

**John Carroll University**  
**2015 Faculty Benefits Summary**

Available to all full-time faculty starting after January 1, 2013 and prior to January 1, 2014

**Medical**

**Medical Mutual of Ohio – PPO SuperMed**

**HealthSpan – HMO**

|  | <a href="http://www.medmutual.com">www.medmutual.com</a> |                                  |                                  | <a href="http://www.healthspannetwork.com">www.healthspannetwork.com</a>             |                  |                      |
|--|--|----------------------------------|----------------------------------|--|------------------|----------------------|
|  | Traditional PPO Plan                                     |                                  |                                  | (Formerly Kaiser)  |                  |                      |
|  | 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<br>Preventative/Primary Care<br>Specialist | \$15<br>\$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   | <b>RETAIL (30 day)</b>                                   |                                  | <b>MAIL-ORDER (90 day)</b>       |  |                  |                      |
| 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  | \$54.77  | \$492.91                         | \$547.68                         | \$89.96  | \$509.75         | \$599.74             |
| *2-Person Plan (Kaiser)<br>Employee + Spouse (MMO)             | \$121.58   | \$1,094.21                       | \$1,215.79                       | \$179.92   | \$1,019.56       | \$1,199.48           |
| Employee + Child(ren)  | \$99.48  | \$895.27                         | \$994.75                         |  |                  |                      |
| *Employee, Spouse + Child(ren)                                 | \$165.79   | \$1,492.14                       | \$1,657.93                       | \$269.88   | \$1,529.34       | \$1,799.22           |

**Medical Mutual of Ohio High Deductible Health Plan – SuperMed**

|  | <a href="http://www.medmutual.com">www.medmutual.com</a> |                  |  |                                    |
|--|--|------------------|--|------------------------------------|
|  | 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<br>Office Visit (Illness/Injury)<br>Urgent Care Office Visit | 80% after deductible<br>80% after deductible             |                  | 60% after deductible<br>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   | <b>RETAIL (30 day)</b>                                   |                  | <b>MAIL-ORDER (90 day)</b>                   |                                    |
| Generic  | 80% after deductible                                     |                  | 80% after deductible                         |                                    |
| Formulary  |  |                  |  |                                    |
| Non-Formulary  |  |                  |  |                                    |
|  | Employee Share of Premium                                | University Share | Total Mthly. Premium                         | University Annual HSA Contribution |
| Single Plan  | \$48.76  | \$438.85         | \$487.61                                     | \$500                              |
| *Employee + Spouse   | \$107.33   | \$965.94         | \$1,073.27                                   | \$1,000                            |
| Employee + Child(ren)  | \$89.33  | \$803.95         | \$893.28                                     | \$1,000                            |
| *Employee, Spouse + Child(ren)   | \$147.49   | \$1,327.43       | \$1,474.92                                   | \$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](http://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)          |
| <b>Preventative &amp; Diagnostic Care</b><br>(Oral Exams, Routine Cleanings, X-Rays, Fluoride, Sealants, Space Maintainers) | No charge (\$5 office visit co-pay) | 100%                           | 90%/10%                        |
| <b>Basic Restorative Care</b> (Fillings, Root Canal, Simple Extractions, Anesthetics)                                       | See co-pay schedule                 | 80%/20%                        | 70%/30%                        |
| <b>Major Restorative Care</b> (Crowns, Dentures, Bridges, Orthodontia)  | See co-pay schedule                 | 50%/50%*                       | 40%/60%*                       |
|   | <b>Employee Monthly Rate</b>        | <b>Employee Monthly Rate</b>   |                                |
| Single Plan   | \$17.28                             | \$34.95                        |                                |
| 2-Person Plan   | \$27.16                             | \$67.76                        |                                |
| Family Plan   | \$43.66                             | \$100.12                       |                                |

\*Waiting Periods Apply

**Vision****VSP Vision Care ([www.vsp.com](http://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                    |
|                               | <b>Employee Monthly Rate</b>             |                                |
| Employee                      | \$6.25                                   |                                |
| Employee + Spouse             | \$10.52                                  |                                |
| Employee + Child(ren)         | \$10.74                                  |                                |
| Employee, Spouse + Children   | \$17.31                                  |                                |

**Vision****EyeMed ([www.eyemedvisioncare.com](http://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                  |
|                               | <b>Employee Monthly Rate</b>                |                             |
| Single Plan                   | \$8.36                                      |                             |
| 2-Person Plan                 | \$15.86                                     |                             |
| Family Plan                   | \$23.32                                     |                             |

**Employee Life, Accidental Death & Dismemberment and Long Term Disability**

| <b>Unum (<a href="http://www.unum.com">www.unum.com</a>)</b> |   |                                     |
|--|---|-------------------------------------|
|  | Life and AD&D   | Long Term Disability                |
| Basic Benefit (Life & AD&D)                                  | 1x salary to a max of \$250,000<br>2x salary to max of \$350,000 (10yrs+ service) | 60% of monthly earnings             |
|  | <b>Monthly Rate for Basic and AD&amp;D</b>  |                                     |
| Employee share of premium                                    | N/A   | \$0.190 per \$100 of covered salary |
| University share of premium                                  | \$0.306 per \$1,000   | \$0.180 per \$100 of covered salary |
|  | <b>Supplemental Life</b>  |                                     |
| Supplemental Life only Benefit                               | Option A - 1x salary<br>Option B - 2x Salary<br>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 ( <a href="http://www.unum.com">www.unum.com</a> ) |                    |
|------------------|---|--------------------|
|                  | 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                              | \$1.095 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        | **       | 0.278/\$1,000         | **                   |
|                   |          |                       |                      |
| Supplemental Life | <25      | 0.077/\$1,000         | 0.0672/\$1,000       |
|                   | 25-29    | 0.077/\$1,000         | 0.0567/\$1,000       |
|                   | 30-34    | 0.077/\$1,000         | 0.0614/\$1,000       |
|                   | 35-39    | 0.096/\$1,000         | 0.0826/\$1,000       |
|                   | 40-44    | 0.134/\$1,000         | 0.1171/\$1,000       |
|                   | 45-49    | 0.221/\$1,000         | 0.1824/\$1,000       |
|                   | 50-54    | 0.336/\$1,000         | 0.2861/\$1,000       |
|                   | 55-59    | 0.528/\$1,000         | 0.4416/\$1,000       |
|                   | 60-64    | 0.768/\$1,000         | 0.7613/\$1,000       |
|                   | 65-69    | 1.334/\$1,000         | 1.3123/\$1000        |
|                   | >70      | 2.986/\$1,000         | 3.0557/\$1000        |
|                   |          |                       |                      |
| AD&D              | **       | 0.028/\$1,000         | **                   |