# WELCOME

# May 2025



Dear Union Benefits Trust Member:

Welcome to Open Enrollment 2025!

This is the time of year to enroll, make changes or add dependents to your dental, vision and life insurance benefits. This is also a good time to check your beneficiaries.

Your union is fighting hard to maintain your strong benefits during this time of uncertainty and we are extremely proud that we will continue to offer your monthly premium at ZERO cost. That's right! You pay nothing for your dental, vision and basic life premiums thanks to the union's hard-fought win at the bargaining table. That's just one of the many benefits of union membership.

Many of you are essential employees who have gone back to the office to keep our state operating at considerable personal cost. We thank you for your service and want you to know that we are here to answer any of your questions regarding these important benefits.

This guide has been designed to help you learn more about your benefits and to navigate open enrollment. For more detailed information, scan the QR code below and visit UBT's website **benefitstrust. org** or contact customer service at **614-508-2255** or **800-228-5088** or via email at **customerservice@ benefitstrust.org**.

We hope you continue to value the benefits of union membership especially the dental, vision and life insurance benefits through UBT.

Open enrollment is May 8-21, 2025. You have until May 21 to take advantage of open enrollment.

In solidarity and service,

Christopher A. Mabe Chair, Union Benefits Trust President, OCSEA, AFSCME Local 11

Trustees & Staff, Union Benefits Trust

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Effective July 1, 2024, the dependent age qualification changed. You are now able to cover your unmarried dependents up to age 26 for dental and vision benefits (see eligibility requirements on page 5).







# My UBT Benefits 2025

#### **Dental**

See changes

**UBT Dental Plan** Delta Dental of Ohio 877-334-5008 Group Number: 1009

#### Vision

- See VSP changes
- Both VSP and EyeMed are STILL options!

Vision Service Plan (VSP) 800-877-7195 Group Number: 12022914

EveMed 866-723-0514

Group Number: 9674813

### Basic and **Supplemental Life**

IN THE MAIL- MAY 1 Look for your Prudential mailer. The Prudential Life Insurance Co. Toll-free **844-533-4UBT(4828)** Group Number: LG-01049

### Legal

MetLife Legal Plan 800-821-6400

Group Number: 4900010

### Where to find:

Dental - pg. 6 Vision – pg. 8 Life - pg. 10

Legal – pg. 12

Choices you make now will be effective for the plan year, July 1, 2025 - June 30, 2026.

If you are not making changes to your current coverage or dependents, please verify that your information is accurate online at myohio.gov and on your confirmation letter (see page 3).

### **Dental & Vision** Reference Cards

A card is not required for services at your dental or vision provider's office. Simply give the provider your ID number at the time of service, and your provider will do the rest.

UBT provides an option to print reference cards for you and your family's dental and vision visits. Simply visit UBT's website at benefitstrust.org or the vendor's mobile app for cards and more information.

#### PLAN INFORMATION

UBT has made every effort to accurately summarize your UBTsponsored benefits. A complete description of each benefit is available from UBT in the official plan documents. If discrepancies exist between official documents and the printed materials (e.g., the UBT plan booklets or brochure), the official documents govern. To view the official summary plan documents, visit the UBT website at **benefitstrust.org**.

## Access Benefit Information at benefitstrust.org

**Choose 2025 Open Enrollment** 

- Enrollment Information Choose PLANS for
  - Dental and Vision providers
  - Life or Legal rates

Choose FORMS & INFO for

- Forms and booklets Choose FAO
  - Frequently asked questions

## My UBT



MYUBT is your Personal Account; there you can view your coverages and your dependents 24/7!

Click the MYUBT button on the home page to create an account with a secure login.

You do not need a personal account for anything else! Simply visit benefitstrust.org for information about your benefits.

#### 30 YEARS!

UBT has administered these benefits for more than 30 years and has been able to maintain the same level of quality benefits without asking our members to contribute or pay a premium!

# **Enrolling and changing benefits**

# Review your current coverage and dependents.

You may enroll online at **myohio.gov** by using the self-service portal **Thursday, May 8, 2025 through Wednesday, May 21, 2025**.

Please verify that your benefit and dependent information is accurate at myohio.gov. Changes can only be made during open enrollment (unless you have a qualifying event).

Should you accidentally enroll more than once, your last submission will be final.

You will receive an Elections Preview Statement immediately upon enrollment. It is important to review this information for accuracy.



Online enrollment is available at **myohio.gov** by using the self-service portal, Thursday, May 8 to Wednesday, May 21, 2025, all day, 24 hours a day, 7 days a week.

All entries must be completed by 11:59 p.m., Wednesday, May 21, 2025.

You will need your State of Ohio User ID number and password. Click on MyOhio.gov> My Workspace > My Benefits > Enrollment Opportunity.

### REVIEW YOUR BENEFIT SUMMARY

Log onto **myohio.gov** and click the myBenefits button to verify your information is accurate.

You are responsible for this information even if you are not making changes this year.

### **Legal Services Plan**

Link through the UBT website at **benefitstrust.org** for online enrollment.

### Supplemental Life Insurance

Prudential's home mailing will not include an enrollment form, you can enroll online by linking through **benefitstrust.org** or by phone at Prudential's Personalized Solutions Center (see page 11). Paper forms can be downloaded from our website, faxed or mailed to your home by calling UBT. Completed forms should be mailed directly to Prudential at the address on the form. The form should be postmarked by May 21, 2025. **Do not submit supplemental life forms to HR.** 



# **ONLINE!**CONFIRMATION EMAIL IN JUNE

## Look for a CONFIRMATION email in June!

Even if you made no changes during open enrollment, you must review your confirmation email to be sure your benefit choices and dependents are up to date. The confirmation email confirms your benefits and covered dependents for the benefit period July 1, 2025 thru June 30, 2026, unless you have a qualified event. If you miss this deadline, you will have to wait until the next open enrollment period to update coverages and/or dependents for benefits beginning July 2026.

Online enrollment for supplemental life and legal plans end at midnight, Wednesday, May 21, 2025.

# Eligibility

For UBT-sponsored benefits, you must first be an active full- or part-time permanent bargaining unit employee, or eligible established term employee, and a member of:

- OCSEA/AFSCME
- SCOPE/OEA
- District 1199/SEIU
- CWA

OSTA

- FOP/Unit 2
- FOP/OLC

UBT eligible employees may cover current legal spouse and unmarried children who meet the eligibility requirements.

You must provide to HR proof of eligibility and required documentation or your dependents will not have coverage.

## FOR MEMBERS WITH ONE YEAR OF CONTINUOUS STATE SERVICE

# Dental, Vision and Basic Life coverage

#### **UBT Dental Plan**

You must have at least one year of service to enroll. Enrollment is not automatic. If you are not already enrolled, you can apply online at **myohio.gov** by using the self-service portal.

# Vision Plans: Choose VSP or EyeMed

You must have at least one year of service to enroll. Enrollment is not automatic. You can apply online at **myohio.gov** by using the self-service portal to receive coverage. You may not change carriers until the next open enrollment period, even if you move within Ohio or your provider leaves the plan's network.

### **Basic Life Insurance**

Coverage for UBT members will be effective automatically on the first day of the month following one year of continuous State service provided you are actively at work. Insurance is provided through Prudential Life Insurance Co. You should designate and/or review your beneficiary. Beneficiary designations can be made online, link through **benefitstrust.org**.

UBT pays your dental, vision and basic life premiums for you and your family.



#### **FOR ALL MEMBERS**

### Supplemental Life Insurance

You may enroll within 90 days of hire or during the open enrollment period. Supplemental life insurance is an additional layer of coverage you may purchase to help protect your family financially. Coverage for UBT members will be effective on the first day of the month following the first payroll deduction provided you are actively at work. Insurance is provided through Prudential Life Insurance Co.

You should designate and/or review your beneficiary. Beneficiary designations can be made online (see page 11) at benefitstrust.org.

### **Legal Service**

You may enroll within 90 days of hire or during the open enrollment period. You may purchase legal services for yourself or your family. Once enrolled, you must maintain coverage until the following June 30.

New plan year begins July 1, 2025 and is effective through June 30, 2026. Once you enroll, you will not need to enroll again, unless making a change.

# Eligibility - Members and Dependents

Eligibility requirements are the same for **all** State of Ohio employees. **Bargaining Unit members must enroll by using the self-service portal.** 

Members who are actively employed can enroll in dental and vision coverage after one year of State service. If you already have one year of service, you can enroll or make changes now during this open enrollment. Coverage is not automatic. You must enroll online at **myohio.gov** (see page 3) by using the self-service portal.

Required documentation must be provided when enrolling.

A listing of the required documentation can be found at **das.ohio.gov/eligibility**.

### **Dependents**

If you, the member, are eligible for benefits, you may cover your current legal spouse and your unmarried dependent children up to age 26, including:

- biological children
- residential stepchildren
- foster children
- legally adopted children
- children for whom you have legal custody
- QMCSO (Qualified Medical Child Support Order)
- unmarried children who are incapable of self-support due to qualifying developmental disability, severe mental illness, or physical handicap, whose disability began before coverage terminated and who are primarily dependent upon you.
- An Ohio resident or a full-time, out-of-state student.
- NOT employed by an employer that offers coverage where the child is eligible.
- NOT eligible for Medicaid/ Medicare.



#### No changes?

If you are not making changes to your coverage or dependents, you do not need to enroll again; however, you are responsible for making sure your coverage(s) and dependents are accurate at **myohio.gov**.

For adding or cancelling dependent coverage visit **myohio.gov** for the required documentation.

# Cancelling Coverage

The member is responsible for cancelling a dependent that no longer meets the eligibility requirements or has a qualifying event change in status within 31 days.

A dependent that is cancelled may be eligible to continue coverage under COBRA (see page 4).

#### **IMPORTANT**

If you are enrolling for the first time and are covering dependents, or if you are adding new dependents during this open enrollment, you must provide the required eligibility documentation for your dependents AT THE TIME OF ENROLLMENT. A listing of the required documentation can be found at das.ohio.gov/eligibility. Coverage will not be provided for dependents until the eligibility documents are received and approved.

# Dental Benefits For members with at least one year of service

### Your options

The UBT Dental Plan is administered by Delta Dental of Ohio with two dental provider networks: Delta Dental PPO and Delta Dental Premier. With the two networks available, the UBT Dental Plan offers access to more in-network providers and greater savings to its members. The UBT Dental Plan also has an out of network benefit. You can see any dentist you choose, however benefits are better in one of Delta's two networks.

- Delta Dental PPO providers offer the highest level of savings and cannot balance-bill you for additional payment for the services you receive. That means no additional out of pocket expenses.
- Delta Dental Premier providers are in the secondary network. While you receive a more modest savings compared to the PPO dentist, you will have many more dentists to choose from than the PPO. You cannot be balance-billed for the difference between the dental charge and the allowed amount.
- Non-participating providers will balance-bill you for any amount that exceeds Delta Dental's allowed amount.
   They may ask you to pay the full amount up front and may

**Delta Dental PPO** - <u>HIGHEST</u> Discount Savings

**Delta Dental Premier -** *Substantial Discount Savings* 

Non-Participating - No Discount Savings

have you submit your claim information to receive reimbursement.

Members have one plan. Your savings will be determined by the dentist you choose. See the chart on page 7 to compare the three payment levels.

### **Know Your Costs**

# Pre-treatment Estimate

A pre-treatment estimate is recommended for services over \$300. It outlines what the plan will pay, giving you an idea as to the portion of the cost that will be your responsibility.

### Finding a Participating Dentist

To find the names of participating dentists near you, call Delta Dental's customer service department toll-free at 877-334-5008. The DASI (Delta's Automated Service Inquiry) system is available 24 hours a day, seven days a week, and can provide you with the names of participating dentists. You can also check the Delta Dental link on UBT's website. **benefitstrust.org** or go directly to **deltadentaloh.com** or by using Delta Dental's Member Portal (www.memberportal.com) or Mobile App.

Questions? Contact UBT customer service toll-free at **800-228-5088** or local **614-508-2255** or UBT's website **benefitstrust.org**.



# UBT Dental Plan premiums are paid by UBT for you and your family!

It is not necessary to enroll in medical health care to enroll in the UBT Dental Plan.

For most members, dental coverage is available the first day of the month following the date of your one-year anniversary of hire.

You must enroll to receive coverage, it is not automatic. Once enrolled, you do not need to enroll again unless you wish to make a change.

During the annual open enrollment period, you may enroll or opt out of the plan.

You can enroll or make changes online at **myohio.gov** by using the self-service portal.

# **UBT Dental Plan**

#### **Plan Highlights**

#### **Evidence based dentistry.**

Based on new scientific findings; the UBT dental plan is making some changes to the benefits! The plan may offer additional cleanings for certain high risk medical conditions when accompanied by periodontal disease and may change the frequencies.

The UBT Dental Plan covers class 1 services; diagnostic and preventive services at 100% with no deductible.

Scientific research shows that oral health can have a significant

impact on specific medical conditions. The UBT Dental Plan will now include additional routine teeth cleanings (prophylaxes) or periodontal maintenance cleanings, when needed, for people with certain at-risk conditions.

Visit **benefitstrust.org/highrisk** for details.

One annual bitewing x-ray and a full mouth x-ray every 5 years.

Sealants for permanent molars for age 18 and under, once per tooth per lifetime.

Annual deductible of \$25 per person for class 2 and 3 services combined.

Periodontal maintenance cleanings including up to four following gum disease diagnosis (subject to \$25 deductible).

Maximum annual benefits of \$1,500 per person per plan year for all service except orthodontics.

Separate \$1,500 lifetime orthodontia maximum.

UBT Dental Plan allows the patient to choose the plan payment based on the provider chosen for their dental services.	PPO Dentist	Premier Dentist	Non-Par- ticipating Dentist*		
	Plan Pays	Plan Pays	Plan Pays*		
Class 1 Services					
Diagnostic and Preventive Services (exams, routine cleanings, x-rays, sealants)					
All Services	100%	100%	100%*		
Class 2 Services (annual \$25 dedu	Class 2 Services (annual \$25 deductible applies)				
Restorative Services (fillings, endodontics, periodontics, oral surgery)					
All Services	100%	65%	65%*		
Class 3 Services (annual \$25 deductible applies)					
Prosthodontics (crowns, implants, bridges, dentures)					
All Services	60%	50%	50%*		
Class 4 Services (deductible DOES NOT apply to orthodontics)					
Orthodontia (children only)	Lifetime Orthodontic Max \$1,500				
Dependent Children to End of Month of their 26th birthday	50% up to \$1,500				

The chart summarizes the amount the plan pays for each class of services. Visit our website for a more detailed chart, for details regarding the expanded services for high risk conditions and all other plan provisions. The official plan document and claim forms can be printed from **benefitstrust.org** under the Forms and Info Tab.

# Vision Benefits For members with at least one year of service

## **UBT** members have 2 vision plan options!

Eligible members may choose one plan from the following two options:

- Vision Service Plan (VSP)
- · EyeMed Vision Care Plan

Network availability varies by plan and location. Please check your provider's participation in the network of the plan you choose.

Once enrolled, you may not switch plans even if your current provider leaves the network. Networks grow and change throughout the plan year, you may want to consider the number of providers in your area. Review the benefit levels in the chart at right.

After you have selected the plan that is best suited for you and your family, you may enroll online at myohio.gov by using the selfservice portal. Wednesday, May 21, 2025 is the deadline to enroll!

**Vision Plan premiums are** paid by UBT for you and your family!



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#### **VSP** - choice network

VSP offers high-quality eye care and eyewear through a national network of independent private practice doctors and popular retail chains including Visionworks, Costco, MyEyeDr, Pearle Vision, Clarkson Eyecare and many more. Plus, Eyeconic.com lets members use their VSP Benefits to shop online for glasses and contacts!

VSP members receive great care and more value at any VSP Premier Program location. Create an Account on VSP.com to find a complete listing of all in-network providers near you and for instant access to all your personal benefit information or call VSP at 800-877-7195

### **EyeMed - select network**

EyeMed offers high-quality eye care and optical materials through national locations that include LensCrafters, Target Optical, participating Pearle Vision Centers and Optical Centers. The select network also offers many independent private practice providers. A list of providers is available online or call EyeMed at 866-723-0514.

#### **Network or Out-of-Network**

The benefit levels of EyeMed and VSP are similar. With either plan, your out-of-pocket costs will be less if you choose a network provider. See the chart on page 9 for out-of-network reimbursement.

Be sure to ask your provider for details of all charges at the time of purchase.

### **Optical Materials Discount Programs**

You are automatically covered under EyeMed and VSP discount programs on optical materials when you use in-network providers.

Discount programs may be used at the same time as your UBT benefits. All brands may not be eligible for discounts. Actual costs will vary depending on the options you select and include:

- Lens options discounts including anti-scratch, high-index or photochromic.
- Additional 20% off the frame cost, over the plan's frame allowance of \$150.
- Discount on extra pairs of glasses.

### **More Vision Plan Extras**

In addition to the materials discount programs, EyeMed and VSP offer extra services and discounts to enrolled members. Both offer discounts on contact lenses and a hearing care discount program. These services are not included in the UBT vision benefits but are offered to you through your vision plan. Link to EyeMed or VSP through **benefitstrust.org** to find what is available!

# **Vision Plan Choices**

A Summary of Benefits

	Vision Service Plan (VSP)		EyeMed Managed Vision Plan		
	Network	Out-of-network	Network	Out-of-network	
Standard Exam					
Spectacle Exam	you pay only \$10	plan pays up to \$25 you pay remainder	you pay only \$5	plan pays up to \$25 you pay remainder	
Contact Lens Exam	\$125 allowance for contact lens materials and contact lens exam (fitting & evaluation). No copays for the contact lens exam.	\$105 allowance for contact lens materials and contact lens exam (fitting & evaluation). No copays for the contact lens exam.	you pay up to \$40	plan pays up to \$25 you pay remainder	

#### Exam available every 12 months, all ages.

Materials				
Single Vision Lenses	you pay only \$15	plan pays up to \$25 Material copay applies	plan pays in full	plan pays up to \$25
Bifocal Lenses	you pay only \$15	plan pays up to \$35	plan pays in full	plan pays up to \$35
Trifocal Lenses	you pay only \$15	plan pays up to \$52	plan pays in full	plan pays up to \$52
Lenticular Lenses	you pay only \$15	plan pays up to \$62	plan pays in full	plan pays up to \$62
Frames – ask at purchase to see frames fully covered	plan pays up to \$150 retail	plan pays up to \$18	plan pays up to 20% off balance	plan pays up to \$18
Polycarbonate Lens Option	plan pays in full	you pay full cost	plan pays in full	you pay full cost
Progressive Lens Option	plan pays in full	plan pays up to \$52	\$0/\$20/\$30/\$45 or 80% of charge less \$120 allowance (depending on lens)	pays up to \$55
Contact Lenses Elective	plan pays up to \$125	plan pays up to \$105	plan pays up to \$125	pays up to \$105
Contact Lenses Medically Necessary	plan pays in full	plan pays up to \$210	plan pays in full	plan pays up to \$210

Benefits for one set of materials (either spectacle lenses and frames or contact lenses) are available once every 12 months. Single, Bifocal, Trifocal, Progressive and Lenticular lenses in chart reflect plastic lenses only.

### **Laser Surgery Discount Programs**

Both EyeMed and VSP offer laser surgery discount programs. These services are discount programs, not vision benefits. Please contact your plan directly for information. As a wise consumer; you may want to research other laser surgery options available.

VSP laser partner • 888-354-4434

EyeMed laser partner • 877-5-LASER-6 (877-552-7376)

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### **Find Network Providers**

Link through **benefitstrust.org** to the vision provider networks.

Choose the **Choice Network** for VSP

Choose the **Select Network** for EyeMed

VSP 800-877-7195 • EyeMed 866-723-0514

# Supplemental Life Insurance

During open enrollment you may purchase or increase your coverage by two times your BAE (basic annual earnings) or \$150,000, whichever is less, without proof of good health OR up to eight times your BAE or \$600,000 whichever is less, with proof of good health.

#### **For your Spouse**

- \$10,000 without evidence of insurability.
- \$20,000, \$30,000 or \$40,000 with evidence of insurability.

#### For your children

- \$7,000
- Evidence of insurability is not required for children.

## COVERAGE EFFECTIVE DATE

Your coverage will begin on the first day of the month following the first payroll deduction, typically July 1 if you are actively at work on that date. If you are not actively at work on the date your coverage would otherwise begin, your coverage (including dependent coverage) will take effect on the date you return to work.

#### **COST OF COVERAGE**

Cost for coverage is determined by age and smoking status. For you or your spouse, you pay the monthly rates (per \$10,000). Rates will increase automatically when the covered person reaches the next age bracket.

For dependent children, the cost is \$.83 per month regardless of how many children you cover.

You pay the entire cost of the coverage for you and your dependents. Premiums are conveniently deducted from the 1st pay period of each month.

# WHEN COVERAGE ENDS

You may notify Prudential to cancel your coverage at any time.

Coverage ends on the last day of the month following the month you fail to meet eligibility requirements or your last payroll deduction, whichever occurs last.

#### **DEPENDENTS**

If you, the member, are eligible for UBT benefits and enrolled or are enrolling in supplemental life insurance coverage, you may cover your current legal spouse and dependent children, including those born to you, stepchildren, foster children, legally adopted children, and children for whom you have legal guardianship. Dependent children must be from 15 days of age to 26 years of age.

A child can be covered beyond 26 years of age, if he or she is primarily dependent on you and mentally or physically incapable of earning a living and the disability began prior to age 26.

Coverage stops at the end of the month your dependents (either a spouse or child) no longer meet the definition of an eligible dependent. It is your responsibility to notify Prudential when your dependents no longer meet the eligibility requirements to have the deductions stopped.

## STATE EMPLOYEE FAMILIES

Each family member can only be covered by one policy and children may only be covered by one parent. No person is considered a dependent while in the armed forces.

Supplemental Life Insurance Rates per\$10,000 unit of coverage				
Effective 7.1.2025 thru 6.30.2026				
Age	Non-smoker	Smoker		
under 30	\$.488	\$.644		
30-34	\$.598	\$.800		
35-39	\$.681	\$.948		
40-44	\$1.00	\$1.454		
45-49	\$1.50	\$2.420		
50-54	\$2.300	\$3.726		
55-59	\$4.158	\$5.538		
60-64	\$6.302	\$8.492		
65-69	\$10.230	\$15.244		
70+	\$17.342	\$27.287		

Rate for children - \$.83 regardless of the number of children for \$7,000 coverage per child.

A non-smoker is someone who has not used any form of tobacco in the past 12 months.

#### **IMPORTANT NOTE**

If you carry supplemental life and find yourself on leave from active state employment, your deduction may stop and Prudential will bill you at home. Should you fail to pay for your supplemental life during such leave, your coverage will lapse and will not be reinstated upon return to work. Coverage would be available again at the next UBT-sponsored open enrollment.

# Also included in your plan:

Accelerated Death Benefit - if you become terminally ill with a life expectancy of 12 months or less, you may request early payment of up to 100 % of the life insurance amount.

#### **ENROLLMENT OPTIONS**

You have three enrollment options. All three options will give you specific coverage amounts and costs to help you decide what is best for you and your family.

#### 1. By phone:

# Call Prudential's Personalized Solutions Center at 844-533-4UBT(4828).

Representatives can discuss coverage amounts and costs, help you determine your coverage needs and get you enrolled over the phone. You can also review or update your beneficiary designations. Representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., EST.

#### 2. Online:

#### Go to benefitstrust.org.

Link to the Prudential enrollment site by clicking on Login > Prudential > BenSelect on the 2025 Open Enrollment page. To login, enter your Social Security Number and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth. For example, if the last 4 digits of your social security number are 3214 and you were born on September 21, 1968, your PIN would be "321468". If you are having trouble logging on to the system, contact Prudential (844-533-4UBT) for assistance.

#### 3. On paper:

Paper forms can be downloaded from our website, faxed or mailed to your home by calling UBT. Completed forms should be mailed to Prudential at the address on the form. The form should be postmarked by Wednesday, May 21, 2025.

Do not submit supplemental life forms to HR.

Look for the Prudential mailing arriving at your home the week of May 1, 2025.





# Life Insurance helps financially protect your loved ones. But how much coverage do you need?

Life insurance is an important way to help promote your family's financial health should anything happen to you. Whether you're making a first-time decision or re-evaluating your needs based on recent life changes -- getting a new job or promotion, marrying or entering into a domestic partnership, becoming a new parent, buying a new or larger home -- the Life Insurance Calculator can help. Let's find out how much coverage you may need.

# Start here! Try the easy-to-use Life Insurance Calculator.

Just answer 6 simple questions, explore different scenarios, and get your coverage estimate. Visit: www.prudential.com/EZLifeNeeds

Scan QR Code to access the Life Insurance Calculator now



#### What's Next?



Enroll for Life Insurance coverage, issued by The Prudential Insurance Company of America (Prudential), from May 8-May 21, 2025.

To enroll, visit https://prudential.benselect.com/UBT or scan the QR code to the left.

# Legal Service Plan

### For all members



#### **TO ENROLL**

**Wednesday, May 21, 2025** is the deadline for enrollment!

If you're a first time enrollee, you can enroll through the Benefits Trust website, **benefitstrust.org**. You can enroll online until midnight.

You can also enroll by calling Metlife Legal Plan's Client Service Center at 1-800-821-6400 (M-F, 8:00 am - 8:00 pm EST). Be sure to identify yourself as a Union Benefits Trust member.

#### **ENROLLMENT OPTIONS**

- · Within 90 days of hire
- During the annual open enrollment period

Once enrolled, you must maintain coverage until June 30, 2026. If you choose to drop coverage or change coverage level after a full plan year, you must call Metlife Legal Plan's Client Service Center during the annual open enrollment period; otherwise, your coverage will continue.

# LOW MONTHLY PAYROLL DEDUCTIONS

- Single coverage \$15.90/month
- Family coverage \$18.95/month

For most legal matters, you may use the attorney of your choice. Your costs will be less if you use a network Plan Attorney. Coverage is available in all 50 states and U.S. territories.

(Established term employees are not eligible)

For a low monthly fee, you will get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles, no claim forms and nothing to pay out of pocket when using a network attorney for a covered matter. There are no time limits or usage restrictions either. The Plan Network Attorney will provide all work, including representation. You may use the plan for the same or a different service, as many times as required to complete the matter. You can also choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.

#### Take advantage of:

- An experienced service team to match you with the right attorney
- Experienced legal advice and representation, in person or by phone

   average of 25 years of experience
- In-court representation for covered legal matters
- Digital estate planning to easily create wills, living wills and powers of attorney, online - in as little as 15 minutes

#### To Obtain Legal Service

You must contact MetLife Legal either on-line or by phone before contacting an attorney. Your eligibility will be verified and you will be provided with your eligibility ID that your network attorney will be paid directly from Metlife Legal. You will then be given the name and phone number of the network attorney of your choice, with an email confirmation. Contact MetLife or go online to learn more.

### Services offered by MetLife:

- · Wills and Estate Planning
- Real Estate Matters
- Traffic and Criminal Matters
- Consumer Protection
- Debt Matters
- Defense of Civil Lawsuits
- Family Law
- Elder Law
- Document Preparation/Review
- Office Consultations/Phone Advice
- Sale or Purchase of Primary, Secondary, or Vacation home
- Refinancing of Primary, Secondary, or Vacation home
- Home Equity Loans for Primary, Secondary, or Vacation home

- Divorce, Dissolution, and Annulment (20 Hrs. Maximum)
- Identity Theft Management Services
- Adoption and Legitimization (Uncontested/Contested)
- Guardianship or Conservatorship (Uncontested/Contested)
- Immigration Assistance
- Boundary or Title Disputes of Primary Residence
- Property Tax Assessment of Primary Residence
- Zoning Applications
- Protection from Domestic Violence (member only)
- Reproductive Assistance

#### **Exclusions**

A partial list of non-covered matters includes the following: Payment made to a third party such as court costs, witness fees, filing fees or fines; business or farm matters; matters for which you are or have been receiving legal services before you received a case number, or for any matter for which an attorney-client relationship exists prior to the member becoming eligible for plan benefits; matters or disputes involving the MetLife Legal Plans, MetLife and its affiliated companies or a Plan Attorney; matters or disputes concerning the Union Benefits

Trust or a union served by the UBT; or matters concerning employment including state and statutory benefits. Find a full list of exclusions at the UBTwebsite **benefitstrust.org**.

### ONLINE ENROLLMENT

Login instructions for myOhio.gov.

- Go to myOhio.gov
- Enter your OH/ID Workforce User ID and password
- Click the MyWorkspace tab in the top menu
- Click the myBenefits link under Self Service Quick Access heading



 Click the Enrollment Opportunity button and make the necessary changes & updates by enrolling by using the self-service portal.

Do you Have Student Loan Debt? Going Back to School? Student Loan Relief Benefit

# Public Service Loan Forgiveness (PSLF) Program

# **Fiducius**

A Better Kind of Benefit

If you are searching for a way to make your student loan debt more manageable or pursuing additional degrees more affordable, Fiducius, an employee benefits provider, educates government and non-profit employees across the country about options to lower, or even eliminate, payments through the Public Service Loan Forgiveness program or refinancing.

#### **Learn More About Your Options to Save:**

Visit: unionbenefits.myfiducius.com/register

Enter Registration Code: ubt1

Answer a few questions to determine which option is

right for you.

Have Questions? Contact the Fiducius Team at **513-645-5400** 

or visit: getfiducius.com

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# **BENEFITS**

**Open Enrollment Guide** May 8 - May 21, 2025

### Your guide to enrolling and changing benefits.

- Dental Plan
- Vision Plans
  - -VSP
  - -EyeMed
- Supplemental Life Insurance
- Legal Services Plan

