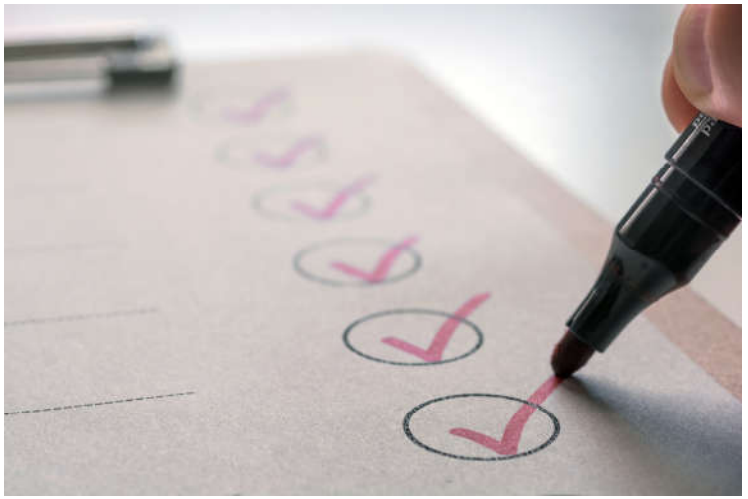
Wood County Employee Health Benefits Plan

2026 Plan Year Update

Agenda

- Plan Performance
- 2026 Premiums
- What's New for 2026
- Overview of Available Coverage
- 2026 Wellness Programs



This plan is Grandfathered under the Affordable Care Act. Not all provisions of the ACA apply to the plan.

Plan Performance

as of November 17, 2025

	2025	2024	2023
Estimated Expenses	$16,274,375	$14,094,337	$12,463,084
Actual Expenses	**$14,201,827 YTD**	**$15,630,085**	**$14,589,983**

2026 Employee Premiums

Premiums paid 24 times per year 1st & 2nd pay of each month (no collection 3rd pay of month)

	Single/Month	Family/Month
Medical/Rx	$130.94	$353.56
Vision	$1.38	$3.72
Dental	$5.12	$13.86
Total	**$137.44**	**$371.14**

Per pay increase: **$5.52 single** **$14.92 family**

Cost Sharing Features

- No changes to deductibles/coinsurance/copays.
  - Medical - $150 Deductible/$250 Coinsurance for single (in-network)
  - Prescription - $5 -Tier 1/ $45 Max - Tier 2/ $90 Max - Tier 3
  - Vision - $150 Reimbursement Limit
  - Dental - $100 Deductible/$1,500 Max per person

State Employment Relations Board Survey

2025 SERB Report - Average Monthly Plan Cost Comparison Toledo Region

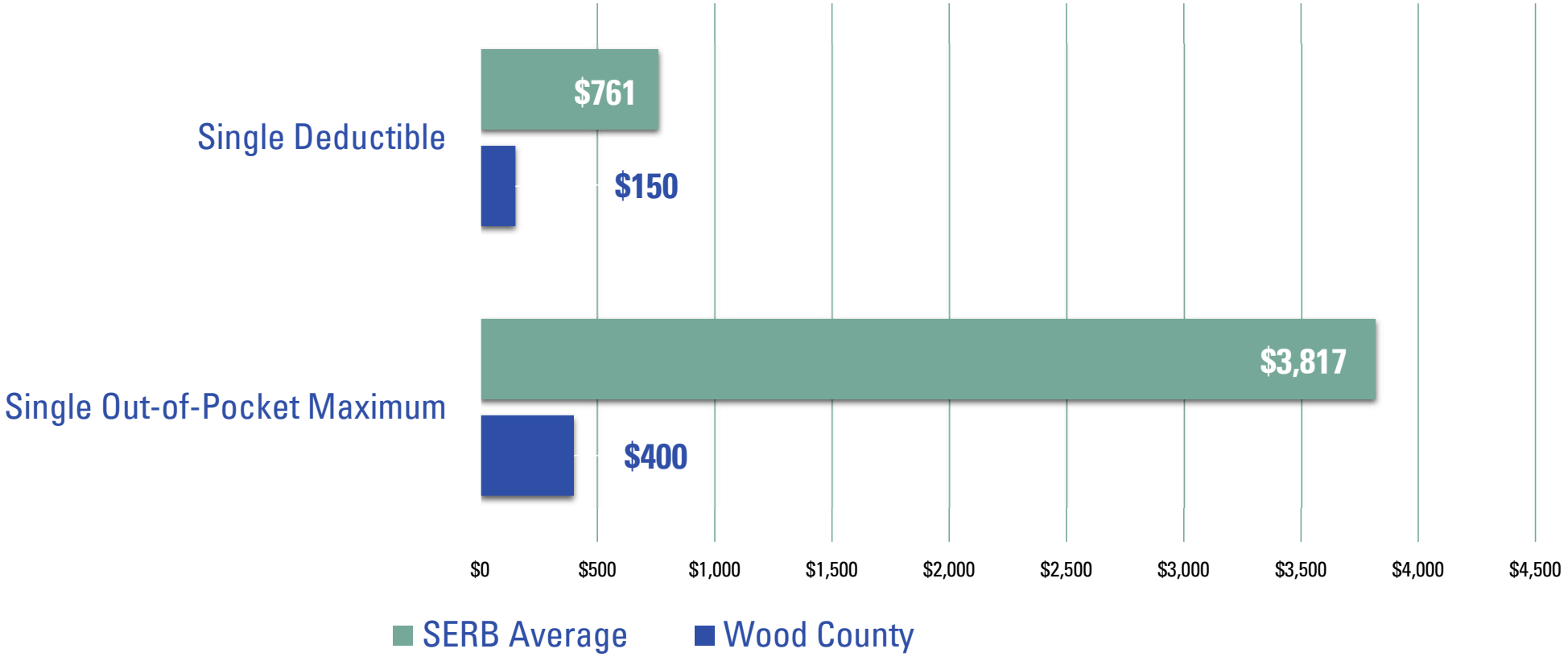
Includes Medical, Prescription, Vision and Dental Coverage (no life insurance)

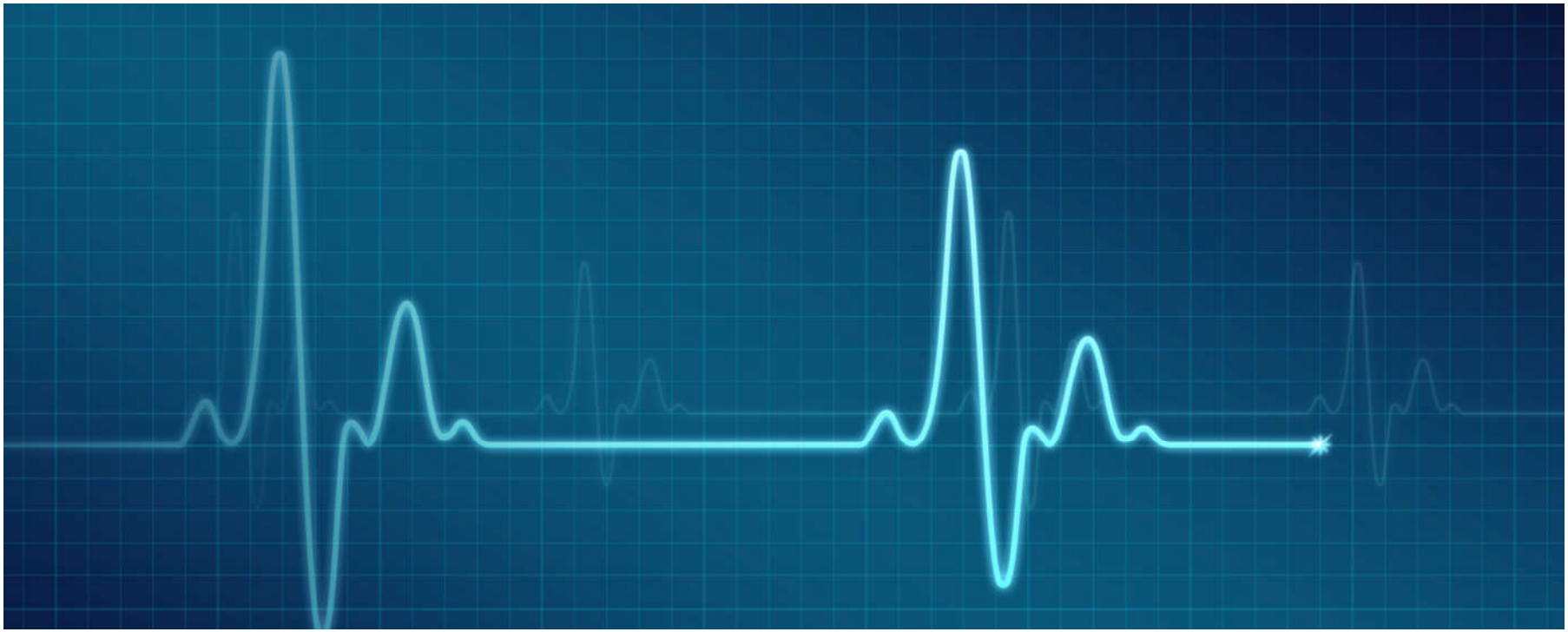
Single Coverage	Employer Cost	Employee Cost	Totals
PPO Plans	$785.85	$141.64	$927.49
Wood County 2025	**$716.28**	**$126.40**	**$842.68**

Family Coverage	Employer Cost	Employee Cost	Totals
PPO Plans	$2,079.39	$399.52	$2,478.91
Wood County 2025	**$1,933.94**	**$341.30**	**$2,275.24**

SERB Comparison: In-Network Medical Coverage

PPO Toledo Region – Single Coverage

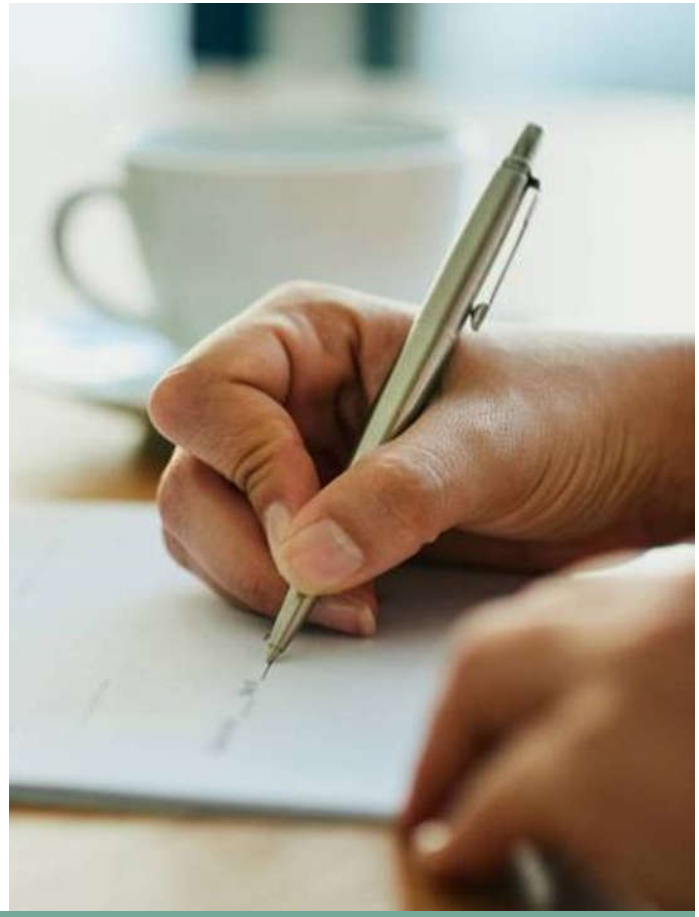




What's New for 2026

Plan Document Update

- Modernized Antiquated Terms
- Updated Precertification Language
  - More focus on provider's duty to precertify; recommend member verification
  - Out-of-network providers do not have a contractual obligation to precertify; more member involvement may be required



Full Plan Document is available on the Employee Website. Health Benefits Guide is a summary of the Plan Document.

Autism Spectrum Disorder

Medical Coverage

Speech/Language Therapy

- For Enrollees under the age of 18
- Benefit Period Maximum: 20 visits

Mental/Behavioral Health Outpatient Services

- For Enrollees under the age of 18
- Benefit Period Maximum: 20 visits

Services must be performed by certain licensed/ registered professionals

Services require precertification

Contraceptives/Birth Control

Prescription Coverage

- Added to Formulary
- Some limitations may apply

Medical Coverage

- Services provided at a physician's office will be covered
  - Injections
  - Intrauterine devices (IUD)
- Copay, deductible and co-insurance apply.

Vaccinations

Prescription Coverage

- Available at Pharmacy
- Extensive List of Vaccines
- $5 Copay

Medical Coverage

- May still obtain vaccines at physician office, if offered.
- Copay, deductible and co-insurance apply.

Method of delivery has changed in recent years. Pharmacies are providing more vaccines while physicians are providing fewer in office setting.

AVAILABLE NOW!

This benefit was added effective September 23, 2025.

Telehealth (Telemedicine)

Medical Coverage

Increased limit to 6 visits per year

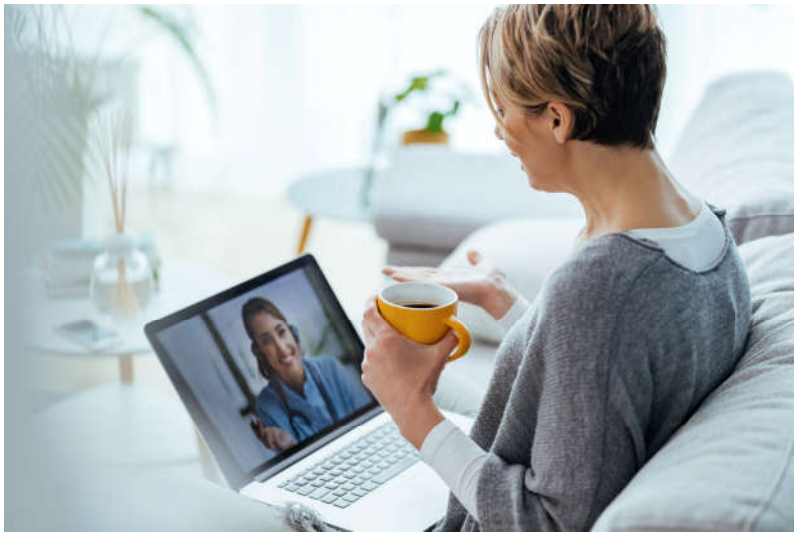
81 members utilized telehealth in first six months of 2025

(1,912 members on Plan as of August 1)

- 1 visit - 54 members
- 2 visits - 11 members
- 3 visits – 7 members
- 3+ visits - 9 members

Utilization tracker is available on Meritain portal.

Reminder: 3 visit limit applies for 2025 Plan Year



Nutritional Counseling

Medical Coverage

- Currently, only available with a diabetes diagnosis.
- Expanding coverage to all members.
- Limit of four visits per year.
- Copay, deductible and coinsurance apply.

Overview of Available Coverage

FrontPath Health Coalition

Medical Network

In-Network

- Contractual agreement that determines the rate paid to the provider. Member cannot be billed for the difference.

Out-of-Network

- Member may be billed for the difference between the billed amount and the allowed amount.

My provider is offering a discount if I pre-pay for services.

Should I take advantage of this discount?

It is not recommended that you pay for services before the claim has been fully adjudicated by the plan administrator as it could result in you paying more than required by the Plan.

Medical Claim Submission

When seeking services, remind your provider to forward all claims to FrontPath using the address on the back of your insurance card.

Claims sent directly to Meritain will be denied causing delays in claim processing.

frontpath HEALTH COALITION

Eligible Medical Expenses

Medical Schedule of Benefits

- Services must be medically necessary due to illness or injury
- Limitations may apply

Predetermination of Benefits

- If unsure, request a Predetermination of Benefits through Meritain's customer service.
- Process may take 15 to 30 business days to complete.
- Predetermination is separate from Precertification requirements under the plan.

Precertification Requirements

Services that require precertification are listed on the back of your medical ID card along with the required timeframe to complete the precertification.

Medical:

Prior to receiving services, verify that your provider has obtained precertification by either confirming with the provider or contacting the Medical Management Program Administrator listed on the back of your Medical ID card.

Prescription:

Medical Necessity Review prior to receiving prescriptions over $1,000 and outpatient infusions/injections

Meritain.com

You can access the website by computer, tablet or via the Meritain Health mobile app on your iPhone® or Android™.

From the website you can:

- Find the status of a claim
- View claims history
- Print Explanations of Benefits (EOBs)
- See Plan documents
- View Eligibility details
- Search wellness resources
- Access ID cards (view, print or request new cards)
- Request a Letter of Coverage

Explanation of Benefits (EOB)

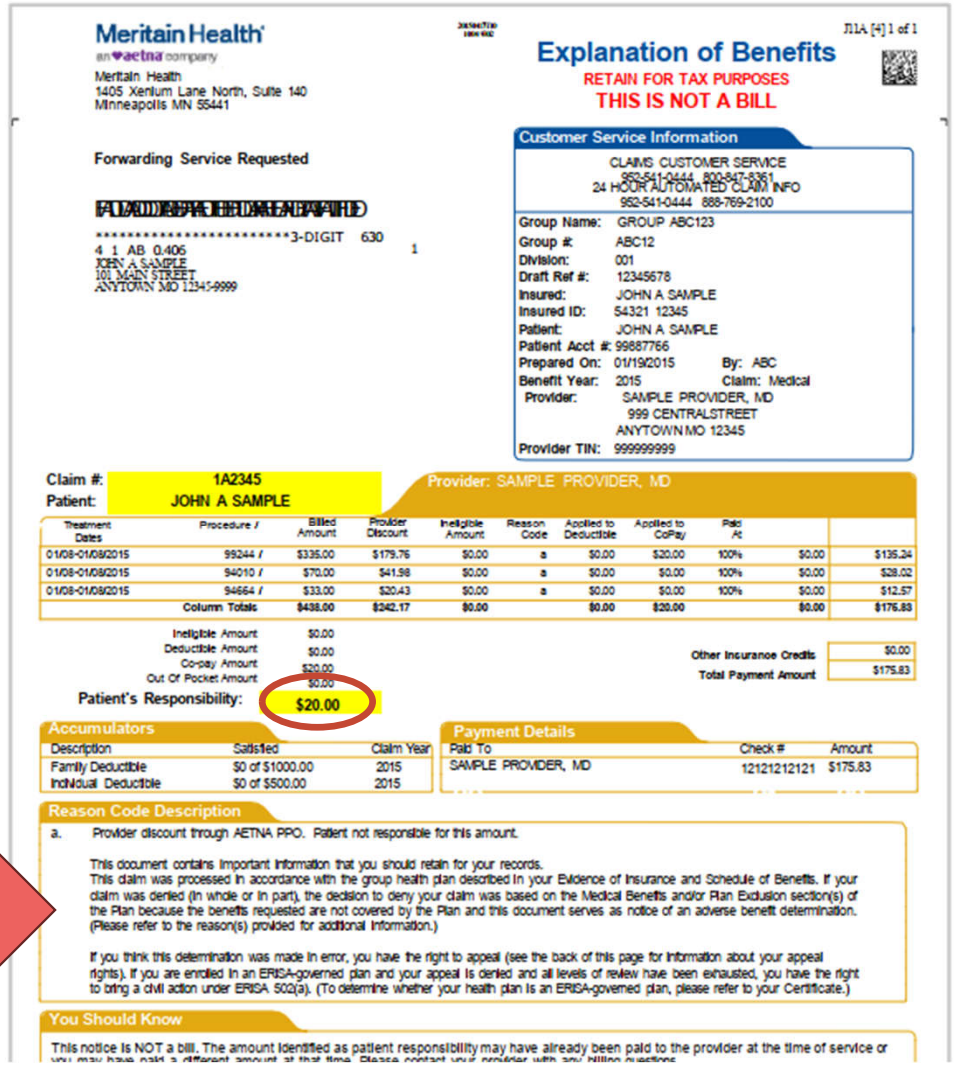
IMPORTANT: REVIEW THIS DOCUMENT UPON RECEIPT

This notice may state that a claim was denied and that additional information is needed.

Common reasons for claim denial:

- Provider is submitting the claim to an incorrect address. (Meritain instead of FrontPath)
- Provider did not provide primary insurance information needed for Coordination of Benefits with claim submission.
- Subrogation Questionnaire needs completed by the employee (accidents, etc.)
- Provider submitted claim after filing deadline. (1 year)
- Provider did not precertify services.
- Letter of Medical Necessity needed from Provider.

Follow-up with your provider to ensure claim is properly submitted.



Meritain Health
an aetna company
Meritain Health
1405 Xenium Lane North, Suite 140
Minneapolis MN 55441

Forwarding Service Requested

[redacted]
*****3-DIGIT 630
4 1 AB 0.406
JOHN A SAMPLE
101 MAIN STREET
ANYTOWN MO 12345-9999

JJ1A [4] 1 of 1

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service Information
CLAIMS CUSTOMER SERVICE
952-541-0444 800-847-9361
24 HOUR AUTOMATED CLAIM INFO
952-541-0444 888-769-2100

Group Name: GROUP ABC123
Group #: ABC12
Division: 001
Draft Ref #: 12345678
Insured: JOHN A SAMPLE
Insured ID: 54321 12345
Patient: JOHN A SAMPLE
Patient Acct #: 99887766
Prepared On: 01/19/2015 By: ABC
Benefit Year: 2015 Claim: Medical
Provider: SAMPLE PROVIDER, MD
999 CENTRALSTREET
ANYTOWN MO 12345
Provider TIN: 999999999

Claim #: 1A2345
Patient: JOHN A SAMPLE
Provider: SAMPLE PROVIDER, MD

Treatment Dates	Procedure /	Billed Amount	Provider Discount	Ineligible Amount	Reason Code	Applied to Deductible	Applied to CoPay	Paid At		
01/08-01/08/2015	99244 /	$335.00	$179.76	$0.00	a	$0.00	$20.00	100%	$0.00	$135.24
01/08-01/08/2015	94010 /	$70.00	$41.98	$0.00	a	$0.00	$0.00	100%	$0.00	$28.02
01/08-01/08/2015	94664 /	$33.00	$20.43	$0.00	a	$0.00	$0.00	100%	$0.00	$12.57
	Column Totals	$438.00	$242.17	$0.00		$0.00	$20.00		$0.00	$175.83

Ineligible Amount $0.00
Deductible Amount $0.00
Co-pay Amount $20.00
Out Of Pocket Amount $0.00
Patient's Responsibility: $20.00

Other Insurance Credits $0.00
Total Payment Amount $175.83

Accumulators

Description	Satisfied	Claim Year
Family Deductible	$0 of $1000.00	2015
Individual Deductible	$0 of $500.00	2015

Payment Details

Paid To	Check #	Amount
SAMPLE PROVIDER, MD	12121212121	$175.83

Reason Code Description

a. Provider discount through AETNA PPO. Patient not responsible for this amount.

This document contains important information that you should retain for your records.
This claim was processed in accordance with the group health plan described in your Evidence of Insurance and Schedule of Benefits. If your claim was denied (in whole or in part), the decision to deny your claim was based on the Medical Benefits and/or Plan Exclusion section(s) of the Plan because the benefits requested are not covered by the Plan and this document serves as notice of an adverse benefit determination. (Please refer to the reason(s) provided for additional information.)

If you think this determination was made in error, you have the right to appeal (see the back of this page for information about your appeal rights). If you are enrolled in an ERISA-governed plan and your appeal is denied and all levels of review have been exhausted, you have the right to bring a civil action under ERISA 502(a). (To determine whether your health plan is an ERISA-governed plan, please refer to your Certificate.)

You Should Know

This notice is NOT a bill. The amount identified as patient responsibility may have already been paid to the provider at the time of service or

Chronic Disease Management: Teladoc

Teladoc Health program offers a personalized experience to help members understand their condition and develop healthy lifestyle habits.

Must have one of the following qualifying conditions:

- Diabetes – diagnosed Type 1 or Type 2
- Prediabetes – meets CDC National Diabetes Prevention Program qualification criteria
- Hypertension

Who do I contact with questions about my medical coverage?

Inquiring About:	Who To Contact:
Covered Benefits/Predetermination of Benefits	Meritain Health 1.800.925.2272
Deductible/Out-of-Pocket Maximums	Meritain Health 1.800.925.2272
Eligibility/Adding a Dependent or other changes	Commissioners' Office Benefits Line 419.354.1373
Precertification for Required Services	Meritain's Medical Manager 1.800.242.1199
Finding an In-Network Provider	FrontPath Health Coalition 419.891.5206
Claim Payment/Denial	Meritain Health 1.800.925.2272
Explanation of Benefits (EOB)	Meritain Health 1.800.925.2272
New ID cards	Meritain Health 1.800.925.2272

Prescription Benefit

- New ID cards for 1/1/26
- Updated customer service number

Encourage members to price shop for medications.

Pharmacies have different negotiated rates which may affect your out-of-pocket costs.

Current Model

$20 Copay + 20% of Average Wholesale Price (AWP)

Cost Plus Model

$20 Copay + 20% of Total Claim Charge

(Total Claim Charge = Drug Ingredient Cost plus Dispensing Fee)

MedBen® Rx pharmacy solutions

Benefit Preservation Program

Utilizes Patient Assistance Programs and/or Copay Assistance Coupons for eligible members.

MedBenRx will reach out directly to the member to see if they qualify and offer assistance in enrollment in available programs.

1-877-393-0009
help@benefitspreservationprogram.com

MedBen Rx pharmacy solutions

Change my Preferences

Logout

Eligibility Listing | Group | My Plan | Rx Claims | Accumulators | Email/Phone Change | Requests | Contact Us

Message Center

Welcome

Participant Name:
Address:
Birth Date:

What would you like to do today?

- View Coverage Information
- Locate A Nearby Pharmacy
- View Rx History
- View Out-of-Pocket & Deductible Accumulators
- Compare Drug Pricing
- View My ID Card

mbaccess.medben.com

Who do I contact with questions about my prescription coverage?

Inquiring About:	Who To Contact:
Covered Benefits	MedBen Rx 1.888.633.2366
Eligibility/Adding a Dependent or other changes	Commissioners' Office Benefits Line 419.354.1373
Medical Necessity Review/Precertification	MedBen Rx 1.888.633.2366
Claim Payment/Denial	MedBen Rx 1.888.633.2366
New ID cards	MedBen Rx 1.888.633.2366

Dental Coverage

Preventative services and deductible are excluded from the $1,500 annual limit starting in 2026

Dual PPO Network Model—Overview

Delta Dental PPO™	Delta Dental Premier®

- Delta Dental PPO™
  - The deepest discounted PPO network
- Delta Dental Premier®
  - A broad-access PPO network with significant discounts
- Access to the nation's largest dental network
  - We combine our two PPO networks to drive superior value
  - Deep discounts for all patients visiting a Delta Dental in-network provider
  - Claims are adjudicated in a manner to maximize savings

Stay in Network!

You may see any dentist you like. However, you will likely save the most money and receive the highest level of coverage when you visit a Delta Dental PPO dentist.

Submitted charge: $1,100 (covered at 50% coinsurance)

Network	Delta Dental PPO	Delta Dental Premier®	Out-of-network
Savings level	**Most significant savings**	**Significant savings**	**No savings**
Dentist's agreed upon fee	$754	$988	$1,100
Amount Delta Dental pays	$377	$494	$399
Amount you pay	**$377**	**$494**	**$701**
Amount you save	$346	$112	$0

No balance billing

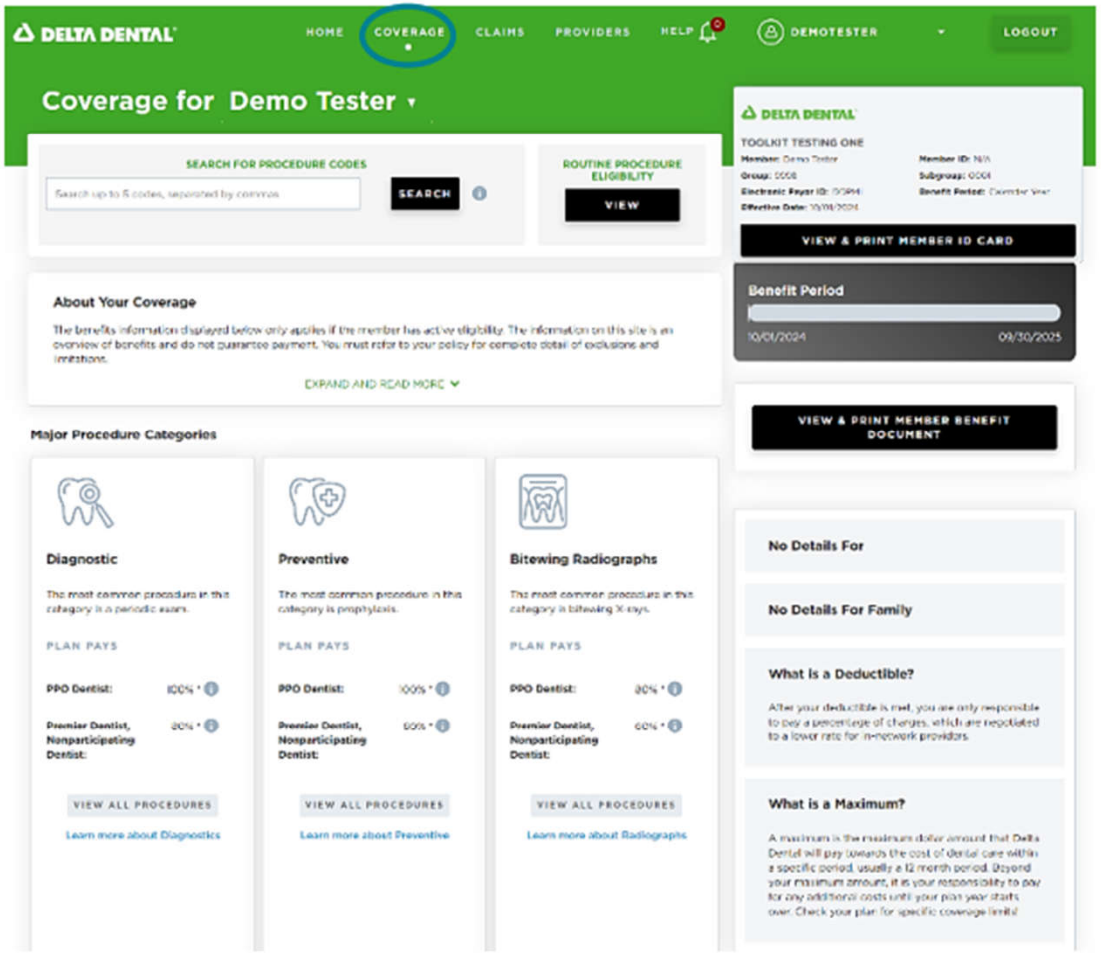
Dentist can balance bill up to **submitted charge**

NOTE: Payment example above is illustrative only. Fees and reimbursements can vary by location and dentist.

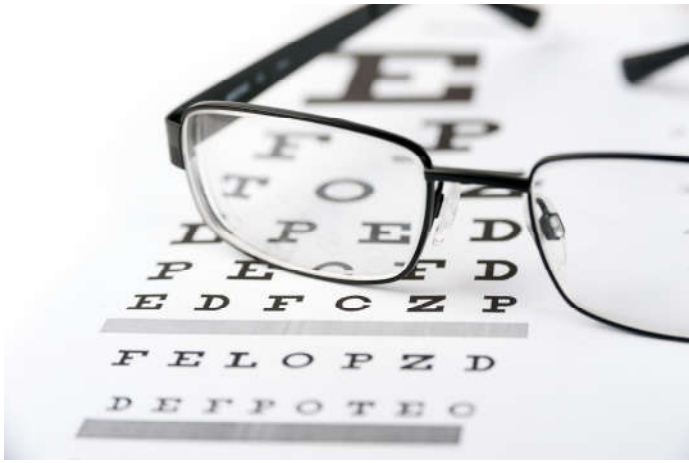
Member Portal Features

Find your benefits

Confirm eligibility and review benefits by clicking the **Coverage** link at the top.



Vision Coverage



- Carryover of unused 2025 benefit for use in 2026
- Reimbursement Requests
    - New Vision Claim Form on Employee Website

Reminder to provide detailed receipts with claim form. Must include:

- Patient Name
- Date of Service
- Proof of Payment (a credit card summary or WalMart cash register receipt is not sufficient on its own)
- Itemized List of Goods/Service (a copy of the prescription may be required to confirm who received services.

General Reminders

Review Enrollment

- Dependents
- Primary/Secondary Coverage
- Social Security Numbers and spelling of legal names

Life Insurance

- Secondary is paid only if primary is deceased.
- Review your Individual Enrollment Verification if updates are needed.
- Conversion is available at separation

Eligibility

- Monthly measurement for new hires requires 130 hours during month of coverage.
- Report if college student no longer full time or attending school.

Reminder to report changes to the Plan within 30 days of the event.

Includes loss or gain of other coverage, births, marriages, etc.

If a dependent loses coverage, reach out to our office. We can help guide them to other available options.

Upcoming Deadlines

Sign-Off (SPD/IEV)

November 30

Open Election

November 15 to December 15

Application due to Group Rep by 4:00 p.m. on December 15

2025 Wellness Program Reimbursement Deadlines

Tobacco Termination – December 31

Fitness Reimbursements – January 15

Mile Logs & Event Credits – January 7

Last day to schedule a 2025 Wellness Screening is December 5.

2025 Vision Claims

March 31, 2026

Want more information about your benefits?

- View the Employee Insurance Orientation (PDF) on the employee website under the Employee Health Benefits Plan section.
- Refer to the Health Benefits Guide or Plan Document
- Still have questions - - See your department's Insurance Group Rep or email benefits@woodcountyohio.gov.

2026 Wellness Programs

Every Minute Counts!

Earn Deductible Credit

for your 2027 Medical Deductible

- 5,000 active minutes — **$25**
- 6,500 active minutes — **$50**
- 8,000 active minutes — **$75**
- 9,500 active minutes — **$100**

Refer to the Health Benefits Guide for Available Wellness Programs

Every Minute Counts!

Wellness Screenings

Available Annually

- Know Your Numbers
  HDL/LDL/A1C/Optional PSA
- Lower cost option for lab work
- Take results to your physician

Provides Access to Reimbursement for On-Line Fitness & Nutrition Programs

- Purchase must be made within the same year
- Up to $50 reimbursement available

Receive 60 minutes of Wellness Credit Overtime for completing your screening in 2026!

Reimbursement Programs

- Fitness Facility
- Open Swim
- Tobacco Termination

Reimbursement forms and deadlines are posted on the Employee Website under the Wellness Programs.

Programs are a taxable fringe benefit.

Ohio Tobacco Quit Line

Counseling to help you quit smoking and/or the use of other tobacco products, including electronic cigarettes.

Available 24 hours a day, 7 days a week.

Your choice of nicotine patches, gum or lozenges sent directly to your home.

And it's all free. For everyone in Ohio.

Call 1-800-QUIT NOW (1-800-784-8669) to start your journey to a nicotine-free life, today.

There are so many reasons to quit.

What's yours?

Plan Administrators for 2026 Plan Year

Meritain Health
an aetna company

Third Party Administrator for Health Benefit

Christina Tinch

MedBen Rx
pharmacy solutions

Pharmacy Benefit Manager

Aften Rhodes

DELTA DENTAL

Third Party Administrator for Dental Benefit

Robin Serwatka

1820
WOOD COUNTY

Administrator for Vision Benefit and Enrollment/Eligibility

Benefits Clerks
Nichole Haas
Josh Schroeder

frontpath
HEALTH COALITION

Medical Network of Providers Claim Submission