

Ohio Wesleyan University



WELCOME TO OPEN ENROLLMENT 2023 Benefits Guide

(Benefit Plan Year Effective 7/1/23 – 6/30/24)



CHOOSE THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Ohio Wesleyan strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of our benefits—that’s why we’ve put together this Open Enrollment Guide.

Open enrollment is the time of year when you can make changes to your elected benefits. This guide outlines all the different benefit options, so you can identify which ones are best for you and your family.

Elections you make during open enrollment will become effective on July 1, 2023. If you have questions regarding the benefits in this guide, please contact Human Resources at hr@owu.edu or Elizabeth Foos at ekfoos@owu.edu.

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2023 BENEFIT HIGHLIGHTS

Ohio Wesleyan continues to work hard to keep benefits stable and maintain minimal disruption each year. There are several resources throughout this guide that complement our core benefits. These tools and resources are available to you, your dependents and can enhance your benefit experience.

New for 2023 - Current Point of Service medical plan participants that move to the High Deductible Health Plan will receive a \$500 "Enrollment Incentive" payable in December.

Important info for current OWU Point of Service (POS) Medical Plan Participants:

For nearly a decade, OWU has been proud to offer two major medical plan options (a Point of Service Plan and a High Deductible Health Plan) to full-time, benefit eligible employees despite continuously increasing medical program costs. The OWU Point of Service Medical Plan continues to be the most expensive of the two medical plans offered by the university. Our High Deductible Health Plan offers the same quality provider network at a lower premium cost for the university and for enrolled employees. The university will again offer an employer funded Health Savings Account (HSA) to HDHP plan members to assist with out-of-pocket costs – at the same funding level as last year!

In recent years, many employers have stopped offering Point of Service plan options due to rapidly escalating costs. As a result, OWU assess what this continuing trend will mean for us.

Effective this year, eligible employees will no longer be able to change enrollment from the HDHP/HSA plan to the POS Medical Plan.

OWU is offering a \$500 cash incentive for POS Plan participants who enroll in the HDHP/HSA Medical Plan effective 7/1/2023.

This one-time cash incentive is only available to current POS plan participants who change enrollment from the POS plan to the HDHP/HSA plan during this open enrollment period. (May 3 – May 24, 2023). This taxable incentive will be paid out through the normal payroll process on the December 1, 2023, pay date.

2023 CARRIER CONTACT SHEET

BENEFIT	CARRIER	WEBSITE / EMAIL	PHONE
MEDICAL	Apta Health - Care Coordinators (Powered by Quantum) Using Aetna network	www.OhioWesleyan.myaptahealth.com	1-866-274-9478
PHARMACY	Magellan Rx	www.magellanrx.com	1-800-424-6817
DENTAL	Anthem	www.anthem.com	1-888-231-5046
VISION	EyeMed	www.eyemed.com	1-866-939-3633
LIFE & DISABILITY	Guardian	Guardianlife.com	1-888-482-7342
HEALTHCARE BLUEBOOK	Healthcare Pricing Tool	pricefinder@healthcarebluebook.com	1-800-341-0504
TELADOC	Video Doctor Consultation	www.Teladoc.com	1-800-835-2362
Worksite Benefits	VOYA	https://presents.voya.com/EBRC/owu	877-236-7564
Employee Discounts	LifeMart	Log on to ADP. Type LifeMart in the search bar, for immediate access of hundreds of great discounts in many areas	For questions, contact: hr@owu.edu or 740/368-3388

ELIGIBILITY

Who is eligible?

If you're a full-time employee at Ohio Wesleyan University, you're eligible to enroll in the benefits outlined in this guide. In addition, you can enroll your eligible dependents. Eligible dependents include: your spouse and if under the age of 26, your natural child, adopted child, foster child, stepchild, or grandchild (if court-ordered custody); or a disabled dependent.

How to enroll

The first step is to review your current benefits. Verify all your personal information (address, etc.) and make any necessary changes.

If you want to make changes to your 2023 benefit enrollments or participate in FSA Medical or dependent care:

1. Log into ADP/Myself/Benefit/Enrollments
2. Access ADP through OWU's Single Sign On (SSO) process by using this link: <https://www.owu.edu/adp>
OR
Access through ADP Portal Directly with your ADP login credentials:
<https://workforcenow.adp.com/workforcenow/login.html>

If you do not plan on changing any of your benefit enrollments from last year, then you do not have to re-enroll in ADP. However, if you wish to continue your FSA Flex Medical or Dependent Care FSA contributions, then you must submit new FSA elections in ADP.

When to enroll

Open enrollment begins on May 3rd and ends May 24th. The benefits you choose during open enrollment will become effective on July 1st, 2023, through June 30th, 2024.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event, you must contact HR within 30 days of the event.



HEALTH INSURANCE

The medical plans will continue to be offered through Meritain utilizing the Aetna network with support from the Apta Care Coordinators.

Please note that your benefits, deductibles, and out-of-pocket maximums will run on the plan year (July 1st, 2023-June 30th, 2024) starting this year instead of the calendar year. If applicable, deductible credit since January 1st, 2023, will rollover into the new plan year. The Point of Service Plan requires referrals from your primary doctor in order to see a specialist.

Point of Service		
	Network	Non-Network
Deductible	\$1,000 Ind / \$2,000 Fam	\$2,000 Ind / \$4,000 Fam
Deductible Type*	Embedded	Embedded
Co-insurance	10%	30%
Out-of-pocket w/ Deductible	\$3,500 Ind / \$7,000 Fam	\$7,000 Ind / \$14,000 Fam
Office Visits	Primary Care \$20 Co-pay Specialist w/ Referral \$40 Co-pay Specialist w/out Referral \$80 Co-pay	Deductible then 30% Co-Insurance
Preventive Care	Covered in Full	Deductible then 30% Co-Insurance
Telehealth Services	0%, deductible waived	0%, deductible waived
Professional Services	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Mental Health Services	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Inpatient Hospital	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Outpatient Facility	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Emergency Room	\$250 Co-pay then 10% Co-Insurance	\$250 Co-pay then 10% Co-Insurance
Urgent Care	\$75 Co-pay	Deductible then 30% Co-Insurance
Prescription Drugs Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: \$10 Tier 2: \$35 Tier 3: \$70 Tier 4: 25% up to \$250 max.	Not covered
Mail Order (90 Day Mail Order) Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: \$10 Tier 2: \$70 Tier 3: \$140 Tier 4: Not covered	Not covered
Benefit Period	Plan Year	Plan Year

HEALTH INSURANCE

High Deductible Health Plan w/Health Savings Account		
	Network	Non-Network
Deductible	\$3,000 Ind / \$6,000 Fam	\$6,000 Ind / \$12,000 Fam
Deductible Type*	Embedded	Non-Embedded
Co-insurance	20%	40%
Out-of-pocket w/ Deductible	\$4,000 Ind / \$8,000 Fam	\$8,000 Ind / \$16,000 Fam
Office Visits	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Preventive Care	Covered in Full	Deductible then 40% Co-Insurance
Telehealth Services	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Professional Services	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Mental Health Services	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Inpatient Hospital	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Outpatient Facility	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Emergency Room	Deductible then 20% Co-Insurance	Deductible then 20% Co-Insurance
Urgent Care	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Prescription Drugs Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: \$10 after deductible Tier 2: \$35 after deductible Tier 3: \$70 after deductible Tier 4: 25% up to \$250 max. after deductible	Not covered
Mail Order (90 Day Mail Order) Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Deductible then 20% Co-Insurance	Not covered
Benefit Period	Plan Year	Plan Year

*Embedded deductible: No one family member may contribute more than the individual deductible amount to the family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to co-insurance up to the individual out-of-pocket max. Once the family deductible has been satisfied, benefits for the family are payable subject to co-insurance and family out-of-pocket max.

COMPARE MEDICAL PLAN COST

Monthly Rates effective July 1, 2023		
Tier	Point of Service	High Deductible Health Plan w/Health Savings Account
Under \$35,999		
Employee Only	\$163.44	\$62.87
Emp + Spouse	\$624.55	\$178.91
Emp + Child(ren)	\$550.70	\$157.79
Family	\$875.61	\$250.69
\$36,000- \$59,999		
Employee Only	\$227.00	\$85.05
Emp + Spouse	\$624.55	\$227.98
Emp + Child(ren)	\$550.70	\$201.07
Family	\$875.61	\$319.45
\$60,000- \$89,999		
Employee Only	\$299.63	\$107.24
Emp + Spouse	\$624.55	\$269.05
Emp + Child(ren)	\$550.70	\$237.30
Family	\$875.61	\$377.01
\$90,000+		
Employee Only	\$317.79	\$130.17
Emp + Spouse	\$709.72	\$318.28
Emp + Child(ren)	\$625.80	\$280.72
Family	\$995.01	\$445.98

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage will continue to be offered through Anthem. Please note that your benefits, deductibles, and annual maximum will run on the plan year (July 1st, 2023-June 30th, 2024) starting this year instead of the calendar year. Deductible and annual maximum will reset on July 1st, 2023.

TYPE OF SERVICE	Dental Plan	
Network	Low Plan	High Plan
Preventive Services	Exams, cleanings, X-rays—Plan pays 100%	Exams, cleanings, X-rays—Plan pays 100%
Deductible	Applies to basic and major services only— \$50 Ind / \$150 Fam	Applies to basic and major services only— \$50 Ind / \$150 Fam
Basic Services	Fillings, simple extractions—Plan pays 80%	Fillings, simple extractions, oral surgery— Plan pays 90%
Major Services	Endodontics, periodontics, crowns, oral surgery—Plan pay 50%	Endodontics, periodontics, crowns—Plan pay 60%
Annual Maximum	\$1,000	\$1,500
Orthodontic Services *up to age 19	Not covered	Plan pay 50%
Orthodontic Lifetime Maximum	Not covered	\$1,000
Monthly Payroll Deductions	Low Plan Employee only—\$25.95 Employee & 1—\$50.89 Family—\$83.13	High Plan Employee only—\$36.27 Employee & 1—\$71.86 Family—\$116.84

VISION INSURANCE

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Ohio Wesleyan's vision insurance entitles you to specific eye care benefits. Coverage will continue to be offered through EyeMed. The policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

To find an in-network provider, follow the steps listed on Page 11. Your Core Plan benefits include:

- Routine vision exams for a \$20 copay
- Exam every 12 months and frames or lenses every 24 months
- \$130 allowance on contact lenses and frames and \$180 allowance for PLUS providers (with 20% off any balance for frames)
- Laser correction surgery will be offered with a discount (please consult with your doctor)

Your benefits for the Buy-Up include:

- Routine vision exams for a \$10 copay
- Exam every 12 months and frames or lenses every 12 months
- \$140 allowance on contact lenses and frames and \$190 allowance for PLUS providers (with 20% off any balance for frames)
- Laser correction surgery will be offered with a discount (please consult with your doctor)

Core Plan:

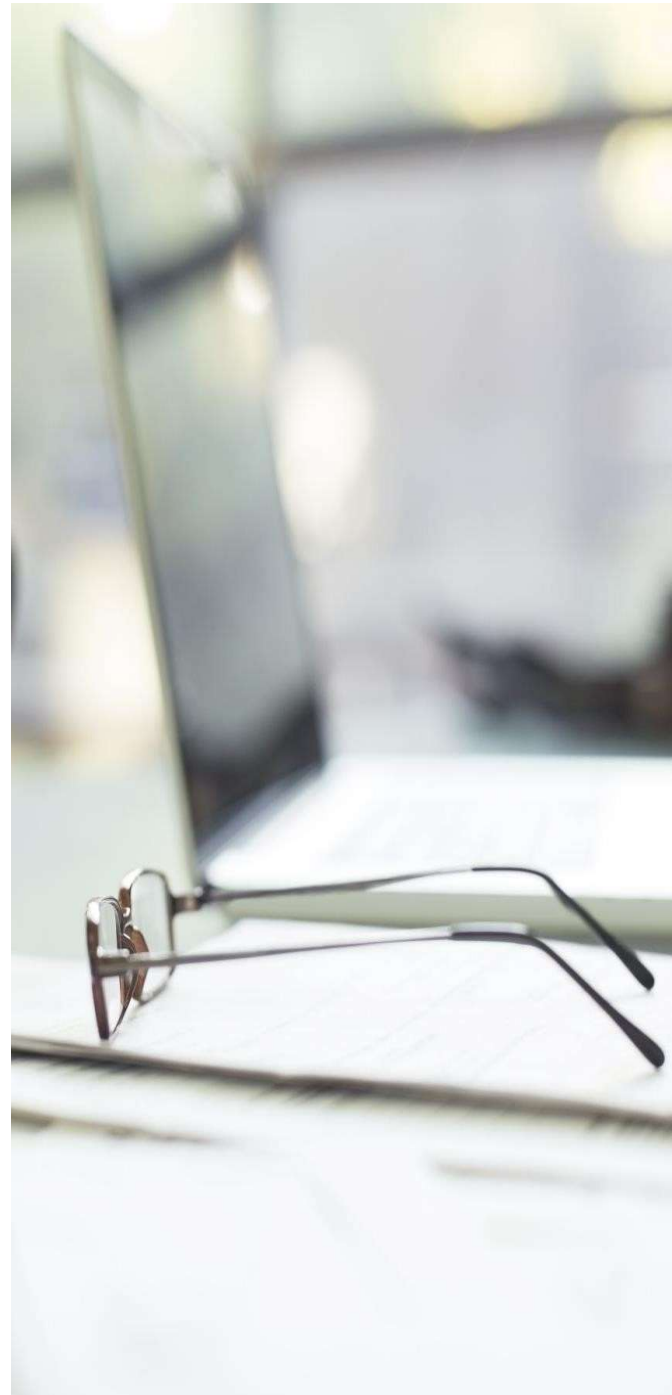
Employee Only: \$4.32

Employee & Dependents: \$12.21

Buy-Up Plan:

Employee Only: \$5.74

Employee & Dependents: \$16.22



EXPERIENCE MORE: EVERYDAY ACCESS

HOW TO: see an easy road ahead

USING YOUR EYEMED BENEFITS

It's official – you received your EyeMed Welcome Kit. Time to get the eyewear you love! But how does it work? Even if you're a vision benefits rookie, the process is a snap. Tailor-made for paperwork-phobes and freedom fans.



1. KNOW THE BENEFITS

Your Welcome Packet spells out all the great stuff that's covered. All the savings opportunities. All the choices you have. It's a pretty fun read.



2. CHOOSE A DOC

You're probably surrounded by in-network doctors: thousands of independent providers, popular retail stores and even online options. Find your ideal fit on eyemed.com or on the EyeMed Members App.



3. SET A DATE

Just call your eye doctor for an appointment. Even better, some let you schedule online with our Provider Locator. If you need weekend or evening hours, you'll find plenty of those, too.



4. COME ON IN

As an EyeMed member, it's easy to get your eye exam and get on with your day. No claim to file. No hassles. We take it from here.



5. FIND YOUR PERFECTION

Have fun picking out your favorite frames or contacts. Browse loads of designer brands; you decide which price point works best for you. With EyeMed, there's more in the store to adore.

* At select in-network providers

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

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HOW TO LOCATE AN EYEMED PROVIDER & LOCATE PLUS PROVIDERS

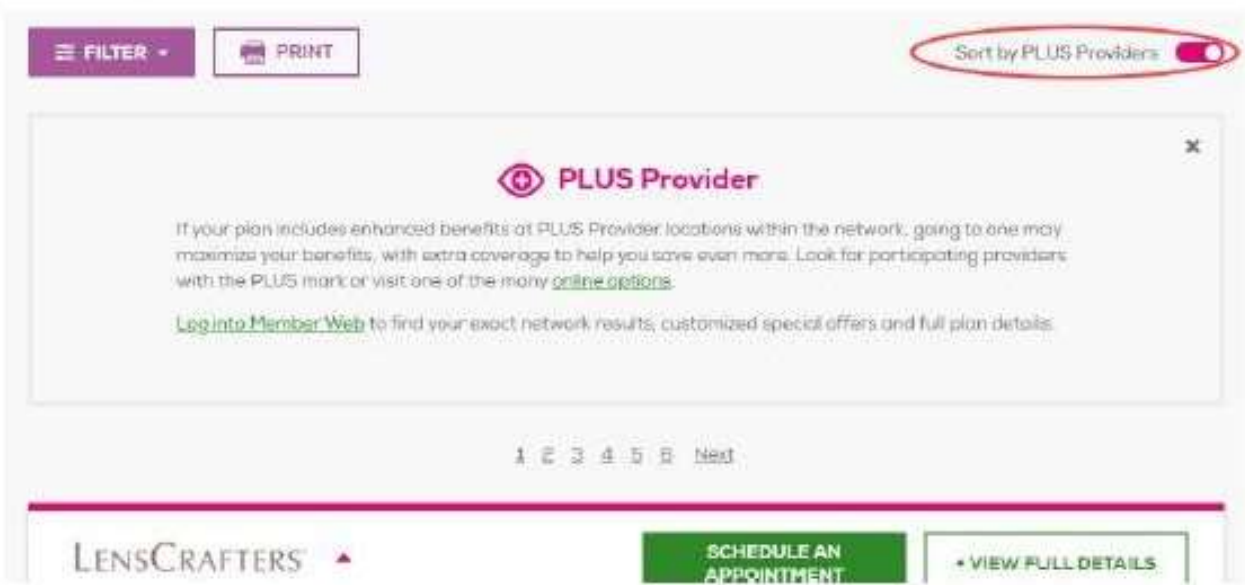
- 1. GO TO EYMED.COM
- 2. CLICK "FIND AN EYE DOCTOR" AT THE TOP OF THE PAGE



- 3. ENTER THE "INSIGHT" NETWORK
- 4. ENTER THE ZIP CODE



- 5. TO FIND A PLUS PROVIDER, LOOK FOR PROVIDERS HIGHLIGHTED IN PINK OR USE SLIDER TO SORT BY PLUS PROVIDERS



FLEXIBLE SPENDING ACCOUNTS (for Point of Service Members)

Paying for health care can be stressful. That's why Ohio Wesleyan offers an employer-sponsored flexible spending account (FSA) which can be paired with the Point of Service plan.

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- It saves you money. Allows you to put aside money tax-free that can be used for qualified medical expenses.
- It's a tax-saver. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- It is flexible. You can use your FSA funds at any time, even if it's the beginning of the year.
- It has a friendly app. Download the app to your smart phone to manage your funds.

You cannot stockpile money in your FSA. If you do not use it, you lose it with the exception of the \$610 carry-over. You should only contribute the amount of money you expect to pay out of pocket during the July 1st through June 30th benefit year.

If you were previously enrolled in an FSA, you will keep the same card, and HRPro will reload it on July 1st. Make sure to keep all receipts for your records and in case of an IRS inquiry.

You can check your current card balance at hrpro.biz or hrpro.navigatorsuite.com/login, or using the HRPro Mobile App.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

Can I have a health FSA if I am enrolled on the HSA plan?

If you are enrolled on the HSA plan, you cannot contribute to a health FSA account, but you can use any funds you have previously accumulated by June 30th.

<i>Annual FSA Contribution Maximum</i>	\$3,050
<i>Annual Dependent Care FSA Contribution Maximum</i>	\$5,000

HEALTH SAVINGS ACCOUNTS

For High Deductible Health Plan members, Health Savings Accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans. All employee HSA contributions are tax-deductible, if made through payroll deductions, and are pre-tax which lowers your overall taxable income. HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- It is portable. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the University.
- It is a tax-saver—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage.

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

WHO IS ELIGIBLE FOR AN HSA?

- Covered by a High Deductible Health Plan
- NOT enrolled in first dollar coverage (PPO)
- NOT enrolled in Medicare, Medicaid, Tricare
- NOT claimed as a dependent on someone else's tax return

OWU Employer HSA
Contribution

Employee Only: \$1,000
Family: \$2,000

WHAT CAN HSA DOLLARS BE USED FOR?

HSA funds can be used tax-free for members of the family who meet the IRS's definition of a “tax dependent”. Distributions for non-qualified expenses are taxable income plus a 20% excise tax. You can use HSA dollars for qualified medical, dental, and vision expenses. Once you turn 65 years old, HSA funds can be transferred to retirement savings account and used on any expenses.

EXAMPLES OF ELIGIBLE MEDICAL EXPENSES:

- Medical deductible, co-pays and Out-of-pocket expenses
- Chiropractor services
- Vision expenses such as exams, glasses and contact lenses
- Dental treatment and Orthodontics
- Hearing services, such as hearing aids and batteries

MEET YOUR APTA CARE COORDINATORS

Care Coordinators are an expert team of nurses, patient services representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team. They fight hard to help you save money and make sure you get the best possible care for you and your family. You can contact them via the website, toll-free number listed on your ID card, or through the myQHealth app.

CARE COORDINATORS CAN HELP WITH:

- Ordering ID Cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse coaching to help you stay or get healthy
- Reducing out-of-pocket costs
- Anything that can make the healthcare process easier for you

CARE COORDINATORS ARE MOBILE

Download the MyQHealth mobile app that lets you:

- Find in-network providers
- Access your ID card
- Check claims information
- Schedule a call with a Care Coordinator
- Send texts/chat with Care Coordinators
- And so much more

**ACCESS YOUR
APTA HEALTH WEBSITE:**
<https://ohiowesleyan.myaptahealth.com>

**CONTACT YOUR
CARE COORDINATORS:**
866-274-9478

Monday–Friday,
8:30 A.M.–10:00 P.M. ET



CARE COORDINATORS
BY QUANTUM HEALTH

GLOSSARY OF TERMS

The following terms will help you better understand your benefits.

Co-pay: A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

Deductible: A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

Coinsurance: Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

Out-of-Pocket Maximum (OOPM): An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

PPO (Preferred Provider Organization): This type of plan utilizes network and non-network benefits.

In-Network: The Plan offers a broad network of providers and provides the highest level of benefits when Covered Persons utilize “in-network” providers. These networks will be indicated on your Plan identification card.

Out-of-Network: Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.



**UNDERSTANDING YOUR
BENEFITS CAN BE EASY**

REFERRAL PROCESS FOR A SPECIALIST



COORDINATE YOUR CARE THROUGH YOUR PRIMARY CARE PHYSICIAN (PCP)

- Obtain a referral from your PCP before seeing a specialist to save money on member out-of-pocket costs and get alerts for not fully covered benefits
- Helps avoid visits to the wrong specialist
- Helps avoid referrals to an out-of-network specialist
- Get in to see specialist faster
- All referrals obtained are valid for 12 months.
- The PCP must provide the referral to the Care Coordinators.

PRE-CERTIFICATION

Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to the Apta Care Coordinators.

SERVICES REQUIRING PRE-CERTIFICATION			
Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Dialysis	Transplants – Organ and Bone Marrow	Durable Medical Equipment (DME) purchases over \$1500 and all rentals
Out-Patient Surgeries (includes Colonoscopies)	Genetic Testing		
<ul style="list-style-type: none">• A \$500 penalty will be applied for all services rendered that do not have pre-certification completed.			

WHAT IS TELEMEDICINE & TELEHEALTH?

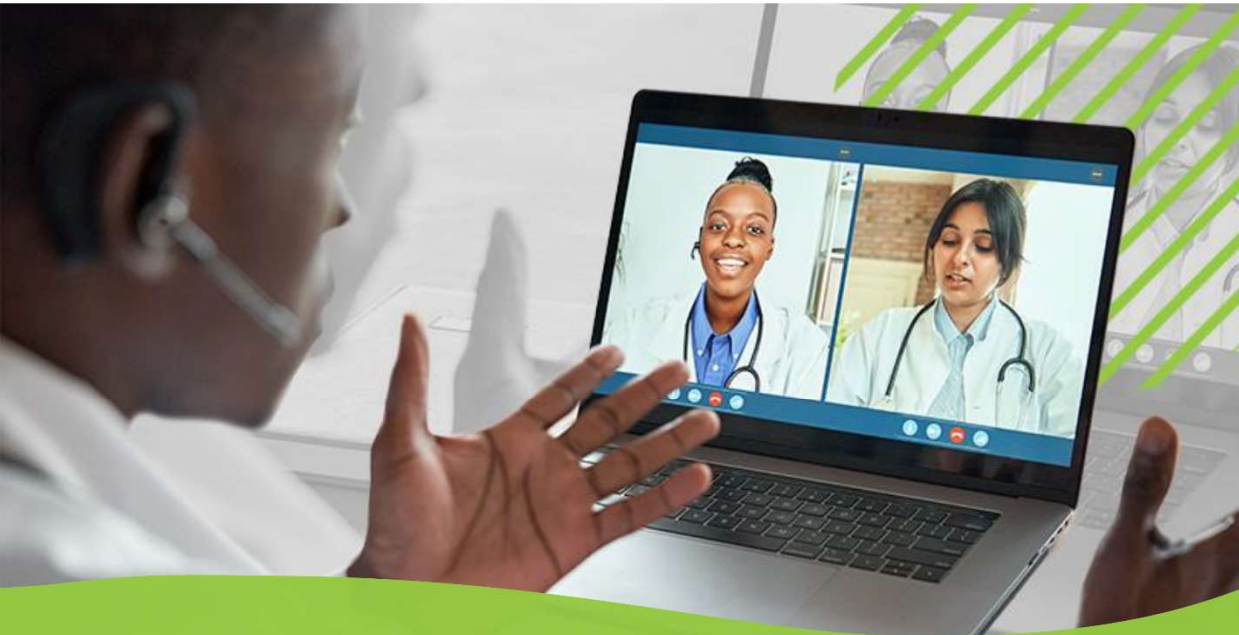
With the onset of Covid-19, telehealth has become an increasingly popular way for individuals to receive medical treatment and diagnosis without visiting a physical, clinical location such as a doctor's office or hospital.

Telemedicine and telehealth are sometimes used interchangeably to describe both clinical and non-clinical interactions with health professionals through technology. While telemedicine focuses on remote clinical assistance, telehealth also includes educational and non-clinical remote interactions through the use of various technologies such as webcams, apps, and mobile devices.

Telemedicine and telehealth provide options for meeting virtually with a healthcare provider when you are not feeling well. Using technology and apps, it is now easier than ever to meet with a physician from your home, office, or while traveling. Additionally, physicians are available outside of normal business hours and on weekends.

Meeting with a doctor through an app like Teladoc is very similar to visiting your primary care physician in an office, except your interactions with the physician are through your mobile device. The doctor can give you a diagnosis based on your symptoms and even provide a prescription that can be picked up from your local pharmacy.

You can contact a doctor at any time using this benefit and there is no need to contact your care coordinator prior to using this service. We recommend you download the app to your phone now so that you can use this option when needed. More information is available on the next page.



DID YOU KNOW... TELEHEALTH IS A NEW, CONVENIENT WAY TO GET MEDICAL CARE BY VIRTUALLY VISITING YOUR DOCTOR



MEET WITH A DOCTOR WITHOUT LEAVING YOUR HOME THROUGH YOUR MOBILE DEVICE!

Teladoc is one of the nation’s most established providers of telehealth services. Our national network of U.S. board-certified doctors is standing by to provide quality healthcare for you and your family, 24/7.

From the information you provide, Teladoc can diagnose many illnesses and injuries, order prescriptions, and know immediately if you need to be referred to in-person emergency care.

Teladoc medical visits are as follows:

Medical Visits:

- PPO Plan - \$0 Copay
- HDHP Plan - \$49 per visit, subject to deductible/coinsurance


Benefits:

- Consults with U.S. Board-Certified doctors via phone or video conference 24/7
- Access to a doctor anytime, anywhere – from home, work, or on the road
- Diagnosis and treatment for many common, non-emergency medical conditions
- A way to avoid unnecessary visits to the ER and long waits for doctor appointments
- Prescriptions called-in when appropriate

BE PREPARED FOR THE UNEXPECTED!

Download the App on Google Play for Android, or via the App Store for iPhone/iPad



 [Teladoc.com/mobile](https://www.teladoc.com/mobile) or visit your app store.
 1-800-Teladoc

A SMARTER WAY TO BUY OVER-THE-COUNTER (OTC) MEDICATIONS

Brand name drugs like Nexium®, Prevacid®, Prilosec®, Zyrtec®, and Claritin® that used to only be available with a prescription are now available over-the-counter (OTC). If the OTC version is available in the same strength as the prescription drug you're currently taking, then the OTC version could provide additional savings opportunities for you. As a result, your PPO plan has elected to cover select OTC medications at a \$0 co-payment (PPO Plan Only). The HDHP plan is also eligible for the discounted OTC rate which applies to your deductible and 20% Coinsurance. Covered medications include non-sedating antihistamines (NSAs) and ulcer/heartburn treatments packaged as name brands, store brands or generics as long as they are prescribed by your physician and processed using your prescription benefit card at your local pharmacy. That's right... a \$0 co-pay for the PPO Plan, and HDHP plan 20% after your deductible!

It doesn't make sense to pay more. Talk to your physician to find out if an OTC product is right for you and start saving today!

GET STARTED TODAY



To take advantage of this OTC program, please follow these 3 easy steps once you and your doctor agree that an OTC product is right for you:

1. Ask your physician to write (or telephone in) a prescription for the specific OTC product.
 - Make sure your physician writes "OTC" on the prescription.
2. Take the prescription to your local pharmacy (not available through mail service) and ensure that your pharmacist:
 - Uses your prescription benefit card to fill the OTC prescription.
 - Fills the prescription just like any other prescription medicine, making sure to include your doctor's name and instructions on the label.
 - Charges you a \$0 co-pay for the PPO plan, and 20% coinsurance after meeting your deductible for the HDHP as a result of this program.
3. Make sure to follow your doctor's instructions for use when taking the medication.



EXAMPLES OF COVERED OTC MEDICATIONS

- ALAVERT
- ALLEGRA
- ALLEGRA-D
- AXIDAR
- CETIRIZINE
- CIMETIDINE
- CLARITIN
- CLARITIN-D
- DIMETAPP ND
- FAMOTIDINE
- FEXOFENADINE
- FEXOFENADINE-PSEUDOEPHEDRINE
- LORATADINE
- NEXIUM 24HR OTC
- OMEPRAZOLE
- PEPCID COMPLETE
- PEPCID AC
- PREVACID 24 HR CAP
- PRILOSEC OTC
- TAGAMET HB
- TAVIST ND
- TRIAMINIC TAB
- ZEGERID OTC
- ZYRTEC
- ZYRTEC-D

SIGNIFICANT SAVINGS ON PRESCRIPTIONS

Apta Health has partnered with ElectRx to provide prescription drugs through a Personal Importation program.

The program offers significant discounts on certain high-cost medications without sacrificing quality.

Drugs are shipped from a pharmacy in Canada, United Kingdom, Australia or New Zealand directly to your home in the United States. The program dispenses only brand name drugs from the same manufacturers that are distributed to you in the United States.

PROGRAM HIGHLIGHTS

- Significant cost savings
- Shipped from pharmacies in Canada, United Kingdom, Australia, or New Zealand to your home.
- Same brand names available in USA
- \$0 Co-pay for prescription drugs on ElectRx Formulary List




SAVE MONEY ON CERTAIN BRAND NAME PRESCRIPTION DRUGS THROUGH THE ELECTRX INTERNATIONAL MAIL ORDER PROGRAM

Also known as Personal Importation or PI, you can order your brand name drugs from Canada, New Zealand, Australia, and United Kingdom using the same “brick and mortar” pharmacies that people in these countries use for their medications. Plan Members will have a \$0 co-pay (FREE!) on all Brand drugs on the ElectRx Formulary.

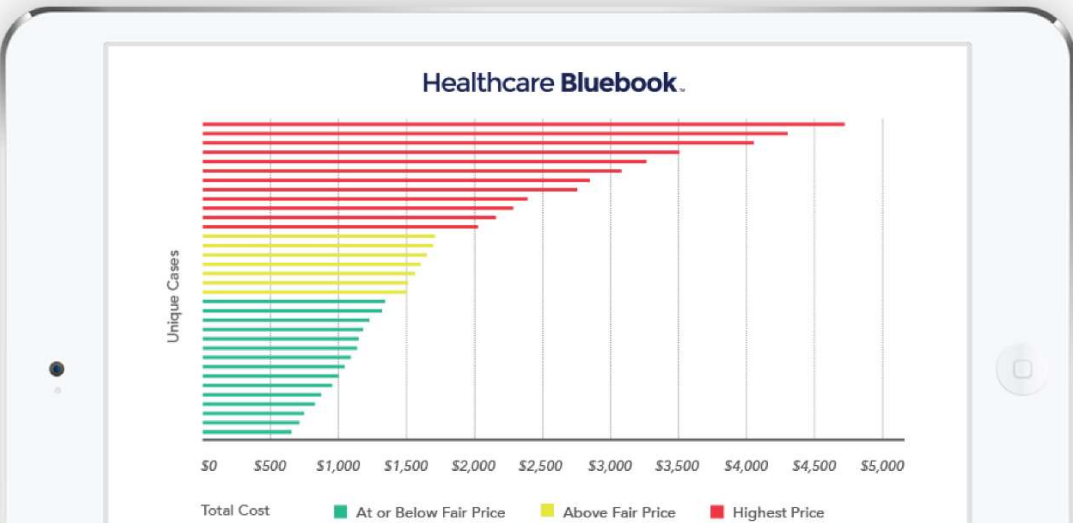
1. Enroll in the program by calling (855) 353-2879. Enrollment is free and takes about 10 minutes.
2. Elect Rx offers a variety of brand name prescriptions through the Personal Importation Program (PI). Call the number above to see if the medication you are currently taking qualifies for the program. You can order up to a 90-day supply of any brand name medication that is eligible for dispensing through this program.
3. Have your Physician prepare a prescription with 3 refills and FAX it to the ElectRx Toll Free Number at (833) 353-2879. Again, you have a \$0 co-pay on your prescription and subsequent refills. You will receive an automated reminder notification of a pending renewal/refill. Shipping takes 5-15 business days from the date of completed requirements. Tip: Have a 30-day supply on hand to allow for plenty of delivery time.





Healthcare Blue Book is an online pricing tool which enables you to find the best prices for the healthcare services you may need. With Healthcare Blue Book, you can shop for care so that you get the most affordable care available in your area, from high quality providers.

COMPARE PROVIDERS • SHOP FOR CARE • SAVE MONEY



Be sure to visit <https://ohiowesleyan.myaptahealth.com> to look up your access code. You'll need it when downloading and setting up your app.



Red = Among the most expensive providers
Yellow = Provider somewhat above the Fair Price
Green = Provider at or below the Fair Price



YOUR PROVIDER ONLINE DIRECTORY

Aetna Choice POS II (Open Access) For those on both the Point of Service and High Deductible Health Plan

It’s Easy to Find Doctors and Hospitals in Your Network

When you and your family need care, you can look for doctors and hospitals in the **Aetna Choice POS II (Open Access)** network. It’s easy when you use the online directory from Aetna. With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more. You will pay less if you use a provider in the plan’s network vs. if you use an out-of-network provider. Check with your provider before you get services.

Find Aetna Providers Online in Just a Few Quick Steps

1. Visit <http://www.aetna.com/docfind/custom/mymeritain/>.
2. Key in the zip, city, county or state of the desired geographical area in the Enter location here field. Click Search.
3. Key in **Aetna Choice POS II (Open Access)** under Select a Plan or you can select **Aetna Choice POS II (Open Access)** from the list of plans. Click Continue.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow chose and click on one of the categories under Find what you need by category.
Or
5. Use the search box which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under What do you want to search for near (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider’s name.
7. Narrow your search results by using the Filter & Sort option. Choices include Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type.



MAGELLAN RX MANAGEMENT

Understanding Your Prescription Benefit Program

Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions to lead more healthy, vibrant lives.

90 Day Supply of Your Medications By Mail

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save with Magellan Rx Home, Magellan Rx Management’s mail service pharmacy.

- Save money: Depending on the plan you choose, you could get up to a 90-day supply of your medication for less money than three separate fills and standard shipping is free.
- Save time: Refill your medication just once every three months easily online or by phone. That means no more drive time or waiting at the pharmacy.
- Peace of mind: Your medication is mailed quickly and securely. Registered pharmacists check all orders and are available for help 24/7.

Understanding Step Therapy

From time to time, your physician may prescribe a medication that requires you to first try another drug before your prescription benefits will pay for the prescribed drug. This process is referred to as Step Therapy and it is an approach to help control the risks and costs associated with prescription drug use.

If a drug has a high potential to be over-prescribed or taken for a non-FDA approved use, a Step Therapy edit may be needed. For example; in the case of Vimovo (a COX-2 drug), clinical research indicates that this medication should be reserved for patients at high risk for gastro-intestinal (GI) track bleeding or distress.

Take Advantage of Additional Over-The-Counter (OTC) Benefits

- Some medications previously only available by prescription (e.g., Claritin®, Prilosec®, and Zyrtec®) are now available over-the-counter at a \$0 Copay if your PCP writes OTC on your prescription.
- Ask your doctor if any OTC alternatives are available to effectively treat your condition. Switching to an OTC product could save both you and your plan money.

Frequently Asked Questions

When should I use a retail pharmacy? You should use your local retail pharmacy for the first 30-day prescription you get from your doctor as well as prescriptions received for an acute condition like an infection.

How do I order my specialty medication?

Step 1: Have your doctor e-prescribe Magellan Rx Pharmacy - Specialty or fax your prescription to us at 866-364-2673. Make sure the form includes your contact information.

Step 2: We will contact you to get important information and schedule your first delivery.

Step 3: Your prescription will arrive when and where you’ve requested.

Questions? Please visit your Apta Health Care Coordinators at: OhioWesleyan.myaptahealth.com (866) 274-9478



National and Regional Retail Pharmacy Listing

Below is a listing of national and regional retail pharmacies that participate in Magellan Rx Management’s broadest commercial pharmacy network. Many of the independent pharmacies across the United States also participate in our network. This list is subject to change. To determine if a pharmacy is in our network, please visit magellanrx.com.

Remember: Always show your medical ID card or drug card when you purchase a prescription. This saves you the time and trouble of filing a paper claim.

Albertsons	Food City Pharmacy	Knight Drugs	Save Mart Supermarket
Acme Pharmacy	Food Lion Pharmacy	Kroger Pharmacy	Sav-On Drugs
Aurora Pharmacy	Fred Meyer Pharmacy	Long’s Drugs	Schnucks
Bartell Drug	Fred’s Pharmacy	Marsh Drugs	Shopko Pharmacy
Bashas’	Fresh Market Pharmacy	Medicap Pharmacy	Shop N Save Pharmacy
BI-LO Pharmacy	Fruth Pharmacy	Medicine Shoppe Pharmacy	Shoppers Pharmacy
Bi-Mart	Fry’s Food and Drug	Meijer Pharmacy	Shoprite Pharmacy
Brookshire Brothers Pharmacy	Giant Eagle Pharmacy	Navarro Discount Pharmacy	Stop & Shop Pharmacy
Brookshire Grocery	Giant Pharmacy	Oscos Drug	Thrifty White
City Market	Good Neighbor Pharmacy	Oscos Pharmacy	Times Pharmacy
Coborn’s Pharmacy	Hannaford Food and Drug	Pavilions Pharmacy	Tom Thumb Pharmacy
Costco Pharmacy	Harris Teeter Pharmacy	Pick N Save Pharmacy	Tops Pharmacy
Cub Pharmacy	Harveys Supermarket	Publix Super Market	United Pharmacy
CVS Pharmacy	H-E-B Grocery	Quality Food Center	U Save It
Dierberg Pharmacy	Health Mart	Raley’s Pharmacy	Vons Pharmacy
Dillon Pharmacy	Homeland Pharmacy	Ralphs Pharmacy	Walgreens
Discount Drug Mart	Hometown Pharmacy	Randalls Pharmacy	Walmart
Duane Reade	Hy-Vee	Rite Aid Pharmacy	Wegman Food Market
Fairview Pharmacy	Ingles Markets Pharmacy	Safeway Pharmacy	Weis Pharmacy
Family Fare Pharmacy	King Soopers Pharmacy	Sam’s Club Pharmacy	Winn Dixie
Farm Fresh Pharmacy	Kinney Drugs		
	Kmart Pharmacy		

LIFE BENEFITS



Watch our video
How life insurance protects
families and covers critical costs.



Life insurance

If something happens to you, life insurance can help your family reduce financial stress.

Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Who is it for?

Everyone's life insurance needs are different, depending on their family situation. That's why group life insurance through an employer is an easier and more affordable option than individual life insurance.

What does it cover?

Life insurance protects your loved ones by providing a benefit (which is usually tax-exempt) if you pass away.

Why should I consider it?

Life insurance is about more than just covering expenses. Depending on your circumstances, it could take your family years to recover from the loss of your income.

With a life insurance benefit, your family will have extra money to cover mortgage and rent payments, legal or medical fees, childcare, tuition, and any outstanding debts.

Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

You will receive these benefits if you meet the conditions listed in the policy.



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides Basic Life Coverage for all full time employees in the amount of 200% of your annual salary, to a maximum of \$250,000.	\$1,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.‡
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$250,000 per employee	We Guarantee Issue coverage up to: Employee \$250,000. Spouse \$50,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions



Your life coverage

	BASIC LIFE	VOLUNTARY TERM LIFE
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until normal retirement age, if conditions met
LifeAssistSM: Provides supplemental income that is calculated based off a percentage of your Life benefit to a specified dollar amount if you are ADL disabled. Benefits are paid to the lesser of 100 months or to when waiver of premium ends.	No	Yes
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	50% at age 75	35% at age 70, 55% at age 75, 70% at age 80, 80% at age 85

Subject to coverage limits

† Voluntary Life: Infant coverage is limited based on age.

‡ Spouse coverage terminates at age 70.

Annual Election Option allows employees to increase the amount of their life coverage without a medical exam when they re-enroll in their company's Voluntary Life plan. This option allows employees to step up to an amount of up to \$50,000, up to the Guarantee Issue amount.



WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of Will Prep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer.



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.



Electronic Evidence of Insurability (EOI)

Our online EOI forms are an easier, quicker alternative to traditional paper forms, helping you get covered when you need to provide additional information.

There are a few situations where you need to answer health questions, enroll for higher amounts of coverage, or request coverage after the initial eligibility period. In all of these situations, our online EOI form keeps things simple.

Electronic EOI keeps things simple

With Guardian’s electronic EOI forms, your data is kept secure at every stage of the process. And with fewer errors than hand-written forms, and faster submission digitally, it’s easier than ever to complete it and get covered.

Electronic EOI can be used for*:

- Basic life
- Voluntary life
- Short term disability
- Long term disability

*Applicable to coverage requiring full Evidence of Insurability (not applicable to conditional issue amounts). Electronic EOI is available using most internet browsers.



How it works

You will receive a letter or email from your employer or Guardian with instructions and a unique link to submit your EOI form online.

First register and create an account on Guardian Anytime. Then simply fill out the form, electronically sign it, and click 'Submit'.

Once we receive the form, we'll contact you with any questions, before notifying you (and your employer if the coverage amount changes).



Employee Assistance Program

We all need a little support every now and then.

Guardian’s Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help

- 

Consultative services are available to provide direct support and assistance
- 

Work/life assistance that can help you save money and balance commitments
- 

Access legal and financial assistance and resources – including WillPrep Services

This service is only available if you purchase qualifying lines of coverage. See your plan administrator for more details.

WorkLifeMatters Program services are provided by Uprise Health, and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

¹Office hours: Monday-Friday 6 a.m.–5 p.m. PST.



How to access

To access the WorkLifeMatters Employee Assistance Program, you’ll need a few personal details.

 **Visit**
worklife.uprisehealth.com

 **Access Code**
worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week¹.


New this year!



Group Name: Ohio Wesleyan University
Group Number: 737437

Your benefits go beyond the basics

Along with essentials like medical and dental insurance, you have the opportunity to enroll in additional benefits available through your employer. Each one you choose is a step toward a more protected, financially confident tomorrow. Enroll through your employer, and experience features like:



Group Pricing

helps make coverage cost-effective



Streamlined Claims

can be submitted and tracked online



Payroll Deduction

so you don't have to worry about another bill

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT




Explore now, and be ready for enrollment

Example pricing		
	Accident Insurance¹ A covered accidental injury—like a broken bone, concussion or deep cut—may affect your daily plans, but it doesn't have to hurt your financial ones. Get a benefit payment to spend on gas, utilities, or anything you'd like.	Less than an 8-pack of sparkling water per week.
	Critical Illness Insurance¹ Getting life back on track after a stroke, heart attack, or other covered illness is challenging enough. Get coverage that can help with everyday expenses and more.	Less than a box of cereal per week.
	Hospital Indemnity Insurance¹ Get a benefit payment after an eligible stay in a covered medical facility ² , and use it for any expense you'd like. Childcare, groceries, help around the house—it's up to you.	Less than a 12-pack of soda per week.


¹ This is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

What's included? More than you might expect:



Wellness Benefit


Get an annual benefit payment, after completing a covered health screening. Receive \$50 for Accident Insurance, \$50 for Hospital Indemnity Insurance, and \$50 for Critical Illness Insurance. Wellness benefit payments are also available to covered spouses and children.



Simple, Streamlined Claims

Visit voya.com/claims and follow these steps:

1. Answer a few questions
2. Submit the required forms
3. Check the status of your claim online, anytime



Flexibility

Your benefit payments go directly to you, and can be used however you'd like. Spend them on medical or non-medical out-of-pocket expenses.

 **Ready for the next step? Find your specific cost plus more coverage details through this link:**

Visit your Employee Benefits Resource Center: <https://presents.voya.com/EBRC/owu>

Don't miss this opportunity to enroll in these options for the coming year.
More information about how to enroll will be provided by your employer.

² The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Form numbers, provisions and availability may vary by state and your employer's plan.



2023 WORKSITE BENEFIT: CRITICAL ILLNESS



Critical Illness Insurance

Explore Your Benefits & Costs



Group Name: Ohio Wesleyan University
Group Number: 737437

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. This document includes expanded cost and benefit information for Critical Illness Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT



How much coverage is available?

You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount
For you	\$10,000, \$20,000 or \$30,000
Your spouse	50% of Employee Election
Your children*	50% of Employee Election

*Child(ren) up to age 26.

What’s covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:



Heart attack



Kidney failure**



Stroke



Coronary artery bypass



Cancer

Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you’d like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Coronary artery bypass	25%

* A sudden cardiac arrest is not in itself considered a heart attack.

This is only a small preview of the benefits available to you.
See the full Schedule of Benefits toward the end of this document.

How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

4-Tier Rating Monthly Rates Employee: \$10,000 Spouse: \$5,000 Child(ren): \$5,000 Includes Wellness Benefit Rider					4-Tier Rating Monthly Rates Employee: \$20,000 Spouse: \$10,000 Child(ren): \$10,000 Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family	Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	\$1.90	\$2.85	\$2.90	\$3.85	Under 25	\$3.80	\$5.70	\$5.80	\$7.70
25-29	\$2.40	\$3.60	\$3.40	\$4.60	25-29	\$4.80	\$7.20	\$6.80	\$9.20
30-34	\$3.20	\$4.80	\$4.20	\$5.80	30-34	\$6.40	\$9.60	\$8.40	\$11.60
35-39	\$4.10	\$6.15	\$5.10	\$7.15	35-39	\$8.20	\$12.30	\$10.20	\$14.30
40-44	\$6.70	\$10.05	\$7.70	\$11.05	40-44	\$13.40	\$20.10	\$15.40	\$22.10
45-49	\$8.90	\$13.35	\$9.90	\$14.35	45-49	\$17.80	\$26.70	\$19.80	\$28.70
50-54	\$11.40	\$17.10	\$12.40	\$18.10	50-54	\$22.80	\$34.20	\$24.80	\$36.20
55-59	\$14.80	\$22.20	\$15.80	\$23.20	55-59	\$29.60	\$44.40	\$31.60	\$46.40
60-64	\$19.90	\$29.85	\$20.90	\$30.85	60-64	\$39.80	\$59.70	\$41.80	\$61.70
65-69	\$26.40	\$39.60	\$27.40	\$40.60	65-69	\$52.80	\$79.20	\$54.80	\$81.20
70+	\$39.80	\$59.70	\$40.80	\$60.70	70+	\$79.60	\$119.40	\$81.60	\$121.40

4-Tier Rating Monthly Rates Employee: \$30,000 Spouse: \$15,000 Child(ren): \$15,000 Includes Wellness Benefit Rider				
Attained Age	EE Only	EE+SP	EE+CH	Family
Under 25	\$5.70	\$8.55	\$8.70	\$11.55
25-29	\$7.20	\$10.80	\$10.20	\$13.80
30-34	\$9.60	\$14.40	\$12.60	\$17.40
35-39	\$12.30	\$18.45	\$15.30	\$21.45
40-44	\$20.10	\$30.15	\$23.10	\$33.15
45-49	\$26.70	\$40.05	\$29.70	\$43.05
50-54	\$34.20	\$51.30	\$37.20	\$54.30
55-59	\$44.40	\$66.60	\$47.40	\$69.60
60-64	\$59.70	\$89.55	\$62.70	\$92.55
65-69	\$79.20	\$118.80	\$82.20	\$121.80
70+	\$119.40	\$179.10	\$122.40	\$182.10

*Children birth to age 26; no limit to the number of children per family.

Schedule of Benefits

The table below outlines a more detailed list of what's covered. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions, and limitations, see your certificate of insurance and any riders.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	50%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Coronary artery bypass	25%
Carcinoma in situ	25%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%
Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	100%
Advanced dementia, including Alzheimer's disease	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	25%
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%

* A sudden cardiac arrest is not in itself considered a heart attack.
** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.
*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%
Sickle cell anemia	100%
Type 1 diabetes	100%
Type IV glycogen storage disease	100%
Zellweger syndrome	100%


Multiple benefit payments

You may receive a benefit payment up to 100% of the Critical Illness benefit amount for each different diagnosis, up to the total maximum benefit. (A definition of "different diagnosis" is provided in the certificate of coverage).

Total maximum benefit: The total maximum benefit amount is Unlimited times the Critical Illness benefit amount for each covered condition. Once the total maximum benefit for a covered condition has been paid, no further benefits are payable for that same covered condition. For skin cancer, the benefit is payable up to 1 times per calendar year, 10 times lifetime maximum limit.

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits:



Receive \$50 to use however you'd like

Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit of \$50.
- Spouses receive an annual benefit of \$50.
- Children receive 100% of your benefit amount per child, with an annual maximum of No Max for all children.

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.



Ready to Enroll?

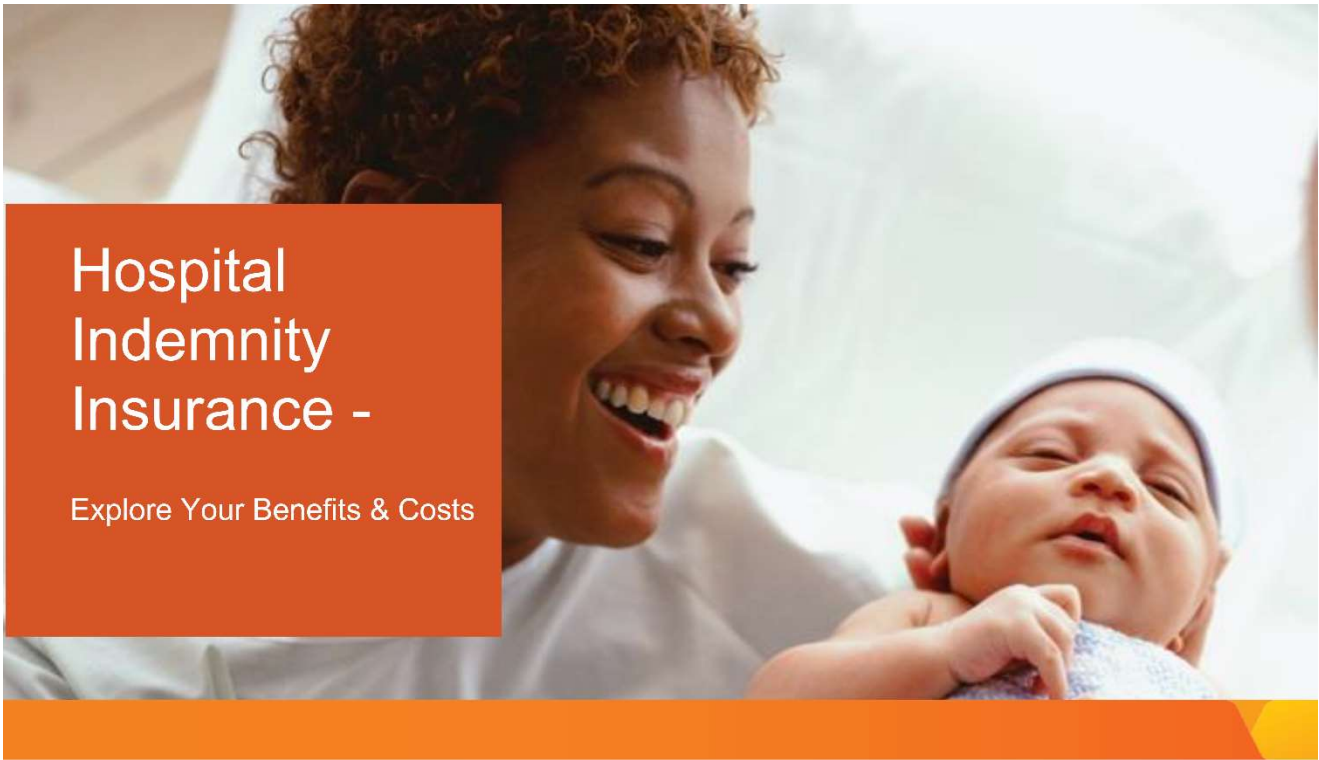
Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (877) 236-7564 or go to <https://presents.voya.com/EBRC/owu>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

1503365
CI 2.1 Only
Date Prepared: 05/02/2023
213465-03152021

2023 WORKSITE BENEFIT: HOSPITAL INDEMNITY



Group Name: Ohio Wesleyan University
Group Number: 737437


Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection should a covered hospitalization occur.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Coverage Type	Daily Benefit	Monthly Rates (12 Pay period)
Employee	\$100	\$14.67
Employee + Spouse	\$100	\$32.29
Employee + Children	\$100	\$29.93
Employee + Family	\$100	\$47.55

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, or intensive care unit* that occurs on or after your coverage effective date. Benefit amounts are listed below, and depend on the type of facility and number of days of confinement. Any combination of facility confinement and admission benefits payable includes a limit, please see your certificate for further confirmation. And for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. For a list of standard exclusions and limitations, go to the end of this document.

1 When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 3 admission(s) per calendar year:

Type of Admission	Benefit Amount	Benefit
Hospital Admission	\$1,000	
Critical Care Unit (CCU) Admission	\$1,000	
Maternity Coverage	Benefits are payable due to maternity and childbirth	

As your stay continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit
Hospital confinement (1 x the daily benefit amount, up to 30 days maximum per confinement)	\$100
Critical Care Unit (CCU) confinement (2 x the daily benefit amount, up to 15 days maximum per confinement)	\$200
Rehabilitation Facility confinement (1/2 of the daily benefit amount, up to 30 days maximum per confinement)	\$50
Maternity Coverage	Benefits are payable due to maternity and childbirth
Observation Unit Daily Benefit	\$100

*An Intensive Care Unit may be referred to as a “Critical Care Unit” in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a “CCU Step-Down Unit” in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.



If you add a child to your family

Hospital Indemnity Insurance benefits apply if you have employee or spouse coverage and are hospitalized for childbirth. In addition, your newborn child(ren) may be covered as well. See below for more details and for a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

If child coverage is effective before the child is born


- Benefits will apply just as they would for any other child.
- Exception: No admission benefit is payable.

If child coverage is NOT effective before the child is born

- Benefits for newborns are the same as for any other child for the first 90 days from birth.
- No admission benefit is payable.

What else is included?

The Hospital Indemnity Insurance available through your employer includes the following additional benefits.



receive **\$50**
to use
however
you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- For employees, the annual benefit amount is \$50.
- Your spouse's annual benefit amount is \$50.
- The annual benefit for child coverage is 100% of your benefit amount per child, with no maximum for all children.

A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.)

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).

- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (877) 236-7564 or go to <https://presents.voya.com/EBRC/owu>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18; Certificate form RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18; Continuation of Insurance Rider form RL-HI2-CNT-18; Diagnostic Test Benefit Rider form RL-HI2-DGR-18; Wellness Benefit Rider form RL-HI2-WELL-18; Accident Benefit Rider form RL-HI2-ACD-18; Critical Illness Rider form RL-HI2-CIR-18; and Waiver of Premium Rider form RL-HI2-WOP-18. Form numbers, provisions and availability may vary by state and by your employer's plan.

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HI2 Only

Date Prepared: 05/02/2023

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212311-04152021

2023 WORKSITE BENEFIT: ACCIDENT



Accident Insurance

Explore Your Benefits & Costs



Group Name: Ohio Wesleyan University
Group Number: 737437

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:



Coverage is Guaranteed Issue.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.


Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$7.67	\$15.36	\$16.50	\$24.19


Your spouse will be covered for the same Accident benefits as you.


If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.


What's covered?


Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions we pay benefits for include:

 ER treatment

 X-rays

 Physical therapy

 Stitches

 Follow-up doctor treatment(s)

Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:


Accident-related treatment	Benefit
Emergency room treatment	\$225
X-ray	\$75
Physical or occupational therapy (up to six per accident)	\$45
Stitches (for lacerations, up to 2")	\$60
Follow-up doctor treatment	\$90
Hospital admission	\$1,250
Hospital confinement (per day, up to 365 days)	\$275

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

What else is included?


The Accident Insurance available through your employer also features the following:



\$50 to use however you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 100% of your benefit amount per child, with no maximum for all children.



Take your coverage with you

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Generali Global Assistance, Inc., Pembroke Pines, FL. Availability may vary by state

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

- ✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$175
Blood, plasma, platelets	\$600

Event	Benefit
Hospital admission	\$1,250
Hospital confinement per day, up to 365 days	\$275
Critical care unit confinement per day, up to 15 days	\$450
Rehabilitation facility confinement per day, up to 90 days	\$200
Coma duration of 14 or more days	\$17,000
Transportation per trip, up to three per accident	\$750
Lodging per day, up to 30 days	\$180
Family care per child per day, up to 45 days	\$25
Accident care	
Initial doctor visit	\$90
Urgent care facility treatment	\$225
Emergency room treatment	\$225
Ground ambulance	\$360
Air ambulance	\$1,500
Follow-up doctor treatment	\$90
Chiropractic treatment up to six per accident	\$45
Medical equipment	\$200
Physical or occupational therapy up to six per accident	\$45
Speech therapy up to 6 per accident	\$45
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,200
Major diagnostic exam	\$275
Outpatient surgery (one per accident)	\$225
X-ray	\$75
Common injuries	
Burns second degree, at least 36% of the body	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$7,500
Burns third degree, 35 or more square inches of the body	\$15,000
Skin grafts	50% of the burn benefit
Emergency dental work: crown	\$350
Extraction	\$90
Eye injury removal of foreign object	\$100
Eye injury surgery	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration ¹ treated no sutures	\$30
Laceration ¹ sutures up to 2"	\$60
Laceration ¹ sutures 2" – 6"	\$240
Laceration ¹ sutures over 6"	\$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$825

Event	Benefit
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,225
Concussion	\$225
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
Dislocations	Non-surgical/ surgical repair²
Hip joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) other than fingers	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations	25% of the non-surgical repair amount
Fractures	Non-surgical/ surgical repair³
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of face except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or ribs	\$400/\$800
Skull – simple except bones of face	\$1,400/\$2,800
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

Laceration benefits are a total of all lacerations per accident.

² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a "closed reduction." Surgical repair of a completely separated joint may be referred to in your policy documentation as an "open reduction."

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a "closed reduction." Surgical repair of a fracture may be referred to in your policy documentation as an "open reduction."

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*Definition and limitations/exclusions may vary by state.



Ready to Enroll?

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Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/owu>

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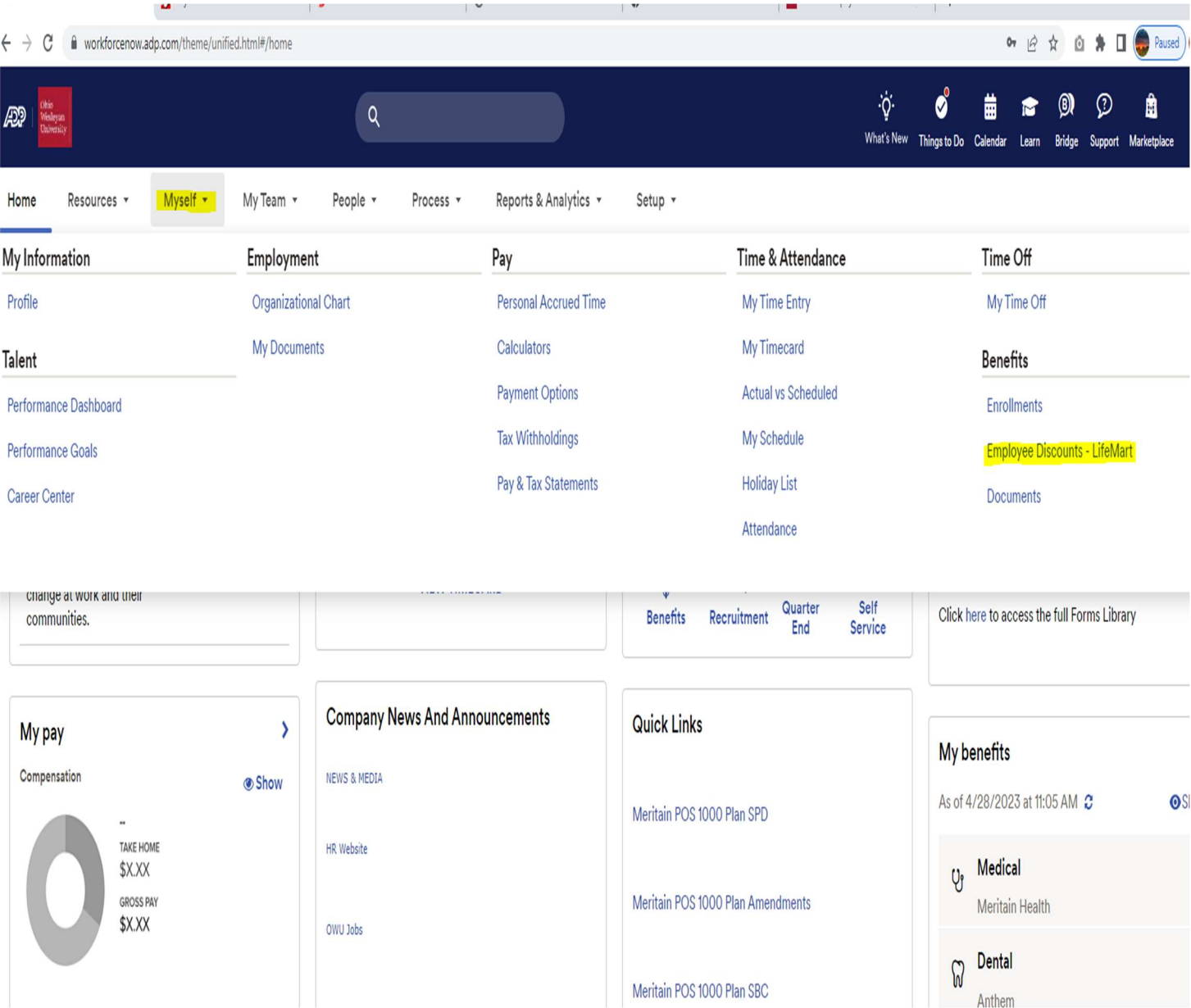
1222304
ACC2 Only
Date Prepared: 05/02/2023
212309-08152020

ADP – Employee Discounts – LifeMart

Follow the below steps to get started!

- 1. ADP – Path “Myself” then “Benefits” Employee Discounts – LifeMart

As an OWU employee, you can also type LifeMart into the search bar and a new tab will open the LifeMart home page.



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Exclusive



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The right plan for where you are now. The right partner for where you want to go.

Everyday, we help people just like you find the right health coverage so they can be free to enjoy the best of what life has to offer.

Who We Are

RetireMed is your local, go-to resource for Medicare and individual health insurance plans. We provide personalized guidance and expertise to help individuals find the right health coverage so they can do more of what matters most to them.

Who We Help

We work directly with individuals in Ohio, Kentucky, and Indiana who want to explore their health insurance options and find a plan that meets their unique needs and goals.

This includes those who are:

- Considering **early retirement** and need health coverage but are not yet eligible for Medicare.
- **Turning 65 or are over 65.** Whether retiring or continuing to work and want to compare their employer coverage to Medicare.

Wherever you are in your journey, our advisors will help you select the right plan for your specific situation.

How We Help

We empower individuals by providing them with clarity and confidence in their health coverage decisions now and in the road ahead. By understanding you first, we can monitor coverage options, premiums, and additional benefits to provide proactive services that ensures your Medicare or individual health plan meets your changing needs.

Our lifelong partnership includes:

- One-on-one education
- Assistance with billing questions or issues
- Confirming your prescription drugs are covered by your plan
- Confirmation of network status of specific physicians and specialists
- Providing plan assessment if needed during Medicare's Annual Enrollment Period
- ...and more.

5 Factors to Evaluate Your Options

1 Premium and Deductible

What are you currently paying monthly for your employer health insurance?
How much is your deductible?

Medicare offers low to \$0 deductibles you might want to explore.

2 Income

Most people are entitled to Medicare Part A at no cost and \$170.10 per month for their Medicare Part B premium. People with high incomes may be subject to Medicare's Income Related Monthly Adjustment Amount (IRMAA) and pay higher Part B premiums.

3 Drug Costs and Utilization

Chronic conditions that require brand name prescriptions can add significantly to drug costs. High utilization of health care services can also impact costs.

4 Supplemental Benefits

Many Medicare plans offer additional benefits, including:

- Fitness memberships
- Hearing aids
- Over-the-counter item allowances
- Transportation to appointments
- Telehealth
- ...and more!

5 Type of Employer Medical Plan

Do you have a high-deductible plan (HDHP)?

Most Medicare plans provide first-dollar coverage or include very small deductibles.

Do you have a Health Savings Account (HSA)?

You cannot contribute to an HSA if you are enrolled in Medicare Part A; however, you can use HSA funds to pay for some Medicare costs after enrollment.

Do you have Creditable Coverage?

This means that, on average, your coverage is expected to pay as much as the standard Medicare prescription drug coverage. If your employer plan is not creditable, they are required to disclose this information to you. If your coverage is non-creditable, you will either need to select a Medicare Part D plan or incur a Part D penalty for each month you did not have creditable coverage*.

*The penalty is currently 1% of the national base beneficiary premium for each month you did not have creditable coverage. In 2022, this amount is \$33.37.

RetireMed is here to help.

Contact us at **866.600.4266** or **retiremed.com/mb** for a full, personalized analysis and comparison of your Group Health Plan to Medicare. Your advisor will work with you to determine the plan that best fits your needs and budget and if it makes sense to switch to Medicare.

Stay in touch!
Follow us on Facebook, LinkedIn, Instagram, and YouTube.





*EXCEPTIONAL SERVICE IS PART OF OUR BRAND.
WE ARE GOOD, SMART PEOPLE FIGHTING FOR YOU.*

WHAT WE DO

At MB, advocacy is more than a department ... it's the foundation of our organization. Our knowledgeable problem-solvers are passionately committed to finding the right solution for every client, every time.

HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocates are there to step in on your behalf. We have direct access to senior-level representatives at our carrier partners. We know how to get to the bottom of issues like:

- Explanation of Benefits*
- Provider Billing Questions*
- Coordination of Benefits*
- Pre-authorization Help*
- Enrollment Status*

For speedier resolution, have your insurance card, copies of any correspondence and details from conversations you may have had with the carrier or physician, including names and dates, EOB and bills.

CONTACT US

Our MB Advocates are ready to assist you
Monday-Friday, 8 a.m. to 5 p.m. EST
p: 937.260.4300 or 877.635.5372
f: 937.499.1160
e: mbadvocates@mbbenefits.com



08/29/2022

TO DO LIST:

- ☐ Complete any enrollment changes on ADP
- ☐ Download the Apta App on your app store or google play by searching “MyQHealth”
- ☐ Confirm your Apta Account or set one up by visiting www.OhioWesleyan.myaptahealth.com
- ☐ If enrolling in an HSA for the first time, set-up your account with Pathways Financial Credit Union- contact HR for enrollment link
- ☐ If enrolling in the FSA, download the HRPro App for quick access and easy management of reimbursement.

For questions about Open Enrollment please contact:

Elizabeth Foos, Associate Director of Human Resources

Email: ekfoos@owu.edu

Phone: 740-368-3327

