



 University of Findlay.

January 1, 2020


# Today's Discussion Topics

- Renewal Process
  - Medical Plan(s)
  - Dental Plan
  - Vision Plan- Moving to Metlife
  - Life and Disability- Moving to Metlife
- Spousal Carveout
- Imaging Program
- Additional Benefits
- Open Enrollment
- Next Steps




# PPO Plan-Orange Plan




Calendar Year	In Network	Out of Network
Deductible	Embedded	
Annual Deductibles	\$750 per individual \$1,500 per family	\$1,000 per individual \$2,000 per family
Coinsurance	75/25%	55/45%
Max Out-of-Pocket	\$2,500 per individual \$5,000 per family	\$4,000 per individual \$8,000 per family
Physician/Specialist	25% after deductible	45% after deductible
Urgent Care	25% after deductible	45% after deductible
Emergency Room	25% after deductible	25% after deductible
Inpatient/Outpatient Treatment	25% after deductible	45% after deductible
Outpatient Surgery	25% after deductible	45% after deductible
Preventive Care	100%	45% after deductible
	Retail 30-Day Supply (Mail Order/Retail 90 2x Retail) Generic: \$8 copay Formulary Brand-Name Drugs \$22 copay or 25% whichever is greater Non-Formulary Brand-Name: \$42 copay or 30% whichever is greater Specialty: 50% Prescription Drug Separate Out of Pocket Maximum \$1,250 Per Person/ \$2,500 Per Family	N/A
Prescriptions		

# PPO Plan- Black Plan



Calendar Year	In Network	Out of Network
Deductible	Embedded	
Annual Deductibles	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family
Coinsurance	75/25%	55/45%
Max Out-of-Pocket	\$4,000 per individual \$8,000 per family	\$6,000 per individual \$12,000 per family
Physician/Specialist	25% after deductible	45% after deductible
Urgent Care	25% after deductible	45% after deductible
Emergency Room	25% after deductible	25% after deductible
Inpatient/Outpatient Treatment	25% after deductible	45% after deductible
Outpatient Surgery	25% after deductible	45% after deductible
Preventive Care	100%	45% after deductible
  Prescriptions	<b>Retail 30-Day Supply (Mail Order/Retail 90 3x Retail)</b> Generic: \$10 Formulary Brand-Name Drugs: \$30 copay or 25% whichever is greater Non-Formulary Brand-Name Drugs \$50 copay or 30% whichever is greater Specialty Drugs: 50% Prescription Drug Separate Out of Pocket Maximum \$1,250 Per Person/ \$2,500 Per Family	N/A

Calendar Year	In Network	Out of Network
Deductible	<b>Non-Embedded</b>	<b>Non-Embedded</b>
Annual Deductibles	\$3,000 single \$6,000 per family	\$5,000 single \$10,000 per family
Coinsurance	75/25%	55/45%
Max Out-of-Pocket	\$3,425 per single \$6,850 per family	\$7,000 per single \$14,000 per family
Physician/Specialist	25% after deductible	45% after deductible
Urgent Care	25% after deductible	45% after deductible
Emergency Room	25% after deductible	25% after deductible
Inpatient/Outpatient Treatment	25% after deductible	45% after deductible
Outpatient Surgery	25% after deductible	45% after deductible
Preventive Care	100%	45% after deductible
 Prescriptions	75% after deductible for 30 day supply at retail, 90 day mail order, & retail 90	N/A

All plans will utilize the United Healthcare Choice Plus Network



# Routine Preventive Care

## Routine preventive for Children Birth to 18 years old

- Appropriate screenings based on gender and age
  - Newborn visits
  - Tuberculosis testing
  - Anemia testing
  - Lead exposure
  - Pelvic exam and pap test
  - Development and behavior
  - Lipid profile
  - Depression
  - Obesity and counseling
  - Nutrition counseling



## Routine preventive for Adults

- Appropriate screenings based on gender and age
  - Lipid profile
  - Diabetes
  - Pelvic exam and pap testing
  - Breast exam and mammogram
  - PSA testing
  - Bone density testing
  - Colonoscopy
  - Aortic aneurysm



# Imaging Program

**Non-emergency, outpatient MRI and CT Scans will be subject to a benefit maximum.**

**All MRI and CT scans will require Prior Authorization.**

	With Contrast	Without Contrast	With and Without Contrast
MRI	\$800	\$600	\$1,200
CT	\$500	\$400	\$600

- In the event of a non-emergency, outpatient imaging procedure employees and dependent family members on the plan are encouraged to obtain the procedure at a cost-effective facility.
- Members should use the My Healthcare Cost Estimator on [www.UMR.com](http://www.UMR.com) to locate providers or call UMR Customer Service.
- If the facility bills more than the maximum the provider could balance bill you. If you are balance billed and feel there was not an alternative imaging facility within a reasonable geographic range or the additional fees were related to medical necessity, you can appeal the claim to UMR.

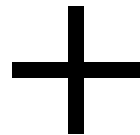




# Health Savings Account (HSA)

## HIGH DEDUCTIBLE HEALTH PLAN

- Medical plan with UMR
- Deductible and Coinsurance
- No Copays
- Provides Insurance Protection



## HEALTH SAVINGS ACCOUNT (HSA)

- Personal Bank Account
- You own it
- You keep it
- Balance rolls over year over year



To be an eligible individual and qualify to contribute to an HSA, you must meet the following requirements:

- You must be covered under an HDHP on the first day of the month
- You must not be covered by other health coverage (a non-qualified medical plan that is not an HSA or a spouse's full purpose FSA)
- You must not be enrolled in Medicare
- You must not be claimed as a dependent on someone else's tax return





# Health Savings Account (HSA)

	Individual Plan Contribution	Family Plan Contribution
Maximum HSA Limit for 2020 Tax Year	\$3,550	\$7,100
Catch Up Contribution 55 +	\$1,000	



# Flexible Spending Account (FSA)



- Administered by UMR
- Healthcare FSA annual maximum - \$2,700
  - Allows IRS-approved medical, Rx, dental or vision expenses not covered by the insurance plan with pre-tax dollars.
  - Full annual election amount available immediately.
  - Grace Period- Allows you and your dependents to continue incurring medical care expenses and dependent care expenses for up to two and a half months following the end of the plan year.
  - All requests for reimbursement are due no later than March 31<sup>st</sup>.



# Limited Purpose Flexible Spending Account

What is a ***Limited Purpose Flexible Spending Account***?

***Limited purpose FSA's*** aren't intended to be used for the same wide range of expenses covered by HSA's. Instead, they're designed to be limited to just *dental and vision* expenses – oftentimes, specific expenses as defined by the limits of the plan.

***Limited purpose FSA's*** aren't intended to replace traditional HSA's, which is why they only cover vision and dental expenses. Medical expenses, such as prescription medications and emergency room visits, are *not* covered by the limited purpose FSA.



# Dependent Care FSA

- Dependent Care FSA annual maximum - \$5,000/family or \$2,500 for single or married and filing separately.
  - This program lets you pay for certain IRS-approved dependent daycare expenses with pre-tax dollars.
  - Rollover provision does not apply. Use it or lose it rule applies.
  - Eligible for care while parents are at work or school.
  - ONLY amount payroll deducted to date is available for distribution.
  - Some examples include:
    - Daycare/Preschool for dependent children to age 13
    - Adult daycare
    - Before and after school programs
    - Camps



# FSA Elections

- Plan Year - January 1, 2020 thru December 31, 2020
- Your Decision is IRREVOCABLE for the entire plan year!
  - Be conservative!
  - Adjustments can be made for a “qualifying event” (marriage, divorce, death, birth, adoption) occurs.
  - Watch out for the IRS Use it or Lose it Rule
  - You have until March 31, 2021 to submit for reimbursement of claims.

**KNOW THE  
RULES!**



# Medical Contributions



Bi-Weekly Employee Contributions January 1, 2020	Orange Plan	Black Plan	HDHP Plan
Employee Only	\$125.39	\$103.90	\$53.21
Employee/Spouse	\$244.21	\$202.36	\$103.90
Employee/Child(ren)	\$217.15	\$179.93	\$92.15
Family	\$325.09	\$269.62	\$138.09



# Working Spouse Eligibility



A spouse of a University of Findlay employee is required to participate in his/her employer sponsored health care plan if the spouse has access to continuous group health coverage through his/her employment, and the employer contributes at least 50 percent of the premium.

If these conditions are met, the spouse must enroll in his/her employer's health care plan. The spouse will be permitted to remain on the University of Findlay's plan for secondary health care coverage

This rule does not apply if your spouse is:

- Not employed
- Self employed
- Is not offered medical coverage at their employer
- Both you and your spouse work for the University of Findlay





# Finding a network provider

Choose the option that's easiest for you!

- Visit **umr.com** and select **Find a provider**. Then enter **United Healthcare ChoicePlus** and start your search.
- Call UMR toll-free at 800-826-9781 and ask a representative for help.



**Remember** you can find your network information and customer service number on your ID card.



# See cost estimates when finding a provider

Shop your health care options on [umar.com](https://www.umar.com)



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Learn more



Searching for a service



Choosing a provider



Your final estimate

Sign up/Sign in

Your online services on [umar.com](https://www.umar.com) include a free health cost estimator. You can log in anytime to:

- Search for the type of service you need
- Compare the true costs of care for health care providers where you live
- Check which providers earned the UnitedHealth Premium rating for cost and quality
- See the total charge for your treatment, and know what to expect from start to finish

Cost Estimate for **Back Pain, Lumbar Discectomy**  
Total average cost in your area: **\$21,753 - \$30,550**

ESTIMATED TRUE COST: **\$31,600** (Above Average Cost)  
INSURANCE PAID: **\$27,550**  
ESTIMATED OUT-OF-POCKET COST: **\$4,050**

There are 5 steps for this service  
Average Duration: 4 Months

	Main Provider	Estimated Total Cost	Estimated Out-of-Pocket Cost
1	Office Visit with Specialist for Evaluation Abcd, Gabriel S., MD Orthopedic Surgery CHANGE DOCTOR	\$234 Near Average Cost	\$234 MORE INFO
2	MRI of Lumbar Spine Xyz Medical Center General Hospital CHANGE FACILITY	\$2,256 Above Average Cost	\$2,256 MORE INFO
3	Lumbar Discectomy Xyz Medical Center General Hospital CHANGE FACILITY	\$27,154 Therapy South Year Fee	\$1,560 MORE INFO
4	Outpatient Physical Therapy Xyz Medical Center General Hospital CHANGE FACILITY	\$1,663 Above Average Cost	\$0 MORE INFO
5	Follow-up Office Visit Abcd, Gabriel S., MD Orthopedic Surgery CHANGE DOCTOR	\$273 Near Average Cost	\$0 MORE INFO
<b>Estimated Total</b>	<b>Above Average Cost</b>	<b>\$31,600</b>	<b>\$4,050</b>

# How to get started

Log in to [umr.com](http://umr.com)



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Learn more



Searching for a service



Choosing a provider



Your final estimate

Sign up/Sign in

1

Enter your username and password in the upper right corner and click “Log in”

2

If you have not registered for online services, click “Need a Username? Register here” and follow the prompts to create an account

3

Once you’ve signed in, select the shopping cart tile on your personal home page



# Searching for services & treatments



Learn more



Searching for a service



Refining your search



Your final estimate

Look up the care you need

Search by category

Pick the type of provider

## What kinds of services or treatments?



**Office Visits**  
Well visits, primary care, specialty care



**Vaccines**  
For adults, children, and travel



**Tests and Imaging**  
Lab tests, screenings, X-rays, scans

FIND HEALTH CARE BY CATEGORY



**People**  
Doctors, medical groups, and other professionals by specialty



**Places**  
Hospitals, clinics, labs, imaging centers



**Services and Treatments**  
Office visits, tests, treatments, surgeries



**Care by Condition**  
Find care for common concerns



**Cost Estimates**  
Costs for services and treatments

Or narrow your search by category  
(office visits, tests, treatments, surgeries).

## Which type of office visit?



**Well Visit**  
Regular checkups and preventive care



**Sick Visit**  
Get a problem checked out



**Specialist Visit**  
For complex problems like diabetes, stroke, cancer



# Choosing a health care provider



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Learn more

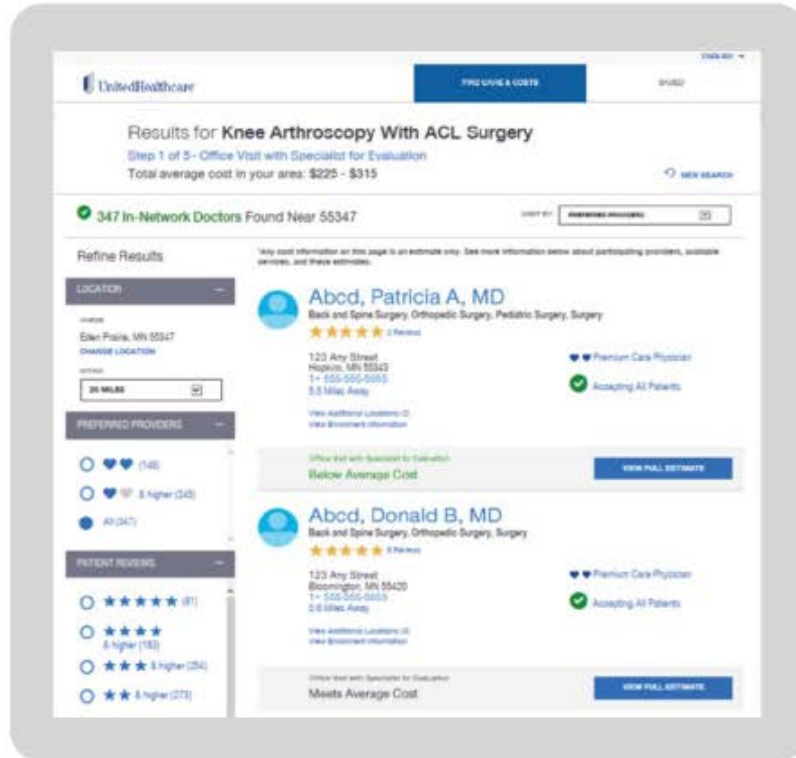
Searching for a service

Choosing a provider

Your final estimate

Pick the type of provider

View services and costs



View the range of average costs for primary care providers and specialists in your area.

Check which providers have earned the UnitedHealth Premium Tier 1 rating and view star reviews from other patients.

See how provider costs compare to the local average. Different colors indicate: Below average costs (green), meets average (gray) and above average (red).

# Look for provider ratings for quality and cost

UnitedHealth Premium symbols look like this:



**Premium Care  
Physician**



**Quality Care  
Physician**



**Quality Not  
Evaluated**



**Does Not  
Meet Quality**

When you receive care from a Premium provider,  
**you may pay less in out-of-pocket costs for your visit.**

# Viewing your final estimate



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Learn more



Searching for a service



Choosing a provider



Your final estimate

[Review your estimate](#)

[View payment details](#)

STEP 3  
**Reconstruction of Torn Anterior Cruciate Ligament**

**Description**  
Surgery that uses small medical instruments and a camera to repair a torn ligament in the knee

**Services or Procedures Included**

- Knee Arthroscopy with Repair of Anterior Cruciate Ligament (ACL)
- Anesthesia for Knee Arthroscopy
- Operating Room Services

**\*COST OVERVIEW**  
Abcd Hospital: General Hospital      Abcd, Aslam MD: Back and Spine Surgery, Orthopedic Surgery, Surgery, General Practice

Estimated Total Cost <b>\$8,153</b>	Insurance Pays <b>\$6,209</b>	Estimated Out-of-Pocket Cost <b>\$1,944</b>
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Find a description of the treatment and an itemized list of all services or procedures included.



See the total cost for your treatment or service and your actual out-of-pocket cost, based on your personal benefits plan, deductible status, etc.



# Viewing your final estimate



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Learn more



Searching for a service



Choosing a provider



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--	----------------------------------	--



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# Choosing a primary care provider

Visit your PCP for non-emergency care including:

- Health screenings, immunizations and routine care
- Ongoing health concerns
- Advice and information on healthy behaviors, treatment options and self-care
- Questions about prescription medications
- Referrals to specialists, as needed

# Choose the right health care setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:

TYPE OF CARE	WAIT TIME	COST**
 <p><b>NurseLine<sup>SM</sup> — 877-950-5083</b></p> <p>You may speak by phone with a registered nurse any time of day, seven days a week.</p> <p><b>When to call*</b></p> <ul style="list-style-type: none"> <li>• Help choosing the right health care setting for illness or injury</li> <li>• Information about common health problems or injuries</li> </ul>	<p><b>20-30 seconds</b></p> <p>Call answered, on average</p>	<p><b>\$0</b></p>
 <p><b>Teladoc<sup>SM</sup> - 800-835-2362 or Teladoc.com</b></p> <p>You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online. Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Cold or flu</li> <li>• Bronchitis</li> <li>• Respiratory infection</li> <li>• Sinus problems</li> <li>• Allergies</li> <li>• Urinary tract infection</li> <li>• Pediatric care</li> <li>• Poison ivy or pink eye</li> </ul>	<p><b>17 minutes</b></p> <p>Approximate wait time for doctor to respond</p>	<p><b>\$10 per consultation</b></p>
 <p><b>Retail clinic/convenient care clinic</b></p> <p>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Colds or flu</li> <li>• Sinus infections</li> <li>• Allergies</li> <li>• Vaccinations or screenings</li> <li>• Minor sprains, burns or rashes</li> <li>• Headaches or sore throats</li> </ul>	<p><b>15 minutes or less, on average</b></p>	<p><b>25% Coinsurance</b></p> <p><b>\$50-\$100</b> Approximate cost per service</p>
 <p><b>Urgent care/walk-in clinic</b></p> <p>Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Sprains and strains</li> <li>• Mild asthma attacks</li> <li>• Sore throats</li> <li>• Minor broken bones or cuts</li> <li>• Minor infections or rashes</li> <li>• Earaches</li> </ul>	<p><b>20-30 minutes</b></p> <p>Approximate wait time</p>	<p><b>25% Coinsurance</b></p> <p><b>\$150 - \$200</b> Average cost</p>
 <p><b>Clinical care (your doctor's office)</b></p> <p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Preventive services and vaccinations</li> <li>• Medical problems or symptoms that are not an immediate, serious threat to your health or life</li> </ul>	<p><b>1 week or more</b></p> <p>Approximate wait time for an appointment</p>	<p><b>25% Coinsurance</b></p> <p><b>\$100-\$150</b> Average cost</p>

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\* This is a sample list of services and is not intended to be all-inclusive.






\*\* Costs are averages only and not tied to a specific condition or treatment. Out-of-pocket costs will vary based on your medical plan design.

# Choose the right health care setting



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 <p><b>Retail clinic/convenient care clinic</b></p> <p>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Colds or flu</li> <li>• Sinus infections</li> <li>• Allergies</li> <li>• Vaccinations or screenings</li> <li>• Minor sprains, burns or rashes</li> <li>• Headaches or sore throats</li> </ul>	<p><b>15 minutes</b> or less, on average</p>	<p><b>25%</b> Coinsurance</p> <p><b>\$50-\$100</b> Approximate cost per service</p>
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 <p><b>Clinical care (your doctor's office)</b></p> <p>Seeing your doctor is important. Your doctor knows your medical history and any ongoing health conditions.</p> <p><b>When to go*</b></p> <ul style="list-style-type: none"> <li>• Preventive services and vaccinations</li> <li>• Medical problems or symptoms that are not an immediate, serious threat to your health or life</li> </ul>	<p><b>1 week or more</b></p> <p>Approximate wait time for an appointment</p>	<p><b>25%</b> Coinsurance</p> <p><b>\$100-\$150</b> Average cost</p>

A UnitedHealthcare Company Continued ...

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# Make sure certain services are covered in advance



## Services that need prior authorization may include:

- Hospitalizations
- Inpatient surgeries
- Behavioral health stays
- Home health care
- Durable medical equipment
- Radiology services such as MRA, MRI, PET and CT scans
- Chemotherapy and radiation
- Dialysis
- Transplants and transplant-related services
- Cosmetic procedures
- Clinical trials

# About your bill

Your plan pays the portion of your health care costs not paid by you.

## The amount you are billed may depend upon the:



Type of care you received



Co-payment amount or co-insurance level for the service(s)



Amount of money previously applied to your deductible



Contracted discount for in-network care



Out-of-pocket maximum amount for your benefits

# An explanation of your benefits



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## Your EOB will tell you:

- How much the service cost
- How much of the cost will be paid by your benefits plan
- How much you may owe, if anything
- What special codes mean



**Remember** you will receive a copy of your EOB by mail only if you have a balance to be paid to your provider.

UMR  
PO Box 30541 Salt Lake City, UT 84130-0541  
1-800-826-9781  
www.umar.com

CUSTOMER LOGO

Provider: Physician, Joe, MD

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A CUSTOMER LOGO

Patient Account: 1234567890

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allow Amount
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00
<b>Totals</b>		<b>\$500.00</b>			<b>\$50.00</b>	<b>\$25.00</b>	<b>\$325.00</b>

**Note Section**

908 Provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic

Benefit	Benefit Level	Applied To Date
01-01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00/Met
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

Payment Date: 02-15-15



# Understanding your EOB



PO Box 30541 Salt Lake City, UT 84130-0541  
1-800-826-9781  
www.umar.com

CUSTOMER LOGO

Employee	Joe Patient
Employee Address	1234 W SUNSHINE BLVD STE 100A BEST CITY US 12345-9876
Member ID	999999999
Patient	Joe Patient
Notice Date	02-15-15
Employer Name	Customer Inc.
Group Number	76-999999

## EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

Provider: Physician, Joe, MD

Patient Account: 1234567890

Claim Control Number: 9999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
<b>Totals</b>		<b>\$500.00</b>			<b>\$50.00</b>	<b>\$25.00</b>	<b>\$325.00</b>		<b>\$260.00</b>	<b>\$260.00</b>	<b>\$140.00</b>

The type of service you received

How much the service cost

How much your benefits plan paid

How much you may owe (if anything)

### Note Section

908 Provider negotiated discount. You are not responsible for this amount.

Your code definition

Payment To: XYZ Clinic

Payment Date: 02-15-15

Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01-01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00Met
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

Your plan maximums and how close you are to meeting them

# How to check claims status on umr.com

**CLAIMS**  
Need help understanding your health benefits? The health insurance 101 video series can help.  
[Go to YouTube](#)

**Claim search results**

Subscriber: Cade Blank, 99934427 | My Favorite Company, 76888888  
You are viewing: All members, Medical claims, all Claims

**Claim activity** [Download](#) [Print](#) [? Help](#)

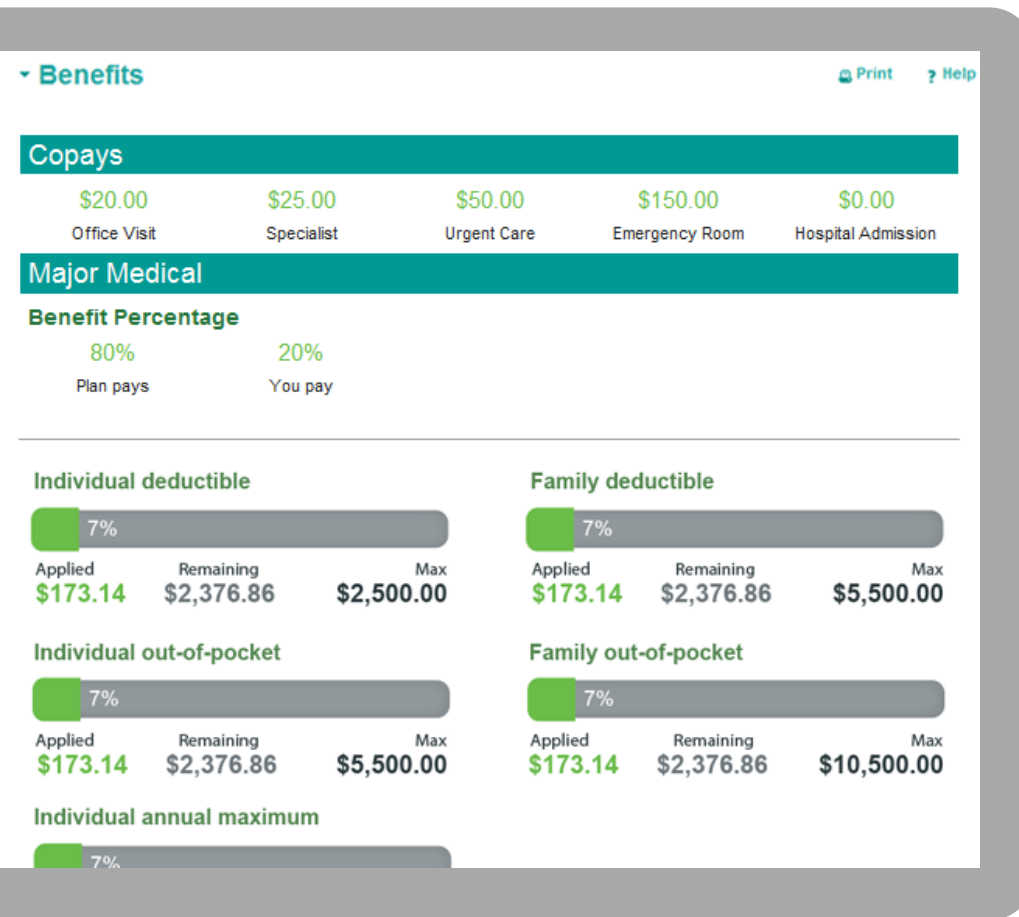
Filter your results:

CLAIM NUMBER	SERVICE DATE	FAMILY MEMBER	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS	YOU OWE	EOB
<a href="#">12270222210</a>	09/10/13	Karyn	Alba, Jessica...	C	\$1,000.00	\$990.00	\$10.00	<a href="#">View</a>
<a href="#">12270222010</a>	09/10/13	Cade	Alba, Jessica...	C	\$1,000.00	\$990.00	\$10.00	<a href="#">View</a>
<a href="#">12270222209</a>	09/09/13	Karyn	Alba, Jessica...	C	\$900.00	\$890.00	\$10.00	<a href="#">View</a>
<a href="#">12270222009</a>	09/09/13	Cade	Alba, Jessica...	C	\$900.00	\$890.00	\$10.00	<a href="#">View</a>
<a href="#">12270222208</a>	09/08/13	Karyn	Alba, Jessica...	C	\$800.00	\$790.00	\$10.00	<a href="#">View</a>
<a href="#">12270222008</a>	09/08/13	Cade	Alba, Jessica...	C	\$800.00	\$790.00	\$10.00	<a href="#">View</a>
<a href="#">12270222207</a>	09/07/13	Karyn	Alba, Jessica...	C	\$700.00	\$690.00	\$10.00	<a href="#">View</a>
<a href="#">12270222007</a>	09/07/13	Cade	Alba, Jessica...	C	\$700.00	\$690.00	\$10.00	<a href="#">View</a>
<a href="#">12270222206</a>	09/06/13	Karyn	Alba, Jessica...	C	\$600.00	\$590.00	\$10.00	<a href="#">View</a>
<a href="#">12270222006</a>	09/06/13	Cade	Alba, Jessica...	C	\$600.00	\$590.00	\$10.00	<a href="#">View</a>
<a href="#">12270222205</a>	09/05/13	Karyn	Alba, Jessica...	C	\$500.00	\$490.00	\$10.00	<a href="#">View</a>
<a href="#">12270222005</a>	09/05/13	Cade	Alba, Jessica...	C	\$500.00	\$490.00	\$10.00	<a href="#">View</a>
<a href="#">12270222204</a>	09/04/13	Karyn	Alba, Jessica...	C	\$400.00	\$390.00	\$10.00	<a href="#">View</a>
<a href="#">12270222004</a>	09/04/13	Cade	Alba, Jessica...	C	\$400.00	\$390.00	\$10.00	<a href="#">View</a>
<a href="#">12270222203</a>	09/03/13	Karyn	Alba, Jessica...	C	\$300.00	\$290.00	\$10.00	<a href="#">View</a>

## View claims by service date, family member, status and more

- Clearly organized and easy to sort
- Find out what you owe
- Get all the details in one place
- Safe and secure
- No lost paperwork

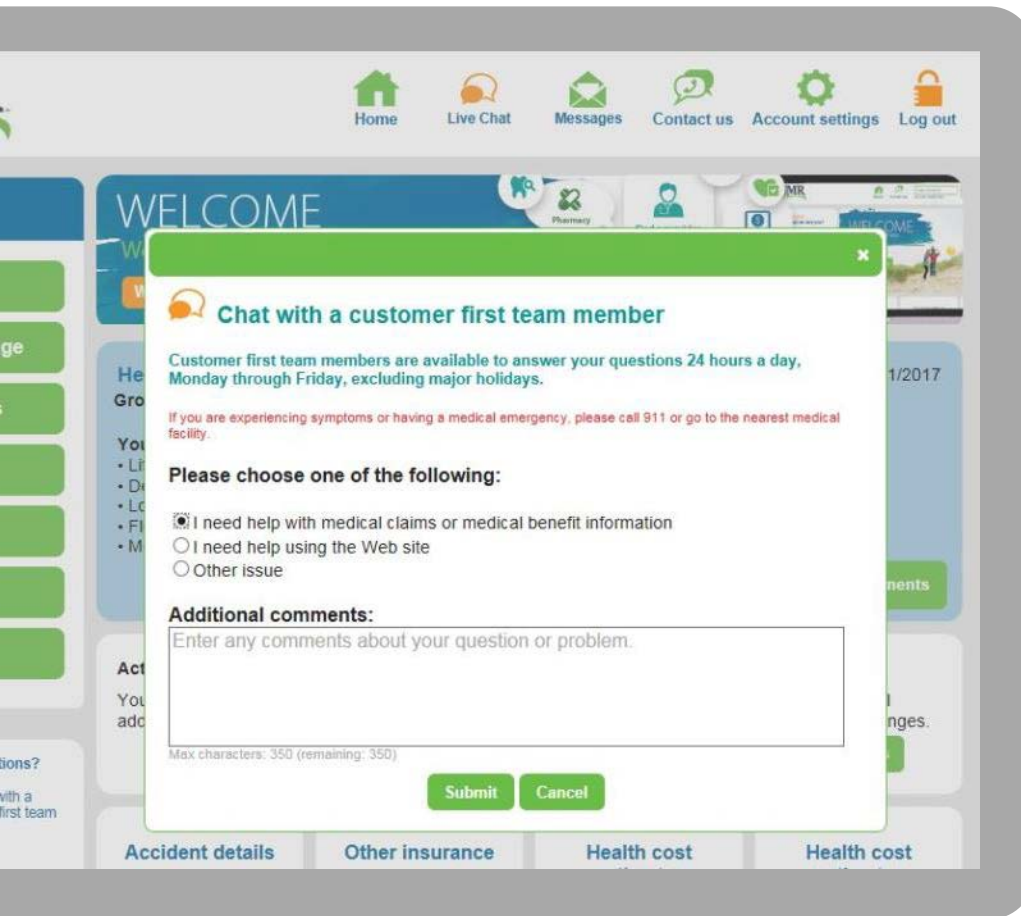
# Review deductible and out-of-pocket amounts



## Get your answers fast

- Is there a co-payment for your office visit? If so, how much?
- What's your deductible, and are you close to reaching it?
- How much have you paid toward your out-of-pocket maximum?

# Chat online with UMR customer service



We've made it easier for you to **get the answers you need – fast**

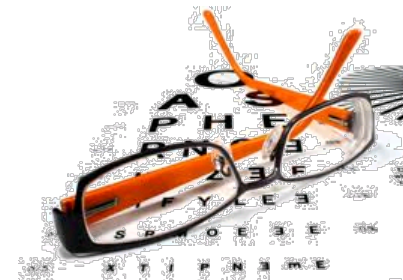
- Simply log in to **umr.com** and click the **Live Chat** icon in the top navigation bar
- Team members are available 24 hours a day, seven days a week (excluding major holidays)

# Dental Plan

Plan Year 1/1/20 thru 12/31/20	In Network	
Deductible per plan year	\$50 per individual \$100 per family	
Deductible applies to	Basic and Major Services	
Preventive Care	100% covered, deductible waived	
Basic Care	80% after deductible	
Major Care	60% after deductible	
Annual Maximum Benefit per Person	\$1,500	
Orthodontia Care (dependent children only)	50%	
Orthodontia Lifetime Maximum	\$1,500	
Monthly Employee Contributions	Monthly Cost	Bi-Weekly Cost
Employee Only	\$10.50	\$4.85
Family	\$25.50	\$11.77



Plan Year 1/1/20 thru 12/31/20	In Network	
Exam with refraction and dilation as necessary	\$10 copay	
Frames	100% to \$130 allowance; 20% off balance	
Standard Plastic Lenses <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	\$25 copay	
Contact Lenses (in lieu of glasses) <ul style="list-style-type: none"> <li>• Materials</li> </ul>	100% to \$130 allowance; 20% off balance	
Frequency <ul style="list-style-type: none"> <li>• Exam</li> <li>• Frames</li> <li>• Lenses or Contact Lenses</li> </ul>	Once every 12 months Once every 12 months Once every 12 months	
Per Pay Contributions	Monthly	Bi-Weekly
Employee Only	\$9.35	\$4.32
2 Person	\$14.18	\$6.54
Family	\$25.30	\$11.68



# Access to many popular retail chains

## Retail chains employees know and trust



- Accurate Optical
- Advanced Aurora Healthcare
- America's Best
- Aurora Vision Centers
- Clarkson Optometry
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Dean Optical
- Doctors Valuvision
- Dr. Tavel's Family Eye Care
- Empire Vision Center
- EyeDoctors Optical Outlet
- Eye Works
- Eyecare Partners
- Eyecarecenter
- Eyeglass World
- Eyeglasses Unlimited Inc.
- Eyemart Express
- Eyemasters
- For Eyes
- Fred Meyer
- General Vision Services
- H Rubin Vision Center
- Heartland Vision
- Henry Ford Optimeyes
- Horizon Eye Care
- Houston Eye Associates Optical
- Lange Eye Care and Associates
- Lo Optical
- Mark Lynn OD & Associates
- Mass Optometric Associates
- Michigan Eye Care Optical
- Myeyedr
- National Vision Inc.
- Nationwide Optometry
- Nationwide Vision Centers
- Nationwide Vision inside JC Penney
- New Vision Optical
- North American RX I Wear Inc.
- Optical Inside CVS Pharmacy
- Optical Shop Equipment Inc.
- Opticare Vision Center
- Optometric Providers of NH
- Optyx
- Ossip Optometry
- Pearle Vision<sup>1</sup>
- Riverfront Eyecare
- Rosin Optical Co Inc.
- RX Optical Laboratories
- Sam's Club
- S and Optical Inc
- Schaeffer Eye Center
- Shopko Eyecare Center
- SJC Eye Specialists
- Sowash Optometry Group
- Spectacle Shoppe
- Spex
- SVS Vision
- Texas State Optical
- Thoma and Sutton
- Today's Vision
- Tom Sowash OD & Associates
- Union Eye Care Center Inc
- Virginia Eye Institute
- Vision 4 Less
- Vision Pro
- Vision Source
- Vision Values by Dr. Tavel
- Visionworks
- Vista Optical
- Walmart
- Whylie Eye Care Centers
- Wisconsin Vision

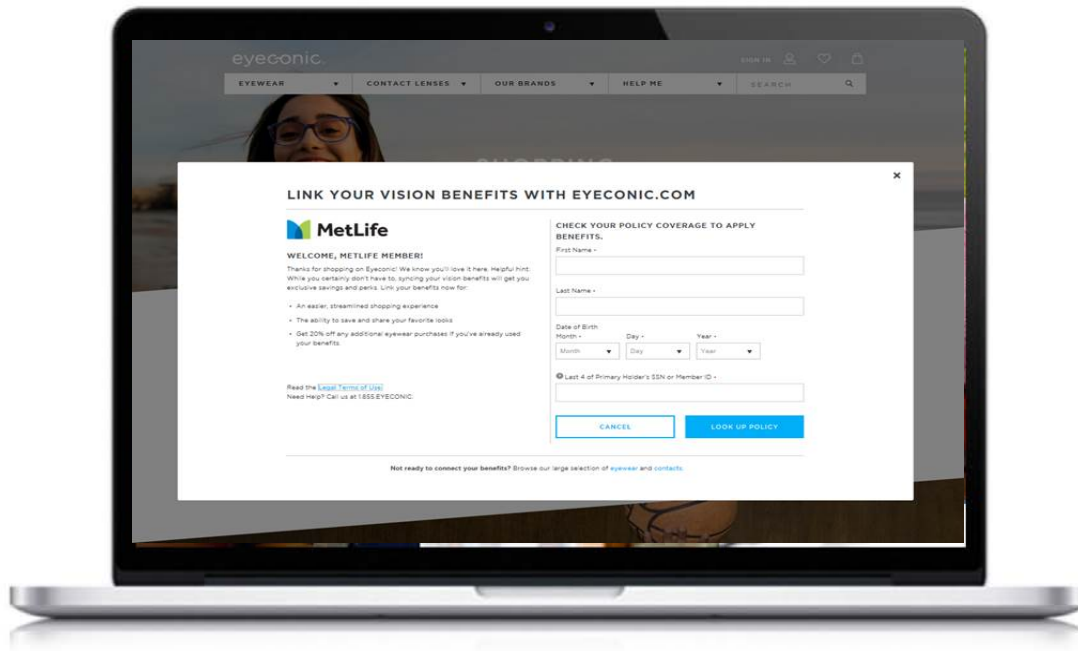
<sup>1</sup> Not all Costco locations offer eye exam services.

<sup>2</sup> Not all Pearle Vision locations participate in the MetLife Vision program. Visit MetLife's MyBenefits website to confirm participating locations.



# Convenient, online shopping for eyewear

Eyeconic®—an in-network, online eyewear store



Eyeconic® — an online, in-network eyewear store that links directly to employees' vision benefits.

Employees can:

- “Try-on” frames virtually
- See instant savings<sup>1</sup> on glasses, sunglasses, and contacts
- Shop without worry — shipping and returns are free

<sup>1</sup>Savings from enrolling in a vision benefits plan will depend on various factors including the cost of the plan, how often participants visit a vision care provider and the cost of materials and services received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

Eyeconic® is not affiliated with Metropolitan Life Insurance Company (MetLife) or its affiliates.



<b>Who Pays</b>	<b>The University of Findlay pays 100%</b>
<b>Employee Benefit</b>	
<b>Life AD&amp;D Coverage</b>	\$50,000
<b>Beneficiary Updates</b>	You can make these anytime through the year. Is yours current?

Benefits will reduce: 35% at age 65. An additional 25% of original amount at age 70. An additional 15% of original amount at age 75. Benefits terminate at retirement.



Who Pays	Employee pays 100%
<b>Employee Benefit</b>	Increments of \$10,000 up to 5 X salary or \$500,000 maximum
<b>Spouse</b>	Increments of \$5,000 \$50,000 maximum-Limited to 50% of the employee's elected amount.
<b>Child(ren) Benefit</b>	Age 15 days to (25 FTS): Option \$10,000
<b>Beneficiary Updates</b>	You can make these anytime through the year. Is yours current?
<b>Annual Open Enrollment Increase</b>	Employees and spouse may increase their life amount at annual open enrollment by \$10,000 as long as the total amount doesn't exceed the Guarantee Issue amount.
<b>Guarantee Issue</b>	Employee: \$250,000 Spouse: \$30,000 Child(ren): \$10,000



<b>Who Pays</b>	University of Findlay pays 100%
<b>Elimination Period</b>	90 days
<b>Percentage of Income Replacement</b>	60% of monthly salary
<b>Maximum Benefit</b>	\$11,000 / month
<b>Definition of Disability</b>	3 years own occupation
<b>Pre-Existing Conditions</b>	3/12



# Group Accident and Hospital Indemnity Insurance

University of Findlay

# Why should you consider accident insurance?

Accidents happen, yet we typically don't plan for them – emotionally or financially.

<b>31 million</b>	<b>2 seconds</b>	<b>&gt;3.5 million</b>
<b>31 million annual ER visits</b> are related to unintentional injuries <sup>1</sup>	Every <b>2 seconds</b> an <b>accident happens</b> in the home <sup>2</sup>	More than <b>3.5 million</b> kids receive <b>medical treatment for sports injuries</b> each year <sup>3</sup>



**Unintentional (accidental) injuries are the 4<sup>th</sup> leading cause of death — estimated 130,557 accidental deaths reported in 2013.<sup>4</sup>**

<sup>1</sup>Centers for Disease Control and Prevention Accidents or Unintentional Injuries. <http://www.cdc.gov/nchs/fastats/accidental-injury.htm>

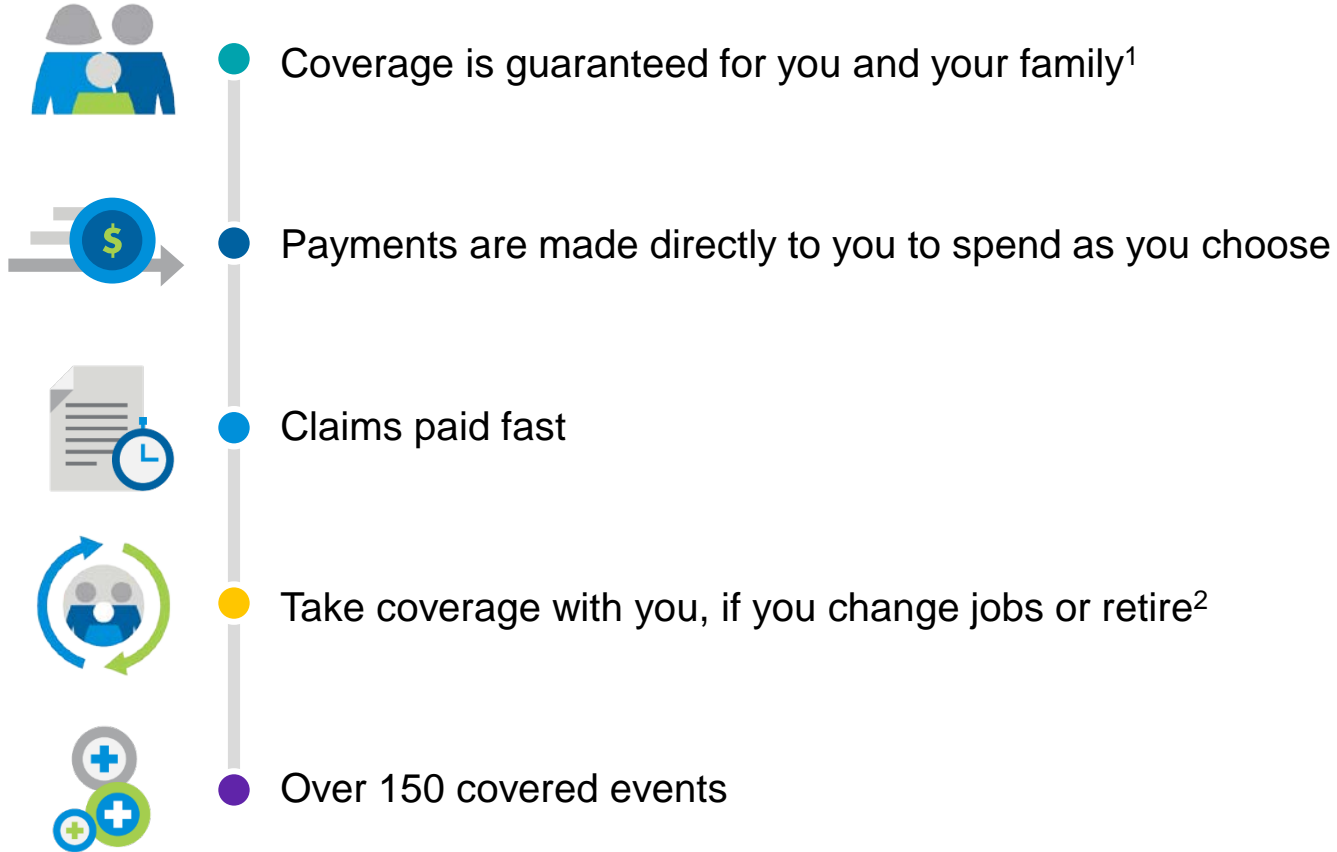
<sup>2</sup>National Safety Council Injury Facts, 2015 Edition. Itasca, IL (based deaths and medically consulted injuries by class, 2013).

<sup>3</sup>Sports and Recreation Safety Fact Sheet. Washington, DC: Safe Kids Worldwide, 2011, accessed December 2016.

[https://www.safekids.org/search?search\\_api\\_views\\_fulltext=sports+injury&=Apply](https://www.safekids.org/search?search_api_views_fulltext=sports+injury&=Apply)

<sup>4</sup>Deaths: Final Data for 2013, tables 9.18. Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/accidental-injury.htm>, Accessed February 2016.

# Accident insurance – Key features



<sup>1</sup>Coverage is guaranteed provided: (1) the employee is actively at work, and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or overseas.

<sup>2</sup>Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

# Accident insurance – Over 150 covered events

Here are just a few!



## Injuries

- Fractures/Dislocations
- Concussion
- Coma
- Ruptured Disc
- Torn Cartilage in Knee
- Cuts/Lacerations
- Torn/Ruptured/Severed Tendon/Ligament
- Broken Tooth
- And more



## Dismemberment, Loss & Paralysis

- Dismemberment & Loss
- Catastrophic Dismemberment & Loss
- Paralysis



## Medical Services & Treatments

- Air/Ground Ambulance
- Emergency/Non-Emergency Care
- Physician Follow-Up
- Transportation
- Therapy Services
- Pain Management
- Blood/Plasma/Platelets
- Inpatient Surgery
- Outpatient Ambulatory Surgery
- And more



## Accidental Death

- Accidental Death
- Common Carrier<sup>4</sup>



## Hospital – Accident

- Admission
- Confinement
- Admission – ICU
- Confinement – ICU
- Inpatient Rehab Unit



## Additional Benefits

- Lodging<sup>3</sup>
- Health Screening Benefit - \$100 (Wellness)<sup>4</sup>

<sup>2</sup>Common Carrier refers to airplanes, trains, buses, trolleys, subways and boats. Certain conditions apply. See your Disclosure Statement or Outline of Coverage/Disclosure Document for specific details. Be sure to review other information contained in this booklet for more details about plan benefits, monthly rates and other terms and conditions.

<sup>3</sup>The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

<sup>4</sup>The Health Screening Benefit is not available in all states. For Texas situated policies and Texas residents covered under policies situated in other states, when the Health Screening Benefit is included in an Accident-only plan, the covered screening measures are: physical exam, blood chemistry panel, complete blood count (CBC), chest x-rays, electrocardiogram (EKG), and electroencephalogram (EEG).



# Accident insurance – Plan highlights



Covered Conditions	Accident Plan MetLife Accident Insurance Pays You
<p><b>Injuries –</b> <i>12 covered injury types</i></p>	<p>Ranging from <b>\$50 – \$10,000</b> per injury</p>
<p><b>Medical Services &amp; Treatment –</b> <i>15 covered medical services &amp; treatments</i></p>	<p>Ranging from <b>\$25 – \$2,000</b> per medical service/treatment</p>
<p><b>Hospital Coverage<sup>1</sup></b> (due to an Accident)</p>	<p><b>\$1,000 (non-ICU) – \$2,000 (ICU)</b> admission benefit per accident</p> <p><b>\$200</b> a day for non-ICU confinement up to 31 days</p> <p><b>\$400</b> a day for ICU confinement up to 31 days</p>

<sup>1</sup>Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

# Accident insurance – How it works



## Kathy

Daughter suffers a concussion during a soccer game against the team's biggest rival.

Care Received After Injury	Benefits Paid
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-Up	\$150 (\$75x2)
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
<b>Total Benefit – Accident Insurance</b>	<b>\$1,350</b>

# Why should you consider Hospital Indemnity insurance?

Hospital stays can be unexpected and costly



**24.3 million**

people stayed overnight in the hospital in 2015<sup>1</sup>



**12.6 million**

emergency department visits in 2016 in the U.S. resulted in hospital admission<sup>2</sup>



**In the US the average hospital stay costs \$15,734<sup>3</sup>**

# Hospital Indemnity insurance – Key features



**Coverage is guaranteed** for you and your family<sup>4</sup>



**Payments** are made directly to you to spend as you choose



**Claims** paid fast



**Take coverage** with you, if your employment status changes<sup>5</sup>

# Hospital Indemnity insurance

Here are the benefit types that provide payments...



## Hospital – Accident

- Admission
- Confinement



## Intensive Care Unit Coverage – Accident

- Admission
- Confinement



## Intensive Care Unit Coverage – Sickness

- Admission
- Confinement



## Additional Benefits

- Health Screening - \$50 (Wellness)<sup>8</sup>

# Hospital Indemnity insurance – Plan highlights



Covered Conditions <sup>9</sup>		Hospital Indemnity Plan
<b>Hospital Coverage (Accident)</b>		
<b>Admission</b> <i>must occur within 180 days of accident</i>		Non-ICU – <b>\$1,000</b> per accident ICU – <b>\$2,000</b> per accident
<b>Confinement</b> <i>must occur within 180 days of accident</i>		Non-ICU – <b>\$200</b> a day, up to 15 days ICU – <b>\$400</b> a day, up to 15 days
<b>Health Screening (Wellness)</b> <i>Benefit provided if the covered insured takes one of the covered screening/prevention tests</i>		<b>\$50</b> (payable 1X per covered insured per calendar year)



# Hospital Indemnity insurance – How it works



Bill gets in a car accident on  
the way to work

Care Received After Injury	Benefits Paid
ICU Admission	\$2,000
ICU Confinement (2 days)	\$800
Hospital Confinement (5 days)	\$1,000
<b>Total Benefit – Hospital Indemnity Insurance</b>	<b>\$3,800</b>



# Critical illness insurance

- **Critical illness insurance provides coverage for specific critical illnesses** and helps offset expenses not reimbursed by other types of insurance.
- **It is not a replacement for traditional medical or disability income insurance** – rather it is a complement to these other coverages.



## MetLife's Critical Illness Insurance

Provides a **lump-sum payment** upon diagnosis verification

Is **not reimbursement-based**, so covered individuals only need to submit proof of a diagnosis

Allows covered individuals to use the lump-sum payment **the way they see fit**

# The financial impact of a critical illness

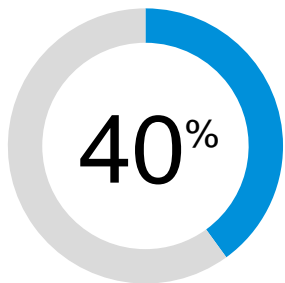


Over **3.2 million** Americans are expected to suffer or be diagnosed with cancer, heart attack or stroke annually<sup>1</sup>

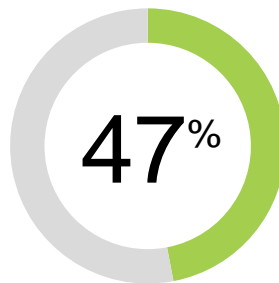
Recovery and treatment can take **weeks, months or years**<sup>2</sup>

**60%** of employees surveyed are “worried about money”<sup>4</sup>

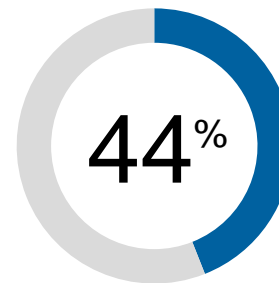
In a recent MetLife survey, respondents who reported that a critical illness had a devastating financial impact on their lives made these adjustments:<sup>3</sup>



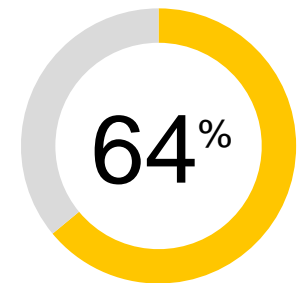
borrowed money



had higher credit card balances



couldn't pay their bills



withdrew from savings

# Costs of survival: The out-of-pocket expenses

## Expenses that may not be covered by medical plans

- Medical & prescription co-pays/deductibles
- Out of network treatments
- Experimental/non-traditional treatment



## Non-medical expenses

- Lost or reduced income
- Household expenses
  - Mortgage/rent
  - Child care
  - Car payments
  - Groceries



Even with the best medical coverage, your savings could still be impacted

# Critical illness insurance – Guaranteed acceptance



Your critical illness insurance **enrollment is guaranteed**<sup>4</sup> provided you are actively at work.

## Eligible Individuals



Employee



Spouse/Domestic  
Partner<sup>5</sup>



Child(ren)<sup>6</sup>

[Employee must enroll for the Spouse/Domestic Partner and/or Child(ren) to be eligible for coverage.]

# Critical illness insurance – Covered conditions



## Conditions

- Full Benefit Cancer<sup>7</sup>
- Partial Benefit Cancer<sup>7</sup>
- Heart Attack
- Stroke<sup>8</sup>
- Kidney Failure
- Coronary Artery Bypass Graft (CABG)<sup>9</sup>
- Alzheimer's Disease<sup>10</sup>
- Major Organ Transplant
- 22 Listed Conditions<sup>11</sup>

# Critical illness insurance – Initial benefit amount

You have a **choice** of a \$10,000 or \$20,000 Initial Benefit Amount

Your Total Benefit Amount will be **3 times** the Initial Benefit Amount you selected

You can receive **Initial and Recurrence Benefit<sup>13</sup>** payments until your Total Benefit Amount is reached

## Example of Initial & Recurrence Benefit Payments<sup>14</sup>

The example below illustrates an employee who elected an Initial Benefit of \$20,000 and has a Total Benefit Amount of 3 times (or 300%) of the Initial Benefit Amount or \$60,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
<b>Heart Attack</b> – first diagnosis	Initial Benefit payment of <b>\$20,000</b> or <b>100%</b>	\$40,000
<b>Heart Attack</b> – second diagnosis, two years later	Recurrence Benefit payment of <b>\$10,000</b> or <b>50%</b>	\$30,000
<b>Kidney Failure</b> – first diagnosis, three years later	Initial Benefit payment of <b>\$20,000</b> or <b>100%</b>	\$10,000



# Critical illness insurance – Health screening benefit

MetLife provides an annual Health Screening Benefit\* of \$50 for taking one of the eligible screening/prevention measures.

This coverage would be in addition to the Total Benefit Amount payable for previously mentioned Covered Conditions.



**Health Screening Benefit**

**\$50**





# Accident, Hospital Indemnity and Critical Illness insurance – Simple claims process

Hassle-free, 3 step claims process

**Physician's Attachment**  
**Critical Illness Insurance Claim - Physician Statement**  
 Things to know before you begin:  
 • The patient submitting this Critical Illness Claim must complete Section 7 before giving it to a physician.  
 • Any fee charged by the physician for completing this form is the patient's responsibility.  
 • The physician must sign Section 8B after completing this claim form.  
 • The physician must return the completed claim form and any attachments by fax or by mail to the address listed in the header of the claim form or directly to the patient.  
 • If you have questions, please call 1-800-GET-MET8.

**SECTION 7 - Patient Authorization & Signature**  
 I authorize the release of any medical information necessary to process this claim.  
 Signed: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
 Relationship to Insured: \_\_\_\_\_

**SECTION 8 - Information Needed From Your Physician/Provider**  
**8A - Patient Information**  
 First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Date of Birth (month/Day/Year): \_\_\_\_\_  
**8B - Condition to be checked off the correct:**  
 Cancer  Coronary Artery  
 If the claimant is a: \_\_\_\_\_

**Critical Illness Insurance Claim Form**  
 Things to know before you begin:  
 • If you are submitting a claim for a Critical Illness which you have not yet reported to us, please complete this claim form. Once we receive a completed claim form we consider this Critical Illness to have been reported to us. Return completed form by fax or mail.  
 • Anytime you are submitting a claim to us, please provide us with supporting documents from the provider related to the Critical Illness for which a claim is being made. The supporting documents must include: 1) the diagnosis, 2) pathology reports, surgical notes, lab results, or clinical records that support the diagnosis of the covered condition and 3) the date(s) of diagnosis.  
 Please complete Sections 1 through 4, Review, sign and date pages 1 and 4, Complete Section 7 of the Physician's Attachment. Your physician must complete the remainder of the Physician's Attachment (all of Section 8) and return the completed form.

**SECTION 1 - Certificateholder Information**  
 Certificateholder Name (First, Middle Initial, Last Name): \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 Address - Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_  
 EMAIL Address (optional): \_\_\_\_\_ Employer Name: \_\_\_\_\_

**SECTION 2 - Patient Information**  
 Same as Section 1 (If you check this box, you do not need to complete this section. The only step in Section 1.)  
 Spouse  Child  
 Patient Name (First, Middle Initial, Last Name): \_\_\_\_\_  
 Home Address - Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female Social Security Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**1 Opening a Claim**  
 Call 1-800-GET-MET8 –or– go to <https://mybenefits.metlife.com> to get a claim form via email, fax or mail. To officially open the claim, you need to submit a fully completed claim form including the physician statement.

**2 Processing a Claim**  
 Within 3 days after receipt of a complete claims form including the physician statement, a Claims Acknowledgement Letter is mailed to you.

**3 Payment**  
 Within 10 business days after receipt of a complete claims form, a “clean” claim is fully processed<sup>12</sup> and payment is issued to you or the designated beneficiary.

Experienced Customer Service Representatives are available to answer questions at any time throughout the claims process.



# Critical illness insurance – Questions?



## Call



**1-800-GET-MET8**  
(1-800-438-6388)



**Monday through Friday,**  
8 am – 8 pm, EST

**A MetLife Customer Service Representative will be happy to answer any questions.**





# What you need to do...

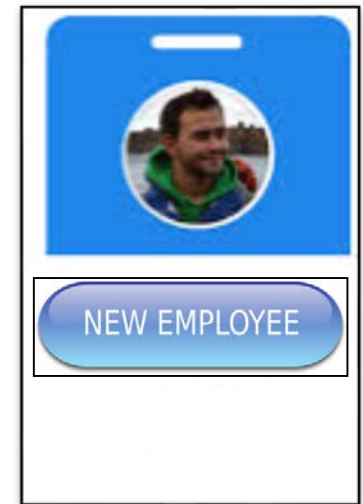
- Open Enrollment decisions must be completed on the portal no later than **November 15, 2019**.
- **All eligible employees must log into the Workday system to make elections for 2020.**
- The benefits you elect during open enrollment will be effective from January 1, 2020 through December 31, 2020.
- You will not be able to make changes to your elections until the next open enrollment of January 1, 2021 unless you experience a valid Qualifying Event.
- All employees covering a spouse must complete the Spousal Coordination of Benefits. You can find the document within the Open Enrollment information in the workday portal.
- The Spousal Coordination of Benefits Form is due December 13<sup>th</sup> to HR



# Enrollment Opportunities

Qualifying life events include

- Marriage, divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status
- Receiving Qualified Medical Child Support Order
- Change in your child's eligibility for benefits



# Questions?



Should you have further questions, please contact:

- Office of Human Resources  
x6964

- USI BRC  
Phone: 855-874-0829  
BRCMidwest@usi.com  
Monday- Friday 8 AM to  
5 PM EST

**We are here for you!**

