Xavier University
Open Enrollment 2019
Open Enrollment

**What is annual open enrollment?**
Annual open enrollment is the time of year when benefit plans renew.

**What do I need to do during this time?**

- Enroll in a New Plan
- Add or Drop a Dependent
- Waive Coverage
Can I make changes to my plan decisions throughout the year?

Generally, you will not be able to enroll until the next open enrollment period. However, if you have a qualifying life event throughout the year, you will be able to make a change.

What is a qualifying event?

- Marriage
- Birth
- Adoption
- Divorce
- Loss of Coverage
- Death

You must submit this change in BenefitFocus within 30 days of the qualifying event date to make a change.
Changes for 2019 Benefits

Medical Carrier: Anthem
- New ID cards
- No plan changes
- New resources available to you through Anthem

Surcharges
- You will not need to indicate if you are a tobacco user
- Anthem has tobacco cessation products covered as preventive & Tobacco free Ohio
- Spousal surcharge increase to $74/month

Enrollment through BenefitFocus
- You will enroll through BenefitFocus this year
- All employees must elect or waive benefits
How to Enroll

Action Required
All Employees MUST elect or waive benefits.

Enroll online by going to www.xavier.edu/hr/benefits and click online benefits enrollment. This will take you to the portal to make your elections.

All enrollments must be completed between November 5th and November 19th!

For technical questions call BenefitFocus at 1.877.336.8082
## Medical Plans

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Blue Access PPO</th>
<th>Blue Access PPO HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$750 single/$1,500 family</td>
<td>$3,000 single /$6,000 family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80/20</td>
<td>100/0</td>
</tr>
<tr>
<td><strong>Medical Out-of-Pocket Annual Maximum</strong></td>
<td>$2,000 single /$4,000 family</td>
<td>$3,000 single / $6,000 family</td>
</tr>
<tr>
<td><strong>Office Visits:</strong></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><strong>Inpatient Hospital</strong></td>
<td>Deductible, then 20%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td><strong>Outpatient Hospital</strong></td>
<td>Deductible, then 20%</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td><strong>Urgent Care Facility</strong></td>
<td>$35 copay</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td><strong>Prescription Out-of-Pocket Annual Maximum</strong></td>
<td>$2,500 single/$5,000 family</td>
<td>Same as medical</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$15/$40/$60/25% up to $250</td>
<td>Deductible, then 0%</td>
</tr>
<tr>
<td><strong>Mail Order (90 day supply)</strong></td>
<td>$30/$100/$150/25% up to $250</td>
<td>Deductible, then 0%</td>
</tr>
</tbody>
</table>
Network:
Blue Access PPO or Blue Card PPO

Why do I need to know my network?

The network can help you...
• Find an in-network provider or facility
• View the flier on finding a provider for specific instructions on how to find an in-network provider

www.anthem.com
1-800-552-9159
Mail Order Drugs

Mail Order drugs come in a 90 day supply and are dropped off right at your door step! You must get a new mail order script, your current script will not carry over.

How do you set this up?
1. Go to anthem.com
2. Choose “Manage Your Prescriptions”
3. Log in to anthem.com
4. Choose “Switch to Home Delivery”

Questions? Call 1-866-216-5449!

You will have to wait until after January 1, 2019 to set this up.
Diabetic Drug Coverage

<table>
<thead>
<tr>
<th>Diabetic Drugs/Supplies</th>
<th>Anthem</th>
<th>Humana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lancets</td>
<td>Covered in full (prescription benefit)</td>
<td>Deductible and coinsurance (medical benefit)</td>
</tr>
<tr>
<td>Glucose Meters</td>
<td>Covered in full (prescription benefit)</td>
<td>Covered in full (prescription benefit)</td>
</tr>
<tr>
<td>Continuous Glucose Meters</td>
<td>Subject to prior authorization, Deductible and Coinsurance (medical benefit)</td>
<td>Deductible and coinsurance (medical benefit)</td>
</tr>
<tr>
<td>Insulin Pump/Supplies</td>
<td>Subject to prior authorization, Deductible and Coinsurance (medical benefit)</td>
<td>Deductible and coinsurance (medical benefit)</td>
</tr>
<tr>
<td>Diabetic Syringes and Needles</td>
<td>Covered in full (prescription benefit)</td>
<td>Covered in full (prescription benefit)</td>
</tr>
<tr>
<td>Alcohol Swabs</td>
<td>Not covered</td>
<td>Deductible and coinsurance (medical benefit)</td>
</tr>
</tbody>
</table>

**Monitors and Test Strips**

Formulary Options: Accuchek and One Touch

*There are generic options for test strips. See the flier on finding a prescription for more information on finding covered prescriptions.*
Sometimes a prescription will require step therapy or prior authorization before it will be approved. This year this requirement will be waived for the first 90 days of the plan year.

**What do you need to do if your prescription has this requirement?**

**Step Therapy**
- Nothing! Anthem will see the prescription in your history and it will be approved after the 90 day waiver.

**Prior Authorization**
- Anthem will mail a letter to your home letting you know this is required.
- Work with your doctor to get approval from Anthem.
Your medical plan covers an eye exam with a refraction once a year

1. Show your vision provider your Anthem ID card
2. Explain that your medical plan covers an eye exam with a refraction

Please note: Typically medical plans do not cover this kind of eye exam. Your eye doctor may tell you that it is not covered. Please have them double check with Anthem that you have coverage for this exam.

A member may also use the Humana voluntary vision plan for eye exam. If a member utilizes the Anthem medical plan for eye exam the prescription for glasses or contacts can be taken to an Humana vision provider for materials.
Register at anthem.com or on the Anthem Engage mobile app to get personalized information online and on the go.

**Use the self-service tools to:**

- Find an in-network doctor.
- Check the price of a drug or refill a prescription.
- Update your email address for fast, easy access to plan information you need.
- Take a health assessment to get tips for staying healthy.
- Estimate your costs before you step into the doctor’s office.
Anthem Engage

Single Health Hub!

<table>
<thead>
<tr>
<th>Plan Information</th>
<th>Search</th>
<th>Decision Tools</th>
<th>Online Doctor</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Claims Summary</td>
<td>• Network providers</td>
<td>• Cost estimator</td>
<td>• Primary Care</td>
<td>• Care based alerts</td>
</tr>
<tr>
<td>• Accumulators</td>
<td>• Formulary prescriptions</td>
<td>• Transparency before you have a service</td>
<td>• Mental Health</td>
<td>• Cost savings opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Powered by Castlight</td>
<td>• Lactation support</td>
<td>• Healthy Living Tools</td>
</tr>
</tbody>
</table>

Smart Device App is called: Engage Wellbeing (Search under Anthem Engage)
Estimate Your Costs

After registering online, you can use our Estimate Your Cost tool to find out what a test, procedure or other type of care will cost before visiting a doctor.

See the average costs for common procedures and services in almost 1000 services—plus, get quality information for hospital-based procedures.

Compare doctors and facilities based on the cost and quality-of-care ratings for these procedures.

Stay informed so you can make the right choice for your health and your budget.
LiveHealth Online

See board certified doctor or licensed therapist through live video!

LiveHealth Online Medical
- Visit with a doctor 24/7
- Doctors can write prescriptions
- Examples: Pink eye, strep throat, poison ivy
- PPO: $20, HDHP: $49

LiveHealth Online Psychology
- Visit a therapist/Psychiatrist 24/7
- Examples: Stress, Grief, Depression
- Therapist: PPO: $20, HDHP: $80-$85
- Psychiatry: PPO: $20, HDHP: $175 initial visit, $75 follow-up

LiveHealth Online Lactation Support
- Visit with a lactation consultant or registered dietitian
- Examples: postpartum nutrition, lactation support
- No Charge (part of maternity benefit)
When the patient is at the center of care, primary care is oriented around prevention, chronic disease management and care coordination. This helps patients get and stay healthy!

- Doctors and health plan work together as a team
- Care is proactive, focusing on immediate health needs as well as potential issues that may be developing
- Data is shared among providers for a big picture view of each member’s health
- Doctors are paid for the quality of care they provide
Health Savings Accounts
Health Savings Account

What is a Health Savings Account (HSA)?

• A HSA is an account that allows you to save pre-tax money to help pay for qualified medical expenses.

• It provides the opportunity to save for health care expenses and/or retirement by allowing you to invest funds.

Who is eligible for HSA coverage?

• You can use your HSA on yourself, your spouse and your tax-dependent children.

• You must be enrolled in the HDHP.
# HSA Contribution Limits

<table>
<thead>
<tr>
<th>2019 IRS Maximum HSA Contribution Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
</tr>
<tr>
<td><strong>Family</strong></td>
</tr>
</tbody>
</table>

*Over 55? You can contribute an additional $1,000*

_Funds rollover from year to year! There is no maximum account balance._
You are not eligible to contribute to an HSA if...

- You are enrolled in a NON-qualified HDHP or a Medical FSA through a spouse or other source.
- You are enrolled in VA, CHIP, Medicare or Medicaid benefits.
- You already made the IRS maximum contribution that calendar year.
- You can be claimed as a dependent on another person’s tax return.

Please note: These eligibility requirements are determined by the IRS and only apply to the Health Savings Account. These eligibility requirements DO NOT APPLY to the medical/prescription plan.
HSA Portability

- If you quit or are terminated the account and remaining funds belong to you
- Funds continue to earn interest and you can continue to invest
- Contributions cannot be made unless you continue to be covered by an IRS defined HDHP
- Continue to make withdrawals for qualified expenses
How to Use Your HSA Card

**PRESCRIPTIONS**

Show the pharmacist your medical ID card and obtain your prescription.

Use your HSA card to pay for your prescription(s) at the pharmacy.

**IN-NETWORK MEDICAL SERVICES**

You receive care from your provider.

Provider submits the claim to the carrier. Compare your Explanation of Benefits (EOB) to the bill from the provider.

Use your HSA card to pay the provider.

**OTHER HEALTH SERVICES**

Other eligible health care expenses (i.e. eyeglasses and dental services).

Use your HSA card to pay for your health services.

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Flexible Savings Account
Flexible Spending Accounts

What is a Flexible Spending Account?
• Allows employees to set aside pre-tax money to help pay for medical, dental and vision out-of-pocket expenses.

What is a Limited Flexible Spending Account?
• Allows employees to set aside pre-tax money to help pay for dental and vision out-of-pocket expenses. You can pair an HSA with this account.

What is a Dependent Care Spending Account?
• Allows employees to set aside pre-tax money to help pay for daycare expenses for dependents.
You have 90 days after the plan year ends on December 31st to submit, not incur, claims for reimbursements that occurred during the plan year. Any funds not used by this point will be forfeited.
# Dental Plan Options

## The Dental Care Plus Group

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Base Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Annual Max</strong></td>
<td></td>
<td>$750</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td></td>
<td>Deductible, then 50%</td>
<td>Deductible, then 40%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td></td>
<td>Not covered</td>
<td>Deductible, then 60%</td>
</tr>
<tr>
<td><strong>Orthodontia (up to age 19)</strong></td>
<td></td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td>• <strong>Benefit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <strong>LIFETIME Maximum</strong></td>
<td></td>
<td></td>
<td>$500</td>
</tr>
</tbody>
</table>

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www.horanassoc.com | 800.544.8306
# Vision Plan

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Network/Plan Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam</strong></td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Standard Lenses</strong></td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Frame Allowance</strong></td>
<td>$130 allowance</td>
</tr>
<tr>
<td><strong>Contact Lens Allowance</strong></td>
<td>$150 allowance</td>
</tr>
</tbody>
</table>
| **Frequency**                  | **Exams**: 12 months  
**Frames**: 24 months  
**Lens OR Contacts**: 12 months |
Ancillary Plan Offerings
Life Insurance is an important part of your financial well-being, especially if others depend on you for support. **Xavier University will continue to provide Basic Life and AD&D coverage at no cost to you.**

### Life AD&D Insurance
Offered through CIGNA

| Life and Accidental Death and Dismemberment Benefit | 1x salary up to $150,000 |

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**Do you know who is listed as your beneficiary?**

Open Enrollment is the perfect time to update your beneficiary records. You will do this through the enrollment portal.
Voluntary life is a product you buy not only for yourself but also to help take care of those who depend on your income. This affordable coverage can help to relieve the financial burden at a time of loss.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Employee</th>
<th>Spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incremental Amount</td>
<td>$25,000</td>
<td>Options: $10,000, $15,000, $25,000, $30,000, $50,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>5x salary to $400,000</td>
<td>$50,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Guarantee Issue</td>
<td>$200,000</td>
<td>$30,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Guarantee issue allows employees and dependents to enroll with no medical questions and guarantees approval for coverage up to above limits. If enrolled currently, an employee can increase coverage or add dependent coverage up to GI or if waiving currently an employee can enroll up to GI with no medical questions. Anything above the GI will require medical questions to be answered and employee/dependents will be approved for amounts up to GI but could be declined for amounts over GI.
Long-term disability (LTD) insurance helps protect your paycheck by replacing a portion of your income when you are unable to work because of an illness or injury. *Xavier University will continue to provide LTD coverage at no cost to you.*

<table>
<thead>
<tr>
<th>Long Term Disability Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Period</td>
</tr>
<tr>
<td>Benefit Amount</td>
</tr>
<tr>
<td>Maximum Benefit</td>
</tr>
</tbody>
</table>
Critical Illness coverage pays a lump sum benefit if you are diagnosed with a covered critical illness.

**Covered Conditions** (lump sum payment at initial diagnosis)

- Heart attack
- Stroke
- Blindness
- Coronary bypass surgery (25%)
- Amyotrophic Lateral Sclerosis
- Kidney failure
- Major organ failure
- Permanent paralysis
- Cancer
- Carcinoma in Situ (25%)

**Coverage Options**

- **Employee:** $5,000, $10,000, $20,000, $25,000, $30,000
- **Spouse:** 50% of employee amount
- **Child:** 25% of employee amount

**Guaranteed Issue**

- **Employee:** Up to $20,000
- **Spouse:** Up to $15,000
- **Child:** All guaranteed issue

Guarantee issue allows employees and dependents to enroll with no medical questions and guarantees approval for coverage up to above limits. If enrolled currently, an employee can increase coverage or add dependent coverage up to GI or if waiving currently an employee can enroll up to GI with no medical questions. Anything above the GI will require medical questions to be answered and employee/dependents will be approved for amounts up to GI but could be declined for amounts over GI.
**Accident**

Accident coverage pays a lump sum benefit if you are involved in an accident.

<table>
<thead>
<tr>
<th>Accident/Treatment</th>
<th>Low Plan</th>
<th>Mid Plan</th>
<th>High Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Ambulance/Air Ambulance</td>
<td>$300/$1,200</td>
<td>$400/$1,600</td>
<td>$500/$2,000</td>
</tr>
<tr>
<td>Emergency Care Treatment</td>
<td>$100</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Diagnostic Exam (x-ray or lab)</td>
<td>$10</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Physician Office Visit</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Hospital Stay (per day)</td>
<td>$100</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Intensive Care Unit Stay (per day)</td>
<td>$200</td>
<td>$400</td>
<td>$600</td>
</tr>
<tr>
<td>Per covered surgically-repaired fracture</td>
<td>$100-$4,000</td>
<td>$200-$8,000</td>
<td>$300-$10,000</td>
</tr>
<tr>
<td>Per covered non-surgically repaired fracture</td>
<td>$50-$2,000</td>
<td>$100-$4,000</td>
<td>$150-$5,000</td>
</tr>
<tr>
<td>Chip Fracture (percent of fracture benefit)</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Per covered surgically-repaired dislocation</td>
<td>$100-$4,000</td>
<td>$200-$6,000</td>
<td>$300-$6,000</td>
</tr>
<tr>
<td>Per covered non-surgically repaired dislocation</td>
<td>$50-$2,000</td>
<td>$100-$3,000</td>
<td>$150-$3,000</td>
</tr>
<tr>
<td>Follow-up Visit to the doctor</td>
<td>$50</td>
<td>$75</td>
<td>$125</td>
</tr>
<tr>
<td>Follow-up physical therapy visits</td>
<td>$25</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Small Lacerations</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Large Lacerations</td>
<td>$400</td>
<td>$600</td>
<td>$800</td>
</tr>
<tr>
<td>Coma (lasting 7 days with no response)</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Concussion</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
</tr>
</tbody>
</table>

Guarantee issue allows employees and dependents to enroll with no medical questions and guarantees approval for each plan. If waiving currently, an employee can enroll up to GI with no medical questions.
Next Steps
How to Enroll

Action Required

*All Employees MUST elect or waive benefits.*

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Questions?

Subscribe today!

*Benefits: What, Like it’s Hard?* is a podcast that breaks down the truths and misconceptions about all things benefits.

Visit [www.horanassoc.com/tunein](http://www.horanassoc.com/tunein) to learn more about the podcast.
Important Contact Information

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 HORAN.

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