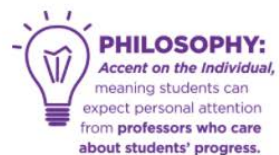


ASHLAND UNIVERSITY BENEFITS OVERVIEW 2023



2023 BENEFITS OVERVIEW

OPEN ENROLLMENT WITH BE HELD NOVEMBER 4-18, 2022

We understand the important role that benefits play in the lives of you and your family. Ashland University is committed to offering benefits to promote health and financial security as part of your Benefits package. This includes benefits provided by the University, at no cost to you, as well as voluntary options at competitive group rates.

You have the flexibility to change your insurance elections to best fit your individual or family needs each November during Open Enrollment. This benefit overview will help familiarize you with Ashland University's benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire benefit overview for important information about your benefit options.

WHAT'S CHANGING IN 2023?

Benefits All In

- Improve your access to affordable healthcare
- Helps provide other insurance options available bases on your unique situations
- All employees must schedule time with a BAI Benefits Education Specialist to ensure you have coverage for 2023

Medical

- Coverage will remain with Medical Mutual of Ohio
- Medical Mutual of Ohio has partnered with Cigna for the out-of-state network
- No change to member contributions
- Prescription Drug Coverage will be moving to US-Rx

Dental

- Coverage will remain with Delta Dental network
- No change to member contributions

Vision

- Coverage will remain with Principal Insurance, with the VSP network
- No change to member contributions

Life and disability

- Coverage will be moving to Voya
- Life benefit reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75



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ENROLLMENT GUIDELINES

Welcome to the 2023 Benefits Overview for Ashland University. This booklet provides a quick overview of the benefits program and helps to remove confusion that sometimes surrounds employee benefits. The benefits program was structured to provide comprehensive coverage for you and your family. Benefit programs provide a financial safety net in the event of unexpected and potentially catastrophic events.

ELIGIBILITY

You are eligible to enroll in the benefits program if you are a full-time regular employee. Benefits for newly hired employees will take effect on the date of hire.

In accordance with the Patient Protection and Affordable Care Act (PPACA), your natural or adopted dependent children may be covered under your medical plan until the end of the year in which they attain age 26. This only applies to medical. Dental coverage continues through the end of the year in which they attain age 19 or age 25 if a full-time student. Vision coverage continues until the day the dependent reaches age 26. Voluntary life insurance continues through the end of the year in which the dependent reaches age 26.

OPEN ENROLLMENT

Open enrollment for health, dental, vision, flexible spending and health savings accounts is once a year and benefit elections will take effect January 1, 2023. Participants may add or drop coverage or make changes to their coverage at this time. Late entrants (employees or dependents who apply for coverage more than 31 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make will stay in effect the entire plan year, unless a qualifying life event occurs:

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Loss of Coverage

When you have a qualifying life event, you have **31** days to complete and return a new enrollment/change form for health, dental, and/or vision coverage. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

Enrolling In Your Benefits

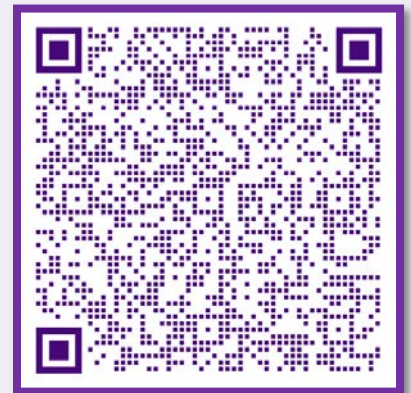
How To Schedule

Employees can scan the QR code with the camera on their phone & tap the notification when it pops up OR follow this link: <https://txt.so/zflSoz>

1. Enter their information
 2. Choose their appointment
 3. Confirm the time and date
- At the time of their appointment, employees will receive a direct call to the number they provided during scheduling from 1-800-278-5811
 - If an employee needs additional support scheduling, they can reach out directly to BAI's Support Team:

Email: AUSupport@benefitsallin.com

Dedicated Ashland University Live Support Line: 1-800-518-1228



BENEFIT CONTACTS

Benefits All In

- 800-518-1228
- AUSupport@benefitsallin.com



Medical Mutual of Ohio – Group # 351583

- 800-332-0741
- <https://www.myhealthplan.com>



US-Rx – Pharmacy Benefit Manager

- 877-200-5533
- www.usrxcare.com



ScriptSourcing

- 410-902-8811
- <https://scriptsourcing.com/>



Delta Dental – Group # 0014-0001, 0002, 0003, 0099

- 800-524-0149
- <https://www.deltadentaloh.com>



Principal/VSP Vision – Group # 30010808

- 800-877-7195
- <https://www.vsp.com/>



Voya –Group

- 855-663-8692
- <https://www.voya.com/>



Trustmark – Voluntary Long-Term Care

- 800-918-8877
- <https://www.trustmarkbenefits.com>



HealthEquity – FSA

- FSA 866-735-8195
- <https://healthequity.com/>



TIAA/HealthEquity – HSA

- HSA 844-354-0116
- <https://myhealthequity.com/>



McGohan Brabender Advocacy Team

- Available Monday-Friday 8am-5pm
 - 937-260-4300 or 877-635-5372
 - Email: mbadvocates@mcgohanbrabender.com



MEDICAL & Rx BENEFITS



Purple PPO Plan	In-Network	Out-of-Network
Deductible	\$750/single \$1,500/family	\$1,500/single \$3,000/family
Co-Insurance Limit	\$1,250/single \$2,500/family	\$2,500/single \$5,000/family
Out-of-Pocket Max (Includes deductible and copays)	\$8,150/single \$16,300/family	N/A
Preventive Care	Covered in Full	40%, After Deductible
Office Visit/Telemedicine Visits	\$30 copay	40%, After Deductible
Specialist Office Visit/Telemedicine Visits	\$60 copay	40%, After Deductible
Diagnostic Lab/X-ray	20%, After Deductible	40%, After Deductible
Imaging (CT/PET scans: MRI's)	20%, After Deductible	40%, After Deductible
Inpatient Hospital	20%, After Deductible	40%, After Deductible
Outpatient Hospital	20%, After Deductible	40%, After Deductible
Urgent Care	\$50 copay	40%, After Deductible
Emergency Room	True Emergency: 20% after Deductible Non-Emergency: \$150 copay, 20% after Deductible	
Emergency Transport/Ambulance	20%, After Deductible	40%, After Deductible
Prescription Benefits	In-Network	Out-of-Network
Retail – 30 Day Supply		
Generic	\$10 Copay	Not Covered
Preferred	\$30 Copay	
Non-Preferred	\$60 Copay	
Mail Order – 90-Day Supply		
Generic	\$25 Copay	Not Covered
Preferred	\$75 Copay	
Non-Preferred	\$125 Copay	

- 90-day supply for long-term medications are available if your physician write the prescription as a 90-day supply.

MEDICAL & Rx BENEFITS



Gold HDHP Plan	In-Network	Out-of-Network
Deductible	\$2,500/single \$5,000/family	\$5,000/single \$10,000/family
Co-Insurance Limit	\$2,500/single \$5,000/family	\$5,000/single \$10,000/family
Out-of-Pocket Max (Includes deductible and coinsurance)	\$6,900/single \$13,800/family	N/A
Preventive Care	Covered in Full	20%, After Deductible
Office Visit (PCP)/Telemedicine Visits	10%, After Deductible	20%, After Deductible
Specialist Office Visit/Telemedicine Visits	10%, After Deductible	20%, After Deductible
Diagnostic Lab/X-ray	10%, After Deductible	20%, After Deductible
Imaging (CT/PET scans: MRI's)	10%, After Deductible	20%, After Deductible
Inpatient Hospital	10%, After Deductible	20%, After Deductible
Outpatient Hospital	10%, After Deductible	20%, After Deductible
Urgent Care	10%, After Deductible	20%, After Deductible
Emergency Room	True Emergency: 10%, After Deductible Non-Emergency: \$150 co-pay, 20%, After Deductible	
Emergency Transport/Ambulance	10%, After Deductible	20%, After Deductible
Prescription Benefits	In-Network	Out-of-Network
Retail – 30 Day Supply Generic Preferred Non-Preferred	10%, After Deductible 10%, After Deductible 10%, After Deductible	Not Covered
Mail Order – 90 Day Supply Generic Preferred Non-Preferred	10%, After Deductible 10%, After Deductible 10%, After Deductible	Not Covered

- 90-day supply for long-term medications are available if your physician write the prescription as a 90-day supply.

MEDICAL & Rx BENEFITS

PRESCRIPTION DRUGS



While you can fill your prescriptions at over 65,000 in-network pharmacies throughout the United States, prices do vary from one pharmacy to another.

Large chain pharmacies such as Walgreens, Rite Aid, Walmart and CVS are among the highest cost pharmacies in the country while there are far more low-cost pharmacies available to you. Low-cost does not mean low quality but it simply means that these pharmacies have worked diligently with the pharmacy benefit managing vendors nationally to be able to offer their prescription drugs at the lowest available cost to their consumers.

What does that mean?

This means that if you are currently filling a high-cost prescription drug at a retail pharmacy you may have the option to fill this at another pharmacy for a much lower cost.

Everyone loves a good deal on their purchases, so why overspend on your prescription drugs if there is a lower cost option available in your local community?

- **For example, Walmart 10min from your home is selling a new tv for \$500 but Target 12min from your home is selling the exact same tv for \$450. What's an extra 2mins of drive time when you can save \$50 and still get the exact same product?**

If you simply want to look up an alternate pharmacy, please visit US-Rx Care's member portal

<https://usrxcare.com/member>

- Enter your zip code
- Select Lowest Cost Pharmacies and then select Go
- You will then be provided with the Lowest Cost Pharmacies in your area, color coded.
 - Green pharmacies lower cost
 - Red pharmacies higher cost

Please note, you will not be able to register your personal member portal account until you have your ID card.

How do I use Mail Order for a 90-day supply?

US-Rx Care's Mail Order Prescriptions for Non-Specialty Medications are delivered through Prescription Mart, your contracted Mail Order Pharmacy.

You must register prior to obtaining your medications. There are two ways to register:

1) Online: For fastest registration simply register on-line at www.presmartinc.com

2) By mail: To ensure the pharmacy has all needed information prior to dispensing medication for you, please complete the attached form and mail along with your prescriptions to:

Prescription Mart will contact you by phone before mailing your medication. Also, they will verify that the correct medication is being dispensed, confirm your credit card information for billing purposes, and verify your shipping instructions.

If you have general questions about your pharmacy benefit, please contact US-Rx Care Member Services at (877) 200-5533.

PRESCRIPTION DRUG BENEFIT ASSISTANCE GUIDE

HELPFUL TIPS AND STEPS TO TAKE WHEN SOMETHING IS

Scenario 1: Medication Not Covered

Steps To Take

1. Check the list of plan covered drugs (formulary) to confirm the drug is in fact not covered. It may be covered, but simply requires prior authorization. The formulary is available from the following sources:
 - Member portal at www.usrxcare.com/member
 - A PDF version from HR
 - US-Rx Care Member Services help line at 1-877-200-5533
2. If the drug is not covered, share the list of plan covered drugs (formulary) with your doctor and ask your doctor to select an alternative on the formulary and send a new prescription to the pharmacy.



Scenario 2: Drug Requires Prior Authorization

Steps To Take

1. You can proactively look up any drug in the on-line member portal at www.usrxcare.com/member to see if prior authorization is required.
2. While your pharmacist will typically inform prescribers when a prescription requires prior authorization, you can assist as well.
 - Call your doctor's office to make sure they contact US-Rx Care to initiate the prior authorization process.
 - A prior authorization form is available at www.usrxcare.com/providers for doctors to complete and send to US-Rx Care.
3. If you or your doctor disagrees with the outcome of a prior authorization review, an appeal can be filed. The appeal process can be found in the plan benefits document or you can contact US-Rx Care at 800-340-6746 for appeal instructions as well.



Scenario 3: Pharmacy Wants to Charge You More than a Co-pay for a Covered Medication

Steps To Take

1. Access the member portal at www.usrxcare.com/member to determine whether or not your deductible has been met or if the drug is simply not a covered item under the plan. You can also contact Member Services at 1-877-200-5533 for coverage confirmation.
2. In addition, the medication may be targeted for coverage under one or more low cost/no-cost access programs, such as manufacturer copay assistance or ScriptSourcing. You may have been contacted by a US-Rx Care representative already to get you enrolled. You can reach a US-Rx Care representative at 800-340-6746 to confirm if the medication is targeted for one of these programs. They will assist in getting you in touch with an enrollment specialist.



DID YOU KNOW?

There is a no cost option built into your 2023 prescription drug benefit.

This option is made available through a program called ScriptSourcing. In fact, medications that require prior authorization through US-Rx Care (the plan's pharmacy benefit administrator) and determined to be medically necessary are referred to ScriptSourcing. You will be contacted by a ScriptSourcing representative to see if you qualify to get your medications for FREE. No copays and no deductibles apply for medications obtained through the ScriptSourcing program.

If approved for a manufacturer direct program, your medication will be shipped from a manufacturer-designated pharmacy for FREE. For drugs not accessible through this option ScriptSourcing may be able to arrange for home delivery of your medication shipped directly from an International Pharmacy in countries such as Canada, England, New Zealand or Australia –again at no cost to you.



script**sourcing**

PRESCRIPTION DRUG: SCRIPTSOURCING

If you are taking a routine brand drug (typically high-cost or specialty) you may be eligible to get it for **free or at a significantly lower cost** through US-Rx Car's partner vendor, **ScriptSourcing**.

ScriptSourcing has several different cost savings programs accessible to them. If your brand drug qualifies for one of these programs, ScriptSourcing will reach out to you directly to discuss your options.



0\$
COPAYS

INTRODUCING SCRIPTSOURCING'S \$0 COPAY PROGRAM

NAME BRAND & MAINTENANCE
MEDICATIONS



SEARCH FOR YOUR
MEDICATIONS
| WITH OUR SIMPLE
ONLINE TOOL



IT'S NEVER BEEN EASIER
TO ENROLL!

- 1 Visit our website at <https://scriptsourcing.com/med-finder> or scan QR code.
- 2 Search and identify medications eligible for our services.
- 3 Click "Schedule Now" to schedule a call with a member advocate

OR Call 410-902-8811 and ask for a member advocate.



Florida Office:
3301 Bonita Beach Rd, Suite 106
Bonita Springs, FL 34134

www.scriptsourcing.com

Maryland Office:
6080 Falls Rd, Suite 201
Baltimore, MD 21209

PRE-TAX SAVINGS ACCOUNTS

Ashland University offers several spending accounts that enable you to set aside pre-tax funds to be used on qualified medical expenses.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a federally regulated, individually owned, bank account used to save and pay for qualified medical expenses that will occur throughout your life in which your medical plan does not cover. If you choose to contribute to the HSA bank account, it will be funded with pre-tax dollars that you have elected to have payroll deducted from your earnings.

Who is eligible?

Anyone Covered by a Qualified High Deductible Health Plan (HDHP), is NOT covered under another medical plan, is NOT enrolled in any Medicare or Medicaid plans and is Not eligible to be claimed as a dependent on another person's tax return.

Health Care Flexible Spending Accounts (FSAs)

The Health Care FSA allows you to set aside pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses, including deductibles, copays, eyeglasses and orthodontia work that is not covered by insurance.

Once you are benefit eligible you decide how much to deposit into your account and then your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. If you don't use all the money in your FSA account by the end of the plan year then you will lose the balance, except for \$550, in which you can carry over to the following plan year

Dependent Care FSA

The Dependent Care account allows you to set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet the following criteria in order to set up this account: You and your spouse both work, You are the single head of household and/or your spouse is disabled or a full-time student.





COMPARISON OF PRE-TAX ACCOUNTS

	HSA	FSA
Who is eligible?	Must be enrolled in a HDHP plan, not enrolled in any other coverage including Medicare or Medicaid	Anyone who does not have an HSA and not enrolled in a HDHP
IRS contribution limits	Employee: \$3,850; Family: \$7,750 Those 55 and older can contribute an additional \$1,000 annually	Health Care FSA's: \$3,050; Dependent Care FSA: \$5,000
Who owns the account?	Employee	Employer
Who funds the account?	Employer & Employee	Employee
Fund Availability	Funds are deposited per pay and just like your bank account, you can only access funds that have been deposited into the HSA account	You have full access to the entire election amount January 1 st because your employer funds it in advance and you are payroll deducted to reimburse them for the elected amount.
Will my funds roll over each year?	You are the owner of this account, therefor your funds remain in this account if you keep a positive balance and keep it open.	Up to \$610 for Health Care FSA's; no rollover for Dependent Care FSA
Will I earn interest on my funds?	Yes	No
Are the funds tax-free?	Yes	Yes
Will I get a debit card?	Yes	Yes
Do I keep the money if I leave the company?	Yes	No
Can I also have a Flexible Spending Account (FSA)?	Dependent Care FSA's only	Not Applicable

HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the HDHP option that Ashland University offers. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents.



			
START IT	BUILD IT	USE IT	GROW IT
<ul style="list-style-type: none">Contributions to the HSA are tax-free for you whether they come from you or Ashland University.An HSA account with TIAA/HealthEquity will be opened for you upon enrollment in the HDHP plan.	<ul style="list-style-type: none">All the money in your HSA is yours (including any contributions deposited by Ashland University) even if you leave your job, change plans or retire.In 2023, the total contributions (yours and Ashland University's combined) can be up to \$3,850 for individual coverage and \$7,750 for family coverage. If age 55 or older, you can contribute an additional \$1,000.	<ul style="list-style-type: none">You can withdraw your money tax-free at any time, as long as you use it for qualified medical, dental and vision expenses (https://hsastore.com/HSA-Eligibility-List.aspx)You can also save this money and hold onto it for future eligible health care expenses.	<ul style="list-style-type: none">Unused money in your HSA will roll over, earn interest and grow tax-free over time.You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it, tax-free.

IRS Eligibility Details

- You are required to be enrolled in a high deductible health plan in order to have an HSA. You cannot have an HSA if you are enrolled in any other health coverage or Medicare.
- You cannot have an HSA if you can be claimed as a dependent on someone else's tax return.
- You cannot participate in the Medical FSA if you have an HSA. Your spouse also cannot have a Medical FSA. You can, however, participate in the Limited Purpose and/or Dependent Care FSA.
- For a comprehensive list of qualified medical expenses please visit <https://hsastore.com/HSA-Eligibility-List.aspx>

Coverage Level	2023 Maximum Contribution
Individual	\$3,850
Two Party	\$7,750
Family	\$7,750
Individuals aged 55 or older may be eligible to make a catch-up contribution of \$1,000	
Ashland University contributes \$1,000 for Individual and \$2,000 for families. You will receive half of AU's contribution in January and the other half in June. The amount is prorated for employees who start after January 1, 2023.	

FLEXIBLE SPENDING ACCOUNTS (FSA)



A Flexible Spending Account (FSA) helps you pay for health care or dependent care using pre-tax dollars.

Your contribution is deducted from your paycheck on a pre-tax basis and is deposited into the FSA. When you incur qualified health care expenses, you can access the funds in your account to pay for these expenses.

This chart shows the eligible expenses for each FSA and how much you can contribute for the year. Each of these options reduces your taxable income.

Important information about FSAs

Your FSA elections are effective from January 1 through December 31. Claims for reimbursement must be submitted by March 31 of the following year. Our Medical FSA allows you to **carryover \$610 in 2023 unused funds to the following plan year.**

Please plan your contributions carefully. **Any balances that are higher than the carryover amount will be forfeited.** This is known as the “use it or lose it” rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year. For a complete list of qualified expenses, if purchased within the plan year, please visit <https://fsafeds.com/explore/hc-fsa/expenses>.

Account Type	Eligible Expenses	Annual Contribution Limits
Medical FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copays, coinsurance, deductibles, eyeglasses and prescriptions)	Maximum contribution is \$3,050 per year. You cannot enroll if you are enrolled in a HDHP plan. Funds are deducted throughout the year, but all funds are available on January 1.
Dependent Care FSA	Dependent* care expenses (such as daycare, after school programs or eldercare programs) so you and your spouse can work or attend school full-time *Qualified dependents must meet one of the following criteria: <ul style="list-style-type: none">• Children under the age of 13;• A spouse who is physically or mentally unable to care for him/herself; or• Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself.	Maximum contribution is \$5,000

Ineligible Expenses: Cosmetic surgery & procedures, Dental bleaching and Insurance premiums

VOLUNTARY DENTAL AND VISION

DENTAL AND VISION BENEFITS - VOLUNTARY



Delta Dental PPO and Premier Networks; additional fees apply if using a Premier dentist	In-Network	Out-of-Network
Deductible (Basic and Major Services Only)	\$50 Individual \$150 Family	
Calendar Year Maximum	\$1,000	
Preventive Services Bitewing X-Rays, Cleaning, Oral Exam, Sealants (Per Tooth)	100% of usual and customary fees	100% of usual and customary fees, may be balance billed
Basic Services Fillings (One Surface), Simple Extractions	80% of usual and customary fees	80% of usual and customary fees, may be balance billed
Major Services General Anesthesia, Oral Surgery, Endodontics, Periodontics, Single Crowns *Coverage for these services require enrollment in the plan during the previous 12 months.	50% of usual and customary fees	50% of usual and customary fees, may be balance billed
Orthodontic Services Braces *Coverage requires enrollment in the plan during the previous 12 months.	50%, \$1,000 lifetime limit per eligible dependent child	

Principal (VSP Vision Network)	In-Network	Out-of-Network
Frequency of Services	Exam: 12 Months Lenses: 12 Months Frames: 24 Months Contacts: 12 Months	
Exam Copay	\$10	
Material Copay	\$25	
Elective Contact Lens Exam	Up to \$60 copay for standard & premium elective contact lens exam	
Exam	Covered in Full After Copay	Up to \$45 Allowance
Frames	Up to \$130 Allowance; 20% off amount over allowance	Up to \$70 Allowance
Single Vision Lenses	Covered in Full After Copay	Up to \$30 Allowance
Bifocal Lenses	Covered in Full After Copay	Up to \$50 Allowance
Trifocal Lenses	Covered in Full After Copay	Up to \$65 Allowance
Elective Contacts In Lieu of Glasses	Up to \$130 Allowance	Up to \$105 Allowance
Medically Necessary Contacts	\$25 copay Covered in Full for member who have specific conditions	Up to \$210 Allowance
Discounts	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

LIFE AND DISABILITY

LIFE AND DISABILITY INSURANCE



Employee Life/AD&D Insurance	
All Full-Time Benefit Eligible Employees	2x the annual salary up to a maximum \$600,000
Age Reductions	Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75. Coverage terminates at employee retirement.
Cost	Cost based on salary. AU Pays 58% of the premium.
Short Term Disability	
This benefit helps replace your lost income should you incur an injury or illness that causes you to become disabled and prevents you from working.	
All Full-Time Benefit Eligible Employees	67% of your weekly income up to \$1,300
Benefit Begins for In-Patient Treatment	1 st Day
Benefit Begins for Out-Patient Treatment	31 st Day
Benefit Duration	Up to 26 Weeks
Cost	Cost based on salary. AU pays 58% of the premium.
Long Term Disability	
This benefit provides income protection if your income is ever interrupted due to a disability preventing from returning to work. If your disability exceeds past the 26 weeks that your Short-Term Disability provides, then you will automatically be eligible to start receiving monthly Long-Term Disability benefits.	
Eligible Executives	60% of your monthly income up to \$12,000
All other Eligible Employees	60% of your monthly income up to \$5,000
Benefit Begins	180 th Day
Benefit Duration	Up to Social Security Retirement Age
Cost	\$2.79 per pay (24 pays) and \$2.58 per pay (26 pays)

MATERNITY/PATERNITY LEAVE

Female employees will typically be eligible for six (6) to eight (8) weeks paid sick time depending on type of delivery and medical necessity to be determined by a physician. Paid time for this policy will be deducted from available sick time. Employees who adopt a child may be granted up to ten (10) days paid sick time per fiscal year. Male employees may use up to ten (10) days paid sick time per fiscal year for the birth of a child.

A Nursing Mother's Room is available on the 2nd floor of the Student Center beside the Commuter Lounge. The key is located in the Safety Services (1st Floor of the Student Center). Those with their own space may contact Recreation and Wellness about the availability of borrowing a mini-fridge.

LIFE AND DISABILITY INSURANCE



Voluntary Life Insurance			
Employee Benefit		Increments of \$10,000 up to the lesser of 5 times the annual earnings or \$500,000	
Spouse Benefit Not to Exceed 100% of Employee’s Benefit		Increments of \$5,000 up to \$250,000	
Child Benefit Amount		\$5,000 or \$10,000	
Guarantee Issue Amount Any Amount Elected Over GI Require an Evidence of Insurability Form be Completed		Employee: \$150,000 Spouse: \$50,000 Child: Full Benefit	
Age Reductions		Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75. Coverage terminates at employee retirement, or when the spouse is no longer eligible.	
Employee & Spouse Rates Per \$1,000 of Coverage			
Age	Rate	Age	Rate
0-29	\$0.046	60-64	\$0.769
30-34	\$0.052	65-69	\$1.220
35-39	\$0.069	70-74	\$1.961
40-44	\$0.119	75	\$3.460
45-49	\$0.171		.
50-54	\$0.286		
55-59	\$0.494		
Child Monthly Cost		\$5,000 = \$0.65 or \$10,000 = \$1.30	

- Employees have the opportunity to enroll in supplemental insurance through Voya including Accident, Critical Illness, Hospital Indemnity, and Whole Life with Long-Term Care Rider.

EMPLOYEE ASSISTANCE PROGRAM

Contact us...
anytime, anywhere
Confidential solutions to life's
challenges at no cost to you



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you with any issues. Counseling is available telephonic, in person via telehealth sessions up to 3 visits. Find assistance for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources

Our financial experts can assist with a wide range of issues.

Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

IDResources®

If you are a victim of identity theft, IDResources can help repair your credit and good name with tools such as:

- Support from legal and financial professionals
- Counseling to address emotional issues
- Work-life assistance

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 877.533.2363
TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: www.guidanceresources.com
App: GuidanceNowSM
Web ID: My5848i

Log on today to connect directly with a Guidance Consultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

Call: 877.533.2363 TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceNowSM

Web ID: MY5848i

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ADDITIONAL BENEFITS

VACATION

To show our appreciation for our dedicated hourly and salaried staff, Ashland University allows you to start earning vacation the day you are hired. The amount of vacation you accrue is determined based on years of service. Employees may begin requesting vacation after 90 days of employment. Please see the below grid for more details.

Salaried Employees		Hourly Employees		
0-9 Years of Service	10 + Years of Service	0-5 Years of Service	6-9 Years of Service	10+ Years of Service
7 hours accrued per pay; Max amount of hours that can be accrued: 168	8.67 hours accrued per pay; Max amount of hours that can be accrued: 208	.05 hours accrued per hour worked; Max amount of hours that can be accrued: 104	.07 hours accrued per hour worked; Max amount of hours that can be accrued: 144	.09 hours accrued per hour worked; Max amount of hours that can be accrued: 184

SICK TIME

Salaried Employees	Hourly Employees
12 weeks (60 days) per fiscal year is allotted to all salaried employees. Sick Time is to be used only in case of an absence due to his/her own illness or injury. In the case of an illness/injury of a spouse or child(ren) living at home, the employee may use up to 5 day of their allotment. Sick Time does not carry over. HR should be notified of absences lasting more than 3 consecutive days.	Employees will earn 8 hours of paid Sick Time for every 160 hours worked. This accumulates indefinitely. Sick Time is to be used by an employee only in case of an absence because of his/her own illness/injury, or the illness/injury of a spouse or child(ren) living at home.

VOLUNTEER SERVICE TIME OFF

All regular full-time and part-time* hourly and salaried staff can volunteer up to 8 hours per fiscal year with a pre-approved 501(c)(3) nonprofit or in accordance with Ashland University's giving and volunteering policies. More than one organization may be chosen.

*Part-time staff are eligible for up to 4 hours if their regularly scheduled hours are 20 or more per week.

HOLIDAYS

Each year Ashland University grants their staff 20 paid holidays, including the staff member's birthday. Salaried staff holiday eligibility starts immediately. Hourly employees holiday eligibility starts after 90 days of employment. Hours will be pro-rated for staff working less than 30 hours per week and is only available if the staff member's regularly scheduled day of work falls on a University holiday.

RECREATION CENTER

Full Time employees are eligible to purchase a Gold Membership to the Recreation Center. The cost is \$94 per semester/individual or \$240 per semester/family. Employees who visit the Recreation Center 30 or more times during the semester will be reimbursed for the cost of an individual membership after the end of the semester.

ADDITIONAL BENEFITS

TUITION WAIVER & EXCHANGE

One of the unique benefits of your employment at Ashland University is the availability of educational benefits for you, your spouse and your eligible dependent children.

Tuition Waiver

Undergraduate Classes	Graduate Classes Masters/Doctoral
100% discount to employees, spouses, and dependent children. Eligibility Requirements <ul style="list-style-type: none">1 or more years of employmentFull-time employee working an average of 30 hours or more per week.	Masters Graduate Classes <ul style="list-style-type: none">80% discount to employees25% discount to spouses and dependent children Doctoral Classes <ul style="list-style-type: none">25% discount to employees, spouses, and dependent children. Eligibility requirements <ul style="list-style-type: none">1 or more years of employmentFull-time employee working an average of 30 hours or more per week.

Tuition Exchange/CIC

Off-campus tuition exchange organizations, Tuition Exchange, Inc. (TE) and Council of Independent Colleges (CIC).
Coverage Levels: <ul style="list-style-type: none">Dependent Children Eligibility Requirements: <ul style="list-style-type: none">1 or more years of employment.All full-time employees who work an average of 30 hours or more per week. For more information and/or an application form please contact the Business Affairs office. You may also visit https://www.ashland.edu/administration/human-resources/employee-benefits/tuition-waiver-exchange for additional information regarding the Tuition Exchange and CIC Scholarship Programs. Note: Participation in these programs are subject to the limitations set forth in the Tuition Exchange/CIC Policy. Tuition Exchange and CIC are not guaranteed benefits. For more information, please contact Human Resources office

403 (b) Retirement Plan

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 403(b) Retirement Savings Plan.



Free Money!! –Ashland University contributes a percentage based on years of service!

403 (b)

- Monies invested are pre-tax – lowers your taxable income
- Mandatory employee contribution is 4%
- Monies are taxed when you withdraw funds

Employee contributions beyond 4% are permissible up to \$22,500 per year. Employees over 50 may contribute an additional \$7,500 per year in catch-up contributions. Additional contributions may be pre-tax or after-tax.

Ashland University's Contributions	
Years of Service	AU's Contribution
0-1 years	1%
1-2 years	2%
3-5 years	2.5%
6 years and over	3%

Don't forget to designate a beneficiary when enrolling in your 403(b) plan.

BENEFIT COSTS

Effective January 1, 2023

The below grid represents your employee benefit contribution amounts on a per pay basis.

Please refer to Human Resources for further details.

Purple PPO Plan			Gold PPO Plan		
Coverage Tier	26 Pays	24 Pays	Coverage Tier	26 Pays	24 Pays
Employee	\$101.89	\$110.38	Employee	\$35.08	\$38.01
Employee + Spouse	\$190.94	\$206.85	Employee + Spouse	\$87.72	\$95.03
Employee + Child(ren)	\$184.05	\$199.39	Employee + Child(ren)	\$82.80	\$89.70
Family	\$272.64	\$295.37	Family	\$152.68	\$165.40
			HSA Contributions – Half in January, Half in June		
			Employee	\$1,000	
			EE+SP, EE+CH or Family	\$2,000	

Voluntary Dental Plan – If enrolling in Medical			Voluntary Dental Plan		
Coverage Tier	26 Pays	24 Pays	Coverage Tier	26 Pays	24 Pays
Employee	\$7.00	\$7.58	Employee	\$9.33	\$10.11
Employee + Spouse	\$13.82	\$14.98	Employee + Spouse	\$18.43	\$19.97
Employee + Child(ren)	\$18.76	\$20.33	Employee + Child(ren)	\$25.02	\$27.10
Family	\$25.91	\$28.08	Family	\$34.55	\$37.43

Voluntary Vision Plan		
Coverage Tier	26 Pays	24 Pays
Employee	\$2.91	\$3.16
Employee + Spouse	\$5.58	\$6.04
Employee + Child(ren)	\$6.38	\$6.92
Family	\$9.73	\$10.55



McGOHAN BRABENDER ADVOCATE TEAM

*EXCEPTIONAL SERVICE IS PART OF OUR BRAND.
WE ARE GOOD, SMART PEOPLE FIGHTING FOR YOU.*

WHAT WE DO

At MB, advocacy is more than a department ... it's the foundation of our organization. Our knowledgeable problem-solvers are passionately committed to finding the right solution for every client, every time.

HOW IT WORKS

Our MB Advocates are here to step in on your behalf. We have direct access to senior-level representatives at our carrier partners, and know how to get to the bottom of issues like:

- Explanation of Benefit*
- Provider Billing Questions*
- Coordination of Benefits*
- Pre-authorization Help*
- Enrollment Status*

For speedier resolution, have your insurance card, copies of any correspondence and details from conversations you may have had with the carrier or physician, including names and dates, EOBs, and bills.

CONTACT US

Our MB Advocates are ready to assist you
Monday – Friday, 8 a.m. to 5 p.m. EST

P: 937.260.4300 or 877.635.5372

f: 937.499.1160

e: mbadvocates@mcgohanbrabender.com





Employer Coverage or Medicare? What you need to consider.



**Medicare may
provide you with more
benefits at a lower
cost than your Group
Insurance Plan.**

There are five factors you need to consider when working past 65 and evaluating your coverage options. Our team of advisors can assess your unique needs and explain how each of these factors may impact your coverage options.

With so much to consider, it's easy to feel overwhelmed. Let us reduce the stress by helping you navigate your options at no cost.

Learn more today!

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The right plan for where you are now.

The right partner for where you want to go.

Everyday, we help people just like you find the right health coverage so they can be free to enjoy the best of what life has to offer.

Who We Are

RetireMed is your local, go-to resource for Medicare and individual health insurance plans. We provide personalized guidance and expertise to help individuals find the right health coverage so they can do more of what matters most to them.

Who We Help

We work directly with individuals in Ohio, Kentucky, and Indiana who want to explore their health insurance options and find a plan that meets their unique needs and goals.

This includes those who are:

- Considering **early retirement** and need health coverage but are not yet eligible for Medicare.
- **Turning 65 or are over 65.** Whether retiring or continuing to work and want to compare their employer coverage to Medicare.

Wherever you are in your journey, our advisors will help you select the right plan for your specific situation.

How We Help

We empower individuals by providing them with clarity and confidence in their health coverage decisions now and in the road ahead. By understanding you first, we can monitor coverage options, premiums, and additional benefits to provide proactive services that ensures your Medicare or individual health plan meets your changing needs.

Our lifelong partnership includes:

- One-on-one education
 - Assistance with billing questions or issues
 - Confirming your prescription drugs are covered by your plan
 - Confirmation of network status of specific physicians and specialists
 - Providing plan assessment if needed during Medicare's Annual Enrollment Period
- ...and more.

