

# 2018/2019 Full-Time UMSA Flexible Benefits Plan Benefit Summary

Benefits enrollment period is 60 days from hire date. Benefits may be effective as early as the first of the month following online enrollment. Spouse Life Insurance is effective when approved by MetLife. Dependent children may be covered through the end of the year in which they turn age 26 unless indicated otherwise in the benefit plan document.

BENEFIT	CARRIER	DESCRIPTION	OPTIONS	EMPLOYEE COST (Biweekly)		
<b>HEALTH</b>	Cigna	<p>Consumer Driven Health Plan &amp; MotivateMe Wellness Program</p> <p>Savings if services with USF Provider</p> <p>Cigna Telehealth services with amwell or MD Live</p> <p>Pharmacy: CVS Caremark</p>	<p><b>Three plan options:</b> HSA, HRA, OAP</p> <p><b>HSA:</b> High Deductible Plan. Health Savings Account with HSA Bank is available for optional pre-tax payroll contributions, post-tax deposits, and employer-provided incentive awards earned by select Healthy Actions through the MotivateMe Wellness Program. Employee may earn up to \$500 if individual coverage or \$1000 if family coverage.</p> <p><b>HRA:</b> Employer-provided incentive awards may be earned by select Healthy Actions through the MotivateMe Wellness Program. Employee may earn up to \$500 if individual coverage or \$1000 if family coverage. The HRA medical plan includes a pharmacy copay benefit.</p> <p><b>OAP:</b> Copays for Doctor and Specialist office visits and a pharmacy copay benefit. Employer-provided incentive awards are not available.</p> <p><b>Two premium options:</b> Preferred (non-tobacco) &amp; Standard</p> <p><b>Spouse Surcharge (Sp Surchg):</b> If electing coverage for spouse, and spouse is eligible for coverage through his/her employer, the employee will pay 100% of the total premium.</p> <p><b>Pharmacy</b> Prescriptions may be filled only at any CVS Pharmacy or USF Health Pharmacy Plus (located at the Morsani Ambulatory Surgery Center). Co-pays for HRA and OAP Medical Plans only (30-day supply) for Generic/Brand/Non-Preferred Brand/Specialty Drugs: \$15/\$30/\$40/40%. 90-day supply: 2.5 x Retail copay.</p>	<b>HSA</b>		
				Preferred	Standard	
				Employee (EE)	\$ 15.23	\$ 25.85
				EE & Spouse	\$ 54.46	\$ 76.62
				EE & Sp Surchg	\$ 245.08	\$ 255.69
				EE & Children	\$ 46.15	\$ 68.31
				EE & Family	\$ 80.77	\$ 114.00
				EE & Family (Sp Surchg)	\$ 276.00	\$ 298.15
				<b>HRA</b>		
				Preferred	Standard	
				Employee (EE)	\$ 28.62	\$ 50.77
				EE & Spouse	\$ 108.92	\$ 152.31
				EE & Sp Surchg	\$ 258.46	\$ 280.62
				EE & Children	\$ 91.85	\$ 135.23
				EE & Family	\$ 161.08	\$ 226.62
				EE & Family (Sp Surchg)	\$ 321.69	\$ 365.08
				<b>OAP</b>		
				Preferred	Standard	
				Employee (EE)	\$ 68.31	\$ 96.46
				EE & Spouse	\$ 212.31	\$ 267.69
EE & Sp Surchg	\$ 298.15	\$ 326.31				
EE & Children	\$ 175.85	\$ 229.85				
EE & Family	\$ 264.92	\$ 347.08				
EE & Family (Sp Surchg)	\$ 405.69	\$ 459.69				

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<b>DENTAL</b>	MetLife	Nationwide Preferred Dentist Program (PPO).	<p><b>Two plans:</b> Standard &amp; High</p> <p>Standard Plan: \$1,000 annual benefit maximum per member. Copays based on fee schedule.</p> <p>High Plan: \$1,500 annual benefit maximum per member. Preventive care covered 100%. Deductible for Basic and Major care: \$50 individual, \$150 family.</p>	<table border="1"> <thead> <tr> <th colspan="2">STANDARD PLAN</th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td>\$ 7.56</td> </tr> <tr> <td>Employee &amp; 1 dependent</td> <td>\$16.09</td> </tr> <tr> <td>Employee &amp; 2 or more dep.</td> <td>\$19.48</td> </tr> <tr> <th colspan="2">HIGH PLAN</th> </tr> <tr> <td>Employee</td> <td>\$11.89</td> </tr> <tr> <td>Employee &amp; 1 dependent</td> <td>\$25.32</td> </tr> <tr> <td>Employee &amp; 2 or more dep.</td> <td>\$30.65</td> </tr> </tbody> </table>	STANDARD PLAN		Employee	\$ 7.56	Employee & 1 dependent	\$16.09	Employee & 2 or more dep.	\$19.48	HIGH PLAN		Employee	\$11.89	Employee & 1 dependent	\$25.32	Employee & 2 or more dep.	\$30.65
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<b>VISION</b>	Davis Vision	Paid-in-full eye examinations, eyeglasses and contacts (every 12 months).	<b>Four coverage tiers:</b> Employee, Employee & Spouse, Employee & Children, Employee & Family.	<table border="1"> <tbody> <tr> <td>Employee</td> <td>\$ 2.77</td> </tr> <tr> <td>EE &amp; Spouse</td> <td>\$ 4.98</td> </tr> <tr> <td>EE &amp; Children</td> <td>\$ 5.26</td> </tr> <tr> <td>EE &amp; Family</td> <td>\$ 8.30</td> </tr> </tbody> </table>	Employee	\$ 2.77	EE & Spouse	\$ 4.98	EE & Children	\$ 5.26	EE & Family	\$ 8.30								
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<b>TERM LIFE &amp; AD&amp;D</b>	MetLife	Group Term Life Insurance and Accidental Death & Dismemberment	<p><b>Four options:</b></p> <p>Basic 1 times salary (\$50,000 maximum)</p> <p>Basic 2 times salary (\$300,000 maximum; amount exceeding \$50,000 is taxable)</p> <p>Supplemental 1 times salary (total 3 times salary; \$350,000 max)</p> <p>Supplemental 2 times salary (total 4 times salary; \$350,000 max)</p>	<p>Basic Life is provided by the employer at no cost to the employee.</p> <p>Supplemental life premium is based on employee's age and salary.</p>																
					<b>DEPENDENT LIFE</b>	MetLife	Group Term Life Insurance	<p><b>Spouse Life:</b> \$10,000 increments not to exceed 50% of employee benefit up to a maximum of \$100,000 (subject to underwriting).</p> <p><b>Child Life:</b> \$5,000 &amp; \$10,000</p>	<p><b>Spouse Life:</b> Cost is based on rate for employee's age.</p> <p><b>Child Life:</b> \$0.28 for \$5,000 \$0.55 for \$10,000</p>											
										<b>SHORT TERM DISABILITY</b>	Liberty Mutual	Protects a portion of salary if disabled and unable to work due to illness or injury	<p>60% of weekly salary</p> <p>\$750 maximum weekly benefit</p> <p>8 day waiting period</p> <p>Maximum coverage: 26 weeks</p>	<p>Provided by the Employer at no cost to the employee.</p>						

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<b>LONG-TERM DISABILITY</b>	Liberty Mutual	Protects a portion of salary in the event of a long term disability from an illness or accident.	<p><b>Two options:</b> 50% or 60% of monthly salary \$10,000 maximum monthly benefit 180 day waiting period Benefits payable to age 65</p>	<p>50% is provided by the employer at no cost to the employee.</p> <p>Employee cost for additional 10% is based on employee's age and salary.</p>																														
<b>FLEXIBLE SPENDING ACCOUNTS</b>	Administered by Cigna	Accounts allow employees to pay for predictable health care expenses that insurance does not cover, or day care expenses for dependents.	<ul style="list-style-type: none"> <li>Health Care FSA (HRA &amp; OAP participants only)</li> <li>Limited Purpose FSA (HSA participants only) may only be used for dental and vision expenses, not medical.</li> <li>Dependent Care FSA</li> </ul>	Employee elects Plan Year maximum to be deducted; biweekly contribution will be calculated based on the number of pay periods remaining in Plan Year.																														
<b>MEDICAL GAP PLAN</b>	Kemper	Secondary medical coverage for individuals covered under a Major Medical plan (excluding HSA medical plans, Medicare, Tricare or CHAMPUS) by paying the provider or employee the amount shown as the "Patient Responsibility" on the Medical Plan's Explanation of Benefits (EOB).	<p><b>Two plans:</b> Plan 1500 Plan 1500 with physician office visit (POV) benefit</p> <p><b>Two premium options:</b> Less than age 55 &amp; age 55 or older</p>	<table border="1"> <thead> <tr> <th>Plan 1500</th> <th>Age &lt;55</th> <th>Age 55+</th> </tr> </thead> <tbody> <tr> <td>Employee (EE)</td> <td>\$15.82</td> <td>\$22.31</td> </tr> <tr> <td>EE &amp; Spouse</td> <td>\$31.27</td> <td>\$45.01</td> </tr> <tr> <td>EE &amp; Children</td> <td>\$28.92</td> <td>\$35.57</td> </tr> <tr> <td>EE &amp; Family</td> <td>\$47.90</td> <td>\$61.92</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Plan 1500 + POV</th> <th>Age &lt;55</th> <th>Age 55+</th> </tr> </thead> <tbody> <tr> <td>Employee (EE)</td> <td>\$21.74</td> <td>\$39.39</td> </tr> <tr> <td>EE &amp; Spouse</td> <td>\$43.11</td> <td>\$79.17</td> </tr> <tr> <td>EE &amp; Children</td> <td>\$42.80</td> <td>\$60.61</td> </tr> <tr> <td>EE &amp; Family</td> <td>\$71.59</td> <td>\$102.00</td> </tr> </tbody> </table>	Plan 1500	Age <55	Age 55+	Employee (EE)	\$15.82	\$22.31	EE & Spouse	\$31.27	\$45.01	EE & Children	\$28.92	\$35.57	EE & Family	\$47.90	\$61.92	Plan 1500 + POV	Age <55	Age 55+	Employee (EE)	\$21.74	\$39.39	EE & Spouse	\$43.11	\$79.17	EE & Children	\$42.80	\$60.61	EE & Family	\$71.59	\$102.00
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<b>LEGAL PLAN &amp; IDENTITY THEFT</b>	LegalShield	Legal services and identity theft protection.	<p>Legal Plan: Legal services include Will preparation, review of contracts and legal documents, traffic-related issues, etc.</p> <p>Identity Theft protection includes credit report evaluation, monitoring, fraud alert and identity restoration.</p> <p>Legal Plan and Identity (ID) Theft coverage may be bundled.</p> <p>Identity theft coverage for up to 8 dependent children under age 18.</p>	<table border="1"> <tbody> <tr> <td>Legal Plan</td> <td>\$ 7.36</td> </tr> <tr> <td>ID Theft-Employee</td> <td>\$ 4.13</td> </tr> <tr> <td>ID Theft-Family</td> <td>\$ 8.75</td> </tr> <tr> <td>Legal &amp; ID Theft-Employee</td> <td>\$11.49</td> </tr> <tr> <td>Legal &amp; ID Theft-Family</td> <td>\$14.26</td> </tr> </tbody> </table>	Legal Plan	\$ 7.36	ID Theft-Employee	\$ 4.13	ID Theft-Family	\$ 8.75	Legal & ID Theft-Employee	\$11.49	Legal & ID Theft-Family	\$14.26																				
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<b>HOSPITAL INDEMNITY</b>	Unum	Pays a benefit for hospital admission and confinement, ICU confinement, Emergency Room treatment and Ambulance Transport.	Available for employee, spouse and children. Employee must elect coverage in order to add spouse and/or children. Evidence of Insurability (EOI) is not required if enrolled during 60-day new hire enrollment period. Spouse coverage available at ages 17-64; children from newborn up to the 26 <sup>th</sup> birthday.	Based on coverage levels elected; cost provided by Unum.
<b>WHOLE LIFE INSURANCE</b>	Unum	Provides a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options.	Available for employee and spouse ages 15-80; children ages 14 days to 26 years. Available in \$5,000 increments: Employee: from \$5,000 up to \$200,000 Spouse: from \$5,000 up to \$50,000 Children: from \$5,000 up to \$25,000 EOI not required for: <ul style="list-style-type: none"> <li>▪ Employee ages 15-50 up to \$100,000</li> <li>▪ Employee ages 51-80 up to \$50,000</li> <li>▪ Spouse ages 15-50 up to \$25,000</li> <li>▪ Spouse ages 51-80 up to \$10,000</li> </ul> Policies payable to age 120, with option for Paid Up at age 70. Child policy Paid Up at age 70.	Based on coverage levels elected and age; cost provided by Unum. Employee and spouse rates are also based on tobacco use.  Accidental Death & Dismemberment may be elected.
<b>LONG TERM CARE</b>	Transamerica	Long-term care services for recovery from a serious illness or accident, or due to natural aging, at home, in an assisted living facility or nursing home.	Individual policies underwritten by Transamerica. Eligible to enroll after six months of Employment. Policies available for employee, spouse and other family members. Payroll deduction available for employee and spouse coverages.	Cost provided by Transamerica based on policy elected.
<b>PET HEALTH INSURANCE</b>	ASPCA	Pet protection for dogs and cats.	Choice of coverage options from accidents and illnesses to hereditary and congenital conditions. Flexible copay and deductible. Enroll directly with ASPCA.	Cost provided by ASPCA based on coverage elected. Payroll deduction not available. ASPCA bills directly.
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b>	Gary L. Wood & Associates, P.A.	Professional assistance and/or referral for resolution of problems through counseling or therapy.	Services available to employee and dependents living in household.	Six free visits provided by Employer.