

Ohio Wesleyan University



WELCOME TO OPEN ENROLLMENT 2025 Benefits Guide

(Benefit Plan Year Effective 7/1/25 – 6/30/26)



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, 2025. 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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2025 CARRIER CONTACT SHEET

BENEFIT	CARRIER	WEBSITE / EMAIL	PHONE
MEDICAL	Apta Health – Care Coordinators (Powered by Quantum) Utilizing Aetna Network	www.OhioWesleyan.myaptahealth.com	1-866-274-9478
PHARMACY	Prime Therapeutics	*confirming*	1-800-424-6817
DENTAL	Delta Dental	deltadental.com	1-800-524-0149
VISION	EyeMed	www.eyemed.com	1-866-939-3633
LIFE & DISABILITY	Guardian	Guardianlife.com	1-888-482-7342
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
RETIRED	RetireMed	advice@retiremed.com	866-600-4266
MB ADOVCATES	McGohan Brabender	mbadvocates@mbbenefits.com	937-260-4300

BENEFIT 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 2025 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 21st, and ends May 31st**. The benefits you choose during open enrollment will become effective on July 1st, 2025, through June 30th, 2026.

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.



MEDICAL INSURANCE

The medical plans will continue to be offered through Meritain utilizing the Aetna network with support from the Apra Care Coordinators. * The PPO Plan requires referrals from your primary doctor to see a specialist. *



PPO Plan Design		
	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	7/1/2025 – 6/30/2026	7/1/2025 – 6/30/2026

MEDICAL INSURANCE

High Deductible Health Plan w/Health Savings Account		
	Network	Non-Network
Deductible	\$3,300 Ind / \$6,400 Fam	\$6,000 Ind / \$12,000 Fam
Deductible Type*	Embedded	Non-Embedded
Co-insurance	20%	40%
Out-of-pocket w/ Deductible	\$4,200 Ind / \$8,050 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	7/1/2025 – 6/30/2026	7/1/2025 – 6/30/2026

***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, 2025		
Tier	PPO Plan	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

For 2025 – 2026 Ohio Wesleyan University has absorbed the increase in medical costs, allowing the employee cost to be unchanged for the second year in a row.

DENTAL INSURANCE

Dental will continue to be offered through Delta Dental. 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. Please note that you will not receive new ID cards in the mail, but your provider can typically look you up by your social security number or you can print a card from the Delta Dental website.

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—\$31.21 Employee & 1—\$61.20 Family—\$99.98	High Plan Employee only—\$43.62 Employee & 1—\$86.43 Family—\$140.52





Stay informed about your dental benefits with member portal

Member Portal is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to Member Portal, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements by checking the "Paperless Preferences" box. You will be able to view your EOBs online and print copies when necessary.



All users must first register to gain access to the Member Portal. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

1. Visit www.memberportal.com.
2. Log in.

NOTE: Member Portal has replaced Consumer Toolkit®. If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.

- If you have already registered, enter your credentials and click the "Login" button.
- If you are new to Member Portal, click the "Sign up!" link to register.

NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's Social Security number.

3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.



See reverse for additional features.

Member Portal features

Find your benefits

Confirm eligibility and review benefits by clicking the **Coverage** link at the top.



Print ID card

View and print your ID card 24/7 by following the **Print ID Card** link.



View your EOBs

Review and print EOBs by clicking the **Claims** link and entering the dates and patient's name.

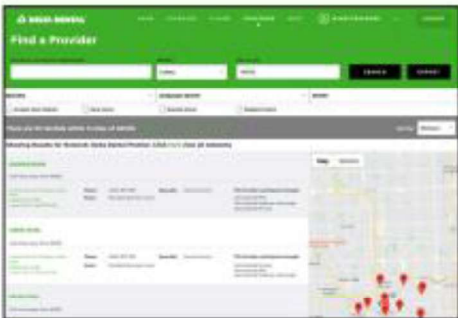
Sign up for electronic delivery of EOBs statements by checking the **"Paperless Preferences"** box.



Find a dentist

Use the **Find a Provider** link to select your Delta Dental network and find a participating dentist near you.

Nationwide, three out of four dentists participate in of Delta Dental networks, which means members have lots of choices nearby.





Maximize your oral health, wherever you are!

Your oral health is important to Delta Dental—and to your overall health! The free Delta Dental Mobile App is designed to help you get the most out of your dental benefits.

As the primary subscriber, you can:

Coverage and claims information

- Review your dental policy coverage details such as deductibles, maximums and other benefits.
- Look up detailed claims information for your most recent dentist visits.
- Add your spouse or dependents so they can easily access the whole family's coverage.

Mobile ID card

- View, share and save your ID card right from your phone.
- Use Apple Passbook and Google Wallet for quick access.

Get started

- Scan the QR code to the right or search for the Delta Dental Mobile App in your Apple or Android device app store.
- Only the primary subscriber can create a login using the mobile app.

Find a dentist

- Search and compare dental offices to find one that suits your needs.
- Save your family's preferred dentists to easily schedule dental care.

Dental Care Cost Estimator

- Easily get estimated cost ranges on common dental care needs for dentists in your area.
- Tailor possible care cost by selecting your preferred dentist.



Scan to download the Delta Dental app

Secure access to your benefits via Member Portal on your mobile browser or desktop

Delta Dental's free and easy to use online Member Portal gives you secure, 24/7 access to all your dental benefit information. Visit www.memberportal.com to log in.

- If you are new to Member Portal, click the "Sign up" link to register. You will need the subscriber's member ID. In most cases, the member ID is the same as the subscriber's Social Security number.
- Member Portal is available for both the primary subscriber and spouse.



ID card not required

Delta Dental members receive our top-notch services without a printed ID card. Simply tell your dentist that you're covered by Delta Dental, and the office staff will take it from there!

However, if you would prefer to carry an ID card with you (either in electronic form or paper), get it one of these easy ways:



» Use the free Delta Dental mobile app

Download an electronic ID card through the Delta Dental mobile app for Apple® and Android™ devices. Need the app? Scan the QR code here or go to <http://onelink.to/pk2r7c> from your device.



» Log in to Member Portal

Go to Delta Dental's Member Portal at www.memberportal.com to print a card. Once logged in, your ID card will appear on the screen. Click the "View & Print ID Card" button to view your ID card. Click the "Print ID Card" button and use your print function to print as many copies as desired.

» Call customer service

Delta Dental customer service can assist you at 800-524-0149, Monday-Friday 8:30 a.m.-8 p.m. ET.



Plan ahead with a pre-treatment estimate



Avoid surprise dental bills by submitting a pre-treatment estimate before your next dental procedure.

A pre-treatment estimate is a member option to request a written estimate of benefits that may be available under your Delta Dental plan for your proposed dental treatment.

Requesting a pre-treatment estimate can help you:

- Know ahead of time if proposed services will be covered.
- Understand what your out-of-pocket costs may be.
- Learn more about your care options.
- Better budget for dental care.

When can I submit a pre-treatment estimate?

Pre-treatment estimates can be requested for any dental service. They are especially beneficial when having services performed such as bridges, crowns, implants or dentures, and are highly recommended for procedures that may cost more than \$250.

A pre-treatment estimate is valid for 12 months.

How do I submit this request?

Simply ask your dental office for a pre-treatment estimate.

- If your dental office uses our Dental Office Toolkit®, they will be able to give you real-time estimates for most procedures in just seconds!
- If they do not use our Toolkit or the proposed treatment is more complex, the office will submit the treatment plan to Delta Dental via mail. Once received, we'll review the proposed treatment in accordance with your dental coverage. Once processed, we'll send copies of the pre-treatment estimate to both you and your dental office. You may also view it in your Member Portal account.

NOTE: A pre-treatment estimate is NOT a guarantee of future dental benefits or payment. When the services are complete, Delta Dental will calculate its payment based on your current eligibility, remaining maximum and any deductible requirements.

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 Xplore. 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:

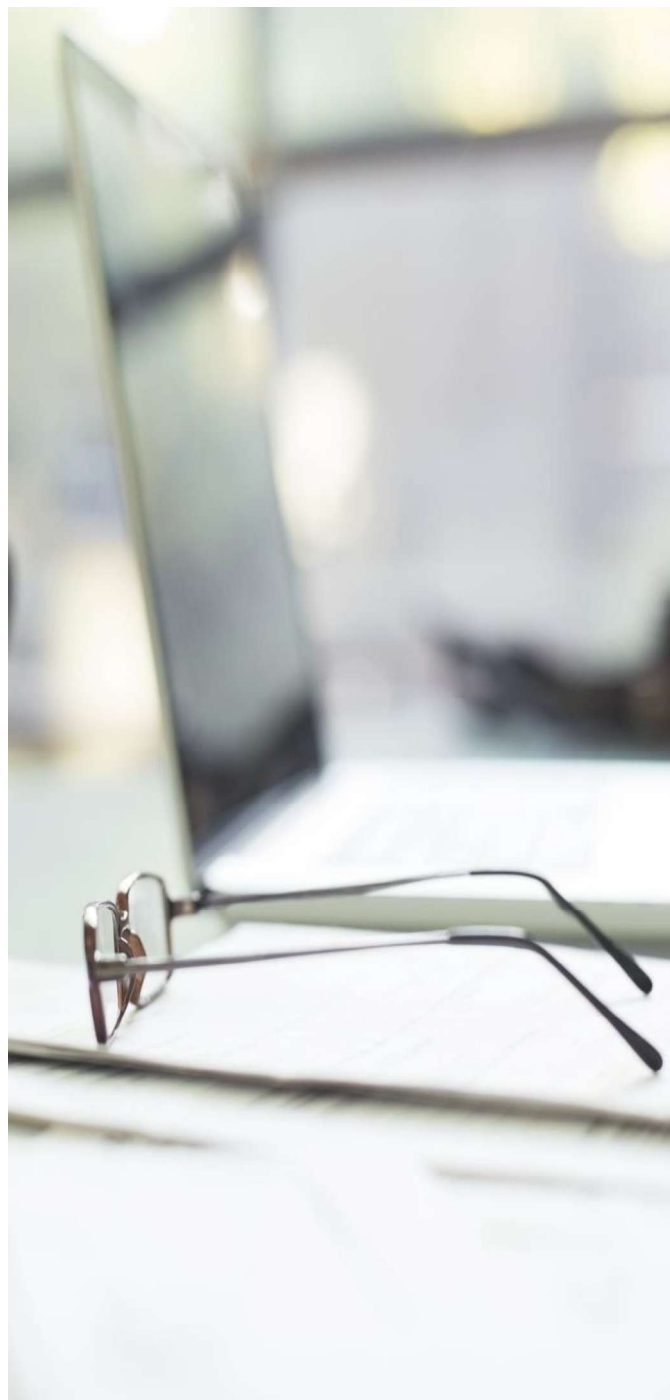
Employee Only: \$4.32

Employee & Dependents: \$12.21

Buy-Up Plan:

Employee Only: \$5.74

Employee & Dependents: \$16.22



MEMBERSHIP PERKS: EXCLUSIVE EXTRAS

More benefits. More solutions.

IT'S A WHOLE NEW WORLD. YOUR WORLD.

Day and night, night and day, we work to create a vivid member experience. We eliminate obstacles. We add choices. We invent members-only savings and discounts and simplify paperwork. Just for you.

Good vision is how you see, and how it makes you feel. Feel confident. Feel catered to. Feel like the unique, valued, get-the-most-from-life EyeMed member you are.

VISION BENEFITS THAT CATER TO YOU



BE YOUR BEST YOU

Freely choose any frame and nearly any lens or contact lens.



64% OFF HEARING AIDS See better, hear better, feel better. Get 64% off hearing aids^{††}



LOST OR BROKEN GLASSES

Far from home? Our International Travel Solution^{††} speaks the universal language of "you're covered." Get a temporary, adjustable pair the next day and a list of nearby providers, wherever you are.[†]

SEE THE GOOD STUFF

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



SAVE THE EYEMED MEMBER WAY-EVERYDAY

Plus, pocket these discounts:^{*}

- 40% off complete additional pairs of glasses – as many as you like
- 20% off non-prescription sunglasses
- Up to 20% off anything above your frame allowance^{††}
- 15% off laser vision correction

Sign up for other special offers just for being an EyeMed member.



NOW SEE THIS

Members who combine an eye exam and new glasses save an average of 71% off retail prices.^{**}

^{*} Discounts available at participating in-network providers. Limitations and exclusions may apply.

^{**} Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam co-pay/\$10 materials co-pay/ \$120 frame or contact lens allowance.

[†] 24-hour delivery available in most cases. Check your plan benefits to be sure.

^{††} Discounts and benefits may vary by plan. Check your plan benefits.

This information is available broadly and is not plan or state specific. Offers are not valid in the state of Texas.

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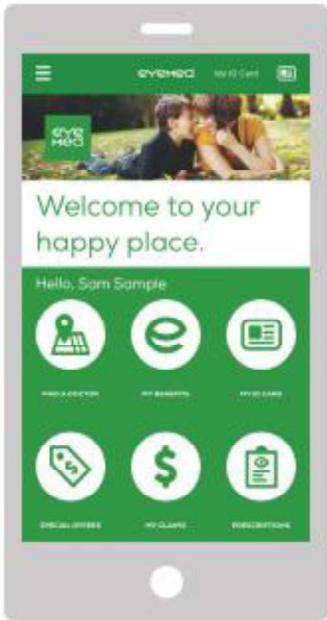


EYEMED MOBILE APP

On the go? Now your benefits are, too.

NEW LOOK. FRESH FEATURES. SAME GREAT BENEFITS, WHENEVER YOU NEED THEM.

Our revamped EyeMed Mobile App brings you fresh new features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love plus new features to explore

- See benefits and eligibility at-a-glance
- Track your claims
- Grab special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- View your ID card at-a-shake
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

USING THE OLD APP?

Make sure you download the newest version of the app to keep up with our latest features, as older versions will no longer be supported. Download the new app, enter your existing login info (no need to re-register) and you're all set.

Check out the App Store or Google Play to download the new app

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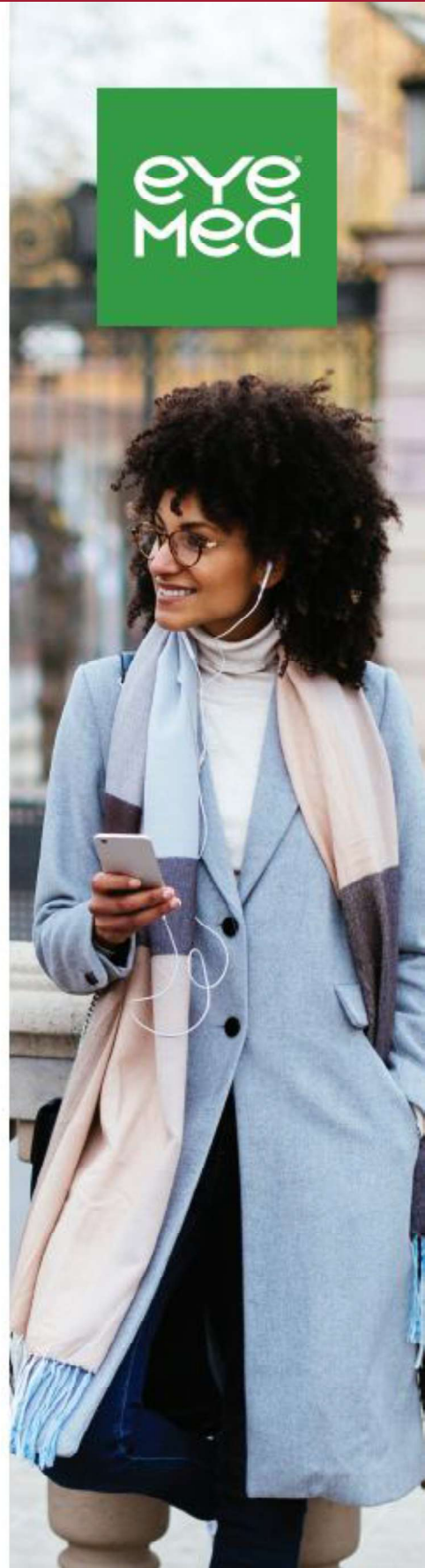
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EXPERIENCE MORE: ONLINE ACCESS

HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number (You'll get an email asking to confirm your account.).*
4. Finish setting up your new account with your email address and a password (To keep it secure, we list some password "musts.").
5. Come back anytime to change your password, email address and billing preferences (It's all under Manage Profiles.).

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers



SEE THE GOOD STUFF

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

* Depends on how your benefit administrator entered you into the system.

** Most, but not all, network providers offer this.

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MEMBERSHIP PERKS: MEMBER WEB

Fresh look. Same great benefits.

GET THE WHOLE PICTURE

Our revamped Member Web is the place for all things vision—a one-stop shop where you can manage your benefits whenever you want. And now, it's got an all-new look designed to make things easier, faster and more convenient for you.

YOU'LL LIKE WHAT YOU SEE

What can you do with the new Member Web? Simple: just about everything, all in one place.

- Find an in-network eye doctor with our refreshed Provider Locator
- View your Savings Dashboard to see how much you've saved with your benefits
- Estimate out-of-pocket costs before your visit
- Browse your vision benefits and view claims
- Grab special offers curated just for you
- Take a look at your ID card
- Discover helpful guides, resources and FAQs – even while traveling abroad



SEE FOR YOURSELF

Log in or create a new Member Web account at eyemed.com/member

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OPEN ENROLLMENT CONVENIENCE

Need help? We'd love to chat.

LET A LIVE AGENT BE YOUR GUIDE WITH MOBILE CHAT

What's covered? When can I buy more contacts? Where's the nearest in-network eye doctor? Even the simplest vision benefits come with a lot of questions.

Don't worry, support isn't out of reach. You can mobile chat live with one of our helpful and friendly support agents.

GET CHATTY IN A FEW EASY STEPS

- 1 Call 866.723.0596 from your mobile device
- 2 "Do you want to find a provider"? Choose No.
- 3 To be connected to a chat agent, press 1
- 4 You'll get a text message with a link good for 24 hours
- 5 Click the link and start chatting

WHY MEMBERS LOVE MOBILE CHAT

- "My questions were answered right away!"
- "I received prompt resolution to my issue."
- "The chat option was simple, quick, and very helpful."

DON'T FEEL LIKE CHATTING?

Find lots of help with common questions online. Go to eyemed.com, click the Contact Us button and then Get Support.

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Connect with
a live agent,
not a chatbot



Agents are
available Mon-Fri,
8am-9pm EST



We'll quickly
get you to the
right person



Keep a copy
of your
conversation



FLEXIBLE SPENDING ACCOUNT (FSA) (for PPO 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 PPO Plan.

1. Traditional Health FSA
 2. Dependent Care FSA
 3. Limited Purpose FSA

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 \$660 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).

WHAT IS A LIMITED PURPOSE FSA?

You can be enrolled in a qualified High Deductible Health Plan and enrolled in an HSA. Limited Purpose FSA's allow you to pay for eligible Dental and Vision expenses only. The 2025 contribution limit is \$3,300. (Eligible dental and vision expenses)

CAN I HAVE A HEALTH FSA IF I AM ENROLLED ON THE HDHP/HSA PLAN?

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

Annual FSA Contribution Maximum	\$3,300
Annual Dependent Care FSA Contribution Maximum	\$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, when 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?

- 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—Employee 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 2025 is \$4,300 for individual coverage and \$8,550 for family coverage. Indicate your employee contribution to your HSA in ADP.

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 if 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?

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. 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.

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

Be sure to consider the Limited Purpose FSA if you have eligible dental or vision expenses as a second pre-tax savings option!

Employee Savings Account Options:
Tap into the below accounts to cover your out-of-pocket expenses
Options are based on plan design PPO/HDHP/HSA

	Healthcare Flexible Spending Account	Limited Purpose Flexible Spending Account	Health Savings Account (HSA)	Dependent Care
Medical plan design it pairs with	PPO	HDHP/HSA	HDHP	PPO or HDHP
Use it to pay	Eligible healthcare expenses (medical, dental, vision). Employer can further define.	Eligible dental and vision expenses only	Eligible health care expenses (medical, dental, vision), COBRA premiums, long-term care premiums	Eligible services such as preschool, summer day camp, before and after school programs, and child/adult daycare. Can't be used on their expenses if both parents aren't working.
Who contributes	You	You	You and/or your Employer	You
2025 contribution limits	\$3,300	\$3,300	\$4,300 employee only \$8,550 family	\$5,000
Does the balance roll over?	May allow roll over or a grace period, not both. If roll over, allowed up to \$660.	May allow roll over or a grace period, not both. If roll over, allowed up to \$660.	Yes	May include a 2.5-month grace period to use your money before it is forfeited.
Other information	Funds available first day of plan year.	Funds available first day of plan year.	Portable	Funds available first day of plan year.
Tax Impact	Pre-Tax	Pre-Tax	Pre-Tax	Pre-Tax
Funds	These funds will expire if not used	These funds will expire if not used	These funds do not expire, they roll over	These funds will expire if not used

- Employee HSA Contribution Advantages:**
- Employee HSA contributions are pre-tax
 - Lower your taxes by contributing to your HSA
 - Employee contributions are through payroll
 - Ohio Wesleyan University’s contributions will get you started
 - Maximum Monthly Contribution: \$275.00 EE
 - Maximum Monthly Contribution: 545.83 Family

****Contributions must stop 6 months prior to enrollment in Medicare Part A (Age 64 1/2)***
Please notify Human Resources.

WHAT IS APTA HEALTH?

Dear Apta Health Member,

Congratulations! You are a member of an exciting new way of managing your healthcare. Your employer has chosen Apta Health to bring amazing benefits that are usually reserved for Fortune 500 Companies to its employees. The Apta Health program brings together some of the best healthcare vendors in the country and combines them into a single package to help you get the best care at the best prices.

Care Coordination is at the heart of our program. This unique approach to healthcare allows you access to a real, live person to talk to about your health concerns and is available **completely free of charge** whenever you need help. Think of your Care Coordinators as healthcare warriors that will fight for you to make sure you get the best care possible! They are based in Ohio, USA and available Monday through Friday, 8:30 AM to 10:00 PM Eastern Time. You can call them for anything from replacing a lost ID card, to help finding an in-network physician, to help with an upcoming medical procedure, and questions or issues with your medical bills. They are also available through your company's custom web portal, or through the Quantum Health App on the Apple App Store or Google Play. Your Care Coordinators are the best place to start whenever you have questions or need help.

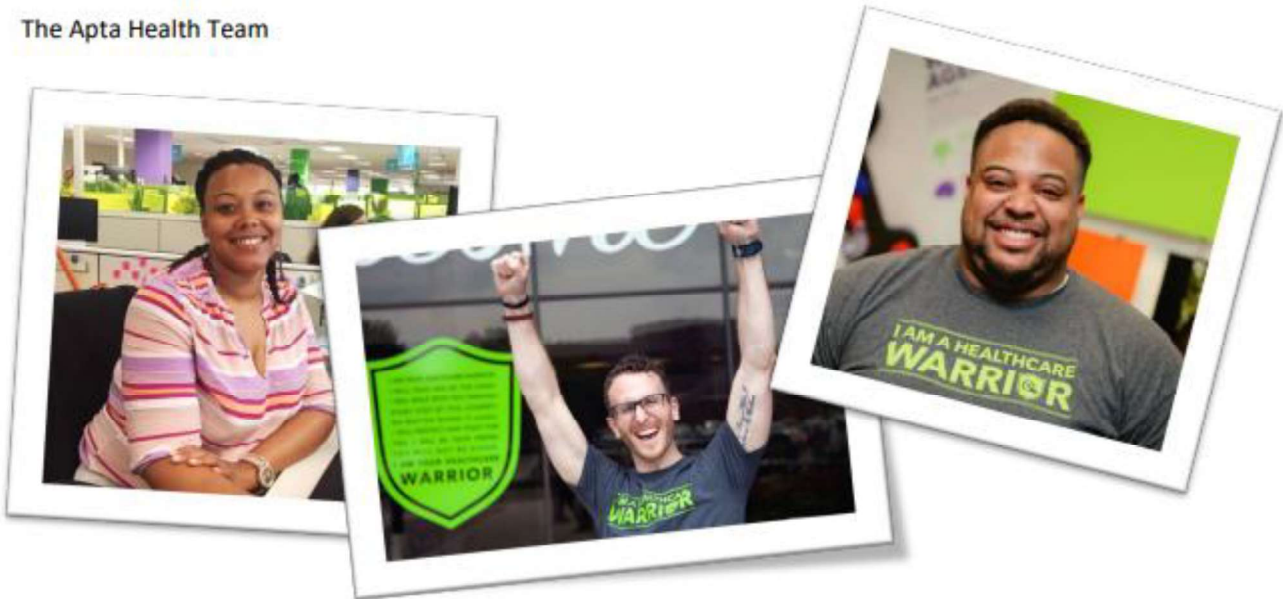
Apta Health includes the standard components that you would expect from a healthcare program like a network of doctors and hospitals as well as prescription drug insurance. Your company may also choose additional components that further enhance your coverage. These additional components are included and explained in this benefit guide.

The great news is that your Care Coordinators are trained experts in all your benefits and will guide you through your benefit decisions. Your Care Coordinators will help you move along your healthcare journey and make the process as smooth as possible.

We hope you will enjoy your healthcare benefits and wish you a happy and healthy year!

Sincerely,

The Apta Health Team



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 Quantum Health 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 Quantum Health 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:
+1.866.274.9478

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.



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, MRA 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		
• A \$500 penalty will be applied for all services rendered that do not have pre-certification completed.			

WHAT IS TELEMEDICINE & TELEHEALTH?

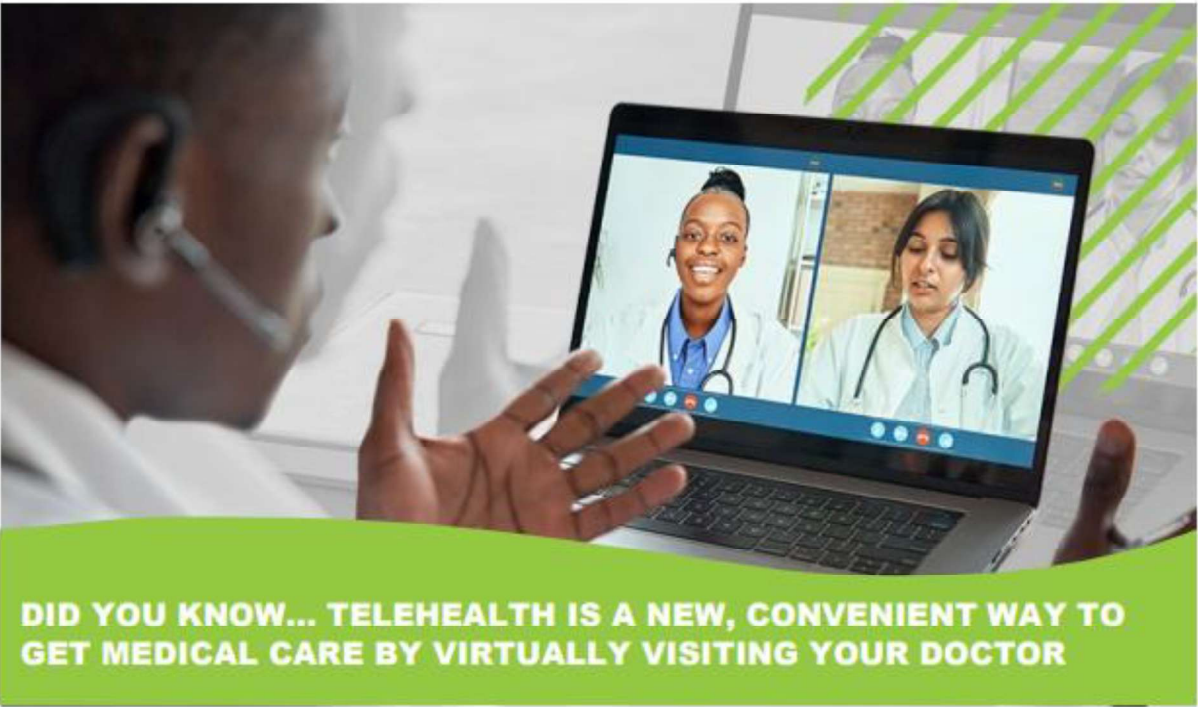
With the onset of Covid-19, telehealth has become an increasingly popular way for individuals to receive medical treatment and diagnosis without visiting a physical, clinical location such as a doctor's office or hospital.

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 general medical visit copays are as follows:

- PPO Plan – \$0 Copay
- HDHP Plan – \$56 per visit*

* Visits subject to deductible and coinsurance on HDHP. Per visit fee increases to \$58 effective 1/1/26.


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

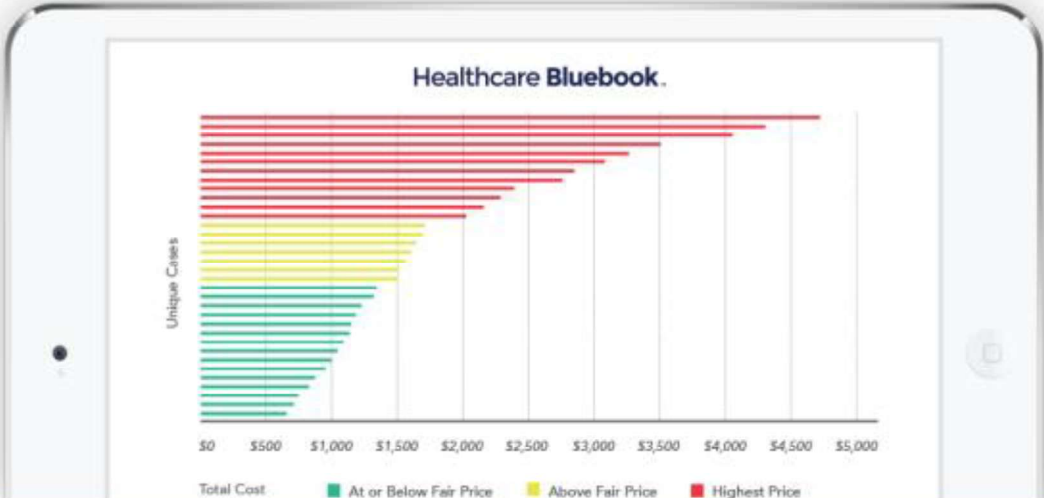


 Teladoc.com/mobile or visit your app store.
 1-800-Teladoc



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



Download the Health Care Blue Book app and use the access code "APTA" to set up your account.



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

SIGNIFICANT SAVINGS ON PRESCRIPTIONS

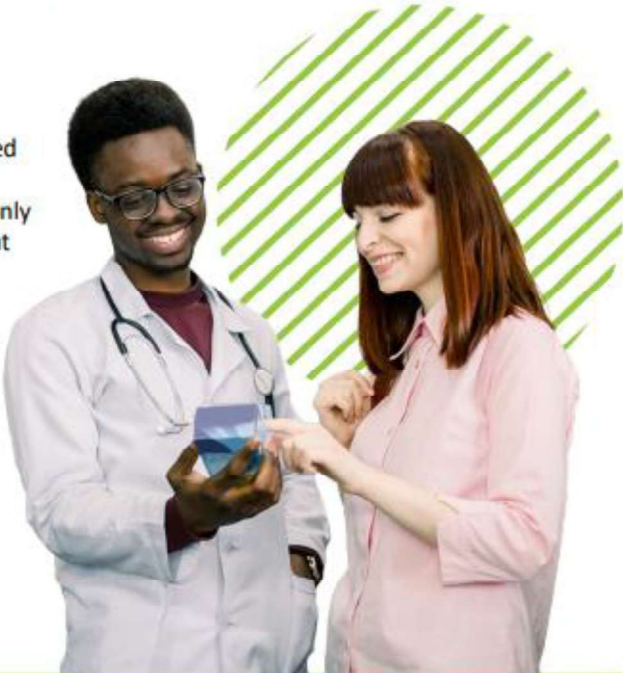
Apta Health has partnered with ElectRx to provide prescription drugs through a Personal Importation program.

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.





Maximizing copay assistance for more affordable care.

How Does Value Max Specialty Work?

The Value Max Specialty program is designed to benefit plans that use Prime Therapeutics as their exclusive specialty provider and have members who take high-cost specialty medications.

- Copay assistance
- Non-needs based
- Voluntary

If on a targeted drug now or in the future – members will receive outreach.

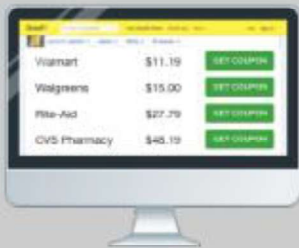
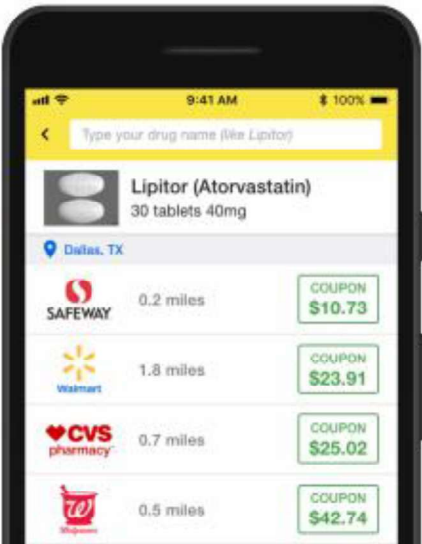


GoodRx – THE FREE RX SAVINGS SOLUTION

Drug prices vary widely between pharmacies.
GoodRx finds the lowest prices and discounts.

How?

- 1. Collects and compares prices for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies
- 2. Finds free coupons to use at the pharmacy
- 3. Shows you the lowest price at each pharmacy near you



Compare prices
GoodRx collects prices and discounts from over 70,000 U.S. pharmacies



Print free coupons
Or send coupons to your phone by email or text message



Save up to 80%
Show the coupon to your pharmacist for massive savings on your meds

GoodRx



LIFE BENEFITS

Guardian[®] Life insurance



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

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.




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.

²The 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.



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.

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

PLAN | INVEST | PROTECT



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
Stemum	\$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?

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. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

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

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.

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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.

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CI 2.1 Only
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213465-03152021




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

2 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?

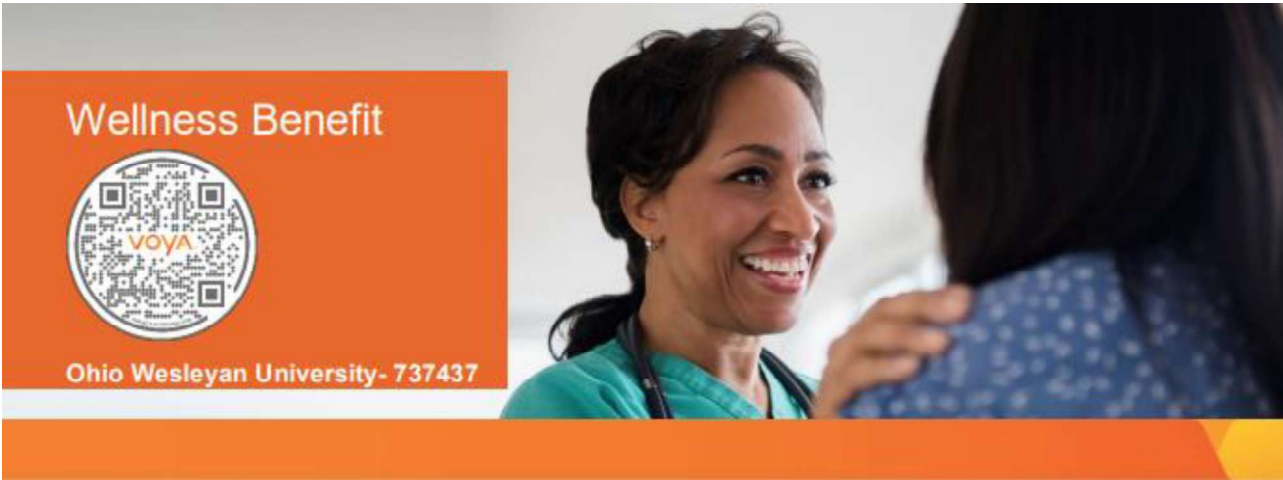
Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

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

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Wellness Benefit <https://presents.voya.com/EBRC/owu>



What is the Wellness Benefit?

The Wellness Benefit is included with your Accident, Critical Illness and Hospital Indemnity Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

Getting your Wellness Benefit is easy.

You, your covered spouse and/or your covered children complete a health screening test.

- 1

What types of health screening tests are eligible?

Covered Health screening tests include but are not limited to:

• Blood test for triglycerides	• Mammography	• Well child/preventative exams age 1 through age 18
• Pap smear or thin prep pap test	• Colonoscopy	• Biometric screenings
• Flexible sigmoidoscopy	• CA 15-3 (breast cancer)	• Electrocardiogram (EKG)
• CEA (blood test for colon cancer)	• Stress test on bicycle or treadmill	• Annual Physical Exam – Adults
• Bone marrow testing	• Fasting blood glucose test	• CA 125 (ovarian cancer)
• Serum cholesterol test for HDL & LDL levels	• Thermography	• Tests for sexually transmitted infections (STIs)
• Hemoccult stool analysis	• PSA (prostate cancer)	• Ultrasound screening for abdominal aortic aneurysms
• Serum Protein Electrophoresis (myeloma)	• Hearing test	• Hemoglobin A1C (HbA1c)
• Breast ultrasound, sonogram, MRI	• Routine eye exam	• Bone density screening
• Molecular or antigen test (Coronavirus disease (COVID-19)*)	• Routine dental exam	
• Immunizations		
• Chest x-ray		
- 2

Visit the Voya Claims Center at [voya.com/claims](https://presents.voya.com/EBRC/owu) **OR** your Employee Benefits Resource Center at <https://presents.voya.com/EBRC/owu>

Have ready: Group policy name: Ohio Wesleyan University

Group policy number: 737437
- 3

Complete the questions regarding the health screening test, electronically sign and submit your claim. A confirmation number will be provided, as well as the option to save the form for your records. You will receive a follow up email with a claim number, which you can use to check the status of your claim.
- 4

Receive a benefit payment for each covered individual for whom an eligible claim was filed.

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

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How can the Wellness Benefit help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

It's automatically included.

The Wellness Benefit is included with your Accident, Critical Illness and Hospital Indemnity insurance.

How much is the Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

WELLNESS BENEFIT WITH YOUR ACCIDENT INSURANCE:

\$50

For yourself
& for your covered spouse

+

\$50

100% of the benefit amount
For each covered child*

No maximum for all covered children
per calendar year

WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS INSURANCE:

\$50

For yourself
& for your covered spouse

+

\$50

100% of the benefit amount
For each covered child*

*No Maximum for all covered children
per calendar year

WELLNESS BENEFIT WITH YOUR HOSPITAL INDEMNITY INSURANCE:

\$50

For yourself
& for your covered spouse

+

\$50

100% of the benefit amount
For each covered child*

*No Maximum for all covered children
per calendar year



If you have any questions about the claim process, call 1-877-236-7564.

*includes COVID tests performed at a medical facility, pharmacy or at-home.
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 products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state or employer's plan.

Plan Name, Group #737437 Acct #0001 Date Prepared: 03/21/2024

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Wellness Benefit <https://presents.voya.com/EBRC/owu>

Covered screening tests include a wide range of tests aimed at early detection.

Health screening tests include but are not limited to:

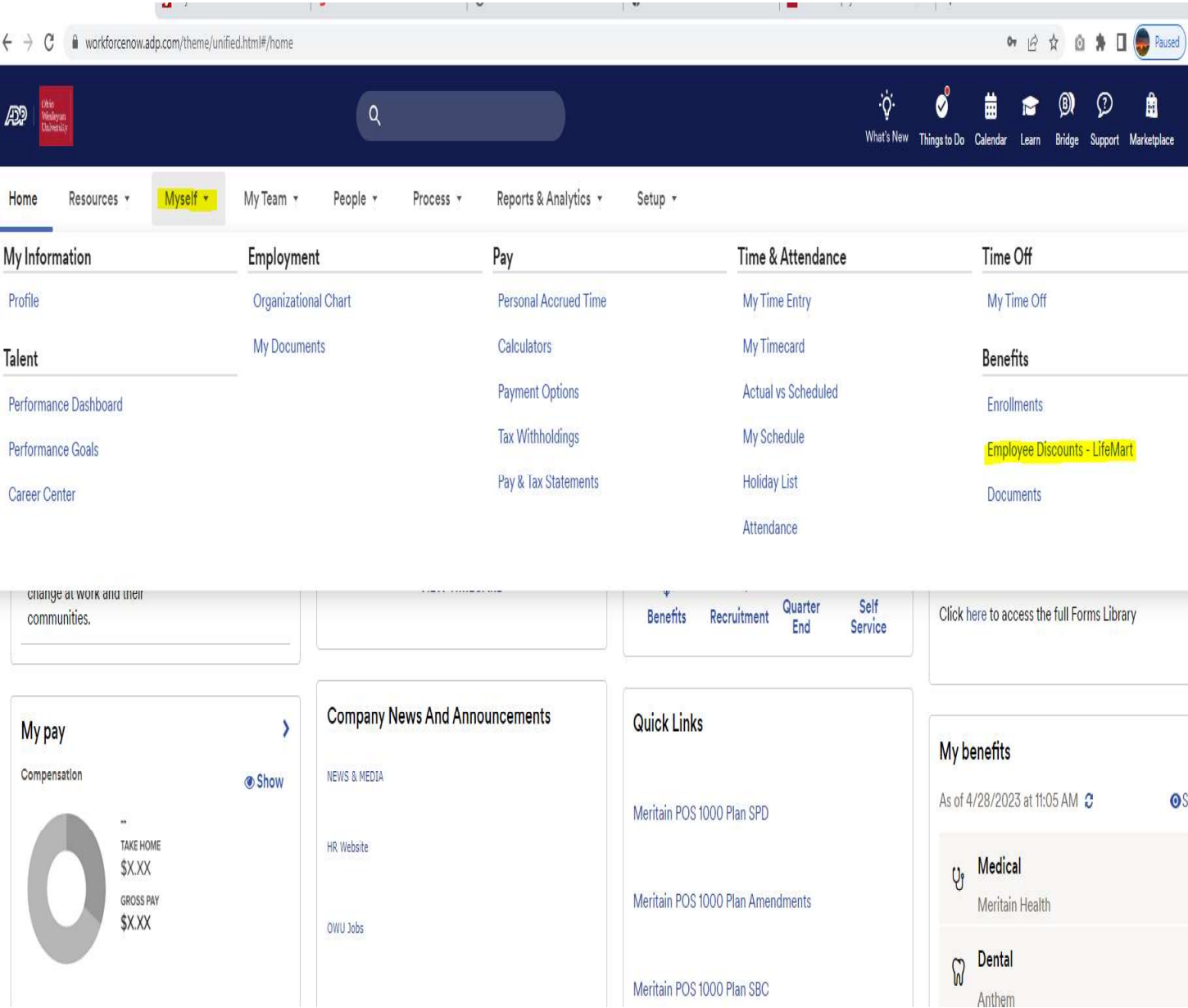
- **COVID-19**
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound, sonogram, MRI
- CA 15-3 (breast cancer)
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Hemoccult stool analysis
- Serum protein electrophoresis
- (myeloma)
- Fasting blood glucose test
- Mammography
- Pap smear or thin prep pap test
- PSA (prostate cancer)
- Hearing test
- Thermography
- Flexible sigmoidoscopy
- Serum cholesterol for HLD & LDL levels
- **Routine eye exam**
- **Routine dental exam**
- **Well child/preventative exams for ages one through 18**

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.



Explore discounts on Security, Identity Protection, Pet Insurance, and more

Home

Business Deals

New Deals

Flights

Hotels

Food Delivery

Car Buying

What can we help you find?

TRAVEL

HOTELS

CAR RENTALS

ELECTRONICS

CHILD CARE

HOME

AUTO

TICKETS

Enroll Today & Save \$28 On Gyms & Home Workouts! >

Save Up To 20% at Wyndham Hotels & Resorts! >

Exclusive Offer: Save \$125 With Home Chef!

Limited-Time 10% Discount on Pet Insurance!

• FREE 24/7 vet chat for all policyholders
 • Get reimbursed for your vet bills & more!

• 10% Discount for all LifeMart Members
 • 30-Day Money-Back Guarantee

View Deal >>

Save

Up To 60% Off

Hotels

Up To 20% Off

Flights

Up To 65% Off

Theme Park Tickets

Up To \$100 Off

Over 40% Off

Limited Time

Save Hundreds

Up To 68% Off

Limited Time

Exclusive Offer

Over \$450/yr Savings

iPhone 14 For \$0

Shop Online

50% Off

Exclusive

55% + Free Shipping

Member Pricing

\$25 For \$3

Limited Time

Buy & Save \$1,440

Save On Closing Costs

Exclusive

Up To 35% Off

Up To 60% Off

35% Off

Orlando Employee Discounts



We simplify Medicare for you.

Turning 65 means you are eligible for Medicare. Whether you continue working past age 65 or are considering retirement, our advisors help you evaluate your health insurance options.

Your No-Cost Resource

RetireMed and eHealth are your no-cost resource for Medicare expertise. Services are offered to all employees and their family members. Our advisors offer you:

- Expert Medicare guidance
- Personalized plan research and selection
- Guidance with health plans for those not yet Medicare-eligible
- Lifelong support

Ohio, Kentucky, and Indiana Employees

Please contact RetireMed.

- 866.600.4266
- advice@retiremed.com
- retiremed.com

Outside our service area:

Please contact eHealth.

- 877.531.4198
- ehealth.com

All Employees

RetireMed Medicare Education-

Webinars: www.retiremed.com/library/webinars

Newsletter: Scan the QR code or visit retiremed.com/mb



McGOHAN BRABENDER ADVOCATE TEAM

WHAT WE DO

- Research
- Problem Solve
- Communicate
- Educate

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.



Issues we can assist with:

- Claim Issues (Medical, Dental & Vision)
- Provider Billing Questions
- Coordination of Benefits
- Pre-authorization Help

HELP US GET STARTED BY PROVIDING:

- Employer name
- Employee name
- Date of Birth
- Patient Name/Date of Birth
- Insurance Member ID or SSN
- Service Date
- Provider Name/Contact Information
- Summary of Issue
- For Prescription Issues, include medication name, dosage, quantity, pharmacy name/phone number, prescribing physician's name/phone number

CONTACT US

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



10/03/2023

McGohan Brabender's Decision Support Tools



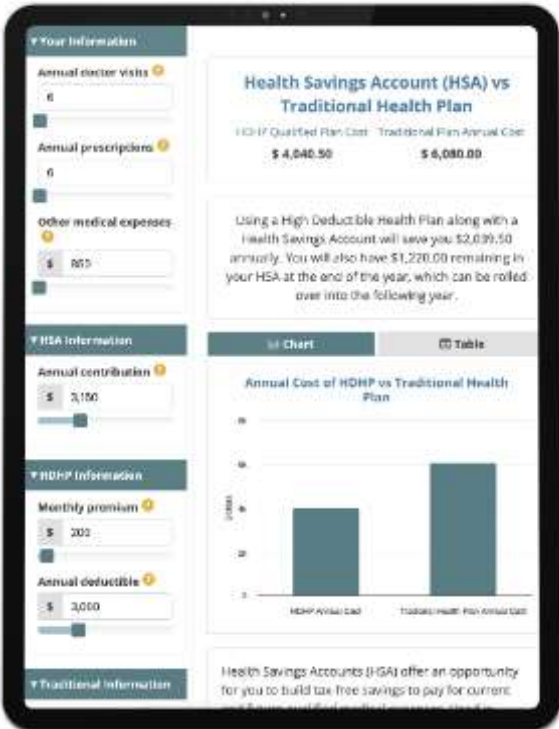
We're excited to announce the launch of several new benefit calculators, designed to assist you in making informed decisions about your healthcare and financial planning. Available to all McGohan Brabender clients' employees and family members, these calculators offer valuable support for:

Health Plan Decision Support: This calculator helps individuals choose the best health insurance by analyzing their medical history, budget, and coverage needs. It compares various plans and offers personalized recommendations to ensure users select a plan that fits their healthcare and financial requirements.

HSA Savings: This calculator helps estimate the growth and benefits of a Health Savings Account by calculating annual contributions, including employer contributions, and estimating tax savings based on the income tax rate.

Life Insurance: This calculator helps determine the life insurance coverage you need by inputting your age, income, debts, and future expenses.

Disability Needs: This calculator helps estimate the financial resources required to support someone with a disability by detailing the cost and specific needs. The calculator estimates the total financial support needed to ensure adequate care and quality of life



Advantages:

- Personalized Insights:** Tailor your calculations to your unique health and financial situation.
 - Informed Decisions:** Make better healthcare and financial planning choices with clear, data-driven insights.
 - Time-Saving:** Quickly and easily compare different plans and options without the hassle of extensive research.
 - Peace of Mind:** Ensure you have the right coverage and savings to protect your health and financial well-being.
- Get started today and take control of your health and financial future with our easy-to-use decision support tools!



TO DO LIST:

- ☐ Complete any enrollment changes on ADP
- ☐ 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



ADDITIONAL NOTES:

