



Health Plan Changes To Be Effective July 1

The following changes to the Administrator, Classified, and Faculty PPO Health Plan will be implemented July 1, 2009:

1. Increases to the PPO plan co-pay, deductible, and co-insurance limit,
2. An additional \$50 monthly premium for spouses/domestic partners not enrolling in their employer's health plan,
3. The premiums of spouses/domestic partners both working at Ohio University will be charged according to the highest paid spouse/partner,
4. A Generics Preferred program will require use of generic drugs when available or additional co-payments for the employee, and
5. An Exclusive Home Delivery program that will require use of the mail order pharmacy benefit for maintenance prescriptions.

Health Plan Improvements To Be Effective May 1 and July 1:

The following 12 improvements to the Benefits Program for Administrators, Classified Staff, and Faculty will be implemented in the coming months:

Improvements Effective May 1:

1. Domestic partner eligibility will be extended to opposite sex partners.
2. Legal guardian children will be eligible for medical, drug, vision, and dental insurance, and educational benefits.
3. Health benefits will be available for up to 5 years for survivors of employees who die while actively employed.

Improvements Effective July 1:

4. Children age 23, 24, and 25 will be eligible for health benefits for a \$50 monthly premium.
5. Preventive Care benefits will be expanded to include Anthem Blue Cross and Blue Shield standards.
6. Outpatient Mental Health visit benefits will change from a 30% co-insurance to \$20 co-pay, and the annual visit limit will be eliminated.
7. The Medical Flexible Spending Account annual maximum will be increased to \$5,000.
8. Wellworks members can earn a free annual membership by meeting participation goals.
9. Employees participating in the Healthy Ohio program can earn a \$10 per month participation incentive.
10. Targeted health management programs will be offered by Anthem Blue Cross and Blue Shield to employees and their family members.
11. The amount available for the Supplemental Life Insurance Plan will be increased to \$500,000.
12. Adoption Assistance Benefits will be available for employees pursuing adoptions.

Please see the appropriate section below for details regarding each benefit improvement or change.

HEALTH PLAN CHANGES:

1. Co-pays, Deductible, and Co-Insurance Limit Changes

Effective July 1, 2009 the following cost sharing features will be implemented for Tier 1 of the PPO Plan:

- Office Visit Co-pay \$20
- Deductible \$200 individual / \$400 family
- Co-Insurance 90% paid by plan; 10% paid by employee (For most expenses. See the health plan chart for details)
- Co-Insurance Limit \$1,000 individual / \$2,000 family
- Emergency Room Co-pay \$50
- Lifetime Maximum \$3,000,000

The following is a brief description of each change. For more details regarding plan coverage levels please visit (www.ohio.edu/hr/benefits/index.cfm).

Office Visit Co-pay: The Office Visit Co-pay is charged to the employee for all office visits, including but not limited to office visits for family physicians, pediatricians, specialists, osteopathic manipulation, physical therapy, speech therapy, mental health counseling, and etc. Most physicians require the \$20 Co-pay be paid at the time of the office visit. The Office Visit Co-pay must be paid regardless of whether an employee or family member has satisfied the annual deductible or co-insurance limit.

Deductible: The deductible is the dollar amount the employee is responsible for paying before the insurance plan will begin to pay for health care expenses. For the PPO plan, the Tier 1 deductible is \$200 for an individual and \$400 for a family. The employee is responsible for paying the first \$200 (or \$400) of health care expenses in a year. Once health care expenses reach the \$200 (or \$400) deductible level, the health plan will begin to pay expenses via the co-insurance.

Co-Insurance: After the deductible level has been reached, the health plan will pay a portion of health care expenses, with the employee paying the rest. This is called co-insurance. For the PPO plan, the Tier 1 co-insurance ratio is 90% paid by the health plan and 10% paid by the employee.

Co-Insurance Limit: The co-insurance limit is the amount the employee must pay in co-insurance before the insurance plan will begin to pay for all health care expenses. For the PPO plan, the Tier 1 co-insurance limit is \$1,000 for an individual and \$2,000 for a family. For the PPO plan, the employee co-insurance is 10% for most expenses. After the deductible is met, employees will pay 10% of expenses until the 10% paid throughout the year reaches the \$1,000 (or \$2,000) co-insurance limit. After the co-insurance limit is met, the health plan will pay 100% of charges for most health care expenses.

The following are not subject to the deductible and co-insurance limit:

- Office Visits (co-pay is required)
- Prescription Drugs (co-pay is required)
- Preventive Care examinations, procedures, vaccines, and etc.
- Items with specific benefit limits, such as TMJ, Hearing benefits, and etc.

Emergency Room Co-pay: The emergency room co-pay will be charged to the employee for all emergency room visits, unless the employee is admitted to a hospital for a period of 24 hours or more. The employee may also be charged the deductible and co-insurance for any care received during the emergency room visit, including but not limited to facility charges and charges for diagnostic procedures such as x-ray, MRI, lab tests, and etc.

Lifetime Maximum: The lifetime maximum is the maximum amount the health plan will pay for health care expenses per family member covered by the health plan. Unless otherwise specified in the health plan certificate, the plan will pay for up to \$3 million in health care expenses per lifetime per family members. This is one of the 12 improvements to the health plan that will be implemented July 1, 2009.

2. Potential \$50 Monthly Premium for Spouses/Domestic Partners Health Care

Effective July 1, 2009, employee's choosing to enroll their spouse or domestic partner in a health insurance plan will be charged an additional \$50 Spouse/Partner monthly premium if the spouse is employed and not enrolled in his/her employer's health plan.

Employees will be asked to answer the following questions on their benefit enrollment. The questions and answers will determine whether the \$50 Spouse/Partner Premium will be required in addition to current health care premiums:

1. Is your spouse/partner employed? Yes__ No__
 - a. If yes, please answer question 2.
 - b. If no, the Spouse/Partner Premium will not apply.
2. Does your spouse/partner's employer offer health insurance?
 - a. If yes, please answer question 3.
 - b. If no, the Spouse/Partner Premium will not apply.
3. Is your spouse enrolled in his/her employer's health insurance?
 - a. If yes, the Spouse/Partner Premium will not apply. The employee will be required to provide proof of coverage, such as a health insurance identification card.
 - b. If no, the Spouse/Partner Premium will be applied.

The Spouse/Partner Premium will be applied to the first pay after July 1, 2009 from which health premium are normally deducted.

If the employment or health insurance enrollment status of a spouse/partner changes during the year, the employee will be allowed to complete new benefits enrollment paperwork in order to stop (or start) the Spouse/Partner Premium.

3. Premium for Spouses/Partners Both Employed by Ohio University

There are over 400 employees at Ohio University who are married to or a domestic partner of another University employee.

Effective July 1, 2009, health care premiums for University employees who are married to or are in a domestic partnership with another University employee will be based on the salary of highest paid spouse/partner.

These employees can enroll in health insurance at a level of their choosing: Employee; Employee+1; or Employee and family.

If an employee chooses a level that includes their University employed spouse/partner, the premiums for the coverage level chosen will be set according to the salary of the highest paid employee.

This change in premiums will be applied to the first pay after July 1, 2009 from which health premium are normally deducted.

4. Generics Preferred Program

Effective July 1, 2009, the University's prescription drug plan will implement a "generics preferred" program. After that date, when employees or family members need a new prescription or a refill for a brand-name drug, the pharmacist will check whether a generic drug is available instead. If a generic is available, employees are encouraged to utilize the generic option. If the employee chooses to use the brand-name instead of the generic, the employee will be charged the full cost difference between the generic and the brand-name drug. If there is no generic available, the employee will be charged the normal brand name co-pay.

Generic drugs are copies of brand-name drugs whose patents have run out. That is, a generic drug has the same chemical makeup as the original brand-name drug. Generics account for more than 45% of all medications prescribed in the U.S. More people are choosing them because they are:

- **safe** – generics have the same active ingredients and are used in the body the same way as their original brand-name drugs. They're also approved by the U.S. Food and Drug Administration (FDA), just like brand-name drugs.
- **effective** – generics are just as strong and deliver the same medical benefits as the brand-name drugs.
- **less expensive** – generics are not advertised like brand names, and they cost less to produce, so *the savings are passed along to you* in the form of a lower co-payment.

Co-pays for Prescription Drugs will be determined as follows:

Generic:	\$10 retail; \$15 mail order
Brand Name if Generic Available and Not Used:	Full cost difference between Brand Name and Generic Drug.
Brand Name if No Generic Available	\$20 retail; \$30 mail order
Non-Formulary Drug	\$30 retail; \$45 mail order

If an employee or family member is allergic to a drug, or their physician requires that a brand name be utilized, the employee and physician can apply for a waiver to the Generics Preferred Program. The physician must submit a detailed letter describing the reasons the brand name drug must be utilized. Express Scripts will review the appeal letter and determine whether the Generics Preferred Program can be waived. If a waiver is granted, the \$20 retail (\$30 mail order) co-pay will be applied.

5. Exclusive Home Delivery Program

Effective July 1, 2009, the University's prescription drug plan will implement an "exclusive home delivery" program. The Exclusive Home Delivery Program pertains to *maintenance medications*, or prescription drugs for ongoing conditions such as diabetes or high blood pressure.

Under the Exclusive Home Delivery Program, employees can fill a prescription of a maintenance medication up to 2 times at a retail pharmacy such as CVS, Wal-Mart, or Kroger. After that, the University's health plan will cover the medication only if it is ordered the Express Scripts Mail Order Pharmacy.

By using the Express Scripts Mail Order Pharmacy, employees will save money on their co-payments for maintenance medications. Plus, they will receive:

- **Free home delivery** of their medication.
- Up to a **3-month supply** of medication with each order.
- **24-hour access** to a pharmacist.

Two Easy Ways to Get Started

If you or someone under your coverage takes a maintenance medication, follow the steps below to order the medication from the Express Scripts Pharmacy:

Online- Available July 1, 2009

Visit www.express-scripts.com/getstarted after July 1, 2009 and follow the instructions to get prescription home delivery. There are no forms to mail, no doctor visits to schedule. Just submit your request online, and the Express Scripts Pharmacy will do the rest. Remember, this feature will not be activated until July 1, 2009!!!

By Mail

1. Ask your doctor to write a prescription for up to a 90-day supply of your medication (plus refills for up to one year, if appropriate).
2. Complete a Home Delivery Order Form. If you don't have an order form, you can print one at www.express-scripts.com. Or simply request one by calling the toll-free number on your member ID card.
3. Mail your order form and your prescription to the address on the form.

About the Express Scripts Pharmacy

The Express Scripts Pharmacy has been helping Americans save time and money for almost 20 years. Last year alone they filled more than *38 million* prescriptions for maintenance medications. And every prescription is filled using a safe, reliable process. For example:

- Two registered pharmacists check every new prescription.
- Prescriptions are delivered in a plain, weather-resistant package. This protects the medication and ensures your privacy.
- You receive information about safety issues, side effects and drug interactions.
- Pharmacists are available 24 hours a day to answer questions.

Refills can be ordered by phone, by mail or at www.express-scripts.com. With each refill, you will again get up to a 3-month supply of medication and free home delivery.

HEALTH PLAN IMPROVEMENTS

1. Domestic Partner Eligibility Expanded to Opposite Sex Partners

Opposite Sex Domestic Partners are now eligible for University benefits, including medical, prescription drug, vision and dental insurance, and educational benefits.

Previously, only married spouses and same sex domestic partners were eligible for such benefits.

In order to take advantage of this enhanced benefit, employees will need to apply for domestic partner coverage by completing the domestic partner enrollment form, the affidavit of domestic partnership, and by completing a new health benefits enrollment form.

(www.ohio.edu/hr/forms.cfm)

Benefits for a domestic partner are taxable, per IRS regulations. Appropriate taxes will be applied to each pay check. Please see the Domestic Partner Tax Information explanation at http://www.ohio.edu/hr/forms/upload/Tax_Info_DP.pdf for details.

2. Legal Guardians Now Eligible for Health Benefits

Children for whom an employee is a legal guardian are now eligible for University benefits, including medical, drug, vision and dental insurance, and educational benefits.

Previously, legal guardian children were not eligible for such benefits. Legal guardian children will also be included as eligible dependents for use of sick and family medical leave.

In order to take advantage of this benefit improvement, employees will need to provide documentation of the legal guardianship, and complete required enrollment materials.

3. Survivor Health Care Benefits Extended

Family members of an employee who dies while actively employed will be eligible to continue their health insurance for up to five years. Previously, health care benefits were extended for only six months.

Surviving family members can continue health (including prescription drug), dental, and vision insurance by paying the monthly premiums required for active employees. Coverage will continue for five years or whenever family members attain other health insurance, whichever comes sooner.

Surviving family members should contact University Human Resources for assistance in extending health insurance coverage.

4. Child Eligibility Extended to Age 25

Children age 23, 24, and 25 who are full-time students are now eligible for coverage through the Ohio University PPO plan for an additional Extended Child Premium of \$50 per month.

Previously, children were eligible for coverage only up to age 19, or up to age 23 with full time student status.

Comprehensive health care coverage for children age 23, 24, and 25 can be difficult to obtain and include strict limitations regarding covered procedures and/or low annual coverage limits. An eligible child can now enjoy the full medical, prescription drug, and vision coverage of the university's health plan.

The Extended Child Premium to add a 23, 24, or 25 year old child with full time student status is \$50 per month. This premium is in addition to other premiums an employee pays to cover themselves or other family members.

In order to take advantage of this improvement to the health plan, employees will need to complete a new health benefits enrollment form (www.ohio.edu/hr/forms.cfm) and provide proof of their child's student status.

Please contact University Human Resources at (740) 593-1636 if you have questions or would like to enroll your child.

Child Eligibility Chart:

Birth through age 18: Eligible;

Age 19, 20, 21, 22: Eligible if a full-time student;

Age 23, 24, 25 Eligible if a full-time student; \$50 per month Extended Child Premium is required

5. Preventive Care Benefits Expanded

Effective July 1, 2009, the preventive care benefits for employees will be expanded.

Current preventive care benefits include specific dollar limits based on age, and a limited list of covered preventive care procedures.

Effective July 1, the University will utilize Anthem's standard preventive care coverage levels. Anthems standard coverage levels are based on guidelines from the American Academy of Pediatrics, American Academy of Family Physicians, Advisory Committee on Immunization Practice, and American College of Gynecologists.

Following Anthem's standards will provide more prompt attention to new vaccines and will provide benefits for previously excluded preventive care tests such as comprehensive metabolic panels, complete blood counts, urinalysis tests, and etc.

6. Outpatient Mental Health Visits To Include \$20 Co-pay; Visit Limit Eliminated

Effective July 1, 2009 employees will be responsible for a \$20 office visit co-pay for outpatient mental health visits. Previously, employees were required to pay 30% of charges of outpatient mental health visits.

In addition, the current annual 50 visit limit for outpatient mental health visits has been eliminated.

This change brings benefit levels for outpatient mental health visits in line with benefit levels for other office visits.

Employee Assistance Program (EAP): Employees and family members can receive 100% coverage for their first 5 visits outpatient mental health visits by utilizing the Impact Employee Assistance Program. Employees are encouraged to contact Impact EAP at 800-227-6007 for assistance. The Impact EAP program is available 24 hours per day. For more information regarding the EAP, visit: <http://www.ohio.edu/hr/benefits/healthcare/eap.cfm>

7. Medical Flexible Spending Account (FSA) Limit Increased to \$5,000

Effective July 1, 2009 the maximum amount an employee can contribute to a medical flexible spending account will increase from \$3,000 to \$5,000.

A flexible spending account allows you to save on your taxes while paying for certain medical expenses, including co-pays, deductibles, and coinsurance, prescriptions expenses, dental expenses, vision expenses, and etc.

When you enroll in an FSA, you choose an amount to be deducted from each paycheck and placed into your account. The payroll deduction is taken from your pay before federal and state income taxes are calculated and deducted, which means you actually reduce the amount of taxes you pay. You can then use the pre-tax funded account to pay for medical expenses.

For more details regarding Flexible Spending Accounts, please visit <http://www.ohio.edu/hr/benefits/healthcare/fsa.cfm>

8. Wellworks Membership Provided for Participation

As part of the University's Healthy OHIO initiative, the University will purchase a 1 year individual membership to WellWorks for any current WellWorks member who utilizes WellWorks facilities at least 100 times per year.

Beginning July 1, WellWorks will track member attendance and notify the University of employees who have reached the 100 visit goal. The one year individual membership is available only to University employees.

More details will be available from WellWorks as July 1 nears.

9. University to Provide Incentives for Healthy Ohio Participation

Healthy OHIO is a worksite health promotion program administered by WellWorks. The Healthy OHIO program includes a health risk appraisal that will provide information regarding an individual's health and health risks, as well as individual health coaching sessions.

Employees who complete all phases of the Healthy OHIO program will receive a monthly \$10 Healthy OHIO Incentive Credit. The credit will be applied to the employees pay check for one year.*

Per IRS rules, the \$10 per month Healthy OHIO Incentive Credit is taxable income; the \$10 credit will be added to the employee's taxable salary each pay.

** The \$10 credit will be pro-rated based on payroll status. Classified employees will receive \$4.62 per pay for the 26 bi-weekly classified pay checks. Faculty will receive \$13.33 per pay in the 9 monthly academic pay checks. Administrators will receive \$10 per pay for the 12 monthly administrative pay checks.*

10. Targeted Health Management Programs to be Offered

The University has teamed with Anthem Blue Cross and Blue Shield to provide employees and their family members with targeted health management programs. The programs will target Pregnancy, Asthma, Diabetes, Coronary Artery Disease, and Chronic Obstructive Pulmonary Disease (COPD).

Employees and family members diagnosed with such conditions will be eligible to receive information for managing their specific health issue, reminders regarding proactive steps that can be taken to improve health and wellness, and the ability to contact trained nurses via phone for guidance regarding any health issues.

These programs have proven to reduce inpatient admissions and emergency room visits, and improve the health and productivity of employees and family members.

The programs are voluntary. Employees will be contacted by Anthem and invited to participate.

11. Supplemental Life Insurance Options Expanded

Effective July 1, employees will be able to purchase up to \$500,000 of term life insurance, and up to \$20,000 of life insurance for their dependents.

Evidence of Insurability May Be Required: An evidence of insurability form is required to purchase new supplemental life insurance or increase an employee's current level of supplemental life insurance, except in the following circumstances:

- **An employee who currently has any level of supplemental life insurance can increase their benefit by \$20,000 without completing an evidence of insurability form.**
- **An employee who currently has \$100,000 in supplemental life insurance can increase the benefit to \$200,000 without completing an evidence of insurability form.**

In all other instances, an evidence of insurability form is required. Forms should be submitted directly to Fort Dearborn Life Insurance for review. Fort Dearborn maintains final authority regarding the amount of coverage, if any, in which an employee can be enrolled.

Rates for Supplemental Life insurance are as follows:

Supplemental Life Insurance Rate Per \$10,000 in Coverage

Age	9 Academic Pays	12 Admin. Pays	26 Classified Pays
Under 30	.67	.50	.23
30-34	.80	.60	.28
35-39	1.07	.80	.37
40-44	1.43	1.07	.49
45-49	2.07	1.55	.72
50-54	3.67	2.75	1.27
55-59	5.95	4.46	2.06
60-64	10.24	7.68	3.54
65-69	15.33	11.5	5.31
70-74	27.60	20.70	9.55
75+	55.60	41.70	19.25

Dependent Life Insurance Rates:

Coverage	9 Academic Pays	12 Admin. Pays	26 Classified Pays
Spouse \$5,000 Child \$2,000*	\$1.83	\$1.37	\$.63
Spouse 10,000 Child \$5,000*	\$3.70	\$2.78	\$1.28
Spouse \$20,000 Child \$10,000*	\$7.41	\$5.56	\$2.56

* No coverage available birth – 14 days; \$500 coverage 15 days – 6 months; Coverage extended to age 23 if a full time student.

12. Adoption Assistance Added to Benefits

Effective July 1, 2009 a \$5,000 Adoption Assistance benefit has been added to the University's benefit program.

The \$5,000 benefit payable upon receipt of documentation detailing adoption expenses.

Employees wishing to take advantage of the Adoption Benefits should contact University Human Resources for assistance.