Will I receive a new identification card? 
You will receive a new Humana medical ID card if you switch your medical plan during this open enrollment. You will only receive a new Dental Care Plus and Humana vision card if you are a new enrollee into the plans.

How do I enroll in my benefits?
All employees must enroll online to elect or decline Xavier’s benefits. Access the online enrollment website through the Open Enrollment site on the Office of Human Resource page. You must have your Banner ID to access site. Enrollment site is available from November 10 to November 24.

Are my dependents covered until age 26?
Yes, your dependents will be covered until the end of the birth month that they obtain age 26. Dependent coverage does not extend to age 28.

Medical Carrier: Humana
Website: www.humana.com
Phone Number: 800.448.6262
Please refer to your Humana Medical ID card

Dental Carrier: Dental Care Plus
Website: www.dentalcareplus.com
Phone Number: 800.367.9466
Please refer to your Dental Care Plus ID card

Vision Carrier: Humana
Website: www.humana.com
Phone Number: 800.828.9341
Please refer to your Humana Vision ID card

Open Enrollment:
- Open enrollment is the time of year that our benefit plans renew and you can add or drop a dependent or enroll in your benefit plans.
- The next time to make changes will be during open enrollment 2015 or if a qualifying event occurs. Please contact HR if you have a qualifying event.
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Please refer to your Humana Vision ID card

In the event you have a question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call or e-mail our benefits consultant, HORAN.

Account Manager: Judi Meyer
E-mail: judim@horanassoc.com
Phone Number: 513.745.0707

Client Specialist: Maggie Kroeger
Email: maggiek@horanassoc.com
Phone Number: 513.745.0707

Corporate Headquarters
4990 East Galbraith Cincinnati, Ohio 45236
513.745.0707 | 800.544.8306
www.horanassoc.com

This packet is intended to provide a brief overview of your employee benefits. If there is a discrepancy between the enclosed documents and the certificate of coverage, the certificate of coverage for each plan will be the final determining document.
Both plans have access to the same network and cover the same services.

- **Medical Out-Of-Pocket & Deductible**
  - Annual Maximum: $2,000/Simple, $4,000/Family
  - Medical-Out-Of-Pocket: $2,600/Simple, $5,200/Family

**VISON: HUMANA**

Xavier University continues to offer vision insurance through Humana. Below is a brief summary of your benefits. Please see your Humana detailed benefit summary or certificate for more information.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lenses (1 every 12 months)</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Frames (1 every 24 months)</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (1 every 12 months)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Contributions (per month)</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$5.80</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$10.56</td>
</tr>
<tr>
<td>Family</td>
<td>$16.08</td>
</tr>
</tbody>
</table>

**DENTAL: DENTAL CARE PLUS**

Xavier University continues to offer dental insurance through Dental Care Plus. Below is a brief summary of your benefits. Please see your Dental Care Plus detailed benefit summary or certificate for more information.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>$50/$150</td>
<td></td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td>Major Services</td>
<td>Deductible, then 60%</td>
</tr>
<tr>
<td>Orthodontia (to age 19)</td>
<td>50% to $500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Contributions (per month)</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$28.18</td>
</tr>
<tr>
<td>Employee + One</td>
<td>$54.24</td>
</tr>
<tr>
<td>Family</td>
<td>$95.56</td>
</tr>
</tbody>
</table>

**CRITICAL ILLNESS & ACCIDENT: HUMANA**

The out-of-pocket costs you may have if you are in an accident or face a serious illness can be concerning. Humana critical illness and accident plans can help. Benefits are paid directly to you, so you can use them however you want – to pay everyday bills, medical copays or deductibles. Enroll today in a plan that protects your financial well-being.

**CRITICAL ILLNESS • NEW GUARANTEE ISSUE OPPORTUNITY**

Evidence of insurability is waived
- Guaranteed issue for employees of $20,000
- Guaranteed issue for spouses of $10,000

If you are currently enrolled, you may elect up to $20,000, including your current election, in critical illness this year and evidence of insurability waived.
- $150 wellness benefit by receiving a covered preventive service
- Benefit is paid for an initial covered diagnosis after effective date

**ACCIDENT**
- Guaranteed issue
- Refer to your summary of coverage for specific accident coverage

**How do I enroll?**
- If you are currently NOT enrolled in one or both plans information and rates can be found on the open enrollment site. If you are currently enrolled in one or both plans and want to increase or change your enrollment status please call: 1-866-575-9047.

**VOLUNTARY LIFE INSURANCE: CIGNA**

Voluntary term life insurance is a product you buy not only for yourself, but to help take care of those who depend on your income. This affordable coverage can help relieve the financial burden at a time of loss.

CIGNA is offering this benefit with a guarantee issue opportunity. This means you can elect up to a certain amount of coverage for you and your family and evidence of insurability is waived. If you waive coverage and want to enroll or increase your coverage in the future, evidence of insurability will be required. Evidence of insurability questionnaire consists of 7 medical questions.

Premium rates are based on age and election amounts. Rates can be found in the personalized enrollment packet from CIGNA which will be mailed to your home during November.

**GUARANTEE ISSUE OPPORTUNITY!**
- Employees currently enrolled with less than $200,000, including current election, are able to increase coverage up to $200,000 and evidence of insurability is waived
- Employees who have waived coverage or been denied coverage in the past, are able to elect coverage up to $200,000 and evidence of insurability waived
- The guarantee issue amount is $30,000 for spouses and $10,000 for children.

The employee maximum benefit is now $400,000. Spouses are eligible for $100,000 - $50,000 and children are eligible for $5,000 or $10,000. If you elect any amount over the guarantee issue amounts above, you must answer 7 medical questions – found on the online enrollment site. Beneficiary designations are now collected via the online enrollment site and you will be required to enter beneficiaries for basic and voluntary life.

**HEALTH SAVINGS ACCOUNT (HSA)**

HSA dollars can be used for qualified medical, dental and vision expenses. The maximum contribution for 2015 is $3,350 for single and $6,650 for employee-plus-one and family. Employees age 55+ can contribute an additional $1,000 ‘catch-up’ amount. Fifth Third Bank administers the account. Please note: you may only have this account if you enroll in the HDHP medical plan.

**FLEXIBLE SPENDING ACCOUNT (FSA)**

You will continue to have an FSA offered through Chard Snyder.

1. **Healthcare FSA** – Allows you to pay for certain eligible medical, dental and vision expenses tax-free. This plan is **NOT** compatible with an HSA. Your Maximum contribution is $2,500.
2. **Dependent Care Plan** – Allows you to pay for eligible dependent care expenses tax-free. This plan is compatible with HSA. Your maximum contribution is $5,000.
3. **Limited FSA** – Allows you to pay for eligible dental and vision expenses tax-free. This plan is compatible with an HSA. Your maximum contribution is $2,500.

You have 90 days after the plan year ends on December 31st to submit claims for reimbursements that occur during the plan year. This is your grace period. Any funds not used by this point will be forfeited.

**HEALTH CARE REFORM**

**Maximum Out-Of-Pocket (MOOP)**

- **NPOS Plan:** Deductibles, copays and coinsurance, will go toward the Maximum Out-Of-Pocket (MOOP) limit for those enrolling in this plan. Your medical and pharmacy limits will accumulate separately, but are combined for the MOOP limit. If **either** the Medical or the Rx Out-Of-Pocket (OOP) limit is met before the MOOP limit, then the plan pays 100% on approved claims for the Medical or Rx MOOP portion that has been met.

Your Maximum Out-Of-Pocket for your NPOS in 2015 is:
- Single: $4,500 / All other tiers: $9,000

**SPOUSAL SURCHARGE**

On your open enrollment site, please confirm whether or not your spouse is eligible for coverage through his or her employer. If your spouse is eligible for coverage through their employer and is on Xavier’s health plan, you will pay a $50 spousal surcharge per month for 2015.

**TOBACCO AFFIDAVIT**

All employees electing a medical plan will be required to complete the tobacco affidavit indicating use or non-use of tobacco products.

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**MEDICAL: HUMANA**

<table>
<thead>
<tr>
<th>Plan</th>
<th>NPOS In-Network</th>
<th>HDHP In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$500 /Single, $1,000/Family</td>
<td>$2,600/Simple, $5,200/Family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10/10</td>
<td>100/0</td>
</tr>
<tr>
<td>Office Visit * Sick Visit</td>
<td>$20 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>* Specialist Visit</td>
<td>$40 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>* Preventive</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>* Routine Vision</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>* Inpatient Hospital</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>* Outpatient Hospital</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>* Emergency Room</td>
<td>$150 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>* Urgent Care</td>
<td>$35 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Prescription Out-of-Pocket</td>
<td>$2,500 / $5,000</td>
<td>Same as Medical</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$15/$40/$60</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Mail Order (90 Day Supply)</td>
<td>$30/$100/$150</td>
<td>Deductible, then 0%</td>
</tr>
</tbody>
</table>

Your benefit plans also include the following benefits:
- Tobacco cessation drugs are now covered at 100% under drug plan (please see myhumana.com for list of drugs)
- Preventive breast cancer drugs and lung cancer screening now covered at 100%
- Residential treatment centers are now covered as any other illness

**2015 MEDICAL CHANGES**

- The HDHP deductible and out-of-pocket maximum increased from $2,500/$5,000 to $2,600/$5,200 based on IRS inflation-adjusted HDHP deductible
- The NPOS deductible has increased from $300/$600 to $500/$1,000
- Tobacco surcharge will begin July 1, 2015 ($30 per tobacco user per month)
- Dependents will be covered until the end of the birth month they reach age 26. Dependent coverage does not extend to age 28.
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