WHAT IS OPEN ENROLLMENT?
Open enrollment is the time of year that your benefit plans renew. During this period you can add or drop a dependent, enroll in a plan for the first time or switch your plan. If you would like to make any changes, now is your opportunity. The next time to make changes will be next year during open enrollment unless you experience a qualifying life event during the year.

REQUIRED ACTION
Benefit eligible employees can enroll in or waive benefits for the 2020 plan year by completing the Benefit Elections online at benefits.xavier.edu using your Xavier login information. Online Open Enrollment is Tuesday October 29 through November 12, 2019.

All elections must be completed by Tuesday November 12, 2019.

If you have technical issues with the enrollment site please contact BenefitFocus directly at 1.877.336.8082
**Health Insurance Plans**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Anthem Blue Access PPO</th>
<th>Anthem Blue Access HDHP/HSA plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$750 single / $1,500 family</td>
<td>$3,000 single / $6,000 family</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80/20</td>
<td>100/0</td>
</tr>
<tr>
<td>Medical Out-of-Pocket</td>
<td>$2,000 single / $4,000 family</td>
<td>$3,000 single / $6,000 family</td>
</tr>
<tr>
<td>Office Visits:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP 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>Wellness at PCP</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>Deductible, then 20%</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 Facility</td>
<td>$35 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Prescription Out-of-Pocket</td>
<td>$2,500 single / $5,000 family</td>
<td>Same as Medical</td>
</tr>
<tr>
<td>Retail Drugs</td>
<td>$15/$40/$60/25% up to $250</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td>Mail Order (90 day supply)</td>
<td>$30/$100/$150/25% up to $250</td>
<td>Deductible, then 0%</td>
</tr>
</tbody>
</table>

**Please Note:** Non-network benefits are not listed. Please refer to the Summary Benefit of Coverage and Certificate of Coverage for benefit details located at [www.xavier.edu/hr/benefits/medical](http://www.xavier.edu/hr/benefits/medical).

With out-of-network benefits the providers can balance bill the difference between the retail cost and what the plan reimburses. Please discuss balance billing with your non-network provider.

**New Medical Plan Covered Services 1.1.20:**
- 90 day retail at mail order copay at any in-network pharmacy
- Therapy visits (occupational, physical & speech) change from 20 visits each to one bucket of 60 visits to used for all 3 types of therapy visits (pre-certification may be required)
- Acupuncture services at office visit cost

**Dental Plans (higher annual max)**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Standard Plan</th>
<th>Basic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,250 per person</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td>Major Services</td>
<td>Deductible, then 60%</td>
<td>NOT COVERED</td>
</tr>
<tr>
<td>Orthodontia (to age 19)</td>
<td>50% to a max of $500</td>
<td>NOT COVERED</td>
</tr>
</tbody>
</table>

Everyone will receive a new dental ID card for the 2020 plan year. Standard plan now covers implants.

**Vision Plan**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (1 every 12 months)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses – Single, Bifocal, Trifocal (1 every 12 months)</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Frames (1 every 24 months)</td>
<td>$130 retail allowance</td>
</tr>
<tr>
<td>Contact Lenses (1 every 12 months)</td>
<td>$150 allowance</td>
</tr>
</tbody>
</table>

There are no changes to the vision benefit for this year.
Critical Illness rates are changing to 10 year age bands. The premium may be less for the same amount of coverage. Please review information on BenefitFocus.

CIGNA Plans

Critical Illness and Accident: The out-of-pocket costs you may have if you are in an accident or face a serious illness can be concerning. CIGNA 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. For this open enrollment period, coverage is being offered at guaranteed issue (GI). You can increase or newly elect coverage of any amount for Critical Illness and any tier for Accident. You will have to answer medical questions if your election exceeds the GI amount. Employees/dependents will be approved for amounts up to GI but could be declined for amounts over GI.

If you enroll in Critical Illness coverage and receive a covered preventive service, you will receive a $100 wellness benefit.

Voluntary Life: 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.

Anyone who wants to newly elect coverage or increase their coverage during this open enrollment period will be subject to Evidence of Insurability (EOI). EOI means that you will have to answer medical questions to be approved for the benefit amount you are electing. Voluntary Life Premium rates are based on age and election amounts will appear when selecting your open enrollment benefits online. Make sure your beneficiary information is up to date!

Additional Benefit Information

Health Savings Account (HSA): Fifth Third Bank
HSA dollars can be used for qualified medical, dental, and vision expenses. The maximum contribution for 2020 is $3,550 for single and $7,100 for employee + spouse or child(ren) and family. Employees age 55+ can contribute an additional $1,000 ‘catch-up’ amount. Please note: you may only have this account if you enroll in the HSA medical plan.

Flexible Spending Account (FSA): Chard Snyder
Healthcare FSA – NOT HSA Compatible
Maximum contribution is $2,700
Limited FSA – HSA compatible
Maximum contribution is $2,700
Dependent Day Care – HSA compatible
Maximum contribution is $5,000

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

Spousal Surcharge
Due to medical costs increasing, the spousal surcharge will be increasing this year. On the 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 $80 per month spousal surcharge.

Wellness Rate
The wellness rate is $50 a month less than the Standard rate. Qualifying employees completed a biometric screening and health risk assessment by September 14th.
IMPORTANT CONTACT INFORMATION

TriHealth Portal Instructions
To view Xavier Well-Being program and any results please visit the Trihealth website.

1. Go to www.TriHealthCorporateWellness.com
2. Click Sign-In in the top right corner of the screen
3. Follow instructions to login

Having issues getting logged in? Call 1-888-252-8150.

Anthem
Medical Coverage
www.Anthem.com
844.714.6012

Dental Care Plus
Dental Coverage
www.dentalcareplus.com
800.367.9466

Humana
Vision Coverage
www.humanavisioncare.com
866.537.0229

CIGNA
Critical Illness, Accident, Voluntary Life Coverage
www.cigna.com
800.997.1654

HORAN Engagement Team
engagement@horanassoc.com
www.horanassoc.com
1.844.694.6726

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.

Judi McKie
Vice President, Benefit Consultant
JudiM@horanassoc.com
513.587.2720

Libby Allison
Client Specialist
LibbyA@horanassoc.com
513.745.2168

HORAN welcomes you to the “Benefits: What, Like it’s Hard?” podcast where we breakdown the truths and misconceptions about all things benefits. Visit www.horanassoc.com/tunein for more information and to subscribe.

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.