PPO Medical Coverage by Category
The following coverages are included with the PPO plan:
- Prescription
- Vision

Additional Benefits
- Dental
- Dental & Orthodontia
- Life Insurance
- Long Term Disability

Deduction Note:
- The medical health care and dental rates are deducted on a pre-tax basis, while all other rates are post-tax.
- The contributions taken on a post-tax basis are those for Supplemental and Dependent Life, which are automatically deducted from your paycheck after taxes are taken out.

Faculty Members:
- Benefit contributions for all faculty members will be deducted from September - May. Although the deductions are taken over a 9-month period, your benefit coverages last all year.
# PPO MEDICAL PLAN

**July 1, 2013 - June 30, 2014**

<table>
<thead>
<tr>
<th>getCategory</th>
<th>TIER 1 (In-Network)</th>
<th>TIER 2 (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$200/$400</td>
<td>$400/$800</td>
</tr>
<tr>
<td>The member must pay all costs up to this amount before the plan begins to pay for covered services. Some specific services, such as preventive care, do not apply to the deductible. See the coverage chart for more details. In-network and Out-of-Network accrue separately.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Plan Co-Insurance</strong></td>
<td>90% for most categories</td>
<td>70% for most categories</td>
</tr>
<tr>
<td>A cost sharing feature in which the plan (Anthem Blue Cross Blue Shield) pays a fixed percentage of the cost of medical care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Co-Insurance</strong></td>
<td>10% for most categories</td>
<td>30% for most categories</td>
</tr>
<tr>
<td>A cost sharing feature in which the Member pays a fixed percentage of the cost of medical care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employee Plan year Out-Of-Pocket Maximum</strong></td>
<td>$1000/$2000 Individual/Family</td>
<td>$1500/$3000 Individual/Family</td>
</tr>
<tr>
<td>(Equal totals employee co-insurance for plan year. Does not include deductible, co-pays, services or employee contributions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket maximums accumulate separately; therefore, charges for out-of-network services cannot be applied to the in-network employee out-of-pocket maximum and vice versa</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Lifetime Maximum Benefits</strong></td>
<td>Unlimited</td>
<td>None</td>
</tr>
<tr>
<td><strong>Pre-Existing Condition Limitations</strong></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>A pre-existing condition is a physical or mental health condition, disability or illness that you have before you enrolled in a health plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>No deductible - $20 co-pay</td>
<td>Subject to deductible - 70% reimbursement</td>
</tr>
<tr>
<td>(Primary Care, Specialty Care, Physical Therapy, etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PPO COVERAGE CHART

**July 1, 2013 - June 30, 2014**

<table>
<thead>
<tr>
<th>CATEGORY (Alphabetical Listing)</th>
<th>TIER 1 (In-Network)</th>
<th>TIER 2 (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambulance</strong> (subject to medical necessity)</td>
<td>Subject to deductible ~ 80% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Child Wellness Visits</strong></td>
<td>No deductible 100% reimbursement for eligible procedures</td>
<td>Subject to deductible ~ 70% reimbursement</td>
</tr>
<tr>
<td>Anthem Blue Cross and Blue Shield Standards <a href="http://www.ohio.edu/hr/benefits/preventive_care.cfm">http://www.ohio.edu/hr/benefits/preventive_care.cfm</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Services</strong></td>
<td>$20 co-pay</td>
<td>Subject to deductible ~ 80% reimbursement</td>
</tr>
<tr>
<td>12 visit limit per plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Subject to deductible ~ 80% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Emergencies</strong></td>
<td>$50 co-pay</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The employee may also be charged the deductible and co-insurance for any care received during the emergency room visit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gynecological Exams/PAP Smears</strong> Preventive and Diagnostic</td>
<td>$20 co-pay for office visit</td>
<td>No deductible ~ 70% reimbursement</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td><strong>NOTE:</strong> Hearing medical conditions are covered the same as any other condition.</td>
<td>Subject to deductible ~ 90% reimbursement</td>
</tr>
<tr>
<td><strong>Hearing Aid &amp; Supplies</strong></td>
<td>Subject to deductible ~ 90% reimbursement</td>
<td>Subject to deductible ~ 70% reimbursement</td>
</tr>
</tbody>
</table>
## PPO Coverage Chart

**July 1, 2013 – June 30, 2014**

<table>
<thead>
<tr>
<th>CATEGORY (Alphabetical Listing)</th>
<th>TIER 1 (In-Network)</th>
<th>TIER 2 (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Health Care Services</strong> 100 visit limit per plan year (Combined with Private Duty Nursing)</td>
<td>Subject to deductible – 80% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td>Subject to deductible – 100% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Inpatient &amp; Outpatient Services, Surgery</strong> (non-emergency lab, x-ray, diagnostic testing and preadmission testing, allergy injections, serums, medically necessary colonoscopies, etc.)</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Mammograms</strong> Preventive and Diagnostic</td>
<td>No deductible – 100% reimbursement</td>
<td>No deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Maternity</strong> Pre and postnatal physician services</td>
<td>$20 co-pay for first visit; afterwards 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Delivery: Vaginal &amp; Cesarean</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Labs &amp; Radiology</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>First 6 visits of plan year with an EAP/Impact or Anthem Network Provider No deductible – 100% reimbursement</td>
<td>After 6 visits No deductible - $20 co-pay – 90% reimbursement</td>
</tr>
<tr>
<td>Outpatient Counseling Pre-certification required</td>
<td></td>
<td>Non Anthem Network Provider Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Residential treatment not covered.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Therapy</strong></td>
<td>40 visit limit per plan year (combined with Physical Therapy)</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Subject to deductible – 90% reimbursement $20 co-pay</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Subject to deductible – 70% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Office Visit</strong> (Primary Care, Specialty Care, Physical Therapy, etc.)</td>
<td>No deductible - $20 co-pay</td>
<td>Subject to deductible - 70% reimbursement</td>
</tr>
<tr>
<td><strong>Outpatient &amp; Inpatient Services, Surgery</strong> (non-emergency lab, x-ray, diagnostic testing and preadmission testing, allergy injections, serums, medically necessary colonoscopies, etc.)</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>40 visit limit per plan year (combined with Occupational Therapy)</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Subject to deductible – 90% reimbursement $20 co-pay</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Subject to deductible – 70% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td><strong>Prescription Plan</strong> Administered by Express Scripts Formulary list maintained and controlled by prescription benefits management company (PBM) and is subject to changes as directed by PBM.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Co-pays: Generic Drug $10 Brand Name Formulary $20 Brand Name Non-Formulary $30</td>
<td>Generics Preferred Program and Exclusive Home Delivery Program Required</td>
<td>Mail Order Co-pays: Generic Drug $15 Brand Name Formulary $30 Brand Name Non-Formulary $45</td>
</tr>
<tr>
<td><strong>Preventive Care</strong> Anthem Blue Cross and Blue Shield Standards <a href="http://www.ohio.edu/hr/benefits/preventive_care.cfm">http://www.ohio.edu/hr/benefits/preventive_care.cfm</a></td>
<td>No deductible 100% reimbursement for eligible procedures</td>
<td>No deductible - 70% reimbursement</td>
</tr>
<tr>
<td><strong>Second Surgical Opinion</strong> Pre-certification required. Case management available if applicable.</td>
<td>Subject to deductible – 100% reimbursement</td>
<td>Limited to 60 days Paid as in-network</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong> Pre-certification required. Case management available if applicable.</td>
<td>No deductible – 80% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong> 30 visit limit per plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 co-pay</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
</tbody>
</table>
# PPO COVERAGE CHART
**July 1, 2013 - June 30, 2014**

<table>
<thead>
<tr>
<th>CATEGORY (Alphabetical Listing)</th>
<th>TIER 1 (In-Network)</th>
<th>TIER 2 (Out-of-Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Pre-certification required</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Counseling</strong></td>
<td><strong>First 6 visits of plan year with an EAP/Impact or Anthem Network Provider</strong></td>
<td>Non Anthem Network Provider Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Pre-certification required</td>
<td>No deductible – 100% reimbursement</td>
<td></td>
</tr>
<tr>
<td><strong>Residential treatment not covered.</strong></td>
<td><strong>After 6 visits</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Surgery</strong> (inpatient, outpatient, doctor’s office &amp; other)</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible – 70% reimbursement</td>
</tr>
<tr>
<td>Pre-certification required</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TMJ</strong></td>
<td>Subject to deductible – 80% reimbursement</td>
<td>Paid as in-network</td>
</tr>
<tr>
<td><strong>Transplants</strong> (Transplant program is available)</td>
<td>Subject to deductible – 90% reimbursement</td>
<td>Subject to deductible Paid as in-network No specific maximums</td>
</tr>
<tr>
<td><strong>Urgent Care Facility</strong></td>
<td>$20 co-pay</td>
<td>Subject to deductible -70% reimbursement</td>
</tr>
<tr>
<td><strong>Vision Screening</strong></td>
<td>Preventive Vision Screening No deductible -100% reimbursement</td>
<td>Preventive Vision Screening No deductible -70% reimbursement</td>
</tr>
<tr>
<td><em>(Anthem Blue Cross &amp; Blue Shield Preventive Benefits)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong> <em>(Administered by Vision Service Plan - VSP)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Classified Staff</strong></td>
<td>Vision is currently administered by Vision Service Plan (VSP). The administrator is subject to change. VSP pays for 1 exam, lenses or contact lenses, and frames every 24 months for adults and 12 months for a dependent child. The reimbursement level for benefits depends on VSP’s agreement with the provider. Call VSP directly at 1-800-877-7195 for further details.</td>
<td></td>
</tr>
<tr>
<td><strong>Faculty &amp; Administrators</strong></td>
<td>Exam: plan pays $25 for an exam every 12 months The plan pays for one of the following every 24 months for adults and every 12 months for children: Single Vision Lenses ....$45 Frames ......................................................$25 Bifocals..........................$55 Contact Lenses ..............................................$45 Trifocals.................................$75 Medically Necessary Contact Lenses.....$150 VSP providers offer a 20% discount, contact directly at: 1-800-877-7195.</td>
<td></td>
</tr>
</tbody>
</table>

## LONG TERM DISABILITY

Long-term disability insurance is provided for the employee and is available if an employee becomes totally disabled due to injury or disease. The benefit provides income equal to 60% of the employee’s monthly earnings to a maximum of $6,000 per month, minus other income benefits such as Social Security or those provided by the State Teachers Retirement System or Ohio’s Public Employees Retirement System.

## ADDITIONAL PREMIUMS
*(if applicable, based on dependent eligibility: [http://www.ohio.edu/hr/benefits/healthcare/eligibility.cfm]*)

<table>
<thead>
<tr>
<th></th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse/Domestic Partner Premium</strong></td>
<td>$33.33</td>
<td>$25.00</td>
<td>$23.08</td>
</tr>
<tr>
<td>Employee’s choosing to enroll their spouse or domestic partner in a health insurance plan are charged an additional $50 monthly premium if the spouse/partner is employed and not enrolled in his/her employer’s health plan. If your spouse/partner is also employed by Ohio University, the additional premium will not apply.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extended Dependent Premium</strong></td>
<td>$33.33</td>
<td>$25.00</td>
<td>$23.08</td>
</tr>
<tr>
<td>Charged for any Unmarried, Full Time Student dependents age 26 to 28. Medical and Prescription Coverage ONLY available.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult Child Premium</strong></td>
<td>$176.67</td>
<td>$132.50</td>
<td>$122.31</td>
</tr>
<tr>
<td>Charged for any Non Full Time Student dependents age 26 to 28. Medical and Prescription Coverage ONLY available.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PPO MEDICAL PLAN RATES
Effective July 1, 2013 – June 30, 2014

<table>
<thead>
<tr>
<th>Salary Bracket</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1 $0</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$37.13</td>
<td>$27.85</td>
<td>$25.70</td>
</tr>
<tr>
<td></td>
<td>$72.72</td>
<td>$54.54</td>
<td>$50.35</td>
</tr>
<tr>
<td></td>
<td>$108.39</td>
<td>$81.29</td>
<td>$75.04</td>
</tr>
<tr>
<td>B2 $34,301</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$40.74</td>
<td>$30.56</td>
<td>$28.20</td>
</tr>
<tr>
<td></td>
<td>$79.79</td>
<td>$59.85</td>
<td>$55.24</td>
</tr>
<tr>
<td></td>
<td>$118.93</td>
<td>$89.20</td>
<td>$82.33</td>
</tr>
<tr>
<td>B3 $39,801</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$44.87</td>
<td>$33.26</td>
<td>$30.70</td>
</tr>
<tr>
<td></td>
<td>$86.87</td>
<td>$65.15</td>
<td>$60.14</td>
</tr>
<tr>
<td></td>
<td>$129.46</td>
<td>$97.10</td>
<td>$89.63</td>
</tr>
<tr>
<td>B4 $44,901</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$47.96</td>
<td>$35.97</td>
<td>$33.20</td>
</tr>
<tr>
<td></td>
<td>$93.93</td>
<td>$70.45</td>
<td>$65.03</td>
</tr>
<tr>
<td></td>
<td>$140.00</td>
<td>$105.00</td>
<td>$96.92</td>
</tr>
<tr>
<td>B5 $51,301</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$51.57</td>
<td>$38.68</td>
<td>$35.70</td>
</tr>
<tr>
<td></td>
<td>$101.01</td>
<td>$75.76</td>
<td>$69.93</td>
</tr>
<tr>
<td></td>
<td>$150.54</td>
<td>$112.91</td>
<td>$104.22</td>
</tr>
<tr>
<td>B6 $58,001</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$55.18</td>
<td>$41.39</td>
<td>$38.20</td>
</tr>
<tr>
<td></td>
<td>$108.07</td>
<td>$81.06</td>
<td>$74.82</td>
</tr>
<tr>
<td></td>
<td>$161.07</td>
<td>$120.81</td>
<td>$111.51</td>
</tr>
<tr>
<td>B7 $66,501</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$58.79</td>
<td>$44.09</td>
<td>$40.70</td>
</tr>
<tr>
<td></td>
<td>$115.15</td>
<td>$86.36</td>
<td>$79.72</td>
</tr>
<tr>
<td></td>
<td>$171.61</td>
<td>$128.71</td>
<td>$118.81</td>
</tr>
<tr>
<td>B8 $76,501</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$62.40</td>
<td>$46.80</td>
<td>$43.20</td>
</tr>
<tr>
<td></td>
<td>$122.21</td>
<td>$91.66</td>
<td>$84.61</td>
</tr>
<tr>
<td></td>
<td>$182.15</td>
<td>$136.62</td>
<td>$126.10</td>
</tr>
<tr>
<td>B9 $94,901</td>
<td>0–19 hrs/pay</td>
<td>20–39 hrs/pay</td>
<td>40–59 hrs/pay</td>
</tr>
<tr>
<td></td>
<td>$66.01</td>
<td>$49.51</td>
<td>$45.70</td>
</tr>
<tr>
<td></td>
<td>$129.29</td>
<td>$96.97</td>
<td>$89.51</td>
</tr>
<tr>
<td></td>
<td>$192.69</td>
<td>$144.52</td>
<td>$133.40</td>
</tr>
</tbody>
</table>

PPO MEDICAL PLAN RATES - Part-Time Classified (Hourly) Employees

Benefit rates for part-time classified employees are based on the hours worked per pay period. Rates will be deducted each pay period and are based on the B1 salary bracket: 0–$34,300

<table>
<thead>
<tr>
<th>Hours Worked per pay period</th>
<th>0-19 hrs/pay</th>
<th>20-39 hrs/pay</th>
<th>40-59 hrs/pay</th>
<th>60+ hrs/pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$196.43</td>
<td>$122.77</td>
<td>$61.38</td>
<td>$25.70</td>
</tr>
<tr>
<td>Employee plus One</td>
<td>384.74</td>
<td>240.46</td>
<td>120.23</td>
<td>50.35</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>573.42</td>
<td>358.38</td>
<td>179.19</td>
<td>75.04</td>
</tr>
</tbody>
</table>
## DENTAL COVERAGE

<table>
<thead>
<tr>
<th>Employee Dental</th>
<th>$25 deductible -80% Reimbursement up to a $750 plan year maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Free for full-time employees)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependent Dental</th>
<th>Benefit per covered person: $25 deductible -80% Reimbursement up to a $750 plan year maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Optional employee paid benefit)</td>
<td></td>
</tr>
</tbody>
</table>

### DENTAL RATES

**Effective July 1, 2013 – June 30, 2014**

<table>
<thead>
<tr>
<th># of Pays per Year</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee plus One</td>
<td>16.00</td>
<td>12.00</td>
<td>11.08</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>30.67</td>
<td>23.00</td>
<td>21.23</td>
</tr>
</tbody>
</table>

### Part-Time Classified (Hourly) Employees

Part-time employees are eligible to purchase dental coverage for themselves and their dependents. However, employee dental must be purchased in order to cover dependents.

<table>
<thead>
<tr>
<th>Hours Worked per pay period</th>
<th>0-19 hrs/pay</th>
<th>20-39 hrs/pay</th>
<th>40-59 hrs/pay</th>
<th>60+ hrs/pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$10.15</td>
<td>$8.12</td>
<td>$6.09</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee plus One</td>
<td>30.92</td>
<td>24.74</td>
<td>18.55</td>
<td>10.62</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>41.08</td>
<td>32.86</td>
<td>24.65</td>
<td>20.77</td>
</tr>
</tbody>
</table>

## ORTHODONTIA COVERAGE

( Optional employee paid benefit)

<table>
<thead>
<tr>
<th>Benefit per covered person:</th>
<th>No deductible -50% Reimbursement up to a $1,000 lifetime maximum</th>
</tr>
</thead>
</table>

### ORTHODONTIA RATES

**Includes Dental Coverage**

**Effective July 1, 2013 – June 30, 2014**

<table>
<thead>
<tr>
<th># of Pays per Year</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$1.33</td>
<td>$1.00</td>
<td>$0.92</td>
</tr>
<tr>
<td>Employee plus One</td>
<td>17.33</td>
<td>13.00</td>
<td>12.00</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>34.00</td>
<td>25.50</td>
<td>23.54</td>
</tr>
</tbody>
</table>

### Part-Time Classified (Hourly) Employees

Part-time employees are eligible to purchase dental coverage for themselves and their dependents. However, employee dental must be purchased in order to cover dependents.

<table>
<thead>
<tr>
<th>Hours Worked per pay period</th>
<th>0-19 hrs/pay</th>
<th>20-39 hrs/pay</th>
<th>40-59 hrs/pay</th>
<th>60+ hrs/pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$11.08</td>
<td>$8.86</td>
<td>$6.65</td>
<td>$0.92</td>
</tr>
<tr>
<td>Employee plus One</td>
<td>33.69</td>
<td>26.95</td>
<td>20.22</td>
<td>12.46</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>44.77</td>
<td>35.82</td>
<td>26.86</td>
<td>23.54</td>
</tr>
</tbody>
</table>
**LIFE INSURANCE COVERAGE**

<table>
<thead>
<tr>
<th>Basic Life Insurance*</th>
<th>2.5 times annual pay to a maximum of $50,000 is provided free of charge for full-time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Life Insurance*</td>
<td>Employees may also purchase up to $500,000 of additional life insurance for themselves</td>
</tr>
<tr>
<td>Dependent Life Insurance**</td>
<td>Employees may also purchase up to $20,000 of life insurance for their dependents</td>
</tr>
</tbody>
</table>

*Accelerated life insurance, which allows employees to access up to one-half of their life insurance if they are deemed to be terminally ill, is included in the life insurance plans.

**Dependent Life coverage limited to age 23 for full-time students.

---

**LIFE INSURANCE RATES**

*Effective July 1, 2013 – June 30, 2014*

### BASIC

<table>
<thead>
<tr>
<th># of Pays per Year</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Part-Time Classified (Hourly) Employees**

Part-time employees must purchase Basic Life Insurance to be eligible to purchase supplemental and/or dependent life.

<table>
<thead>
<tr>
<th>Hours Worked per pay period</th>
<th>0-19 hrs/pay</th>
<th>20-39 hrs/pay</th>
<th>40-59 hrs/pay</th>
<th>60+ hrs/pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 5.36</td>
<td>$ 4.02</td>
<td>$ 2.68</td>
<td>$ 1.34</td>
</tr>
</tbody>
</table>

### SUPPLEMENTAL

(Rate quoted is per $10,000 unit)

<table>
<thead>
<tr>
<th>AGE</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 34</td>
<td>.26</td>
<td>.20</td>
<td>.18</td>
</tr>
<tr>
<td>35-39</td>
<td>.40</td>
<td>.30</td>
<td>.28</td>
</tr>
<tr>
<td>40-44</td>
<td>.47</td>
<td>.35</td>
<td>.32</td>
</tr>
<tr>
<td>45-49</td>
<td>.73</td>
<td>.55</td>
<td>.51</td>
</tr>
<tr>
<td>50-54</td>
<td>1.27</td>
<td>.95</td>
<td>.88</td>
</tr>
<tr>
<td>55-59</td>
<td>2.07</td>
<td>1.55</td>
<td>1.43</td>
</tr>
<tr>
<td>60-64</td>
<td>3.60</td>
<td>2.70</td>
<td>2.49</td>
</tr>
<tr>
<td>65-69</td>
<td>5.40</td>
<td>4.05</td>
<td>3.74</td>
</tr>
<tr>
<td>70-74</td>
<td>9.67</td>
<td>7.25</td>
<td>6.69</td>
</tr>
<tr>
<td>75+</td>
<td>13.73</td>
<td>10.30</td>
<td>9.51</td>
</tr>
</tbody>
</table>

### DEPENDENT**

<table>
<thead>
<tr>
<th>COVERAGE</th>
<th>18 (Faculty)</th>
<th>24 (Administrators)</th>
<th>26 (Classified)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse $5,000 Child $2,000** Option B</td>
<td>.81</td>
<td>.61</td>
<td>.56</td>
</tr>
<tr>
<td>Spouse $10,000 Child $5,000** Option A</td>
<td>1.73</td>
<td>1.3</td>
<td>1.20</td>
</tr>
<tr>
<td>Spouse $20,000 Child $10,000** Option C</td>
<td>3.29</td>
<td>2.47</td>
<td>2.28</td>
</tr>
</tbody>
</table>

**Dependent Life coverage limited to age 23 for full-time students.
IMPORTANT BENEFIT NUMBERS

Anthem
www.anthem.com
Medical 1-800-599-6903
Dental 1-866-470-7250
Pre-cert 1-866-776-4793
Nurseline 1-888-249-3820 (24 Hours)

Retail Prescription/ Mail Order Prescription
express scripts
www.express-scripts.com
1-866-515-1442

Employee Assistance/ Work Life Program
impactsolutions
www.impactemployeeassistance.com
1-800-227-6007 (24 Hours)

Vision
vsp
https://www.vsp.com/home.html
1-800-877-7195

Flexible Spending
WageWorks
www.wageworks.com
1-877-924-3967