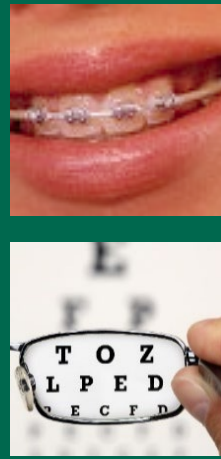


2024-25 BENEFITS OPEN ENROLLMENT



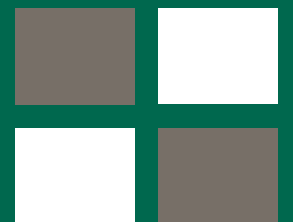
April 15, 2024 to May 8, 2024



OHIO
UNIVERSITY
Human Resources

HIGHLIGHTS

- Open Enrollment is April 15 – May 8. Enrollment choices are effective July 1.
- Online Enrollment via My Personal Information – Benefits Self Service
- Enroll/Change health, dental, vision, life, disability, and flexible spending account benefits
- If you take no action, current benefits remain in place **except Flexible Spending Accounts**
- If you are unable to log in to My Personal Information – Benefits Self Service and complete your enrollment, please email benefits@ohio.edu or call (740) 593-1649 for assistance.



HIGHLIGHTS

Faculty and Staff PPO (Including AFSCME 3200 & FOP)

- Although the cost of Ohio University's healthcare premiums benefits is expected to increase by approximately 9% in fiscal year 2025, the University will cover all cost escalation and will not increase premiums for faculty and staff.
- No changes to cost sharing such as copays, deductible and out of pocket maximum

AFSCME 1699 PPO

- Premiums increase July 1, 2024
- Deductible and Out of Pocket Maximums Increase

Dental and Orthodontia Plans

- Premiums increase slightly July 1, 2024 for all plans

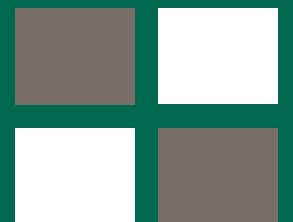
Healthcare Flexible Spending Account Contribution Amount Increases

- The healthcare FSA contribution limit is \$3,200, up from \$3,050 last year.



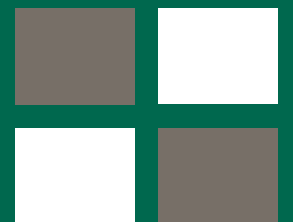
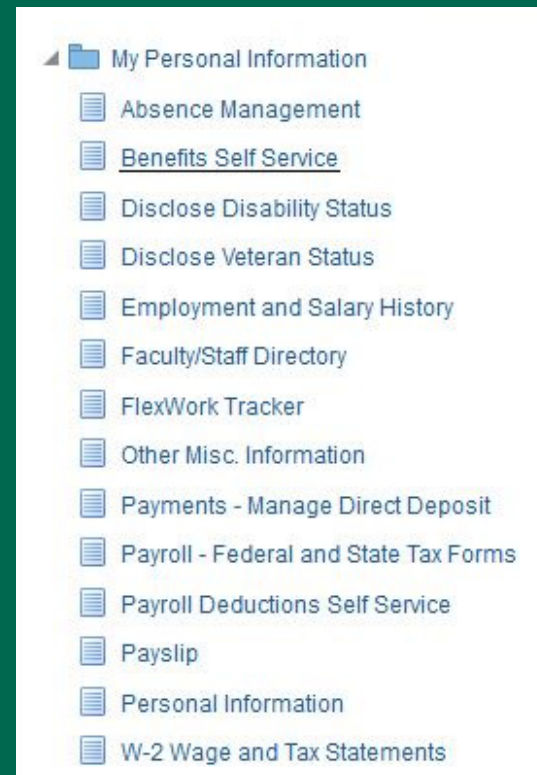
OPEN ENROLLMENT REMINDER

- Open Enrollment is the annual time period to enroll in benefits or make changes, including adding plans or family members covered.
- Otherwise changes may only be made within 31 days of a qualified family status change such as:
 - birth/adoption of a child, marriage, divorce, death of a covered dependent, change in employment status, change of insurance coverage of a covered dependent, beginning or ending of employee's domestic partnership.
- Family status changes are subject to change according to state and federal laws and regulations. The change in coverage must coincide with the family status change.
- If you take no action, current benefits remain in place except Flexible Spending Accounts










HOW TO ENROLL/CHANGE BENEFITS

1. Visit <https://www.ohio.edu/hr>
2. Click My HR Info
3. Select My Personal Information
4. Choose Benefits Self Service




HOW TO ENROLL/CHANGE BENEFITS

Accept the Disclaimer

Logged In As JORDANJ5

Legal Disclaimer Cancel Printable Page Next

 **TIP** Please read the Legal Disclaimer and accept to proceed with making benefit enrollments.

I understand that I must satisfy the eligibility provisions of the benefit plans that I have elected and that I will not begin coverage until such eligibility provisions are satisfied. I understand that the eligibility provisions are different for each benefit plan. For those benefit coverages I have declined, I understand that if I choose to enroll at a later date, my cost may be higher and a health questionnaire may be required. I understand that if I changed my designated beneficiary for any benefit plan on this electronic election form that the beneficiary designation will be effective on the date that this electronic election form is submitted electronically. I certify that all information is true and correct to the best of my knowledge. I understand that my elections may not be changed or voluntarily canceled at any time during the plan year unless a mid-year life event occurs. I understand that this electronic enrollment form is part of my employment records and any falsification of information on this form (including the identification of anyone as an eligible dependent when they are not) will be treated as an intentional misrepresentation of a material fact and may subject me to discipline up to and including termination of employment.

For Open Enrollment and/or Qualifying Life Event:

I understand that I must submit this electronic enrollment form and required dependent verification documentation within the allowable enrollment period as indicated on the pages to follow.

Electronic Consent; I acknowledge that I have read and agree to the terms of the foregoing Legal Disclaimer:

The information you provide on this electronic election form is needed to document your enrollment in any of the following benefit plans offered by Ohio University: Group Health Plan, Group Dental Plan, Group Vision Plan, Group Life Insurance, Supplemental Life Insurance, Dependent Life Insurance, Long-Term Disability Plan, Short-Term Disability Plan, Health Care Spending Account, and Dependent Day Care Spending Account. Ohio University uses the information it collects on this form to share it with third party administrators and insurance carriers selected by Ohio University so that they may:

1. Identify your enrollment in the applicable benefit plan,
2. Verify you and/or your family's eligibility for coverage and payment of benefits under the applicable benefit plan, and
3. Coordinate payment of claims with other carriers with whom you might also make a claim for benefit payments.

I hereby request to be covered and authorize payroll deductions, if any, from my compensation for my share of the cost of the benefit plans to which I have elected to participate in. I understand that the amount of my payroll deduction can change at any time if Ohio University's charge for such coverage changes for other enrolled employees and/or if there is a general rate change for the coverage and/or if I change my elected coverage. By signing this form, I am authorizing Ohio University to make the required deduction(s), applicable to the benefit plan coverages I have elected in this electronic election form. I also understand that Ohio University requests the right to change or terminate the benefit plans it offers at any time.

I understand that if I elected coverage under the Group Health Plan, Group Dental Plan, Group Vision Plan, Health Care Spending Account and Dependent Day Care Spending Account, my deductions will be made on a pre-tax basis. I understand that my elections for these benefit plans remain in effect until the last day of the plan year. I understand I cannot change, revoke, start or stop these elections until the open enrollment for the next plan year, except in the event of an IRS-qualifying change-in-status event or other permissible event. An IRS-qualifying change-in-status event includes, but is not limited to, a change in marital status, change in number of dependents, change in employment status of my spouse or dependent due to termination or commencement of employment, and loss of dependent status. For more information on what constitutes an IRS-qualifying change-in-status-event or other permissible event, please contact benefits@ohio.edu or 740.593.1636. Any change or revocation of coverage must be in writing by completing this electronic enrollment form and providing supporting documents of the mid-year life event and required dependent verification within 31 days of the mid-year life event. I understand that if I do not follow the procedures for changing my elections due to a mid-year life event then I must wait until the next open enrollment period to enroll or change my existing election of coverage(s).

Accept
 Decline



HOW TO ENROLL/CHANGE BENEFITS

Select Benefits Enrollment and Update Benefits

The screenshot displays the Ohio University My Personal Information portal. At the top, the Ohio University logo and 'My Personal Information' are on the left, and navigation links for Home, Favorites, Settings, and Worklist are on the right. The user is logged in as JORDANJ5. Two main menu items are visible: 'Benefits Enrollment' (highlighted with a red dashed box) and 'Current Benefits'. Below the menu, the 'Benefit Enrollments' section shows details for Jennifer Leigh Jordan, including the event name 'Open', the program 'OU Health and Welfare Program', and the enrollment period '11-APR-2022 - 04-MAY-2022'. An 'Update Benefits' button is highlighted with a red box. The main content area contains several paragraphs of text providing information about the 2022 annual Open Enrollment, the enrollment period, and instructions for parking permit holders.

Benefit Enrollments [Update Benefits](#)

| | | | |
|------------|-----------------------|-------------------|-------------------------------|
| Name | Jennifer Leigh Jordan | Program | OU Health and Welfare Program |
| Event Name | Open | Enrollment Period | 11-APR-2022 - 04-MAY-2022 |

Welcome to 2022 annual Open Enrollment, this is a scheduled qualifying life event as displayed by the Event Name shown above.

The Enrollment Period above indicates the time frame during which you may make changes to your coverage for the upcoming plan year. Changes made during Open Enrollment are effective July 1, 2022. Flexible Spending Accounts (Health Care & Dependent Day Care) require re-enrollment each plan year.

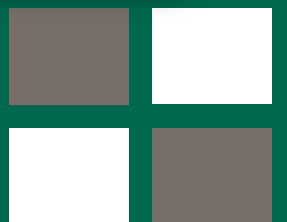
Please note: you will not be permitted to make changes outside the Enrollment Period unless you have a qualifying mid year life event, such as a marriage, birth, etc.

Attention Athens Campus Faculty/Staff Parking Permit Holders:
Faculty/staff parking fees remain currently suspended at this time. Parking fees for FY22 will be reinstated effective September 1, 2021. Transportation & Parking Services will honor current faculty/staff permits beyond their expiration date of June 30, 2020/21 to support those who need campus parking access prior to September 1, 2021. Employees wishing to opt out of campus parking fees for FY22 will have the opportunity to do so during the annual opt-out period which will occur in early August 2021.

Information regarding annual, monthly and daily parking options for faculty/staff, guidance on the permit renewal process and procedures for those electing to opt-out of annual parking will be sent via e-mail to eligible employees in early June 2021.

For additional information on faculty/staff parking please visit: [Transportation & Parking Services](#) or contact their Customer Care Center at 740-593-1917 or tps@ohio.edu

Click the Update Benefits button to begin your Open Enrollment.

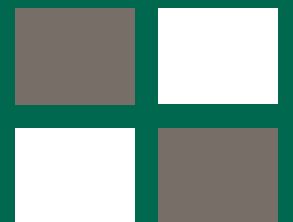


HOW TO ENROLL/CHANGE BENEFITS

Make elections by unchecking and checking boxes



| Focus | Plan/Options | Details | Select | Coverage Start Date |
|-------|--|---------|-------------------------------------|---------------------|
| | <input type="checkbox"/> OU Health and Welfare Program | | | |
| | <input type="checkbox"/> Medical Plan Type | | | |
| | <input type="checkbox"/> Medical PPO Plan | | | |
| | Employee | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + One Dependent Child | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + Spouse | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + Family | | <input checked="" type="checkbox"/> | 01-Jul-2015 |
| | Waive Medical Plan | | <input type="checkbox"/> | 01-Jul-2018 |
| | <input type="checkbox"/> Dental Plan Type | | | |
| | <input type="checkbox"/> Dental Plan | | | |
| | Employee | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + One Dependent Child | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + Spouse | | <input type="checkbox"/> | 01-Jul-2018 |
| | Employee + Family | | <input checked="" type="checkbox"/> | 01-Jul-2015 |
| | <input type="checkbox"/> Dental Ortho Plan | | | |



HOW TO ENROLL/CHANGE BENEFITS

Enroll or de-enroll dependents by checking/unchecking boxes

Medical Plan Type : Medical PPO Plan Employee + Family

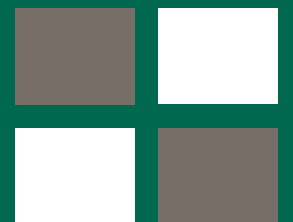
| Dependent | Relationship | Eligible | Cover |
|--------------|---------------|----------|-------------------------------------|
| Terry | Spouse | Yes | <input checked="" type="checkbox"/> |
| Kolt | Child | Yes | <input checked="" type="checkbox"/> |
| Rufus Bobcat | Adopted Child | Yes | <input type="checkbox"/> |
| Kiki | Child | Yes | <input checked="" type="checkbox"/> |

Dental Plan Type : Dental Plan Employee + Family

| Dependent | Relationship | Eligible | Cover |
|--------------|---------------|----------|-------------------------------------|
| Terry | Spouse | Yes | <input checked="" type="checkbox"/> |
| Kolt | Child | Yes | <input checked="" type="checkbox"/> |
| Rufus Bobcat | Adopted Child | Yes | <input type="checkbox"/> |
| Kiki | Child | Yes | <input checked="" type="checkbox"/> |

Vision Plan Type : Standard Vision Plan Employee + Family

| Dependent | Relationship | Eligible | Cover |
|--------------|---------------|----------|-------------------------------------|
| Terry | Spouse | Yes | <input checked="" type="checkbox"/> |
| Kolt | Child | Yes | <input checked="" type="checkbox"/> |
| Rufus Bobcat | Adopted Child | Yes | <input type="checkbox"/> |
| Kiki | Child | Yes | <input checked="" type="checkbox"/> |

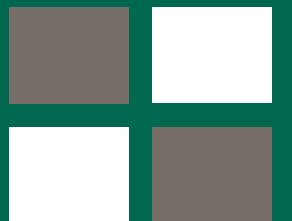


HOW TO ENROLL/CHANGE BENEFITS



Eligible Dependents Include:

- **Legally married spouse**
- **Domestic Partner**
 - ✓ Must apply for domestic partner coverage through completion of Domestic Partner Affidavit and Enrollment Form
 - ✓ Benefits for domestic partners are considered taxable by the IRS. Contact HR for further information
- **Children Up to Age 26**
 - ✓ Biological children, adopted children, stepchildren and children placed in your home for the purposes of adoption (for whom you have filed for legal adoption), children for whom an employee is a legal guardian, a child over the age limit if the child is a disabled dependent



HOW TO ENROLL/CHANGE BENEFITS

Review, print and/or save your confirmation statement

The screenshot displays the Ohio University My Personal Information portal. At the top, the navigation bar includes the Ohio University logo, the text "OHIO My Personal Information UNIVERSITY", and user information "Logged In As JORDANJ5". Navigation links for Home, Favorites, Settings, Worklist, Help, and Logout are also present. Below the navigation bar, two main menu items are visible: "Benefits Enrollment" (highlighted with a dashed box) and "Current Benefits".

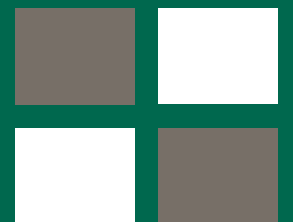
The main content area features a progress bar with five steps: "Update Enrollments", "Cover Dependents", "Update Beneficiaries", "Attachments", and "Confirmation Statement". The "Confirmation Statement" step is currently active and highlighted in blue.

Below the progress bar, a yellow banner displays a confirmation message: "Confirmation Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records." Below this, the "Confirmation Statement" section is titled, and a star icon is visible. On the right side of this section, there are three buttons: "Back", "Printable Page", and "Confirmation Statement" (which is highlighted with a red border).

Below the buttons, the following information is displayed:


| | | | |
|------------|-----------------------|-------------------|-------------------------------|
| Name | Jennifer Leigh Jordan | Program | OU Health and Welfare Program |
| Event Name | Open | Enrollment Period | 11-APR-2022 - 04-MAY-2022 |

At the bottom of the page, the text reads: "This page outlines your coverage elections."



HOW TO ENROLL/CHANGE BENEFITS

Enrollment errors cannot be corrected later without a confirmation statement clearly showing the coverage elected.



Ohio University
Athens, OH, 45701

Jordan, Jennifer Leigh (Jenny)
27250 Rutherford Rd
Albany, OH, 45710

Dear Jennifer Jordan,

As a result of your Open event on date 01-Jul-2020, you have elected the following benefits. You have also authorized Ohio University to deduct from your compensation any and all elected or required contributions or costs for program OU Health and Welfare Program. You acknowledge that by electing OU Health and Welfare Program benefits, you are authorizing deductions with respect to those benefits that will remain in effect at least until the next open enrollment period, or until you are able to make a change to your benefits as a result of a qualifying life event. You recognize that this election of benefits as stated below, with the exception of Flexible Spending Accounts, will carry over for each subsequent plan year, to the extent such benefits continue to be offered, unless you elect otherwise in a subsequent enrollment period.

Benefits Confirmation & Summary
The information provided on this confirmation statement is as of 23-APR-2020 09:10

Employee Number
100066

Benefits Selections
The selections below were explicitly chosen by you.

| Plan | Option | Coverage | Coverage Start Date | Employee Pre-Tax Premium | Employee After-Tax Premium | Employee Imputed Income | Employee Premium |
|--|--|------------|---------------------|--------------------------|----------------------------|-------------------------|------------------|
| Medical Plan Type - Medical PPO Plan | Employee + Family | | 01-Jul-2015 | 234.17 | 0.00 | 0.00 | 954.83 |
| Dental Plan Type - Dental Ortho Plan | Employee + One Dependent Child | | 01-Jul-2020 | 18.54 | 0.00 | 0.00 | 13.70 |
| Vision Plan Type - Enhanced Vision Plan | Employee | | 01-Jul-2020 | 1.88 | 0.00 | 0.00 | 1.58 |
| Basic Life Plan Type - Basic Life Insurance Plan | 2.5 X Base Salary, Benefit Max \$50,000 | 50,000.00 | 01-Jul-2015 | 0.00 | 0.00 | 0.00 | 0.00 |
| Supplemental Life Plan Type - Supplemental Life Insurance Plan | | 200,000.00 | 01-Jul-2015 | 0.00 | 7.00 | 0.00 | 0.00 |
| Dependent Life Plan Type - Dependent Life Insurance Plan | Option 3 (\$20,000 Spouse, \$10,000 Child) | | 01-Jul-2015 | 0.00 | 2.47 | 0.00 | 0.00 |
| Healthcare Flexible Spending Account Plan Type - Health Care FSA Plan | | 1,500.00 | 01-Jul-2020 | 82.50 | 0.00 | 0.00 | 0.00 |
| Dependent Day Care Flexible Spending Account Plan Type - Dependent Day Care FSA Plan | | 1,500.00 | 01-Jul-2020 | 82.50 | 0.00 | 0.00 | 0.00 |
| Short-Term Disability Plan Type - Short-Term Disability Plan | | 887.50 | 05-Jul-2010 | 0.00 | 8.88 | 0.00 | 0.00 |
| Long-Term Disability Plan Type - Long-Term Disability Plan | | | 01-Jul-2015 | 0.00 | 0.00 | 0.00 | 0.00 |
| Employee Assistance Plan Type - EAP | | | 01-Jul-2015 | 0.00 | 0.00 | 0.00 | 0.00 |

Covered Dependents:
These are the dependents that you have requested enrollment for in the specified plans. Any newly added dependent will require the submission of certification documentation (examples: birth certificate, marriage certificate, domestic partner affidavit, etc) prior to the Enrollment Period end date. If you have not attached applicable documents in the Self Service Benefits application, please forward these to Human Resources 166 West Union St Athens, OH 45701 or fax to 740.593.0669. Failing to submit required documentation will result in continuation of your interim (current) coverage and therefore could impact the coverage of you and your dependents.

| Plan | Option | Full Name | Relationship | Start Date |
|--|--|-------------------|--------------|-------------|
| Medical Plan Type - Medical PPO Plan | Employee + Family | Jordan, Joshua P | Spouse | 01-Jul-2015 |
| | | Jordan, Hyleigh L | Child | 01-Jul-2015 |
| | | Jordan, Reagan N | Child | 01-Jul-2015 |
| Dental Plan Type - Dental Ortho Plan | Employee + One Dependent Child | Jordan, Reagan N | Child | 01-Jul-2020 |
| | | Jordan, Reagan N | Child | 01-Jul-2020 |
| Dependent Life Plan Type - Dependent Life Insurance Plan | Option 3 (\$20,000 Spouse, \$10,000 Child) | Jordan, Joshua P | Spouse | 01-Jul-2015 |
| | | Jordan, Hyleigh L | Child | 01-Jul-2015 |
| | | Jordan, Reagan N | Child | 01-Jul-2015 |

Beneficiaries:
These are the beneficiaries you have named for the plans listed below. Beneficiary information can be updated at any time.

| Plan Name | Option | Full Name | Relationship | Primary | Contingent |
|--|---|-------------------|--------------|---------|------------|
| Basic Life Plan Type - Basic Life Insurance Plan | 2.5 X Base Salary, Benefit Max \$50,000 | Jordan, Joshua P | Spouse | 100.00% | 0.00% |
| | | Jordan, Hyleigh L | Child | 0.00% | 49.00% |
| | | Jordan, Reagan N | Child | 0.00% | 49.00% |
| Supplemental Life Plan Type - Supplemental Life Insurance Plan | | Miller, Kathy L | Mother | 0.00% | 2.00% |
| | | Jordan, Joshua P | Spouse | 100.00% | 0.00% |
| Supplemental Life Insurance Plan | | Jordan, Hyleigh L | Child | 0.00% | 49.00% |
| | | Jordan, Reagan N | Child | 0.00% | 49.00% |
| | | Miller, Kathy L | Mother | 0.00% | 2.00% |

HEALTH PLAN OPTIONS

Faculty and Staff: PPO Health Plan – enroll or waive

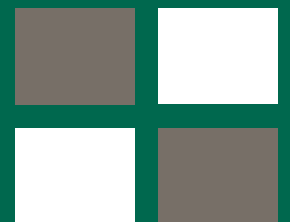
AFSCME 1699 Staff: PPO Health Plan – enroll or waive

PPO Plans provided* by Anthem Blue Cross and Blue Shield



- In network benefits and non-network benefits
- Network provider information available on HR-Benefits web site and Anthem web site

**PPO prescription benefit is provided by CVS Caremark*



HEALTH PLAN PREMIUMS



PPO Medical Plan

Faculty, Administrators, AFSCME 3200/Admin Hourly/FOP

| SALARY BRACKET | COVERAGE LEVEL | SEMI MONTHLY | | | | BI-WEEKLY |
|-----------------------|-------------------|-----------------------|------------------------|------------------------|------------------------|--|
| | | 18 Pays (9 Months) | 20 Pays (10 Months) | 22 Pays (11 Months) | 24 Pays (12 Months) | 26 Pays AFSCME 3200/FOP/ Admin Hourly |
| | | Faculty | Administrators | | | |
| B1 \$0 \$42,200 | Employee Only | \$81.44 | \$73.30 | \$66.63 | \$61.08 | \$56.38 |
| | Employee plus One | \$180.98 | \$162.89 | \$148.08 | \$135.74 | \$125.30 |
| | Employee & Family | \$298.62 | \$268.76 | \$244.33 | \$223.97 | \$206.74 |
| B2 \$42,201 \$50,200 | Employee Only | \$89.36 | \$80.42 | \$73.11 | \$67.02 | \$61.86 |
| | Employee plus One | \$198.58 | \$178.72 | \$162.47 | \$148.93 | \$137.48 |
| | Employee & Family | \$327.66 | \$294.89 | \$268.08 | \$245.74 | \$226.84 |
| B3 \$50,201 \$56,400 | Employee Only | \$97.28 | \$87.55 | \$79.59 | \$72.96 | \$67.35 |
| | Employee plus One | \$216.18 | \$194.56 | \$176.87 | \$162.13 | \$149.66 |
| | Employee & Family | \$356.69 | \$321.02 | \$291.84 | \$267.52 | \$246.94 |
| B4 \$56,401 \$64,700 | Employee Only | \$105.20 | \$94.68 | \$86.07 | \$78.90 | \$72.83 |
| | Employee plus One | \$233.77 | \$210.39 | \$191.27 | \$175.33 | \$161.84 |
| | Employee & Family | \$385.72 | \$347.15 | \$315.59 | \$289.29 | \$267.04 |
| B5 \$64,701 \$72,300 | Employee Only | \$113.11 | \$101.80 | \$92.55 | \$84.84 | \$78.31 |
| | Employee plus One | \$251.37 | \$226.23 | \$205.66 | \$188.53 | \$174.02 |
| | Employee & Family | \$414.75 | \$373.28 | \$339.34 | \$311.07 | \$287.14 |
| B6 \$72,301 \$82,000 | Employee Only | \$121.03 | \$108.93 | \$99.03 | \$90.77 | \$83.79 |
| | Employee plus One | \$268.96 | \$242.07 | \$220.06 | \$201.72 | \$186.20 |
| | Employee & Family | \$443.79 | \$399.41 | \$363.10 | \$332.84 | \$307.24 |
| B7 \$82,001 \$94,000 | Employee Only | \$128.95 | \$116.06 | \$105.50 | \$96.71 | \$89.27 |
| | Employee plus One | \$286.56 | \$257.90 | \$234.46 | \$214.92 | \$198.39 |
| | Employee & Family | \$472.82 | \$425.54 | \$386.85 | \$354.61 | \$327.34 |
| B8 \$94,001 \$113,400 | Employee Only | \$136.87 | \$123.18 | \$111.98 | \$102.65 | \$94.76 |
| | Employee plus One | \$304.15 | \$273.74 | \$248.85 | \$228.12 | \$210.57 |
| | Employee & Family | \$501.85 | \$451.67 | \$410.61 | \$376.39 | \$347.44 |
| B9 \$113,401 + | Employee Only | \$144.79 | \$130.31 | \$118.46 | \$108.59 | \$100.24 |
| | Employee plus One | \$321.75 | \$289.57 | \$263.25 | \$241.31 | \$222.75 |
| | Employee & Family | \$530.89 | \$477.80 | \$434.36 | \$398.16 | \$367.54 |

Premiums are based on salary level and pay frequency.

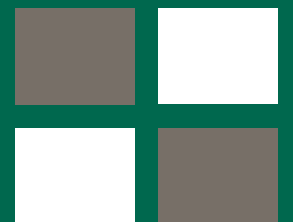
HEALTH PLAN PREMIUMS



AFSCME 1699 PPO Medical Plan

| <i>BI-WEEKLY</i> | |
|------------------------------|----------------|
| COVERAGE LEVEL | 26 Pays |
| Employee Only | \$83.75 |
| Employee plus One | \$167.51 |
| Employee & Family | \$250.00 |

AFSCME 1699 PPO
premiums per
bargaining
agreement



HEALTH PLAN PREMIUMS



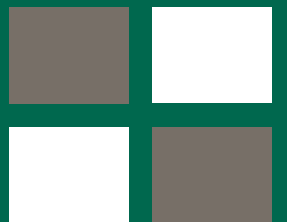
Additional \$50 Per Month Spouse/Partner Premium*:

Applied if spouse/partner is

- Employed, and
- Employer offers health insurance, and
- Spouse/partner does not enroll in health insurance

If the status of your spouse/partner changes during the year, you can complete new paperwork to stop/start the spouse premium

*This premium does not apply to AFSCME 1699.

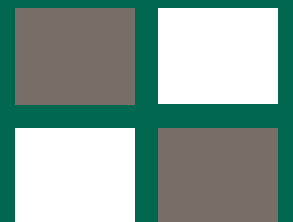


PPO MEDICAL PLAN *Faculty, Staff, AFSCME 3200 & FOP*

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. | \$800/\$1,600 | \$1,600/\$3,200 |
| 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 | <i>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</i> | |
| Employee Co-Insurance Maximum Equal the total employees will pay for co-insurance during the plan year. | \$2,700/\$5,400 Individual/Family | \$5,400/\$10,800 Individual/Family |
| Employee Out-of-Pocket Maximum Equals the total employees will pay in deductibles and co-insurance during the plan year. | \$3,500/\$7,000 Individual/Family | \$7,000/\$14,000 Individual/Family |

- Preventive Care covered 100%
- No Pre-existing conditions
- No lifetime maximum



PPO MEDICAL PLAN AFSCME 1699

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. | \$700/\$1400 Individual/Family | \$1400/\$2800 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 | <i>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</i> | |
| Employee Co-Insurance Maximum Equals the total employees will pay for co-insurance during the plan year. | \$2200/\$4400 Individual/Family | \$4400/\$8800 Individual/Family |
| Employee Out-of-Pocket Maximum Equals the total employees will pay for deductible and co-insurance during the plan year. | \$3250/\$6500 Individual/Family | \$6500/\$13,000 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 | \$8150/\$16,300 | |

- Preventive Care covered 100%
- No Pre-existing conditions
- No lifetime maximum



PRESCRIPTION DRUG COVERAGE

(included with PPO plan enrollment)



Generics Preferred

If a generic drug is available, patient must use the generic drug or will be required to pay the full cost difference between the generic and brand name drug. Example: Generic cost is \$20 and Brand Name is \$200, the patient will be charged \$180 for using the brand name drug.

Maintenance Choice- Home Delivery

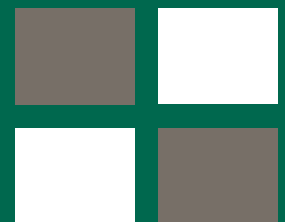
For certain maintenance medications (ongoing medications) patient must utilize the following pharmacies after 2 retail prescriptions are filled: CVS Mail Order Pharmacy; CVS Retail Pharmacy; Kroger Retail Pharmacy; Costco Pharmacy. CVS Caremark will notify the patient that mail order must be utilized. Contact CVS Caremark to determine if your medications qualify.

Advance Utilization Management

- **Step Therapy:** Patient may be required to use a therapeutically equivalent, less costly drug where available and appropriate (ex: generic drug) prior to using more expensive drug.
- **Prior Authorization:** CVS Caremark prior approval must be obtained for certain medications before they will be covered. Information from a physician is required.
- **Drug Quantity Management:** CVS Caremark approval must be obtained if the amount of a medication prescribed is above the recommended level for the medication.

PrudentRx Specialty Copay Program

Employees utilizing specialty medications through the CVS specialty pharmacy are encouraged to enroll in the PrudentRx program. When enrolled they will pay \$0 for all eligible specialty pharmacy medicines. If they do not enroll they will have a 30% co-insurance.



PRESCRIPTION DRUG COVERAGE

(included with PPO plan enrollment)



| | Copays |
|--|-----------------------------------|
| RETAIL (30 day supply) | |
| Generic | \$20 |
| Brand/Formulary | \$30 |
| Copay for eligible specialty medications | 30% or \$0 if enroll in PrudentRx |
| Non Formulary | \$40 |
| MAIL ORDER (90 day supply) | |
| Generic | \$25 |
| Brand/Formulary | \$40 |
| Copay for eligible specialty medications | 30% or \$0 if enroll in PrudentRx |
| Non Formulary | \$55 |

Faculty, Staff,
AFSCME 3200,
AFSCME 1699 & FOP



VISION PLAN OPTIONS



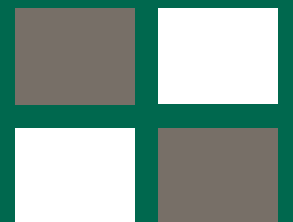
Vision Plans are provided by Vision Service Plan (VSP)

There are two vision plan options:

1. Standard Plan
2. Enhanced Plan

The same dependents that are eligible for health insurance are eligible for vision insurance.

The main difference between the two plans are the amount and frequency the plan pays for frames and progressive lenses.

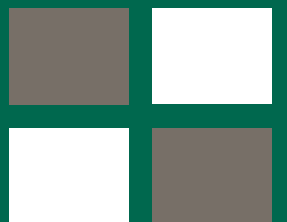


VISION PLAN OPTIONS

| | 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 | Every 12 Months | Every 12 Months | Every 12 Months |
| Children | 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 | Every 24 Months | Every 12 Months | Same as plan enrolled in (VSP Standard or VSP Enhanced) |
| Children | Every 12 Months | Every 12 Months | |
| CONTACTS (instead of glasses) | | | |
| Contact lens exam (fitting & evaluation) | Not to exceed \$60 copay | Not to exceed \$60 copay | \$45 Reimbursement |
| Contact lenses- Elective | \$150 Allowance (15% discount) | \$180 Allowance (15% discount) | \$105 Reimbursement |
| Contact lenses- Medically Necessary | Covered after materials copay | Covered after materials copay | \$210 Reimbursement |

VISION PLAN PREMIUMS

| Premiums | Semi Monthly | | | | Bi-Weekly |
|-----------------------------|---------------------------|---|---|-----------------------------------|--|
| | 18 Pay Faculty (9 months) | 20 Pay Faculty/Administrators (10 months) | 22 Pay Faculty/Administrators (11 months) | 24 Pay Administrators (12 months) | 26 Pay Classified/AFSCME/ Admin Hourly |
| Standard Plan Employee Only | \$0.37 | \$0.34 | \$0.30 | \$0.28 | \$0.26 |
| Standard Plan Employee + 1 | \$1.05 | \$0.95 | \$0.86 | \$0.79 | \$0.73 |
| Standard Plan Family | \$1.90 | \$1.71 | \$1.56 | \$1.43 | \$1.32 |
| | | | | | |
| Enhanced Plan Employee Only | \$2.23 | \$2.01 | \$1.83 | \$1.68 | \$1.55 |
| Enhanced Plan Employee +1 | \$5.72 | \$5.15 | \$4.68 | \$4.29 | \$3.96 |
| Enhanced Plan Family | \$9.41 | \$8.47 | \$7.70 | \$7.06 | \$6.52 |



DENTAL PLAN OPTIONS

Dental plans are administered by Anthem

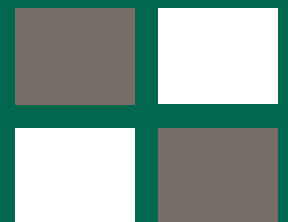


There are two dental plan options:

1. Dental only
2. Dental with Orthodontia

The same dependents that are eligible for health insurance are eligible for dental insurance.

The only difference between the two plans is whether orthodontia is covered and the premium.



DENTAL PLAN OPTIONS

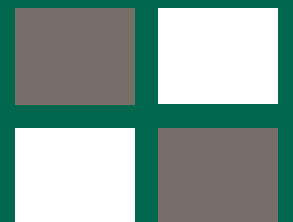


Dental plans highlights

- Deductible: \$25 per covered individual
- Coinsurance: 80% plan, 20% employee
- Annual Benefit Maximum: \$1,000 per covered individual
- Coverage:
 - Exams and cleanings twice per year
 - X-rays once every 36 months
 - Basic and major dental treatment covered after deductible


Dental with Orthodontia highlights

- Same dental plan benefits per covered individual as dental plan
- Orthodontia coverage
 - Co-insurance: 50% plan, 50% employee
 - Lifetime Benefit Maximum: \$1,000 per covered individual



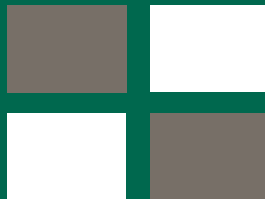
DENTAL PLAN PREMIUMS

Dental Premiums

|  Employee Only | SEMI MONTHLY | | | | BI-WEEKLY |
|--|-------------------------------|--------------------------------|--------------------------------|--------------------------------|--|
| | 18 Pays (9 Months) | 20 Pays (10 Months) | 22 Pays (11 Months) | 24 Pays (12 Months) | 26 Pays (AFSCME 3200/ FOP/Admin Hourly) |
| Employee Only | \$3.04 | \$2.73 | \$2.48 | \$2.28 | \$2.10 |
| Employee plus One | \$23.28 | \$20.95 | \$19.04 | \$17.46 | \$16.11 |
| Employee & Family | \$43.51 | \$39.16 | \$35.60 | \$32.63 | \$30.12 |

Orthodontia Premiums (includes Dental Coverage)

|  Employee Only | SEMI MONTHLY | | | | BI-WEEKLY |
|---|-------------------------------|--------------------------------|--------------------------------|--------------------------------|---|
| | 18 Pays (9 Months) | 20 Pays (10 Months) | 22 Pays (11 Months) | 24 Pays (12 Months) | 26 Pays (AFSCME 3200/ FOP/ Admin Hourly) |
| Employee Only | \$3.29 | \$2.96 | \$2.69 | \$2.47 | \$2.28 |
| Employee plus One | \$25.19 | \$22.67 | \$20.61 | \$18.90 | \$17.44 |
| Employee & Family | \$47.11 | \$42.40 | \$38.54 | \$35.33 | \$32.61 |



LIFE INSURANCE PLAN OPTIONS

Basic Life Insurance

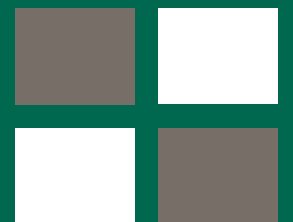
- 2.5 times salary to a maximum of \$50,000
- University provides this coverage at no cost to eligible faculty and staff

Supplemental Life Insurance

- Available in increments of \$10,000
- Up to \$500,000 is available

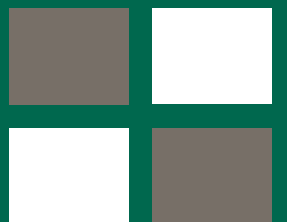
Dependent Life Insurance Options

- \$20,000 spouse and \$10,000 for each eligible child
- \$10,000 spouse and \$5,000 for each eligible child
- \$5,000 spouse and \$2,000 for each eligible child



LIFE INSURANCE PLAN OPTIONS

- Supplemental Life Insurance Additional Enrollment Information
- When first purchasing Supplemental Life Insurance, evidence of insurability will be required if purchasing more than \$20,000.
- You may increase your existing supplemental life coverage by \$20,000 without completing an Evidence of Insurability (EOI) form if your benefit is below \$200,000.
- After you reach \$200,000 in total coverage an EOI is required for any increase.
- Your new election will be suspended (not in place) until EOI is received and approved by Minnesota Life/Securian.
- Please submit evidence of insurability forms by **May 8, 2024**



SUPPLEMENTAL LIFE INSURANCE PREMIUMS

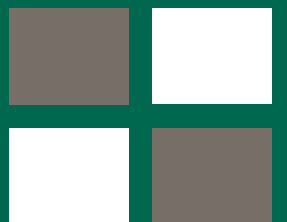
| Premiums* | Semi Monthly | | | | Bi-Weekly |
|--------------|---------------------------|---|---|-----------------------------------|---------------------------------------|
| Age | 18 Pay Faculty (9 months) | 20 Pay Faculty/Administrators (10 months) | 22 Pay Faculty/Administrators (11 months) | 24 Pay Administrators (12 months) | 26 Pay Classified/AFSCME/Admin Hourly |
| Under age 34 | 0.26 | 0.24 | 0.22 | 0.20 | 0.18 |
| 34 – 39 | 0.40 | 0.36 | 0.33 | 0.30 | .028 |
| 40 – 44 | 0.47 | 0.42 | 0.38 | 0.35 | 0.32 |
| 45 – 49 | 0.73 | 0.66 | 0.60 | 0.55 | 0.51 |
| 50 – 54 | 1.27 | 1.14 | 1.04 | 0.95 | 0.88 |
| 55 – 59 | 2.07 | 1.86 | 1.69 | 1.55 | 1.43 |
| 60 – 64 | 3.60 | 3.24 | 2.95 | 2.70 | 2.49 |
| 65 – 69 | 5.40 | 4.86 | 4.42 | 4.05 | 3.74 |
| 70 – 74 | 9.67 | 8.70 | 7.91 | 7.25 | 6.69 |
| 74+ | 13.73 | 12.36 | 11.24 | 10.30 | 9.51 |

*Premium per \$10, 000 unit

For example: a 33 year old employee paid bi-weekly purchasing \$20,000 of insurance will pay \$0.36 per pay (\$0.18 x 2 units)

DEPENDENT LIFE INSURANCE PLAN OPTIONS

| Premiums | Semi Monthly | | | | Bi-Weekly |
|-----------------------------------|---------------------------|---|---|-----------------------------------|--|
| | 18 Pay Faculty (9 months) | 20 Pay Faculty/Administrators (10 months) | 22 Pay Faculty/Administrators (11 months) | 24 Pay Administrators (12 months) | 26 Pay Classified/AFSCME /Admin Hourly |
| Spouse \$5,000 Child \$2,000 | 0.81 | 0.73 | 0.67 | 0.61 | 0.56 |
| Spouse \$10,000 Child \$5,000 | 1.73 | 1.56 | 1.42 | 1.30 | 1.20 |
| Spouse \$20,000 Child \$10,000 | 3.29 | 2.96 | 2.69 | 2.47 | 2.28 |



DISABILITY INSURANCE PLAN OPTIONS

Long Term Disability Insurance (UNUM)*

- University provides this coverage at no cost to eligible faculty and staff
- Benefit of 60% of earnings to a maximum of \$20,000 per month minus other income benefits (OPERS, STRS, Social Security, etc.)
- Benefit Duration:
 - If under age 65 then paid until age 65
 - If age 65 or older then benefit is paid for 12 months
- Elimination Period:
 - Benefits begin after 90 consecutive days of total disability, or the exhaustion of sick leave benefits, whichever is greater

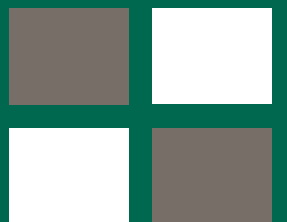
* Faculty and Staff enrolled in the STRS or OPERS retirement plans may be eligible for additional disability benefits through STRS or OPERS.



DISABILITY INSURANCE PLAN OPTIONS

Short Term Disability (UNUM)

- Benefit: 60% of earnings up to \$2,400 per week
- Coverage Date: 14 calendar 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 PLAN PREMIUMS

- Premiums are based on your age and your salary.
- Premium Calculation*:

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

Example: \$50,00 and age 40

$\$50,000 / 52 \times 60\% / 10 \times 0.27 = \15.58 premium per month

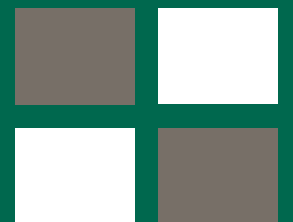
| Age | Rate per \$10 of Coverage |
|--------------|---------------------------|
| Under age 25 | 0.33 |
| 25 – 29 | 0.37 |
| 30 – 34 | 0.31 |
| 35 – 39 | 0.27 |
| 40 – 44 | 0.27 |
| 45 – 49 | 0.27 |
| 50 – 54 | 0.31 |
| 55 – 59 | 0.41 |
| 60 – 64 | 0.49 |
| 65 + | 0.54 |

**The open enrollment system will calculate and show your premium.*

SHORT TERM DISABILITY PLAN PREMIUMS

Short Term Disability Premium Examples

| Age | Annual Salary | Weekly Benefit | Rate per \$10 | Monthly Premium | Bi-Weekly Premium |
|-----|---------------|----------------|---------------|-----------------|-------------------|
| 35 | \$40,000 | \$461.54 | \$0.27 | \$12.46 | \$5.75 |
| 50 | \$40,000 | \$461.54 | \$0.31 | \$14.31 | \$6.60 |
| 60 | \$40,000 | \$461.54 | \$0.49 | \$22.62 | \$10.44 |
| | | | | | |
| 35 | \$60,000 | \$692.31 | \$0.27 | \$18.69 | \$8.63 |
| 50 | \$60,000 | \$692.31 | \$0.31 | \$21.46 | \$9.91 |
| 60 | \$60,000 | \$692.31 | \$0.49 | \$33.92 | \$15.66 |



FLEXIBLE SPENDING ACCOUNTS

- Flexible Spending Accounts are administered by WageWorks/ Health Equity
- Health Care Flexible Spending Account: Up to \$3,200 per plan year
- Dependent Day Care Flexible Spending Account:
 - \$2,500 if married and file taxes separately
 - \$5,000 if single or married and file taxes jointly
- A flexible spending account allows you to contribute funds to an account before taxes are applied, which results in tax savings.
- When you access/use your funds to pay for expenses, you are not taxed.



FLEXIBLE SPENDING ACCOUNTS

For health care account the annual election is available for use on July 1

For day care accounts only the amount contributed is available for use

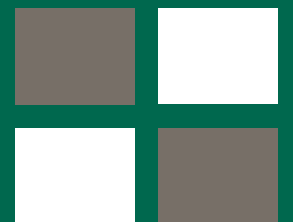
You will receive a debit card which you can use to pay for expenses

- WageWorks/ Health Equity may require detailed receipts to prove debit card expenses were eligible

You can also submit expenses for reimbursement manually through the WageWorks/ Health Equity web site or via fax.

USE IT OR LOSE IT FEATURE:

- You may forfeit unused funds at the end of the plan year
- The health care account allows \$640 to be rolled over at the of the plan year on 6/30/25
- The dependent day care account does not allow rollovers
- Be careful with the amount you elect. You can only make changes if you have a family status change



2024-25 BENEFITS OPEN ENROLLMENT

Questions?

Visit: <https://www.ohio.edu/hr/benefits/open-enrollment>

Email: benefits@ohio.edu

