

2018/2019 Part-Time 30 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. 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)		
HEALTH	Cigna	<p>Consumer Driven Health Plan & 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>Three plan options: HSA, HRA, OAP</p> <p>HSA: 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>HRA: 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>OAP: Copays for Doctor and Specialist office visits and a pharmacy copay benefit. Employer-provided incentive awards are not available.</p> <p>Two premium options: Preferred (non-tobacco) & Standard</p> <p>Spouse Surcharge (Sp Surchg): 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>Pharmacy 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>	HSA		
				Preferred	Standard	
				Employee (EE)	\$ 98.01	\$ 108.62
				EE & Spouse	\$ 137.24	\$ 159.39
				EE & Sp Surchg	\$ 327.85	\$ 338.47
				EE & Children	\$ 128.93	\$ 151.08
				EE & Family	\$ 163.55	\$ 196.78
				EE & Family (Sp Surchg)	\$ 358.78	\$ 380.93
				HRA		
				Preferred	Standard	
				Employee (EE)	\$ 111.39	\$ 133.55
				EE & Spouse	\$ 191.70	\$ 235.08
				EE & Sp Surchg	\$ 341.24	\$ 363.39
				EE & Children	\$ 174.62	\$ 218.01
				EE & Family	\$ 243.85	\$ 309.39
				EE & Family (Sp Surchg)	\$ 404.47	\$ 447.85
				OAP		
				Preferred	Standard	
				Employee (EE)	\$ 151.08	\$ 179.24
				EE & Spouse	\$ 295.08	\$ 350.47
EE & Sp Surchg	\$ 380.93	\$ 409.08				
EE & Children	\$ 258.62	\$ 312.62				
EE & Family	\$ 347.70	\$ 429.85				
EE & Family (Sp Surchg)	\$ 488.47	\$ 542.47				

BENEFIT	CARRIER	DESCRIPTION	OPTIONS	EMPLOYEE (EE) COST (Biweekly)		
DENTAL	MetLife	Nationwide Preferred Dentist Program (PPO).	<p>Two plans: Standard & 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>	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	
VISION	Davis Vision	Paid-in-full eye examinations, eyeglasses and contacts (every 12 months).	<p>Four coverage tiers: Employee, Employee & Spouse, Employee & Children, Employee & Family.</p>			
				Employee	\$ 2.77	
				EE & Spouse	\$ 4.98	
				EE & Children	\$ 5.26	
EE & Family	\$ 8.30					
TERM LIFE & AD&D	MetLife	Group Term Life Insurance and Accidental Death & Dismemberment	\$10,000 benefit	Provided by the employer at no cost to the employee.		
MEDICAL GAP PLAN	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>Two plans: Plan 1500 Plan 1500 with physician office visit (POV) benefit</p> <p>Two premium options: Less than age 55 & age 55 or older</p>	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
LEGAL PLAN & IDENTITY THEFT	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>			
				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					

BENEFIT	CARRIER	DESCRIPTION	OPTIONS	EMPLOYEE (EE) COST (Biweekly)
HOSPITAL INDEMNITY	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 th birthday.	Based on coverage levels elected; cost provided by Unum.
WHOLE LIFE INSURANCE	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"> ▪ Employee ages 15-50 up to \$100,000 ▪ Employee ages 51-80 up to \$50,000 ▪ Spouse ages 15-50 up to \$25,000 ▪ Spouse ages 51-80 up to \$10,000 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.
LONG TERM CARE	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.
PET HEALTH INSURANCE	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.
EMPLOYEE ASSISTANCE PROGRAM (EAP)	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.