

Health Benefits

Self-funded program, administered by Employee Benefit Management Corp.
PPO Network: Medical Mutual of Ohio

Plan A – Standard Plan

- \$20.00 co-pay per office visit to providers in the MMO network including unlimited visits for treatment of illness or injury
- In-network deductibles per calendar year
\$400 deductible per person
\$800 maximum per family
- Out-of-network deductibles per calendar year
\$500 deductible per person
\$1,000 maximum per family
- After deductible is met, plan pays 90% of charges for in-network and 60% for out-of-network
- \$100 co-pay for ER visits after deductible is met
- Out-of-pocket maximums:
Single: \$1,750 in-network
\$3,500 out-of-network
Family: \$3,500 in-network
\$7,000 out-of-network
- \$1,000 Wellness Benefit per person, per year – deductible is waived, benefit 100%
- \$500 combined lifetime maximum for certified smoking cessation and/or weight loss program
- Diabetic Management Program
- Prescription drug benefits included
- Vision benefits included
- Flexible Spending Account available
\$5,000 maximum contribution per calendar year

- In-network deductibles per calendar year
\$1,150 deductible – single coverage
\$2,300 deductible – family coverage
- Out-of-network deductibles per calendar year
\$1,500 deductible – single coverage
\$3,000 deductible – family coverage
- After deductible is met, plan pay 90% of charges for in-network and 60% for out-of-network
- Out-of-pocket maximums:
Single: \$3,000 in-network
\$5,800 out-of-network
Family: \$6,000 in-network
\$11,600 out-of-network
- \$1,000 Wellness Benefit per person, per year – deductible waived, benefit is 100%
- \$500 combined lifetime maximum for certified smoking cessation and/or weight loss program
- Diabetic Management Program
- No prescription card, but prescription drugs are covered as part of the major medical plan and go towards the deductible. Once deductible is met prescriptions are reimbursed at 75%.
- Vision benefits included
- Flexible Spending Account available
\$5,000 maximum contribution per calendar year
- Health Savings Account available
Single: \$3,000 maximum annual contribution*
Family: \$5,950 maximum annual contribution*
*Over age 50 can contribute an additional \$1,000 for catch-up

- Eye Exam – 1 per year - \$10 co-pay
- Primary Eye Care Benefit - \$5 co-pay
- Glasses:
 - 1 set of frames and lenses every 2 years with \$25 co-pay
 - Frame allowance - \$130
- Contact Lenses:
 - 15% discount on lens fitting fee
 - \$130 allowance every two years to purchase contacts instead of glasses

**Prescription Benefits
Walgreens Health Initiatives (WHI)**

Plan A:

- \$1,200 maximum out-of-pocket single
- \$2,400 maximum out-of-pocket family
- Retail Co-Insurance
Generic..... 10%
Preferred..... 30%
Non-Preferred..... 40%
- Mail Order Co-Insurance
Generic..... 5%
Preferred..... 25%
Non-Preferred..... 35%
- Minimum Co-Insurance
Generic.....\$0
Preferred.....\$15
Non-Preferred.....\$30

Plan B:

- Prescription Discounts:
Generic..... average up to 40%
Brand Name average up to 13%

Plan A

Employee

Annual contracted salary or wage:

\$15,000 to \$25,000.....	\$14
\$25,001 to \$35,000.....	\$24
\$35,001 to \$45,000.....	\$34
\$45,001 to \$55,000.....	\$45
\$55,001 to \$65,000.....	\$58
\$65,001 to \$75,000.....	\$68
\$75,001 to \$85,000.....	\$82
\$85,001 to \$95,000.....	\$96
\$95,001 to \$100,000.....	\$108
\$100,001 to \$115,000.....	\$116
\$115,001 to \$130,000.....	\$128
\$130,001 to \$150,000.....	\$138
\$150,001 and up.....	\$148

Dependent

Annual contracted salary or wage:

	Spouse	Child	Family
Less than \$25,000	\$164	\$132.....	\$309
\$25,001 to \$55,000	\$209	\$169.....	\$394
\$55,001 and up	\$271	\$218.....	\$515

Plan B

Employee

Annual contracted salary or wage:

	Single
Under \$50,000	\$8
\$50,001 to \$90,000	\$23
\$90,001 and up	\$36

Dependent

Annual contracted salary or wage:

	Spouse	Child	Family
Less than \$50,000	\$50	\$39.....	\$93
\$50,001 to \$90,000	\$63	\$51.....	\$119
\$90,001 and up	\$82	\$65.....	\$155

**Monthly Premium
Contributions**

Dental Insurance

Colonoscopy – now covered at 100% - including doctor’s office charge - doesn’t count against \$1,000 Wellness benefit, no deductible needs to be met and no co-pay! Plan A & Plan B are both eligible for this benefit.

Medical, Vision, Prescription and Dental Benefits

Information forthcoming. Currently pursuing bids from other companies.

EBMC

Employee Benefit Management Corp.
Medical Benefits
www.ebmconline.com
1-877-304-0761

VSP

Vision Service Plan
Vision Benefits
www.vsp.com
1-800-877-7195

WHI

Walgreens Health Initiatives
Prescription Benefits
www.mywhi.com
1-800-207-2568

MMO

Medical Mutual of Ohio
ONU's Preferred Provider
www.mmoh.com
1-800-601-9208

Effective: 1/1/2009

Eligibility for Benefits

Coverage, if elected, may become effective the first day of employment and terminates when the

employee terminates his or her employment. Employees choosing not to enroll in this plan at the time of initial employment are requested to sign a waiver of insurance. Employees signing such a waiver of insurance may enroll in the plan at a subsequent date as explained in the Summary Plan Description (SPD).

Dependent coverage shall be made available for spouse and unmarried children up to 25 years of age, pursuant to the terms of the SPD.

Open enrollment for the health insurance is December of each year for coverage effective January 1.

Individuals enrolling in the health insurance program are subject to the pre-existing conditions limitation as explained in the SPD. Certificates of prior health coverage, if presented, will be applied to reduce the plan's pre-existing conditions limitation. A certificate of prior health coverage must be supplied indicating the exact time period such coverage was in effect. This certification is supplied by the employer, insurance company or other organization under which the creditable coverage occurred.

Note: The Ohio Northern University Employee Benefit Trust Plan is subject to change from time to time. Refer to the SPD for complete details.

Additional information about ONU's insurance plans can be found on the Office of Human Resources website.

The total premium to be paid will be the employee portion plus the dependent portion if applicable. When both spouses are eligible for

University benefits, both employees will have to pay the single employee contribution.

All contributions are tax free which makes the actual out-of-pocket expense lower based on the employee's highest tax bracket.

Monthly employee contribution is based on the base wage or salary at January 1, 2009. The premium will be based on actual annual contracted hours, not including overtime or summer pay. Premium adjustments will not be made for salary adjustments during the calendar year.



OHIO NORTHERN UNIVERSITY

Office of Human Resources
www.onu.edu/hr
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Ohio Northern University