Open Enrollment 2012
Office of Human Resources, Benefit Services

Agenda
- Open Enrollment Options
- Eligibility
- Medical Plans
- Prescription Drug Plan
- Dental and Vision
- Flexible Spending Accounts
- Life Insurance

November 16- December 2
Benefit changes effective:
January 1, 2012 through December 31, 2012
Open Enrollment Options
Enroll or Make Changes Online: hr.osu.edu/oe

- **eBenefits**—new online self-service tool
- Enroll in or change your medical, dental, vision plans
- Add or drop dependents based on eligibility
- Re-enroll in Flexible Spending Accounts
- Update Group Term Life Insurance Beneficiaries
- Review new life insurance options
- Cancel short-term disability coverage

**Medical, Dental, Vision**—no changes? Your current elections will carry over

Forms Available:
(614) 292-1050 or (800) 678-6010

Getting Started with Open Enrollment eBenefits
To view, update, and change your Benefit election for Open Enrollment:

- Go to hr.osu.edu/oe and click "Enroll Online"

- You will be prompted to enter Ohio State Username and password (name.#!)

- For help, contact 614-688-HELP

If you are a PeopleSoft user...

- For Human Resource Professionals or others who have access to PeopleSoft:
  - After logging in with your Ohio State user name (name.#!), you will be re-directed to sign-in with your PeopleSoft User ID and Password
Open Enrollment eBenefits Home Page

- Once logged in, you will see the eBenefits Home Page...click "Benefits Enrollment" to begin

Select your Open Enrollment Event

- To begin viewing or updating your Open Enrollment election click on "Select"

Example of Medical Benefit Elections

For example: Click "Edit" to view, update, or change Medical elections.

View Medical Plan options, premium rates (per pay check) and make a selection.
Example: Dependent Information.

- A summary of your eligible Dependent(s) are listed under your Medical Plans.

[Diagram of dependent information]

Adding Betty Continued...

Click "Enroll" beside the Dependent's name you would like to enroll in the plan.

[Diagram of enrollment summary]

On the Enrollment Summary page you will now see your new 2012 premium rate and coverage of Employee + Spouse.

Adding Beneficiaries

Click "Edit" under Group Term Life.

[Diagram of group term life beneficiaries]

Click Add/Review Beneficiaries to add new beneficiaries.

Add the percent you would like to allocate to your Beneficiary.
Authorize & Confirm Elections

Click "Authorize & Confirm" to electronically authorize and submit your elections to Benefits

To instantly View/Print a copy of your Confirmation Statement, click on "View/Print Confirmation Statement"

Medical, Dental and Vision Plans

Who May be Eligible?

- Legal spouse
- Dependent Children up to age 26
- Adult Dependent Children 26 to 28
- Disabled dependent (over the age of 26)
- Same-sex domestic partner*
  - Includes children of same-sex domestic partner
- Sponsored dependent *
  - Includes opposite-sex domestic partner

Eligibility requirements, rates and affidavits are available online at hr.osu.edu

*Affidavit required
Dependent Eligibility Certification

- What do you need to do?
  - During Open Enrollment: Review your dependents covered by the health plans and make any necessary changes
  - 2012: If you have not previously submitted proof of eligibility or if you added dependents during Open Enrollment, you will be required to provide proof of eligibility

Failure to complete the verification and provide required documentation will result in termination of dependent's coverage

Tools to Maximize your Health

- Services that are at NO cost to you:
  - Annual Physical Exams & Preventative Screenings
  - Well Child Visits & Vaccinations
  - Three Visits to a Nutritionist Annually
  - Dental Cleanings (two per calendar year)
  - Annual Vision Exam
  - Flu Shots (campus or network pharmacy)
  - Employee Assistance Program
  - The Ohio State 24/7 Nurse Line
  - Personal Health Coaching
  - Educational Programs
  - Health Management Centers

Savings and Rewards

- Save $360 annually for PHA completion
- Earn $125 annually through the Incentive Program
- Receive $100 for spouse/SSDP PHA completion
- Reduce prescription cost through Care Coordination
- Use Fitness Center Discounts
- Save 50% of the cost to attend Weight Watchers
- Save tax dollars through a Flexible Spending Account
Personal Health Assessment

Reminders

- Complete your PHA by Nov. 30 in order to receive full 2012 premium reduction
- PHA must be completed every year to continue medical premium credit
- PHA completion qualifies you for the Incentive Program and Health Coaching

yourplanforhealth.com

Prime Care Advantage

Network Plan

- Deductible: $100 (does not apply to copayments)
- Office Visit: $20 copayment
- Specialty Care: $35 copayment
- Urgent Care: $35 copayment
- Emergency Room: $150 copayment
- Lab and X-Ray: 10% coinsurance, no deductible
- Outpatient Surgery: Deductible and 10% coinsurance
- Inpatient Hospitalization: Deductible and 10% coinsurance
- Annual Out-of-Pocket: $2,000 per person/$4,000 family

Prime Care Advantage

2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$45.50</td>
<td>$97.91</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$157.70</td>
<td>$164.02</td>
</tr>
<tr>
<td>Employee + Spouse/SPD</td>
<td>$84.68</td>
<td>$182.47</td>
</tr>
<tr>
<td>Family</td>
<td>$121.47</td>
<td>$253.18</td>
</tr>
</tbody>
</table>

$30 credit will be applied to your earnings with completion of the PHA
Prime Advantage Plus
Network Coverage

- Deductible: None for most services
- Office Visit: $20 copay
- Specialist Office Visit: $35 copay
- Urgent Care: $35 copay
- Emergency Room: $150 copay
- Outpatient Procedures: $100 copay (annual max $300)
- Outpatient Surgery: $300 copay
- Inpatient Admission: $350 copay
- Annual Out-of-Pocket: $2,000 per person/$4,000 family

Prime Advantage Plus
Non-Network Coverage

- All services subject to deductible and coinsurance
- Deductible: $500 Individual/$1,500 family
- Coinsurance: 30% (most services)
- Annual Out-of-Pocket Maximum: $3,000 per person/$6,000 family

Prime Advantage Plus
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$74.96</td>
<td>$382.48</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$120.83</td>
<td>$603.47</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$147.26</td>
<td>$736.37</td>
</tr>
<tr>
<td>Family</td>
<td>$214.60</td>
<td>$1,073.09</td>
</tr>
</tbody>
</table>

$30 credit will be applied to your earnings with completion of the PHA.
Prime Advantage Value
Network Plan

- All services subject to deductible and coinsurance
- Deductible: $300 individual/$900 family
- Coinsurance: 20% (most services)
- Annual Out-of-Pocket: $3,000 per person/$6,000 family

- $30 credit will be applied to your earnings with completion of the PHA

---

Prime Advantage Value
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Payment</td>
<td>Payment</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$20.45</td>
<td>$87.37</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$41.00</td>
<td>$109.02</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$48.30</td>
<td>$193.40</td>
</tr>
<tr>
<td>Family</td>
<td>$83.00</td>
<td>$318.49</td>
</tr>
</tbody>
</table>

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Independent Choice Plan
Non-Network Plan

- All services subject to deductible and coinsurance
- Deductible: $600 individual/$1,800 family
- Coinsurance: 20% (most services)
- Annual Out-of-Pocket: $3,000 per person/$6,000 family
**Independent Choice Plan**  
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without PIA</td>
<td>Without PIA</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$85.20</td>
<td>$208.40</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$180.01</td>
<td>$360.02</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$190.69</td>
<td>$413.17</td>
</tr>
<tr>
<td>Family</td>
<td>$279.14</td>
<td>$600.39</td>
</tr>
</tbody>
</table>

$30 credit will be applied to your earnings with completion of the PHA.

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**Out-of-Area Plan**  
No Network Access

- Available only when network is not accessible
- No deductible
- Coinsurance: 20% (most services)
- Emergency Room: $150 copayment
- Annual Out-of-Pocket: $2,000 per person/$4,000 family

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**Out of Area Plan**  
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without PIA</td>
<td>Without PIA</td>
</tr>
<tr>
<td>Employee Only</td>
<td>$48.19</td>
<td>$273.91</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$76.70</td>
<td>$160.12</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$84.68</td>
<td>$183.47</td>
</tr>
<tr>
<td>Family</td>
<td>$121.47</td>
<td>$253.18</td>
</tr>
</tbody>
</table>

$30 credit will be applied to your earnings with completion of the PHA.
Prime Care Connect
Network Plan

- Premium contribution same as Prime Care Advantage but with out-of-pocket savings due to low dollar copays for most services

- Eligibility criteria:
  - Employee (75%-100% FTE) eligible for the full-time medical contribution rate
  - At least one year of continuous Ohio State faculty or staff employment
  - Household income cannot exceed 175% of the federal poverty level

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<table>
<thead>
<tr>
<th>Persons in Family</th>
<th>Federal Poverty Level</th>
<th>OSU Prime Care Connect Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$14,850</td>
<td>$26,740</td>
</tr>
<tr>
<td>4</td>
<td>$22,000</td>
<td>$35,113</td>
</tr>
<tr>
<td>6</td>
<td>$39,250</td>
<td>$65,400</td>
</tr>
<tr>
<td>8</td>
<td>$57,100</td>
<td>$103,608</td>
</tr>
<tr>
<td>Total</td>
<td>$155,550</td>
<td>$255,856</td>
</tr>
</tbody>
</table>

Increase the limits by $2,742 per person or $6,880 per person.

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Prime Care Connect
Network Plan

- Deductible: None
- Primary Care Office Visit: No copayment
- Specialty Care: $10 copayment
- Urgent Care: $10 copayment
- Emergency Room: $50 copayment (waived if admitted)
- Outpatient Procedures: $35 copayment
- Outpatient Surgery: $100 copayment
- Inpatient Hospitalization: $100 copayment
- Coinsurance: None (most services)
- Annual Out-of-Pocket: $1,000 per person
Prescription Drug Structure
Prime Care Connect

<table>
<thead>
<tr>
<th>Prescription Drug Level</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Rest PA (Rx to be filled up to 30 days)</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$4 copay</td>
</tr>
<tr>
<td></td>
<td>$10 copay</td>
</tr>
<tr>
<td>Formulary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50% coinsurance, no maximum</td>
</tr>
<tr>
<td></td>
<td>50% coinsurance, no maximum</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50% coinsurance, no maximum</td>
</tr>
<tr>
<td></td>
<td>50% coinsurance, no maximum</td>
</tr>
</tbody>
</table>

Prescription Benefit Annual Out-of-Pocket is $1,250 per person

Prime Care Connect
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$45.19</td>
<td>$97.94</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$76.70</td>
<td>$164.02</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$84.88</td>
<td>$183.76</td>
</tr>
<tr>
<td>Family</td>
<td>$121.47</td>
<td>$244.16</td>
</tr>
</tbody>
</table>

$30 credit will be applied to your earnings with completion of the PHA

Prime Care Connect
Network Plan

- If you meet all the requirements and are interested in applying, contact OSU Health Plan at (614) 292-4700 or 1-800-676-6259
- An application and documentation will be required to confirm family income
- Once the application has been reviewed, an approval or denial letter will be sent to your home address
- To ensure medical plan coverage, be sure you enroll in one of Ohio State’s medical plans while waiting to hear if you have been approved for this plan

Must re-apply annually
Prescription Drug Plan

- Annual out-of-pocket maximum increasing to $2,500 per person
- Retail
  - Up to 30-day supply at a network pharmacy
- Home Delivery
  - 90-day supply of maintenance medication
  - New prescription necessary

Pricing Tool:
https://member.express-scripts.com/preview/op/2012/

Prescription Drug Structure
Prime Care Advantage, Prime Advantage Value, Independent Choice, Out-of-Area Plan

<table>
<thead>
<tr>
<th>Prescription Drug Level</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Supply</td>
</tr>
<tr>
<td></td>
<td>Home Delivery Supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$8 copay</td>
</tr>
<tr>
<td>Formulary</td>
<td>50% co-insurance, no maximum</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>50% co-insurance, no maximum</td>
</tr>
</tbody>
</table>

Prime Advantage Plus
Prescription Drug Structure

<table>
<thead>
<tr>
<th>Prescription Drug Level</th>
<th>Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Supply</td>
</tr>
<tr>
<td></td>
<td>Home Delivery Supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$8 copay</td>
</tr>
<tr>
<td>Formulary</td>
<td>$17 copay</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>$60 copay</td>
</tr>
<tr>
<td></td>
<td>$150 copay</td>
</tr>
</tbody>
</table>
Prescription Drug Plan Changes

- The out-of-pocket maximum for Specialty formulary medications will increase
- The Ohio State University Health Plan Prescription Drug Formulary will change to the Express Scripts National Preferred Formulary
- Over-the-Counter (OTC) medications such as Prilosec OTC and OTC Omeprazole will no longer be covered
- Non-sedating antihistamines, such as Clarinex and Xyzal, will no longer be covered

Value-Based Design Prescription Drug Plan

Care Coordination Programs
- Diabetes, Heart Disease, Asthma, Chronic Obstructive Pulmonary Disease (COPD)

- Participation in a Care Coordination Program can help reduce your prescription costs
  - Generic copay waived
  - Formulary brand-name cost reduced by 50%

- Beginning Jan. 1, 2012, all Value Based Design participants will be required to use Home Delivery for ALL maintenance medications.

VBD Design Prescription Drug Plan

<table>
<thead>
<tr>
<th>2012 Value-Based Design Prescription Drug Plan</th>
<th>Standard Plans</th>
<th>Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Level</td>
<td>Retail (30 days)</td>
<td>Home Delivery (90 days)</td>
</tr>
<tr>
<td>Genetic</td>
<td>Not Available at Retail</td>
<td>$0</td>
</tr>
<tr>
<td>Formulary</td>
<td>Not Available at Retail</td>
<td>15% (min)</td>
</tr>
<tr>
<td>Non-Formulary</td>
<td>Not Available at Retail</td>
<td>50% (no minimum)</td>
</tr>
</tbody>
</table>
Dental Coverage
(No benefit changes)

Delta Dental of Ohio

- Preventative Care
  - Oral exams and bitewing X-rays are covered at 100% (no deductible)

- Maximum annual benefit remains at $1,200 per person

- Orthodontia
  - $1,200 lifetime maximum
  - Limited to age 18 or younger

Dental Plan
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$1.58</td>
<td>$3.43</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$4.48</td>
<td>$9.71</td>
</tr>
<tr>
<td>Employee + Spouse/SSDI</td>
<td>$6.60</td>
<td>$14.29</td>
</tr>
<tr>
<td>Family</td>
<td>$12.71</td>
<td>$27.54</td>
</tr>
</tbody>
</table>

Vision Coverage
(No benefit changes)

Vision Service Plan (VSP)

- Eye Exam
  - Once per plan year

- Frames
  - Once every other plan year up to $155

- Lenses*
  - Once per plan year

- Contact Lenses*
  - Once per plan year up to $130

*Only one lens benefit per plan year
Vision Plan
2012 Employee Contributions

<table>
<thead>
<tr>
<th>Coverage level</th>
<th>Biweekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$3.54</td>
<td>$7.17</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$3.95</td>
<td>$6.63</td>
</tr>
<tr>
<td>Employee + Spouse/SDP</td>
<td>$4.50</td>
<td>$9.75</td>
</tr>
<tr>
<td>Family</td>
<td>$8.46</td>
<td>$18.33</td>
</tr>
</tbody>
</table>

Flexible Spending Accounts (FSA)

- Lower gross pay = lower taxes
- Two types of accounts
  - Health Care Account
    - Expenses not covered by insurance plans
    - Full listing of eligible and ineligible expenses: hr.osu.edu/benefits/healthflex.htm
  - Dependent Care Account (not to be used for your dependent's health care expenses)
    - Care for dependent children under age 13 so employee can work or your adult dependents who are incapable of self-care

Flexible Spending Accounts (FSA)

- Plan Year—to incur expenses
- Reimbursement Requests
  - Must be submitted by March 31, 2013
- Minimum Contribution
  - $100 per plan year for Health Care FSA
  - $250 per plan year for Dependent Care FSA
- Maximum Contribution
  - $5,000 per plan year
- Health Care FSA and Dependent Care FSA funds maintained in separate accounts
Flexible Spending Accounts (FSA)

- Proof of expenses must be itemized and include the date of service
- All reimbursements are paid directly to you
- Contribution levels cannot be changed unless a qualifying event occurs
- Unused funds are forfeited per IRS guidelines
- Extended plan year to incur eligible expenses

Life Insurance

- Minnesota Life will be the vendor
- Group Term Life Insurance benefit to remain the same
- Dependent Group Term Life Insurance (DGTL) and Voluntary Group Term Life Insurance (VGTL) rates decreasing
- Special opportunity to enroll in or increase employee VGTL coverage up to your annual salary
  - Maximum coverage 8 times salary up to $400,000
  - Evidence of Insurability (EOI) is required if above annual salary

Group Term Life Insurance

- University Sponsored
- 2.5X annual salary up to $250,000, subject to age reduction
- Accidental Death Benefit: 5X annual salary up to $500,000
- Terminal Illness Benefit: Now 100% for GTLI & VGTLI up to one million dollars
- OSU premium payments for coverage in excess of $50,000 are subject to tax
- Must go online to designate your life insurance beneficiary through eBenefits
Dependent Group Life Insurance (DGLI)

- Purchase Life Insurance for your spouse, same-sex domestic partner and dependent children
- Premium rates are decreasing

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000 Spouse/SSDP and $1,000 Child</td>
<td>$1.30</td>
</tr>
<tr>
<td>$10,000 Spouse/SSDP and $5,000 Child</td>
<td>$2.60</td>
</tr>
<tr>
<td>$15,000 Spouse/SSDP and $16,000 child</td>
<td>$3.90</td>
</tr>
</tbody>
</table>

- Current DGLI coverage will transfer to new vendor
- Those not currently enrolled may elect DGLI during Open Enrollment without Evidence of Insurability

Voluntary Group Term Life Insurance

- Current elections transfer to Minnesota Life
- Open Enrollment provides an opportunity to elect or increase life insurance for you, your spouse/SSDP and children
- Maximum amounts:
  - Employee: $400,000
  - Spouse/SSDP: $150,000
  - Child: $10,000

Voluntary Group Term Life Insurance Rates

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-Tobacco Rate per $1,000</th>
<th>Tobacco Rate per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30</td>
<td>$0.04</td>
<td>$0.06</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
<td>$0.16</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.09</td>
<td>$0.18</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.10</td>
<td>$0.20</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.10</td>
<td>$0.30</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.23</td>
<td>$0.46</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.43</td>
<td>$0.86</td>
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<tr>
<td>60-64</td>
<td>$0.66</td>
<td>$1.32</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.27</td>
<td>$2.54</td>
</tr>
<tr>
<td>70 &amp; Over</td>
<td>$2.06</td>
<td>$4.12</td>
</tr>
</tbody>
</table>
VGTU Open Enrollment Options

- **Employees**: Add or increase your coverage to 1x annual salary.
- **New Employees previously declined coverage under the Ohio State VGTU plan** must provide EOI to elect or increase coverage.
- **With EOI**: Add or increase your coverage to 2 to 8 times annual salary, to a maximum of $400,000.

- **Spouse or SSOI**: Elect or increase coverage for your spouse/SOII in 5,000 increments from $15,000 to $100,000. Employee coverage not required.

- **Without EOI**: Elect or increase coverage for all eligible dependent children up to age 25.

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**Questions**

- **Call Office of Human Resources Customer Service Center**
  - (614) 292-1050
  - 1-800-678-6010
  - TDD (614) 688-3730

- **Email**:
  - service@hr.osu.edu

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EHI is Evidence of Insurability - Health statement used to determine acceptance.