Xavier University 2024 Retiree Packet



OPEN ENROLLMENT

We are pleased to provide benefit plan information for eligible retirees and/or spouses for the 2024 calendar year.

- ✓ No action is required to continue your current coverage for 2024.
- ✓ Retirees and/or spouses cannot add coverage.
- ✓ Retirees and/or spouses may change plans. To change plans, please follow the instructions on the change form included in this packet.
- ✓ To discontinue coverage, please follow the instructions on the discontinue coverage form included in this packet.

This communication is comprehensive of all benefits offered to retirees, which includes a summary of benefits. Please keep in mind all of the information enclosed in this packet may not apply to every retiree.

For any questions or concerns, please contact the Horan Engagement team by email Engagement@horanassoc.com or 1-844-694-6726.





2024 Medical Plan Offerings

Retirees/Spouses under age 65

Anthem remains the carrier and will offer a 3-tier Preferred Provider Organization (PPO) and 3-tier High Deductible Health Plan (HDHP) with adjustments to deductibles and co-insurance for each plan:

- -Tier 1: Anthem Preferred In-Network Providers with deductibles and out-of-pocket maximums
- -Tier 2: All other Anthem In-Network Providers with the same deductibles and out-of-pocket maximums as the current HMO and the same deductible as the current HDHP. The out-of-pocket maximum will increase by \$500 individual and \$1000 family compared to the current HDHP
- -Tier 3: Out-of-Network Anthem Providers

Some Providers and Facilities in each Tier:

- Tier 1: TriHealth, Kettering, Dayton Children's, Ohio State Medical Center
- Tier 2: Christ, Mercy Health, Cincinnati Children's, St. Elizabeth, Premier, UC Health
- Tier 3: Out-of-network providers

Retirees/Spouses age 65 or older

Xavier University will continue to offer the Humana Medicare Advantage Plan.

Please note: Humana Medicare Advantage gives you access to Medicare providers and facilities. If you use Humana's network, your out-of-pocket costs may be less. You must have Medicare A and B to be eligible for this plan.



2024 Anthem Medical Plan Summary Retirees age 55 – 64 and eligible dependents

Medical	Anthem Blue Access PPO		Anthem Blue Access HDHP/HSA plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Deductible ¹	\$750 Single / \$1,500 Family ²	\$1,250 Single / \$2,500 Family ²	\$3,200 Single / \$6,400 Family ²	\$3,500 Single / \$7,000 Family ²
Coinsurance	90% / 10%	80% / 20%	90% / 10%	80% / 20%
Out-of-Pocket Maximum ¹	\$2,000 Single / \$4,000 Family ²	\$2,000 Single / \$4,000 Family ²	\$4,000 Single / \$8,000 Family ²	\$4,000 Single / \$8,000 Family ²
Office Visits PCP Sick Visit Specialist visit Wellness at PCP	\$20 copay \$40 copay Covered in full	\$20 copay \$40 copay Covered in full	Deductible, then 10% Deductible, then 10% Covered in full	Deductible, then 20% Deductible, then 20% Covered in full
Inpatient Hospital	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Outpatient Hospital	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Emergency Room	\$150 Copay	\$150 Copay	Deductible, then 10%	Deductible, then 20%
Urgent Care Facility	\$35 Copay	\$35 Copay	Deductible, then 10%	Deductible, then 20%
Prescription :	Plan using the Advantage Netw	ork with Essential Prescription	Drug List (PDL). Mail order thro	ough CarelonRx.
Rx Out-of-Pocket Max ¹	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical
Retail (30-day supply) Tier 1/2/3/4	\$15 / \$40 / \$60 / 25% up to \$250	\$15 / \$40 / \$60 / 25% up to \$250	Deductible, then 10%	Deductible, then 20%
Mail Order (90-day supply³) Tier 1/2/3/4	\$30 / \$100 / \$150 / 25% up to \$250 (30-day supply)	\$30 / \$100 / \$150 / 25% up to \$250 <i>(30-day</i> supply)	Deductible, then 10%	Deductible, then 20%

¹ Deductible and Out of Pocket Maximums (OOPM) are embedded. Each family member must meet their own individual deductible/OOPM until the total amount of deductible expenses paid by all family members meets the overall family deductible/OOPM. Individuals will pay no more than the single deductible or single OOPM.

² Family = Employee plus any one or more additional family member(s)

Please Note:

Non-network benefits are not listed. 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.

³ 90-day supply of Tier 1, 2 or 3 medications available at any in-network retail pharmacy. 90-day prescription required.

2024 Retiree Monthly Premium Contributions Anthem Pre-65 Plans

Retirees or dependents age 55 – 64

Medical Plans	Blue Access PPO	Blue Access HSA
Retiree	\$720.09	\$643.49
Retiree + Spouse	\$1,440.21	\$1,287.02
Retiree + Child(ren)	\$1,368.20	\$1,222.66
Family	\$2,253.93	\$2,014.17

All members will receive a new ID card for the 2024 plan year.

^{**}Administrative processing fees may be added on to the rates above.

2024 Retiree Monthly Premium Contributions Humana Medicare Advantage Plan

Retirees and dependents age 65 and over

If Retiree was not 50 years old as of 1995 the premium will be...

Rate per Retiree and/or Spouse	
\$330.25	

If Retiree was 50 years old as of 1995 they receive a \$135.00 subsidy from Xavier and the premium will be...

Rate per Retiree and/or Spouse	
\$195.25	

If Retiree retired before 12/31/94 and at the time of retirement were age 62 with at least 7 years of service they receive a \$135 subsidy for single medical coverage or \$270 subsidy towards retiree plus spouse or family coverage and the premium will be...

Rate per Retiree and/or Spouse
\$195.25

All members will receive a new ID card for the 2024 plan year.

^{**}Administrative processing fees may be added on to the rates above.





Dental Plan Offerings

Benefits	Core Plan		Enhanced Plan	
	In Network	Out of Network	In Network	Out of Network
Preventative: oral exams, x-rays, cleanings	100%	100%	100%	100%
Basic: oral surgery, extractions, root canal therapy	50%	50%	60%	60%
Major: crowns, onlays, bridges, dentures, implants	0%	0%	40%	40%
Contract Maximum: per member per calendar year; applies to Preventative, Basic & Major Services	\$1,000.00	\$1,000.00	\$1,250.00	\$1,250.00
Orthodontia: to age 19	N/A	N/A	50%	50%
Orthodontia Maximum: lifetime max applies to orthodontic	N/A	N/A	\$500.00	\$500.00
Deductible: applies to basic & major services per calendar year	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Network Access	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible



Vision Plan Offering

Benefits	In Network
Exam (1 every 12 months)	\$20 copay
Lenses – Single, Bifocal, Trifocal (1 every 12 months)	\$20 copay
Frames (1 every 24 months)	\$130 retail allowance
Contact Lenses (1 every 12 months)	\$150 allowance

2024 Retiree Monthly Premium Contributions Dental and Vision

Superior Dental Care Enhanced Dental Plan		
Retiree	\$30.08	
Retiree + 1	\$57.83	
Family	\$101.87	

Superior Dental Care Core Dental Plan		
Retiree	\$23.40	
Retiree + 1	\$45.09	
Family	\$79.49	

Humana Vision Plan		
Retiree	\$5.53	
Retiree + 1	\$10.10	
Family	\$15.36	

^{**}Administrative processing fees may be added on to the rates above.

FINDING PROVIDERS



FINDING ANTHEM PROVIDERS

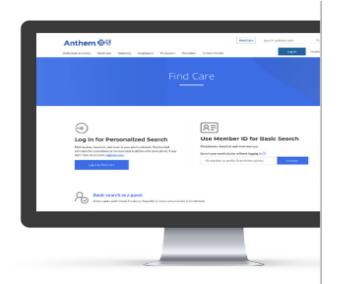
Follow these steps to find care in your plan:

- Go to anthem.com/find-care.
- Search as a member or guest.

For members — Select Log in for Personalized Search on the left. To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using Personalized Match. There are more options available below your top three, and you can always re-sort these search results by distance or name.

For guests — If you are not enrolled yet in an Anthem plan, you also can search as a guest. Choose Basic search as a guest. Then answer the questions regarding the type of care you need, the state you need care in, and the type of plan you want to search under.

- Select the type of plan or network medical.
- Choose the state where the plan or network is located.
- Select how you get health insurance.
- Choose a plan or network in this case, Blue Access Options PPO.
- Select the Continue button.
- Enter your city, county, or ZIP code. You also can search by doctor, or procedure, as well as using other care-related terms.
- View your search results. You can filter your results by selecting the relevant boxes on the left or browsing by list or map views.



FINDING DENTAL AND VISION PROVIDERS

How to find a Dental Provider

- Go to SuperiorDental.com/find-adentist
- Enter your search criteria in the Find-A-Dentist Box
- 3. Can't find your dentist? Invite them to join the SDC network, contact SDC at (800) 762-3159

How to find a Vision Provider

- Under "Find a doctor" on the home page, click on "Search."
- 2. Under "Search Type," select "Vision" and click on "Go."
- 3. Select Humana Vision (Humana Insight Network)
- 4. Enter Zip code and select Get Results

IMPORTANT CONTACT INFORMATION



Anthem

Medical Coverage www.Anthem.com 844.714.6012



Humana

Group Medicare Customer Care 866. 396. 8810 (TTY: 711)



Superior Dental Care

Dental Coverage www.superiordental.com 1-800-762-3159



Humana

Vision Coverage

www.humanavisioncare.com

866.537.0229

Benefitfocus

Benefitfocus

Retirees Direct Billing

Customer Service Department

877.359.1745

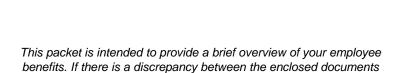
Mailing Address for Payments:

Benefitfocus

PO Box 2987

Omaha, NE 68103-2987

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



and the certificate of coverage, the certificate of coverage for each plan will be the final determining document.



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.



Daker Monroe Account Representative DakerM@horanassoc.com 513.745.0707



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.

Next Steps and Important Contact Information

Review the enclosed information. If you wish to keep your current coverage, **no action is required**. Should you wish to change plans or discontinue coverage, complete the enclosed corresponding Retiree Benefit Change Form or Retiree Benefit Discontinuation Form and **return it no later** than Friday, November 3, 2023 to:

- Via mail: Xavier University, Office of Human Resources
 - Address: 3800 Victory Parkway, ML 5400 Cincinnati, OH 45207-5400
- Via email (scan and email): <u>benefits@xavier.edu</u>
- Via fax: 513-745-3644

If you have questions, please contact the Office of Human Resources at 513-745-3638.

This communication is intended as a material modification to amend benefits offered to retirees for calendar year 2024. Medical, dental and vision benefits and rates are subject to change at the discretion of Xavier University.

Retirees are required to submit contribution payments on a monthly basis for the benefits elected. If payments are not submitted timely, benefits are subject to termination and may not eligible for reinstatement.

