



ENROLLMENT BROCHURE

**HEALTH AND VISION CARE
DENTAL CARE
FLEXIBLE SPENDING ACCOUNTS
HEARING DISCOUNTS**

2014



Health Care, Dental, and FSA Enrollment Brochure

The University of Dayton Employee Benefits Program

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 health care plan options, your dental plan, and information about flexible spending accounts.

Included in this brochure is:

- Information about your 2014 healthcare plan options,
- Information explaining your EyeMed vision plan,
- Superior Dental Care information,
- Flexible Spending Account information,
- Information regarding your Avada hearing discount program
- Instructions on how to enroll for benefits coverage.

Remember, your payroll deductions can be made on a pre-tax basis. This means that:

- The cost for your health care and/or dental coverage is deducted from your paycheck before you pay any federal, state or Social Security taxes.
- This deduction reduces your taxable income – the amount on which you pay taxes.
- Reduced income taxes mean you have more take-home pay than you would have had if premiums were deducted after taxes.

Enrollment Period

In order to participate in the University's medical, dental and/or flexible spending accounts for 2014, you must return your enrollment forms for the appropriate plan/s within 30 days of the day that you first become eligible for benefits.

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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 the needs of you and your family. That's why we are offering two Anthem plans, Core and Advantage, for you to choose from.

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 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 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 better for you and your family.

In accordance with the Patient Protection & Affordability Care Act, married or unmarried children that are the natural, adopted or stepchild of you or your spouse can be covered under the University of Dayton medical plan to his/her 26th birthday. The University of Dayton will extend this coverage through the end of the calendar year in which the adult child reaches age 26. Additionally, the University has also elected to extend the same eligibility for the dental and vision plans.

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**)

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/ 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.

√ Helpful Tip #2 – 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 or ask your pharmacist to dispense the generic equivalent.
- **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 the formulary or preferred drug list** – If the drug you're ordering is not available as a generic, talk with your doctor to see if a brand-name medicine on the Tier 2 list is appropriate. This allows you to use a brand-name drug – but at a lower cost to you.

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 located 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>
Frames	\$130 allowance; 20% off balance over \$130	Up to \$65
Lenses:		
<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
Contacts:		
<i>(in lieu of lenses & 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)
Frequency:		
<i>(lenses, frames & contacts)</i>	Once every 12 mos.	Once every 12 mos.

YOUR SUPERIOR DENTAL CARE PLAN

You will receive your dental coverage through Superior Dental Care, a local dental plan company. Your coverage 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** (this is a separate discount plan included with your dental plan) 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 you may be responsible for payment of any remaining balance. Check the Superior Dental Care website at **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 benefits do not count toward the annual max.**

FLEXIBLE SPENDING ACCOUNTS – A GREAT WAY TO SAVE

MyCafeteriaPlan, our administrator, will provide:

- Web-based access to account balances and claim payment status at www.mycafeteriaplan.com
- On-line claim forms
- Direct deposit of claim payments to your bank account
- Claims reimbursement every Wednesday

As always, you can save on your out-of-pocket health care (such as prescription drug and office visit co-pays) and day care expenses by taking advantage of our Health Care and/or Dependent Care Flexible Spending Accounts (FSAs). FSAs allow you to set aside money during the year that you can use to reimburse yourself for eligible expenses incurred during the year. And the best part is that this money is set aside before federal and state income or Social Security taxes are withheld, thus lowering your taxable income.

How the Accounts Work

Each year you decide whether or not you want to participate in the Health or Dependent Care FSA.

If you decide to participate:

- You estimate the amount of eligible expenses you are likely to have during the year and decide how much of your salary you want to set aside (use the FSA worksheet on Page 4 and 5 in the FSA brochure to help estimate your annual expenses). Remember, you can save up to \$2,500 for the Health Care FSA and up to \$5,000 (\$2,500 if you are married and file separate income tax returns) for the Dependent Care FSA. The amount you elect is divided by your annual pays and automatically deducted from your paycheck each pay period.

As you incur eligible expenses during the year, you pay for them out of your own pocket, then reimburse

yourself from your flexible spending account with tax-free money.

What's an Eligible Expense?

See the brochure in the FSA section of the HR website for a sample listing of eligible Health and Dependent Care FSA expenses.

✓ **Helpful Tip #3 – Don't forget about these IRS restrictions**

Before you decide to participate, keep in mind that the IRS imposes a number of restrictions on your FSA contributions, including:

- **One-Year Commitment** – You may not stop, start, or change the amount of money you contribute during the year unless you have a qualified status change, such as the birth of a child, adoption, or divorce. If this occurs, then your FSA change must be consistent with your status change.
- **“Use It or Lose It”** – You may only use the money in your accounts to pay for expenses you incur during the same calendar year. Any money up to \$500 remaining in your account after you have applied for reimbursement for the year will be automatically rolled forward into the 2015 plan year. You will have until April 15, 2015 to request reimbursement for expenses incurred for the previous calendar year of 2014. This “use it or lose it” rule makes it very important that you estimate carefully before deciding to contribute.
- **No Transfers** – You may not transfer money from one account to the other. For example, you cannot use money from the Health Care FSA to pay for Dependent Care FSA expenses.

2014 MAXIMUM CONTRIBUTIONS

- HEALTH CARE SPENDING ACCOUNT \$2,500
- DEPENDENT CARE SPENDING ACCOUNT \$5,000

WHAT YOU NEED TO DO

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

- **Review the Health Care Premium Rates.** Please refer to the HR website for the [healthcare and dental plan premiums](#).
 - **If you want to enroll in any of the coverage options,** you must complete an enrollment/change form and return it to the Office of Human Resources **within 30 days of the date you first become eligible for benefits.**
 - **If you want to waive health care and/or dental coverage,** you must complete the appropriate waiver section of the enrollment/change form and submit it to the Office of Human Resources **within 30 days of the date you first become eligible for benefits.**
- **If you want to participate in one or both of the FSAs, you must complete the Health Care Spending Account and/or Dependent Care Spending Account section/s of the enrollment/change form and return it within 30 days of the date you first become eligible for benefits.**

Where to Find Forms:

Enrollment/change forms are available under the Forms section of the Human Resources website at www.udayton.edu/hr.

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.

Questions?

If you have any questions about your coverage, please contact the Office of Human Resources at (937) 229-2541. You may also contact the plan administrators directly by calling Anthem at (800) 552-9159, Superior Dental Care at (937) 438-0283 or (800) 762-3159 or EyeMed Vision Care at 866-299-1358.

You will receive ID cards within approximately 2 weeks of enrolling in the coverage.

Your COBRA rights are explained in your certificate of coverage which is available on Anthem's website at www.anthem.com.

About This Enrollment Brochure

This enrollment brochure includes only highlights of employee benefits available through the University of Dayton benefits program. 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 benefits program, the University reserves the right to

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