



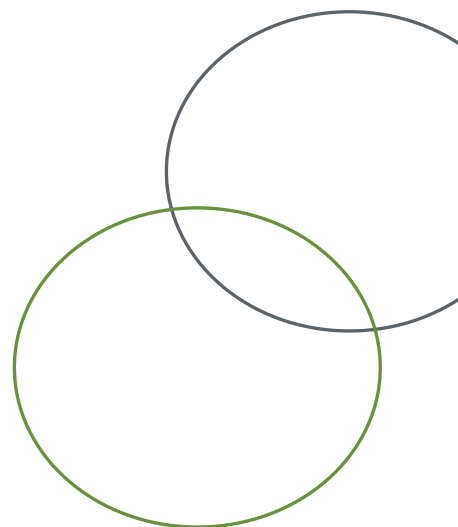
University of Findlay®



2023 Benefits Guide

Table of Contents

Enrollment and Eligibility.....	3
Benefits Resource Center	4
Working Spouse Eligibility	4
Medical Insurance (Cont.)	6
Imaging Program.....	7
Dental Insurance	8
Employer Provided Basic Life and Disability.....	10
Basic Life and AD&D.....	10
Employee Assistance Program.....	10
Accident, Critical Illness and Hospital Indemnity Insurance.....	11
Flexible Spending Accounts (FSA)	12
Employee Contributions	13
Employee Contributions (Cont.)	14
Have Questions? Need Help?	15



Enrollment and Eligibility

Eligible Employees

Employees working full-time, 30 hours or more a week are eligible to participate in the University of Findlay Employee Benefits Program. As a new hire, your benefits will become effective on your date of hire.

Eligible Dependents

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse* as well as your dependent children, whether natural, adopted, stepchildren, foster or those for whom you have legal custody by court decree. When enrolling in medical, dental or vision coverage, you may enroll any dependent child up to age 26.

*Note: See spousal eligibility clause on page 4

What is Open Enrollment?

Open Enrollment is a once a year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you make during open enrollment will be effective January 1, 2023. In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a life status change.

Mid-Year Changes

Elections you make during Open Enrollment are for the entire plan year. You can only change your benefits if you experience an IRS approved qualifying event. Examples include:

- Marriage
- Divorce
- Birth or Adoption
- Death of Spouse or Dependent
- Newly eligible for Medicare
- Gain or loss of other coverage

If you experience one of the events listed above, you have 30 days from the date of the event to notify HR of the change.

Benefits Resource Center

With the ever-increasing cost of providing benefits and the expansion of consumer directed health plans, employers are looking for ways to improve employee access to benefit information, reduce costs and increase accountability for benefit choices. Since internal resources are often limited, many look to outsource administration and communication functions.

That's why we've developed the Benefit Resource Center. Our toll-free one-call benefits information hotline was specifically designed to act as a single point of contact for all benefit questions and claim issues. Outsourcing benefit questions and claim issues helps streamline your benefit administration and cut costs, while providing your employees and families with better benefit-related support services.

Our seamless integration with your human resources department frees your staff from many time-consuming benefit administration duties.

Benefit Specialists

Our Benefit Resource Center is staffed with experienced professionals who are well versed in employee benefits. They are committed to providing superior customer service and participant advocacy.

Our Benefit Specialists will be able to:

- Answer benefit plan/policy questions
- Assist with eligibility and claim problems with carriers
- Provide claim appeals information and explain the process
- Explain allowable family status election changes (adding newborns, marriage, divorce, etc.)
- Provide vendor plan contact information

You can contact the Benefit Resource Center at 855-874-0829 or via e-mail at BRCMidwest@usi.com. They are available 8am–5pm EST.

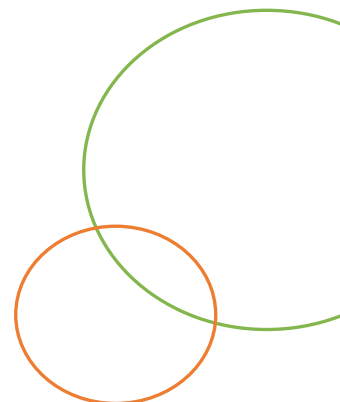
Working Spouse Eligibility

A spouse of a University of Findlay employee is required to participate in their own 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



Medical Insurance

University of Findlay offers a choice of three medical plans administered by UMR, a UnitedHealthcare company. Medical Plans feature a deductible, office visit copayment, prescription drug coverage and coinsurance for certain services.

Through these plans you have access to thousands of network physicians and hospitals in the United States. You, the employee, and your dependents are responsible for ensuring the providers that you utilize are **In Network**. To access a listing of providers, logon to www.umar.com.

Please note:

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

	Orange PPO	Black PPO	High Deductible Plan HDHP (non-creditable)
Medical Benefit	In Network	In Network	In Network
Deductible Type	Embedded	Embedded	Non-Embedded
Deductible (You Pay)	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Tier 1 (BVHS) – \$2,500 single \$5,000 family • Tier 2 (UHC Choice) – \$3,000 single \$6,000 family • Tier 3 (OON) – \$5,000 single \$10,000 family
Coinsurance (Insurance Pays)	<ul style="list-style-type: none"> • Tier 1 (BVHS) – 85% after deductible • Tier 2 (UHC Choice) – 75% after deductible • Tier 3 (OON) – 55% after deductible 	<ul style="list-style-type: none"> • Tier 1 (BVHS) – 85% after deductible • Tier 2 (UHC Choice) – 75% after deductible • Tier 3 (OON) – 55% after deductible 	<ul style="list-style-type: none"> • Tier 1 (BVHS) – 85% after deductible • Tier 2 (UHC Choice) – 75% after deductible • Tier 3 (OON) – 55% after deductible
Out of Pocket Maximum (You Pay)	<ul style="list-style-type: none"> • Tier 1 (BVHS) – \$2,000 per person \$4,000 max per family • Tier 2 (UHC Choice) – \$3,000 per person \$6,000 per family • Tier 3 (OON) – \$4,000 per person \$8,000 max per family <p>The deductible is included in the out of pocket max.</p>	<ul style="list-style-type: none"> • Tier 1 (BVHS) – \$3,000 per person \$6,000 max per family • Tier 2 (UHC Choice) – \$4,000 per person \$8,000 per family • Tier 3 (OON) – \$6,000 per person \$12,000 per family <p>The deductible is included in the out of pocket max.</p>	<ul style="list-style-type: none"> • Tier 1 (BVHS) – \$3,000 single \$6,000 family • Tier 2 (UHC Choice) – \$3,425 single \$6,850 family • Tier 3 (OON) – \$7,000 single \$14,000 family <p>The deductible is included in the out of pocket max.</p>



Medical Insurance (Cont.)



Please note:

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

	Orange PPO	Black PPO	High Deductible Plan HDHP (non-creditable)
Medical Benefits	Your cost after deductible	Your cost after deductible	Your cost after deductible
Physician Office Visit & Specialist	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%
Preventive Care	100%	100%	100%
Emergency Room	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%
Inpatient Hospital and Outpatient Surgery/Services	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%
Lab/X-Ray	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%	Tier 1 (BVHS) – 15% Tier 2 (UHC Choice) – 25% Tier 3 (OON) – 45%
Retail Drugs (You Pay) *Orange and Black Plans do not have Tier Cost for RX	*Prescription Drug separate Out of Pocket Maximum: \$1,250 per person/\$2,500 per Family <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% 	*Prescription Drug separate Out of Pocket Maximum: \$1,250 per person/\$2,500 per Family <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 • Specialty: 50% 	Included with Medical Deductible 25% after deductible for 30-day and 90-day supply at retail or mail order
Mail Order Drugs (You Pay) *Orange and Black Plans do not have Tier Cost for RX	Mail order 2x Retail <ul style="list-style-type: none"> • Generic: \$16 copay • Formulary: \$44 copay or 25%, whichever is greater • Non-Formulary: \$84 copay or 30% whichever is greater 	Mail order 3x Retail <ul style="list-style-type: none"> • Generic: \$30 copay • Formulary: \$90 copay or 25%, whichever is greater • Non-Formulary: \$150 copay or 30%, whichever is greater 	Included with Medical Deductible 25% after deductible for 30-days and 90-day supply at retail or mail order

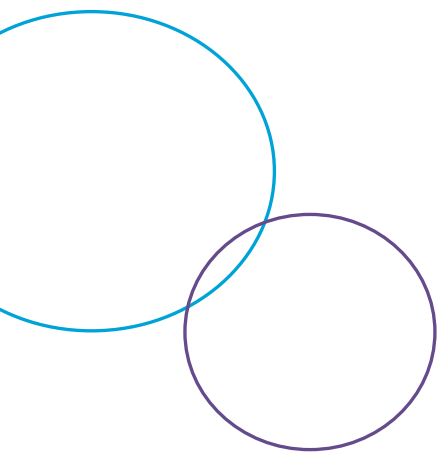
Coinurance percentages shown in the above plan descriptions represent the percentages paid by the health plan. Refer to the benefit summary or certificate of coverage for more information.

Imaging Program

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

	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, all 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 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.



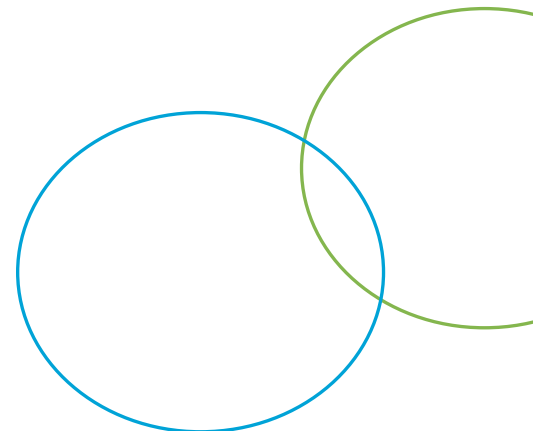
Dental Insurance

University of Findlay will continue to offer a dental program through UMR.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Dental PPO	
Benefits Coverage	In-Network Benefits
Annual Deductible	
Individual	\$50 per person
Family	\$100 family maximum
Waived for Preventive Care?	Yes
Annual Maximum	
Per Person / Family	\$1,500 maximum per person
Preventive	100% Insurance pays 100% for oral exams, x-rays and cleanings Annual Limits Apply
Basic	After deductible is met, insurance pays 80% Services include fillings, extractions, periodontics, root canals and general anesthesia
Major	After deductible is met, insurance pays 60% Services include crowns, dentures, fixed and removable prosthetics
Orthodontia	
Benefit Percentage	50%
Dependent Child(ren)	Covered to age 26
Lifetime Maximum	\$1,500

Please Note: It is recommended that when a course of treatment is expected to cost \$300 or more and is of a non-emergency nature, your dentist should submit a treatment plan before they begin. This enables you to see what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.



Vision Insurance

University of Findlay will continue to offer a vision program through MetLife. To access a listing of providers (private practice and retail centers) logon to www.MetLife.com.

	Vision Plan In Network
Vision Exam with refraction and dilation if 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"> • Contact fitting and evaluation: Covered in full with a maximum copay of \$60. • Elective Lenses: \$130 allowance • Medically Necessary Lenses: Covered in full after eyewear copay.
Frequency of Services	
Vision Exam	Once every 12 months
Lenses	Once every 12 months
Contacts	Once every 12 months
Frames	Once every 12 months



Employer Provided Basic Life and Disability

Basic Life and AD&D

University of Findlay provides \$50,000 Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Long-Term Disability Insurance

University of Findlay provides company paid long-term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$11,000. Benefit payments begin after 90 days of disability up to a maximum of Social Security Normal Retirement Age. Please see the summary plan description for plan details.

Voluntary Life Insurance

You can purchase voluntary Life insurance coverage up to 5 times your salary to a maximum of \$500,000. You may elect up to \$250,000 without providing Evidence of insurability. If you choose coverage you may also elect coverage for your spouse and/or children. This benefit is offered through University of Findlay as part of a group plan and is paid with after-tax dollars. You will be responsible for your coverage, and your coverage may be converted to an individual policy after termination.

Coverage	Description
Benefit Amount (Employee)	Increments of \$10,000 up to 5 times salary to a maximum of \$500,000 or 5x your basic annual earnings
Benefit Amount (Spouse)	Increments of \$5,000 to a maximum of \$100,000 Election cannot exceed 50% of employee's coverage amount
Benefit Amount (Child/ren)	\$10,000
Guarantee Issue Amounts	Employee - \$250,000 Spouse - \$30,000 Child - \$10,000 Voluntary Life guarantee issue amounts only apply to new hire employees electing coverage within their original eligibility period. All others will be subject to Evidence of Insurability and can be declined for coverage.
Evidence of Insurability	You will be required to submit Evidence of Insurability if: <ul style="list-style-type: none">You declined voluntary life for you or your dependents during your initial eligibility period and would like to enroll for coverage now.You elect to increase your current election.
In order to purchase Voluntary Life for Spouse and Children you must buy coverage for yourself.	
Plan administered by MetLife	

Employee Assistance Program

Life has its ups and downs. But we can help. Whether you have questions about relationships, family problems, stress at work and home, anxiety, financial matters or health issues, you can turn to LifeWorks for a confidential service you can trust. We can help any time, anywhere, any way. LifeWorks is available 24/7 by phone, online or mobile app. You have 24/7 access to professional advisors. Contact LifeWorks at 888-319-7819 or online at metliffeap.lifeworks.com. (User: metliffeap, password: eap)

Accident, Critical Illness and Hospital Indemnity Insurance

Recent studies have shown that:

- 42% of all personal bankruptcies are a result of medical expenses.
- The average cost for one visit to the emergency room in the U.S. is \$1,233.
- 33% of US adults will be diagnosed with cancer at some point in their lives.

Plan Options that are tailored to meet your needs:

- Guaranteed issue coverage for employees, spouses and children. Because family is important.
- Benefits are paid regardless of what's covered by medical insurance.
- Lump sum paid directly to you as the employee to spend as you choose.
- Portable coverage that you can take wherever you go.
- Value-added services like online will preparation, digital legacy app, funeral planning services and vision discounts – at no cost to you.

What you need to know about MetLife's Accident coverage:

- Over 150 covered events and services, such as fractures, dislocations and medical treatments or tests.
- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment helps cover unexpected costs that result from an accident.
- For your convenience, premiums will be automatically deducted from your paycheck.

What you need to know about MetLife's Hospital Indemnity coverage:

- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck

What you need to know about MetLife's Critical Illness coverage:

- Over 20 covered critical illnesses, such as Cancer, Heart Attack, Stroke and Kidney Failure.
- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment can be used however you want, including to help cover unexpected costs that result from a covered critical illness.
- For your convenience, premiums will be automatically deducted from your paycheck.



Flexible Spending Accounts (FSA)

You can set aside tax-free dollars each year to cover eligible out-of-pocket health care and daycare expenses. The plan is comprised of a health care spending account and a dependent care account. Each account is separate; you cannot use health care funds to pay for dependent care expenses or vice versa. You can elect to participate in one or more accounts, or you can waive coverage.

How the Plans Work

- You elect a contribution amount to deduct from your pay on a before-tax basis and put into the flexible spending account
- You may not change your contribution amount during the plan year unless it is consistent with a change in family status
- Expenses must be incurred within the enrollment period
- You may submit claims for expenses incurred within the enrollment period

It is important to plan your contribution amounts carefully. The Internal Revenue Service requires that you forfeit any money for which you have not incurred eligible expenses by the end of the plan year.

Health Care FSA

Funds that you set aside in a Health Care FSA can be used to reimburse yourself for eligible health care expenses not covered under the medical, prescription drug, dental or vision plans. Reimbursements can be made for most expenses that would qualify for a health care deduction on your income tax return.

Dependent Care Spending Account

A Dependent Care Account can be used to pay for certain child/day care, or elder care expenses incurred during the plan year. Your dependent care expenses must be necessary in order for you and your spouse to work or actively look for work or attend school as a full-time student.

Eligible Dependent Care Expenses

- Childcare for a dependent age 13 or less, provided at a day care center or through a private provider
- Childcare for a dependent over age 13 if they are physically or mentally incapable of caring for themselves
- Nanny services in the home associated with the care of a dependent
- Day camps associated with the care of a dependent
- Pre-school tuition that is day care related (price of tuition alone is not eligible)
- After-hours care that results from working odd hours or overtime

Dependent Care claims will be reimbursed only up to your account's current balance. If a dependent care expense exceeds the dependent care balance, you'll be reimbursed the additional amount as contributions are made to your account through your payroll deductions.

Benefit Coverages	Maximum Amount
Health Care FSA	\$2,850
Dependent Care FSA	\$5,000/Single or Married Filing Jointly or \$2,500/Married and Filing Separately

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.

Does the Dependent Care FSA work the same for the HDHP?

Yes. While the enrollment site indicates it is limited, it is not and works the same regardless of which plan you choose.

Employee Contributions

Medical, Dental and Vision Rates:

Bi-Weekly Payroll Deductions					
Coverage Level	Medical PPO Orange Plan	Medical PPO Black Plan	Medical HDHP HSA Plan	Dental PPO	Vision
Employee Only	\$145.70	\$119.49	\$59.99	\$4.85	\$4.49
Employee + Spouse	\$283.77	\$232.71	\$116.89	\$11.77	-
Employee + Child(ren)	\$252.33	\$206.92	\$103.95	\$11.77	-
Family	\$377.75	\$310.06	\$155.77	\$11.77	-
Employee + 1 Dep					\$6.81
Employee + 2+ Deps					\$12.14

Voluntary Life Insurance Rates:

Voluntary Life Premiums (Bi-Weekly) – Employee and Spouse						
Employee Age	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000
Under 30	\$0.03	\$0.26	\$0.53	\$1.05	\$1.32	\$2.63
30-34	\$0.03	\$0.31	\$0.62	\$1.24	\$1.55	\$3.09
35-39	\$0.04	\$0.40	\$0.80	\$1.61	\$2.01	\$4.02
40-44	\$0.06	\$0.59	\$1.17	\$2.34	\$2.93	\$5.86
45-49	\$0.09	\$0.91	\$1.82	\$3.64	\$4.55	\$9.09
50-54	\$0.15	\$1.46	\$2.93	\$5.85	\$7.32	\$14.63
55-59	\$0.24	\$2.34	\$4.68	\$9.36	\$11.70	\$23.40
60-64	\$0.31	\$3.12	\$6.25	\$12.50	\$15.62	\$31.25
65-69	\$0.49	\$4.88	\$9.76	\$19.51	\$24.39	\$48.78
70+	\$0.86	\$8.57	\$17.14	\$34.28	\$42.85	\$85.71
		Dependent Child Bi-Weekly Premium				
		\$10,000	\$1.02			

Employee Contributions (Cont.)

Critical Illness Premium Structure

Bi-Weekly Premium for \$10,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$2.58	\$4.34	\$4.15	\$5.91
25-29	\$2.72	\$4.52	\$4.29	\$6.09
30-34	\$3.42	\$5.58	\$4.98	\$7.15
35-39	\$3.83	\$6.23	\$5.40	\$7.80
40-44	\$4.43	\$7.15	\$6.00	\$8.72
45-49	\$6.28	\$9.97	\$7.85	\$11.54
50-54	\$8.82	\$13.94	\$10.38	\$15.51
55-59	\$12.28	\$19.25	\$13.85	\$20.82
60-64	\$16.57	\$25.85	\$18.14	\$27.42
65-69	\$22.71	\$35.40	\$24.28	\$36.97
70+	\$33.37	\$51.65	\$34.94	\$53.22

Critical Illness Premium Structure

Bi-Weekly Premium for \$20,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$5.16	\$8.68	\$8.30	\$11.82
25-29	\$5.44	\$9.04	\$8.58	\$12.18
30-34	\$6.84	\$11.16	\$9.96	\$14.30
35-39	\$7.66	\$12.46	\$10.80	\$15.60
40-44	\$8.86	\$14.30	\$12.00	\$17.44
45-49	\$12.56	\$19.94	\$15.70	\$23.08
50-54	\$17.64	\$27.88	\$20.76	\$31.02
55-59	\$24.56	\$38.50	\$27.70	\$41.64
60-64	\$33.14	\$51.70	\$36.28	\$54.84
65-69	\$45.42	\$70.80	\$48.56	\$73.94
70+	\$66.74	\$103.30	\$69.88	\$106.44

Group Hospital Insurance:

Plan	Bi-Weekly
Employee Only	\$9.30
Employee + Spouse	\$19.05
Employee + Children	\$15.55
Employee + Spouse/Children	\$25.30

Group Accident Insurance:

Plan	Bi-Weekly
Employee Only	\$4.64
Employee + Spouse	\$8.96
Employee + Children	\$9.66
Employee + Spouse/Children	\$12.09

Have Questions? Need Help?

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact the Office of Human Resources at 419-434-6964 to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	UMR	1-866-414-1959	www.umar.com
Dental PPO	UMR	1-866-414-1959	www.umar.com
Flexible Spending Account	UMR	1-866-414-1959	www.umar.com
Vision	MetLife Inc	1-855-638-3931	www.MetLife.com
Life and AD&D	MetLife Inc	1-800-523-2894	www.MetLife.com
Voluntary Life	MetLife Inc	1-800-523-2894	www.MetLife.com
Long Term Disability (LTD)	MetLife Inc	1-800-300-4296	www.MetLife.com
Voluntary Critical Illness	MetLife Inc	1-800-638-5433	www.MetLife.com
Hospitalization Only	MetLife Inc	1-800-638-5433	www.MetLife.com
Accident	MetLife Inc	1-800-638-5433	www.MetLife.com
Employee Assistance Program	LifeWorks	1-888-319-7819	Metliffeap.lifeworks.com User: metliffeap Pw: eap



This brochure summarizes the benefit plans that are available to University of Findlay eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.