

John Carroll University
2014 Faculty Benefits Summary

Available to all full-time faculty hired after January 1, 2013

Medical

Medical Mutual of Ohio – PPO SuperMed

Kaiser Permanente - HMO

	www.medmutual.com			www.kaiserpermanente.org		
	Traditional PPO Plan			HealthSpan HMO		
	In-Network		Non-Network	In-Network		
Deductible	\$300/\$900		\$500/\$1,000	N/A		
Out-of-Pocket Max (excl. Deductible)	\$1,750/\$3,500		\$2,500/\$5,000	N/A		
Office Visit Co-pay Preventative/Primary Care Specialist	\$15 \$30	Deductible and coinsurance apply		\$10 (includes Urgent Care, Mental Health, Chemical Dependency)		
Emergency Room	\$75 then 100%		\$75 then 100%	\$35		
Non-emergency use of Emergency Room	Deductible and coinsurance apply		Deductible and coinsurance apply	\$35		
Coinsurance	80% after deductible		60% after deductible	N/A		
Preventative Services	80% coinsurance (deductible does not apply)		60% after deductible	\$10 per visit per covered child under 24 months of age; no charge for immunizations		
Prescription Drugs	RETAIL (30 day)		MAIL-ORDER (90 day)			
Generic	\$10		\$20			
Formulary	\$25		\$50			
Non-Formulary	\$50		\$100	\$15 co-pay		
	Employee Share of Premium	University Share	Total Mthly. Premium	Employee Share of Premium	University Share	Total Mthly. Premium
Single Plan	\$57.12	\$514.06	\$571.18	\$87.40	\$495.27	\$582.67
*2-Person Plan (Kaiser) Employee + Spouse (MMO)	\$126.80	\$1,141.16	\$1,267.96	\$174.80	\$990.54	\$1,165.34
Employee + Child(ren)	\$103.74	\$933.69	\$1,037.43			
*Employee, Spouse + Child(ren)	\$172.91	\$1,556.15	\$1,729.06	\$262.20	\$1,485.81	\$1,748.01

Medical Mutual of Ohio High Deductible Health Plan – SuperMed

	www.medmutual.com			
	In-Network		Non-Network	
Deductible	\$1,500/\$3,000		\$3,000/\$6,000	
Out-of-Pocket Max (excl. Deductible)	\$1,500/\$3,000		\$3,000/\$6,000	
Physician/Office Services Office Visit (Illness/Injury) Urgent Care Office Visit	80% after deductible 80% after deductible		60% after deductible 60% after deductible	
Emergency Room	80% after deductible		80% after deductible	
Non-emergency use of Emergency Room	80% after deductible		60% after deductible	
Coinsurance	80%		60%	
Preventative Services	100%		60% after deductible	
Prescription Drugs	RETAIL (30 day)		MAIL-ORDER (90 day)	
Generic Formulary Non-Formulary	80% after deductible		80% after deductible	
	Employee Share of Premium	University Share	Total Mthly. Premium	University Annual HSA Contribution
Single Plan	\$49.86	\$448.72	\$498.58	\$500
*Employee + Spouse	\$110.68	\$996.10	\$1,106.78	\$1,000
Employee + Child(ren)	\$90.55	\$814.99	\$905.54	\$1,000
*Employee, Spouse + Child(ren)	\$150.92	\$1,358.32	\$1,509.24	\$1,500

*Employee Premium will increase by \$120.00 per month if covered spouse has access to medical coverage outside of JCU.

Dental**CIGNA Dental (www.cigna.com)**

	Dental Care (HMO)	Dental PPO	
		In-Network	Out-of-Network
Deductible	None	\$50 individual / \$150 family	\$50 individual / \$150 family
Calendar Year Maximum	None	\$1,000 (each member)	\$1,000 (each member)
Orthodontia Maximum	See co-pay schedule	\$1,000 (each member)	\$1,000 (each member)
Preventative & Diagnostic Care (Oral Exams, Routine Cleanings, X-Rays, Fluoride, Sealants, Space Maintainers)	No charge (\$5 office visit co-pay)	100%	90%/10%
Basic Restorative Care (Fillings, Root Canal, Simple Extractions, Anesthetics)	See co-pay schedule	80%/20%	70%/30%
Major Restorative Care (Crowns, Dentures, Bridges, Orthodontia)	See co-pay schedule	50%/50%*	40%/60%*
	Employee Monthly Rate	Employee Monthly Rate	
Single Plan	\$18.19	\$36.79	
2-Person Plan	\$28.59	\$71.33	
Family Plan	\$45.96	\$105.39	

*Waiting Periods Apply

Vision**VSP Vision Care (www.vsp.com)**

	In-Network (at point of service)	Non-Network (reimbursement)
Eye Exam (Every 12 months)	\$10	Up to \$34
Frames (Every 24 months)	\$120 allowance, 20% discount over \$120	Up to \$38.25
Lenses (Every 12 months)	\$25	Up to \$17, \$30, \$43 or \$64
Contacts (in lieu of glasses)	\$120 allowance, 20% discount over \$120	Up to \$100
	Employee Monthly Rate	
Employee	\$6.25	
Employee + Spouse	\$10.52	
Employee + Child(ren)	\$10.74	
Employee, Spouse + Children	\$17.31	

Vision**EyeMed (www.eyemedvisioncare.com)**

	In-Network (at point of service)	Non-Network (reimbursement)
Eye Exam (Every 12 months)	\$10	Up to \$35
Frames (Every 24 months)	\$120 allowance, 20% discount over \$120	Up to \$48
Lenses (Every 12 months)	\$10	Up to \$25, \$40, \$60
Contacts (in lieu of glasses)	\$135 allowance, 15% off balance over \$135	Up to \$95
	Employee Monthly Rate	
Single Plan	\$8.36	
2-Person Plan	\$15.86	
Family Plan	\$23.32	

Employee Life, Accidental Death & Dismemberment and Long Term Disability**Unum (www.unum.com)**

	Life and AD&D	Long Term Disability
Basic Benefit (Life & AD&D)	1x salary to a max of \$250,000 2x salary to max of \$350,000 (10yrs+ service)	60% of monthly earnings
	Monthly Rate for Basic and AD&D	
Employee share of premium	N/A	\$0.190 per \$100 of covered salary
University share of premium	\$0.32 per \$1,000	\$0.180 per \$100 of covered salary
	Supplemental Life	
Supplemental Life only Benefit	Option A - 1x salary Option B - 2x Salary to a maximum of \$250,000	N/A
Employee premium	See age-banded rates below	N/A
Total Maximum Coverage Allowed	\$500,000 (combined basic and supplemental)	\$7,500 per month maximum

Spouse and Child Life Insurance

	Unum (www.unum.com)	
	Spouse Life	Child Life
Benefit Amount	\$10,000.00	\$5,000.00
	Monthly Rate for Spousal Life	Monthly Rate
Employee Premium	See age banded rates below	\$1.14 per family

- (1) An Evidence of Insurability questionnaire is required if the amount of your life coverage (basic and supplemental) exceeds \$250,000; or if you did not enroll at the time of hire and are doing so at the open enrollment period regardless of the amount of coverage requested.
- (2) Individuals utilizing the Long Term Disability benefit must remember that the portion of the benefit they receive that is attributable to the employer will be subject to taxes; only the employee portion of the premium is paid utilizing pre tax dollars. Please consult with the Unum representative processing your claim and your tax advisor.

Age Banded Rate Table

Coverage	Age Band	Current Employee Rate	Current Spousal Rate
LTD	**	0.37/\$100	**
Basic Life	**	0.29/\$1,000	**
Supplemental Life	<25	0.08/\$1,000	0.070/\$1,000
	25-29	0.08/\$1,000	0.060/\$1,000
	30-34	0.08/\$1,000	0.064/\$1,000
	35-39	0.10/\$1,000	0.086/\$1,000
	40-44	0.14/\$1,000	0.122/\$1,000
	45-49	0.23/\$1,000	0.190/\$1,000
	50-54	0.35/\$1,000	0.298/\$1,000
	55-59	0.55/\$1,000	0.460/\$1,000
	60-64	0.80/\$1,000	0.793/\$1,000
AD&D	65-69	1.39/\$1,000	1.367/\$1000
	>70	3.11/\$1,000	3.183/\$1000
AD&D	**	0.03/\$1,000	**