

2025 University of Findlay Open Enrollment



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Agenda

- What is Open Enrollment
- Benefit Plan Overview
 - Medical Plans
 - Savings Accounts
 - Dental Plan
 - Vision Plan
 - Life and Disability
 - Additional Benefits
- Enrollment Process
- Questions & Answers

Open Enrollment

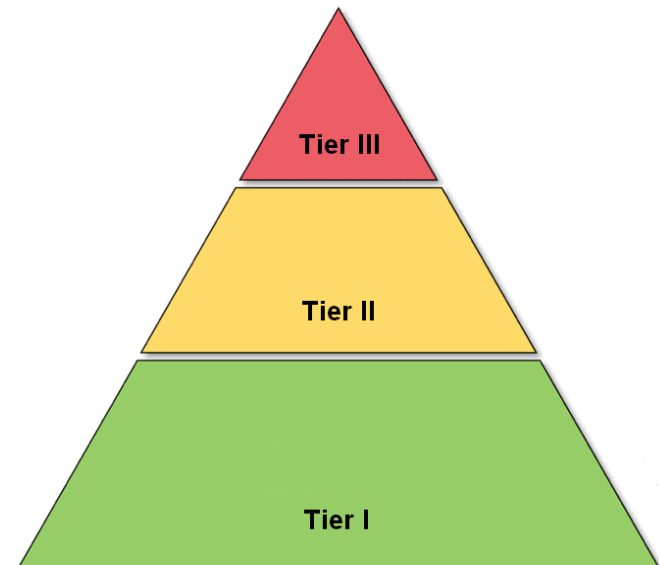
- Opportunity to make changes to your benefit elections and to review which dependents you will cover
- Elections made during this period will remain in effect for a 12 month period, unless you experience an IRS-approved “qualifying event”
- Approved qualifying events include:
 - Marriage or Divorce
 - Death
 - Birth or adoption of a dependent
 - Change in employment status
 - Change in dependent’s eligibility status
 - Loss of or significant change to your current coverage
 - Judgment, decree or court order
- You have 30 days from the date of the event to notify Human Resources

Medical/Rx – Definitions

Copay	Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.
Deductible	Amount member is responsible for <u>before</u> the plan pays for certain services.
Coinsurance	Percentage of payment shared between the member and the plan for certain services after the deductible has been met.
Out-of-Pocket Maximum	Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.
High Deductible Health Plan (HDHP)	Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.
HSA – Health Savings Account	Tax Free account that is established by the employee that is covered by a High Deductible Health Plan (HDHP).
Network Provider	Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

We will continue to offer a Tiered Network on all 3 plans.

- Tier 1: Hospital Services at Blanchard Valley Hospital System
- Tier 2: UHC Choice Network
- Tier 3: Out of Network



All plans will utilize the United Healthcare Choice Plus Network

PPO Plan - Orange Plan



Calendar Year	In Network	Out of Network
Deductible	Embedded	Embedded
Annual Deductibles	Tier 1 (BVHS) – \$750 per person / \$1,000 max per family Tier 2 (UHC Choice) – \$1,000 per person / \$1,500 max per family	Tier 3 (OON) – \$1,500 per person / \$2,000 max per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$2,000 per person / \$4,000 max per family; Tier 2 (UHC Choice) – \$3,000 per person / \$6,000 max per family	Tier 3 (OON) – \$4,000 per person / \$8,000 max per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	<p>Prescription Drug separate Out of Pocket Maximum: \$1,250 per person / \$2,500 per Family</p> <ul style="list-style-type: none"> • Generic: \$8 copay • Formulary: \$22 copay or 25%, whichever is greater • Non-Formulary: \$42 copay or 30%, whichever is greater • Specialty: 50% <p>Mail Order 2x Retail</p>	None

PPO Plan - Black Plan



Calendar Year	In Network	Out of Network
Deductible	Embedded	Embedded
Annual Deductibles	Tier 1 (BVHS) – \$1,500 per person / \$2,000 max per family Tier 2 (UHC Choice) – \$2,000 per person / \$3,000 max per family	Tier 3 (OON) - \$3,000 per person / \$4,000 max per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$3,000 per person / \$6,000 max per family; Tier 2 (UHC Choice) – \$4,000 per person / \$8,000 max per family	Tier 3 (OON) - \$6,000 per person / \$12,000 max per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	<p>Prescription Drug separate Out of Pocket Maximum: \$1,250 per person / \$2,500 per Family</p> <ul style="list-style-type: none"> • Generic: \$10 copay • Formulary: \$30 copay or 25%, whichever is greater • Non-Formulary: \$50 copay or 30%, whichever is greater • Specialty: 50% <p>Mail Order 3x Retail</p>	None

HDHP / HSA Plan



Calendar Year	In Network	Out of Network
Deductible	Non-Embedded	Non-Embedded
Annual Deductibles	Tier 1 (BVHS) – \$2,500 per person / \$5,000 per family Tier 2 (UHC Choice) – \$3,000 per person / \$6,000 per family	Tier 3 (OON) - \$5,000 per person / \$10,000 per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$3,000 per person / \$6,000 max per family; Tier 2 (UHC Choice) – \$3,425 per person / \$6,850 per family	Tier 3 (OON) - \$7,000 per person / \$14,000 per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	Included with Medical Deductible 25% after deductible for 30 day and 90 day supply at retail or mail order	None

Routine Preventive Care

PREVENTIVE CARE – Covered at 100% on all medical plan options.

Know what services are covered at 100% by UMR prior to your preventive care visit

Routine preventive for Children*

Appropriate screenings based on gender and age

- Newborn visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap test
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling



*Birth to age 18



Routine preventive for Adults

Appropriate screenings based on gender and age

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- Bone density testing
- Colonoscopy
- Aortic aneurysm



Medical Contributions

Bi-Weekly Employee Contributions January 1, 2025	Orange Plan	Black Plan	HDHP Plan
Employee Only	\$147.88	\$121.28	\$60.89
Employee/Spouse	\$288.03	\$236.20	\$118.64
Employee/Child(ren)	\$256.12	\$210.03	\$105.51
Family	\$383.42	\$314.71	\$158.11

*All deductions are done on a pre-tax basis unless requested otherwise.

Working Spouse Eligibility

A spouse of a University of Findlay employee is required to participate in their employer sponsored health care plan if the spouse has access to continuous group health coverage through their employment, and the employer contributes at least 50 percent of the premium.



If these conditions are met, the spouse must enroll in their employer's health care plan. The spouse will be permitted to remain on the University of Findlay's plan for secondary health care coverage

This rule does not apply if your spouse is:

- Not employed
- Self employed
- Is not offered medical coverage at their employer
- Both you and your spouse work for the University of Findlay

Wellness Program Reminder! – DEADLINE 11/30/24

- REMEMBER! You have the opportunity to earn a bi-weekly medical premium credit effective 1/1/25 if you complete the required steps to earn the incentive!



- Step 1: Onsite Biometrics and Lab Work: Employees and spouses must either attend the onsite biometric screening OR visit your primary care physician for an annual physical and lab work.
 - Print out the Physician Results Form located in the Wellness Locker and take it to your doctor, then submit the completed form to Wellworks by 11/30/24



- Step 2: Complete the Know Your Numbers Assessment by 11/30/24



- Step 3: Tobacco Attestation Form: All participants are required to complete this form in its entirety and certify they are a non-tobacco user or are a tobacco user that will complete the Wellworks For You 6-week Tobacco cessation e-Learning Series. The form and/or the e-learning series must be completed by 11/30/24

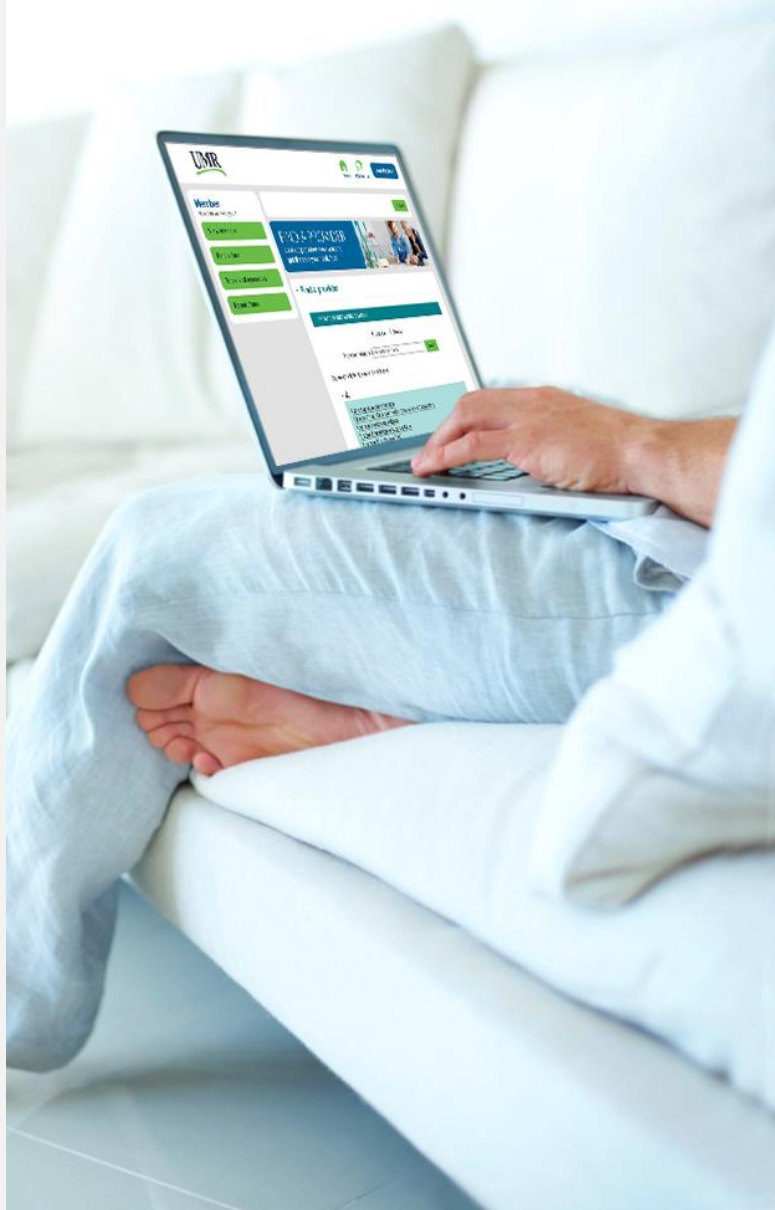


- Step 4: Complete the applicable age and gender preventive exams by 11/30/24



- Step 5: Complete Four Activities by 11/30/24

- For additional information please see your Wellworks Program Guide



Finding a network provider

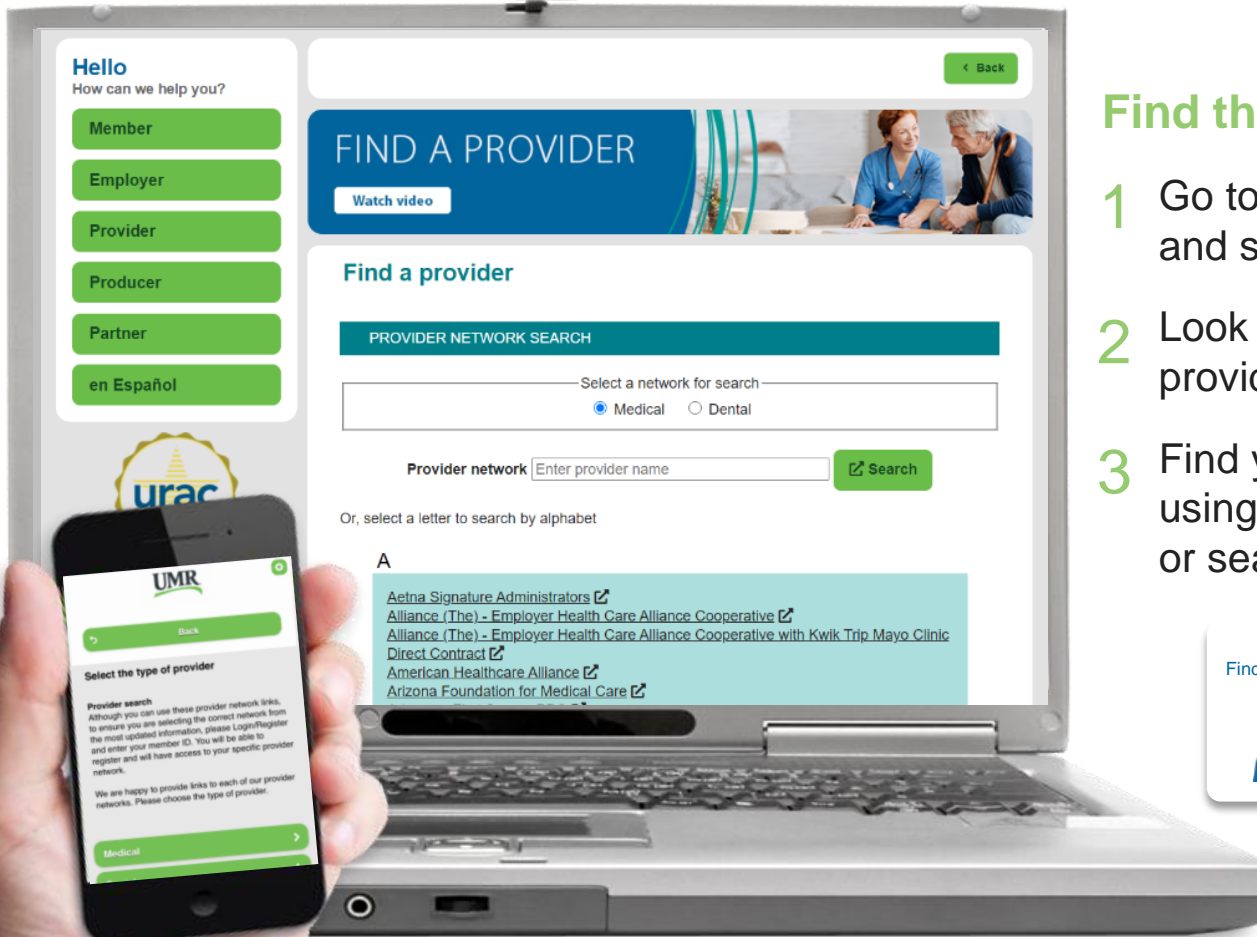
Choose the option that's easiest for you!

- Visit umr.com and select Find a provider. Then enter Choice Plus and start your search.
- Call UMR toll-free at 800-826-9781 and ask a representative for help.



Remember you can find your network information and customer service number on your ID card.

Using your online provider directory



Find the care you need, fast

- 1 Go to umr.com from your device and select Find a provider
- 2 Look for the name of your provider network on your ID card
- 3 Find your provider network using our alphabetical listing or search box



Look for this tile on umr.com

Find the care you need and compare costs

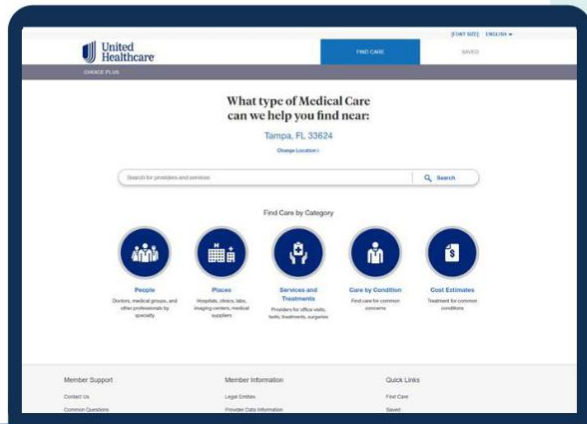
A simple way to search for network providers

UMR has made it easy to look up UnitedHealthcare network doctors and health care facilities and find cost estimates for different services – all in one place.

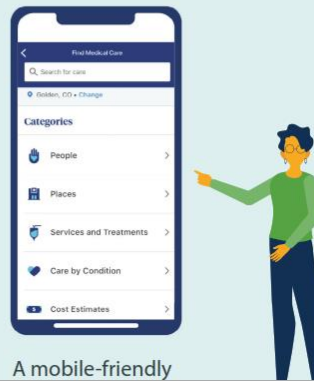
Sign in to **umr.com** and select **Find costs and care**. Then select **Find a provider** to search for care.

Features include:

- Availability in English or Spanish
- Simple icons when choosing category options
- Easy-to-understand languages and descriptions



(Fictionalized data)



A mobile-friendly

Search by category:

- **People:** Doctors and other health care providers
- **Places:** Hospitals, clinics, imaging centers
- **Tests and Imaging:** Lab tests, screenings, scans
- **Services and Treatments:** Office visits, surgeries
- **Care by Condition:** Area of the body, type of illness



Look for the **two blue hearts** next to a doctor's name, which tells you they are a Premium Care Provider who has been reviewed by UnitedHealthcare and meets quality standards for delivering cost-effective care. Then check the total charge for your treatment, so you'll know what to expect from start to finish.

Look for provider ratings for quality and cost

UnitedHealth Premium symbols look like this:



**Premium Care
Physician**



**Quality Care
Physician**



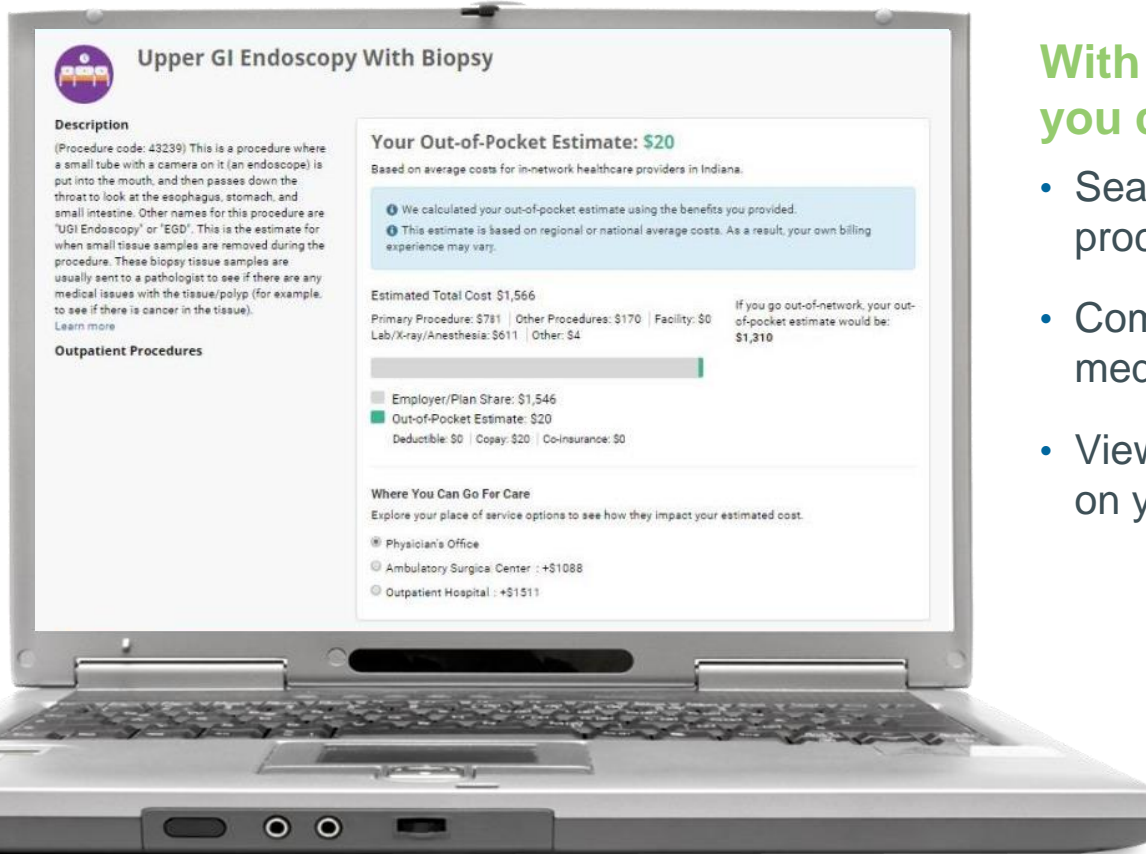
**Quality Not
Evaluated**



**Does Not
Meet Quality**

When you receive care from a Premium provider, you may pay less in out-of-pocket costs for your visit.

Compare costs before you go in for care




With the health cost estimator you can:

- Search for treatment or procedure options in your area
- Compare costs based on the medical facility you visit
- View a range of costs based on your medical plan



Look for the shopping cart on umr.com



Pick a go-to doc to **quarterback your health care team**

Health care can be confusing, so it helps to have a health care provider on your side, who is an expert on you.

Your primary care physician plays a key role in your health and wellbeing. As “quarterback” of your health team, your primary care physician has a more complete picture of your current conditions and risk factors, as compared to using a walk-in clinic, urgent care or a variety of physician specialists on an as-needed basis.

This knowledge about “you” can lead to more personalized care and a trusting relationship with your physician – and save you time in getting the care you need.

A primary care physician can provide:

- ▶ Routine medical care for a wide range of medical conditions
- ▶ Treatment of non-emergency illnesses and injuries
- ▶ Preventive care, including screenings and immunizations
- ▶ Referrals to specialists, when needed
- ▶ Assistance with understanding how the health care system works




BE INVOLVED

When you develop a relationship with your primary care provider they get to know the “whole you” – and they will feel like a member of your health care team.






A UnitedHealthcare Company

Choose the right health care setting

	Type of care	Wait time	Cost**	
	<p>Teladoc Consults by phone or online video for routine ailments.</p>	<p>17 minutes Approximate wait time for doctor to respond</p>	<p>\$49 per consultation</p>	
	<p>Retail clinic/convenient care clinic Clinics located in retail stores, supermarkets and pharmacies.</p>	<p>15 minutes or less on average</p>	<p>\$50 - 100 Approximate cost per service</p>	
	<p>Urgent care/walk-in clinic Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p>	<p>20 - 30 minutes Approximate wait time</p>	<p>\$20 Co-pay</p>	<p>\$150 - \$200 Average cost</p>

Continued >>

Choose the right health care setting (cont.)

	Type of care	Wait time	Cost**	
	<p>Clinical care (your doctor's office) See your primary care provider for preventive and ongoing care.</p>	<p>1 week or longer for an appointment</p>	<p>\$25 Co-pay 20% Co-insurance</p>	<p>\$100 - \$150 Average cost</p>
	<p>Telehealth (electronic/virtual) Services provided through electronic communications, but not through a specific vendor.</p>	<p>Same day or more Approximate wait time for appointment</p>	<p>\$25 Co-pay 20% Co-insurance</p>	<p>\$100- \$150 Average cost</p>
	<p>Emergency room (ER) Visit the ER only for serious illnesses or injuries. Your health plan may not cover non-emergency ER visits.</p>	<p>3 - 12 hours Approximate wait time for non-critical cases</p>	<p>\$50 Co-pay 20% Co-insurance</p>	<p>\$1,200 - \$1,500 Average cost</p>

**All costs are average and may not reflect your specific plan or choice in provider/vendor.

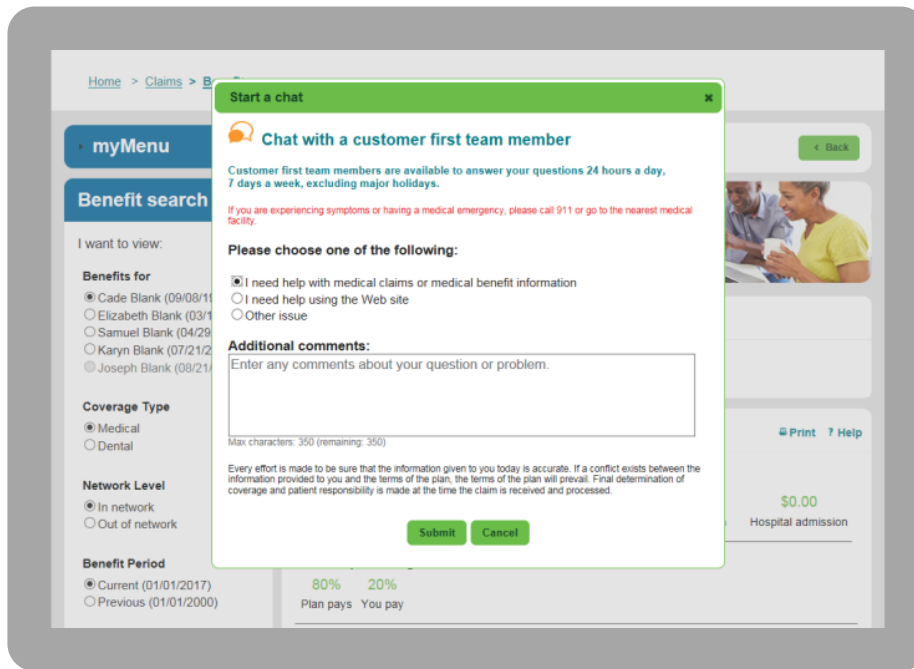
Make sure certain services are covered in advance



Services that need prior authorization may include:

- Hospitalizations
- Inpatient surgeries
- Behavioral health stays
- Home health care
- Durable medical equipment
- Radiology services such as MRA, MRI, PET and CT scans
- Chemotherapy and radiation
- Dialysis
- Transplants and transplant-related services
- Cosmetic procedures
- Clinical trials

Chat online with UMR customer service



We've made it easier for you to get the answers you need — fast

- Simply log in to umr.com and click the Live Chat icon in the top navigation bar
- Team members are available 24 hours a day, seven days a week (excluding major holidays)

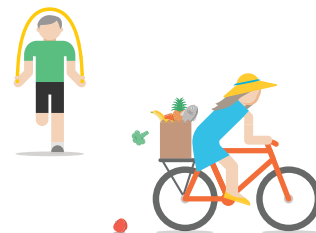
Real Appeal[®]

WEIGHT LOSS SUPPORT



Take Small Steps to Life-Changing Habits

University of Findlay is excited to offer Real Appeal[®], an online program to spark your weight loss transformation. The best part? It's included at no additional cost as part of your health plan benefits. Meet with an online coach to create health goals, track your activity, and find new ways to keep your body moving.



Everything You Need to Create Healthy Habits

Real Appeal® is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health plan benefits.



Access fitness videos and digital trackers

Stream expert-led workouts, and track all of your activity metrics from the Real Appeal app.



Dedicated coach support

Connect with an online coach to create fitness and nutrition plans that best support your goals and receive additional support through group sessions.



Healthy tools — delivered to you

Receive a Success Kit with tools to get you started, including a resistance band, fitness and nutrition guides, a weight scale, and more.

Get Started Today
enroll.realappeal.com

Please have your health insurance ID card handy when enrolling.

Not on our health plan yet? Sign up for Real Appeal once your benefits are active, you may enroll in the program.



Real Appeal is a program on Rally Coach™ is offered at no additional cost to members as part of their medical plan benefits, subject to eligibility requirements.
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Imaging Program

Non-emergency, outpatient MRI and CT Scans will be subject to a benefit maximum.

All MRI and CT scans will require **Prior Authorization**.

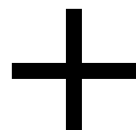
	With Contrast	Without Contrast	With and Without Contrast
MRI	\$800	\$600	\$1,200
CT	\$500	\$400	\$600

- In the event of a non-emergency, outpatient imaging procedure employees and dependent family members on the plan are encouraged to obtain the procedure at a cost-effective facility.
- Members should use the My Healthcare Cost Estimator on www.UMR.com to locate providers or call UMR Customer Service.
- If the facility bills more than the maximum the provider could balance bill you. If you are balance billed and feel there was not an alternative imaging facility within a reasonable geographic range or the additional fees were related to medical necessity, you can appeal the claim to UMR.

Health Savings Account (HSA)

HIGH DEDUCTIBLE HEALTH PLAN

- Medical plan with UMR
- Deductible and Coinsurance
- No Copays
- Provides Insurance Protection



HEALTH SAVINGS ACCOUNT (HSA)

- TIAA HSA administer by HealthEquity
- You own it
- You keep it
- Balance rolls over year over year



To be an eligible individual and qualify to contribute to an HSA, you must meet the following requirements:

- You must be covered under an HDHP on the first day of the month
- You must not be covered by other health coverage (a non-qualified medical plan that is not an HSA or a spouse's full purpose FSA)
- You must not be enrolled in Medicare
- You must not be claimed as a dependent on someone else's tax return

Health Savings Account – Annual Maximum Contribution

	Individual Plan Contribution	Family Plan Contribution
Maximum HSA Limit for 2025 Tax Year	\$4,300	\$8,550



Please remember:

- ❖ Those 55 years and older and not enrolled in Medicare can contribute an additional \$1,000 “catch-up” each year.

Flexible Spending Accounts

- Administered by UMR
- Healthcare 2025 FSA annual maximum - \$3,300
 - Allows IRS-approved medical, Rx, dental or vision expenses not covered by the insurance plan with pre-tax dollars.
 - Full annual election amount available immediately.
 - Grace Period- Allows you and your dependents to continue incurring medical care expenses and dependent care expenses for up to two and a half months following the end of the plan year.
 - All requests for reimbursement are due no later than March 31st.

Limited Purpose Flexible Spending Account

What is a **Limited Purpose Flexible Spending Account**?

Limited purpose FSA's aren't intended to be used for the same wide range of expenses covered by HSA's. Instead, they're designed to be limited to just *dental and vision* expenses – oftentimes, specific expenses as defined by the limits of the plan.

Limited purpose FSA's aren't intended to replace traditional HSA's, which is why they only cover vision and dental expenses. Medical expenses, such as prescription medications and emergency room visits, are *not* covered by the limited purpose FSA.



Dependent Care FSA Plan

Dependent care 2025 FSA annual maximum is \$5,000 for single or married filing joint tax return and \$2,500 for married and filing separately.

2025 Dependent Care FSA annual maximum is pending.

Features of this plan include:

- This program lets you pay for certain IRS-approved dependent daycare expenses with pre-tax dollars.
- Rollover provision does not apply. Use it or lose it rule applies.
- Eligible for care while parents are at work or school.
- ONLY amount payroll deducted to date is available for distribution.
- Some examples include:
 - Daycare/Preschool for dependent children to age 13
 - Adult daycare
 - Before and after school programs
 - Camps



FSA Elections

Plan Year - January 1, 2025, thru December 31, 2025

- Your Decision is IRREVOCABLE for the entire plan year!
 - Be conservative!
 - Adjustments can be made for a “qualifying event” (marriage, divorce, death, birth, adoption) occurs.
 - Watch out for the IRS “Use it or Lose it Rule”
 - You have until March 31, 2025, to submit for reimbursement of claims.



Dental Plan



Plan Year 1/1/25 thru 12/31/25	In Network	
Deductible per plan year	\$50 per individual \$100 per family	
Deductible applies to	Basic and Major Services	
Preventive Care	100% covered, deductible waived	
Basic Care	80% after deductible	
Major Care	60% after deductible	
Annual Maximum Benefit per Person (Includes Basic and Major Services)	\$1,500	
Orthodontia Care (dependent children only to age 26)	50%	
Orthodontia Lifetime Maximum	\$1,500	
Monthly Employee Contributions	Monthly Cost	Bi-Weekly Cost
Employee Only	\$10.50	\$4.85
Family	\$25.50	\$11.77

Vision Plan



Plan Year 1/1/25 thru 12/31/25	In Network	
Exam with refraction and dilation as necessary	\$10 copay	
Frames	\$130 allowance; 20% off balance over \$130 allowance	
Standard Plastic Lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	Covered in full after \$25 copay	
Contact Lenses (in lieu of glasses) <ul style="list-style-type: none"> • Materials 	<ul style="list-style-type: none"> • Contact fitting and evaluation: Covered in full with a maximum copay of \$40 • Elective Lenses: \$130 allowance; 15% off balance over \$130 (Conventional only) • Necessary Lenses: Covered in full 	
Frequency <ul style="list-style-type: none"> • Exam • Frames • Lenses or Contact Lenses 	Once every 12 months Once every 24 months Once every 12 months	
Per Pay Contributions	Monthly	Bi-Weekly
Employee Only	\$6.23	\$2.88
Employee + 1	\$9.45	\$4.36
Family	\$16.86	\$7.78

Basic Life and AD&D



Who Pays	The University of Findlay pays 100%
Employee Benefit	
Life AD&D Coverage	\$50,000
Beneficiary Updates	You can make these anytime through the year. Is yours current?

Benefits will reduce to 65% at age 65, to 40% at age 70 and 25% at age 75. Coverage terminates at retirement.

Supplemental Life and AD&D



Who Pays	Employee pays 100%
Employee Benefit	Increments of \$10,000 up to \$500,000 not to exceed 5 time your basic annual earnings
Spouse	Increments of \$5,000 to a maximum of \$100,000 Limited to 50% of the employee's elected amount
Child(ren) Benefit	Choice of: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Beneficiary Updates	You can make these anytime through the year. Is yours current?
Annual Open Enrollment Increase	Employees and spouses may increase their life amount at annual open enrollment by one increment (10k EE, \$5k Sp) as long as the total amount doesn't exceed the Guarantee Issue amount
Guarantee Issue	Employee: \$250,000 Spouse: \$30,000 Child(ren): \$10,000

Long Term Disability



Who Pays	University of Findlay pays 100%
Elimination Period	90 days
Percentage of Income Replacement	60% of monthly salary
Maximum Benefit	\$11,000 per month
Duration of Benefits	Benefit will be payable up to Social Security Normal Retirement Age (SSNRA)
Pre-Existing Conditions	12 months for conditions treated within the 3 months prior to your effective date of coverage.

Employee Assistance Program



Life doesn't always go as planned. The EAP provides you with easy-to-use services to help with everyday challenges of life – AT NO COST TO YOU!

Expert advice for work, life and well-being

- Confidential Emotional Support: Up to 3 telephonic or in person counseling visits for Anxiety, Depression, Stress, Grief, Loss and life adjustments, relationships and marital conflicts
- Online Support: Articles, podcasts, videos. On-demand trainings. “Ask the Expert” personal responses to your questions.
- Work-Life Solutions: Finding child and elder care, hiring movers or home repair contractors, planning events, locating pet care.
- Legal Guidance: Free 30-minute consultation and 25% reduction in fees. Divorce, adoption, family law, wills, trusts and more.
- Financial Resources: Retirement planning, taxes, relocation, mortgages, insurance, budgeting, debt, bankruptcy and more.

100% CONFIDENTIAL



Accident Insurance

University of Findlay, Group #73854-9, Date Prepared 8/4/2023
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214520-08012021

ReliaStar Life Insurance Company, a member of the Voya® family of companies

PLAN | INVEST | PROTECT



Accident Insurance



What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident.

The amounts paid depend on the type of injury and care received.

Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How much does it cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the monthly premium amounts.

Employee	Employee & Spouse	Employee & Children	Family
\$9.04	\$17.46	\$18.83	\$27.25

What's covered?

The following list is a summary of some the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Emergency room treatment - \$200
Laceration with sutures¹ - \$100-\$400
Ankle Fracture² - \$1500 / \$3000
Physical therapy (up to 6 per accident) - \$40
Concussion - \$400
Follow-up doctor treatment - \$75

¹ Laceration benefits are a total of all lacerations per accident.

² Closed reduction of fracture = Non-surgical/Open reduction of fracture = Surgical.

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How can the Wellness Benefit help?

It provides an annual \$100 benefit payment if you complete a health screening test. Covered health screening tests include but are not limited to:

Immunizations (including COVID vaccines and screening tests)

Blood test for triglycerides

Pap smear or thin prep pap test;

Flexible sigmoidoscopy

CEA (blood test for colon cancer)

Bone marrow testing

Serum cholesterol test for HDL & LDL levels

Hemoccult stool analysis

Serum Protein Electrophoresis (myeloma)

Breast ultrasound, sonogram, MRI

Chest x-ray

Mammography

Colonoscopy

CA 15-3 (breast cancer)

Stress test on bicycle or treadmill

Fasting blood glucose test

Thermography

PSA (prostate cancer)

Routine Eye exam

Routine dental exam

Well child/preventive exams through age 18

Critical Illness Insurance



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Critical Illness Insurance



What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.

Critical Illness Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

Voluntary Critical Illness employee coverage Employee-paid - Employee monthly rate per \$1,000* Attained age

Voluntary Spouse Critical Illness Rider Employee-paid - Spouse monthly rate per \$1,000* Attained age

Uni-Tobacco

Uni-Tobacco

Under 25	\$0.42
25-29	\$0.44
30-34	\$0.55
35-39	\$0.62
40-44	\$0.72
45-49	\$1.02
50-54	\$1.43
55-59	\$1.99
60-64	\$2.69
65-69	\$3.69
70+	\$5.42

Under 25	\$0.28
25-29	\$0.29
30-34	\$0.35
35-39	\$0.39
40-44	\$0.44
45-49	\$0.60
50-54	\$0.83
55-59	\$1.13
60-64	\$1.50
65-69	\$2.06
70+	\$2.97

Voluntary Children's Critical Illness Rider Composite monthly rate

Children

All Eligible Employees

\$1.25 for \$5,000***
\$2.50 for \$10,000***

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What's covered?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition.

Covered illnesses/conditions are broken out into groups called “modules.”

Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise noted.

For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.



Eligibility and benefit amount

Employee eligibility:

Active employees working 30 hours per week***

- Elect CI benefit of \$10,000 or \$20,000.

Spouse:

50% of Employee Amount

Children** - birth to age 26

50% of Employee Amount



*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

** The definition of “child” may vary by state. Please contact your employer for more information.

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Sample payment amounts



<u>Covered condition</u>	<u>% of Benefit</u>
Heart attack*	100%
Cancer	100%
Stroke	100%
Kidney failure**	100%
Coronary artery bypass	100%

* A sudden cardiac arrest is not in itself considered a heart attack.

** Listed in the certificate of coverage as “major organ transplant,” which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

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Wellness Benefit

How can the Wellness Benefit help?

- Encourages regular health screenings
- Increases chances of survival when serious illnesses are detected early
- Benefit payment you receive can be used to cover the cost of the test or, even if you have no out-of-pocket cost, to use on whatever you'd like

If you are covered by Critical Illness Insurance, you are also covered for the Wellness Benefit. This provides an annual benefit payment for completing a health screening test.

- Your annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit amount for each child is 100% of your benefit amount

Real life example

Spouse Critical Illness Insurance Meet the McCanns

Mike works full-time. His wife, Molly stays home with two children.

Molly had Critical Illness Insurance, including the Cancer Module, through Mike's employer and was able to receive a benefit.

She was diagnosed with cancer, which is a covered condition, and she began treatment.

Her Critical Illness benefit helped the McCann's cover living expenses and child care, while she received treatment.



The example is provided for illustrative purposes only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

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Hospital Indemnity Insurance



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Hospital Indemnity Insurance



What is it?

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital* or critical care unit on or after your coverage effective date.

This is a limited benefit policy. Hospital Indemnity Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

*A hospital does not include an institution or part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care or care for the aged



How much does it cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the monthly premium amounts.

Employee	\$19.93
Employee & Spouse	\$40.85
Employee & Children	\$33.35
Family	\$54.27

What's covered?

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital or critical care unit*, on or after your coverage effective date.

The following slide provides a summary of the benefits provided by Hospital Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

An Intensive Care Unit may be referred to as a “Critical Care Unit” in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a “CCU Step-Down Unit” in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.



Sample benefit amounts



Admission Benefits

	<u>Benefit Amount</u>
Hospital Admission*	\$1,000
Intensive Care Unit** Admission*	\$1,000

*An Admission benefit is payable on the first day of confinement, once per confinement.

Confinement Benefits

	<u>Daily Benefit Amount</u>
Hospital - 15 day maximum per confinement (MPC)	\$200
Critical Care Unit** - 15 day MPC	\$400

**An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a "CCU Step-Down Unit" in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Any combination of confinement and admission benefits payable will not exceed a total of 15 days during a period of confinement.



Wellness Benefit

If you are covered by Hospital Indemnity Insurance, you are also covered for the Wellness Benefit. This provides an annual benefit payment for completing a health screening test.

- Your annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit amount for each child is 100% of your benefit amount

Real life example

Spouse Hospital Indemnity Insurance Meet Elise

After weeks of flu symptoms, Elise was diagnosed with pneumonia and admitted to the hospital



Several days later she was discharged with antibiotics



Thankfully, Shelby, her husband, had Hospital Indemnity Insurance coverage on Elise



The benefit helped with out-of-pocket medical and other expenses incurred from her hospital stay



The example is provided for illustrative purposes only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders.

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2025 Enrollment Process

- Open Enrollment decisions must be completed on the portal no later than **Friday, November 15, 2024**.
- **All eligible employees must log into Workday to make elections for 2025.**
- The benefits you elect during open enrollment will be effective from January 1, 2025 through December 31, 2025.
- You will not be able to make changes to your elections until the next open enrollment of January 1, 2026 unless you experience a valid Qualifying Event.
- All employees covering a spouse must complete the Spousal Coordination of Benefits. You can find the document within the Open Enrollment information in the workday portal.
- The Spousal Coordination of Benefits Form is due **Monday, December 2nd** to HR. Failure to do so, spouse coverage will be removed.

Mid-Year Plan Changes

- You are **only** able to add or drop coverage during the plan year if you have a federal qualified event such as:
 - Change in marital status
 - Change in number of dependents
 - Change in employment status
 - Change in eligibility status
- Any changes made must be consistent and correspond with the change in status.
- Documentation is required for any mid-year status changes.
- If you are making a mid-year plan change you must notify HR within 30 days of the qualifying event.

Questions?

We are here for you!



Should you have further questions, please contact:

- Office of Human Resources x6964

- USI Benefits Resource Center (BRC)
Phone: 855-874-0829
BRCMidwest@usi.com
Monday- Friday 8 AM to 5 PM EST

Thank you for
your participation
in this year's open
enrollment
presentation.



All election changes are due by: November 15th, 2024.