

# 2024 BENEFITS GUIDE



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# Inside the Guide

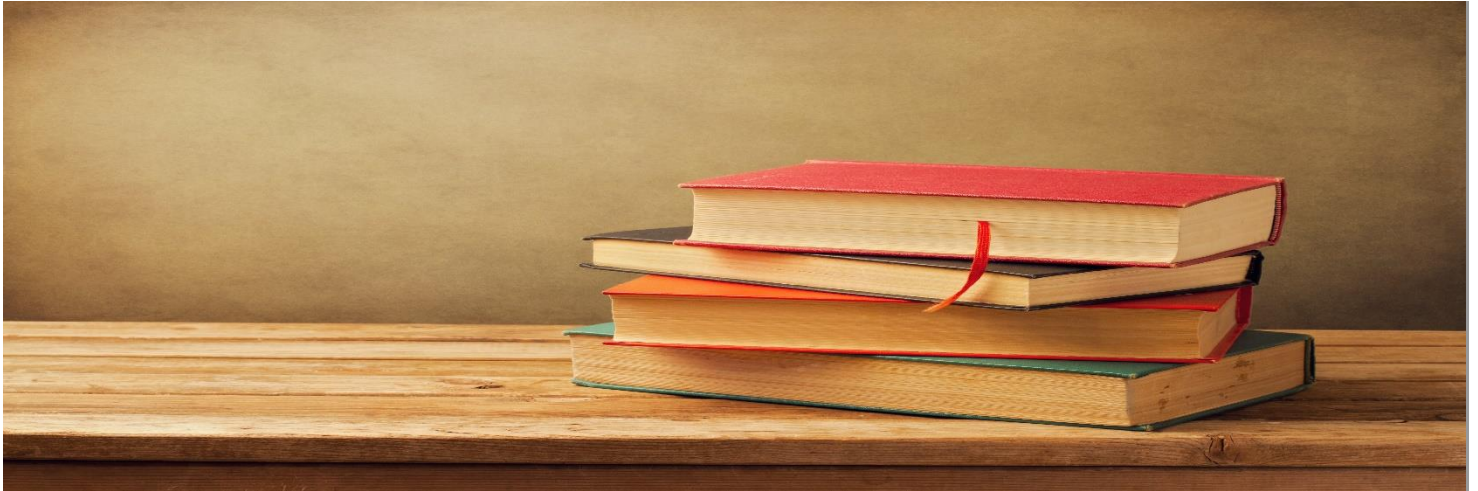
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# Welcome

At University of Findlay we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.



# Eligibility and Enrollment



## 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.

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## 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.

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## 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, 2024. In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any changes unless you experience a qualified life event.

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## 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.

# USI Benefits 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. 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](mailto:BRCMidwest@usi.com). They are available 8am–5pm EST.



[What is the BRC?](#)



[BRC Flyer](#)

## Eligibility For Working Spouse

Spouses of a University of Findlay employee are 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** different 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](http://www.umar.com).

**Please note:**

Tier 1: Hospital Services at Blanchard Valley Hospital System

Tier 2: UHC Choice Plus Network

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
<b>Deductible (You Pay)</b>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$750 per person \$1,000 max per family</li> <li>Tier 2 (UHC Choice) – \$1,000 per person \$1,500 max per family</li> <li>Tier 3 (OON) – \$1,500 per person \$2,000 max per family</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$1,500 per person \$2,000 max per family</li> <li>Tier 2 (UHC Choice) – \$2,000 per person \$3,000 max per family</li> <li>Tier 3 (OON) – \$3,000 per person \$4,000 max per family</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$2,500 single \$5,000 family</li> <li>Tier 2 (UHC Choice) – \$3,000 single \$6,000 family</li> <li>Tier 3 (OON) – \$5,000 single \$10,000 family</li> </ul>
<b>Coinsurance (Insurance Pays)</b>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – 85% after deductible</li> <li>Tier 2 (UHC Choice) – 75% after deductible</li> <li>Tier 3 (OON) – 55% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – 85% after deductible</li> <li>Tier 2 (UHC Choice) – 75% after deductible</li> <li>Tier 3 (OON) – 55% after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – 85% after deductible</li> <li>Tier 2 (UHC Choice) – 75% after deductible</li> <li>Tier 3 (OON) – 55% after deductible</li> </ul>
<b>Out of Pocket Maximum (You Pay)</b>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$2,000 per person \$4,000 max per family</li> <li>Tier 2 (UHC Choice) – \$3,000 per person \$6,000 per family</li> <li>Tier 3 (OON) – \$4,000 per person \$8,000 max per family</li> </ul> <p>The deductible is included in the out of pocket max.</p>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$3,000 per person \$6,000 max per family</li> <li>Tier 2 (UHC Choice) – \$4,000 per person \$8,000 per family</li> <li>Tier 3 (OON) – \$6,000 per person \$12,000 per family</li> </ul> <p>The deductible is included in the out of pocket max.</p>	<ul style="list-style-type: none"> <li>Tier 1 (BVHS) – \$3,000 single \$6,000 family</li> <li>Tier 2 (UHC Choice) – \$3,425 single \$6,850 family</li> <li>Tier 3 (OON) – \$7,000 single \$14,000 family</li> </ul> <p>The deductible is included in the out of pocket max.</p>

	Orange PPO	Black PPO	High Deductible Plan HDHP (non-creditable)
Medical Benefits	Your cost after deductible	Your cost after deductible	Your cost after deductible
<b>Physician Office Visit &amp; Specialist</b>	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%
<b>Preventive Care</b>	100%	100%	100%
<b>Emergency Room</b>	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%
<b>Inpatient Hospital and Outpatient Surgery/Services</b>	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%
<b>Lab/X-Ray</b>	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%
<b>Retail Drugs (You Pay)</b>  <b>*Orange and Black Plans do not have Tier Cost for RX</b>	*Prescription Drug separate Out of Pocket Maximum: \$1,250 per person/\$2,500 per Family  <ul style="list-style-type: none"> <li>• Generic: \$8 copay</li> <li>• Formulary: \$22 copay or 25%, whichever is greater</li> <li>• Non-Formulary: \$42 copay or 30%, whichever is greater</li> <li>• Specialty: 50%</li> </ul>	*Prescription Drug separate Out of Pocket Maximum: \$1,250 per person/\$2,500 per Family  <ul style="list-style-type: none"> <li>• Generic: \$10 copay</li> <li>• Formulary: \$30 copay or 25%, whichever is greater</li> <li>• Non-Formulary: \$50 copay or 30%, whichever is greater</li> <li>• Specialty: 50%</li> </ul>	Included with Medical Deductible  25% after deductible for 30-day and 90-day supply at retail or mail order
<b>Mail Order Drugs (You Pay)</b>  <b>*Orange and Black Plans do not have Tier Cost for RX</b>	Mail order 2x Retail  <ul style="list-style-type: none"> <li>• Generic: \$16 copay</li> <li>• Formulary: \$44 copay or 25%, whichever is greater</li> <li>• Non-Formulary: \$84 copay or 30% whichever is greater</li> </ul>	Mail order 3x Retail  <ul style="list-style-type: none"> <li>• Generic: \$30 copay</li> <li>• Formulary: \$90 copay or 25%, whichever is greater</li> <li>• Non-Formulary: \$150 copay or 30%, whichever is greater</li> </ul>	Included with Medical Deductible  25% after deductible for 30-days and 90-day supply at retail or mail order



# 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.

## Employee Bi-Weekly Contributions (26 per year)

Black Plan	
Employee	\$119.49
Employee & Spouse	\$232.71
Employee & Child(ren)	\$206.92
Employee & Spouse & Child(ren) (Family)	\$310.06
Orange Plan	
Employee	\$145.70
Employee & Spouse	\$283.77
Employee & Child(ren)	\$252.33
Employee & Spouse & Child(ren) (Family)	\$377.75
HDHP (HSA)	
Employee	\$59.99
Employee & Spouse	\$116.89
Employee & Child(ren)	\$103.95
Employee & Spouse & Child(ren) (Family)	\$155.77



# Dental Insurance

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

Please refer to the Chart below for a brief outline of coverage.



	UMR (TPA) Dental 76-413256	
	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$50 per person	\$50 per person
Family	\$100 family maximum	\$100 family maximum
Waived for Preventive Care?	Yes	Yes
<b>Annual Maximum</b>		
Per Person	\$1,500	\$1,500
Preventive	100%	100%
Basic	80%	80%
Major	60%	60%
<b>Orthodontia</b>		
Benefit Percentage	50%	50%
Dependent Child(ren)	Covered to age 26	Covered to age 26
Lifetime Maximum	\$1,500	\$1,500

<b>Employee Contributions (Monthly)</b>	
Dental	
Employee	\$10.50
Employee & Dep(s)	\$25.50

# Vision Insurance



University of Findlay provides Vision Insurance Through EyeMed. To access a listing of providers (Private practice and retail centers) logon to [www.eyemed.com](http://www.eyemed.com) or call 866-939-3633.

EyeMed Vision Plan 1051483	
<b>Copay</b>	
Routine Exams (Annual)	\$10 copay (Once every plan year)
<b>Vision Materials</b>	
Materials Copay	\$25 copay (Once every plan year)
Lenses	\$25 copay (Once every plan year)
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	\$130 allowance; 15% off balance over \$130 (Conventional) \$130 allowance; No additional discount (Disposable) (Once every plan year)
Frames	\$130 allowance; 20% off balance over \$130 ( <b>ONCE EVERY OTHER PLAN YEAR</b> )

Employee Contributions (Monthly)	
Vision	
Employee	\$6.23
Employee & 1 Dep	\$9.45
Employee & 2+ Deps	\$16.86





# Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with UMR allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

## Important rules to keep in mind:

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Amount	
Health Care FSA	\$3,050
Dependent Care FSA	\$5,000/Single or Married filing Jointly or \$2,500/Married and filing Separately

## 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 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.

# Health Savings Accounts

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

## What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account you own for the purpose of paying your and your eligible dependents eligible healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year-to-year.

## Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA account is exempt from federal income taxes.
- Interest in your account grows tax free.
- You do not pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

## Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP).
- You must not be covered by another non-QHDHP health plan, such as a spouse’s PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three (3) months.
- You are not claimed as a dependent on another person’s tax return.
- You are not covered by a traditional healthcare flexible spending account (FSA). This includes your spouse’s FSA. (Enrollment in a limited purpose healthcare FSA is allowed).

## 2024 HSA Contributions

You are also able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contribution limits.

### FOR THE 2024 TAX YEAR:

- \$4,150 Individual
- \$8,300 Family

If you are age 55 and over, you may contribute an extra \$1,000 in catch up contributions.

# Life and AD&D



## Life Insurance Offerings

University of Findlay provides a Basic Life and AD&D benefit in the amount of \$50,000 to eligible employees through Voya. 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.

## Voluntary Life Insurance Offerings

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 as a new hire, 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
<b>Benefit Amount (Employee)</b>	Increments of \$10,000 up to 5 times salary to a maximum of \$500,000 not to exceed 5x your basic annual earnings
<b>Benefit Amount (Spouse)</b>	Increments of \$5,000 to a maximum of \$100,000 Election cannot exceed 50% of employee's coverage amount
<b>Benefit Amount (Child/ren)</b>	Choice of flat \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 benefit
<b>Guarantee Issue Amounts</b>	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.
<b>Evidence of Insurability</b>	<p><b>You will be required to submit Evidence of Insurability if:</b></p> <ul style="list-style-type: none"> <li>You elect or your spouse elect to increase your current election greater than one increment (\$10,000 for employee / \$5,000 for spouse).</li> <li>You declined voluntary life for you or your dependents during your initial eligibility period and would like to enroll for coverage now more than one increment. (\$10,000 for employee / \$5,000 for spouse)</li> </ul>
<b>To purchase Voluntary Life for your Spouse and Children you must buy coverage for yourself.</b>	
Plan administered by Voya Financial	

## Voluntary Life and AD&D Rates

Employee and Spouse Age	Monthly Rate per \$1,000 of coverage	Employee and Spouse Age	Monthly Rate Per \$1,000 of coverage
Under 30	\$0.04	50-54	\$0.30
30-34	\$0.05	55-59	\$0.49
35-39	\$0.07	60-64	\$0.66
40-44	\$0.11	65-69	\$1.04
45-49	\$0.18	70+	\$1.84

Accidental Death and Dismemberment Rates (AD&D)	Monthly Rate per \$1,000 of coverage	Child Life Insurance Rate	Monthly Rate Per \$1,000 of coverage
Employee AD&D	\$0.017	All Eligible Children	\$0.17
Spouse AD&D	\$0.017		
Child AD&D	\$0.051		

## Long-Term Disability



University of Findlay offers long-term income protection through Voya 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. Long-Term Disability coverage is provided at no cost to you. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

# Employee Assistance Program



University of Findlay provides an employee assistance program at no cost to you. 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 ComPsych for a confidential service you can trust. We can help anytime, anywhere, any way. ComPsych is available 24/7 by phone, mobile app, or online. You have 24/7 access to a Guidance Consultant. Contact ComPsych at 877-533-2363 or online at [guidanceresources.com](http://guidanceresources.com).

(Web ID: MY5848i)

## Worksite Products



### Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

Accident Insurance	Monthly Rates
Employee Only	\$9.04
Employee + Spouse	\$17.46
Employee + Children	\$18.83
Employee + Spouse/Children	\$27.25

### Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Voya voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. You have a choice of a \$10,000 or \$20,000 benefit. Coverage for your spouse and dependent children can be elected up to 50% of your elected benefit.

#### Monthly Premium for \$10,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$4.20	\$5.60	\$5.45	\$6.85
25-29	\$4.40	\$5.85	\$5.65	\$7.10
30-34	\$5.50	\$7.25	\$6.75	\$8.50
35-39	\$6.20	\$8.15	\$7.45	\$9.40
40-44	\$7.20	\$9.40	\$8.45	\$10.65
45-49	\$10.20	\$13.20	\$11.45	\$14.45
50-54	\$14.30	\$18.45	\$15.55	\$19.70
55-59	\$19.90	\$25.55	\$21.15	\$26.80
60-64	\$26.90	\$34.40	\$28.15	\$35.65
65-69	\$36.90	\$47.20	\$38.15	\$48.45
70+	\$54.20	\$69.05	\$55.45	\$70.30

#### Monthly Premium for \$20,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse / Children
<25	\$8.40	\$11.20	\$10.90	\$13.70
25-29	\$8.80	\$11.70	\$11.30	\$14.20
30-34	\$11.00	\$14.50	\$13.50	\$17.00
35-39	\$12.40	\$16.30	\$14.90	\$18.80
40-44	\$14.40	\$18.80	\$16.90	\$21.30
45-49	\$20.40	\$26.40	\$22.90	\$28.90
50-54	\$28.60	\$36.90	\$31.10	\$39.40
55-59	\$39.80	\$51.10	\$42.30	\$53.60
60-64	\$53.80	\$68.80	\$56.30	\$71.30
65-69	\$73.80	\$94.40	\$76.30	\$96.90
70+	\$108.40	\$138.10	\$110.90	\$140.60

## Hospital Indemnity

Out of pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help. Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in – directly to you – to be used however you like. Choose this supplemental health insurance product for added protection should a covered hospitalization occur.

Hospital Indemnity	Monthly Rates
Employee Only	\$19.93
Employee + Spouse	\$40.85
Employee + Children	\$33.35
Employee + Spouse/Children	\$54.27

## Important Contacts

### Have Questions? Need Help?

	CARRIER	PHONE NUMBER	WEBSITE
USI Benefit Resource Center	USI - BRC	1-855-874-0829	<a href="mailto:BRCMidwest@usi.com">BRCMidwest@usi.com</a>
Medical Plans	UMR	1-866-414-1959	<a href="http://www.umar.com">www.umar.com</a>
Dental PPO	UMR	1-866-414-1959	<a href="http://www.umar.com">www.umar.com</a>
Vision	EyeMed	1-866-939-3633	<a href="http://www.eyemed.com">www.eyemed.com</a>
Life and AD&D	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Voluntary Life	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Long Term Disability (LTD)	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Flexible Spending account	UMR (TPA)	1-866-414-1959	<a href="http://www.umar.com">www.umar.com</a>
Voluntary Critical Illness	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Hospitalization Only	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Accident	Voya	1-800-955-7736	<a href="https://presents.voya.com/EBRC/UniversityofFindlay">https://presents.voya.com/EBRC/UniversityofFindlay</a>
Employee Assistance Program	Voya	1-877-533.2363	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a> Web ID: My5848i



