



2015 OPEN ENROLLMENT FOR RETIREES UNDER 65

HEALTHCARE | DENTAL | HEARING



Quality health care coverage for our retirees 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.

With each passing year, the challenges become more difficult and the University of Dayton continues to meet these challenges and offer solutions to keep the plan competitive and affordable for employees and their families. Options and strategies to overcome these challenges are reviewed every year. Recognizing that stability is important to employees and their families, the University of Dayton is pleased to announce that all carriers will remain the same for 2015.

WHAT'S THE SAME IN 2015:

Plan:	Highlights
Medical	Anthem Blue Cross & Blue Shield will continue to administer the medical plan. There will be no changes to the plan benefits.
Dental	Coverage once again through Superior Dental Care.
Avada Hearing	Continued discounts on hearing instruments as well as a free annual hearing screening.

KEY ENROLLMENT DATES:

Please review this document regarding how to enroll for 2015. It is important that you understand all of your options so that you can get the most out of your entire benefit program. The deadline for enrolling or making changes to your health and dental plan is **Friday, November 14, 2014**. *If you take no action, you will continue to be enrolled in the same plan(s) in which you are currently enrolled.*

INFORMATIONAL RESOURCES

Open enrollment meetings will take place in the coming weeks. We encourage you and/or your family members to attend these meetings, or view the presentations online, so that you can learn about your benefit programs. Additional information can be found at the HR website (udayton.edu/hr).

A CLOSER LOOK AT YOUR 2015 BENEFITS

2014 was a big year and much of the Affordable Care Act has been implemented. The “Marketplace”, also known as “exchanges”, began enrolling members effective January 1, 2014. Although much of the law has been implemented, there are still some mandated changes and fees that will continue to affect the University of Dayton’s medical plan.

The University of Dayton is making no changes to the two medical plans currently offered and administered by Anthem Blue Cross and Blue Shield. Deductibles, coinsurance and copayments will remain the same in 2015. However, according to the Affordable Care Act, a mandated change is required. Beginning in 2015, all copayments including prescription drug, office visit, emergency room and urgent care copayments will now count toward the maximum out-of-pocket.

This is also a great time of the year to review the “extra’s” offered by Anthem Blue Cross and Blue Shield. Introduced in 2014 was an innovative way for employees and retirees to access care from the comforts of your home or office. Live Health On-Line offers access to a physician 24 hours a day, every day of the week, via the Internet. This is now available in an “app”. Download the application directly to your “smartphone” or tablet and access a physician whenever you need care. Live Health On-Line can be used for services such as sinus, allergy or flu symptoms. The University of Dayton is making this available to you and your dependents at a \$10 copayment which will now count toward your maximum out-of-pocket.

Did you know that a mammogram performed at a local hospital was approximately \$156 but performed at a free standing facility was only \$86? This information is a few clicks away on the Anthem Care Comparison, accessed via your “myAnthem” site. Find out what things will cost you before you receive services or find an alternative that may save both you and the University.

Need to save money on contact lenses? Use your Anthem membership to save money via their Special Offers@Anthem program. Save on everything from contact lenses to health club memberships. Accessed via your “myAnthem” site, SpecialOffers@Anthem program offers you discounts on many of the services you might use every day.

Core or Advantage?

The University of Dayton continues to offer coverage options that can be selected based on you and your dependents unique needs. One plan doesn’t necessarily fit all. The Core and Advantage options differ in the amount of coverage they provide – not the services that are covered. Things that you should consider in looking at the plan options:

- How much will it cost me if I have a catastrophic event?
- How much more will I pay in annual payroll deductions for the Core plan versus the Advantage plan?
- What types of services do I use the most (i.e. office visit, drugs, inpatient, etc.)?

2015 MEDICAL PLAN DEPENDENT ELIGIBILITY

There are no changes to the eligibility of the plan for 2015. Dependent eligibility continues to be: Married or unmarried adult children who are the natural, adopted or stepchild of you or your spouse may be covered to his/her 26th birthday under your medical, dental and vision plans. If you eligible adult child is currently enrolled and they are under the age of 26, there is nothing for you to do

DENTAL AND HEARING

The University of Dayton continues to offer dental coverage through Superior Dental Care. There will be a slight increase in premiums for 2015. The hearing benefit (which includes discounts on hearing instruments as well as a free annual screening) will remain the same for 2015.

2015 UNIVERSITY OF DAYTON HEALTHCARE PLANS OVERVIEW

ANTHEM BLUE CROSS & BLUE SHIELD				
PLAN BENEFITS	ANTHEM CORE PLAN		ANTHEM ADVANTAGE PLAN	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
DEDUCTIBLE	\$1,000 Ind. / \$2,000 Fam.	\$2,000 Ind. / \$4,000 Fam.	\$500 Ind. / \$1,000 Fam.	\$1,000 Ind. / \$2,000 Fam.
OUT-OF-POCKET MAXIMUM Including deductible & copayments	\$4,000 Ind. / \$8,000 Fam.	\$8,000 Ind. / \$16,000 Fam.	\$3,000 Ind. / \$6,000 Fam.	\$6,000 Ind. / \$12,000 Fam.
CO-INSURANCE	80/20%	60/40%	85/15%	65/35%
LIFETIME MAXIMUM	Unlimited		Unlimited	
OFFICE VISITS	\$25 PCP Co-Pay*	Deductible (Ded) & Co-Ins.	\$20 PCP Co-Pay*	Deductible (Ded) & Co-Ins.
	\$50 Specialist Co-Pay		\$40 Specialist Co-Pay	
LIVE HEALTH ON-LINE	\$10 Co-Pay	NA	\$10 Co-Pay	NA
INPATIENT HOSPITAL	Ded. & Co-Ins.	Ded. & Co-Ins.	Ded. & Co-Ins.	Ded. & Co-Ins.
OUTPATIENT HOSPITAL	Ded. & Co-Ins.	Ded. & Co-Ins.	Ded. & Co-Ins.	Ded. & Co-Ins.
EMERGENCY ROOM	\$250 Co-Pay	\$250 Co-Pay	\$250 Co-Pay	\$250 Co-Pay
URGENT CARE	\$75 Co-Pay	\$75 Co-Pay	\$75 Co-Pay	\$75 Co-Pay
PRESCRIPTION DRUGS <i>Generic / Formulary / Non-Formulary</i>	\$100 Deductible**, then 30-day retail: \$10 / \$40 / \$60 / 25%*** 90-day mail order: \$20 / \$100 / \$150 / \$200	30-day retail: Ded. & 50% Co-Ins. (\$50 min)	\$50 Deductible**, then 30-day retail: \$10 / \$40 / \$60 / 25%*** 90-day mail order: \$20 / \$100 / \$150 / \$200	30-day retail: Ded. & 50% Co-Ins. (\$50 min)

* PCP - Primary Care Physician

** Deductible not required for Tier 1 medications

*** 25% is capped at \$200 per prescription

To determine which tier applies to your prescription drug, call Anthem Customer Service at 800-552-9159. You can also access this information on your “myAnthem” site. You can view alternatives to a drug that you are currently taking or have been prescribed by your physician to see if there is a drug in the same therapeutic class that might be in a lower tier, therefore lowering your overall cost.

This benefit description is intended to be a brief outline of benefits. Certain services may have limits on the number of visits, days or dollar amounts that will be covered. Please refer to the Summary of Benefits and Certificate of Coverage on the HR website for a complete listing of benefits.

More detail regarding plan benefits for the Anthem Healthcare, Superior Dental Care, and Avada Hearing plans can be found in the open enrollment section at the HR website (undayton.edu/hr).

DEFINITIONS

Deductible

The amount of eligible healthcare costs that you are required to pay each calendar year before the plan begins to pay for covered expenses with co-insurance. The deductible is not required for healthcare expenses that have a co-pay under both the Advantage plan & Core plan. The Core & Advantage plan has a separate Rx deductible.

Out-of-pocket maximum

The maximum amount you can spend for covered healthcare in any calendar year. This includes the medical deductible, coinsurance and copayments. When the out-of-pocket maximum is reached, the plan will pay 100% for covered services for the rest of the year

Co-payment

A flat dollar amount that you pay for certain healthcare services (such as an office visit). Co-payments do not apply toward the deductible or out-of-pocket maximum.

Co-insurance

The percentage of cost that the plan and you share for covered healthcare expenses. For example, the plan may pay 80% of the cost and the participant may pay 20%. In this case, 20% is your co-insurance. Your in-network co-insurance is a percent of the discounted charges that Anthem has negotiated. It is helpful to remember that coinsurance is applicable for procedures performed in hospital facilities – it is not used in procedures performed in doctor’s offices.

Primary Care Physicians (PCPs)

PCPs include general practitioners, internists, family practitioners, pediatricians, obstetricians, gynecologists and geriatricians.