



*UNIVERSITY OF DAYTON MEDICARE  
SUPPLEMENT PLAN*  
**OPEN ENROLLMENT**

**HEALTH CARE  
DENTAL CARE**

**2014**

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# Health Care and Dental Benefits Brochure

*Retiree Medicare Supplement Program*

## Enrolling in Health Care and Dental Benefits for 2014

This brochure contains important information about your University of Dayton health care plan and dental benefits for 2014. We have enclosed a premium rate chart for your review. For information about the plan benefits please see the HR website under Benefits and then Retiree Benefits.

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

Please be sure to read this brochure carefully. It describes:

- Information about your healthcare and dental plans, and
- Instructions on how to enroll in coverage for 2013.

**If you are currently enrolled in the UD health care and/or dental coverage and wish to continue your coverage, you don't need to re-enroll. NO ACTION IS REQUIRED.**

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

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**Anthem will be issuing new ID cards for all members enrolled in their Rx plans for 2014. Anthem will not be issuing new cards for the medical plan. Certificates of coverage will continue to be available on Anthem's website at [www.anthem.com](http://www.anthem.com) or by calling Anthem at 1-800-223-9717.**

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

## 2014 HEALTHCARE AND RX COVERAGE

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.

There will be **no changes to the medical coverage** provided under your Medicare Supplement plan and no changes to your prescription drug plan copays. Anthem has told us that there will be minimal changes to the prescription drug formulary list. You will be receiving information about these changes directly from Anthem.

The prescription drug coverage provided under your Anthem health care plan offered through the University of Dayton will continue to be a Medicare Part D drug plan called Anthem Blue Medicare Rx.

***If you choose to continue to be covered under the University of Dayton group plan with Anthem, you will not need to enroll in a Medicare Part D drug plan on your own.*** By remaining in the UD Anthem Medicare supplement plan, you have effectively signed up for Medicare

Part D and Anthem will notify Medicare for you.

Due to continued low claims experience during 2013, the monthly premium for the UD plan will have only a slight increase for 2014 for those paying a premium.

As you may remember, the University sent you a letter in 2005 outlining changes to be made to the University's portion of the premium beginning with the 2009 plan year. These changes were made in order to cap the University's future liability for retiree healthcare expenses. As stated in the letter, beginning with the 2009 plan year and continuing forward, the University's contribution to the premium will increase by a maximum of 5% in any given year. If costs increase by more than 5%, the difference will be absorbed by the retiree.

For the 2014 plan year, due to the good claims experience in both the medical and prescription plans, we were able to hold costs down resulting in only a small increase in premiums. The enclosed rate chart reflects the University's contribution to the premium in dollars based on your years of benefit eligible service at the time of retirement.

## 2014 MEDICARE SUPPLEMENT PLAN BENEFITS

COVERED BENEFIT	PLAN COVERAGE
<b>DEDUCTIBLE</b> ( APPLIES ONLY TO PERCENT COINSURANCE)	\$250
<b>OUT-OF-POCKET MAXIMUM*</b>	\$1,000
<b>PHYSICIAN OFFICE SERVICES</b>	
OFFICE VISIT	80%
SURGERY	80%
PHYSICAL MEDICINE THERAPIES	80%
OTHER THERAPIES	80%
DIAGNOSTIC	80%
<b>PREVENTIVE CARE (\$500 ANNUAL MAXIMUM)</b>	
MAMMOGRAPHY, PELVIC EXAMS, PAP TESTING, PSA TESTS AND COLON CANCER SCREENING	COVERED IN FULL
IMMUNIZATIONS	COVERED IN FULL
ANNUAL VISION AND HEARING EXAMS (INCLUDING DIABETIC EYE EXAM)	COVERED IN FULL
<b>OUTPATIENT PHYSICAL MEDICINE THERAPIES</b>	
PHYSICAL/OCCUPATIONAL THERAPY (30 VISITS PER YEAR FOR EACH)	80%
SPINAL MANIPULATION (12 PER YEAR)	80%
SPEECH THERAPY (20 VISITS PER YEAR)	80%
<b>INPATIENT SERVICES</b> (60 DAYS/YR FOR PHYSICAL MEDICINE & REHAB AND 90 DAYS/YR FOR SKILLED NURSING FACILITY)	80%
<b>OUTPATIENT SURGERY AND SERVICES</b> (HOSPITAL OR ALTERNATIVE FACILITY)	80%
<b>INPATIENT &amp; OUTPATIENT PROFESSIONAL CHARGES</b>	80%
<b>HOME CARE SERVICES</b>	80%
<b>HOSPICE SERVICES</b>	80%
<b>EMERGENCY AND URGENT CARE</b>	80%
<b>AMBULANCE SERVICES</b>	80%
<b>MENTAL HEALTH/SUBSTANCE ABUSE</b>	
INPATIENT	80%
OUTPATIENT	80%
<b>LIFETIME MAXIMUM</b>	Unlimited
<b>HUMAN ORGAN &amp; TISSUE TRANSPLANTS</b>	COVERED IN FULL AT PARTICIPATING FACILITIES. 50% CO-INSURANCE AT NON-PARTICIPATING FACILITIES.
<b>MEDICAL SUPPLIES &amp; EQUIPMENT</b>	80%
<b>PRESCRIPTION DRUG COVERAGE</b> (INCLUDES DIABETIC SUPPLIES)	
NETWORK RETAIL PHARMACIES (30 DAY SUPPLY)	\$10 GENERIC, \$25 FORMULARY BRAND, \$40 NON-FORMULARY BRAND; NON-NETWORK PHARMACIES: AMOUNT OVER NEGOTIATED COST
MAIL ORDER SERVICE ( 90 DAY SUPPLY)	\$15 GENERIC, \$65 FORMULARY BRAND, \$100 NON-FORMULARY BRAND

\* All deductibles, co-insurance and mental health copayments count toward the Out-of-Pocket maximum. Rx drug copayments do not apply to the out of pocket maximum.

## YOUR SUPERIOR DENTAL CARE PLAN

You will continue to receive your dental coverage through Superior Dental Care, a local dental plan company. Your benefits for 2014 will not change. The plan continues to provide coverage for a wide range of services – from oral examinations to x-rays and extractions. The premium rates for 2014 will remain the same.

### 2014 Monthly Premium Rates

Single \$30.37

Family \$87.95

### 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 enclosed directory.
- **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** if you reside in Ohio or Kentucky in order to receive benefits at the highest level. Check the 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.

**If you live outside of Ohio or Kentucky or your dentist is not participating in the network**, you may seek care from the dentist of your choice. You will be reimbursed directly by Superior Dental Care, and you will be responsible for payment of any remaining balance.

### 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
- Occlusal guards (1 per lifetime)

**Annual Maximum** - \$1,000 per person  
(Preventive care does not count toward the annual maximum)

**Orthodontia** – Lifetime Maximum of \$1,000  
(For eligible dependents to age 20)

**Deductibles** - None

## What You Need to Do

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

- ✓ ***Review your Anthem Benefits Summary on Page 4, the information about the Superior Dental Care plan on Page 5, and the enclosed Premium Rate Chart.*** This information is included in this packet and describes the services provided by your health care and dental plans and your monthly premium contributions for each plan.
- ✓ ***If you want to enroll your adult child(ren) under the age of 26 in the medical and/or dental plan(s), you must complete an enrollment form by the enrollment deadline of November 15, 2013.***
- ✓ ***IF YOU ARE ALREADY ENROLLED IN HEALTH CARE AND DENTAL COVERAGE, YOU DON'T NEED TO RE-ENROLL*** – you will continue to be enrolled in the same plan/s in 2014.
- ✓ ***If you are not already enrolled in dental coverage and want to enroll for next year, you must complete an enrollment form and return it to the Office of Human Resources no later than November 15, 2013.*** Forms will be on the Human Resources website at [www.UOpenenrollment.com](http://www.UOpenenrollment.com), or by calling the Office of Human Resources at 937-229-2541.
- ✓ ***If you want to waive your health care and/or dental coverage, you'll need to complete the appropriate waiver form and return it to the Office of Human Resources no later than November 15, 2013.*** Waiver forms will be available on the Human Resources website listed above, or by calling the Office of Human Resources.

If you are interested in researching other options for coverage through Medicare for either yourself or your spouse, please contact McGohan Brabender's Senior Solutions group at 937-293-1600.