

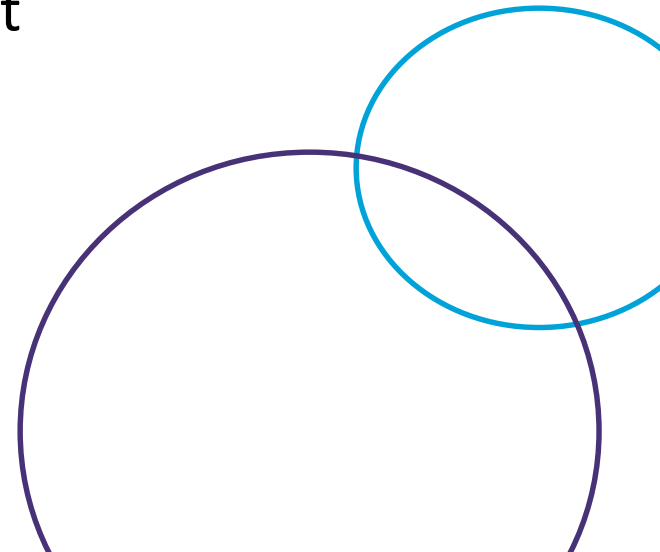


University of Findlay®



2023 Employee Benefits

Open Enrollment



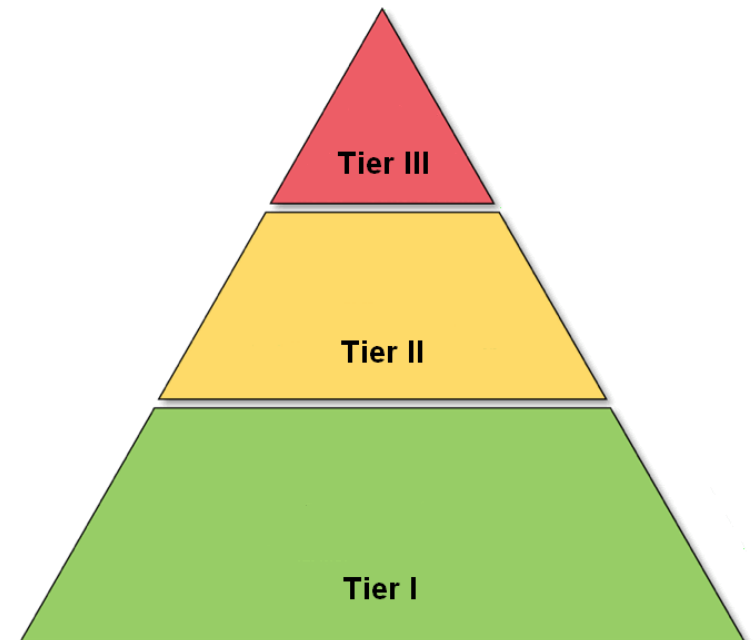
Today's Discussion Topics

- Medical Plans
 - Tiered Network
 - Working Spouse Eligibility
 - Imaging Program
- Savings Accounts – HSA & FSA
- Dental Plan
- Vision Plan
- Life and Disability
- Additional Benefits
- Enrollment Process



We will continue to offer a Tiered Network on all 3 plans.

- Tier 1: Hospital Services at Blanchard Valley Hospital System
- Tier 2: UHC Choice Network
- Tier 3: Out of Network



All plans will utilize the United Healthcare Choice Plus Network

Medical/Rx – Definitions

Copay

Flat dollar amount member is responsible for at the time of service. The plan usually pays 100% of the remaining balance.

Deductible

Amount member is responsible for before the plan pays for certain services.

Coinsurance

Percentage of payment shared between the member and the plan for certain services after the deductible has been met.

Out-of-Pocket Maximum

Member total payments for deductible, coinsurance and copays to stated maximum per plan year. Once reached, the plan will pay 100% for eligible expenses for the rest of the plan year.

High Deductible Health Plan (HDHP)

Qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. Exception is Routine Preventive Care as defined by the IRS.

HSA – Health Savings Account

Tax Free account that is established by the employee that is covered by a High Deductible Health Plan (HDHP).

Network Provider

Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.

PPO Plan - Orange Plan



Calendar Year	In Network	Out of Network
Deductible	Embedded	Embedded
Annual Deductibles	Tier 1 (BVHS) – \$750 per person / \$1,000 max per family Tier 2 (UHC Choice) – \$1,000 per person / \$1,500 max per family	Tier 3 (OON) – \$1,500 per person / \$2,000 max per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$2,000 per person / \$4,000 max per family; Tier 2 (UHC Choice) – \$3,000 per person / \$6,000 max per family	Tier 3 (OON) – \$4,000 per person / \$8,000 max per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	<p>Prescription Drug separate Out of Pocket Maximum: \$1,250 per person / \$2,500 per Family</p> <ul style="list-style-type: none"> • Generic: \$8 copay • Formulary: \$22 copay or 25%, whichever is greater • Non-Formulary: \$42 copay or 30%, whichever is greater • Specialty: 50% <p>Mail Order 2x Retail</p>	None

PPO Plan - Black Plan



Calendar Year	In Network	Out of Network
Deductible	Embedded	Embedded
Annual Deductibles	Tier 1 (BVHS) – \$1,500 per person / \$2,000 max per family Tier 2 (UHC Choice) – \$2,000 per person / \$3,000 max per family	Tier 3 (OON) - \$3,000 per person / \$4,000 max per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$3,000 per person / \$6,000 max per family; Tier 2 (UHC Choice) – \$4,000 per person / \$8,000 max per family	Tier 3 (OON) - \$6,000 per person / \$12,000 max per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	<p>Prescription Drug separate Out of Pocket Maximum: \$1,250 per person / \$2,500 per Family</p> <ul style="list-style-type: none"> • Generic: \$10 copay • Formulary: \$30 copay or 25%, whichever is greater • Non-Formulary: \$50 copay or 30%, whichever is greater <ul style="list-style-type: none"> • Specialty: 50% <p>Mail Order 3x Retail</p>	None

HDHP / HSA Plan



Calendar Year	In Network	Out of Network
Deductible	Non-Embedded	Non-Embedded
Annual Deductibles	Tier 1 (BVHS) – \$2,500 per person / \$5,000 per family Tier 2 (UHC Choice) – \$3,000 per person / \$6,000 per family	Tier 3 (OON) - \$5,000 per person / \$10,000 per family
Coinsurance (you pay)	Tier 1 (BVHS) – 15% of medical charges after you meet deductible Tier 2 (UHC Choice) – 25% of medical charges after you meet deductible	Tier 3 (OON) – 45% of medical charges after you meet deductible
Max Out-of-Pocket	Tier 1 (BVHS) – \$3,000 per person / \$6,000 max per family; Tier 2 (UHC Choice) – \$3,425 per person / \$6,850 per family	Tier 3 (OON) - \$7,000 per person / \$14,000 per family
Physician/Specialist	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Urgent Care	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Emergency Room	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Inpatient/Outpatient Treatment	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Outpatient Surgery	Tier 1 (BVHS) – 15% after deductible Tier 2 (UHC Choice) – 25% after deductible	Tier 3 (OON) – 45% after deductible
Preventive Care	100%	Tier 3 (OON) – 45% after deductible
Prescriptions (Tier 1 & 2)	Included with Medical Deductible 25% after deductible for 30 day and 90 day supply at retail or mail order	None

Routine Preventive Care



PREVENTIVE CARE – Covered at 100% on all medical plan options.

Know what services are covered at 100% by UMR prior to your preventive care visit

Routine preventive for Children*

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
- Bone density testing
- Colonoscopy
- Aortic aneurysm



*Birth to age 18

Medical Contributions

Bi-Weekly Employee Contributions January 1, 2023	Orange Plan	Black Plan	HDHP Plan
Employee Only	\$145.70	\$119.49	\$59.99
Employee/Spouse	\$283.77	\$232.71	\$116.89
Employee/Child(ren)	\$252.33	\$206.92	\$103.95
Family	\$377.75	\$310.06	\$155.77

*All deductions are done on a pre-tax basis unless requested otherwise.

Wellness Program Reminder! – DEADLINE 11/30/22



- REMEMBER! You have the opportunity to earn a bi-weekly medical premium credit effective 1/1/23 if you complete the required steps to earn the incentive!



- Step 1: Onsite Biometrics and Lab Work: Employees and spouses must either attend the onsite biometric screening OR visit your primary care physician for an annual physical and lab work.
 - Print out the Physician Results Form located in the Wellness Locker and take it to your doctor, then submit the completed form to Wellworks by 11/30/22



- Step 2: Complete the Know Your Numbers Assessment by 11/30/22



- Step 3: Tobacco Attestation Form: All participants are required to complete this form in its entirety and certify they are a non-tobacco user or are a tobacco user that will complete the Wellworks For You 6-week Tobacco cessation e-Learning Series. The form and/or the e-learning series must be completed by 11/30/22



- Step 4: Complete the applicable age and gender preventive exams by 11/30/22



- Step 5: Complete Four Activities by 11/30/22

- For additional information please see your Wellworks Program Guide

Working Spouse Eligibility

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

If these conditions are met, the spouse must enroll in their 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





A UnitedHealthcare Company



Finding a network provider

Choose the option that's easiest for you!

- Visit umr.com and select Find a provider. Then enter Choice Plus 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.

Using your online provider directory



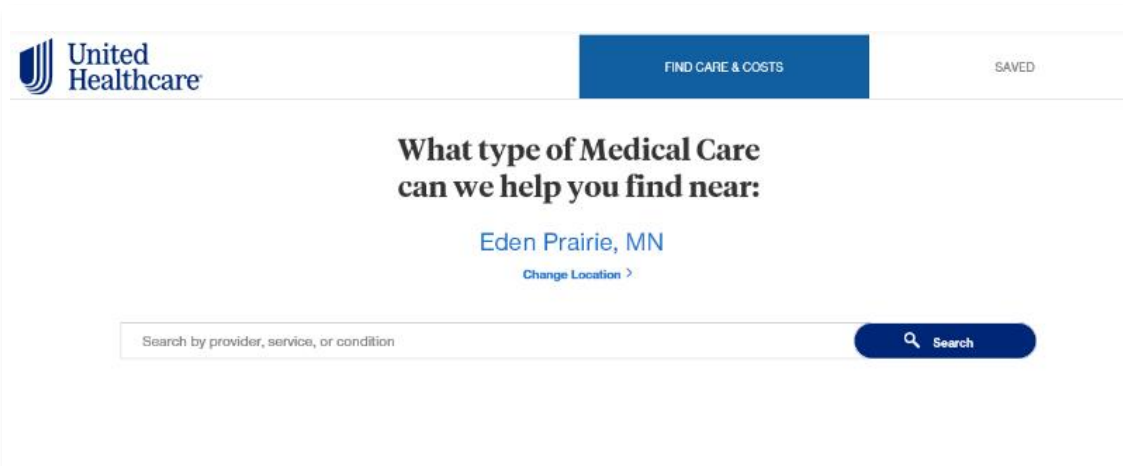
Find the care you need, fast

- 1 Go to umr.com from your device and select Find a provider
- 2 Look for the name of your provider network on your ID card
- 3 Find your provider network using our alphabetical listing or search box



Look for this tile on umr.com

Look up care where you live



The screenshot shows the UnitedHealthcare search interface. At the top left is the UnitedHealthcare logo. To its right are two buttons: "FIND CARE & COSTS" (highlighted in blue) and "SAVED". Below the header, the main heading reads "What type of Medical Care can we help you find near:". Underneath, the location "Eden Prairie, MN" is displayed with a "Change Location >" link. A search bar is positioned below the location, with the placeholder text "Search by provider, service, or condition" and a blue "Search" button with a magnifying glass icon.

Search by category:

- **People:** Doctors and other health care providers
- **Places:** Hospitals, clinics, imaging centers
- **Tests and Imaging:** Lab tests, screenings, scans
- **Services and Treatments:** Office visits, surgeries
- **Care by Condition:** Area of the body, type of illness

Look for provider ratings for quality and cost

UnitedHealth Premium symbols look like this:



**Premium Care
Physician**



**Quality Care
Physician**



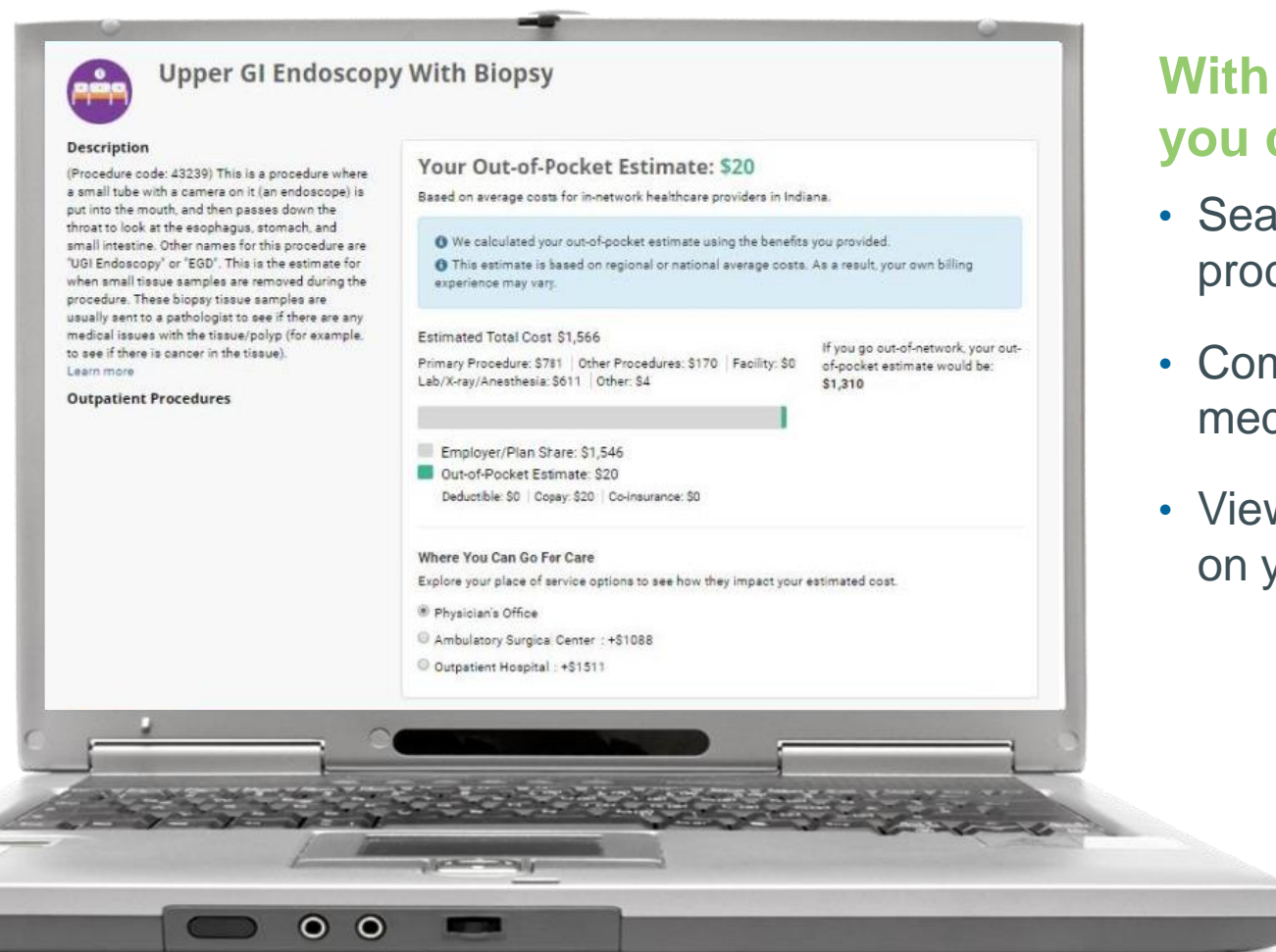
**Quality Not
Evaluated**



**Does Not
Meet Quality**

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

Compare costs before you go in for care



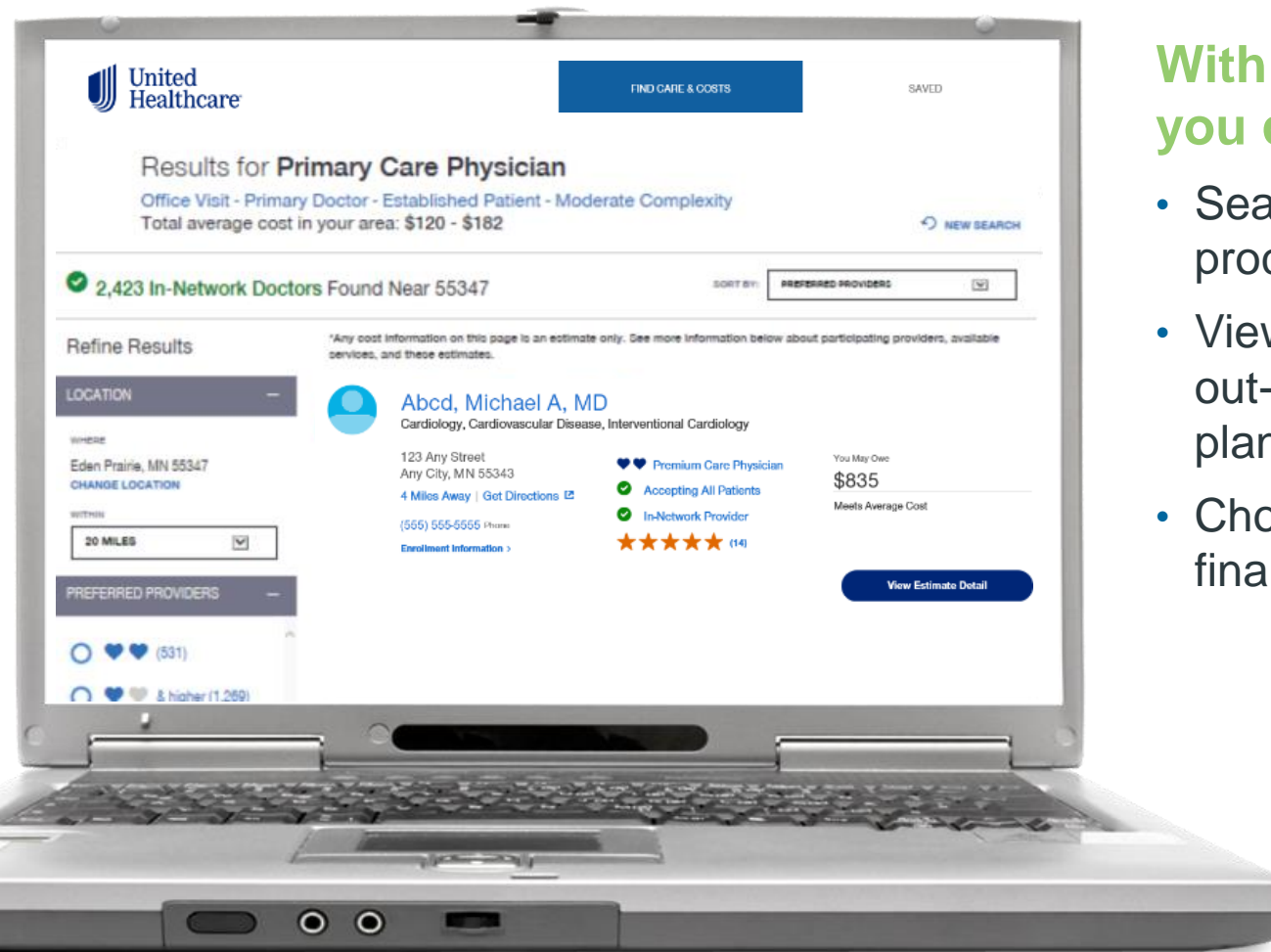
With the health cost estimator you can:

- Search for treatment or procedure options in your area
- Compare costs based on the medical facility you visit
- View a range of costs based on your medical plan



Look for the shopping cart on [umar.com](https://www.umar.com)

See how much you'll pay before you visit the doctor



With the health cost estimator you can:

- Search for treatments or procedures from local providers
- View estimates, including your out-of-pocket costs and what your plan will pay
- Choose a provider and get a final estimate







Look for the shopping cart on umr.com

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

	Type of care	Wait time	Cost**
	<p>NurseLine Talk to a nurse, 24/7, about common illnesses and types of care.</p>	<p>20 - 30 seconds Call answered, on average</p>	<p>No charge</p>
	<p>Teladoc Consults by phone or online video for routine ailments.</p>	<p>17 minutes Approximate wait time for doctor to respond</p>	<p>\$49 per consultation</p>
	<p>Retail clinic/convenient care clinic Clinics located in retail stores, supermarkets and pharmacies.</p>	<p>15 minutes or less on average</p>	<p>\$50 - 100 Approximate cost per service</p>
	<p>Urgent care/walk-in clinic Urgent care centers, sometimes called walk-in clinics, are often open in the evenings and on weekends.</p>	<p>20 - 30 minutes Approximate wait time</p>	<p>\$20 Co-pay</p> <p>\$150 - \$200 Average cost</p>

[Continued >>](#)

Choose the right health care setting (cont.)

Type of care	Wait time	Cost**	
 <p>Clinical care (your doctor's office) See your primary care provider for preventive and ongoing care.</p>	<p>1 week or longer for an appointment</p>	<p>\$25 Co-pay 20% Co-insurance</p>	<p>\$100 - \$150 Average cost</p>
 <p>Telehealth (electronic/virtual) Services provided through electronic communications, but not through a specific vendor.</p>	<p>Same day or more Approximate wait time for appointment</p>	<p>\$25 Co-pay 20% Co-insurance</p>	<p>\$100- \$150 Average cost</p>
 <p>Emergency room (ER) Visit the ER only for serious illnesses or injuries. Your health plan may not cover non-emergency ER visits.</p>	<p>3 - 12 hours Approximate wait time for non-critical cases</p>	<p>\$50 Co-pay 20% Co-insurance</p>	<p>\$1,200 - \$1,500 Average cost</p>

**All costs are average and may not reflect your specific plan or choice in provider/vendor.

Telehealth and Telemedicine Vendor/Virtual Visit



Telehealth

Telehealth is a general term used to describe clinical services provided to patients through electronic communications not through a vendor. This can be patient-to-physician or physician-to-physician.

Examples:

- Patient is consulting with a specialist that is out of their geographical area
- Patient has a virtual visit with their PCP

Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care.



Telemedicine Vendor/Virtual Visit

Telemedicine vendor/virtual visit are general terms used to describe clinical services provided to patients via electronic communications through a **vendor**.

Examples:

- Teladoc®
- Doctor on Demand

The program provides telephone and online video consultations with a physician and serves patients of all ages.

Make sure certain services are covered in advance



Services that need prior authorization may include:

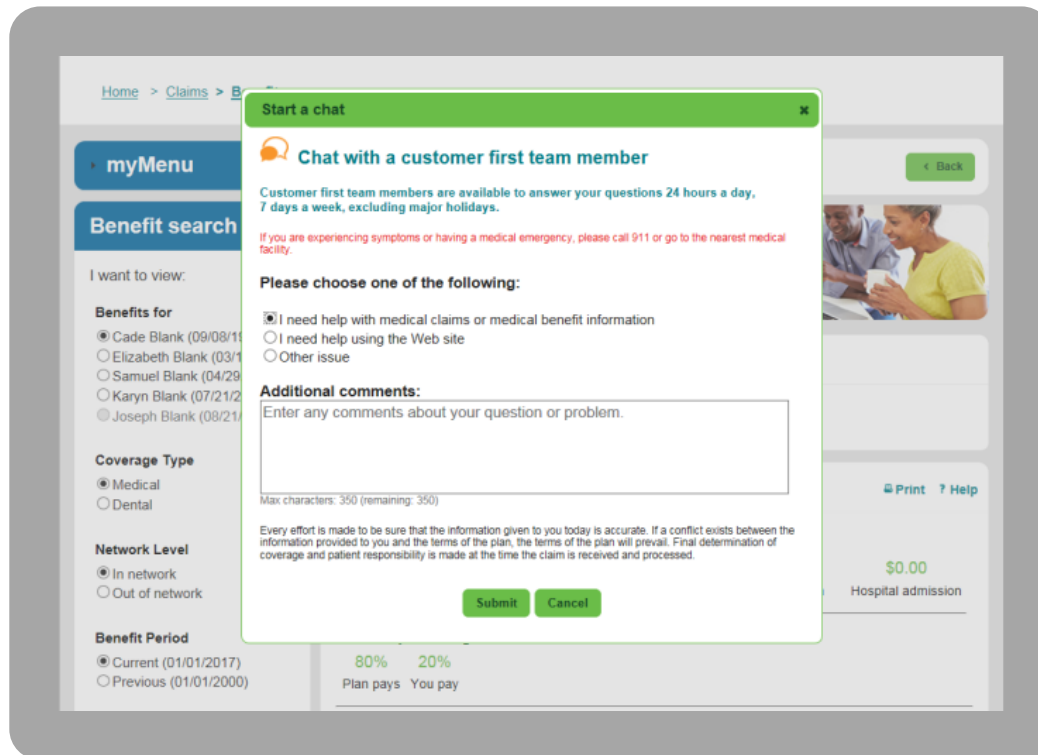
- Hospitalizations
- Inpatient surgeries
- Behavioral health stays
- Home health care
- Durable medical equipment
- Radiology services such as MRA, MRI, PET and CT scans
- Chemotherapy and radiation
- Dialysis
- Transplants and transplant-related services
- Cosmetic procedures
- Clinical trials

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)



Real Appeal[®]

WEIGHT LOSS SUPPORT



 YourLogo

Take Small Steps to Life-Changing Habits

University of Findlay is excited to offer Real Appeal[®], an online program to spark your weight loss transformation. The best part? It's included at no additional cost as part of your health plan benefits. Meet with an online coach to create health goals, track your activity, and find new ways to keep your body moving.



Everything You Need to Create Healthy Habits

Real Appeal® is a program on Rally Coach™ available to you and eligible family members at no additional cost as part of your health plan benefits.



Access fitness videos and digital trackers

Stream expert-led workouts, and track all of your activity metrics from the Real Appeal app.



Dedicated coach support

Connect with an online coach to create fitness and nutrition plans that best support your goals and receive additional support through group sessions.



Healthy tools — delivered to you

Receive a Success Kit with tools to get you started, including a resistance band, fitness and nutrition guides, a weight scale, and more.

Get Started Today

enroll.realappeal.com

Please have your health insurance ID card handy when enrolling.

Not on our health plan yet? Sign up for Real Appeal once your benefits are active, you may enroll in the program.



Real Appeal is a program on Rally Coach™ is offered at no additional cost to members as part of their medical plan benefits, subject to eligibility requirements.
© 2020 Real Appeal, Inc. All rights reserved.

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**.

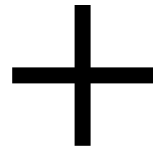
	With Contrast	Without Contrast	With and Without Contrast
MRI	\$800	\$600	\$1,200
CT	\$500	\$400	\$600

- 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 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)

- TIAA HSA administer by HealthEquity
- 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 – Annual Maximum Contribution

	Individual Plan Contribution	Family Plan Contribution
Maximum HSA Limit for 2023 Tax Year	\$3,850	\$7,750



Please remember:

- ❖ Those 55 years and older and not enrolled in Medicare can contribute an additional \$1,000 “catch-up” each year.

Flexible Spending Accounts

- Administered by UMR
- Healthcare FSA annual maximum - \$2,850
 - 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 31st.

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 Plan

Dependent care FSA annual maximum is \$5,000 for single or married filing joint tax return and \$2,500 for married and filing separately.

Features of this plan include:

- 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, 2023, thru December 31, 2023

- 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, 2024, to submit for reimbursement of claims.



**KNOW THE
RULES!**

Dental Plan



Plan Year 1/1/23 thru 12/31/23	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 (Includes Basic and Major Services)	\$1,500	
Orthodontia Care (dependent children only to age 26)	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

Vision Plan



Plan Year 1/1/23 thru 12/31/23	In Network	
Exam with refraction and dilation as necessary	\$10 copay	
Frames	\$130 allowance after \$25 copay. Costco, Walmart & Sam's Club \$70 allowance after \$25 copay Additional 20% saving on amount over allowance, except Costco, Walmart & Sam's Club	
Standard Plastic Lenses <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	Covered in full after \$25 copay	
Contact Lenses (in lieu of glasses) <ul style="list-style-type: none"> • Materials 	<ul style="list-style-type: none"> • Contact fitting and evaluation: Covered in full with a maximum copay of \$60 • Elective Lenses: \$130 allowance • Necessary Lenses: Covered in full after eyewear copay 	
Frequency <ul style="list-style-type: none"> • Exam • Frames • Lenses or Contact Lenses 	Once every 12 months Once every 12 months Once every 12 months	
Per Pay Contributions	Monthly	Bi-Weekly
Employee Only	\$9.72	\$4.49
Employee + 1	\$14.75	\$6.81
Family	\$26.31	\$12.14

Access to many popular retail chains

Retail chains employees know and trust



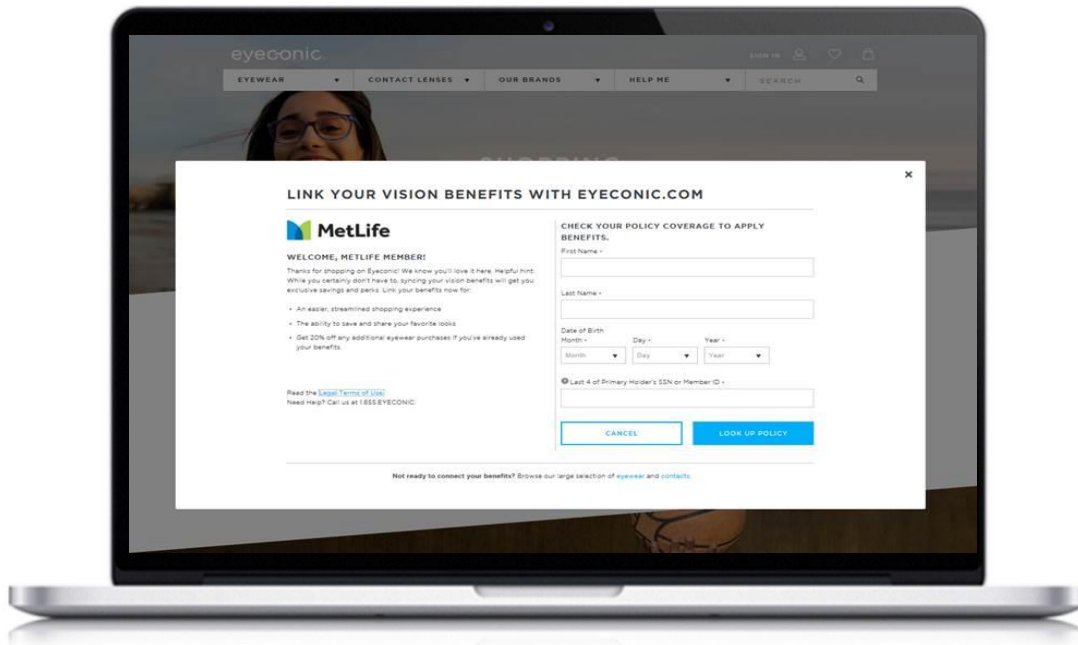
- Accurate Optical
- Advanced Aurora Healthcare
- America's Best
- Aurora Vision Centers
- Clarkson Optometry
- Co/Op Optical
- Cohen's Fashion Optical
- Costco Optical
- Dean Optical
- Doctors Valuvision
- Dr. Tavel's Family Eye Care
- Empire Vision Center
- EyeDoctors Optical Outlet
- Eye Works
- Eyecare 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 Vision¹
- 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

¹ Not all Costco locations offer eye exam services.

² 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 savings¹ on glasses, sunglasses, and contacts
- Shop without worry — shipping and returns are free

¹Savings 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.

Basic Life and AD&D



Who Pays	The University of Findlay pays 100%
Employee Benefit	
Life AD&D Coverage	\$50,000
Beneficiary Updates	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.

Supplemental Life and AD&D



Who Pays	Employee pays 100%
Employee Benefit	Increments of \$10,000 up to 5 X salary or \$500,000 maximum
Spouse	Increments of \$5,000 to a maximum of \$100,000 Limited to 50% of the employee's elected amount
Child(ren) Benefit	\$10,000
Beneficiary Updates	You can make these anytime through the year. Is yours current?
Annual Open Enrollment Increase	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.
Guarantee Issue	Employee: \$250,000 Spouse: \$30,000 Child(ren): \$10,000

Long Term Disability



Who Pays	University of Findlay pays 100%
Elimination Period	90 days
Percentage of Income Replacement	60% of monthly salary
Maximum Benefit	\$11,000 per month
Definition of Disability	3 years own occupation
Pre-Existing Conditions	12 months for conditions treated within the 3 months prior to your effective date of coverage.

Employee Assistance Program



Life doesn't always go as planned. The EAP provides you with easy-to-use services to help with everyday challenges of life – AT NO COST TO YOU!

Expert advice for work, life and well-being

- Family: divorce, caring for an elderly family member, returning to work after having a baby
- Work: stress, building relationships with coworkers
- Money: budgeting, financial guidance, retirement planning, buying or selling a home tax issues
- Legal Services: civil, personal and family law, real estate and estate planning
- ID Theft Recovery: prevention tips and help if you are a victim
- Health: anxiety, depression, how to quit smoking
- Everyday Life: moving, grief, military family matters, training a new pet

Up to 5 phone or video consultations with licensed counselors for you and your eligible household members

100% CONFIDENTIAL

Group Accident and Hospital Indemnity Insurance

University of Findlay

ADF# AI962.16

L0619515648[exp0820][All States][DC,GU,MP,PR,VI]
Metropolitan Life Insurance Company, New York, NY 10166
© 2019 MetLife Services and Solutions, LLC.



Navigating life together

Why should you consider accident insurance?

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

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



Unintentional (accidental) injuries are the 4th leading cause of death – estimated 130,557 accidental deaths reported in 2013.⁴

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

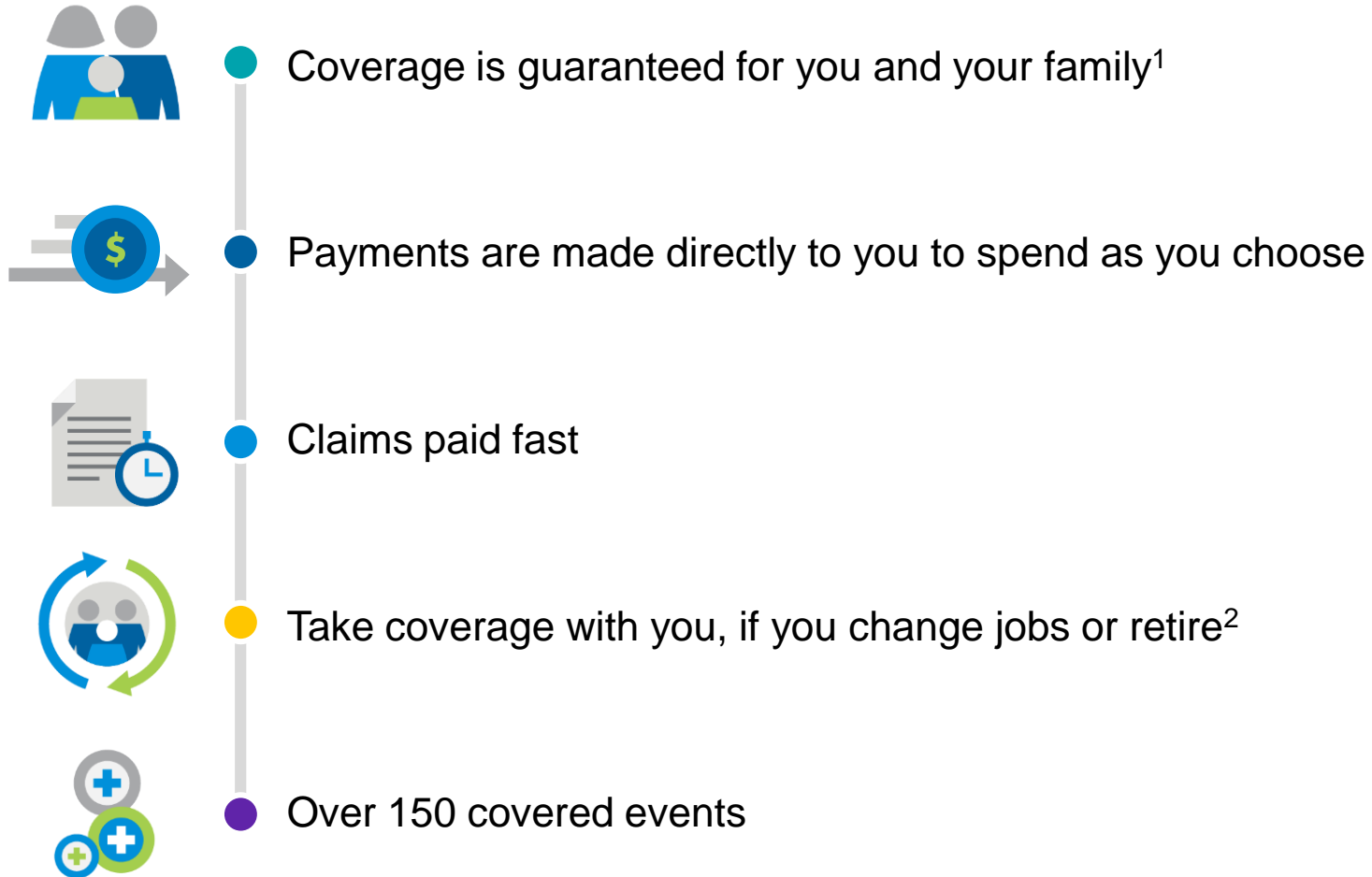
²National Safety Council Injury Facts, 2015 Edition. Itasca, IL (based deaths and medically consulted injuries by class, 2013).

³Sports 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

⁴Deaths: 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



¹Coverage 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.

²Eligibility 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 Carrier⁴



Hospital – Accident

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



Additional Benefits

- Lodging³
- Health Screening Benefit - \$100 per enrolled member (Wellness)⁴

²Common 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.

³The 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.

⁴The 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

You have a choice of two plans: Low Plan and High Plan



Covered Conditions		High Plan MetLife Accident Insurance Pays You
Injuries – <i>12 covered injury types</i>		Ranging from \$50 – \$10,000 per injury
Medical Services & Treatment – <i>15 covered medical services & treatments</i>		Ranging from \$25 – \$2,000 per medical service/treatment
Hospital Coverage¹ (due to an Accident)		\$1,000 (non-ICU) – \$2,000 (ICU) admission benefit per accident \$200 a day for non-ICU confinement up to 31 days \$400 a day for ICU confinement up to 31 days

¹Hospital 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
Total Benefit – Accident Insurance	\$1,350

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



12.6 million

emergency department visits in 2016 in the U.S. resulted in hospital admission



In the US the average hospital stay costs \$15,734

Hospital Indemnity insurance – Key features



Coverage is guaranteed for you and your family⁴



Payments are made directly to you to spend as you choose



Claims paid fast



Take coverage with you, if your employment status changes⁵

Hospital Indemnity insurance

Here are the benefit types that provide payments...



Hospital – Accident

- Admission
- Confinement



Intensive Care Unit Coverage – Accident

- Admission
- Confinement



Hospital – Sickness⁶

- Admission
- Confinement



Intensive Care Unit Coverage – Sickness

- Admission
- Confinement



Additional Benefits

- Health Screening (Wellness)⁸

Hospital Indemnity insurance – Plan highlights

You have a choice of two plans: Low Plan and High Plan



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

Hospital Indemnity insurance – How it works



**Susan experiences chest pains
and is rushed to the hospital**

Care Received due to Sickness	Benefits Paid
Admission Intensive Care Unit Coverage (Sickness)	\$1,000
Confinement for 1 day Intensive Care Unit Coverage (Sickness)	\$200
Confinement for 2 days Hospital Coverage (Sickness)	\$200
Total Benefit – Hospital Indemnity Insurance	\$1,400

Hospital Indemnity insurance – How it works

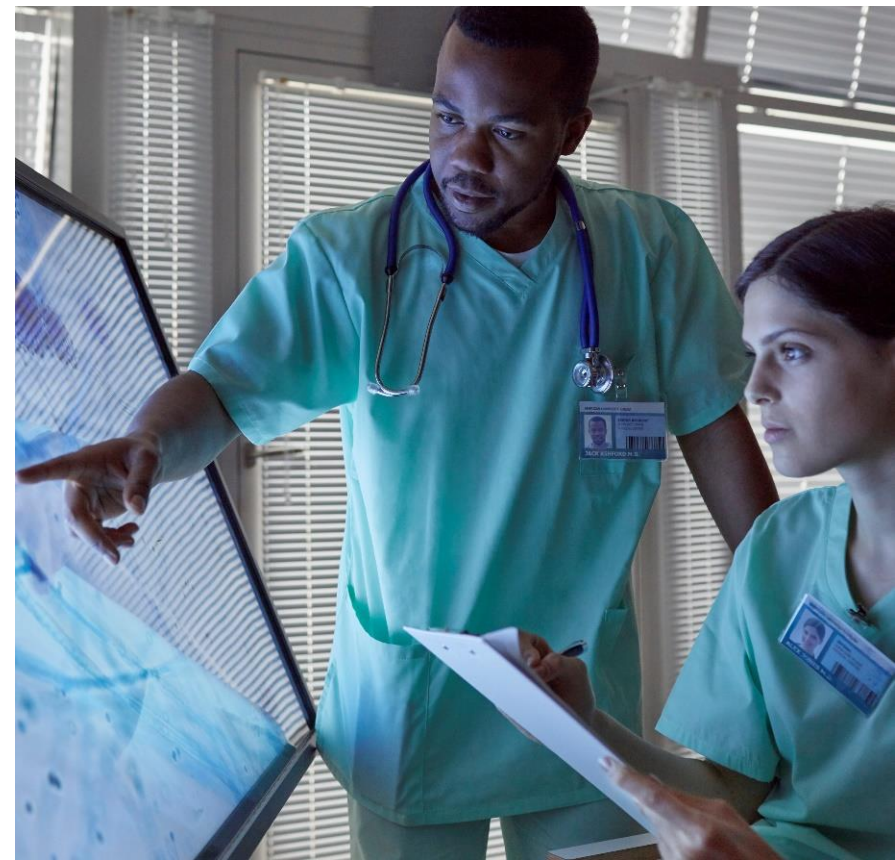


Care Received After Injury	Benefits Paid
ICU Admission	\$2,000
ICU Confinement (2 days)	\$800
Hospital Confinement (5 days)	\$1,000
Total Benefit – Hospital Indemnity Insurance	\$3,800

Bill gets in a car accident on
the way to work

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

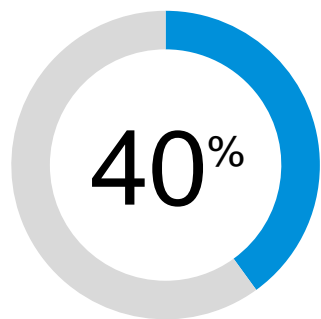


Over **3.2 million** Americans are expected to suffer or be diagnosed with cancer, heart attack or stroke annually¹

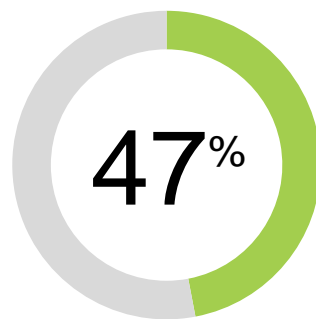
Recovery and treatment can take **weeks, months or years**²

60% of employees surveyed are “worried about money”⁴

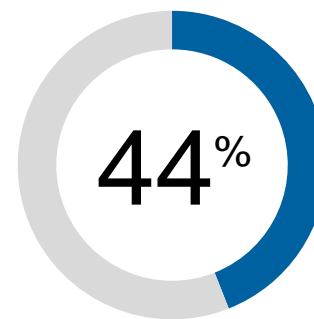
In a recent MetLife survey, respondents who reported that a critical illness had a devastating financial impact on their lives made these adjustments:³



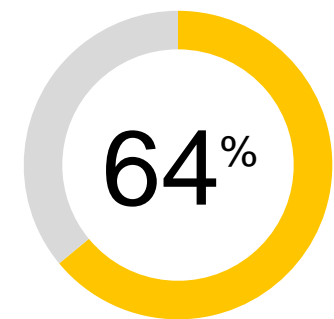
borrowed money



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



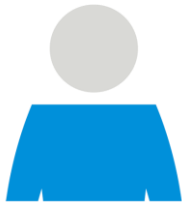
Even with the best medical coverage, your savings could still be impacted

Critical illness insurance – Guaranteed acceptance



Your critical illness insurance **enrollment is guaranteed⁴** provided you are actively at work.

Eligible Individuals



Employee



Spouse/Domestic
Partner⁵



Child(ren)⁶

[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 Cancer⁷
- Partial Benefit Cancer⁷
- Heart Attack
- Stroke⁸
- Kidney Failure
- Coronary Artery Bypass Graft (CABG)⁹
- Alzheimer's Disease¹⁰
- Major Organ Transplant
- 22 Listed Conditions¹¹

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 Benefit¹³** payments until your Total Benefit Amount is reached

Example of Initial & Recurrence Benefit Payments¹⁴

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
Heart Attack – first diagnosis	Initial Benefit payment of \$20,000 or 100%	\$40,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$10,000 or 50%	\$30,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$20,000 or 100%	\$10,000

Critical illness insurance – Health screening benefit

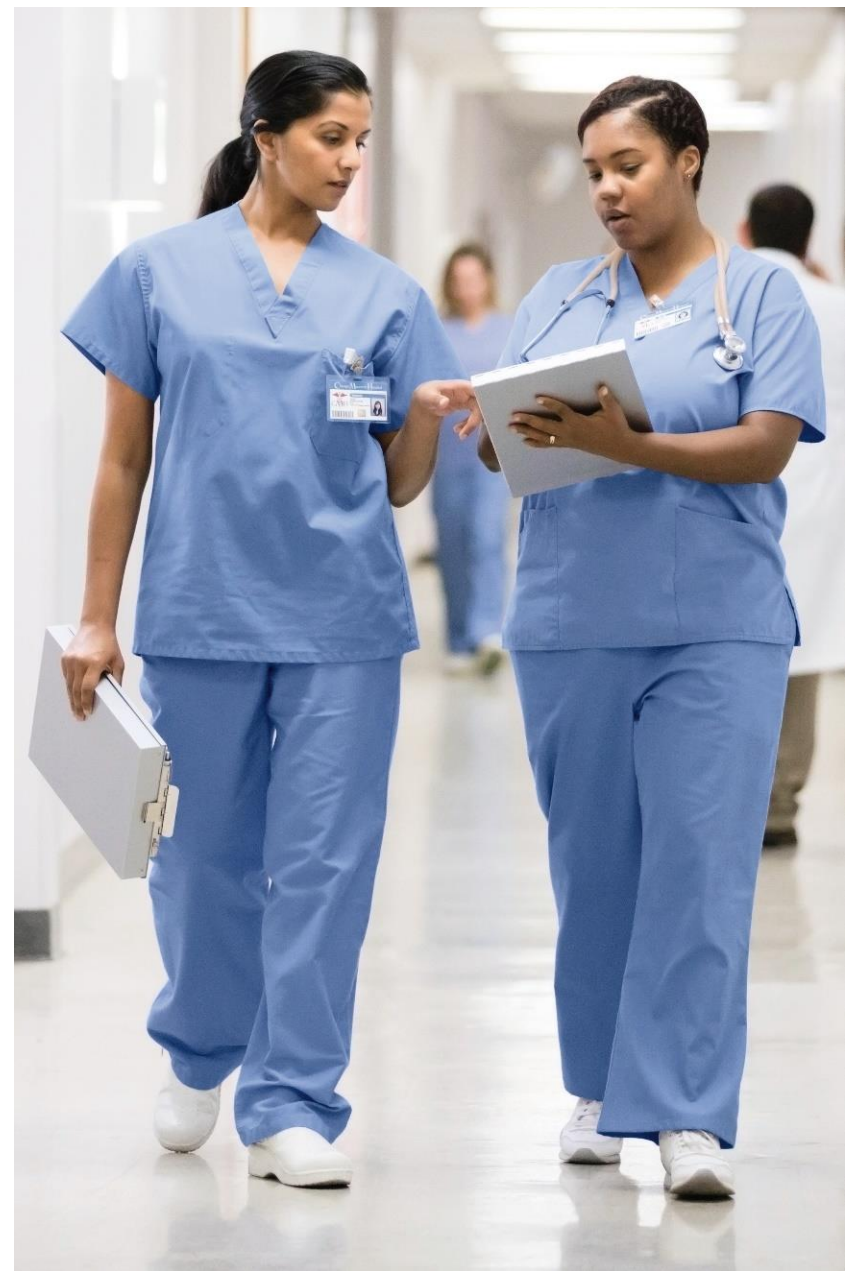
MetLife provides an annual Health Screening Benefit* of \$50 for taking one of the eligible screening/prevention measures.

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

The image shows two overlapping MetLife forms. The top form is the 'Physician's Attachment - Physician Statement' for a Critical Illness Insurance Claim. It includes instructions for the physician, a signature line for the physician, and a section for information needed from the physician/provider. The bottom form is the 'Critical Illness Insurance Claim Form' for the patient. It includes sections for certificateholder information, patient information, and contact details. Both forms feature the MetLife logo and contact information for the insurance company.

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 processed¹² 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.

2023 Enrollment Process

- Open Enrollment decisions must be completed on the portal no later than **Tuesday, November 15, 2022**.
- **All eligible employees must log into Workday to make elections for 2023.**
- The benefits you elect during open enrollment will be effective from January 1, 2023 through December 31, 2023.
- You will not be able to make changes to your elections until the next open enrollment of January 1, 2024 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 **Friday, December 9, 2022** to HR. Failure to do so, spouse coverage will be removed.

Mid-Year Plan Changes

- You are **only** able to add or drop coverage during the plan year if you have a federal qualified event such as:
 - Change in marital status
 - Change in number of dependents
 - Change in employment status
 - Change in eligibility status
- Any changes made must be consistent and correspond with the change in status.
- Documentation is required for any mid-year status changes.
- If you are making a mid-year plan change you must notify HR within 30 days of the qualifying event.

Questions?

We are here for you!



Should you have further questions, please contact:

- Office of Human Resources
x6964

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



University of Findlay®



Thank you!!

Thank you for your participation in
this year's open enrollment
presentation.

All election changes are due by:

November 15, 2022