

OHIO NORTHERN UNIVERSITY

2019 HEALTH BENEFITS

ELIGIBILITY FOR BENEFITS

Coverage, if elected, becomes effective the first day of employment and terminates contingent with University policy.

In 2019, there will be no new entrance into the Core Plan.

ONU will continue implementing a spousal carve out for employees who cover a working spouse who have the option to elect health coverage from his/her employer.

Dependent coverage shall be made available for children up to age 26, pursuant to the terms of the SPD.

PREMIUM INFORMATION

The total monthly premium to be paid by the employee is listed below and is based on plan choice and base salary as of January 1, 2019.

The Healthy Campus Program provides an annual contribution of \$300 per employee and covered spouse when the required annual points have been achieved. Please visit http://www.onu.edu/human_resources/benefits/healthy_campus for full information regarding the Healthy Campus Program.

Open enrollment for health insurance begins in November of each year for coverage effective January 1 of the following year.

2019 UMR A UNITED HEALTHCARE COMPANY MEDICAL AND RX PLANS

2019 ONU PLAN OPTIONS		CORE PLAN		High Deductible Plan (HDHP)	
		NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Deductible	Single	\$1,500.00	\$2,000.00	\$3,000.00	\$4,000.00
	Family	\$3,000.00	\$4,000.00	\$6,000.00	\$7,000.00
Then paid at:		80%	50%	90%	60%
Max out of pocket: (includes deductible)	Single	\$3,500.00	\$7,000.00	\$4,000.00	\$7,500.00
	Family	\$7,000.00	\$14,000.00	\$7,350.00	\$14,000.00
Office visit copays:		\$25.00	Ded. & Coins.	Deductible & Coinsurance	
Emergency Room Visit:		\$250.00 copay (waived if admitted)		Deductible & Coinsurance	
Wellness:		100% unlimited benefit deductible & copays waived		100% unlimited benefit deductible & copays waived	
Pretax savings plans:		Flexible Spending Account (FSA) \$2,700 per year maximum contribution for health care \$5,000 per year maximum for dependent day care		Flexible Spending Account (FSA) \$2,700 healthcare (limited access) \$5,000 dependent care maximum Health Savings Account (HSA) \$3,500 single / \$7,000 family \$1,000 annual employer contribution	
Prescriptions: *AWP – Average Whole Pricing: if drug is cheaper than the co-pay, cost will be the lesser amount	ONU Retail Pharmacy	Rx Plan Co-pays / Percentages – ALL PLANS			
		30-day	Generic (Tier 1)		\$5.00
			Preferred Brand Name (Tier 2)		\$30.00
			Non-Preferred Brand Name (Tier 3)		\$60.00
		90-day	Generic (Tier 1)		\$10.00
			Preferred Brand Name (Tier 2)		\$60.00
	Non-Preferred Brand Name (Tier 3)		\$120.00		
	Specialty	CORE PLAN		HDHP	
		10% copay (generic)		20%	
		30% copay (preferred brand)			
40% copay (non-preferred brand)					
Mail Order – ONU Health Wise Pharmacy ONLY					
NON-ONU Retail Pharmacy	30-day only	Generic (Tier 1)		20% / AWP	
		Preferred Brand Name (Tier 2)		20% / AWP	
		Non-Preferred Brand Name (Tier 3)		20% / AWP	

2019 EMPLOYEE MEDICAL/RX MONTHLY CONTRIBUTION RATES

SALARY RANGE	COVERAGE LEVEL	CORE PLAN	HDHP
Employee annual salary or wage is ≤ \$39,000	Employee Only	\$180.00	\$93.00
	Employee + Spouse	\$612.00	\$305.00
	Employee + 1 Child	\$540.00	\$256.00
	Employee + Family	\$978.00	\$447.00
	Dual Employee Family	\$714.00	\$311.00
Employee annual salary or wage is \$39,001 - \$90,000	Employee Only	\$258.00	\$120.00
	Employee + Spouse	\$666.00	\$349.00
	Employee + 1 Child	\$594.00	\$294.00
	Employee + Family	\$1,032.00	\$523.00
	Dual Employee Family	\$804.00	\$392.00
Employee annual salary or wage is \$90,001+	Employee Only	\$330.00	\$185.00
	Employee + Spouse	\$930.00	\$491.00
	Employee + 1 Child	\$792.00	\$409.00
	Employee + Family	\$1,416.00	\$681.00
	Dual Employee Family	\$942.00	\$518.00

LOCATION OF CARE

SERVICE/FACILITY	CORE PLAN	HDHP
Teledoc <i>Telephone & Videoconferencing</i>	\$10.00	\$45.00
Retail Clinic <i>Located in retail stores such as Rite Aid</i>	\$15.00	\$75.00 (ave)
PCP/UC <i>Primary Care Provider or Urgent Care</i>	\$25.00	\$125.00 (ave)
ER <i>Emergency Room</i>	\$250.00	\$1000.00+ (ave)

VOLUNTARY DENTAL & VISION BENEFITS

SUPERIOR DENTAL PLAN MONTHLY CONTRIBUTION RATES		
COVERAGE LEVEL & BENEFIT	BASIC PLAN (Preventative)	BUY-UP PLAN (Enhanced)
Employee Only	\$19.45	\$44.23
Employee + One	\$40.71	\$92.89
Employee + Spouse & Child(ren)	\$58.56	\$132.74

VSP VISION PLAN MONTHLY CONTRIBUTION RATES	
Employee Only	\$7.15
Employee + Spouse	\$13.27
Employee + Child(ren)	\$13.61
Employee + Family	\$19.10