

Summary of Health Plan Changes

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 copayments 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 pass away while actively employed.

Improvements Effective July 1:

4. Children and legal dependents age 23, 24, and 25, who are full-time students, 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 visit <http://www.ohio.edu/hr/benefits/2009.cfm> for details regarding each benefit improvement or change.

OVER
for Coverage Chart Highlights

PPO COVERAGE CHART HIGHLIGHTS

This is only a select list of covered items; view the entire chart online at www.ohio.edu/hr/benefits/index.cfm

CATEGORY	CURRENT <i>July 1, 2008- June 30, 2009</i>	NEW <i>Effective July 1, 2009</i>	NO CHANGES to Tier 2
	TIER 1 (In-Network)	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Deductible	\$0	\$200/\$400	\$400/\$800
Plan Co-Insurance	90% for most categories	90% for most categories	70% for most categories
Employee Co-Insurance	10% for most categories	10% for most categories	30% for most categories
Employee Plan year Out-Of-Pocket Maximum (Equal total employee co-insurance for plan year. Does not include deductible, co-pays, services or employee contributions.)	\$750/ \$1500 Individual/Family	\$1000/\$2000 Individual/Family	\$1500/\$3000 Individual/Family
Individual Lifetime Maximum Benefits	\$2,000,000	\$3,000,000	
Pre-Existing Condition Limitations	None	None	None
Office Visit (Primary Care, Specialty Care, Physical Therapy, etc.)	\$15 co-pay	No deductible - \$20 co-pay	Subject to deductible - 70% reimbursement
Inpatient & Outpatient Services, Surgery (non-emergency lab, x-ray, diagnostic testing and preadmission testing, allergy injections, serums, medically necessary colonoscopies, etc.)	No deductible - 90% reimbursement	Subject to deductible - 90% reimbursement	Subject to deductible - 70% reimbursement
Emergencies A medical emergency is defined by insurance company standards. May include a condition that if untreated could be life threatening or seriously impair bodily functions.	No Deductible- 90% reimbursement	\$50 co-pay The employee may also be charged the deductible and co-insurance for any care received during the emergency room visit.	Paid as in-network
Preventive Care	No deductible \$15 co-pay for office visit 100% reimbursement for eligible procedures	No deductible \$20 co-pay for office visit 100% reimbursement for eligible procedures Expanded to Anthem Blue Cross and Blue Shield Standards	No deductible - 70% reimbursement
Mental Health Inpatient Pre-certification required Outpatient Counseling Pre-certification required	No deductible - 90% reimbursement First 5 visits of plan year No deductible EAP/Impact Provider - 100% reimbursement Remaining 45 visits No deductible Anthem Network Provider - 70% reimbursement	Subject to deductible - 90% reimbursement First 5 visits of plan year No deductible EAP/Impact Provider - 100% reimbursement After 5 visits No deductible - \$20 co-pay	Subject to deductible - 70% reimbursement Non Anthem Network Provider Subject to deductible - 70% reimbursement
Prescription Plan (formulary list maintained and controlled by prescription benefits management company (PBM) and is subject to changes as directed by PBM)	Retail Co-pays: <i>Administered by EnvisionRx Options</i> Generic Drug \$10 Brand Name Formulary \$20 Brand Name Non-Formulary \$30 Mail Order Co-pays: <i>Administered by IPS</i> Generic Drug \$15 Brand Name Formulary \$30 Brand Name Non-Formulary \$45	Retail Co-pays: <i>Administered by Express Scripts</i> Generic Drug \$10 Brand Name Formulary \$20 Brand Name Non-Formulary \$30	Mail Order Co-pays: <i>Administered by Express Scripts</i> Generic Drug \$15 Brand Name Formulary \$30 Brand Name Non-Formulary \$45
		Generics Preferred Program and Exclusive Home Delivery Program Required	