

# Benefits & Retirement

New Employee Orientation  
2025



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**TOLEDO**

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# Benefit Basics

Who Can Elect?	Full or part-time faculty or staff in benefit-eligible positions (.5FTE/20 hrs per week or greater)
What Can You Elect?	Medical Dental Vision FSA/DCFSA/Supplemental Life Insurance
When Do You Elect?	<ul style="list-style-type: none"><li>• <u>New Hire – within 30 days of your date of hire</u></li><li>• Qualifying Event</li><li>• Open Enrollment</li></ul>
How Do You Elect?	Visit your myUT Portal > New Hire/Newly Eligible link to get started

**Benefit coverage begins on your hire date, or the date you become eligible.**



# Important Deadlines

- **Within 30 days of your hire date:**

- Health benefit enrollment
- Enrollment documentation (MC/BC) submitted
- Additional Life Insurance election

- **Within 120 days of your hire date:**

- Retirement plan election (if opting out of OPERS)

# Dependent Eligibility

Plan	Legal Spouse	Child(ren)
<b>Medical- Blue Plan</b>	Can be covered as primary. Does not have to take employer-sponsored coverage.	Can be covered until end of calendar year they turn 26.
<b>Medical-Gold Plan</b>	If employer-sponsored coverage is available, must elect that first and can be on UToledo plan as secondary.	
<b>Dental/Vision (either plan)</b>	Can be covered as primary.	
<b>Flexible Spending Account (FSA)</b>	Funds can be used.	Child must be an IRS dependent.
<b>Health Savings Account (HSA)</b>		
<b>Life Insurance</b>	Additional coverage available	Coverage until end of year child turns 24.
<b>Tuition Waiver</b>	Available	Eligible until end of year child turns 24. Must be unmarried, IRS dependent.

Employees, Spouses, and Dependents may only be covered on one UToledo Plan. Double coverage is not permitted.

# Medical Plan– Blue



## Blue

CDHP stands for Consumer Directed Health Plan; a type of health plan that most often pairs with a Health Savings Account (HSA), or some other tax-advantaged account. An HSA is a savings account that lets you use pre-tax dollars to pay for a wide range of qualified health care costs, including dental and vision. Once you have met your annual out-of-pocket maximum, the plan pays the remainder of your annual medical and prescription drug costs. The Blue CDHP also acts as a PPO, allowing members to see specialists and out-of-network doctors without a referral.

	UToledo Health – Tier 1	In Network – Tier 2	Out-Of-Network – Tier 3
Deductible:	\$1,650 Employee \$3,300 Employee +1 \$3,300 Family	\$2,000 Employee \$4,000 Employee +1 \$4,000 Family	\$2,500 Employee \$5,000 Employee +1 \$5,000 Family
Out-of-Pocket Max:	\$2,100 Employee \$4,200 Employee +1 \$4,200 Family	\$3,100 Single \$6,200 Single +1 \$6,200 Family	\$4,100 Employee \$8,200 Employee +1 \$8,200 Family
Co-Insurance:	95% (AD)	85% (AD)	70% (AD)
Office Visit:	95% (AD)	85% (AD)	70% (AD)
Specialist Visit:	95% (AD)	85% (AD)	70% (AD)
Emergency Room – Facility:	95% (AD)	85% (AD)	85% (AD)
Emergency Room – Professional and Ancillary:	95% (AD)	85% (AD)	85% (AD)
Urgent Care:	N/A	85% (AD)	70% (AD)
Preventive Services:	100% (DW)	100% (DW)	70% (DW)
Diagnostic Services:	95% (AD)	85% (AD)	70% (AD)
Accounts:	A Health Savings Account (HSA) with employer contributions is available with this plan to offset out-of-pocket medical expenses. UToledo annually contributes \$500/single, \$750/single+1, and \$1000/family. IRS contribution limits can be found at <a href="https://www.irs.gov">irs.gov</a> .		
Network(s):	Medical Mutual – SuperMed in Ohio and Cigna outside of Ohio		

DW = Deductible Waived, AD = After Deductible



Prescriptions in the Blue plan count toward the deductible and out of pocket maximum.



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# Health Savings Account (HSA)

- Available for **Blue medical plan participants** to offset out-of-pocket medical expenses.
  - Can be used towards deductible
  - **Balance rolls over from year to year**
  - UToledo contributes per pay (see Employer Contribution, below)
  - Employee can contribute pre-tax dollars and may change election at any time



Blue CDHP Plan	HSA Maximum Effective 1/1/2025	Annual Employer Contribution	Annual Amount You May Contribute
Blue CDHP Single	\$4,300	\$500	\$3,800
Blue CDHP Single +1	\$8,550	\$750	\$7,800
Blue CDHP Family	\$8,550	\$1,000	\$7,550

**Every year you must participate in Open Enrollment to receive the UToledo HSA contributions.**

# Medical Plan–Gold



## Gold

A Preferred Provider Organization (PPO) allows you to see specialists and out-of-network doctors without a referral. Copays and coinsurance for in-network doctors are generally lower.

	UToledo Health – Tier 1	In-Network – Tier 2	Out-Of-Network – Tier 3
Deductible:	\$150 Employee \$300 Employee +1 \$300 Family	\$300 Employee \$600 Employee +1 \$600 Family	\$1,000 Employee \$2,000 Employee +1 \$2,000 Family
Out-of-Pocket Max:	\$1,250 Employee \$2,500 Employee +1 \$2,500 Family	\$2,500 Employee \$5,000 Employee +1 \$5,000 Family	\$4,000 Employee \$8,000 Employee +1 \$8,000 Family
Co-Insurance:	95%	85%	70%
Office Visit:	\$15	\$25	70% (AD)
Specialist Visit:	\$30	\$40	70% (AD)
Emergency Room – Facility:	\$200 (waived if admitted)	\$200 (waived if admitted)	\$200 (waived if admitted)
Emergency Room – Professional and Ancillary:	95% (AD)	85% (AD)	85% (AD)
Urgent Care:	N/A	\$50	\$50
Preventive Services:	100% (DW)	100% (DW)	70%
Diagnostic Services:	95% (AD)	85% (AD)	70% (AD)
Accounts:	A Flexible Spending Account (FSA) is available with this plan to offset out-of-pocket expenses. Funds in this account are contributed to by the employee pre-tax, and can be used for qualified medical/prescription, dental and vision expenses for you and your dependents. Unused funds, following IRS guidelines, can carry over to the next calendar year, otherwise they are forfeited. IRS contribution limits can be found at <a href="https://www.irs.gov">irs.gov</a> .		
Network(s):	Medical Mutual – SuperMed in Ohio and Cigna outside of Ohio		

DW = Deductible Waived, AD = After Deductible



Prescriptions in the Gold plan do **NOT** count toward the deductible and out of pocket maximum.



## What is a Flexible Spending Account?

A Flexible Spending Account (FSA) can help you save money for healthcare and/or dependent care items and services for yourself and your family. FSA funds are deducted from your paycheck before taxes, so the money deposited into the account is **tax free** which **saves you money**.

You may save up to 40% on your healthcare or dependent care costs.



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# Dependent Eligibility

**Spousal Affidavit  
Required**

Plan	Legal Spouse	Child(ren)
Medical- Blue Plan	Can be covered as primary. Does not have to take employer-sponsored coverage.	Can be covered until end of calendar year they turn 26.
Medical-Gold Plan	If employer-sponsored coverage is available, must elect that first and can be on UToledo plan as secondary.	
Dental/Vision (either plan)	Can be covered as primary.	
Flexible Spending Account (FSA)	Funds can be used.	Child must be an IRS dependent.
Health Savings Account (HSA)		
Life Insurance	Additional coverage available	Coverage until end of year child turns 24.
Tuition Waiver	Available	Eligible until end of year child turns 24. Must be unmarried, IRS dependent.

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# Flexible Spending Account (FSA)

- **Medical FSA**

- Pre-tax benefit account used to pay for eligible health care expenses:
  - Medical/dental/vision bills
  - Prescriptions



- **Dependent Care FSA**

- Pre-tax benefit account used to pay for eligible dependent care services:
  - Preschool
  - Summer Day Camp
  - Before/After School Programs
  - Child/Adult Daycare



# 2025 PRESCRIPTION BENEFIT

	UToledo Health Pharmacy Locations* 30 day supply	Retail 14 day supply only
Tier 1 (Generic)	\$10.00	\$10.00
Tier 2 (Preferred Brand)	20% (\$60 max)	30% (\$100 max)
Tier 3 (Non-preferred Brand)	30% (\$120 max)	45%
	31-90 day supply	31-90 day supply
Tier 1 (Generic)	\$25.00	N/A
Tier 2 (Preferred Brand)	20% (\$150 max)	N/A
Tier 3 (Non-preferred Brand)	30%	N/A

**Prescriptions for >14-day supply must be filled through UPMC Pharmacy**

## Three UToledo Health Pharmacy Locations

Health Science Campus Pharmacy: 419.383.3750

Main Campus Pharmacy: 419.530.3471

UT Access Pharmacy: 419.383.3370

- Receive a 15% discount if your prescription is written by a UToledo Health provider & filled at a UPMC pharmacy
- If the cost of the drug falls below the copayment amount, you will only pay the cost of the drug at UPMC pharmacies

**\*Blue plan members:** when you fill a prescription, you pay the cost of your prescription until your deductible has been met. Once the deductible is met, you pay the copay detailed above. Once the out-of-pocket maximum has been met, all prescriptions are covered at 100%. The preventative medication feature provides coverage for certain medications without first meeting your deductible. See UT HR benefits page for current preventative medication list.



# Dental Plans



	Blue Plan	Gold Plan
Deductible	\$50/member	
Preventive Services	100%	
Minor Services	80% covered after deductible	
Major Services	50% after deductible	80% after deductible
Ortho Services (up to age 18)	\$1500 per member lifetime max	
May Payment	\$1500 per year	\$3000 per year

# Vision Plans



	Blue Plan	Gold Plan
Exam Frequency	Every 24 months	Every Year
Exam Cost	\$10	
Prescription Glasses	\$15 (\$120 allowance)	Included with Exam (\$175 allowance)
Contacts	\$120 allowance every 24 months	\$120 allowance every year

# 30 Days to Enroll in or Waive Benefits



- STUDENT
- STUDENT RESOURCES
- GRADUATE
- EMPLOYEE
- UT COMMUNITY
- LIBRARY
- UTMC
- STRATEGIC PLAN

## Benefits Information

Document Upload

Benefits Enrollment - New Hire/Newly Eligible

Benefits Enrollment - Qualifying Events

Benefits Forms

Total Rewards Webpage (benefits)

Benefits Summary

Tuition Waiver

Be sure to click on the **Submit to HR** button to complete your benefit elections.

SUBMIT TO HR



# Life Insurance



- **Eligibility**

- Main Campus: Part-time (.5 FTE+) and Full-time(1.0 FTE) employees
- Health Science Campus: Full-time employees (1.0 FTE)
- Amount of coverage is determined by employee class

- Basic Life Insurance and Accidental Death and Dismemberment is offered at no cost through Unum
- Employees have 30 days to elect additional coverage for self without a required medical exam
- Spouse and Child Dependent Coverage Available

# Employee Wellness

Employees have the option to participate in:

- Monthly preventive health screenings
- Quitting Tobacco programs
- Weight Watchers
- Digital Health Coaching
- Physical Activity Tracking

<https://www.utoledo.edu/health/employee/>



# Employee Assistance Program (EAP)



# Tuition Waiver

- **Employees:** Eligibility is based on your employee class/position. If eligible, employees may receive up to 8.0 credit hours per semester for undergraduate and graduate classes.
- **Dependents:** Eligible spouses and dependents can take undergraduate classes at The University of Toledo after 12 months of service. Dependents must be seeking a degree at UToledo and can use the waiver to cover up to a total of 150 credit hours.
- **Application:** Submit for waiver by going to your MyUT webpage and selecting *Tuition Waiver*.



Refer to the current posted Tuition Waiver Policy, policy # 3364-25-35 for details. This is available online on the HR webpage.

# How-To & Useful Links

WHAT	WHY?
<u><a href="#">myUT Portal</a></u>	Enroll in benefits, make updates, changes, etc.
<u><a href="#">Total Rewards</a></u>	All UToledo Total Rewards Information in one place!



# Retirement

Mandatory & Voluntary Plan Information



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# Mandatory Retirement Plan Options

## Ohio Public Employee Retirement System (OPERS) & Law Enforcement Officers (LEO)

- **Full & Part Time Employees Eligible**
- Employee Contribution 10%
- Employer Contribution 14%
- Auto-enrolled unless ARP is selected
- The University's contributions to OPERS are fully vested after **five years**. This means that members will receive unreduced benefits at retirement age.

## Alternative Retirement Plan (ARP)

- **Full Time Employees Only**
- Employee Contribution 10%
- Employer Contribution 11.76%
- Select from a list of vendors and open your account directly through the vendor.
- Vesting is immediate.

Eligible employees electing the ARP **MUST** make the election **within 120 days** of their date of hire. Do this early, the deadline cannot be changed. When considering what plan to choose, please review the requirements to meet retirement and what to expect upon leaving the university.

# ARP Form



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## Alternative Retirement Program Election Form

**Instructions:** You have 120 days from the start date of your full-time employment to submit your completed alternative retirement plan (ARP) election form with signed provider authorization to HR Total Rewards. If you wish to participate in the Alternative Retirement Plan (ARP), YOU MUST first contact and enroll with one of the providers listed below to open your 401(a) account. Please make sure you check the appropriate boxes in section 2 and physically sign the form, electronic signatures cannot be accepted. For more information review our website at <https://www.utoledo.edu/depts/hr/total-rewards/retirement/>, for questions contact HR Total Rewards at 419.530.4747, option 3 or email [benefits@utoledo.edu](mailto:benefits@utoledo.edu).

If this is not received within 120 days, you will remain in OPERS or STRS, as eligible.

### SECTION 1: PERSONAL INFORMATION (as required by state systems)

Employee's Full Name: First		M.I.	Last	Rocket # (required)
Home Mailing Address: Street		City	State	Zip
Social Security Number		Date of Birth		
Daytime Phone Number		Email Address		Date of Hire
Are you currently receiving a retirement benefit from any State of Ohio retirement system?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously had the option to elect the Alternative Retirement Plan in the State of Ohio? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which system?		If yes, date of previous eligibility: _____		
<input type="checkbox"/> HPRS <input type="checkbox"/> OP&F <input type="checkbox"/> OPERS <input type="checkbox"/> SERS <input type="checkbox"/> STRS		at (name of school): _____		

### SECTION 2: ELECTION OF RETIREMENT PROGRAM (choose only one)

☐ I elect to participate in the state retirement system for which I am eligible\*

- STRS
- OPERS

I understand that I may not change my election to participate in the state retirement system after my election period expires and that my election will be irrevocable while I am continuously employed in a position at my current college or university.

\*Eligible employees may be able to participate in a defined contribution plan. Contact your applicable retirement system for more information about these plans and eligibility.

☐ I elect to participate in the ARP.

Select one of the following ARP providers.

- ☐ TIAA
- ☐ VOYA
- ☐ Fidelity
- ☐ AIG/VALIC

I understand that by electing to participate in an ARP I am irrevocably waiving my right to participate in the eligible state retirement system while I am continuously employed in a position at my college or university. I also understand that by electing to participate in an ARP offered by a private plan provider, I will be forever barred from claiming or purchasing service credit or participating in other plans offered by any state retirement system for the period that an election to participate in an ARP is effective.

### SECTION 3: AUTHORIZATION

I hereby certify the election chosen above in Section 2. I understand that I will be able to make an election to participate in another ARP or Ohio public retirement system if I cease to be continuously employed or am subsequently employed full time by another Ohio public institution of higher education in a position for which a retirement election is available.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Office of Human Resources will only accept fully completed hard copies or pdf files of this document. Mail, email or fax the signed original of this form to: Center for Administrative Support, Mail Stop 205, 2801 W. Bancroft Street, Toledo, OH 43606-3390 Email: [benefits@utoledo.edu](mailto:benefits@utoledo.edu) | Fax: 419.530.1492. Any other submission types will not be processed and will be sent back to the employee for correction. You will receive a confirmation email within 5 business days that your enrollment has been completed.

**Retain a copy of this form for your records.**

### FOR OFFICE OF HUMAN RESOURCES USE ONLY

Employee Contributions: _____	Applicable state system: <input type="checkbox"/> OPERS <input type="checkbox"/> STRS
Employer Contributions: _____	Certified by: _____
Date election Form Received by University: _____	Title: _____
Eligibility Date: _____	
STRS ARP CODES: 100, 130, 140 (10)	Employer Code: <input type="checkbox"/> 164708 (HSC-Staff) <input type="checkbox"/> 164808 (MC-Staff) <input type="checkbox"/> 3418 (Faculty)
OPERS ARP CODES: 120, 121, 141 (10)	

Retirement Program Election, Page 1 of 1

OPERS/LEO

STRS

ARP

403B

457B

SOCIAL SECURITY & MEDICARE

RETIRING FROM UT

FAQS

## ARP-ALTERNATIVE RETIREMENT PLANS (401A)

The Alternative Retirement Plan is a defined contribution plan. This option gives you the choice to seek out the option to invest your money into mutual funds with one of our vendors off our Vendor Contact list below. You have 120 days from your hire date to choose this option. This option is only available to full time employees.

[ARP Vendor Comparison Guide](#)

[ARP Vendor Contact List and Plan Codes](#)

[ARP Enrollment Form](#)

[ARP Plan Document](#)

A link to the ARP form can be found on the Retirement Systems webpage in the ARP tab.



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# Voluntary Retirement Plan Options

UToledo 403b	Ohio Deferred Comp 457(b)	TIAA 457(b)
Select from a list of vendors and open your account directly through the vendor.	Set up directly through Ohio Deferred Compensation.	Managed by TIAA
Elect a dollar amount of pre-tax or Roth compensation per pay to defer. Can be changed any time.	Elect a dollar amount of pre-tax or Roth compensation per pay to defer. Can be changed any time.	Elect a dollar amount of pre-tax or Roth compensation per pay to defer. Can be changed any time.
Election made at Retirement@Work website.	Changes made directly through Ohio Deferred Compensation.	Election made at Retirement@Work website.
Eligible to all employees (except students)	Eligible if eligible for OPERS/STRS	Eligible to all employees (except students)

# Benefits Contact Information

Email	Benefits@utoledo.edu
Phone	<b>419.530.4747</b> x3 → Retirement x4 → Benefits
<b>Please provide your Rocket ID# in your message/email</b>	
Physical Location	This building! Center for Administrative Support 2935 E. Rocket Dr.