

# 📍 Guiding You Through Your 2024 Benefits



# Meet Miranda

“ Hi , there! My name is Miranda. I will be your tour guide as we walk through your 2024 benefits package.

Together, we will explore each of the core components of your plan. Along the way, I will explain all of your plan offerings, the choices available to you and considerations for you to know. ”



## Welcome to 2024 Open Enrollment

It's that time of year again! The time to review your benefits package and make your elections for the upcoming year. I know benefits aren't always easy to navigate, but don't worry, I'm here to help. Here's what you need to know:

**Who:** All benefit eligible employees

**What:** Open Enrollment is the time when you can enroll/change coverage, add/remove dependents or waive coverage.

**When:** October 24<sup>th</sup> through November 7<sup>th</sup>

**Where:** Online at [benefits.xavier.edu](https://benefits.xavier.edu). Use your Xavier credentials. Call BenefitFocus at (877) 336-8082 with issues.

**Will there be an Open Enrollment Meeting?** Yes! There will be in-person and Zoom options. To register, visit the 2024 Open Enrollment website at <https://www.xavier.edu/hr/benefits/annual-open-enrollment>.

**Prefer a video presentation?** Go to <https://kvgo.com/HUBLTD/Xavier2024>.

**Still have questions about Xavier's benefits?** Schedule a 15-minute one-on-one session with our benefits broker, HORAN, at <https://go.oncehub.com/2024-XavierU-OE>.

### 2024 Changes



#### **Move to Anthem 3-Tier Network**

Anthem's 3-Tiered Network provides access to top doctors and hospitals no matter what out of pocket cost level you choose. There will be no premium changes.



#### **Pharmacy Improvements**

Increased Step-Therapy and Prior Authorization provisions.



#### **Spousal Surcharge Increase**

Spousal Surcharge increasing from \$200 to \$400 per month.

**Now that you know what's changing, let's review a few important reminders for when you make your elections.**

- Outside Open Enrollment, you can only change your elections if/when you experience a qualifying life-changing event. These events include marriage, divorce, birth/adoption of a child, enrollment in (or loss of) another group health plan, a change in employment status, etc.
- Make sure you do a side-by-side comparison with your spouse's coverage options to optimize each benefits package.
- Estimate the types of services you might need in the upcoming year to ensure you aren't under- or over-insured. Don't forget to take your dependents' needs into consideration as well!



## Benefit Eligibility

Full time employees working at least 30 hours per week and their eligible dependents are permitted to participate in Xavier University benefits program. To be eligible, dependents must reside within the United States and be defined as:

- ✓ Your legally married spouse bound by state, federal or international law.
- ✓ Your or your spouse's biological child, stepchild, legally adopted child, child placed for adoption or child for whom you or your spouse are the legal guardian to the child's 26<sup>th</sup> birthday.
- ✓ Your unmarried disabled adult dependent who lives with you and who is primarily dependent on you for support.
- ✓ Children covered under a Qualified Medical Child Support Order (QMCSO).

Proof of dependency is required when newly enrolling dependents and upon request. Examples of acceptable documentation include marriage certificate, birth certificate, adoption decree, court order, signed tax returns and physician's statement for disabled dependents. Please note, Xavier University reserves the right to request proof of dependency at any time.



## Medicare Eligibility

Being an informed healthcare consumer is being a wise healthcare consumer. If you are Medicare eligible, please take a moment to compare Medicare's plans with Xavier University's plans. Enrolling in Medicare may be a more appropriate option for your personal situation than remaining on Xavier University's healthcare plan. You've paid into the system for years in order to earn this affordable healthcare option. On [www.Medicare.gov](http://www.Medicare.gov), you will find a Medicare Plan Finder to compare plans, benefits and an estimated cost for each plan based on an average member. Should you have any questions about Medicare, you may reach out directly to our broker partner, HORAN, by email at [IHM@horanassoc.com](mailto:IHM@horanassoc.com) or call (844) 972-0228 to speak with one of their Medicare Specialists at no cost.



## IRS Qualifying Life Events

After Open Enrollment, you are not permitted to make a change to your benefits unless you experience an IRS qualifying life event. If you experience a qualifying life event, you must notify the Office of Human Resources within 30 days of the event to make a corresponding change to your benefit elections.

**IRS qualifying life events include, but may not be limited to:**

1. Change in marital status (marriage, divorce, annulment or legal separation from a spouse);
2. Birth, adoption or placement for adoption;
3. Court judgments, decrees and orders that require medical coverage for a dependent child;
4. Change in employment status and gain of coverage eligibility under another employer's plan;
5. Your dependent child no longer meets the eligibility requirements of a dependent;
6. Death of a dependent; or
7. You or your spouse become entitled to (*eligible and enrolled in*) Medicare.

# The Importance of Preventive Care



The first stop on our tour is the doctor's office.

The most important factor in living a healthy life is to take a proactive approach. It's so important to make sure you are visiting your doctor each year for your annual physical.

Preventive screenings are also crucial because they can help detect health conditions before they become a serious concern. Your doctor will help you stay on track with your appropriate screenings.

***And best of all—it's free! Your preventive care visits and screenings are 100% covered by your health plan.***

## Annual Physical

Your annual visit to the doctor to receive your physical is 100% covered by your health plan.

## Routine Screenings

- ✓ Mammograms
- ✓ Blood Pressure
- ✓ Colonoscopies

## Routine Blood Tests

- ✓ Glucose
- ✓ Cholesterol
- ✓ Metabolic Syndrome

## Vaccinations

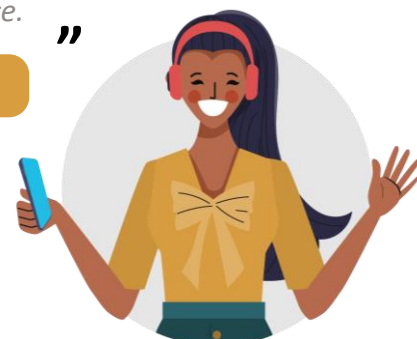
- ✓ Vaccines & Boosters
- ✓ Flu Shots
- ✓ COVID-19 Vaccine

## Routine Pediatric Care

- ✓ Well-Baby and Well-Child Visits from Birth to Age 21

“ ***Learn More:*** Click the button below to watch a short video on how you can make an impact on the amount you pay for health insurance. ”

[Watch Now](#)





# Where to Go for Care

One of the top ways you can save money on health care expenses is going to the appropriate place to receive care when you need it. Treatment for a broken arm at an emergency department and at an urgent care are similar, but the cost for the treatment at the emergency department is approximately 54% higher. Using the emergency department for only true emergencies will save money on your health care expenses.

**Here are a few things to think about when navigating where to go for care:**

## Telehealth (Access Soon)

Use Telehealth for the timely treatment of acute or common illnesses or when it is hard to access Primary or Urgent Care.

Acute illnesses

Common illnesses

Rural areas

Inclement weather

## Retail Clinic such as Little Clinic / MinuteClinic (Go Soon)

Visit retail clinics for treatment of minor acute illnesses or injury.

Preventive care

Common illness

Ongoing conditions

Referral to specialist

## Primary Care Physician (Go Soon)

Visit your Primary Care Physician for the timely treatment of acute or chronic illnesses, preventive care and injuries.

Preventive care

Common illness

Ongoing conditions

Referral to specialist

## Urgent Care Physician (Go Quickly)

Visit your Urgent Care for acute illnesses and injuries.

Allergic reactions

Sprains

Sore Throat

Vaccinations

Mild to moderate asthma attack

## Emergency Department (Go Now)

Visit an Emergency Department or call 911 for serious or life-threatening conditions .

Heart attack symptoms

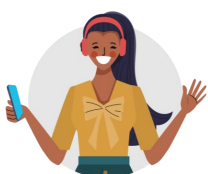
High fever

Difficulty breathing

Blood loss

Loss of consciousness

Broken bones



**Benefit Tip:** Most carriers offer the ability to estimate the cost of your care before you go. Check out this video for more tips on where to go for care.

[Watch Now](#)



# Medical Plan



### What's the Benefit:

Employer-sponsored health insurance pays for part or all the medical services you (and your covered family members) receive.

### How Does it Work:

You receive an ID card to share with your health care service providers, such as your primary care doctor, that will give them information about whom to bill for the services you receive. If you owe a balance, you will receive an Explanation of Benefits (EOB) from Anthem after your visit which will tell you how much of the total cost was covered by the medical plan and the portion remaining for you to pay the provider.

## IMPORTANT CHANGE FOR 2024

### Anthem 3-Tier Network

For the 2024 Plan Year, we are moving to Anthem's 3-Tiered Network.

If you are electing a Xavier medical plan, you will have the choice between a PPO and a HDHP/HSA Plan. The providers and facilities you visit will impact which benefits you receive. If you visit a Tier 1 provider or facility, you will receive the best discounts and have a lower deductible and coinsurance. If you visit a Tier 2 provider or facility, you will receive moderate discounts and have a slightly higher deductible and coinsurance. See page 7 for more details.

Some Providers and Facilities in each Tier:

**Tier 1:** TriHealth, Kettering, Dayton Children's, Ohio State Medical Center

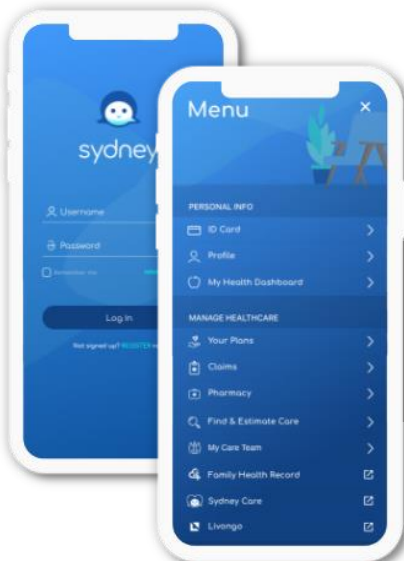
**Tier 2:** Christ Hospital, Mercy Health, Cincinnati Children's, St. Elizabeth, Premier, UC Health

**Tier 3:** All other providers and facilities, including out-of-network.

To find the complete and most up-to-date list, please visit [anthem.com](http://anthem.com).

**Please note, everyone will be getting new ID cards for 2024, even if you do not make any changes. The Member ID and Group ID will not be changing. Be on the lookout for your new ID card(s) in late December.**

**Questions?** Call Anthem at (844) 714-6012 or visit [www.anthem.com](http://www.anthem.com).



## Sydney App



**Sydney App:** Use Anthem's Sydney App to find which tier your providers are in, check costs, review benefits and view/email your ID card. Easily download the app using the QR code above. It will take you to Anthem's site where it can be downloaded for use on any iOS or Android phone. Need help or have questions? Call (844) 714-6012.

**Benefit Tip:** Wait to receive your Explanation of Benefits from your medical carrier before paying your bill. Still have questions after reviewing your bill? Contact HORAN's Engagement Team at (844) 694-6726.



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# Medical Plans



### To find the Tier of your Provider or Facility:

You can find which tier to use by going to [anthem.com](https://www.anthem.com), choosing “Find a doctor/Find care” and under the “Select a Plan/Network” field, choosing Blue Access Options PPO. You will see up-to-date information about which hospitals and doctors are in Tier 1 and Tier 2, as well as other information such as quality ratings.

Medical	Anthem Blue Access PPO		Anthem Blue Access HDHP/HSA plan	
	Tier 1	Tier 2	Tier 1	Tier 2
<b>Deductible<sup>1</sup></b>	\$750 Single / \$1,500 Family <sup>2</sup>	\$1,250 Single / \$2,500 Family <sup>2</sup>	\$3,200 Single / \$6,400 Family <sup>2</sup>	\$3,500 Single / \$7,000 Family <sup>2</sup>
<b>Coinsurance</b>	90% / 10%	80% / 20%	90% / 10%	80% / 20%
<b>Out-of-Pocket Maximum<sup>1</sup></b>	\$2,000 Single / \$4,000 Family <sup>2</sup>	\$2,000 Single / \$4,000 Family <sup>2</sup>	\$4,000 Single / \$8,000 Family <sup>2</sup>	\$4,000 Single / \$8,000 Family <sup>2</sup>
<b>Office Visits</b> 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
<b>Inpatient Hospital</b>	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
<b>Outpatient Hospital</b>	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
<b>Emergency Room</b>	\$150 Copay	\$150 Copay	Deductible, then 10%	Deductible, then 20%
<b>Urgent Care Facility</b>	\$35 Copay	\$35 Copay	Deductible, then 10%	Deductible, then 20%
<b>Prescription Plan using the Advantage Network with Essential Prescription Drug List (PDL). Mail order through CarelonRx.</b>				
<b>Rx Out-of-Pocket Max<sup>1</sup></b>	Combined with Medical		Combined with Medical	
<b>Retail (30-day supply)</b> Generic / Brand / Non-Formulary / Specialty	\$15 / \$40 / \$60 / 25% up to \$250		Deductible, then 10%	
<b>Mail Order (90-day supply<sup>3</sup>)</b> Generic / Brand / Non-Formulary / Specialty	\$30 / \$100 / \$150 / 25% up to \$250 (30-day supply)		Deductible, then 10%	

<sup>1</sup> 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.

<sup>2</sup> Family = Employee plus any one or more additional family member(s)

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



## Spousal Surcharge

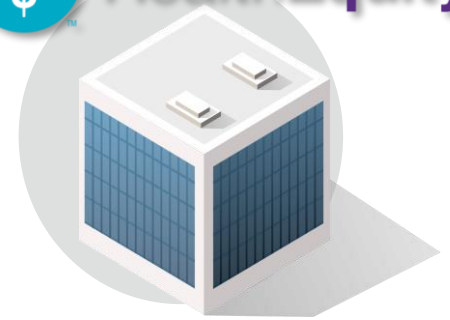
Xavier University has a Spousal Surcharge. If your working spouse has group healthcare coverage available through their own employer and you choose to add them to Xavier University’s healthcare plan, a Spousal Surcharge of **\$400 per month** will be added to your medical premiums. Confirmation of spousal eligibility is required through BenefitFocus during the Open Enrollment period for all enrolled spouses on Xavier University’s healthcare plans.



# Health Savings Account



HealthEquity®



## What's the Benefit:

A Health Savings Account (HSA) is a savings account that can be used to pay for qualified medical, dental and vision services.

## How Does it Work:

When you enroll in an HSA, you elect an amount to be deducted from your paycheck and placed into a savings account. This account is designed to help offset medical, dental and vision expenses. You can use your HSA at the time of service, when you receive a bill or to reimburse yourself for a qualified expense which was paid with other funds.

## Eligibility:

### You are **NOT** eligible to contribute into an HSA if:

- You or your spouse are enrolled in a non-qualified high deductible health plan or a Healthcare Flexible Spending Account (FSA).
- You can be claimed as a dependent on another person's tax return.
- You are enrolled in CHIP, Medicare or Medicaid benefits (special rules apply for VA benefits).

***SPECIAL ATTENTION:*** *If you do not automatically enroll in Medicare at age 65, Part A will be effective retroactively 6 months prior to your enrollment date (but no earlier than the month prior to your 65<sup>th</sup> birthday). You should determine in advance the intended date of enrollment for Medicare and, working backwards, contact the Office of Human Resources to ensure all contributions cease 6 months prior to that date.*

## Contributions:

The maximum amount permitted to be contributed into an HSA for 2024 is **\$4,150** (single) and **\$8,300** (family).  
*Age 55 or older? You may contribute an additional \$1,000 "catch-up" contribution.*

## Considerations:

- You must be enrolled in a qualified high deductible health plan to contribute to an HSA.  
*Note, Xavier University's HDHP/HSA Plan is a qualified plan.*
- Your contributions into the HSA and distributions made from the HSA are tax-exempt.
- Your HSA must be used for qualified expenses for yourself, your spouse or tax-dependent children (even if they are not covered by your plan) or the non-qualified purchase may be subject to income tax plus a 20% penalty. The list of qualified expenses is determined by the IRS and can be found at [www.irs.gov](http://www.irs.gov).
- HSA funds rollover from year to year and may be invested after reaching a minimum balance.





# Flexible Spending Accounts



**Chard Snyder** is our Flexible Spending Account administrator. Please read below for details about the 3 different types of Flexible Spending Accounts Xavier University offers.

## Healthcare Flexible Spending Account

**A Healthcare Flexible Spending Account (FSA) is an account that can be used to pay for qualified medical, dental and vision services.**

When you enroll in an FSA, you elect an amount to be taken from your paycheck and placed into an account. This account is designed to help offset medical, dental and vision expenses. The full amount you elect to contribute is available to you upfront. You can use your FSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Annual IRS Maximum contribution: \$3,050.
- Funds do not carry over to the next calendar year.
- You are **not** permitted to contribute into an HSA if enrolled in a Healthcare FSA.

## Limited-Purpose FSA

**A Limited-Purpose Flexible Spending Account (LFSA) is an account that can be used to pay for dental and vision services ONLY.**

When you enroll in an LFSA, you elect an amount to be taken from your paycheck and placed into an account. This account is designed to help offset dental and vision expenses (not medical expenses). The full amount you elect to contribute is available to you upfront. You can use your LFSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Annual IRS Maximum contribution: \$3,050.
- Funds do not carry over to the next calendar year.
- You **are** permitted to have an LFSA and contribute into an HSA.

## Dependent Care FSA

**A Dependent Care FSA (DCFSA) is an account that can help pay for daycare or other eligible expenses.**

When you enroll in a DCFSA, you elect an amount to be taken from your paycheck and placed into an account. This account is designed to help offset daycare and other eligible childcare or adult daycare expenses. Your annual election is divided and distributed each pay period. DCFSA funds are available to you as money is deposited into your account. You can use your DCFSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Annual IRS Maximum contribution: \$5,000
- Funds do not carry over to the next calendar year.
- You **are** permitted to have an DCFSA and contribute into an HSA.
- Make sure you are using an eligible daycare provider.

**RUN-OUT PERIOD** Please keep all FSA claim receipts. Supporting documentation is required by the IRS for FSA claims. If Chard Snyder is unable to automatically substantiate the claim based on your plan design or debit card transaction, please submit itemized receipts to Chard Snyder **no later than March 31, 2024** for 2023 claims.



# Dental Plans



Next up--the dentist's office where we will cover your dental plan offerings.

### What's the Benefit:

Your dental plan covers your routine dental cleanings and can help offset additional dental expenses from basic to major services.

### How Does it Work:

Every dental plan is different, so make sure you view your plan details carefully to know what's covered and how it's covered.

## Considerations:

- The annual maximum on your dental plan is the maximum amount the dental carrier will pay, including your preventive exams.
  - You will be responsible to pay the full cost for any service after reaching your annual maximum benefit.
- It is recommended that you have your dentist request a pre-determination prior to receiving services. A pre-determination will tell you if a service is covered as well as any amount you may owe.

Open Access Network		
In-Network Benefits	Core Plan	Enhanced Plan
<b>Deductible</b> <i>(Calendar Year)</i>	\$50 Single, \$150 Max per Family <sup>1</sup>	\$50 Single, \$150 Max per Family <sup>1</sup>
<b>Annual Maximum</b> <i>(Calendar Year)</i>	\$1,000 per Plan Participant excluding Orthodontic Services	\$1,250 per Plan Participant excluding Orthodontic Services
<b>Preventive &amp; Diagnostic</b>	Covered In Full	Covered In Full
<b>Basic Services</b> <i>(Fillings, root canal, extractions, periodontal, endodontic)</i>	50% Coinsurance Subject to Annual Maximum	40% Coinsurance Subject to Annual Maximum
<b>Major Services</b> <i>(Crowns, bridges, dentures)</i>	Not Included	60% Coinsurance Subject to Annual Maximum
<b>Orthodontic Lifetime Maximum</b>	N/A	\$500 for Orthodontic Services per eligible Plan Participant
<b>Orthodontic Services</b> <i>(Dependents up to Age 19)</i>	Not Included	50% Coinsurance Subject to Lifetime Maximum

<sup>1</sup> Family = Employee plus any one or more additional family member(s)

# Vision Plan



Now we've arrived at the optometrist's office – EYE just love this place! Let's talk about your vision plan.

**What's the Benefit:**

Your vision plan helps pay for routine eye exams and prescription glasses and/or contact lenses.

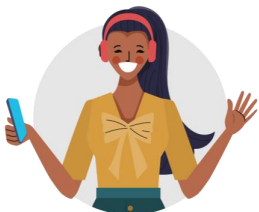
**How Does it Work:**

Use this plan to help cover your preventive exams, get the prescription eyewear that fit your needs or help offset the cost of contact lenses.

**Considerations:**

- Your vision plan includes the purchase of either glasses or contact lenses as a covered benefit within the same plan year, but not both. Consider selecting glasses this year and contacts next year (or vice versa).

In-Network	Benefits
<b>Exam</b> (1x per 12 months) With Dilation Retinal Imaging Contact Lens Exam with Standard Fit	\$20 Copay Up to \$39 Copay Up to \$55 Copay
<b>Frames</b> (1x per 24 months)	\$130 Allowance Plus 20% off balance over \$130
<b>Standard Plastic Lenses</b> (1x per 12 months) UV Coating Tint Polycarbonate Photochromatic	\$20 Copay \$15 \$15 \$40 \$75
<b>Contact Lenses</b> (in lieu of glasses)	\$150 Allowance Plus 15% off balance over \$150
<b>Laser Vision Correction</b> In-Network Facilities Only	15% off standard pricing or 5% off promotional pricing



**Benefit Tip:** Your vision plan comes with a LASIK eye discount--make sure you call the number on the back of your ID card if you are considering this procedure.

Let's dive deeper into dental and vision benefits:

[Watch Now](#)



# Life and AD&D Coverages



The fire station is the perfect place to talk about the additional coverages offered to you by your employer. Here's what you need to know:

## Employer-Paid Life and Accidental Death & Dismemberment (AD&D) Coverage

### What's the Benefit:

Xavier University provides a Life and AD&D policy equal to your annual salary up to \$150,000 **at NO COST to you.**

**How Does it Work:** Life insurance will pay your beneficiary a lump sum should you pass away. AD&D pays an additional benefit if you pass away or are severely injured as a direct result of a covered accident.

### Considerations:

- Your Life Policy includes an Accelerated Death Benefit and Conversion Privilege.

## Voluntary Life and Accidental Death & Dismemberment (AD&D) Coverage

### What's the Benefit:

You have an opportunity to purchase additional Life and AD&D coverage in addition to your employer-provided coverage.

### How Does it Work:

You may elect coverage for yourself, your spouse or your dependent children. Voluntary Life and Voluntary AD&D are separate elections. Life must be purchased to purchase AD&D. AD&D amount will automatically match Life election.

### Considerations:

- During the 2024 Open Enrollment, you will NOT be required to answer medical questions (Evidence of Insurability) for your newly elected or increased level of Voluntary Life benefit to be approved, up to the Guarantee Issue. Any election greater than Guarantee Issue will require Evidence of Insurability.
- Employee election required for dependent election.
  - All child dependents are covered under one premium. Coverage may continue until age 26.
- Benefit amount reduces to 65% of original coverage when the employee reaches age 65 and 50% at age 70. Premium amounts are also reduced accordingly and automatically adjusted for the new benefit amount(s).
- If you've experienced a major life event in the past year (marriage, divorce, change in dependents in household, etc.), you may want to increase or decrease your current coverage.
  - Don't forget to confirm your beneficiary is up to date, too!**

Guarantee Issue Amounts	
Employee	Lesser of 5x BAE* or \$200,000
Spouse	\$30,000
Dependent Child(ren)	\$10,000 (\$250 < 6 months)

\*BAE = Base Annual Earnings

Maximum Election Amounts	
Employee	Lesser of 5x BAE* or \$400,000
Spouse	\$50,000
Dependent Child(ren)	\$10,000 (\$250 < 6 months)

\*BAE = Base Annual Earnings



# Disability Coverage

## Long-term Disability (LTD) Coverage

### What's the Benefit:

Long-term disability coverage protects a portion of your income should you be unable to work due to an ongoing illness or injury for an extended period.

### How Does it Work:

A *monthly* benefit, typically paid with a mailed check, is provided to help pay for your living or medical expenses.

**LTD is provided at NO additional cost to you.**



Long-term Disability	
Waiting Period	180 Days
Monthly Benefit	60% of BAE* to \$10,000
Max Duration	Age 65 (reduced schedule if disability occurred at age 61+)

\*BAE = Base Annual Earnings

## Considerations:

- LTD generally applies to off-the-job injuries and serious illnesses.
- LTD can give you peace of mind by protecting the income that you and your family depend on.
- 3/12 pre-existing condition exclusions apply.  
*Benefits are not payable for any disability resulting from a condition for which you were treated during the 3 months prior to the most recent effective date unless the disability occurs after you have been insured under this plan for at least 12 months.*
- Benefits paid on a reduced schedule when disability occurs after 61 years of age.
- Your policy includes a Survivor Benefit equal to 3 months of your Base Annual Earnings.



## New York Life Value-Added Services

**Health Advocate™** – Providing expert assistance with a wide range of healthcare and health insurance challenges – from coverage questions, locating a provider or second opinion, understanding a medical issue, to grievance or medical bill challenges and more. Reach out to (866) 799-2725.

**Financial, Legal, & Estate Support™** – Access to a team of qualified experts including Certified Public Accountants and Certified Financial Planners, and access to a wide range of financial information on various topics such as debt management, estate planning, and tax planning. If you are facing a difficult legal challenge and don't know where to start, you can access unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, and identity theft. You can access Financial, Legal & Estate Support 24/7 at (800) 344-9752 or visit [www.guidanceresources.com](http://www.guidanceresources.com), Web ID: NYLGBS.

**NYL GBS Secure Travel** – Provides pre-trip planning, assistance while traveling, and unlimited medical evacuation and repatriation benefits when traveling 100 miles or more from home. Reach out to (888) 226-4567.



# Additional Coverages



## Accident Coverage

### What's the Benefit:

Accident coverage can help to offset expenses incurred if you or a covered family member seek treatment for covered injuries due to an accident. *This is a separate coverage from your medical plan.*

### How Does it Work:

Although your medical provider will submit any/all medical claims to your medical carrier, you are responsible to submit a separate claim form to the carrier after treatment for the accident to receive this benefit. If approved as a covered accident, a check will be mailed to your home for the benefit amount.

Example Claims	Benefit
Emergency Room Visit	Up to \$300
Hospital Admission	Up to \$1,500
Paralysis	Up to \$15,000
Intensive Care Unit (per day)	Up to \$600
Burns	Up to \$1,000
Fracture	Up to \$10,000
Dislocation	Up to \$6,000
Concussion	Up to \$200
Coma	Up to \$15,000

### Considerations:

- Accident insurance provides a limited benefit if you incur a specific type of injury, directly resulting from a covered accident.
- **Accident Insurance provides limited benefits.** Review benefit certificate for limitations and exclusions.

## Critical Illness Coverage

### What's the Benefit:

Critical Illness coverage can help to offset expenses incurred if you or a covered family member are diagnosed with a covered illness.

### How Does it Work:

A flat benefit, typically paid with a mailed check, is provided for healthcare or personal expenses.

**Minimum:** \$5,000

**Guaranteed Issue:** \$30,000

**Maximum:** \$30,000

**Spouse Coverage:** 50% of Employee Amount

**Children:** 25% of Employee Amount

Example Claims	Benefit
Heart Attack, Stroke, Invasive Cancer	100%
Carcinoma in situ	25%
Coronary Artery Disease	25%
Major Organ Failure	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Stroke	100%
Wellness Benefit ( <i>1x annually</i> )	\$100 per covered person

### Considerations:

- Some illnesses/benefits are payable multiple times.
- Cigna will look back 12 months for a pre-existing condition for any claim filed in the first 12 months of coverage. If the condition was pre-existing during the look-back period, Cigna can deny the claim.



## Family Medical Leave Act (FMLA)

**The Family and Medical Leave Act (FMLA)** is a federal law that provides eligible employees of covered employers with unpaid, job-protected leave for specified family and medical reasons. Under the FMLA, eligible employees may take leave for their own serious health conditions, for the serious health conditions of family members, to bond with newborns or newly adopted children or for certain military family reasons.

In addition to providing eligible employees with an entitlement to leave, the FMLA requires that employers maintain employees' health benefits during leave and restore employees to their same or equivalent job positions after leave ends. The FMLA provides employers with the right to require certification of the need for FMLA leave in certain circumstances. Contact the Office of Human Resources and/or your supervisor in the event of needing an FMLA leave.

### **An eligible employee must meet all of the following criteria:**

- Works for Xavier University;
- Has worked for at least 12 months;
- Has at least 1,250 hours of service during the 12-month period immediately before the FMLA leave; and
- Works at a location with at least 50 employees within a 75-mile radius.

## Wellbeing Program

### ***Biometric Screening***

Your personal wellness journey starts with assessing your current state of being. Our wellbeing program requires a basic biometric screening, which is offered each year through Tri-Health in order for you to “know your numbers.” Alternatively, you may also schedule and use lab results ordered by your physician.

### ***Physical Exam***

Knowing your numbers is half the battle. Discussing your results with your Primary Care Physician (PCP) or another qualified healthcare professional is equally important. If your biometric screening results are outside normal ranges, work with your PCP on diagnosis and treatment of issues that may have been identified through the screening. Being familiar with these important health measures and what they could mean can help you focus on taking action to improve your health.

Those who completed both wellbeing requirements and submitted the paperwork by September 14, 2023, will pay a wellbeing premium that is \$50 less per month than the standard rate on the medical plan.

The 2024 Healthier You at XU program year will consist of the Biometric Screening and the Physical Exam for **both you and your enrolled spouse**.

The 2025 paperwork will be posted soon on the OHR website.



# TriHealth Employee Assistance Program

## ***NEW – COMING JANUARY 2024!***

TriHealth EAP is a **FREE** confidential program, available to you and your dependents, to assist you in all aspects of life.

*\*\*Please note, this benefit is only available for benefit eligible employees.*

***Xavier University faculty and staff, their spouses, and dependents are eligible for up to 5 free, confidential counseling sessions per issue with a licensed counselor.***

## ***Other Available Services***

**Ask-A-Counselor** | Employees can submit a question online and receive a confidential, encrypted answer within two business days.

**Request-A-Counselor** | Through encrypted email, employees can request the name and contact information of a counselor who can provide counseling through the EAP benefit.

### **TriHealth EAP Work-Life Services**

- Collection of articles and link on multiple topics related to health and wellbeing.
- Free, 30-minute session with a financial professional to assist with debt management, credit report issues, bankruptcy prevention and more.
- Referrals to local attorneys for free, 30-minute consultations with a 25% discount if you choose to hire that attorney.

**Excelling at Work and Life Series** | Webinars on a variety of topics available at no cost to employees and their immediate family members.



# TriHealth

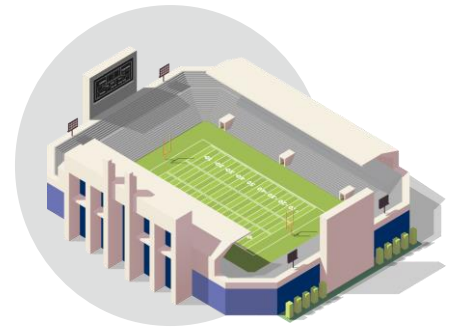
TriHealthEAP.com | 513 891 1627 | Toll-Free 800 642 9794

*This benefit is only available for benefit eligible employees.  
See next page for EAP available to all employees.*





# Employee Assistance Program



**Anthem’s Employee Assistance Program is available to ALL employees, regardless of benefits eligibility.**

## Life is not always easy.

Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

## Anthem is here to help.

Impact Solutions EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional wellbeing
- Family and relationships
- Legal and financial concerns
- Healthy lifestyles
- Work and life transitions
- Elder and Childcare



## What to Expect

You can trust the EAP professionals of Anthem to assess your needs and handle your concerns in a confidential, respectful manner. Their goal is to collaborate with you and find solutions that are responsive to your needs.

**Your EAP benefits are provided as a FREE benefit to you.**

**Call (800) 865-1044 24 hours a day, 7 days a week.**

### Physical Wellbeing



**Watch:**

The Importance of Knowing Your Numbers:



**Listen:**

Women’s Preventive Health



**Listen:**

Men’s Preventive Health

### Financial Wellbeing



**Listen:**

Financial Life Event Series - Growing Your Family



**Listen:**

Financial Life Event Series – Getting Married



**Listen:**

Financial Life Event Series – Gaining Financial Independence

### Mental Wellbeing



**Listen:**

Focusing on Your Mental Health



**Listen:**

What Does It Mean to Be Resilient?



# Premium Rate Sheet



The last stop on the tour is your home. Get comfy and we'll quickly recap everything we've covered today on the tour. **Monthly premiums shown below.**

## MEDICAL

Tier	PPO		HDHP/HSA	
	Standard	Wellbeing	Standard	Wellbeing
Employee	\$223	\$173	\$120	\$70
EE + Spouse	\$409	\$359	\$201	\$151
EE + Child(ren)	\$380	\$330	\$181	\$131
Family	\$615	\$565	\$283	\$233

**Wellbeing Rate** – The \$50 monthly wellbeing incentive will be applied for individuals who completed Xavier University's voluntary wellbeing Program including a biometric screening and PCP follow-up appointment.

**Spousal Surcharge** - \$400 per month spousal surcharge applies for any enrolled spouse who has group health coverage available at his/her own employer. **Certification is required annually for all enrolled spouses.**

## DENTAL

Tier	Core	Enhanced
Employee	\$23.40	\$30.08
Employee + One	\$45.09	\$57.83
Family	\$79.49	\$101.87

## VISION

Tier	Premium
Employee	\$5.53
Employee + One	\$10.10
Family	\$15.36

## BASIC LIFE AND AD&D

No-cost, employer-paid Benefit.

## LONG TERM DISABILITY

No-cost, employer-paid Benefit.

## VOLUNTARY ACCIDENT

Tier	Plan 1	Plan 2	Plan 3
Employee	\$9.55	\$18.04	\$26.69
EE + Spouse	\$16.27	\$30.78	\$45.59
EE + Child(ren)	\$16.55	\$31.31	\$46.37
Family	\$22.33	\$42.26	\$62.60

## VOLUNTARY CRITICAL ILLNESS

Rates are listed in BenefitFocus and are based on age and level of coverage.

## VOLUNTARY LIFE

Employee & Spouse

Age Band	Per \$1,000
<25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.11
45-49	\$0.16
50-54	\$0.27
55-59	\$0.44
60-64	\$0.68
65-69	\$1.27
70-74	\$2.06
75+	\$3.99
Child Life / AD&D	\$0.15 / \$0.02
Employee & Spouse AD&D	\$0.02



# Terms To Know

## Cost for Coverage

**Premium:** The amount you pay [each pay period] for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

**Deductible:** A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

**Copayment:** A flat fee that you pay toward the cost of covered healthcare services.

**Coinsurance:** The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

**Out-of-pocket Maximum (OOPM):** The highest out-of-pocket amount paid for covered services during a benefit period.

**Excluded Services:** Health care services that your plan doesn't pay for or cover.

**Balance Billing:** When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

## Place of Care

**Network:** The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**In-network:** Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

**Out-of-network:** Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

## Healthcare Plan

**Formulary:** A list of drugs your plan covers; may include how much your share of the cost is for each drug. Your plan may put drugs in different cost-sharing levels or tiers.

**Medically Necessary:** Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

**Preauthorization:** A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your insurance or plan will cover the cost.

## Disability Plan

**Disability:** An individual's physical or mental inability to perform the major duties of his or her occupation because of sickness or injury.

**Definition of total disability:** Used to determine an employee's eligibility for benefits.

**Durable Medical Equipment (DME):** Equipment and supplies ordered by a health care provider for everyday or extended use (e.g. wheelchair).

**Elimination or waiting period:** The time between the date the disability commences and the beginning of the benefit payment period. It is the period during which an employee must be disabled before payment of benefits begins.

**Other income benefits (benefits integration):** While disabled, an insured may be eligible for benefits from other sources. Benefits payable under the group disability plan may be offset by other sources of disability income.

**Pre-existing condition limitations:** Most plans exclude or reduce disability benefits for any illness or injury for which an employee received medical treatment or consultation within a specified time before becoming covered under the plan.



## Contact Us

*Need help with your 2024 benefit elections? Contact HORAN's Engagement Team Monday - Friday from 8:30 a.m. to 5:00 p.m. EST at (844) 694-6726. You can also reach out to them by email at [engagement@horanassoc.com](mailto:engagement@horanassoc.com).*



*“ See you next time! ”*

### Benefits Contact Information

#### **Medical**

**Anthem**  
[www.anthem.com](http://www.anthem.com)  
(844) 714-6012

#### **Dental**

**Superior Dental Care**  
[www.superiordental.com](http://www.superiordental.com)  
(800) 762-3159

#### **Vision**

**Humana**  
[www.humanavisioncare.com](http://www.humanavisioncare.com)  
(866) 537-0229

#### **Life / AD&D**

**New York Life**  
[www.mynylgbs.com](http://www.mynylgbs.com)  
(800) 238-2125

#### **Long Term Disability**

**New York Life**  
[www.mynylgbs.com](http://www.mynylgbs.com)  
(888) 842-4462

#### **Accident & Critical Illness**

**Cigna**  
[AccidentInjury@cigna.com](mailto:AccidentInjury@cigna.com)  
[CriticalIllness@cigna.com](mailto:CriticalIllness@cigna.com)  
(800) 754-3207

#### **Health Savings Account (HSA)**

**HealthEquity**  
[www.healthequity.com](http://www.healthequity.com)  
(866) 735-8195

#### **Flexible Spending Account (FSA)**

**Chard Snyder**  
[www.chard-snyder.com](http://www.chard-snyder.com)  
(800) 982-7715



### HORAN Team



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