



# Benefits Information



**Northwest State Community College**

# Plan Option

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**Access+ 1A**



# Deductibles

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## Access+ 1A

- **Single**                      **\$250\***
- **Family**                      **\$500\***

**\*All amounts applied to your deductible under your old plan will carry over to your new deductible. You will be responsible for making up the difference.**

**\* Deductibles are indexed to inflation on a yearly basis.**



# Out-of-Pocket Maximums

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## Access+ 1A

- **Single**                      **\$1,000\***
- **Family**                      **\$2,000\***

**\*All amounts applied to your out-of-pocket maximum under your old plan will carry over to your new OOP maximum. You will be responsible for making up the difference.**

**\* OOP Maximums are indexed to inflation on a yearly basis.**



# Inflationary Indexing

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Effective January 1 of Each Year

## **Deductibles**

- Based on inflationary trends of national medical PPO costs
- Indexed in \$25 increments

## **Out-of-Pocket Maximums**

- Based on inflationary trends of national medical PPO costs
- Indexed in \$100 increments

# Co-Pays

## Access+ 1A

- |                                  |                  |
|----------------------------------|------------------|
| ➤ <b>Physician Office</b>        | <b>\$15.00*</b>  |
| ➤ <b>Chiropractic Office</b>     | <b>\$15.00*</b>  |
| ➤ <b>Therapy</b>                 | <b>\$15.00*</b>  |
| ➤ <b>Specialist Office</b>       | <b>\$30.00*</b>  |
| ➤ <b>Emergency Room</b>          | <b>\$100.00*</b> |
| ➤ ER copay waived if admitted.   |                  |
| ➤ Does not apply to Urgent Care. |                  |

\* Co-Pays are indexed to inflation on a yearly basis.





# Inflationary Indexing of Co-Payments

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Effective January 1 of Each Year

## **Physician/Chiropractic/Therapy/ Specialist Office Visits**

- Based on inflationary trends of national medical PPO costs
- Indexed in \$5 increments

## **Emergency Room Co-Pay**

- Based on inflationary trends of national medical PPO costs
- Indexed in \$25 increments



# Working Spouse Limitation

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- **Working Spouse must take primary coverage through their employer.**
- **Only applies to Medical Coverage (no change in dental/vision).**
- **Spouse may stay on plan as secondary.**
- **Spouse must be employed full-time and have access to benefits.**
- **Disabled and Retired Spouses are not affected.**

# Preventative Care

## Access+ Plans



### In-Network Coverage

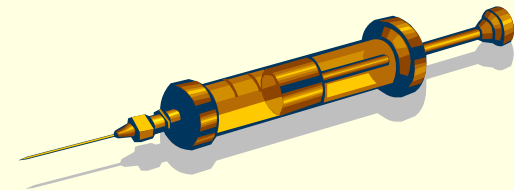
#### **Covered Expenses** (Covered first dollar at 100%)

- Pap Test
- Mammogram
- Prostate Screening

**plus**

Maximum \$300 per covered person, per calendar year

- Flu Shots
- Physicals
- Well-Child Care Check-ups
- Colonoscopies
- Immunizations
- All procedures coded as preventative or routine



\* NOT subject to deductible or out-of-pocket maximums.

# Preventative Care

## Access+ Plans



### Out-of-Network Coverage

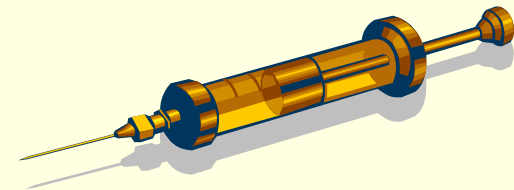
**Covered Expenses** (Paid @ 60%, subject to deductible & Out-of-Pocket Maximum)

- Pap Test
- Mammogram
- Prostate Screening

**plus**

Maximum \$300\* per covered person, per calendar year

- Flu Shots
- Physicals
- Well-Child Care Check-ups
- Colonoscopies
- Immunizations
- All procedures coded as preventative or routine



\* NOT subject to deductible or out-of-pocket maximums.

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# Prescription Drug Benefits



# Prescription Drug

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## Three Tier Levels

**Generic**  
**Formulary Preferred**  
**Non-Formulary**



# Prescription Coverage

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## Mail-Order Co-Pays

- Participant receives three (3) months prescription and pays two (2) months co-pay

Example (Generic) –

- Retail Co-pay - \$10 (one (1) month supply)
- Mail in Order Co-Pay - \$20 (three (3) month supply)

\*Cost savings to participant by using mail in order.



# Prescription Drug Co-Pays

## Access+ 1A

- **Retail Pharmacy (1 month supply)**
  - **Generic**                    **\$10.00\***
  - **Formulary**                **\$20.00\***
  - **Non-Formulary**        **\$30.00\***
  
- **Mail Order (3 month supply)**
  - **Generic**                    **\$20.00\***
  - **Formulary**                **\$40.00\***
  - **Non-Formulary**        **\$60.00\***



\* Co-Pays are indexed to inflation in \$1.00 increments on a yearly basis.



# Inflationary Indexing for Rx

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Effective January 1 of Each Year

## **Prescription Drug Co-Pays**

- Based on inflationary trends of national medical prescription drug costs
- Indexed in \$1 increments



# Prescription Coverage

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## Generics Preferred Program

- Required to purchase generic drugs in place of brand name drugs.
- May choose to “buy up” and pay the difference between the generic and the brand name (ancillary fee) as well as paying the higher co-pay.



# Prescription Coverage

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## **Exclusive Home Delivery Program**

- Maintenance drugs MUST be ordered through mail.
- Allowed initial fill and two (2) additional fills through retail pharmacy.
- Prescription will be blocked at retail pharmacy after 3<sup>rd</sup> fill.
- Targeted letters to patients with notification of fills remaining at retail pharmacy.
- Excludes seasonal drugs, drugs that require frequent adjustment and controlled substances.

# Dental Coverage

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## American Administrative Group

- Benefit Percentages
  - Preventative 100% (deductible waived)
  - Basic 80%
  - Major 60%
  - Orthodontic 60% (deductible waived)

# Dental Coverage

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## American Administrative Group

- Calendar Year Deductibles
  - Individual \$25
  - Family \$50 cumulative
  
- Maximums and Limitations
  - Dental \$1,000 per Calendar Year
  - Orthodontia \$1,000 Lifetime

# Basic Life Insurance

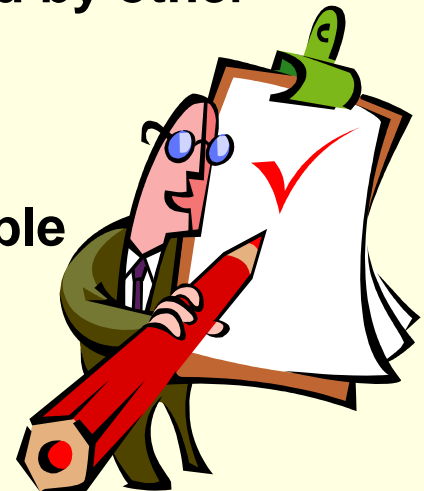
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- Full-time Faculty - \$50,000 policy with 100% of premiums paid by the College.
- Full-time Support - \$32,000 policy with 100% of premiums paid by the College.
- Full-time Graded – One time annual salary or \$35,000 minimum with 100% of premiums paid by the College.
- Part-time Support/Graded employees working more than 5 hours per week are eligible for the same amounts with premiums pro-rated according to hours worked.

# Enrollment Forms

## New Hires Must Complete the Following Forms

- **Medical Enrollment Form**
- **Medical Coordination of Benefits Form if covered by other plan**
- **Prescription Drug Enrollment Form**
- **Dental Enrollment Form**
- **Dental Coordination of Benefits Form if covered by other plan**
- **Basic Life Insurance Enrollment Form**
- **Spousal Enrollment Worksheet, if applicable**
- **Spousal Employer Verification Form, if applicable**



# Forms Completion



## Tips

### Medical Enrollment Form:

- Employees enrolling in medical benefits must sign the medical enrollment form in two (2) places (“Authorization Signature” & “Acceptance of Enrollment”). **Note – All dependents age 18 and older must sign the “Authorization of Signature” line.)**
- If you are waiving coverage, forms must still be submitted providing only your name, SSN, check the “Waiver of Enrollment” box and sign the bottom line.
- If you or your dependents have other coverage, check the “Yes” box indicating that in the section that asks, “Are you or any of your dependents, on this policy, covered by another health insurance plan?” The Coordination of Benefits (COB) forms will also need to be completed providing information regarding the other health plan.
- If you or your dependents are **NOT** covered by another health plan check “No” and the COB form will **NOT** need to be completed.
- Insurance ID cards are available in HR.

# Forms Completion



## Tips

### Coordination of Benefits (COB) Form:

- Employees enrolling in medical or dental benefits that have other coverage on themselves or their dependents must complete the COB form providing information on the other carrier. **This form must be fully completed with other carrier's information**

### Prescription Enrollment Form:

- If you are enrolling in the medical plan then you must also complete the prescription drug enrollment form.
- If you are waiving coverage, forms must still be submitted providing only your name, SSN, check the "I decline all available coverage" box and sign at the bottom.
- If you or any of your dependents have other prescription drug coverage available, the COB section is located on the enrollment form and must be fully completed with the other carrier's information.

# Forms Completion



## Tips

### Spousal Enrollment Worksheet:

- All questions must be answered to determine if spouse will be affected by provision.
- **Both Employee and Spouse MUST sign the back of the Worksheet.**
- In question #2, item b, it asks for the name of the Medical Plan your spouse is enrolled in. If they have not yet enrolled in the plan, provide the name of the plan they will be enrolling in with a September 1 effective date.
- Answer “Yes” to question #3, “I would like to continue my spouses enrollment in the Northern Buckeye Education Council Medical Benefit Plan”, if you would like to continue their coverage as secondary, or your spouse does not qualify for the Spousal Provision.
- For more information, review the Instructions, Guidelines & Commonly Asked Questions sheet provided in your packet.

# Forms Completion



## Tips

### **Spousal Employer Verification Form:**

- If COB is completed indicating spouse has enrolled in plan through their employer, this form does not need to be completed.
- All questions must be answered by employer in order to determine if the spousal provision will apply.
- If spouse is self-employed, they must still complete the bottom signing off that the information provided on the form is accurate.
- If spouse is self-employed and they offer an employer sponsored benefit package to their employees, they must also enroll in that plan.
- For more information, review the Instructions, Guidelines & Commonly Asked Questions sheet provided in your packet.

# Enrollment



## Deadline

**Enrollment Packets must be completed and submitted to the Human Resources Office within 30 days of your hire date.**



# VISION INSURANCE

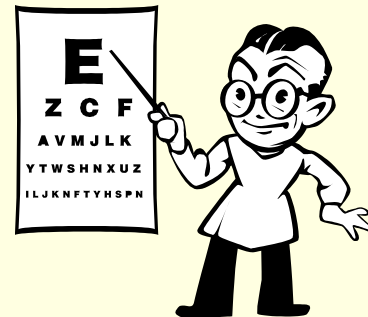
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VSP – Vision Service Plan

Very easy to use:

1. Review your benefit information online at [www.vsp.com](http://www.vsp.com) for coverage details.
2. Choose a VSP network doctor
3. Make an appointment and let them know you're a VSP member.

That's it! Your doctor and VSP will take care of the rest for you.



# American Fidelity

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- Flexible Spending and Supplemental Insurance Plans
  - 1-877-518-2337
  - On January 1, 2009 Employees will receive a \$400 contribution to their Section 125 account
  - [www.afadvantage.com](http://www.afadvantage.com)

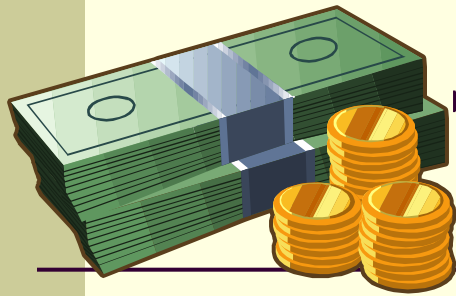


# Employee Assistance Plan

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- Symmetry offers private, confidential counseling sessions to our employees and dependents. To schedule an appointment or for more information, call 1-800-422-5338 or visit [www.4symmetry.org](http://www.4symmetry.org)





# Supplemental Retirement Savings Plans

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- You may utilize a 403b account and/or the Ohio Deferred Compensation plan for additional retirement savings.
  - For more information on 403b plans, you may visit <http://www.irs.gov/publication/p571/index.html>
  - For more information on the Ohio Deferred Compensation plan, you can call 1-877-644-6457 or visit [www.ohio457.org](http://www.ohio457.org)



Questions????

