Health Care
New Resident Orientation
June 25, 2015
Health Care Benefits Enrollment

- 30 days of eligibility from hire date to select benefits package
- 30 days from status change to modify benefits package
- 30 days from loss of other coverage to select benefits package
- Open Enrollment held annually (October) with a January 1 effective date
Resident Benefits Package

• You have 30 days from your hire date to select coverage

• Date of Hire: 07/01/2015, elections are due Thursday, July 30, 2015

• If coverage is elected, benefits are effective 07/01/2015

• Please note that any specific dates provided in this presentation are based on a date of hire of 07/01/2015
Grandfathered Health Plans Disclosure:

• The University of Toledo believes its plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.
## 2015 Health Insurance Choices

### Ohio Benefit Administrators (OBA)/FrontPath PPO
- 90/10 FrontPath & PHCS networks – (ProMedica & Mercy)
- 70/30 Out-of-network

### Paramount Employer Select PPO
- 100 UTMC, UTP, UT community faculty, UT teaching facilities
  - Tier 1 provider and facility list is available at [http://hr.utoledo.edu](http://hr.utoledo.edu)
- 90/10 Paramount & PHCS networks (ProMedica & Mercy)
- 70/30 Out-of-network

### Medical Mutual of Ohio CDHP
- 100 UTMC & UTP
  - Tier 1 list is available at [http://hr.utoledo.edu](http://hr.utoledo.edu)
- 90/10 MMO (Mercy & ProMedica) & PHCS (Cofinity for Michigan) networks
- 70/30 Out-of-network
OBA / FrontPath PPO Plan

- Preferred Provider Organization (PPO)
- Includes both In-Network and Out-of-Network Benefits
- Network includes University of Toledo Medical Center (UTMC), and both the ProMedica and Mercy Health Systems
- PHCS Network – national wrap network
- All other providers – non network
- $600 annual preventive allowance
<table>
<thead>
<tr>
<th>OBA/FrontPath Plan Design</th>
<th>In-Network FrontPath Providers</th>
<th>Out-of-Network (may be balance billed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$100 Single $200 Single + 1 $300 Family</td>
<td>$300 Single $600 Single + 1 $900 Family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Includes Deductible)</td>
<td>$1,100 Single $2,200 Single + 1 $3,300 Family</td>
<td>$4,300 Single $6,600 Single + 1 $8,900 Family</td>
</tr>
<tr>
<td>Co-Insurance (Subject to Deductible)</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Office Visit Co-Pay</td>
<td>$15</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Specialist Visit Co-Pay</td>
<td>$30</td>
<td>70% / 30%</td>
</tr>
</tbody>
</table>
Paramount Employer Select Plan

- Preferred Provider Organization (PPO)
- Includes both In-Network and Out-of-Network Benefits
- Network includes University of Toledo Medical Center (UTMC) and ProMedica
- PHCS Network – national wrap network
- All other providers – non network
Paramount Employer Select Plan

Tier 1 – UT Medical Center, UT Physicians and UT Community Faculty

• Includes Toledo/Toledo Children’s, Flower, Bay Park, St. Luke’s, Defiance, Fostoria and Lima for *inpatient services and outpatient surgeries ONLY*

• Tier 1 listing available at [http://hr.utoledo.edu](http://hr.utoledo.edu)

Tier 2 – Paramount Network Providers

• Paramount Employer Select and PHCS Networks

• View providers at [www.paramounthealthcare.com](http://www.paramounthealthcare.com) and choose Employer Select

Tier 3 – All Other Providers – non network
## Paramount Employer Select

<table>
<thead>
<tr>
<th>Paramount ES Plan Design</th>
<th>Tier 1 Providers</th>
<th>Tier 2 Providers</th>
<th>Out-of-Network (may be balance billed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>No Deductible</td>
<td>$100 Single</td>
<td>$500 Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 Single + 1</td>
<td>$750 Single + 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$200 Family</td>
<td>$1,000 Family</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Includes Deductible)</td>
<td>$1,000 Single</td>
<td>$2,100 Single</td>
<td>$4,500 Single</td>
</tr>
<tr>
<td></td>
<td>$1,500 Single + 1</td>
<td>$3,150 Single + 1</td>
<td>$6,750 Single + 1</td>
</tr>
<tr>
<td></td>
<td>$2,000 Family</td>
<td>$4,200 Family</td>
<td>$9,000 Family</td>
</tr>
<tr>
<td>Co-Insurance (Subject to Deductible)</td>
<td>100%</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Office Visit Co-Pay</td>
<td>$10</td>
<td>$20</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Specialist Visit Co-Pay</td>
<td>$10</td>
<td>$20</td>
<td>70% / 30%</td>
</tr>
</tbody>
</table>
Pharmacy Plan

• Prescription drug coverage with Catamaran
• For a lower prescription cost, utilize our on campus pharmacies (2 locations)
  • Health Science Campus: (419) 383 - 3750
  • Main Campus: (419) 530 - 3471
• A 15% discount is provided if your prescription is written by a UTMC prescriber & filled at a UT Pharmacy
• Emergency prescriptions may be filled with Catamaran drug card (after hours, weekend, out-of-area, etc.) 10-day

<table>
<thead>
<tr>
<th>Prescriptions are based on 3-Tiers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
</tr>
</tbody>
</table>
### Pharmacy Plan

- **30-day / 10-day Supply Co-Pays:**

<table>
<thead>
<tr>
<th></th>
<th>UT Pharmacies (30-day Supply)</th>
<th>Retail (10-day Maximum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
<td>$7.26</td>
<td>$7.26</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>$18.15</td>
<td>$18.15</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>$36.30</td>
<td>$36.30</td>
</tr>
</tbody>
</table>

- **90-day Supply Co-Pays available at UT Pharmacies only:**

<table>
<thead>
<tr>
<th></th>
<th>90-day (UT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
<td>$18.15</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>$33.88</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>$67.21</td>
</tr>
</tbody>
</table>
Consumer-Directed Health Plan (or CDHP) is made up of these components:

- A health plan
- A fund or account that you can use to help pay for qualified, out-of-pocket medical expenses (known as a Health Savings Account or HSA)
- Interactive tools and information to help you make more informed health care decisions
Tier 1 – University of Toledo Medical Center and UT Physicians

Tier 2 – Medical Mutual Network Providers

- Hospitals include: St. Anne Mercy, St. Vincent Mercy, St. Charles Mercy, Toledo/Toledo Children’s, Bay Park Community Hospital, Flower Hospital, St. Luke’s Hospital, Mercy Memorial Hospital, Wood County Hospital
- View providers at www.mmoh.com and choose SuperMed PPO (Plus)

Tier 3 – All Other Providers (Out-of-Network)
• Meet the plan deductible then pay co-insurance
• Prescription drug co-insurance counts toward deductible & out-of-pocket maximum
• Out-of-pocket maximum limits amount you pay annually
• Preventive care not subject to the deductible and covered at 100% with UTMC providers, 90% with MMO providers
## Medical Mutual of Ohio CDHP

<table>
<thead>
<tr>
<th>Medical Mutual Plan Design</th>
<th>Tier 1 UT Medical Center</th>
<th>Tier 2 MMO Network Providers</th>
<th>Tier 3 Out-of-Network (may be balance billed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT HSA Contribution</td>
<td>Prorated Per Pay</td>
<td>$800 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,600 Family</td>
<td></td>
</tr>
<tr>
<td>Employee HSA Contribution</td>
<td></td>
<td>$2,550 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$5,050 Family</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td>$1,300 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,600 Family</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td>$2,200 Single</td>
<td></td>
</tr>
<tr>
<td>Includes Deductible</td>
<td></td>
<td>$4,400 Family</td>
<td></td>
</tr>
<tr>
<td>Co-Insurance</td>
<td>100%</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Subject to deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Not subject to deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# CDHP Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>UT Pharmacy 30-Day / 90-Day</th>
<th>Retail (Catamaran Network) 30-Day / 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic:</td>
<td>$5 / $10</td>
<td>$10 / $15</td>
</tr>
<tr>
<td>Formulary:</td>
<td>10% Up to $40 / $100 max per prescription</td>
<td>20% Up to $80 / $200 Max per prescription</td>
</tr>
<tr>
<td>Non-Formulary:</td>
<td>20%</td>
<td>30%</td>
</tr>
</tbody>
</table>

- When you fill prescriptions, you will pay the cost of the prescription until you meet the deductible (unless preventive). Once the deductible has been met, the co-pays/co-insurance outlined above will be charged.

- Once the out-of-pocket maximum has been met, all prescriptions will be covered at 100%
• Prescription drug coverage with MMO CDHP is with Catamaran.
• MMO ID Card will be used for medical services and Catamaran ID Card will be used at the pharmacy.
• Preventive Drugs not subject to deductible and include, but not limited to:
  - Antiasthmatics
  - Antidiabetic Drugs/Supplies
  - Blood Thinning Agents
  - Contraceptives, Oral
  - Estrogen Replacement
  - High Cholesterol
  - Hypertension
  - Prenatal

• A copy of the Preventive Drug Guide can be found at: http://www.utoledo.edu/depts/hr/benefits/pdfs/2014healthcare/CATAMARAN%20Standard%20Preventative%20Drig%20List%20010114.pdf
The HSA Advantage

- Pay for Qualified Medical expenses with Tax Free Dollars
- No use it or lose it provision – like Flexible Spending Accounts
- Unused balance and Investment earnings carry over year to year
- Tax Free
Contributing to your HSA

• The University of Toledo contributes ($800/single, $1,600/family), prorated over 24 pays.

• For date of hire 07/01/2015, ($366.74/single, $733.37/family), prorated over remaining 11 pays.

• You may contribute by payroll deduction on a pre-tax basis

• Payroll contributions you make are prorated over 24 pay periods but can be changed throughout the year by contacting UT HRTD.

• Your HSA contribution limits are $3,350 for persons with individual coverage and $6,650 for persons with family coverage. This includes contributions made by UT.

• Individuals age 55 to 64 may contribute an additional $1,000 annually
If you elect the Medical Mutual plan, a Wells Fargo HSA will be opened in your name.

You will receive a confirmation letter mailed to your home, including:
- Web site information
- Toll-free customer service number

Your Visa HSA Debit Card will arrive separately.
- Activate the card before you use it.
Spousal/Domestic Partner Eligibility

- Only if Paramount Employer Select or OBA/FrontPath is elected (does not apply if Medical Mutual CDHP is selected)

- Must be completed now AND *annually during Open Enrollment* if covering a spouse/domestic partner on Paramount Employer Select or OBA/FrontPath health plan

- For Spouse to be Primary:
  - Unemployed, Self-Employed, Retired, No other benefits offered
  - OR makes less than $25,000/year and benefits cost more than $75/month for a single plan

- Spouse may be Secondary
Please Note…

• If you and your spouse are both employed by UT and are both eligible for benefit coverage, you may either enroll together on one plan or separately on individual plans, but not both.

• Your dependent children may only be enrolled on one plan, either yours or your spouse’s, but not both.
Dependent Eligibility

• **Medical / Rx**
  - Age 19 – 26 (end of calendar year they turn age 26)
    - Married and Unmarried dependents
    - Not required to be a full-time student or IRS dependent
  - Age 26 – 28 (end of month they turn age 28)
    - Unmarried
    - Not required to be an IRS dependent
    - Must be State of Ohio resident OR full-time student out-of-state
    - Must be child, step-child or custodial child of employee
    - Cannot be eligible for other employer-sponsored coverage, regardless of cost
    - Cannot be eligible for coverage under any Medicare or Medicaid plan
    - Cannot be secondary on coverage
    - Additional post-tax premium will be charged per adult child

• **Health Savings Acct / Flexible Spending Acct**
  - Must be IRS dependent

• **Dental / Vision / Life Insurance / Tuition Waiver**
  - Age 19 – 24 (end of calendar year they turn age 24)
  - Must be unmarried, a full-time student and employee’s IRS dependent
Cost of Adult Child Coverage

• For dependents age 26 – 28, as long as they meet the requirements, there will be an additional post-tax payroll deduction of:

  • $105.35/pay for each adult child added to the OBA/FrontPath plan

  • $76.07/pay for each adult child added to the Paramount Employer Select 3-tier plan

  • $61.75/pay for each adult child added to the Medical Mutual of Ohio CDHP plan
Domestic Partner Benefits

- Available to same and opposite sex domestic partners
- Domestic partner registration packet available on the HRTD website
- Premiums outlined on Monthly Health Insurance Premium sheet on the HRTD website
Dental Plan

- Coverage effective July 1, 2015
- Coverage is provided through Delta Dental
- Routine preventive services covered in full with no deductible
Dental Plan

- Preventive Services covered at 100%
- Minor work covered at 80%
- Major work covered at 80%
- $100 annual deductible, per person
- $3,000 annual maximum, per person
- Orthodontia covered for dependents to age 19
  - Covered at 60%
  - $1,500 lifetime maximum
Optical Plan

- Coverage is effective July 1, 2015
- Coverage is provided through Vision Service Plan (VSP)
Vision Plan

- Eye exam with a $10 co-pay once every 24 months
  - Every 12 months for dependents
- Prescription lenses with a $15 co-pay covered once every 24 months
  - Every 12 months for dependents
- Frames up to $120 allowance every 24 months
  OR
- Contact lens allowance of $120 in lieu of Frames once every 24 months
  - Every 12 months for dependents
Flexible Spending Account

- Must be set-up annually
- Allows you to set aside additional money on a pre-tax basis
- May be used for:
  - *Medical FSA* – Out-of-Pocket Medical Expenses ($2,500 maximum)
  - *Dependent Care FSA* – Out-of-Pocket Childcare/Adult Daycare Expenses ($5,000 maximum)
- You will be reimbursed for charges incurred once claim form is submitted
  - Reimbursements may be direct deposited
- Account DOES NOT rollover
- Can no longer be used for non-prescribed over the counter medications
- *Reminder:* If electing Medical Mutual CDHP, you are only eligible for dependent care flex account
Basic Life Insurance / AD&D

- Coverage is through Sun Life Financial
- **Full Time** Resident Physicians are covered with $10,000 term life insurance
- Accidental Death & Dismemberment coverage doubles term life insurance in force
- Dependent life insurance options available
- Additional life insurance options available
Retirement Plan

• OPERS Options
  • Employee Contribution: 10%
  • Employer Contribution: 14%
  • Vested on 5-year schedule
  • Three plan options: Traditional, Member-Directed, Combined
  • 180 days to choose plan option
  • Phone Number: (800) 222 – 7377
  • www.opers.org (information, PowerPoint, webinar opportunities)
Retirement Plan

• Alternative Retirement Plan (ARP)
  • Employee Contribution: 10%
  • Employer Contribution: 13.23%
  • Must be a full-time employee
  • Choose from a list of approved vendors
  • No state retirement benefits
  • Vested immediately

• Must select a retirement plan within 120 days or default to OPERS
Retirement Plan

- Defined contribution plan with immediate vesting
- You choose how to invest account contributions
- Your retirement benefit depends on account balance and pay options you elect
- Your account balance is equal to all contributions in account plus investment gain/loss
  - Account balance is paid if you become disabled or die
  - Benefit available at termination
  - Healthcare coverage and disability is NOT provided
• Great American Life Insurance Company
• Voya Financial
• Lincoln National Life Insurance Company
• Nationwide Life Insurance Company
• AXA Equitable Life Insurance Company
• TIAA-Cref
• Valic
Retirement Plan

• Newly hired resident physicians have 120 days from their first day of employment to decide between OPERS and ARP.

• **Wednesday, October 28, 2015** is the final day for ARP elections. After this date, you will automatically be enrolled in OPERS and will have 60 days to choose one of the three OPERS plans.
• You can build income for retirement with a Tax Sheltered Annuity
  • Works like a 401(k)
    • University of Toledo will redirect your investment into TDA on a pre-tax basis
  • How to establish 403(b)
    • Review list of qualified vendors
    • Contact the representative and set up an account
    • Complete a Salary Reduction Agreement and turn into Benefits
  • How to establish 457
    • Available to only State of Ohio employees
    • Set up directly with Ohio Deferred Compensation
    • (877) 644 – 6457
    • www.ohio457.com
Tuition Waiver - Employees

• FT employees are eligible for up to 8.0 undergraduate or graduate credit hours per semester
• PT employees are eligible in proportion to the percentage of full time which they work
• Applies to application fee, new student registration fee, tuition and general fees
Tuition Waiver - Dependents

• Eligible spouse, domestic partners and dependents can take **undergraduate** classes at the University of Toledo (after one year of service)

• Benefit applies to tuition, application and new student registration fee, NOT general fee

• For additional information, please visit: http://hr.utoledo.edu
Employee Assistance Program

• Offered through Impact Solutions

• Employees and immediate family are covered

• Confidential

• Counseling, Coaching, Wellness and Work/Life Services

• 24/7 Availability

• Additional Information:
  
  o  http://hr.utoledo.edu

  o  www.myimpactsolution.com
UT Early Learning Center

- Accredited child care center
- Child Care / Preschool
- 18 months through five years old
- Located just south of Health Science Campus
- Large classrooms, hot lunches, two playgrounds, full-size gym, summer school-age program, payroll deduction/private pay/LCJFS funding accepted

- **Contact Caryn Salts**, Director of Early Learning Center, at caryn.salts@utoledo.edu or call **419.530.6710**, to schedule a tour or receive additional information.
Using Your Benefits

• OBA/FrontPath, Paramount or Medical Mutual will mail you an identification card to present each time medical services are received. Be sure that your address is current as ID cards and any corresponding explanation of benefits (EOBs) will be sent to your home address.

• For all plans (including MMO), Catamaran will mail you an identification card to present at the pharmacy when filling prescriptions.

• If Medical Mutual is elected, a Wells Fargo HSA Visa Card will also be sent to you to access your Health Savings Account.
Using Your Benefits

• Delta Dental will mail you an identification card; however, no card is required to submit claim. Your ID number is your social security number.

• No card will be issued for VSP. If using a network provider, just give the employee’s social security number at the appointment. If receiving services outside the network, send a claim form (found on benefits website with an invoice to VSP for reimbursement.)
Medical, Rx, Dental and Vision

- Eligibility begins upon hire date (no waiting period).
- No medical questionnaire or pre-existing condition exclusions.
- If chosen, all coverage for you/your family will be made effective retroactive to the date of hire. You will also be responsible for retroactive healthcare contributions back to your date of hire.
Important Documentation

• Spousal/Domestic Partner Affidavit
  • If covering a spouse or domestic partner on the OBA/FrontPath or Paramount plan

• Adult Child Certification
  • If adding a dependent over age 19

• Marriage Certificate
  • If adding a spouse to any coverage who has not been previously covered

• Birth Certificate, Court Documents, and/or Adoption Paperwork
  • If adding dependent children to coverage who have not been previously covered
Important Documentation cont.

- **Domestic Partner Registration**
  - If registering and/or adding a domestic partner to coverage

- **Social Security Number**
  - Required for employees prior to HRTD completing enrollment process
  - **Must complete enrollment process within 30 days with or without this provided number from Social Security Administration**
COBRA

• If/when you leave The University of Toledo, you will be offered the option to continue health insurance in effect through COBRA
• Employees, spouses and dependents are covered
• Total monthly premium + 2% administration fee
Healthcare Contact Information

- Ohio Benefit Administrators
  - (877) 622 - 1966

- FrontPath
  - (888) 232 – 5800
  - [www.frontpathcoalition.com](http://www.frontpathcoalition.com)

- Paramount Healthcare Employer Select
  - (419) 887 – 2525
  - [www.paramounthealthcare.com](http://www.paramounthealthcare.com)

- Medical Mutual of Ohio
  - (800) 468 – 6690
  - [www.mmoh.com](http://www.mmoh.com)

- PHCS
  - (888) 410 – 7427
  - [www.phcs.com](http://www.phcs.com)
Enrollment in Benefits

- All enrollments will be completed through myUT portal (http://myut.utoledo.edu) within 30 days of date of hire or qualifying event – **July 30, 2015**
- Enrollments completed through myUT portal beginning 07/01/2015
- Plan Overviews/Premiums can be viewed at: hr.utoledo.edu
- Questions can be directed to: benefits@utoledo.edu
Enrollment in Benefits

• Any required documentation and/or spousal eligibility can be emailed, faxed, or dropped off to HRTD no later than 30 days following your date of hire or qualifying event – **July 30, 2015**
  • Email to: benefits@utoledo.edu
  • Fax to: (419) 530 – 1492
  • Mail Stop 405 or
  • Drop off at HRTD office in FSB Building on Health Science Campus or Academic Services Suite 1000 on Scott Park Campus

• Contact Benefits Department at:
  • benefits@utoledo.edu
  • (419) 530 – 4747