

November 10 – November 21 2025



# AGENDA

---

- Welcome
- Eligibility & Enrollment
- Review of 2026 Benefits
- How to Enroll
- Questions



# ELIGIBILITY

---

## Who can enroll?

- Full time employees
- Legal married spouse
- Children under the age of 26
- Unmarried disabled children over age 26

## When can you enroll?

- After your date of hire
- During annual open enrollment
- Within 30 days of an IRS Qualifying Life Event
  - Marriage, divorce, birth/adoption, death, change in coverage



# ELIGIBILITY

---

## Spouse on a plan?

- There are two annual forms to be completed if you have a spouse on the plan.
- IRS 1040 (sensitive information blacked out)
- Coordination of Benefits form





**MEDICAL COVERAGE**

# MEDICAL PLAN COMPARISON

Allied Benefits Aetna Network	PPO Plan	HDHP Plan
	In-Network	In-Network
<b>Annual Deductible</b> <sup>1, 2</sup> (Single / Family)	\$850 / \$2,250	\$4,000 / \$8,000
<b>Coinsurance</b> (Medical plan % / Employee %)	75% / 25%	100% / 0%
<b>Out of Pocket Max</b> <sup>1, 3</sup> (Single / Family)	\$4,000 / \$9,450	\$4,000 / \$8,000
<b>Preventive Care</b>	Covered in Full	
<b>Office Visit</b> Primary Care Physician Specialist / Non-Premier Specialist Virtual Care (through Teledoc)	\$0 Copay \$60 Copay Covered in full	Deductible, then 0% Deductible, then 0% Covered in full
<b>Urgent Care</b>	\$50 Copay	Deductible, then 0%
<b>Emergency Room</b>	\$150 Copay, then deductible ( <i>Waived if admitted</i> )	Deductible, then 0%
<b>Hospital Charges:</b> Inpatient / Outpatient	Deductible, then 25%	Deductible, then 0%
<b>Prescription benefits provided through ARORx/EVO (Pharmacy Benefit Manager)</b>		
<b>Retail Prescriptions (Up to 30-day Supply)</b> Tier 1/Tier 2/Tier 3/Tier 4	Copay Only \$10 /\$35 / \$60 / \$100	Deductible, then 0%
<b>Mail Order (Up to 90-day Supply<sup>4</sup>)</b> Tier 1/Tier 2/Tier 3/ Tier 4	Copay Only \$20 / \$55 / \$75 / \$100	Deductible, then 0%

<sup>1</sup> Deductible and Out of Pocket Maximums "reset" every year in January.

<sup>2</sup> The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.

<sup>3</sup> The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual's expenses are covered at 100% for the rest of the benefit year.

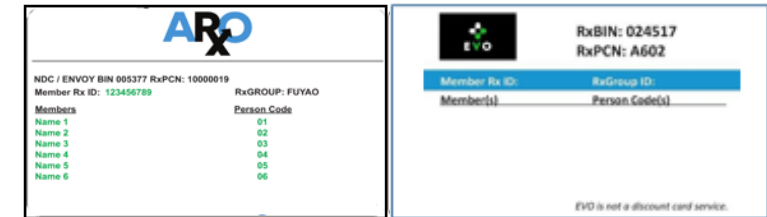
<sup>4</sup> 90-day prescription required for a 90-day fill

# ARORX – PHARMACY PARTNER

Your Pharmacy Benefit Manager is EVO.

## Integrated ARORx ID Card.

In addition to information for your medical coverage, your medical ID card contains Rx info and phone number.



## Enroll on the EVO Member Portal.

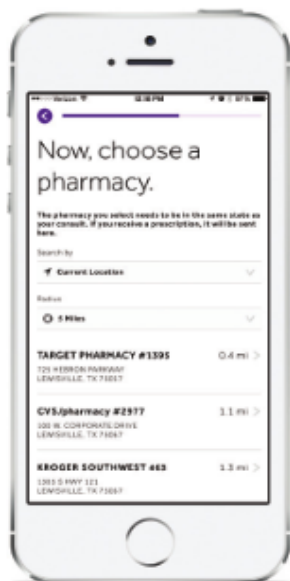
Create account or log in at <https://evofirst.com>.

## High-Cost Drug Program to reduce drug spend.

Contact ARORx at (833) 306-4092 to set up your fill process.

# TELADOC

24/7/365



DOWNLOAD THE APP TODAY!



#WellWithinReach

Follow @Teladoc | Like us on Facebook

For **Free**, our licensed doctors are always within reach.

Talk to a doctor by **phone**  
**or video** within minutes,

**Save money** with our low-cost  
alternative to ERs or urgent care

**Save time** by skipping long waits in  
a doctor's office

24 hours a day, 365 days a year care for:  
**cold and flu symptoms, allergies, ear  
infections, rash and skin problems,  
and more!**

Activate your account today!

Teladoc.com

or call 1-800-Teladoc

Made available by:



ALLIED





# WELLNESS INCENTIVES:

---

Receive **\$50** for you and **\$50** for your spouse on the plan when you visit your primary care physician for a wellness visit.

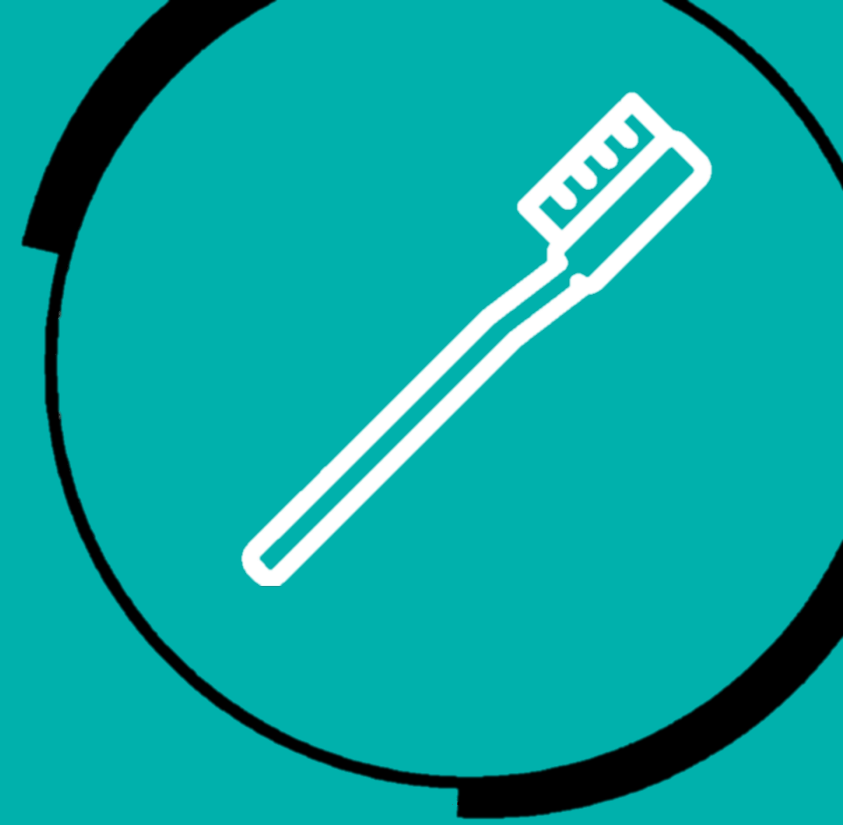
Receive **\$50** for you and **\$50** for your spouse on the plan for participating in a biometric screening.

**Total incentive: \$100 for individual. \$200 with spouse on plan.**  
***Have from December 1, 2025 – November 30, 2026 to complete.***

Gym Membership Reimbursement up to \$25 per month for employees.

**More wellness updates and information to come in 2026!**





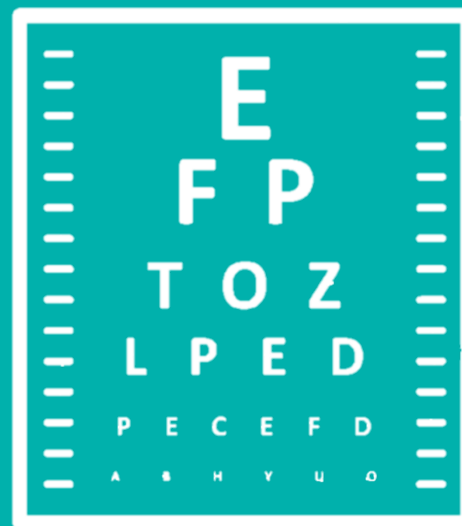
**DENTAL COVERAGE**

# DENTAL PLAN

Ameritas Dental PPO Network	
<b>Deductible</b> <i>(Resets each policy year in January)</i>	\$50 per person
<b>Annual Maximum</b> <i>(Per participant, excluding orthodontics)</i>	\$1,500
<b>Preventive &amp; Diagnostic</b>	Covered in Full
<b>Basic Services</b>	Deductible, then 20%
<b>Major Services</b>	Deductible, then 50%
<b>Orthodontic Services</b> <i>(adults &amp; children)</i>	50% Coinsurance up to \$1,000 per Lifetime <i>(deductible waived)</i>

If you use an out of network provider, you will be responsible for any charges above the maximum allowed amount. You can find in network providers at [www.ameritas.com](http://www.ameritas.com)

<sup>1</sup> The cost for preventive services will be deducted from the annual maximum benefit



**VISION COVERAGE**

# VISION PLAN HIGHLIGHTS

## Embedded with Allied Health

<b>Exam</b> (1x every 12 months)	\$25 Allowance
<b>Frames</b> (1x every 24 months)	\$25 Allowance
<b>Lenses</b> (1x every 12 months)	
Single	\$30 Allowance
Bifocal	\$40 Allowance
Trifocal	\$60 Allowance
Lenticular	\$100 Allowance
<b>Contact Lenses</b> (1x every 12 months in lieu of glasses)	\$160 allowance for necessary \$80 allowance for cosmetic

## Supplemental Vision Insurance with VSP Choice Network

### Base Plan

### Premium Plan

<b>Exam</b> (1x every 12 months)	\$25 Copay	\$10 Copay
<b>Frames</b> (1x every 24 months)	\$130 Allowance plus additional 20% off balance	\$150 Allowance plus additional 20% off balance
<b>Lenses</b> (1x every 12 months)	\$25 Copay	\$25 copay
<b>Contact Lenses</b> (1x every 12 months in lieu of glasses)	\$130 Allowance	\$150 Allowance



**LIFE/AD&D INSURANCE**

# BASIC LIFE / AD&D

---

- **Provided at NO COST to you by City of Oxford**
- **Administered through Reliance Matrix**
  - Police/Fire: 1.5x annual salary up to \$175,000
  - All other employees: 1x annual salary up to \$150,000
- **Benefit paid to beneficiary**
  - Be sure to confirm or update your beneficiary



# VOLUNTARY LIFE AND AD&D

- Available at an affordable group rate
- You may purchase additional life insurance for yourself and your eligible family members.
- During your **initial eligibility period**, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI) or answering health questions.
- During **Annual Open Enrollment**, you may increase your election up to 5 increments (up to Guaranteed Issue limits) without completing EOI. Please note, premiums for coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

Provided through Reliance Matrix			
	Guarantee Issue	Maximum Coverage Amount	Increments
Employee	\$200,000	\$500,000	\$10,000
Spouse	\$30,000	\$250,000 <small>*cannot exceed 100% of employee's election</small>	\$5,000
Child(ren)	\$20,000	\$20,000	\$2,500





# **EMPLOYEE ASSISTANCE PROGRAM**

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

---

- Provided at NO COST to you by City of Oxford
- Confidential Counseling on Personal Issues, such as:
  - Stress, anxiety, depression
  - Relationships
  - Challenges with your children
  - Substance abuse
  - Navigating life with aging parents



## EAP Services

- Assistance for you or a household family member
- Up to 5 in-person sessions with a counselor, per year, per individual
- Unlimited toll-free phone access 24/7
- Online resources 24/7
- Work/life services for assistance with childcare, elder care, financial issues, legal form templates, plus much more



# **FLEXIBLE SPENDING ACCOUNTS**

# FLEXIBLE SPENDING ACCOUNTS (FSA)

---

- Set aside a portion of your income, **before taxes**, to pay for qualified health care and/or dependent care expenses
- Decrease your taxable income and increase your take-home pay

## Health Care FSA pairs with PPO Plan [or medical plan waivers]

- **\$3,400** maximum annual contribution
- Eligible expenses include:
  - Coinsurance
  - Copays
  - Deductibles
  - Dental treatment
  - Vision care
  - Prescriptions



# FLEXIBLE SPENDING ACCOUNTS (FSA)

---

## Health Care FSA

- **\$3,400** maximum annual contribution (per family)
- Medical expenses are eligible expenses.

## Dependent Care FSA available for all benefit-eligible employees

- **\$7,500** maximum annual contribution (per family)
- Eligible expenses include:
  - Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.
  - Qualified elder care.
  - Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

## IMPORTANT FSA RULES AND CONSIDERATIONS

- **Please keep all FSA claim receipts.** Supporting documentation is required by the IRS for FSA claims.
- **An FSA is a “use-it-or-lose it” account.** Carefully review your upcoming expense before making your election.
- 2025 FSA Expenses must be incurred by March 15, 2026. 2025 FSA claims must be submitted by March 31, 2026.
  - Unused funds will NOT be returned to you or carried over to the following year.
  - Unused dependent care funds will NOT be returned to you or carried over to the following year.



**HEALTH SAVINGS ACCOUNT**

# HEALTH SAVINGS ACCOUNT FEATURES

---



## A Health Savings Account (HSA) is a Personal Savings Account

An HSA is a bank account in your name. All contributions into it are tax-free!



## Triple Tax-Advantaged (for federal & most state taxes)

- No tax on contributions
- No tax on interest
- No tax when you withdraw money



## No “use it or lose it!”

That’s right, unused funds roll over each year. Unused funds can also grow through interest and investment earnings and can be “banked” for future health-related expenses.



## HSAs Fund Health Care Needs

The HSA fund can be used for future healthcare needs including your medical annual deductible and other out-of-pocket expenses.



## HSAs are Flexible

You decide when to use your HSA funds to pay for qualified health-related expenses. The HSA moves with you when you change medical plans, change employers or retire.



## HSAs Can Cover You in Retirement

Your HSA funds can be used in retirement for eligible health related expenses, including Medicare expenses.



# IRS MAXIMUMS

HSA Contribution Regulations	
Coverage Type	2026 Annual Limit
Employee Only	\$4,400
Employee + Dependent(s)	\$8,750
<b>Catch-Up Plan</b> (age 55 and older)	<b>extra \$1,000</b>

**All Contributions Count**

The IRS limits include City of Oxford’s contributions and any additional funds you add to your HSA. City of Oxford contributes **\$250** for employee only coverage or **\$500** for all other tiers. The City’s contribution is distributed as a lump sum at the beginning of the plan year or at hire, and the employee’s contribution is paid bi-weekly through payroll deduction.

First time enrollees on the high-deductible plan will receive double the City contribution one time only.





# **VOLUNTARY BENEFITS**

# DISABILITY INSURANCE

## INDIVIDUAL SUPPLEMENTAL

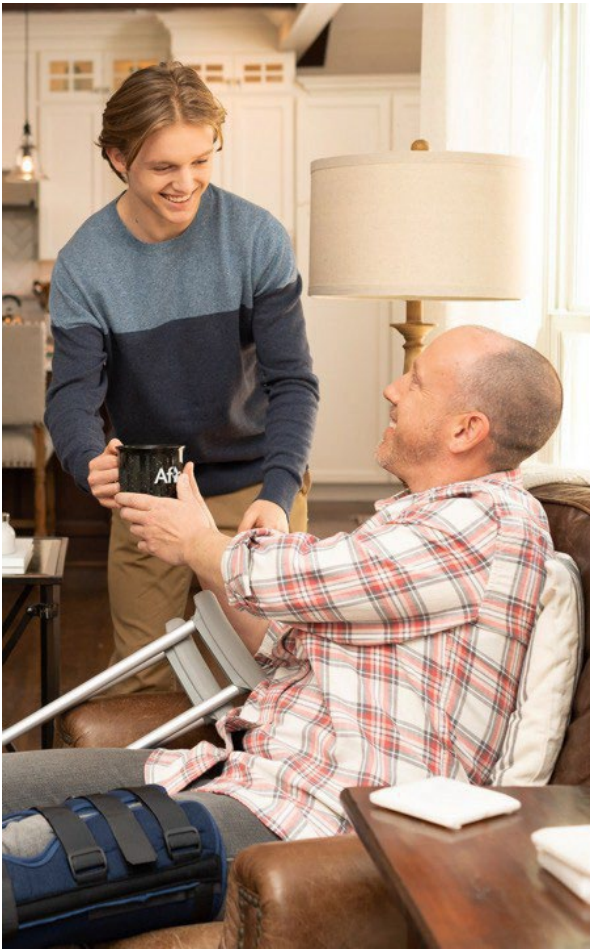


Total Disability Benefit Period	3 months
Partial Disability Benefit Period	3 months
Elimination Period	7/7
Benefit Amount	\$300 to \$3,000 (subject to income requirements)
Plan Features	<ul style="list-style-type: none"><li>Guaranteed-issue</li><li>Guaranteed-renewable to age 75</li><li>Portable</li></ul>

**Short-Term Disability (A57600 series):** In Arkansas, Policies A57600AR & A57600LBAR. In Idaho, Policy A57600IDR. In New York, Policy NY57600. In Oklahoma, Policies A57600OK & A57600LBOK. In Oregon, Policies A57600OR & A57600LBOR. In Pennsylvania, Policies A57600PA & A57600LBPA. In Texas, Policies A57600TX & A57600LBTX. In Virginia, Policies A57600VA & A57600LBVA. This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on plan selected. Optional riders may be available at an additional cost. Policies and riders may also contain a waiting period. Refer to the exact policies and riders for benefit details, definitions, limitations and exclusions. For availability and costs, please contact your local Aflac agent/producer.

# ACCIDENT

## GROUP SUPPLEMENTAL



Coverage Level	24-hour	
Benefit Modules	Initial Accident Treatment	<ul style="list-style-type: none"><li>• Fractures &amp; Dislocations</li><li>• Lacerations &amp; Burns</li><li>• Internal Injuries</li><li>• Medical Fees</li><li>• Ambulance Ground/Air</li></ul>
	Hospitalization	<ul style="list-style-type: none"><li>• Hospital Admission &amp; Confinement</li><li>• ICU</li></ul>
	After Care	<ul style="list-style-type: none"><li>• Appliances</li><li>• Follow-up Care</li><li>• Physical Therapy</li><li>• Transportation &amp; Lodging</li></ul>
	Life Changing Events	<ul style="list-style-type: none"><li>• Dismemberment</li><li>• Paralysis</li><li>• Accidental Death</li></ul>
Optional Benefits	<ul style="list-style-type: none"><li>• Wellness Rider (\$50 per insured / once per calendar year)</li></ul>	
Plan Features	<ul style="list-style-type: none"><li>• Guaranteed issue</li><li>• Portable</li></ul>	



# CRITICAL ILLNESS INSURANCE

## GROUP SUPPLEMENTAL



Benefit Amounts	Employee: \$5,000 - \$30,000, Spouse: \$5,000 - \$15,000		
Benefits	Lump sum benefit for:	<ul style="list-style-type: none"><li>Heart Attack</li><li>Sudden Cardiac Arrest</li><li>Coronary Artery Bypass Surgery</li><li>End-Stage Renal Failure</li><li>Major Organ Transplant*</li><li>Type I Diabetes</li><li>Loss of Sight, Hearing, Speech</li><li>Paralysis</li></ul>	<ul style="list-style-type: none"><li>Stroke</li><li>Cancer (Internal or Invasive)</li><li>Non-Invasive Cancer</li><li>Metastatic Cancer</li><li>Skin Cancer</li><li>Coma</li></ul>
	<ul style="list-style-type: none"><li>Additional &amp; Reoccurrence Benefits after 6 months</li></ul>		
Optional Riders and Benefits	<ul style="list-style-type: none"><li>Health Screening Benefit (\$50 per insured, per calendar year)</li></ul>		
Plan Features	<ul style="list-style-type: none"><li>Guaranteed issue</li><li>Portable</li><li>Dependent children covered with named insured</li></ul>		

\* 25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant





# HOSPITAL INDEMNITY INSURANCE

## GROUP SUPPLEMENTAL



Coverage Level	HSA compatible
Benefits Modules	<b>Hospitalization</b> <ul style="list-style-type: none"><li>• Hospital Admission &amp; Confinement</li><li>• ICU &amp; ICU Step Down Unit</li></ul>
Plan Features	<ul style="list-style-type: none"><li>• Guaranteed issue</li><li>• No pre-existing condition exclusion</li><li>• No waiting period</li><li>• Portable</li></ul>

# NORTON LIFELOCK



## Benefit Plan Overview

### ALL PRODUCTS INCLUDE:

#### Identity Theft Protection

- LifeLock Identity Alert™ System
- Financial protections
- Lifestyle protection
- Social protection
- Protective lock & freeze dashboard

#### Online Privacy

- Secure VPN
- Data broker scanning and removal assistance (Privacy Monitor)
- Solicitation reduction, ad blocker

#### Device Security

- Norton Device Security
- Online threat protection
- Password manager
- Child online safety tools (Parental Controls)

#### Service & Support

- Restoration & remediation services
- Dedicated phone line and email support
- \$3 Million Protection Package

#### Benefit Essential

**\$6.99** Employee Only  
**\$13.98** Employee + Dependents

#### All Product Features, Plus:

- 1 Bureau Credit Monitoring +
- 1 Bureau Credit Application Alerts
- 1 Bureau Report & Score (monthly)
- Norton Device Protection (3EE/6FM)

#### Benefit Premier

**\$7.99** Employee Only  
**\$14.98** Employee + Dependents

#### All Essential Features, Plus:

- 3 Bureau Credit Monitoring
- 3 Bureau Report + Score
- Monthly Credit Score Tracking
- Norton Device Protection (5EE/10FM)
- Bank Account Takeover Alerts
- New Checking & Saving Application
- Home Title Monitoring

#### Benefit Premier Plus

**\$12.49** Employee Only  
**\$21.28** Employee + Dependents

#### All Premier Features, Plus:

- Norton Device Protection (10EE/UnlimitedFM)
- Cyber Crime Coverage\*
- Norton AntiTrack
- Private Email

Benefit Plans are **60% less** than the retail equivalent.

\*Cyber Crime Coverage not available to residents of New York.

## BENEFITHUB – DISCOUNT MARKETPLACE

.....

Benefit HUB – a one-stop shop online for your employees to access discounts on everything from hotels, restaurants, rental cars, and more!

Free for employees to access the website!

### Sign up for the HUB Perks Discount Marketplace!

Enjoy discounts, rewards, and perks on 1,000s of brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Auto & Home Insurance

**Hertz**

**LEGOLAND**

**Office  
DEPOT**

**Lenovo**

**GROUPON**

**Budget**

**TrueCar**

**sam's club**



**GARMIN**

**CityPASS**

**AVIS**

### It's easy to access and start saving!

1. Go to: <https://mypathperks.benefithub.com/>
2. Not Registered? Click on link for "Don't have an account? Signup"
3. Complete Registration using Referral Code: K7WEWL

Or scan here now!



Questions? Call 1-866-664-4621 or email [customer care@benefithub.com](mailto:customer care@benefithub.com)



# VIU BY HUB

VIU by HUB – a digital quoting platform for your employees' personal lines of coverage – homeowners, renters, auto, pet, life, and more!



## Save time, stress less

Access real-time quotes from 50+ A-rated carriers for coverage across all 50 states—right from your phone or computer.



## Fully customizable

Adjust coverage details quickly and easily – so you only pay for what you really need.



## Multiple policies, one dashboard

Track and manage all your policies from one user-friendly platform, no matter who your insurance providers are.

[Get Quotes Online](#)

Or contact an expert by phone to get started:

VIU by HUB Advisory Team

**844-210-7110**

Monday – Friday 8 am to 9 pm ET

# A fresh perspective on your insurance

Insurance doesn't have to be complicated, VIU by HUB makes choosing the right coverage effortless. We've partnered with HUB, our trusted insurance partner, to assist with shopping for your homeowners, condo, auto, renters and more customizable insurance coverages designed to fit your unique needs. HUB's licensed advisors are committed to you – not an insurance company – providing you with unbiased advice to help you find the right policy for your life and secure savings along the way.



Nationwide



# HOKE DIRECT PRIMARY CARE

---

- Jason Hoke, MD and Julie Greene, APRN
- Perks of Direct Primary Care
  - Same day appointments – access to care – in-person, virtual, can email and text the provider directly
  - Extra time with each patient – often eliminating a need for an additional appointment with a specialist
  - Chronic disease management
  - Discounted lab fees; some medications available on-site (antibiotics, some diabetic and blood pressure meds, etc.)
- Patients pay a membership fee to join the practice (practice does not accept insurance)
  - \$70.00 / month for patients 18-65; \$80.00 / month for patients over 65; \$40.00 / month for patients under 18



<https://www.hokedpc.com/>

513-839-2100

[info@hokedpc.com](mailto:info@hokedpc.com)



# SUPPLEMENTAL RETIREMENT OPTIONS

---

457 Plans (lowers taxable income, but pay taxes when retire)

ROTH IRA Plan. (Pay taxes now, but no taxes when used at retirement)

The normal contribution limit for elective deferrals to a 457 deferred compensation plan is increased to \$23,500 in 2025. Employees age 50 or older may contribute up to an additional \$7,500 for a total of \$31,000.





# **BENEFIT COSTS**

# BENEFIT COSTS (BIWEEKLY)

Medical Coverage Tier	Allied Benefits	
	HDHP	PPO
Employee Only	\$36.64	\$40.50
Employee + Spouse	\$98.78	\$108.88
Employee + Child(ren)	\$98.78	\$108.88
Employee + Family	\$98.78	\$108.88

Dental Coverage Tier	Ameritas
Employee Only	\$1
Employee + Spouse	\$1
Employee + Child(ren)	\$1
Employee + Family	\$1

Vision Coverage Tier	Allied
	Base
Employee Only	\$1
Employee + Spouse	\$1
Employee + Child(ren)	\$1
Employee + Family	\$1

Vision Coverage Tier	VSP	VSP
	Base	Premium
Employee Only	\$4.26	\$7.45
Employee + Spouse	\$7.17	\$12.55
Employee + Child(ren)	\$7.32	\$12.82
Employee + Family	\$11.81	\$20.66

## COVERAGE PROVIDED BY City of Oxford

(No cost to you)

Health Savings Account Contribution

Health Reimbursement Arrangement (HRA)

Basic Life and AD&D

Employee Assistance Program

## VOLUNTARY COVERAGE

(Available with additional cost to you)

Voluntary Life and/or Voluntary AD&D

Accident Coverage

Critical Illness Coverage

ID Theft

Pet Insurance

## TAX ADVANTAGE ACCOUNTS

(Additional payroll deduction)

Healthcare Flexible Spending Account (FSA)

Dependent Care Account (DCFSA)

Health Savings Account





**NEXT STEPS**

# HOW TO ENROLL

---



Log into [www.employeeenavigator.com](http://www.employeeenavigator.com)

- Follow the prompts and review benefit elections
- Be sure to save and submit elections



## **ENROLLMENT DEADLINES**

### **2026 OPEN ENROLLMENT**

November 10, 2025 through November 21, 2025

### **NEW HIRE**

Within 30 days of your effective date

### **QUALIFIED LIFE EVENT**

Within 30 days of the date of the event



# BOOK TIME WITH HUB!

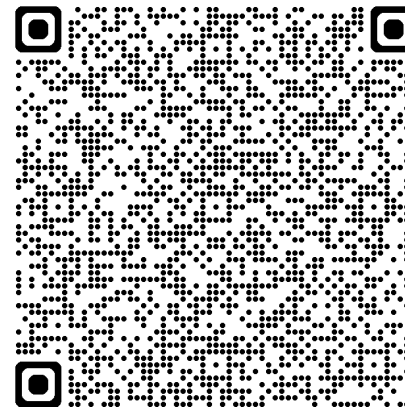
---



Schedule a 15-minute one-on-one session  
with a representative from HUB

November 10, 2025 through November 21, 2025

City of Oxford  
[Open Enrollment Scheduler Link](#)







**Kim Newton**

Human resources

Phone: (513) 524-5211

Email: [knewton@cityofoxford.org](mailto:knewton@cityofoxford.org)



**HUB Employee Advocacy Team**

Monday – Friday, 8:30am – 5:00pm

Phone: (844) 694-6726

Email:

[HRT.HA.EEAdvocacy@hubinternational.com](mailto:HRT.HA.EEAdvocacy@hubinternational.com)