



# **GRADUATE ASSISTANT ENROLLMENT BROCHURE**

**HEALTH CARE  
DENTAL CARE  
HEARING DISCOUNTS**

**2012**



# Health Care and Dental Enrollment Brochure

## *For University of Dayton Graduate Assistants*

### Enrolling in Your 2012 Benefits

This enrollment brochure is designed to provide you with important information about your University of Dayton benefits program for 2012, including your Anthem health care benefits and the dental plan benefits.

#### Enrollment Period

- You must enroll in the medical and/or dental coverage within 30 days of the start of your contract. If enrollment paperwork is not received by this date, it will be assumed that you are waiving coverage for 2012 and you will not be eligible to enroll in the coverage until the next annual enrollment period with an effective date of January 1, 2013. You may be eligible to enroll mid-year if you have a significant life event as defined by the IRS. Please contact Human Resources for more information about significant life events.
- In accordance with the Patient Protection and Affordability Care Act (new Health Care Law), married or unmarried adult children that are the natural, adopted or step child of you or your spouse can be covered under UD's medical plan to his/her 26th birthday. The University of Dayton will carry this coverage through the end of the calendar year in which the adult child reaches age 26. Additionally, UD has also elected to extend the same eligibility for the dental plan. Please note that in order to be covered, an adult child must not be eligible for other employer sponsored coverage. You may have read that Ohio law continues dependent coverage to age 28. This law only applies to plans that are fully insured and does not apply to UD's self-insured plans.  
If you have an adult child that meets these requirements and needs coverage, please refer to the "What You Need to Do" section on the last page of this brochure.

If you have questions after reading this enrollment brochure, please call the Office of Human Resources at 937-229-2541.

Be sure to read this enrollment brochure carefully and share it with your family. It describes:

- Your Anthem health care plan and your Superior Dental Care plan benefits, and
- Instructions on how to enroll for benefits coverage for 2012.

#### **In This Issue ...**

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**Health and dental insurance coverage for any Graduate Assistant who graduates or will not receive a Graduate Assistant contract for the upcoming Fall term will end at the end of the month in which the Graduate Assistant contract expires.**

## YOUR ANTHEM HEALTH CARE PLAN BENEFITS

The University provides you with an HMO medical plan with Anthem Blue Cross and Blue Shield.

### How Your Medical Plan Works

Your Blue Preferred HMO allows you to choose to receive care from any qualified provider in the Anthem Blue Preferred Primary HMO network. **If you elect to use a provider that is not part of the Anthem Blue Preferred Primary HMO network you will be responsible for all charges.** That's because network doctors and hospitals have agreed to charge discounted fees in return for the plan's participants using their services. You do not need a referral to see a specialist.

### Please Note:

- **Certain inpatient admissions, procedures and tests may require pre-certification in order to be covered.**
- Pre-existing condition limitations may apply for employees and/or their dependents joining within 31 days of a qualified status change or enrolling in the plan for the first time. Any pre-existing condition limitation will be offset by an equal number of months of proven coverage under any U.S. health insurance plan in effect within 63 days of enrollment in the UD plan.
- Evidence of insurability may apply to employees and/or their dependents who didn't join the plan when first eligible but later joined at open enrollment period.

### Provider Directories

Anthem network provider directories are available on-line at [www.anthem.com](http://www.anthem.com). Please select the Blue Preferred HMO network.

### Emergency Room and Urgent Care Services

Many people, particularly those with small children, often find themselves facing medical decisions after normal physician office hours. If you are faced with a situation that you feel cannot wait for normal office hours, your medical coverage provides you the opportunity to seek immediate medical care from either a network Urgent Care facility or a network hospital Emergency Room. As shown in the chart to the right, it is more cost effective for you to utilize the Urgent Care rather than the Emergency Room for non-emergency situations.

Urgent Care Copay	Emergency Room Copay
\$75	\$100

#### ***Use the ER Wisely***

Remember that the majority of emergency room visits are for problems that could be treated in a doctor's office. Ask your doctor how after-hours calls are handled so you can avoid unnecessary emergency room care.

***Non-emergency use of an emergency room will not be covered and you will be responsible for all charges.***

The following page contains a detailed look at the services covered and the amount **you pay** for services provided by network medical providers

<b>Covered Services</b>	<b>Your Required Payment</b>
<b>Deductible</b>	\$100 single/\$200 family
<b>Annual Out-of-pocket Maximum</b>	\$1,500 single/\$3,000 family
<b>Physician Office Services</b> Office visits Office surgeries Allergy – testing and treatment - serum and injections	\$25 co-pay for Primary Care Physicians* \$50 co-pay for Specialists 10% \$5 co-pay
<b>Preventive Care</b> Medical history Mammographies, pelvic exams, and PAP testing Immunizations Annual diabetic eye exam Vision and hearing exams	\$25 co-pay for Primary Care Physicians* \$50 co-pay for Specialists
<b>Outpatient Therapy (visit limits apply)</b> Physical and occupational therapy: 20 visit limit each Spinal manipulation: 12 visit limit Speech therapy: 20 visit limit	\$50 co-pay
<b>Inpatient Services</b>	10% co-insurance
<b>Outpatient Facility Services</b>	10% co-insurance
<b>Inpatient and Outpatient Professional and Ancillary Charges</b> Inpatient and outpatient physician services	10% co-insurance
<b>Home Care Services</b>	10% co-insurance
<b>Hospice Services</b>	10% co-insurance
<b>Urgent Care</b> Physician services Facility charges	10% co-insurance \$75 co-pay
<b>Hospital Emergency Room</b> Physician services Facility charges (waived if admitted)	10% co-insurance \$100 co-pay
<b>Ambulance Services</b>	10% co-insurance
<b>Maternity Services</b>	10% co-insurance
<b>Mental Health and Substance Abuse (limits and maximums apply)</b> Inpatient care Outpatient care Inpatient and outpatient substance abuse programs	10% co-insurance \$50 co-pay
<b>Medical supplies, equipment and appliances</b>	10% co-insurance
<b>Prescription Drugs</b> Member pharmacies – 30 day supply Mail-order – 90 day supply	\$10 Tier 1/\$30 Tier 2/\$50 Tier 3 \$20 Tier 1/\$60 Tier 2/\$100 Tier 3
<b>Lifetime Maximum Benefits</b>	Unlimited

# Important Features of Your Prescription Drug Coverage

## There are Three Types of Prescription Drugs You Can Receive:

- **Tier 1** – This list is typically generic drugs which are equivalent in therapeutic power to the brand-name originals because they contain equivalent active ingredients at the same doses. ***These drugs are the least expensive.***
- **Brand-name drugs on Tier 2** – These are brand-name drugs selected by Anthem based on their quality, safety, and cost. If you use Tier 2 drugs, you pay less than you would pay for other brand-name drugs. That's because Anthem has negotiated discounted rates for these drugs. The list is comprehensive and includes many commonly used drugs. (A listing of Anthem's drugs is available on Anthem's website at [www.anthem.com](http://www.anthem.com). The list is updated periodically, so be sure to check the status of any drugs you are taking.)
- **Brand-name drugs on Tier 3** – These are brand-name drugs that are not on the other Tiers. ***These drugs tend to be the most expensive.***

## Save Time and Money with Mail Order Feature

This feature allows you to order a 90-day supply of maintenance prescription drugs by mail. Maintenance prescription drugs are those you take for more than 30 days for chronic conditions such as allergies, arthritis, diabetes, heart disease, and high blood pressure.

Mail order saves you time and money. Here's how:

- **Convenience** – By using the mail order feature, you can get a 90-day supply of drugs without having to make monthly trips to the pharmacy.
- **Cost savings** – Your cost for a 90-day supply of drugs costs you less than you would pay if you went to a retail pharmacy every month for three months.

## YOUR HEARING DISCOUNT PROGRAM

This program through Avada Audiology and Hearing Care provides all benefit eligible employees and their family members with discounts on hearing instruments and free annual screenings. Please refer to the information on the HR website at [www.udayton.edu/~hr/](http://www.udayton.edu/~hr/) for further information about the program.

### ***Helpful Tip – How You can Save on Prescription Drug Costs***

Rising drug costs affect everyone. There are three important ways to save on prescription drug costs:

- **Buy generic drugs** – You pay less for generic drugs. Generic drugs are chemically equivalent to brand-name drugs, but they generally cost 30% to 70% less. You don't give up quality, just the higher price tag. If your doctor prescribes a brand-name drug, ask if there is a generic equivalent available that is appropriate for you.
- **Take advantage of the mail order program** – If you take medication for a chronic condition such as diabetes or high blood pressure, the mail order program can save you both time and money.
- **Check for drugs on Tier 1 or 2** – If the drug you're ordering is not available as a generic, talk with your doctor to see if a brand-name medicine on Tier 2 is appropriate. This allows you to use a brand-name drug – but at a lower cost to you.

## YOUR SUPERIOR DENTAL CARE PLAN

If you enroll, you will receive your dental coverage through Superior Dental Care, a local dental plan company. Your coverage for 2011 is highlighted in the chart below. The plan provides coverage for a wide range of services – from oral examinations and x-rays to extractions and orthodontia for children.

### How the Plan Works

- **No deductible** – the plan pays first dollar on claims.
- **No claim forms** – simply present your membership card at the time of service.
- **No balance billing** – you are only responsible for your coinsurance based on a percentage of the dentist's charge.
- **Orthodontic maximum** – lifetime maximum is \$1,000 and is not offset by benefits paid by any previous plan.
- **SMILERIDER™** is a supplemental cosmetic rider that provides a 15% discount for elective cosmetic services such as teeth whitening, veneers, bonding, and porcelain facings. SMILERIDER™ dentists are identified by a (☺) in the directory of providers.
- **EyeMed Vision Care** provides discounts on examinations and materials at unlimited frequencies. Available at Lenscrafters® and Optique® locations as well as many optician offices (for more information please call (877) 226-1115).

### Choosing Your Dentist

**You must seek care from a participating dentist** in order to receive the highest level

of benefits. If you receive care from a non-participating dentist, you will be reimbursed directly by Superior Dental Care and may be responsible for payment of any remaining balance. Check the Superior Dental Care website at [www.superiordental.com](http://www.superiordental.com) to verify the participation of your dentist. You may switch dentists or self-refer to a specialist at any time.

### Your Dental Plan At-A-Glance

Here's a look at the percentage the plan pays for covered services:

#### **Preventive & Diagnostic Services – 100%**

- Exams
- Cleanings
- X-rays

#### **Basic Services – 80%**

- Fillings
- Extractions
- Root Canals
- Periodontal services

#### **Major Services – 50%**

- Crowns
- Bridges
- Dentures
- Sealants
- Occlusal Guards

**Annual Maximum** - \$1,000 per person

**Orthodontia** – Lifetime Maximum of \$1000  
(For eligible dependents to age 20)

**Deductibles** – none.

## 2012Healthcare Pre-tax Premiums

	BLUE PREFERRED PRIMARY HMO	SUPERIOR DENTAL CARE
EMPLOYEE ONLY	\$45.00	\$29.77
EMPLOYEE + SPOUSE	\$103.00	\$86.23
EMPLOYEE + CHILD(REN)	\$93.00	\$86.23
EMPLOYEE + SPOUSE + CHILD(REN)	\$130.00	\$86.23
BOTH SPOUSES UD GRADUATE ASSISTANTS (NO CHILDREN)	\$51.50	\$86.23
BOTH SPOUSES UD GRADUATE ASSISTANTS (WITH CHILDREN)	\$65.00	\$86.23

### What You Need To Do

Here's a quick overview of what you need to do:

- **Review the Health Care Rates shown above.** This information outlines your monthly premium contributions for each plan.
- **If you want to enroll in the medical and/or dental plan, you must complete an enrollment form and return it to the appropriate Office of Human Resources within 30 days of the start date of your contract.** Enrollment forms are included in this packet or are available online under the Forms tab at the Human Resources website  
at <http://community.udayton.edu/finadmin/hr/>.
- **If you want to waive health care and/or dental coverage, you must complete the appropriate waiver form and submit it to the Office of Human Resources by the enrollment deadline shown in the previous bullet.** Waiver forms are included in this packet or are available online at the website mentioned above.
- **If you want to enroll your adult child(ren) in the medical and/or dental plan(s), you must complete an enrollment form and an adult child affidavit form certifying ineligibility for other employer coverage and submit it with your enrollment paperwork.**

### *Do You Know?*

Anthem provides a 24-hour per day Nurse's Line. You can call 888-220-3891 any time to ask about symptoms or any other health care concerns that you want to talk with a health care professional about. You will always talk, in confidence, with a registered nurse.

### Questions?

If you have any questions about your coverage, please contact the Office of Human Resources at 229-2541. Or, you may also contact the plan administrators directly by calling Anthem at 800-552-9159 or Superior Dental Care at 800-762-3159.

*For those active employees and/or their dependents who are Medicare eligible, please note that the prescription drug coverage provided under the UD plans is creditable.*

**Your COBRA rights are explained in your certificate of coverage which is available on Anthem's website at [www.anthem.com](http://www.anthem.com).**

### **About This Enrollment Brochure**

This enrollment brochure includes only highlights of benefits available through the University of Dayton medical and dental benefits programs for Graduate Assistants. If any inconsistency exists between this enrollment brochure and the plan documents, the provisions of the plan documents will prevail. While the University intends to continue offering the programs, the University reserves the right to change, amend, or terminate the program or any of its plans at any time.