

# BENEFITS 101

Katy Pannell

BeWell Series 2020



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TOLEDO

# AGENDA

- **Basic Benefits Terminology**
- **UToledo Benefit Plans Overview**
- **Misc Benefit Information & FAQ's**

# Basic Terminology

- Premium
- Deductible
- Copay
- Coinsurance
- Open Enrollment
- Qualifying Event
- Prior Authorization
- Exclusions
- Negotiated Rate/Contract Rate
- Tier 1, Tier 2, Tier 3
- HSA
- FSA

# PREMIUM, DEDUCTIBLE, COPAY, COINSURANCE

- Premium – Amount you pay to have health insurance – pre-tax amount deducted from your paycheck
- Deductible - Amount you pay to medical providers before your insurance starts paying
- Copay – Fixed amount you pay each time you visit a medical provider for office visit
- Coinsurance – Percentage you pay for medical procedures, tests, hospital stays



# OPEN ENROLLMENT, QUALIFYING EVENT

- Open Enrollment – Period of time each year to select benefits for following year - OCTOBER
- Qualifying Event - A major life event that allows you to change benefits - 30 days following life event (marriage, divorce, birth/adoption of child, gain/loss of coverage, position change)

# PRIOR AUTHORIZATION, EXCLUSIONS

- Prior Authorization– Medical services that must be pre-approved before they are performed
- Exclusions – Medical services that are not covered

# NEGOTIATED/CONTRACT RATE

- Negotiated/Contract Rate - Discount amount a provider has agreed to accept for services

# TIER 1, TIER 2, TIER 3

- Tier 1 - UTMC and UTP
- Tier 2 - In-Network/Participating Provider
- Tier 3 – Out-of-Network/Non-Participating



# HSA, FSA

- HSA – Health Saving Account – Pre-tax money for out of pocket medical expenses. Employer and Employee contributions. Carries over year to year.
- FSA – Flexible Spending Account – Pre-tax money for out of pocket medical or dependent care expenses. Employee only contributions. Use it or lose it.

# BENEFIT PLANS OVERVIEW

## 2020 UToledo Medical Plan Comparison



	SILVER			BLUE			BRONZE		
KEY: DW=Deductible Waived AD=After Deductible	A PPO plan is a managed care plan, which means the plan is guided by both insurance and medical professionals. This type of plan allows you to visit both in-network and out-of-network doctors/healthcare providers. You will typically pay a co-pay or co-insurance when visiting your doctor or undergoing a medical procedure, but you benefit from the discounted rates that come with a managed care plan.			A CDHP is a high-deductible health plan in which you have greater control over your medical care, healthcare costs and expenses because you decide where to go to receive your services. Once you have met your annual out-of-pocket maximum, the plan pays the remainder of your annual medical and prescription drug costs.			A PPO plan is a managed care plan, which means the plan is guided by both insurance and medical professionals. This type of plan allows you to visit both in-network and out-of-network doctors/healthcare providers. You will typically pay a co-pay or co-insurance when visiting your healthcare provider or undergoing a medical procedure, but you benefit from the discounted rates that come with a managed care plan.		
	Tier 1	Tier 2	Out-of-Network	Tier 1	Tier 2	Out-of-Network	Tier 1	Tier 2	Out-of-Network
Deductible:	No Deductible	\$100 Single	\$500 Single	\$1,400 Single	\$1,400 Single	\$1,400 Single	No Deductible	\$100 Single	\$300 Single
		\$150 Single +1	\$750 Single +1	\$2,800 Single +1	\$2,800 Single +1	\$2,800 Single +1		\$200 Single +1	\$600 Single +1
		\$200 Family	\$1,000 Family	\$2,800 Family	\$2,800 Family	\$2,800 Family		\$300 Family	\$900 Family
Out-of-Pocket Max:	\$1,000 Single	\$2,000 Single	\$4,000 Single	\$2,200 Single	\$2,200 Single	\$2,200 Single	\$1,100 Single	\$1,100 Single	\$4,300 Single
	\$1,500 Single +1	\$3,000 Single +1	\$6,000 Single +1	\$4,400 Single +1	\$4,400 Single +1	\$4,400 Single +1	\$2,200 Single +1	\$2,200 Single +1	\$6,600 Single +1
	\$2,000 Family	\$4,000 Family	\$8,000 Family	\$4,400 Family	\$4,400 Family	\$4,400 Family	\$3,300 Family	\$3,300 Family	\$8,900 Family
Co-Insurance:	100%	90%	70%	100% (AD)	90% (AD)	70% (AD)	100%	90%	70%
Office Visit:	\$10	\$20	70% (AD)	100% (AD)	90% (AD)	70% (AD)	\$10	\$15	70% (AD)
Specialist Visit:	\$25	\$35	70% (AD)	100% (AD)	90% (AD)	70% (AD)	\$25	\$30	70% (AD)
Emergency Room - Facility:	\$75 (waived if admitted)	\$75 (waived if admitted)	\$75 (waived if admitted)	100% (AD)	90% (AD)	90% (AD)	\$75 (waived if admitted)	\$75 (waived if admitted) Remainder 90%	\$75 (waived if admitted) Remainder 90%
Emergency Room - Professional and Ancillary:	100%	90% (AD)	90% (AD)	100% (AD)	90% (AD)	90% (AD)	100%	90% (AD)	90% (AD)
Urgent Care:	N/A	\$50	\$50	100% (AD)	90% (AD)	70% (AD)	N/A	\$35	\$35
Preventive Services:	100% (DW)	100% (DW)	70%	100% (DW)	100% (DW)	70% (DW)	100% (DW)	100% (DW)	No Coverage
Diagnostic Services:	100%	90% (AD)	70% (AD)	100% (AD)	90% (AD)	70% (AD)	100%	90% (AD)	70% (AD)
Accounts:	A Flexible Spending Account (FSA) is available with this plan to offset out-of-pocket expenses. All expenses incurred in 2020 must be submitted by March 31, 2021 for reimbursement. Whatever is not used is forfeited. The IRS FSA contribution limit for 2020 is \$2,700.			A Health Savings Account (HSA) with employer contributions is available with this plan to offset out-of-pocket medical expenses. UToledo contributes \$500/single, \$750/single +1 and \$1,000/family. UToledo also provides an opportunity for you to earn an additional \$300/single, \$450/single +1 and \$600/family through its wellness initiatives. The IRS HSA contribution limits for 2020 are \$3,550/single and \$7,100/family (for age 50+, an additional \$1,000 may be contributed).			A Flexible Spending Account (FSA) is available with this plan to offset out-of-pocket expenses. All expenses incurred in 2020 must be submitted by March 31, 2021 for reimbursement. Whatever is not used is forfeited. The IRS FSA contribution limit for 2020 is \$2,700.		
Network(s):	Paramount Employer Select (ProMedica) in Ohio, and First Health outside of northwest Ohio.			Paramount Employer Select (ProMedica) in Ohio, and First Health outside of northwest Ohio.			FrontPath Network(most Mercy and ProMedica facilities) in Ohio, and First Health Network outside of northwest Ohio.		



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# SILVER PLAN

KEY: DW=Deductible  
Waived AD=After  
Deductible

## SILVER

A PPO plan is a managed care plan, which means the plan is guided by both insurance and medical professionals. This type of plan allows you to visit both in-network and out-of-network doctors/healthcare providers. You will typically pay a co-pay or co-insurance when visiting your doctor or undergoing a medical procedure, but you benefit from the discounted rates that come with a managed care plan.

	Tier 1	Tier 2	Out-of-Network
Deductible:	No Deductible	\$100 Single \$150 Single +1 \$200 Family	\$500 Single \$750 Single +1 \$1,000 Family
Out-of-Pocket Max:	\$1,000 Single \$1,500 Single +1 \$2,000 Family	\$2,000 Single \$3,000 Single +1 \$4,000 Family	\$4,000 Single \$6,000 Single + 1 \$8,000 Family
Co-Insurance:	100%	90%	70%
Office Visit:	\$10	\$20	70% (AD)
Specialist Visit:	\$25	\$35	70% (AD)
Emergency Room - Facility:	\$75 (waived if admitted)	\$75 (waived if admitted)	\$75 (waived if admitted)
Emergency Room - Professional and Ancillary:	100%	90% (AD)	90% (AD)
Urgent Care:	N/A	\$50	\$50
Preventive Services:	100% (DW)	100% (DW)	70%
Diagnostic Services:	100%	90% (AD)	70% (AD)

Accounts:

A Flexible Spending Account (FSA) is available with this plan to offset out-of-pocket expenses. All expenses incurred in 2020 must be submitted by March 31, 2021 for reimbursement. Whatever is not used is forfeited. The IRS FSA contribution limit for 2020 is \$2,700.

Network(s):

Paramount Employer Select (ProMedica) in Ohio, and First Health outside of northwest Ohio.



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# BRONZE PLAN

## BRONZE

KEY: DW=Deductible  
Waived AD=After  
Deductible

A PPO plan is a managed care plan, which means the plan is guided by both insurance and medical professionals. This type of plan allows you to visit both in-network and out-of-network doctors/healthcare providers. You will typically pay a co-pay or co-insurance when visiting your healthcare provider or undergoing a medical procedure, but you benefit from the discounted rates that come with a managed care plan.

	Tier 1	Tier 2	Out-of-Network
Deductible:	No Deductible	\$100 Single	\$300 Single
		\$200 Single +1	\$600 Single +1
		\$300 Family	\$900 Family
Out-of-Pocket Max:	\$1,100 Single	\$1,100 Single	\$4,300 Single
	\$2,200 Single +1	\$2,200 Single +1	\$6,600 Single +1
	\$3,300 Family	\$3,300 Family	\$8,900 Family
Co-Insurance:	100%	90%	70%
Office Visit:	\$10	\$15	70% (AD)
Specialist Visit:	\$25	\$30	70% (AD)
Emergency Room - Facility:	\$75 (waived if admitted)	\$75 (waived if admitted) Remainder 90%	\$75 (waived if admitted) Remainder 90%
Emergency Room - Professional and Ancillary:	100%	90% (AD)	90% (AD)
Urgent Care:	N/A	\$35	\$35
Preventive Services:	100% (DW)	100% (DW)	No Coverage
Diagnostic Services:	100%	90% (AD)	70% (AD)
Accounts:	A Flexible Spending Account (FSA) is available with this plan to offset out-of-pocket expenses. All expenses incurred in 2020 must be submitted by March 31, 2021 for reimbursement. Whatever is not used is forfeited. The IRS FSA contribution limit for 2020 is \$2,700.		
Network(s):	FrontPath Network (most Mercy and ProMedica facilities) in Ohio, and First Health Network outside of northwest Ohio.		



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# BLUE PLAN

## BLUE

KEY: DW=Deductible  
Waived AD=After  
Deductible

A CDHP is a high-deductible health plan in which you have greater control over your medical care, healthcare costs and expenses because you decide where to go to receive your services. Once you have met your annual out-of-pocket maximum, the plan pays the remainder of your annual medical and prescription drug costs.

	Tier 1	Tier 2	Out-of-Network
Deductible:	\$1,400 Single	\$1,400 Single	\$1,400 Single
	\$2,800 Single +1	\$2,800 Single +1	\$2,800 Single +1
	\$2,800 Family	\$2,800 Family	\$2,800 Family
Out-of-Pocket Max:	\$2,200 Single	\$2,200 Single	\$2,200 Single
	\$4,400 Single +1	\$4,400 Single +1	\$4,400 Single +1
	\$4,400 Family	\$4,400 Family	\$4,400 Family
Co-Insurance:	100% (AD)	90% (AD)	70% (AD)
Office Visit:	100% (AD)	90% (AD)	70% (AD)
Specialist Visit:	100% (AD)	90% (AD)	70% (AD)
Emergency Room - Facility:	100% (AD)	90% (AD)	90% (AD)
Emergency Room - Professional and Ancillary:	100% (AD)	90% (AD)	90% (AD)
Urgent Care:	100% (AD)	90% (AD)	70% (AD)
Preventive Services:	100% (DW)	100% (DW)	70% (DW)
Diagnostic Services:	100% (AD)	90% (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 contributes \$500/single, \$750/single +1 and \$1,000/family. UToledo also provides an opportunity for you to earn an additional \$300/single, \$450/single +1 and \$600/family through its wellness initiatives. The IRS HSA contribution limits for 2020 are \$3,550/single and \$7,100/family (for age 50+, an additional \$1,000 may be contributed).		
Network(s):	Paramount Employer Select (ProMedica) in Ohio, and First Health outside of northwest Ohio.		



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# OTHER BENEFITS

- **PRESCRIPTION DRUG COVERAGE**
- **DENTAL**
- **VISION**
- **EAP**
- **HEALTH SAVINGS ACCOUNT**
- **FLEXIBLE SPENDING ACCOUNT**
- **LIFE INSURANCE**
- **LONG TERM DISABILITY**
- **TUITION WAIVER**
- **RETIREMENT PLANS**



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# MISC BENEFIT INFORMATION

- [WWW.UTOLEDO.EDU/DEPTS/HR/BENEFITS](http://WWW.UTOLEDO.EDU/DEPTS/HR/BENEFITS)  
OR GOT TO UTOLEDO.EDU AND SEARCH  
EMPLOYEE BENEFITS
- ID CARDS
  - MEDICAL – PRESENT AT EVERY VISIT
  - PRESCRIPTION – PRESENT AT EVERY PICK UP  
(NOT NEEDED AT UTOLEDO PHARMACIES)
  - VISION – NO ID CARD
  - DENTAL – MAY RECEIVE CARD BUT NOT NEEDED
  - HSA – MASTERCARD
  - FSA – NO CARD



# MISC BENEFIT INFORMATION & FAQ's

- Where can I locate my current benefits?

MyUT Portal - Employee Self-Service Dashboard

Current selections and deductions

- What is a qualifying event?

Allows you to change benefits outside of open enrollment due to a life event – birth/adoption of child, marriage, divorce, job change, etc.

Submit online at your MyUT Portal

- How long can my child dependent remain on my insurance?

Medical/Rx – end of calendar year of age 26

Vision/Dental – 19 (24 if FT student, unmarried, IRS dependent)



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