
- F) Annual Maximum Benefit – \$4,000.00 per each family member
- G) No deductible

13) Legal Services Benefit

- A) Covers Employee, Spouse and Dependent Children.
- B) Unlimited Advice and Consultation. May be used as often as necessary to discuss any kind of legal problem except those matters which are specifically excluded.
- C) Wills and Codicils. For Employee and Spouse.
- D) Buying or Selling a Home.
- E) Document Preparation. Deed, notes, and powers of attorney.
- F) Defense of Debt Actions. Restructuring payments, defending creditor harassment, garnishments, repossessions, and foreclosure.
- G) Separation, Dissolution, and Divorce.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

14) EAP Benefit Services Level I

- Covers Employee, Spouse, and Dependent Children;
- Provides confidential counseling and referral assistance-24/7;
- Phone counseling by masters and doctoral-level clinicians - up to three calls per problem per year;
- Password-protected online access to EAP related services.

15) EAP Benefit Services Level II

- Covers Employee, Spouse, and Dependent Children;
- Provides confidential counseling and referral assistance – 24/7;
- Phone counseling by masters and doctoral-level clinicians - up to three calls or in -person visits per problem per year;
- Password-protected online access to EAP related services.

16) EAP Benefit Services Level III

- Covers Employee, Spouse, and Dependent Children;
- Provides confidential counseling and referral assistance – 24/7;
- Phone counseling by masters and doctoral-level clinicians - up to five calls or in-person visits per problem per year;
- Password – protected online access to EAP related services.

Certificate Booklets which contain a complete description of the covered benefits and any exclusions, are available from an Ohio AFSCME Care Plan office.

NOTES

IMPORTANT NOTICE

**It is important that you
contact the Plan Office to:**

- 1. Fill out an ENROLLMENT CARD.**
- 2. Change your home address
whenever you move.**

**For further information call or write
OHIO AFSCME CARE PLAN**

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1603 East 27th Street
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