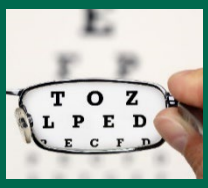
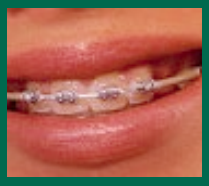
AFSCME 1699 2022-23 BENEFITS GUIDE






- AFSCME 1699 PPO MEDICAL
- PRESCRIPTION DRUG
- DENTAL
- DENTAL WITH ORTHODONTIA
- VISION
- FLEXIBLE SPENDING ACCOUNTS
- LIFE INSURANCE
- SHORT TERM DISABILITY

Effective July 1, 2022- June 30, 2023

OHIO UNIVERSITY
Human Resources

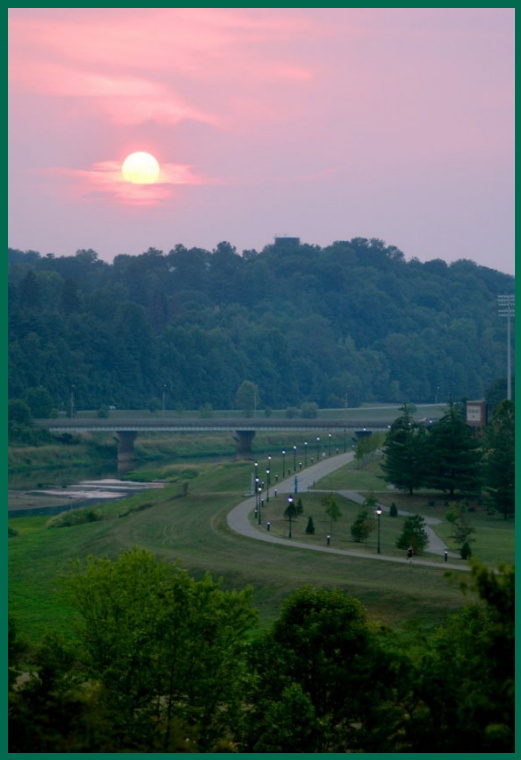
Open Open Enrollment is the one time each year you can enroll or make changes to your healthcare benefits. Otherwise, changes may only be made if a *qualifying family status change* has occurred.

Accessing the self-service benefits link via *My Personal Information* will allow you to enroll in or waive the:

- PPO medical/ prescription drug plan,
- two vision plans,
- dental plan or dental with orthodontia plan,
- elect a health care and/or dependent day care flexible spending account,
- supplemental and/or dependent life insurance, and
- enroll in the short term disability plan.

All Athens Campus benefit eligible employees will have the annual parking fee of $150 for access to the standard dark green/purple permit deducted, on a pre-tax basis, from each pay period unless they opt out. For additional information on faculty/staff parking please visit:
https://www.ohio.edu/transportation-parking/policy/faculty-and-staff-permits

OHIO UNIVERSITY BENEFITS



2022-23 Plan Year

Ohio University's Benefit Plan Year runs July 1 through June 30. Any changes made during the annual Open Enrollment period will be effective on July 1, 2022.

This *AFSCME 1699 Benefits Open Enrollment Guide* is intended to provide an overview of available options. Refer to the applicable plan, program and/or policy online for additional information. In the event the information in this booklet differs from the plan, program or policy, the plan, program or policy will govern.

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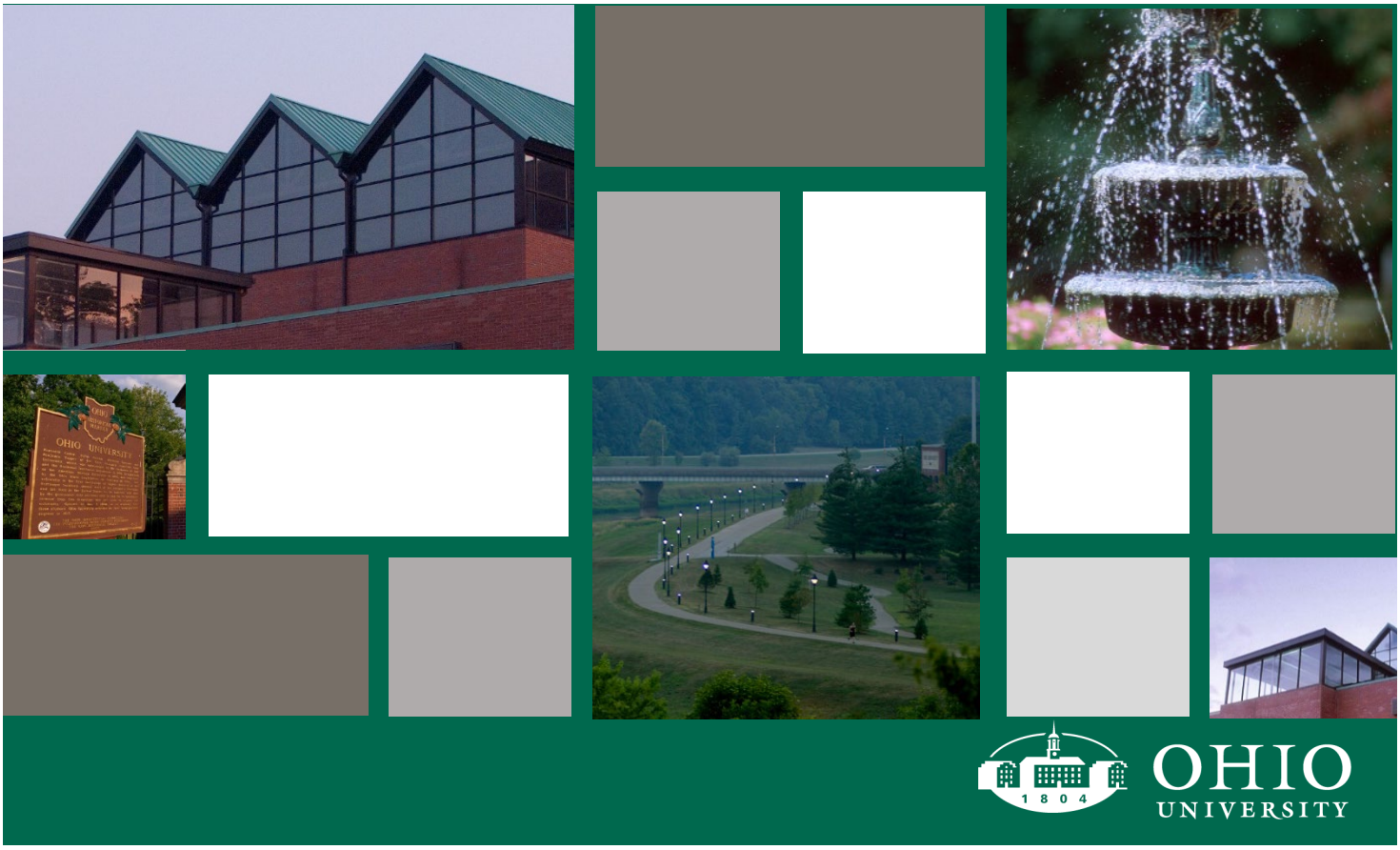

New for 2022-23

The following changes are effective with the start of the new plan year on July 1, 2022:

1. **PPO Premiums**

   The following increases were made to PPO Premiums during the last AFSCME 1699 Union negotiation.

Premiums	2022– 2023 Plan Year
Employee Only	$74.85
Employee plus One	$149.71
Employee & Family	$224.56

2. **Dental Premiums Decrease Slightly**

   Dental and Dental with Orthodontia premiums have decreased slightly this year.

3. **Healthcare Flexible Spending Account Contribution Amount Increases**

   The health FSA contribution limit is $2,850 for 2022, up from $2,750 last year.

   A flexible spending account (FSA) is an employer-sponsored benefit that helps you save money on many qualified healthcare expenses. You may contribute pretax dollars to fund the account.

HOW TO ENROLL IN YOUR BENEFITS ONLINE

You may enroll in your coverages through the *My Personal Information* (MPI) site.

The Self Service Benefits link on the MPI site will allow you to:

- enroll in or waive PPO medical/prescription drug plan coverage,
- select one of two vision plans,
- enroll in the dental or orthodontia with dental plan,
- elect a health care and/or dependent day care flexible spending account
- elect supplemental and dependent life insurance and
- enroll in the short term disability plan.

Visit *https://www.ohio.edu/hr/benefits/how-enroll* for more detailed instructions on enrolling.

The annual Open Enrollment period is held each year in April. Open Enrollment is the one time each year you can enroll or make changes in your health care benefits. Otherwise, changes may only be made if a qualifying family status change has occurred. You have **31 days** from the date of the qualifying family status change to make changes to your coverages.

My Personal Information offers a single, secure online source for employees to manage their personal demographic and payroll information, as well as benefit elections.

First Step- Learn About Available Benefits

- Read this Benefits Guide.
- Visit *https://www.ohio.edu/hr/benefits/health-insurance*.

Be Prepared Before Logging In

- Have your OHIO ID and password available.
- If you haven't already, set up your multi-factor authentication *(https://www.ohio.edu/oit/services/accounts/multi-factor)*
- Make sure you are entering just your OHIO ID and not your full email address. For example, if your email address is *bobcat@ohio.edu,* then your OHIO ID is 'bobcat'.
- If you do not currently use Ohio University's email system, you will need to activate your account. (https://www.ohio.edu/oit/services/accounts/my-account)
- If you have forgotten your password, please visit OIT's password reset page. (https://www.ohio.edu/oit/services/accounts/passwords/reset-your-password)
- If you do not have secret challenge questions set up, then you will need to present a photo ID to one of the locations listed here. (*https://www.ohio.edu/oit/accounts/passwords/reset-your-password*)

NOTE for Navigating MPI

Use the *Back* and *Next* buttons within the application.

Do not use the browser's back or next button when navigating MPI.

Before Making Elections

Make sure you have the following information for all eligible dependents to be enrolled:

- Social Security numbers and Birthdates for any dependents you are covering
- Mailing addresses for eligible dependents who do not live with you
- Marriage Certificate if covering a spouse
- Domestic Partner paperwork if covering a domestic partner
- Birth Certificates for children you wish to cover

ELIGIBILITY

All AFSCME 1699 employees are eligible for benefits, as stated in the AFSCME 1699 bargaining agreement.

Affordable Care Act "Qualifiers": Under the Affordable Care Act, any employee deemed eligible for benefits due to working 30 hours per week or greater during the university's standard measurement period is eligible. Human Resources will notify employees if they qualify for benefits under this definition.

Dependent Eligibility

Dependents are eligible as follows:

- The employee's spouse or domestic partnerThis includes same sex spouses when legally married in a country that recognizes same-sex marriages. A domestic partner is defined as individuals who share a regular and permanent residence, have a committed personal relationship, can demonstrate financial interdependence, who are not related by blood and who are not legally married or in another domestic partnership
- The employee's and spouse's or domestic partner's dependent children until the end of the month they attain age 26, legally adopted children from the date the employee assumes legal responsibility, children for whom the employee assumes legal guardianship and step children. Also included are the employee's children (or children of the employee's spouse or domestic partner) for whom the employee has legal responsibility for from a valid court decree.
- Children who are mentally or physically disabled and totally dependent on the employee for support, regardless of age, with the exception of incapacitated children age 26 or older. Certification of the disability is required within 31 days of attainment of age 26, the date of disability, or the employee becoming eligible for benefits. A certification form is available from Human Resources and may be required periodically.

Further details regarding eligibility are available via the health plan eligibility guidelines online at: *https://www.ohio.edu/hr/benefits/individual-eligibility.*

OHIO Spouse/Partners

There are over 400 employees at OHIO who are married to or a domestic partner of another University employee. These employees can enroll in health insurance at a level of their choosing.

Coverage Levels

For medical, dental and vision benefits, choose from four coverage levels:

① Employee Only	② Employee + One Dependent Child	③ Employee + Spouse or Domestic Partner	④ Employee + Family Employee + Spouse or Domestic Partner + one or more dependents

OHIO Spouse/Partners

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These employees can enroll in health insurance at a level of their choosing.

Dependent Verification

Proper documentation is required to enroll a new dependent. Verification is not required for dependents who were covered during the previous plan year.

Required documentation includes:

- Marriage certificate
- Ohio University Domestic Partner Enrollment Form* *(https://www.ohio.edu/sites/default/files/sites/hr/files/DP_Enrollment_Form.pdf)*
- Ohio University Domestic Partner Affidavit* *(https://www.ohio.edu/sites/default/files/sites/hr/files/DP_Affadavit.pdf)*
- Supporting documentation as required by Domestic Partner Affidavit
- Copy of a birth certificate or hospital record naming you or your spouse/partner as the child's parent, or
- copy of court order naming you or your spouse/partner as child's legal guardian, or
- copy of court order of adoption or adoption certificate naming you or your spouse/partner as the child's parent
- copy of a tax return containing the child's social security number

For more information visit:
https://www.ohio.edu/hr/benefits/verification-dependents

*Please Note: Medical and dental benefits for a domestic partner are not eligible for the pre-tax deduction from the employee's wages. The Internal Revenue Service has ruled that domestic partners cannot be considered a spouse for tax purposes. Thus, employers are obligated to report and withhold taxes on the fair market value of the domestic partner coverage. Fair market value of the domestic partner coverage is usually defined as the amount the employer contributes to a health plan to cover the domestic partner over and above the amount contributed for single or dependent coverage. For more information view the Domestic Partner Benefit Taxation page

(*https://www.ohio.edu/hr/compensation-pay/hr/payroll-services/benefit-taxation#domestic-partner*) or Policy #40-013.

AFSCME 1699 PPO MEDICAL PLAN

Ohio University's PPO medical plan is administered by Anthem Blue Cross/ Blue Shield. Employees may contact Anthem directly with questions regarding their coverage. Anthem also offers a web portal where members can log in and manage their accounts.

The PPO plan is a "preferred provider organization." A PPO is a program in which a network of doctors, hospitals and other health care providers agree to provide medical services to plan enrollees at special, negotiated rates. Each health care provider in the network must meet and maintain strict quality requirements.

When you use network providers for your health care, you will have to pay a co-payment at the time of your service. Most services are covered at 80% after the deductible is met. You will still receive coverage when you see health care providers outside of the network, although you will receive a lower benefit level.

NOTE: *Payment for all covered health care services are based on the maximum allowed amount. For in-network providers and services, the maximum allowed amount is the rate agreed upon by Anthem and the provider of services and is normally less than the billed amount. For out-of-network providers and services, the maximum allowed amount is set by Anthem.*

AFSCME 1699 PPO Medical Plan (Cost Sharing Summary)

CATEGORY	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Deductible 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.	$500/$1000 Individual/Family	$1000/$2000 Individual/Family
Plan Co-Insurance A cost sharing feature in which the plan (Anthem Blue Cross Blue Shield) pays a fixed percentage of the cost of medical care.	80% for most categories	70% for most categories
Employee Co-Insurance A cost sharing feature in which the Member pays a fixed percentage of the cost of medical care.	20% for most categories	30% for most categories
PLAN YEAR MAXIMUMS	*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*	
Employee Co-Insurance Maximum Equals the total employees will pay for co-insurance during the plan year.	$2000/$4000 Individual/Family	$4000/$8000 Individual/Family
Employee Out-of-Pocket Maximum Equals the total employees will pay for deductible and co-insurance during the plan year.	$2500/$5000 Individual/Family	$5000/$10,000 Individual/Family
Employee Office Visit Co-Pay Maximum Equals the total employees will pay for Office Visit co-pays during the plan year.	$2450/$4900 Individual/Family	Out of Network Co-Pay not applicable
Employee Prescription Co-Pay Maximum Equals the total employees will pay for Prescription co-pays during the plan year.	$2450/$4900 Individual/Family	Out of Network Co-Pay not applicable
Total Annual Out-of-Pocket Maximum	$7400 / $14800	
Individual Lifetime Maximum Benefits	Unlimited	
Pre-Existing Condition Limitations A pre-existing condition is a physical or mental health condition, disability or illness that you have before you enrolled in a health plan.	None	None
Office Visit (Primary Care, Specialty Care, Physical Therapy, etc.)	No deductible - $25 co-pay	Subject to deductible - 70% reimbursement

CATEGORY	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Prescription Drug Co-pays	Retail Pharmacy	Mail Order Pharmacy
Generic Drug	$20	$25
Brand Name Formulary	$30	$40
Brand Name Non-Formulary	$40	$55

AFSCME 1699 PPO Medical Plan Chart (Alphabetical Listing)

CATEGORY	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Ambulance (subject to medical necessity)	Subject to deductible – 80% reimbursement	Paid as in-network
Child Wellness Visits Anthem Blue Cross and Blue Shield Standards	No deductible 100% reimbursement for eligible procedures	Subject to deductible – 70% reimbursement
Chiropractic Services	*12 visit limit per plan year* $25 co-pay	Subject to deductible – 70% reimbursement
Durable Medical Equipment	Subject to deductible – 80% reimbursement	Paid as in-network
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.	$75 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
Gynecological Exams/PAP Smears Preventive and Diagnostic	$25 co-pay for office visit	No deductible – 70% reimbursement.
Hearing NOTE: *Hearing medical conditions are covered the same as any other condition.*	One routine hearing exam covered per plan year (Under Preventive Care) $25 co-pay for office visit Subject to deductible -80% reimbursement	Subject to deductible -70% reimbursement
Hearing Aid & Supplies NOTE: *Payment of charges are capped to the maximum allowed amount. Contact your hearing aid provider or Anthem for details.*	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
Home Health Care Services 100 visit limit per plan year (Combined with Private Duty Nursing) **Hospice Services**	Subject to deductible – 80% reimbursement Subject to deductible – 100% reimbursement	Paid as in-network Paid as in-network
Inpatient & Outpatient Services, Surgery (non-emergency lab, x-ray, diagnostic testing and preadmission testing, allergy injections, serums, medically necessary colonoscopies, etc.)	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement

CATEGORY	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Mammograms Preventive	No deductible – 100% reimbursement	No deductible – 70% reimbursement
Diagnostic	Subject to deductible – 80% reimbursement	Subject to deductible – 80% reimbursement
Maternity Pre and postnatal physician services Delivery: Vaginal & Cesarean Labs & Radiology	$25 co-pay for first visit; afterwards 80% reimbursement Subject to deductible – 80% reimbursement Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement Subject to deductible – 70% reimbursement Subject to deductible – 70% reimbursement
Mental Health **Inpatient and Residential Treatment** Pre-certification required	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
Outpatient Counseling Pre-certification required for: • Inpatient Care • Partial Hospitalization • Residential Care • Transcranial Magnetic Stimulation (TMS)	**First 6 visits of plan year with an** EAP/Impact or Anthem Network Provider No deductible – 100% reimbursement **After 6 visits** No deductible - $25 co-pay – 100% reimbursement	Non Anthem Network Provider Subject to deductible – 70% reimbursement
Occupational Therapy	*40 visit limit per plan year*	
Inpatient Outpatient	Subject to deductible –80% reimbursement $25 co-pay	Subject to deductible – 70% reimbursement Subject to deductible – 70% reimbursement
Office Visit (Primary Care, Specialty Care, Physical Therapy, etc.)	No deductible - $25 co-pay	Subject to deductible - 70% reimbursement
Outpatient & Inpatient Services, Surgery (non-emergency lab, x-ray, diagnostic testing and preadmission testing, allergy injections, serums, medically necessary colonoscopies, etc.)	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
Physical Therapy	*40 visit limit per plan year*	
Inpatient	Subject to deductible –80% reimbursement	Subject to deductible – 70% reimbursement
Outpatient	$25 co-pay	Subject to deductible – 70% reimbursement
Preventive Care Anthem Blue Cross and Blue Shield Standards	No deductible 100% reimbursement for eligible procedures	No deductible - 70% reimbursement
Second Surgical Opinion	Subject to deductible – 100% reimbursement	Paid as in-network
Skilled Nursing Facility Pre-certification required. Case management available if applicable.	*Limited to 60 days* No deductible – 80% reimbursement	Paid as in-network

CATEGORY	TIER 1 (In-Network)	TIER 2 (Out- of-Network)
Speech Therapy	*30 visit limit per plan year*	
Inpatient	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
Outpatient	$25 co-pay	Subject to deductible – 70% reimbursement
Substance Abuse		
Inpatient and Residential Treatment Pre-certification required	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
Outpatient Counseling Pre-certification required	**First 6 visits of plan year with an** EAP/Impact or Anthem Network Provider No deductible – 100% reimbursement **After 6 visits** No deductible - $25 co-pay – 100% reimbursement	Non Anthem Network Provider Subject to deductible – 70% reimbursement
Surgery (inpatient, outpatient, doctor's office & other) Pre-certification required	Subject to deductible – 80% reimbursement	Subject to deductible – 70% reimbursement
TMJ	Subject to deductible – 80% reimbursement	Paid as in-network
Transplants (Transplant program is available)	Subject to deductible – 80% reimbursement	Subject to deductible Paid as in-network
	No specific maximums	
Urgent Care Facility	$25 co-pay	Subject to deductible -70% reimbursement
Vision Screening *Anthem Blue Cross & Blue Shield Preventive Benefits*	Preventive Vision Screening No deductible -100% reimbursement	Preventive Vision Screening No deductible -70% reimbursement

PREMIUMS

Premiums for Ohio University's AFSCME 1699 PPO Medical Plan are listed below. Premiums, are deducted from your paycheck each pay.

AFSCME 1699 PPO Medical Plan

	BI-WEEKLY
COVERAGE LEVEL	**26 Pays**
Employee Only	$74.85
Employee plus One	$149.71
Employee & Family	$224.56

AFSCME 1699 PPO PRESCRIPTION PLAN INFORMATION

Prescription coverage is included when enrolled in a medical plan.

The PPO medical plan's prescription drug coverage, including the mail order option, utilizes a formulary drug listing. These lists are not all-inclusive and do not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. The formulary list maintained and controlled by CVS Caremark and is subject to changes.

Your prescription drug coverage includes the following programs:

Advanced Utilization Management Program

The Advanced Utilization Management Program includes Drug Quantity Management, Step Therapy, and Prior Authorization. These programs require additional information from a prescribing physician in order for certain prescriptions to be covered and paid for by the university's health plan.

Maintenance Choice - Home Delivery Program

Under Maintenance Choice – Home Delivery the medications you take regularly (for health issues such as diabetes, asthma or high blood pressure) must be filled at CVS pharmacies or through the CVS Caremark Mail Order Pharmacy.

Employees can fill a prescription of a maintenance medication up to two times at any retail pharmacy such as CVS, Wal-Mart, or Kroger. After that, the University's health plan will cover the medication only if it is obtained through CVS retail or Mail Order Pharmacies.

Certain medications such as schedule II drugs or drugs with manufacturer or FDA supply limits may be exempted from the Maintenance Choice -Home Delivery Program. Members may contact CVS Caremark for more details.

Generic Preferred Program

The University's prescription drug plan includes a "generics preferred" program. 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 copay.

Prescription Drug Copays	Retail Pharmacy	Mail Order Pharmacy
Generic Drug	$20	$25
Brand Name Formulary	$30	$40
Brand Name Non-Formulary	$40	$55

DENTAL COVERAGE

The Dental Plan, administered by Anthem, is designed to help employees and their family members maintain good dental health through regular preventive care and assist in paying larger dental expenses.

Each year, employees must satisfy a fiscal year deductible. After that, when covered dental charges are incurred, the plan pays a percentage of the customary and reasonable charges up to the benefit maximum. Employees are responsible for the coinsurance payment (and any amount over the customary and reasonable charge).

Summary of Covered Dental Expenses

Deductible	$25 per covered individual
Co-Insurance	80%
Annual Plan Maximum	$1,000 per covered individual

Preventive Treatment Includes:

- oral examinations, but not more than twice a year
- cleaning and scaling of teeth, but not more than twice a year
- full mouth x-rays, once every 36 month
- four supplementary bitewing x-rays a year
- application of fluoride, but not more than once a year

Basic and Major Treatment Includes:

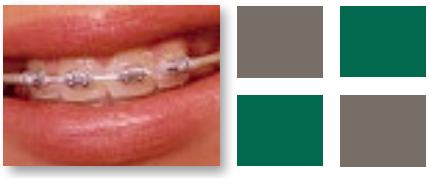
- amalgam (silver) fillings to restore decayed or accidentally broken teeth, including replacement of fillings
- simple extractions and surgical extractions (not including impacted teeth, which are covered under the medical plan)
- periodontal scaling (cleaning below the gum line)
- root canal therapy
- pulpal therapy and pulp capping
- other surgery on the teeth except surgical removal of a tumor or cyst, or cutting and draining on abscess or cyst
- rebasing or relining of partial or full dentures if performed more than six months after installation, but not more than once in 24 months
- repair of crowns, inlays, onlays, partial or full dentures and fixed bridgework, to include re-cementing crowns, inlays and onlays
- emergency dental treatment for relief of pain
- general anesthetics and the process of administering them, including intravenous sedations when furnished for surgical procedures
- initial installation of a partial or full denture of fixed bridgework to replace a natural tooth that has been extracted (Installation includes the denture and adjustments made to it for the first six months, and fixed bridgework, including inlays and crowns needed as abutments)
- replacement of existing or full denture, fixed bridgework or the addition of teeth to a partial denture or fixed bridgework if: the replacement or addition will replace one or more teeth; in the case of a partial denture or fixed bridgework was installed; in the case of a partial or full denture or fixed bridgework, the denture or bridgework was installed while the patient was covered under this dental plan, and replacement occurs at least five years after installation; or the denture being replaced in an immediate full denture that cannot be made permanent, and replacement by a permanent full denture occurs within 12 months from the date the immediate full denture was installed.
- Gold fillings, crowns, inlays and onlays to restore decayed or broken teeth only when teeth cannot be restored with regular fillings
- Replacement of gold fillings, crowns, inlays and onlays installed while the patient was covered under this plan when replacement occurs at least five years after installation or it is needed to repair or relieve an injury caused by an accident while the patient is covered under this dental plan
- Gingivectomy (removal of infected gum tissues around the teeth)
- Osseous (bone) surgery
- Pedicle soft tissue grafts (gum grafts to cover exposed root)
- Occlusal (bite) adjustments and guards
- Other gingival (gum) surgery except surgical removal or a tumor or cyst, or cutting and draining of an abscess or cyst

DENTAL & ORTHODONTIA COVERAGE

You may choose Dental/Orthodontic coverage for yourself and/or your dependents. Orthodontia coverage includes Dental (as listed) and Orthodontia (for the treatment of irregularities of the teeth such as alignment and occlusion, including the use of braces). The Orthodontic Plan only covers expenses that begin after your coverage begins.

Summary of Covered Orthodontic Expenses

Deductible	No Deductible
Co-Insurance	50%
Annual Plan Maximum	$1,000 lifetime maximum per covered individual



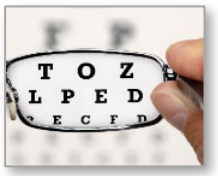
Coverage Includes:

- complete orthodontic examination
- orthodontic appliance, including impressions, installation and adjustments for the first six months after installation for: minor treatment for tooth guidance; and interceptive orthodontic treatment
- comprehensive orthodontic treatment of transitional or permanent dentition, including initial placement or the orthodontic appliance and subsequent active orthodontic treatment

Dental/ Orthodontia Premiums

BI-WEEKLY		
COVERAGE LEVEL	**Dental ONLY**	**Dental with Orthodontia**
Employee Only	$1.86	$2.01
Employee plus One	$14.23	$15.40
Employee & Family	$26.60	$28.80

VISION COVERAGE



Two vision plans are now being offered to employees through Vision Service Plan (VSP). The ***VSP Standard*** is a "base plan" with coverage similar to current vision plans, and the ***VSP Enhanced*** is a "buy-up" plan with increased coverage. Premiums are required for each plan. (Previously, premiums were included in medical plan premiums).

The main differences between the plans are the frequency of coverage for frames, the frame allowance, and premiums.

	VSP Standard	**VSP Enhanced**	**Out of Network**
Deductible	None	None	None
Copay	$10 Exam / $25 Materials	$10 Exam / $25 Materials	
Exam	Covered in Full once every 12 months	Covered in Full once every 12 months	$45 Reimbursement
LENSES: Lens Frequency **Adults** **Children**	 Every 12 Months Every 12 Months	 Every 12 Months Every 12 Months	 Every 12 Months Every 12 Months
Single Vision	Covered in Full	Covered in Full	$30 Reimbursement
Lined Bifocal	Covered in Full	Covered in Full	$50 Reimbursement
Lined Trifocal	Covered in Full	Covered in Full	$65 Reimbursement
Progressive Lenses	Standard $55 Copay Premium $90- $105 Copay Custom $150- $175 Copay	Standard- Covered in Full Premium and Custom not to exceed $55 Copay	$50 Reimbursement
FRAMES: Frame Allowance	$150 Allowance (20% off overage)	$200 Allowance (20% off overage)	$70 Reimbursement
Frame Frequency **Adults** **Children**	 Every 24 Months Every 12 Months	 Every 12 Months Every 12 Months	Same as plan enrolled in (VSP Standard or VSP Enhanced)
CONTACTS (instead of glasses) **Contact lens exam (fitting & evaluation)**	Not to exceed $60 copay	Not to exceed $60 copay	$45 Reimbursement
Contact lenses- Elective **Contact lenses- Medically Necessary**	$150 Allowance (15% discount) Covered after materials copay	$180 Allowance (15% discount) Covered after materials copay	$105 Reimbursement $210 Reimbursement

Vision Premiums

BI-WEEKLY		
COVERAGE LEVEL	**VSP Standard Plan**	**VSP Enhanced Plan**
Employee Only	$0.26	$1.55
Employee plus One	$0.73	$3.96
Employee & Family	$1.32	$6.52

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) allows you to save on your taxes while paying for certain medical bills or day care expenses. You may choose to enroll in the Health Care Spending Account, the Dependent Day Care Spending Account, or both.

When you enroll in an FSA, you chose an amount to be deducted from each paycheck and placed into a special 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.

Ohio University's Flexible Spending Accounts are administered by WageWorks/HealthEquity.

Visit www.wageworks.com to learn more.

Health Care Account

Plan Year Maximum	$2,850
Eligible Expenses	Health Care Listing (*https://healthequity.com/qme*)

You can use your Health Care Spending Account to pay for eligible expenses that are not covered by your medical plan. Use your account to pay for expenses such as deductible and coinsurance, services such as acupuncture, and supplies such as crutches.

Generally an eligible dependent is: a spouse, child(ren) under the age of 26, child(ren) over 26 who are tax dependents, a domestic partner who is a tax dependent. For more information click here. (*https://www.wageworks.com/employees/healthcare-benefits/healthcare-flexible-spending-account/eligible-dependents*)

Dependent Day Care Account

Plan Year Maximum	$2,500 if you are married and file your taxes separately $5,000 if you are single or you are married and file your taxes jointly
Eligible Expenses	Dependent Day Care Listing (*https://www2.healthequity.com/learn/dependent-care-expenses*)

You can use your Dependent Day Care Spending Account to pay for nursery school or day care for your child, and in-home care for a dependent adult. Expenses must occur within the benefit plan year (fiscal) for which you are enrolling to be eligible for reimbursement.

For more information on day care eligibility click here. (*https://www2.healthequity.com/learn/dependent-care-expenses*)

While there are many advantages to Employee Spending Accounts, there are also limitations. The IRS has guidelines on which expenses are allowable and disallowable under an FSA. To see a complete list of eligible expenses under a Health Care Spending Account, refer to IRS publication 502.

IMPORTANT!!

KEEP YOUR RECEIPTS!

The IRS maintains oversight of flexible spending accounts and requires a detailed bill or receipt must list the service or product received, the date of the service or sale, and the amount charged.

The IRS also does NOT require a detailed bill for purchases made with a debit card at retail pharmacies (CVS, Kroger, Wal-Mart, etc.) or other entities who have complied with IRS rules regarding use of debit cards.

How the Accounts Work

First, estimate how much you will incur during the year on eligible health care or dependent day care expenses.

Then decide how much, if any, of your salary you would like to contribute to a Health Care Spending Account or Dependent Day Care Spending Account. You will make separate pre-tax contributions to each. These contributions will be deducted from your pay each pay period.

As you incur eligible medical and dependent day care expenses throughout the year, they can be reimbursed from your account by using your WageWorks/HealthEquity debit card or submitting a claim form. Remember, the money is never taxed— going into your account or coming out.

Your Deposits

Because your FSA deposits are not taxed, they are subject to these limitations by the IRS:

You cannot change or stop your deposits to your FSA until the next enrollment period, unless you have a change in your family status such as marriage, divorce, death of a spouse or child, birth or adoption of a child, or change in the employment status of you or your spouse. You may make deposit changes within 31 days of the change in status.

Requests for reimbursement through FSA must be for services provided during the plan year (July-June) in which you make your deposits to your FSA. Reimbursement requests must be made no later than September 30 of the following year.

You should plan your deposits carefully.

You cannot transfer funds from one account to the other. For example, you cannot use money from your Dependent Day Care Account to pay for health care expenses.

If you have money left in your Medical Flexible Spending account at the end of this plan year (June 30, 2023) it will automatically roll over to the next year. The amount that can roll over is capped at $500. This is for medical spending accounts only and does not apply to dependent day care accounts.

Dependent Day Care Spending Account or Dependent Care Federal Tax Credit?

Deciding whether to contribute to the Dependent Day Care Spending requires that you determine whether it is more beneficial to use an FSA or the tax credit available when completing your federal tax return. The tax credit reduces your taxes owed, whereas an FSA reduces your taxable income. You are encouraged to contact a tax advisor if you are unsure about how either of these options may affect you financially.

LIFE INSURANCE COVERAGE

Basic Life Insurance

Basic Life Insurance is provided to all full-time employees at no charge. In the case of your death, your beneficiary will receive two and a half times your salary up to a $50,000 benefit maximum.

The basic life insurance benefit does include benefits for accidental death and dismemberment, however there are some limitations regarding when benefits are payable for accidental death and dismemberment.

Full details of the basic life insurance plan, including eligibility and benefit limits and exclusions, are included in the group life certificate of insurance.

Supplemental Life Insurance

Supplemental Life Insurance allows you to buy additional life insurance above your Basic Life coverage, at a low group premium.

With Supplemental Life Insurance, you can choose to increase your current life insurance benefit in increments of $10,000. Premiums are based on your age, and the maximum benefit is $500,000. When purchasing Supplemental Life Insurance, evidence of insurability will be required if purchasing more than $20,000. Proof of good health may be required, and your premiums will be deducted from your paycheck on a post-tax basis. **Note: If you have been previously denied coverage, you will need to complete an Evidence of Insurability before being approved for any increase in coverage.**

You can only enroll in Supplemental Life Insurance every year during open enrollment. Once you enroll in Supplemental Life Insurance, your coverage remains the same from year to year unless you change it. You may increase, decrease or discontinue your coverage every year during open enrollment. You may change your coverage during the year if necessary due to a change in family status such as marriage, divorce or adoption. In these cases, contact the Benefits Office for enrollment information.

Supplemental Life Insurance is eligible for accelerated benefits. This means you can collect a percentage of your benefit if you are deemed to be terminally ill with twelve months or fewer to live as indicated by a physician. Your Supplemental Life Insurance has no savings or cash-value benefit. The supplemental life plan does contain some exclusions, such as limits to when benefits are payable due to a suicide. Visit the Premiums page to view Supplemental Life premiums.

IMPORTANT!!

You may increase your supplemental life coverage by $20,000 without completing an Evidence of Insurability (EOI) form.

After you reach $200,000 in total coverage an EOI is required for any increase.

Dependent Life Insurance

With Dependent Life Insurance, you may choose to cover your spouse and children at a low, group premium. Premiums for Dependent Life are blended- this means you pay one flat premium regardless of the number of family members you cover.

There are three levels of Dependent Life from which to choose:

- **Option 1**: $5,000 of coverage for your spouse with $2,000 of coverage for each child, or
- **Option 2:** $10,000 of coverage for your spouse with $5,000 of coverage for each child, or
- **Option 3**: $20,000 of coverage for your spouse with $10,000 for each child

Individuals eligible for Dependent Life Insurance are your:

- **Spouse or Domestic Partner**
- **Unmarried Children**, from live birth to the attainment of age 26. Coverage may be extended for children who are physically or mentally incapable of self-support. See plan certificate for details.

You must notify the university when a dependent is no longer eligible for coverage. All premiums paid for dependents who are no longer eligible for coverage will be refunded without any payment of a life insurance benefit.

You can only enroll in Dependent Life Insurance every year during open enrollment. Once you enroll in Dependent Life Insurance, your coverage remains the same from year to year unless you change it. You may increase, decrease or discontinue your coverage every year during open enrollment. You may change your coverage during the year if necessary due to a change in family status such as marriage, divorce or adoption. In these cases, contact the Benefits Office for enrollment information.

When you enroll in Dependent Life Insurance, you automatically become the beneficiary. Dependent Life Insurance is not eligible for accelerated benefits, nor does it have any savings or cash-value benefit. Premiums are deducted on a post-tax basis.

Life Insurance Premiums

	BI-WEEKLY
COVERAGE LEVEL	**26 Pays**
Basic Life Plan*	$0.00

*The Basic Life Plan benefit of 2.5 times annual pay to a maximum of $50,000 is provided free of charge for full-time employees.

Supplemental Life (Premium quoted is per $10,000 unit)

Supplemental Life Insurance is available for purchase in $10,000 increments. Premiums listed below are for each $10,000 unit purchased. For example: a 34 year old employee paid bi-weekly purchasing $20,000 of insurance will pay $0.36 per pay ($0.18 x 2 units).

	BI-WEEKLY
AGE	**26 Pays**
Under 34	.18
35-39	.28
40-44	.32
45-49	.51
50-54	.88
55-59	1.43
60-64	2.49
65-69	3.74
70-74	6.69
75+	9.51

Dependent Life Premiums

Premiums for Dependent Life are blended- this means you pay one flat premium regardless of the number of family members you cover.

	BI-WEEKLY
COVERAGE LEVEL	**26 Pays**
Option 1: **Spouse $5,000, Child $2,000**	.56
Option 2: **Spouse 10,000, Child $5,000**	1.20
Option 3: **Spouse $20,000, Child $10,000**	2.28

SHORT TERM DISABILITY

Short term disability is designed to pay a percentage of your income (60%) if you are unable to work for a short period of time due to illness or injury and you have used all of your sick leave benefits. The benefit would begin 14 days after the date of your disability (illness or injury) or exhaustion of sick leave, whichever is later. The benefit can continue up to 13 weeks, at which point Long Term Disability may be available. Premiums are based on your age and your salary and are paid on an after-tax basis.

Those who do not have a large amount of sick leave accrued are encouraged to consider purchasing Short Term Disability insurance.

You must elect coverage and pay premiums to be eligible for Short Term Disability benefits. To apply for benefits you simply call UNUM and provide information regarding your illness or injury. UNUM will obtain information from your physician and verify eligibility with the university before determining whether benefits are payable.

Plan Highlights

Benefit	60% of your weekly earnings to a maximum of $2,400 per week
Coverage Date	14 days after date of disability or exhaustion of sick leave, whichever is greater
Benefit Duration	13 weeks
Pre-Existing Condition Clause	Conditions are not covered if you receive treatment, consultation, care, or services (including diagnostic procedures or prescribed drugs or medicines) in the 3 months prior to the effective date of coverage and the disability begins in the first 12 months of coverage

Short Term Disability Premiums

Premiums are based on your age and your salary and are paid on an after-tax basis. The weekly benefit amount is paid up to a maximum of $2,400 per week. The weekly benefit for the premium calculation is also capped at $2,400.

AGE	RATE PER $10 OF COVERAGE
Under 25	.25
25-29	.28
30-34	.23
35-39	.20
40-44	.20
45-49	.20
50-54	.23
55-59	.31
60-64	.37
65+	.41

To calculate your premium, divide your annual salary by 52 weeks to determine your weekly benefit. Multiply this by 60% then divide by 10 and multiply by the rate that corresponds to your age. The formula is:

Annual salary / 52 x 60% / 10 x Rate per $10 of Coverage

For example, the rate for an individual age 40 earning $50,000 per year is:

$50,000 / 52 x 60% / 10 x $0.20 = $11.53 per month or $5.32 per bi-weekly pay

Examples of Short Term Disability Premium Calculations

The following are some examples of premiums at various income and age levels.

Age	Annual Salary	Weekly Benefit (Salary / 52 weeks x 60%)	Rate per $10 of Benefit	Monthly Premium (Weekly Benefit / 10 X rate)	Bi-Weekly Premium
35	$40,000	$461.54	$0.20	$9.23	$4.26
50	$40,000	$461.54	$0.23	$10.62	$4.90
60	$40,000	$461.54	$0.37	$17.08	$7.88
35	$60,000	$692.31	$0.20	$13.85	$6.39
50	$60,000	$692.31	$0.23	$15.92	$7.35
60	$60,000	$692.31	$0.37	$25.62	$11.82
35	$80,000	$923.08	$0.20	$18.46	$8.52
50	$80,000	$923.08	$0.23	$21.23	$9.80
60	$80,000	$923.08	$0.37	$34.15	$15.76

Need help calculating your Short Term Disability premium?

Visit *https://www.ohio.edu/hr/benefits/disability* to download a Rate Calculator

Parking (Athens Campus ONLY)

All Athens Campus benefit eligible employees will have the annual parking fee of $150 for access to the standard dark green/purple permit deducted, on a pre-tax basis, from each pay period unless they opt out.

A campus parking map is available at: https://www.ohio.edu/transportation-parking/map. A limited number of priority lot permits for uptown campus parking lots and reserved spaces within Baker & Jefferson Garage are also available for employees. Priority and reserved permits are available at higher rate than standard permit access. Additional information regarding priority and reserved parking is available at: https://www.ohio.edu/transportation-parking/policy/faculty-and-staff-permits.

Please contact the Transportation & Parking (TPS) Office with any questions regarding the permit renewal or opt-out process at 740-593-1917 or tps@ohio.edu.

	BI-WEEKLY
	26 Pays
Parking*	$5.77

*Prices reflect standard faculty/staff parking access in dark green & purple lots. Regional Campus employees do not have a parking fee. If employees require parking on the Athens Campus they should contact the Transportation & Parking Services Office for additional information on campus parking options.

CONTACT INFORMATION

PPO & Dental Plans

Anthem

www.anthem.com

Medical 1-844-995-1752
Dental 1-866-470-7250
Pre-cert 1-866-776-4793
Nurse line 1-888-249-3820 (24 Hours)

Prescription Plan

CVS caremark®

https://www.caremark.com

1-888-964-0089

Employee Assistance/ Work Life Program

impactsolutions

www.myimpactsolution.com/

1-800-227-6007 (24 Hours)

Vision Service Plan

VSP Vision Care

www.vsp.com

1-800-877-7195

Flexible Spending Accounts

HealthEquity | WageWorks

www.wageworks.com

1-877-924-3967

Short Term Disability

unum

www.unum.com

1-800-858-6843

https://www.ohio.edu/hr/benefits • 740.593.1636 • *benefits@ohio.edu*

NOTES: