

John Carroll University
2015 Faculty Benefits Summary
 Available to faculty starting on or after January 1, 2014

Medical Mutual of Ohio – PPO SuperMed

HealthSpan – HMO
 (Formerly Kaiser)

Medical

| | www.medmutual.com | | www.healthspannetwork.com |
|--|--|----------------------------------|--|
| | Traditional PPO | | HMO |
| | <i>In-Network</i> | <i>Non-Network</i> | <i>In-Network</i> |
| Deductible | \$500/\$1,000 | \$1,000/\$2,000 | N/A |
| Out-of-Pocket Max (excl. Deductible) | \$2,000/\$4,000 | \$2,500/\$4,500 | N/A |
| Office Visit Co-pay Preventative/Primary Care Specialist | \$20 \$35 | Deductible and coinsurance apply | \$10 (includes Urgent Care, Mental Health, Chemical Dependency) |
| Emergency Room | \$100 then 100% | \$100 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 | 100% (see benefits booklet for included services) | 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) | \$15 co-pay |
| Generic | \$10 (\$5 Align) | \$25 | |
| Formulary | \$35 | \$87.50 | |
| Non-Formulary | \$70 | \$175 | |
| Specialty | \$100 | N/A | |
| For monthly cost see salary based rate sheet | | | See salary based rate sheet |

Medical Mutual of Ohio High Deductible Health Plan – SuperMed

| | www.medmutual.com | |
|--|---|--|
| | High Deductible Health Plan (HDHP) & Health Savings Account (HSA) | |
| | <i>In-Network</i> | <i>Non-Network</i> |
| 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% (see benefits booklet for included services) | 60% after deductible |
| Prescription Drugs | RETAIL (30 day) | MAIL-ORDER (90 day) |
| Generic | 80% after deductible | 80% after deductible |
| Formulary | | |
| Non-Formulary | | |
| University Annual HSA Contribution | Single | \$500 |
| | Employee + spouse | \$1000 |
| | Employee+ child(ren) | \$1000 |
| | Family | \$1500 |
| For monthly cost see salary based rate sheet | | |

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 | \$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)**

| | 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 | \$0.306 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 | \$1.095 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 | 0.0576/\$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/\$1,000 |
| | >70 | 2.986/\$1,000 | 3.0557/\$1,000 |
| AD&D | ** | 0.028/\$1,000 | ** |