Health Care Benefits Enrollment

- 30 days from hire date to elect benefits package
- 30 days from status change to modify benefits package
- 30 days from loss of other coverage to elect benefits package
- Open Enrollment held annually in October with a January 1 effective date
Benefits are retroactive to your eligibility date
Files go over to carriers each Thursday and are uploaded by following Monday
Premiums are retroactive to your eligibility date
Benefits can not be set up until the online process has been completed and ALL required documentation is received
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.
## Medical Mutual of Ohio CDHP

<table>
<thead>
<tr>
<th>Medical Mutual Plan Design</th>
<th>Tier 1 UTMC/UTP</th>
<th>Tier 2 MMO Network Providers</th>
<th>Tier 3 Out-of-Network (may be balance billed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UT HSA Contribution</strong></td>
<td></td>
<td>$800 Single</td>
<td></td>
</tr>
<tr>
<td><em>Prorated Per Pay</em></td>
<td></td>
<td>$1,600 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Employee HSA Contribution</strong></td>
<td></td>
<td>$2,550 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$5,150 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></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><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td>$2,200 Single</td>
<td></td>
</tr>
<tr>
<td><em>Includes Deductible</em></td>
<td></td>
<td>$4,400 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Co-Insurance</strong></td>
<td>100%</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td><em>Subject to deductible</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100%</td>
<td>90% / 10%</td>
<td>70% / 30%</td>
</tr>
<tr>
<td><em>Not subject to deductible</em></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Medical Mutual of Ohio
Consumer-Directed Health Plan

- 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
- This is the plan available to AFSCME, CWA and UTPPA new hires
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
# Paramount Employer Select

<table>
<thead>
<tr>
<th>Paramount ES Plan Design</th>
<th>Tier 1 Providers (UTMC/UTP/Plus)</th>
<th>Tier 2 Providers</th>
<th>Out-of-Network (may be balance billed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td><strong>No Deductible</strong></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 / $25</td>
<td>$20 / $35</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>Specialist Visit Co-Pay</td>
<td>$10 / $25</td>
<td>$20 / $35</td>
<td>70% / 30%</td>
</tr>
<tr>
<td>OBA/FrontPath Plan Design</td>
<td>In-Network FrontPath Providers</td>
<td>Out-of-Network (may be balance billed)</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>--------------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$100 Single</td>
<td>$300 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$200 Single + 1</td>
<td>$600 Single + 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$300 Family</td>
<td>$900 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (Includes Deductible)</strong></td>
<td>$1,100 Single</td>
<td>$4,300 Single</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,200 Single + 1</td>
<td>$6,600 Single + 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$3,300 Family</td>
<td>$8,900 Family</td>
<td></td>
</tr>
<tr>
<td><strong>Co-Insurance (Subject to Deductible)</strong></td>
<td>90% / 10%</td>
<td>70% / 30%</td>
<td></td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay</strong></td>
<td>$15</td>
<td>70% / 30%</td>
<td></td>
</tr>
<tr>
<td><strong>Specialist Visit Co-Pay</strong></td>
<td>$30</td>
<td>70% / 30%</td>
<td></td>
</tr>
</tbody>
</table>
Pharmacy Plan

- Prescription drug coverage with Catamaran/Optum for all medical plans
- For a lower prescription cost, utilize our on campus pharmacies (2 locations)
  - Main Campus: (419) 530 - 3471
  - Health Science Campus: (419) 383 - 3750
- AFSCME, CWA, PSA & UTPPA will receive a 15% discount if your prescription is written by a UTMC prescriber & filled at a UT Pharmacy
- Emergency prescriptions may be filled with Catamaran/Optum drug card (after hours, weekend, out-of-area, etc.) 10-day / 30-day maximum depending on campus

Prescriptions are based on 3-Tiers:

<table>
<thead>
<tr>
<th>Tier</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>
### Prescription Cost Sharing with MMO CDHP

<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 Cost Sharing with FrontPath/Paramount - UT Pharmacy Locations

<table>
<thead>
<tr>
<th></th>
<th>UT 30-Day Supply</th>
<th>UT 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFSCME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$7.99</td>
<td>$19.97</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>$19.97</td>
<td>$37.27</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>$39.93</td>
<td>$73.93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>UT 30-Day Supply</th>
<th>UT 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Other Employees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$7.26</td>
<td>$18.15</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>$18.15</td>
<td>$33.88</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>$36.30</td>
<td>$67.21</td>
</tr>
</tbody>
</table>

Please Note: If the cost of the drug falls below the co-pay amount, you will only pay the cost of the drug.
## Prescription Cost Sharing with FrontPath/Paramount - Retail Pharmacies

### Main Campus

<table>
<thead>
<tr>
<th>Tier Type</th>
<th>30-Day Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
<td>$11</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>20% AWP</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>40% AWP</td>
</tr>
</tbody>
</table>

### Health Science Campus

<table>
<thead>
<tr>
<th>Tier Type</th>
<th>Non-Union 10-Day Maximum</th>
<th>AFSCME 10-Day Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Generic)</td>
<td>$7.26</td>
<td>$7.99</td>
</tr>
<tr>
<td>Tier 2 (Formulary)</td>
<td>$18.15</td>
<td>$19.97</td>
</tr>
<tr>
<td>Tier 3 (Non-Formulary)</td>
<td>$36.30</td>
<td>$39.93</td>
</tr>
</tbody>
</table>
Spousal/Domestic Partner Eligibility

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

- Must be completed at time of election 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
  o Age 19 – 26 (end of calendar year they turn age 26)
    • Married and Unmarried dependents
    • Not required to be a full-time student or an IRS Dependent
  o Age 26 – 28 (end of month they turn age 28)
    • Must be unmarried
    • Not required to be an IRS dependent
    • Must be State of Ohio resident OR full-time student if out-of-state resident
    • 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
  o Must be IRS dependent

• Dental, Vision, Life Insurance, Tuition Waiver
  o Age 19 – 24 (end of calendar year they turn age 24)
  o 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:
  - $108.89/pay for each adult child added to the OBA/FrontPath plan
  - $83.84/pay for each adult child added to the Paramount Employer Select 3-tier plan
  - $67.94/pay for each adult child added to the Medical Mutual of Ohio CDHP plan
Dental Plan

- Coverage is provided through Delta Dental
- Preventive Services covered at 100%
- Minor & Major services covered at 80% after deductible
- $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
• Coverage is provided through VSP
• Eye exam: $10 co-pay once every 24 months
  • Every 12 months for dependents
• Prescription Glasses: $15 co-pay once every 24 months
  • Every 12 months for dependents
• Frames/Contact allowance $120 every 24 months
Flexible Spending Account

- Must be set-up annually 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
- Medical FSA now comes with Benny card (debit card) to be used at point of service
- *Reminder*: If electing Medical Mutual CDHP, you are only eligible for dependent care flex account
Main Campus Life Insurance

- Basic Life Insurance and Accidental Death & Dismemberment is offered through Sun Life
- Part Time (20+) and Full Time employees receive coverage
  - Benefit determined by employee class
- Additional (employee) and Dependent (spouse and/or children) available as voluntary coverage
Health Science Campus Life Insurance

- Basic Life Insurance and Accidental Death & Dismemberment is offered through Sun Life
- Full Time employees receive coverage
  - Benefit determined by employee class
- Additional (employee, spouse, children) and Dependent (spouse and/or children) available as voluntary coverage
• **OPERS Options**
  - Employee Contribution: 10%
  - Employer Contribution: 14%
  - Three plan options: Traditional, Member-Directed, Combined each with different benefits, vesting schedules and requirements for retirement
  - Contact: (800) 222 – 7377 or [www.opers.org](http://www.opers.org)

• **Alternative Retirement Plan (ARP)**
  - Employee Contribution: 10%
  - Employer Contribution: 13.23%
  - Must be a **full-time** employee
  - Must select within 120 days
  - No State benefits, retirement at age 65, vested immediately
403(b) / 457 Accounts

• 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

- FT Staff and Faculty and PT staff (20+) are eligible for the waiver for up to 8.0 undergraduate or graduate credit hours per semester.
- PT employees are eligible based on FTE.
- Waiver applies to application fee, new student registration, tuition and general fees.
Tuition Waiver

• Eligible spouse, domestic partners and dependents can take undergraduate classes at UT after one year of service. Applies to tuition, application and new student registration fee, NOT general fee.

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

• Medical carrier will mail you an ID 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.

• Catamaran will mail you an ID card to present at the pharmacy when filling prescriptions.

• Wells Fargo HSA Visa Card will also be sent to you to access your Health Savings Account if MMO is elected.

• Chard Snyder will mail you a debit card for Medical FSA

• Delta Dental will mail you an ID card; however, not required as provider submits with SSN electronically.

• VSP does not issue ID cards; provider submits with SSN electronically for VSP providers.
Important Documentation Required

- Spousal/Domestic Partner Affidavit (through online portal and hard copy if spouse employed outside UT)
  - If covering a spouse or domestic partner on the OBA/FrontPath or Paramount plan
- Adult Child Certification (through online portal)
  - 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
- Domestic Partner Registration
  - If registering and/or adding a domestic partner to coverage
Enrollment in Benefits

• Enrollments completed through myUT portal (http://myut.utoledo.edu) within 30 days of date of hire or qualifying event
• Plan Overviews/Premiums available at: hr.utoledo.edu
• Direct questions to: benefits@utoledo.edu
• Email, fax or deliver to HRTD required documentation and/or spousal affidavit no later than 30 days following hire date or qualifying event