



# **GRADUATE ASSISTANT ENROLLMENT BROCHURE**

**HEALTH CARE  
DENTAL CARE  
HEARING DISCOUNTS**

**2014**



# Health Care and Dental Enrollment Brochure

## *For University of Dayton Graduate Assistants*

### Enrolling in Your 2014 Benefits

This enrollment brochure is designed to provide you with important information about your University of Dayton benefits program for 2014, 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 2014 and you will not be eligible to enroll in the coverage until the next annual enrollment period with an effective date of January 1, 2015. 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.

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. It describes:

- Your Anthem health care plan and your Superior Dental Care plan benefits, and
- Instructions on how to enroll for benefits coverage for 2014.

#### In This Issue ...

ENROLLING IN YOUR 2014 BENEFITS  
YOUR ANTHEM HEALTH CARE BENEFITS  
IMPORTANT RX DRUG PLAN FEATURES  
YOUR SUPERIOR DENTAL CARE PLAN  
YOUR EYEMED VISION PLAN  
YOUR HEARING DISCOUNT PROGRAM  
WHAT YOU NEED TO DO

**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

## YOUR 2014 HEALTH CARE PLANS

Quality health care coverage for our employees is a priority at the University of Dayton. This commitment to providing quality coverage is balanced by our concern for maintaining costs at a reasonable level. We have worked hard to ensure that both of these priorities are met.

### Your Health Care Plan Options

The University provides you with the choice and flexibility to choose a health care plan that best meets your needs. That's why we are offering two Anthem plans, Core and Advantage, for you to choose from. You may elect coverage only for yourself. If you need coverage for any family members, McGohan Brabender's individual sales unit is available to assist you with possible coverage options. They can be reached at 937-293-1600.

### How Your Health Care Plan Options Work

Both health care plan options are Preferred Provider Organizations (or PPOs). The Core and Advantage plans differ in the amount of coverage they provide.

Here's how they work:

- You may choose to receive care from any qualified provider, but the plan pays a higher level of coverage if you use network doctors or hospitals. That's because network doctors and hospitals have agreed to charge discounted fees in return for the plan's participants using their services.

- You can use providers who are not in the plan's network, but you pay a deductible and your share of the expenses is greater because providers outside the network have not agreed to charge discounted fees.

### Provider Directories/Preferred Prescription Drug Formulary List

To access the most up-to-date network and formulary information, check out Anthem's on-line directory at [www.anthem.com](http://www.anthem.com) and click on the *Blue Access PPO* network. Detailed instructions on how to navigate the Anthem website, can be accessed through the Human Resources website at [www.udayton.edu/hr](http://www.udayton.edu/hr) in the Benefits section. Also, you may call Anthem directly at (800) 552-9159 with any questions.

An online calculator is available on the HR website in the Benefits section to assist you in determining which plan works best for you.

For a summary of the coverages available to you please refer to the [Core](#) and [Advantage](#) plan summaries (pdf). More detailed information can be found in the [Core Certificate of Coverage](#) and the [Advantage Certificate of Coverage](#)

### ✓ *Helpful Tip #1 – How to choose a health care plan*

What's more important to you: lower out-of-pocket costs when you use the plan, or lower payroll deductions?

- If your use of the health care plan is low and lower payroll deductions are what you're looking for, then consider the Core plan. This option offers lower payroll deductions, but you'll pay a greater portion of the charges each time you receive care. Especially with this option, you should consider enrolling in a Health Care Flexible Spending Account to pay these costs with pre-tax dollars.
- If you and your family use the health care plan often and lower out-of-pocket costs at the time of service are important, then take a look at the Advantage plan. You pay more in monthly payroll deductions, but your cost for service each time you need care is lower.
- One suggestion to help you choose the best plan for you is to estimate next year's expenses based on the past year's usage and calculate your out-of-pocket costs under each plan. Use the online calculator mentioned above to help you determine which plan works best for you and your family. (***Please note your best plan choice will vary depending on projected usage and costs***)

# Important Features of Your Prescription Drug Coverage

## Review of Your Prescription Drug Plans

Your prescription drug programs give you the choice and flexibility for your doctor to prescribe the right drugs to meet your health care needs. Your Rx co-pay is based on the health care plan you choose, and the type of drug you use. The prescription drug list along with instructions to navigate Anthem's website, can be accessed through the Human Resources website at [www.udayton.edu/~hr/](http://www.udayton.edu/~hr/) and clicking on Benefits. Also, you may call Anthem customer service at (800) 552-9159 or Express Scripts directly at 866-216-5449.

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

- **Tier 1 drugs**– This tier consists mainly of 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 the carrier based on their quality, safety, and cost. If you use these brand-name drugs, you pay less than you would pay for other brand-name drugs. That's because the carriers have negotiated discounted rates for these drugs. These lists are comprehensive and include many commonly used drugs. *(The drug listing is available on Anthem's website as noted above and is updated periodically, so be sure to check the status of any drugs you are taking.)*
- **Brand-name drugs on Tier 3** – *These drugs tend to be the most expensive.*
- **Tier 4 drugs**- This tier consists of high cost injectible medications. Each prescription cost is capped at \$200 with an annual maximum out of pocket cost at \$2,500.

### Save Time and Money with Mail Order Feature available under all plans

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 is less than you would pay if you went to a retail pharmacy every month for three months.

### Mandatory Generic Substitution

If you select a brand name medication when a generic is available, you will pay the generic co-pay plus the cost difference between the generic and brand drug. If a doctor issues a brand name prescription and writes "Dispense as written" on it, then the brand co-pay applies even if a generic is available.

## YOUR EYEMED VISION PLAN

The University offers a materials only plan through EyeMed Vision Care that will provide a benefit toward the cost of your glasses and contacts. Everyone enrolled in one of the UD healthcare plans will automatically be enrolled in the vision supplement plan. **There will be no need to enroll separately and the plan is not available to be purchased alone.** Please see the chart to the right and the brochure on the HR website for benefits available in this plan. **You will receive a separate EyeMed ID card.**

*Remember that your annual eye exam is a covered benefit under both Anthem PPO plans.*

## 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 page located on the HR website for further information about the program.

EYEMED VISION CARE BENEFITS		
	<u>Network</u>	<u>Non-network</u>
<b>Frames</b>	\$130 allowance; 20% off balance over \$130	Up to \$65
<b>Lenses:</b>		
<i>Single vision</i>	\$10 Co-pay	Up to \$25
<i>Bifocal</i>	\$10 Co-Pay	Up to \$40
<i>Trifocal</i>	\$10 Co-Pay	Up to \$55
<b>Contacts:</b>		
<i>(in lieu of lenses &amp; frames)</i>	\$0 Co-pay; \$130 allowance; 15% off Balance (conventional)	\$104 (conventional)
	\$0 Co-pay; \$130 Allowance	\$104 (disposable)
	\$0 Co-pay- Paid in Full (medically necessary)	\$200 (medically necessary)
<b>Frequency:</b>		
<i>(lenses, frames &amp; contacts)</i>	Once every 12 mos.	Once every 12 mos.

## 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 2014 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.

\*Preventive services do not count toward the Annual Maximum

## What You Need To Do

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

- Review the [Health Care Rates](#) on the HR website.
- If you want to enroll in the medical and/or dental plan, you must complete an enrollment/change form and return it to the Office of Human Resources within 30 days of the start date of your contract.
- If you want to waive health care and/or dental coverage, you must complete the waiver section of the enrollment/change form and submit it to the Office of Human Resources by the enrollment deadline shown in the previous bullet.

### Where to Find Forms:

Enrollment/change forms are available under the Forms section of the Human Resources website at [www.udayton.edu/hr](http://www.udayton.edu/hr).

## 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 Graduate Assistants 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.