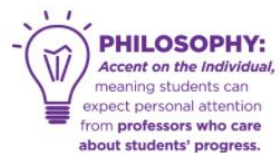


# ASHLAND UNIVERSITY BENEFITS OVERVIEW 2024



# 2024 BENEFITS OVERVIEW

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## OPEN ENROLLMENT WILL BE HELD NOVEMBER 1-15, 2023

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.

You have the flexibility to change your insurance elections to best fit your individual or family needs each year 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 / WHAT'S STAYING THE SAME IN 2024?

### Benefits All In (BAI)

- All employees have the option to schedule time with a BAI Benefits Education Specialist to review your benefits and complete your enrollment.
- BAI can help you determine if other insurance options are available to you based on your unique situation.
- BenXpress will also be available for those wanting to complete Open Enrollment on your own. Instructions are located on the Human Resources portal site.

### Medical

- Coverage will remain with Medical Mutual of Ohio.
- Prescription Drug coverage will remain with US-Rx.
- The out-of-pocket maximum on the Purple PPO plan will decrease in 2024.
- No changes to employee contributions for medical.

### Vision

- Ameritas will be the new vision carrier. You will elect either the VSP Choice network or the EyeMed Insight network during open enrollment.
- Dependent coverage will be available to the end of the year in which they turn age 26, regardless of student or marital status.
- Employee contributions for vision will decrease.

### Dental

- Coverage will remain with Delta Dental.
- Dependent coverage will be available to the end of the year in which they turn age 26, regardless of student or marital status.
- No changes to employee contributions for dental.

### Life and disability

- Coverage will remain with Voya.
- Contribution rates have not changed but vary by age band for voluntary life and critical illness.

### Wellness Initiative

- Employees and spouses on the medical plan who provide proof of an annual wellness exam with biometric blood work in 2024 will avoid a monthly surcharge beginning in 2025.

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# ENROLLMENT GUIDELINES

## 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. Spouses with medical coverage available through their employer or retirement plan are not eligible to enroll in Ashland University's medical plan.

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 applies to dental and vision coverage as well beginning in 2024.** Voluntary life insurance also continues to provide coverage until 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, 2024. 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, like the above examples, 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

### Option 1: Schedule an appointment with Benefits All In (BAI)

Scan the QR code OR follow this link: <https://txt.so/zflSoz>

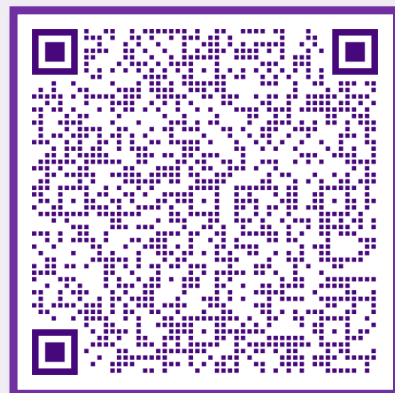
1. Enter the requested information
  2. Choose an appointment
  3. Confirm the time and date
- At the time of your appointment, you will receive a direct call from 1-800-518-1228 to the number you provide during scheduling.
  - If you need additional support scheduling, contact BAI's Support Team:

Email: [EnrollmentSupport@benefitsallin.com](mailto:EnrollmentSupport@benefitsallin.com)

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

### Option 2: Self enroll via BenXpress

Instructions for enrolling are located on the Human Resources portal site.



# BENEFIT CONTACTS

## Benefits All In

- 800-518-1228
- [EnrollmentSupport@benefitsallin.com](mailto:EnrollmentSupport@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](http://www.usrxcare.com)



## ScriptSourcing

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



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

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



## Ameritas Vision – ID card or network questions

- 800-659-2223
- <https://ameritas.com>

### VSP Vision Plan/Network

- 800-877-7195

### EyeMed Vision Plan/Network

- 866-289-0614



## Voya – Life & Disability

- 800-955-7736
- <https://www.voya.com/>



## Trustmark – Voluntary Long-Term Care

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



## HealthEquity – FSA

- FSA 877-924-3967
- <https://healthequity.com/>



## TIAA/HealthEquity – HSA

- HSA 866-346-5800
- <https://healthequity.com/>



## Employee Assistance Program

- 877-533-2363
- <https://guidanceresources.com> Web ID: MY5848i



## McGohan Brabender Advocate Team

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



# MEDICAL & Rx BENEFITS



Purple PPO Plan	In-Network	Out-of-Network
<b>Deductible</b>	\$750/single \$1,500/family	\$1,500/single \$3,000/family
<b>Co-Insurance Limit</b>	\$1,250/single \$2,500/family	\$2,500/single \$5,000/family
<b>Out-of-Pocket Max (Includes deductible and copays)</b>	\$7,000/single \$14,000/family	N/A
<b>Preventive Care</b>	Covered in Full	40%, After Deductible
<b>Office Visit/Telemedicine Visits</b>	\$30 copay	40%, After Deductible
<b>Specialist Office Visit/Telemedicine Visits</b>	\$60 copay	40%, After Deductible
<b>Diagnostic Lab/X-ray</b>	20%, After Deductible	40%, After Deductible
<b>Imaging (CT/PET scans: MRI's)</b>	20%, After Deductible	40%, After Deductible
<b>Inpatient Hospital</b>	20%, After Deductible	40%, After Deductible
<b>Outpatient Hospital</b>	20%, After Deductible	40%, After Deductible
<b>Urgent Care</b>	\$50 copay	40%, After Deductible
<b>Emergency Room</b>	True Emergency: 20% after Deductible Non-Emergency: \$150 copay, 20% after Deductible	
<b>Emergency Transport/Ambulance</b>	20%, After Deductible	40%, After Deductible
Prescription Benefits	In-Network	Out-of-Network

**Tier Definitions:** Tier 1 – preferred generics, Tier 2 – non-preferred generics and preferred brands, Tier 3 – high-cost generics and non-preferred brands, Tier 4 – specialty

<b>Retail – 30 Day Supply</b>	Tier 1: \$10 Copay Tier 2: \$30 Copay Tier 3: \$60 Copay	Not Covered
<b>Extended Retail and Mail Order 90-Day Supply</b> (available if your physician writes the prescription for a 90-day supply)	Tier 1: \$25 Copay Tier 2: \$75 Copay Tier 3: \$125 Copay	Not Covered
<b>Specialty Drug Benefit</b> <i>Up to 30-day supply. Must be filled at a designated specialty pharmacy. May require additional review for coverage.</i>	Tier 4: Copay \$60	Not Covered

# MEDICAL & Rx BENEFITS



Gold HDHP Plan	In-Network	Out-of-Network
<b>Deductible</b>	\$2,500/single \$5,000/family	\$5,000/single \$10,000/family
<b>Co-Insurance Limit</b>	\$2,500/single \$5,000/family	\$5,000/single \$10,000/family
<b>Out-of-Pocket Max (Includes deductible and coinsurance)</b>	\$6,900/single \$13,800/family	\$10,000/single \$20,000/family
<b>Preventive Care</b>	Covered in Full	Covered in Full
<b>Office Visit (PCP)/Telemedicine Visits</b>	10%, After Deductible	20%, After Deductible
<b>Specialist Office Visit/Telemedicine Visits</b>	10%, After Deductible	20%, After Deductible
<b>Diagnostic Lab/X-ray</b>	10%, After Deductible	20%, After Deductible
<b>Imaging (CT/PET scans: MRI's)</b>	10%, After Deductible	20%, After Deductible
<b>Inpatient Hospital</b>	10%, After Deductible	20%, After Deductible
<b>Outpatient Hospital</b>	10%, After Deductible	20%, After Deductible
<b>Urgent Care</b>	10%, After Deductible	20%, After Deductible
<b>Emergency Room</b>	True Emergency: 10%, After Deductible Non-Emergency: \$150 co-pay, 10%, After Deductible	
<b>Emergency Transport/Ambulance</b>	10%, After Deductible	20%, After Deductible
Prescription Benefits	In-Network	Out-of-Network

**Tier Definitions:** Tier 1 – preferred generics, Tier 2 – non-preferred generics and preferred brands, Tier 3 – high-cost generics and non-preferred brands, Tier 4 – specialty

<b>Retail – 30 Day Supply</b>	Tier 1: 10% After Deductible Tier 2: 10% After Deductible Tier 3: 10% After Deductible	Not Covered
<b>Extended Retail and Mail Order 90-Day Supply</b> (available if your physician writes the prescription for a 90-day supply)	Tier 1: 10% After Deductible Tier 2: 10% After Deductible Tier 3: 10% After Deductible	Not Covered
<b>Specialty Drug Benefit</b> <i>Up to 30-day supply. Must be filled at a designated specialty pharmacy. May require additional review for coverage.</i>	Tier 4: 10% After Deductible	Not Covered



# PRESCRIPTION BENEFITS



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. 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.

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

To look up an alternate pharmacy option, 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](http://www.presmartinc.com)

**2) By mail:** To ensure the pharmacy has all needed information prior to dispensing medication for you, please complete a Patient Profile and Medication order form and mail along with your written prescription.

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 FOR THE FOLLOWING SCENARIOS:

### 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](http://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](http://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](http://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](http://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 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.

# PRESCRIPTION BENEFITS



script**sourcing**

## 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'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.



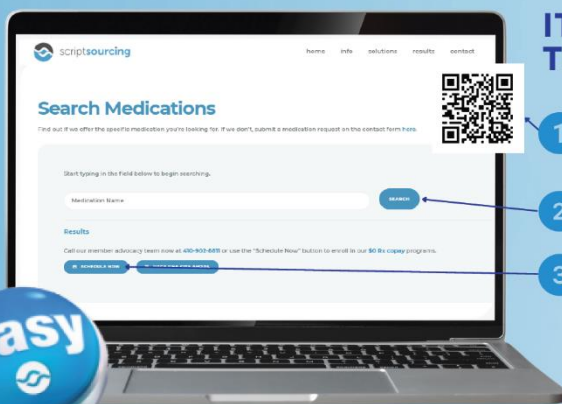
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COPAYS

### 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](http://www.scriptsourcing.com)

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

## To promote a culture of wellbeing, Ashland University will launch a new wellness initiative in 2024

An annual preventive visit is essential to your optimal health as it's your opportunity to:

- Establish a medical baseline to proactively identify changes in your health status.
- Detect and manage a wide range of health issues before they become serious health problems. According to the Cleveland Clinic, people who have a PCP spend less time in the hospital and less money on medical costs in the long run.
- Build a relationship with your PCP According to the Cleveland Clinic, a long-term relationship with a PCP keeps you healthier and lowers medical costs. Research shows that patients who have a good relationship with their PCP receive better care and are happier with the care they receive.

**Employees and spouses on the AU medical plan who provide proof of a 2024 preventive visit with their Primary Care Physician (PCP) including biometrics (fasting glucose, total cholesterol, blood pressure, triglycerides and waist circumference/BMI) will avoid a \$50 monthly surcharge, which will begin in 2025.**

Remember, these preventive exams are covered in full by AU's MMO medical plans. Find a list of covered preventive services at [healthcare.gov/coverage/preventive-care-benefits/](https://healthcare.gov/coverage/preventive-care-benefits/)

Our new partner, Wellworks For You, will provide a platform for you to submit proof of your physical with biometrics.

In addition, Wellworks For You offers technology to improve your health throughout the year. Through your computer, tablet and/or smartphone you'll have access to educational wellness content, activity and food tracking tools and much more.

Additional information will be provided at a later date.



# PRE-TAX SAVINGS ACCOUNTS

Ashland University offers several spending accounts that enable you to set aside pre-tax funds to be used on qualified healthcare 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 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), NOT covered under another medical plan, NOT enrolled in any Medicare or Medicaid plans and Not eligible to be claimed as a dependent on another person's tax return.

## Health Care Flexible Spending Accounts (FSAs)

A 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.

If you are NOT covered by a HDHP, you can contribute to a Health Care FSA. Your annual 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 \$610, which you can carry over to the following plan year

## Dependent Care FSA (DCFSA)

A Dependent Care FSA 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.

You can contribute to a DCFSA regardless of your medical coverage. However, 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
IRS contribution limits	Employee: \$4,150; Family: \$8,300 Those 55 and older can contribute an additional \$1,000 annually	Health Care FSA: \$3,050; Dependent Care FSA: \$5,000 if married filing jointly; \$2,500 if married filing separately
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	Health Care FSA, you have full access to the entire election amount January 1 <sup>st</sup> Dependent Care FSA, funds are deposited per pay and can be used as deposited
Will my funds roll over each year?	You are the owner of this account. 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
Will I get a debit card?	Yes	Yes
Do I keep the money if I leave the company?	Yes	No

# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a savings account that belongs to you that is paired with the Gold HDHP option. 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.



			
<b>START IT</b>	<b>BUILD IT</b>	<b>USE IT</b>	<b>GROW IT</b>
<ul style="list-style-type: none"><li>Contributions to the HSA are tax-free for you whether they come from you or Ashland University.</li><li>An HSA account with TIAA/HealthEquity will be opened for you upon enrollment in the HDHP plan.</li></ul>	<ul style="list-style-type: none"><li>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.</li><li>In 2024, the total contributions (yours and Ashland University's combined) can be up to \$4,150 for individual coverage and \$8,300 for family coverage. If age 55 or older, you can contribute an additional \$1,000.</li></ul>	<ul style="list-style-type: none"><li>You can withdraw your money tax-free at any time, as long as you use it for qualified medical, dental and vision expenses (<a href="https://hsastore.com/HSA-Eligibility-List.aspx">https://hsastore.com/HSA-Eligibility-List.aspx</a>)</li><li>You can also save this money and hold onto it for future eligible health care expenses.</li></ul>	<ul style="list-style-type: none"><li>Unused money in your HSA will roll over, earn interest and grow tax-free over time.</li><li>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.</li></ul>

## IRS Eligibility Details

- You are required to be enrolled in a high deductible health plan in order to contribute to 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 Health Care FSA if you have an HSA. Your spouse also cannot have a Medical FSA. You can, however, participate in the Dependent Care FSA.
- For a comprehensive list of qualified medical expenses please visit <https://hsastore.com/HSA-Eligibility-List.aspx>

Coverage Level	2024 Maximum Contribution
Individual	\$4,150
Two Party	\$8,300
Family	\$8,300
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 have in June. The amount is prorated for employees who start after January 1, 2024.	



# 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 Health Care FSA allows you to **carryover \$610 in 2024 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
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (ie. copays, Rx)	Maximum contribution is \$3,050 per year.  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"><li>• Children under the age of 13;</li><li>• A spouse who is physically or mentally unable to care for him/herself; or</li><li>• Any adult you can claim as a dependent on your tax return that is physically or mentally unable to care for him/herself.</li></ul>	Maximum contribution is \$5,000 if you are married filing jointly; \$2,500 if you are married filing separately.

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

Delta Dental PPO and Premier Networks; additional fees apply if using a Premier dentist	In-Network	Out-of-Network
<b>Deductible</b> (Basic and Major Services Only)	\$50 Individual \$150 Family	
<b>Calendar Year Maximum</b>	\$1,000	
<b>Preventive Services</b> 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
<b>Basic Services</b> Fillings (One Surface), Simple Extractions	80% of usual and customary fees	80% of usual and customary fees, may be balance billed
<b>Major Services</b> 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
<b>Orthodontic Services</b> Braces *Coverage requires enrollment in the plan during the previous 12 months.	50%, \$1,000 lifetime limit per eligible dependent child	

## Stay Informed About Your Dental Benefits With Member Portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.











Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.





When electing your vision coverage for 2024, you will choose between 2 different networks – VSP Choice and EyeMed Insight (2 of the largest vision care companies in the world). The network selection you choose will remain in place throughout the plan year and cannot be changed until the following open enrollment. Both plans help you save money and maintain healthy eyes. To decide which plan is right for you, first search for your current provider or retail location in each of the networks. Visiting an in-network provider will help you receive the richest benefits. Compare the plan details to determine which plan better fits your needs. On both plans you have the freedom to visit an out-of-network provider. However, you will save money if you receive your care in-network. Each network provides additional savings on eyewear and Lasik.

Ameritas Vision	VSP VSP Choice Network	EyeMed EyeMed Insight Network
Frequency of Services	Exam: 12 Months Lenses (contact or glasses): 12 Months Frames: 24 Months Based on date of service	
Annual Eye Exam	Covered in Full after \$10 copay	
Elective Contact Lens Exam	Member cost up to \$60	Member cost up to \$40
Frames	Up to \$130 Allowance; Costco and WalMart allowance will be wholesale equivalent; 20% off remaining balance	Up to \$130 Allowance; 20% off remaining balance
Single Vision Lenses	Covered in Full After \$25 Copay	
Bifocal Lenses	Covered in Full After \$25 Copay	
Trifocal Lenses	Covered in Full After \$25 Copay	
Elective Contacts In Lieu of Glasses	Up to \$130 Allowance	Up to \$130 Allowance ; 15% off remaining balance
Medically Necessary Contacts	Covered in Full	
Discounts	Lasik: Average discount of 15% off retail price or 5% off promotional price. An extra \$20-\$40 to spend on featured frame brands	Lasik: Average discount of 15% off retail price or 5% off promotional price at US Laser Network providers. 40% discount on complete pair of glasses once funded benefit is exhausted
Please see plan Highlight sheets for more details on both plans		

VSP network	EyeMed network
<p>Network includes:</p>     <p> Eyeconic.com is in the VSP network, so vision benefits are applied directly to the online order.</p>	<p>Network includes:</p>    <p>  are in the EyeMed network and apply vision benefits to the online shopping cart.</p>

**VSP find a provider:**  
<https://www.vsp.com/eye-doctor>  
 (NETWORK: VSP CHOICE + AFFILIATES)

**EyeMed find a provider:**  
<https://eyedoclocator.eyemedvisioncare.com/member/en>  
 (NETWORK: EYEMED INSIGHT)

## Employee Life/AD&D Insurance

<b>All Full-Time Benefit Eligible Employees</b> Evidence of Insurability Form must be completed if outside of new hire period and electing for first time or increasing coverage.	2x the annual salary up to a maximum \$600,000
<b>Age Reductions</b>	Benefit amount reduces to 65% at age 65, to 50% at age 70 and to 30% at age 75. Coverage terminates at employee retirement.
<b>Cost</b>	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. No Evidence of Insurability Form needed.

<b>All Full-Time Benefit Eligible Employees</b>	67% of your weekly income up to \$1,300
<b>Benefit Begins for In-Patient Treatment</b>	1 <sup>st</sup> Day
<b>Benefit Begins for Out-Patient Treatment</b>	31 <sup>st</sup> Day
<b>Benefit Duration</b>	Up to 26 Weeks
<b>Cost</b>	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 you from returning to work. If your disability exceeds past the 26 weeks that your Short-Term Disability provides, then you will be eligible to start receiving monthly Long-Term Disability benefits. The benefit includes a continuation of your retirement contribution by the insurance carrier. Evidence of Insurability Form must be completed if electing Long Term Disability after previously declining.

<b>Eligible Executives</b>	60% of your monthly income up to \$12,000
<b>All other Eligible Employees</b>	60% of your monthly income up to \$5,000
<b>Benefit Begins</b>	180 <sup>th</sup> Day
<b>Benefit Duration</b>	Up to Social Security Retirement Age
<b>Cost</b>	\$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 – at time of hire Any Amount Elected Over GI Requires an Evidence of Insurability Form be completed		Employee: \$150,000 Spouse: \$50,000 Child: Full Benefit	
Evidence of Insurability (EOI) – during Open Enrollment An Evidence of Insurability Form will need to be completed if:  When EOI is required, coverage will not be active until approved by Voya		You elect to increase your current coverage by more than 2 increments  You elect coverage of more than one increment if you have previously declined coverage	
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 also have the opportunity to enroll in supplemental insurance through Voya including Accident, Critical Illness, and Hospital Indemnity.

# 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.

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Online: [www.guidanceresources.com](http://www.guidanceresources.com)  
App: GuidanceNow<sup>SM</sup>  
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Call: 877.533.2363 TTY: 800.697.0353

Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceNow<sup>SM</sup>

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

### Tuition Exchange/CIC

Off-campus tuition exchange organizations, Tuition Exchange, Inc. (TE) and Council of Independent Colleges (CIC).
<p>Coverage Levels:</p> <ul style="list-style-type: none"><li>Dependent Children</li></ul> <p>Eligibility Requirements:</p> <ul style="list-style-type: none"><li>1 or more years of employment</li><li>All full-time employees who work an average of 30 hours or more per week</li></ul> <p>For more information, please contact the Human Resources office. You may also visit <a href="https://cic.edu/networks/tuition-exchange-program/">https://cic.edu/networks/tuition-exchange-program/</a> or <a href="https://www.tuitionexchange.org/">https://www.tuitionexchange.org/</a> for additional information regarding the Tuition Exchange and CIC Scholarship Programs.</p> <p>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.</p>

# 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 \$23,000 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, 2024

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 – if NOT enrolling in Medical		
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	\$2.75	\$2.98
Employee + Spouse	\$5.26	\$5.70
Employee + Child(ren)	\$6.02	\$6.52
Family	\$9.18	\$9.94



## 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!**

**866.600.4266**

**[retiremed.com/mb](https://retiremed.com/mb)**

# 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.

