



2026 Employee Benefits Guide

Benefit Plan Year Effective 7/1/2026 – 6/30/2027

2026 - 2027





Welcome to Your 2026 Benefits

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 benefits options, so you can identify which ones are the best for you and your family.

Elections you make during open enrollment will become effective July 1, 2026. If you have any questions regarding the benefits in this guide, please contact Human Resources at hr@owu.edu or Elizabeth Foos at ekfoos@owu.edu.

Table of Contents

• Eligibility	3
• Health Insurance & Tool	4-7
• Your Cost	7
• Medical Resources	8-13
• Pre-Tax Savings	14-15
• Dental Insurance	16-22
• Vision	23-29
• Employee Assistance Program	30
• Life & Disability	31-35
• Supplemental Health Benefits	36-54
• Additional Resources	55-59
• Contact Information	60

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 benefits guide and decide which benefits are right for you and your family.

To make your benefit selections 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>

When to enroll?

Open enrollment begins April 30th and ends May 25th. The benefits you elect during open enrollment will become effective July 1, 2026, through June 30, 2027.

How to make changes outside of open enrollment?

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.

PPO Plan Design

The PPO and HDHP/HSA medical plans will continue to be offered through Meritain utilizing the Aetna network with support from the Apta Care Coordinators as well as Prime Therapeutics as your Pharmacy Manager.

	In Network	Non-Network
Deductible	\$1,000 Ind / \$2,000 Fam	\$2,000 Ind / \$4,000 Fam
Deductible Type*	Embedded	Embedded
Coinsurance	10%	30%
Out-of-Pocket Maximum w/ Deductible	\$3,500 Ind / \$7,000 Fam	\$7,000 Ind / \$14,000 Fam
Office Visits	Primary Care: \$20 Copay Specialist <u>with</u> Referral: \$40 Copay Specialist <u>without</u> Referral: \$80 Copay	Deductible, then 30% Coinsurance
Preventive Care	Covered in Full	Deductible, then 30% Coinsurance
Telehealth Services	0%, Deductible Waived	0%, Deductible Waived
Professional Services	Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Mental Health Services	Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Inpatient Hospital	Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Outpatient Facility	Deductible, then 10% Coinsurance	Deductible, then 30% Coinsurance
Emergency Room	\$250 Copay, then 10% Coinsurance	\$250 Copay, then 10% Coinsurance
Urgent Care	\$75 Copay	Deductible, then 30% Coinsurance
<u>Prescription Drugs</u> 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
<u>Mail Order</u> (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: 25% up to \$250 max	Not Covered
Benefit Period	7/1/2026 – 6/30/2027	7/1/2026 – 6/30/2027

Enrollment in the PPO is limited to current participants and their dependents. If interested, PPO participants may change their enrollment to the HDHP/HSA for the July 1, 2026, new plan year.

High-Deductible Health Plan with HSA

	In Network	Non-Network
Deductible	\$3,400 Ind / \$6,400 Fam	\$6,000 Ind / \$12,000 Fam
Deductible Type*	Embedded	Non-Embedded
Coinsurance	20%	40%
Out-of-Pocket Maximum w/ Deductible	\$4,200 Ind / \$8,400 Fam	\$8,000 Ind / \$16,000 Fam
Office Visits	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Preventive Care	Covered in Full	Deductible, then 40% Coinsurance
Telehealth Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Professional Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Mental Health Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Inpatient Hospital	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient Facility	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Emergency Room	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance
Urgent Care	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<u>Prescription Drugs</u> 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
<u>Mail Order</u> (90 Day Mail Order) Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: \$10 (after deductible) Tier 2: \$70 (after deductible) Tier 3: \$140 (after deductible) Tier 4: 25% up to \$250 max (after deductible)	Not Covered
Benefit Period	7/1/2026 – 6/30/2027	7/1/2026 – 6/30/2027

Decision Support Tool

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.



Home Page



Video Overview

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!



06/16/2025

2026 Medical Premiums

Monthly Rates effective July 1, 2026		
Tier	PPO Plan	High-Deductible Health Plan with HSA
Under \$35,999		
Employee Only	\$168.34	\$64.76
Emp + Spouse	\$643.29	\$184.28
Emp + Child(ren)	\$567.22	\$162.52
Family	\$901.88	\$258.21
\$36,000- \$59,999		
Employee Only	\$233.81	\$87.60
Emp + Spouse	\$643.29	\$234.82
Emp + Child(ren)	\$567.22	\$207.10
Family	\$901.88	\$329.03
\$60,000- \$89,999		
Employee Only	\$308.62	\$110.46
Emp + Spouse	\$643.29	\$277.12
Emp + Child(ren)	\$567.22	\$244.42
Family	\$901.88	\$388.32
\$90,000+		
Employee Only	\$327.32	\$134.08
Emp + Spouse	\$731.01	\$327.83
Emp + Child(ren)	\$644.57	\$289.14
Family	\$1,024.86	\$459.36

Medical Insurance

OWU is pleased to offer a comprehensive, multi-faceted approach to medical coverage. Our plan is designed to provide coordinated, high-quality care through a strategic partnership of trusted providers: care coordination services are delivered by Apta/Quantum Health, our national network of providers is offered through Aetna, claims are administered by Meritain Health, and prescription benefits are managed by Prime Therapeutics. Together, these partners ensure a seamless and supportive healthcare experience, empowering employees to make informed decisions and access the care they need with confidence.

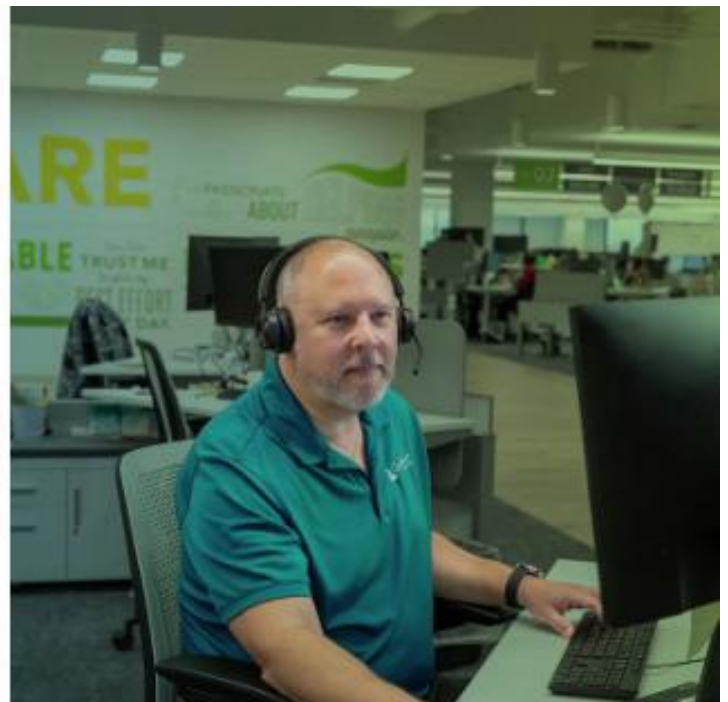
CARE COORDINATION

Our Care Coordinators are real people based in the United States that offer a more personable and human experience.

They are dedicated to helping members navigate the confusion surrounding healthcare. We consistently see reduced costs as members are directed to the right providers the first time when Care Coordinators are involved.

Available by phone, online, or via the app.

866-274-9478



CALL YOUR CARE COORDINATOR

- Single point of contact to help answer your benefits questions
- Help you find a doctor
- Work with your doctor
- Help you with claims
- Order lost ID cards
- & More!

POD OF 25+ CARE COORDINATORS

- Patient Service Reps
- Benefits Specialists
- Nurses (Personal Care Guides)
- Physicians
- Pharmacists
- Social Workers
- Get the help you need in real-time

Medical Insurance

PRIMARY CARE REFERRAL PROCESS

- Obtain referral from PCP before seeing a specialist
- PCP simply calls in referral to our Care Coordinators
- Helps avoid visits to the wrong specialist
- Ensures in-network referrals
- Referrals valid for 12 months
- You will still call your physicians to schedule doctor visits
- Your physician will call your Care Coordinator with any referrals
- Unsure if a referral is in place? Simply call our Care Coordinators



61% OF SELF-REFERRALS GET IT WRONG, RESULTING IN 33% HIGHER COST

SPECIALIST REFERRAL



- Ask your primary care provider for a referral for your specialist
- Your PCP can submit the referral directly to the pod using the information on your ID card, you can call the pod, or you can send a copy of a paper referral via the web portal



Medical Insurance

SIGNIFICANT SAVINGS ON PRESCRIPTION DRUGS

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

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 on ElectRx Formulary List

ENROLL IN MINUTES BY CALLING
(855) 353-2879



ADDITIONAL PHARMACY SOLUTIONS



How Does Value Max Specialty Work?

The Value Max Specialty program is designed to benefit plans that use MagellanRx 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

Medical Insurance

YOUR WEB PORTAL



- Your personal web portal to all your health benefits
- Has links to all your tools and your digital ID Card
- Has phone number/live chat for care coordination
- Access to your Explanation of Benefits (EOBs) and Deductible/Out of Pocket amounts
- ohiowesleyan.myaptahealth.com

QUANTUM HEALTH APP

- Essentially, a limited version of the website
- Your Care Coordinators App
- Find In-Network Providers
- Access your ID card
- Check claims information
- Schedule a call with a Care Coordinator
- And much more!



Medical Insurance

TELADOC MEDICAL SERVICES

GENERAL MEDICINE

AVAILABLE 24/7

Teladoc treats:

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

Medical Visits:

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

Teladoc[™]
HEALTH



1-800-TELADOC
Teladoc.com

YOUR CARE COORDINATORS ARE READY TO HELP



866-274-9478

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

<https://ohiowesleyan.myaptahealth.com>

Pre-Tax Savings Accounts

Health Savings Account (HSA)

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 2026 is \$4,400 for individual coverage and \$8,750 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, or 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

HSA Maximum Monthly Contribution for Employee Only Level Coverage:

Salaried Employee Monthly Per Pay Max: \$336.67 (12 pays). Hourly Employee/Bi-weekly Per Pay Max: \$169.23 (26 pays)

HSA Maximum Monthly Contribution for Family Level Coverage:

Salaried Employee Monthly Per Pay Max: \$729.17 (12 pays). Hourly Employee/Bi-weekly Per Pay Max: \$336.53 (26 pays)

HSA Contribution Maximum limits are the responsibility of the employee – Contact HR for necessary adjustments during the year. Contributions to HSA must stop at 64 ½ years of age, 6 months prior to enrollment in Medicare Part A – it is the responsibility of the employee to notify HR.

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

Pre-Tax Savings Accounts

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.

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. For more information, [Download your FSA/DCFSA Employee Informational Packet](#)

You cannot stockpile money in your FSA. If you do not use it, you lose it with the exception of the \$680 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.

What is a Dependent Care FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. For 2026, the maximum amount you may contribute each year is \$7,500 (or \$3,750 if married and filing separately). Eligible services include preschool, summer day camp, before and after school programs, and child/adult daycare. Can't be used on expenses if both parents are not working.

What is a Limited Purpose FSA?

You can be enrolled in a qualified High-Deductible Health Plan and enrolled in an HSA. Limited Purpose FSAs allow you to pay for eligible Dental and Vision expenses **only**. The 2026 contribution limit is \$3,400. (**Eligible dental and vision expenses**).

Can I have a Health FSA if I am enrolled on the HDHP/HSA Plan?

You cannot have a traditional FSA, but you can have a Limited Purpose FSA. 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.

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	Cleanings, Fluoride, Exams, Routine X-Rays: Plan pays 100%	Cleanings, Fluoride, Exams, Routine 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, Crown Repair: Plan pays 80%	Fillings, Crown Repair, Extractions, Dental Surgery: Plan pays 90%
Major Services	Crowns, Bridges, Implants, Root Canals, and Periodontic Services: Plan pays 50%	Crowns, Bridges, Implants, Root Canals, and Periodontic Services: Plan pays 60%
Annual Maximum	\$1,000	\$1,500
Orthodontic Services (dependents through age 18 and under)	Not Covered	Plan pay 50%
Orthodontic Lifetime Maximum	Not Covered	\$1,000
Low Plan Monthly Payroll Deductions	Employee Only: \$32.17 Employee & 1: \$63.09 Family: \$103.07	
High Plan Monthly Payroll Deductions	Employee Only: \$44.97 Employee & 1: \$89.10 Family: \$144.86	



Plan ahead with a pre-treatment estimate

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



A pre-treatment estimate provides you with 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 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 request 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 at memberportal.com.

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.



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.



deltadentaloh.com/findadentist



Find a Delta Dental participating dentist

Your Delta Dental plan allows you to visit any dentist you like. You will maximize the value of your dental plan and minimize out-of-pocket costs by choosing a dentist who participates in one of Delta Dental's two networks: Delta Dental PPO™ and Delta Dental Premier®. You'll likely save the most money and receive the highest levels of coverage when you visit a Delta Dental PPO dentist. If you visit a dentist who does not participate in Delta Dental PPO, you can still save money if that dentist participates in Delta Dental Premier.

To find a participating dentist in your area, follow the simple steps below.

Step 1

- » Visit deltadentaloh.com.
- » Click one of the **Find a Dentist** links.
- » You may also go directly to deltadentaloh.com/findadentist.



Step 2

- » Select the drop-down arrow in the top right corner and then select **Delta Dental PPO and Delta Dental Premier**.
- » You may also scroll to the bottom of the page.



More information on reverse side



Dental Insurance

Step 3

- » Use the **Specialty** menu to pick a provider type (defaults to all).
- » In the **Plan network** dropdown, choose:
 - » **Delta Dental PPO**—all providers who participate in Delta Dental PPO.
 - » **Delta Dental Premier**—all providers who participate in Delta Dental Premier.
 - » **Delta Dental PPO Plus Premier™**—all providers who participate in both Delta Dental PPO and Delta Dental Premier.

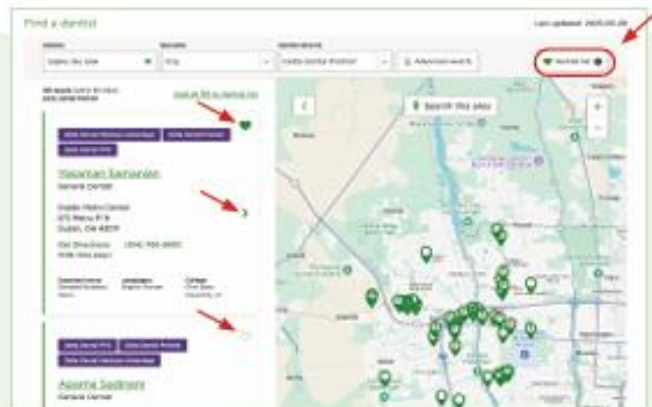


Next, choose to search by **current location** or enter your **ZIP code or address**.

Click **Find dentists** to begin.

Step 4

- » Use the **Advanced search** button to sort or filter results by distance, hours, accessibility, transportation or dentist/office name.
- » Use the **Search** button on the bottom of the screen to apply changes.
- » Use the **Add all to dentist list** option to build a list or click the heart next to your choice of providers to create a personalized list.
- » Click **Dentist list** (top right) to view, print, email or download results.



Unsure of your plan type or looking for additional information?

Register or log in to the Member Portal, Delta Dental's secure online tool for accessing eligibility information, current benefits, claims information and more. Log in or create an account at memberportal.com.

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

deltadentaloh.com/findadentist



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.

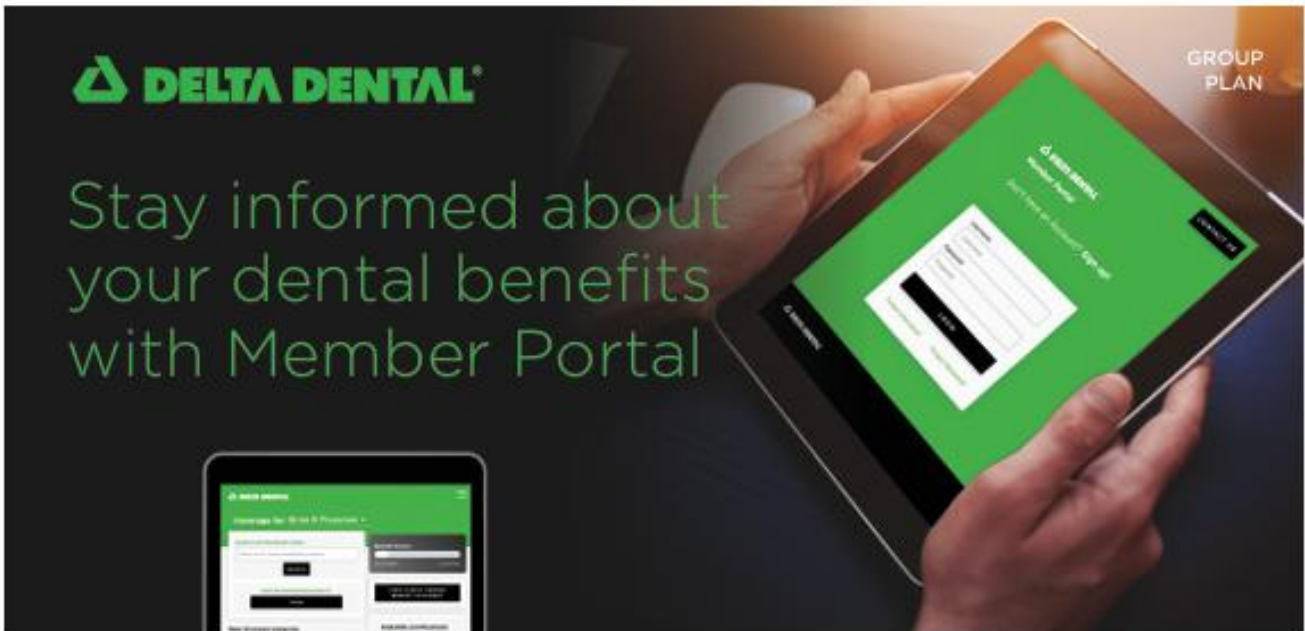


Scan to download the Delta Dental app

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.




Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)
- Sign up for electronic delivery of Explanation of Benefits (EOB) statements by checking the "Paperless Preferences" box.

Get started today

 Visit www.memberportal.com

 Log in using your credentials or click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

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

 **Questions?** Call Toolkit Support at 866-356-0301

Privacy of your online benefit information is assured through highly secure encryption technology.



Scan the QR code to access Member Portal.



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
- Lenses every 12 months and frames every 24 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 Monthly Payroll Deductions

Employee Only	\$4.32
Employee & Dependents	\$12.21

Buy-Up Plan Monthly Payroll Deductions

Employee Only	\$5.74
Employee & Dependents	\$16.22

Vision Insurance

AN EYE ON YOUR HEALTH: PROTECTION

Guarding against blue light

BLUE LIGHT BASICS

Cell phones, tablets, laptops, and TVs illuminate our world. But with these digital devices comes exposure to blue light, the part of the light spectrum visible to the human eye. And some reports suggest overexposure may cause blurry vision, difficulty focusing, dry and irritated eyes, headaches and even macular degeneration.

GUARD YOUR EYESIGHT

Blue light isn't all bad news, but it may lead to new vision needs – like blue light-filtering lenses or anti-reflective coatings. These special lens treatments provide protection from UV rays and high-energy blue light. All without altering or distorting color perception. And lucky for you, EyeMed members now have multiple options for purchasing eyewear with blue light-filtering technology.



LENSES

Blue light defense added to the lens material



LENS COATINGS

Blue light filtering anti-reflective coatings

Now, you can guard your eyes for as little as \$15.* It's a small price to pay for peace of mind. As always, consult your eye doctor to find the best solution for your lifestyle and vision needs.

SEE THE GOOD STUFF

Find an eye doctor at eyemed.com or grab the EyeMed Members App

* May be subject to additional upcharges based on your selections. 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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VISION

OPTICAL

PEP-0018-01-02



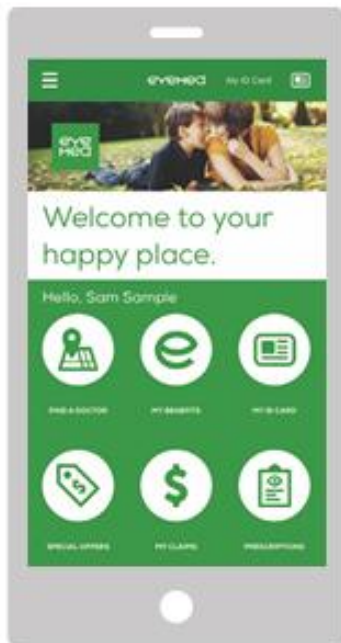
Vision Insurance

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

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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Vision Insurance

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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NETWORK



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Vision Insurance

EXPERIENCE MORE: EVERYDAY ACCESS

HOW TO: see an easy road ahead

USING YOUR EYEMED BENEFITS

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

1. KNOW THE BENEFITS

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

2. CHOOSE A DOC

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

3. SET A DATE

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

4. COME ON IN

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

5. FIND YOUR PERFECTION

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

* At select in-network providers

SEE THE GOOD STUFF

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

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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Vision Insurance

INNOVATIVE ANSWERS FOR SMART SHOPPERS

Smarter tools for smarter shoppers

KNOW BEFORE YOU GO

At EyeMed, we want to help you get the most from your vision benefit. That's why we've enhanced our Know Before You Go tool. Now, it's easier to estimate your out-of-pocket costs, so you can be a savvy shopper.

- **New look and feel**—Navigate with ease.
- **Designed for all devices**—Use your phone, tablet or PC. The tool's responsive design adjusts to any screen size.
- **More flexibility**—Easily edit your selections or start over.
- **Spotlight on special offers**—Find more ways to save with your vision benefit.
- **Provider search**—Quickly find an eye doctor near you.

Along with these new features, the tool still offers simple definitions and interactive examples of common products and add-ons. Plus, you get a range of costs with each selection you make.

TRY IT OUT FOR YOURSELF

- 1 **Register or log into your account at member.eyemedvisioncare.com and click the Estimate Costs tab.**
- 2 **Select the service you want an estimate for: "Eye Exam" or "Vision Products" for glasses or contacts.**
- 3 **Choose your frame type – are you more fashion or function? Basic or premium?**
- 4 **Explore a variety of lens types, options and add-ons. Get details for each product.**
- 5 **Get a clear summary of your estimated out-of-pocket costs based on your selections.**

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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Vision Insurance

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.

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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eye
Med

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



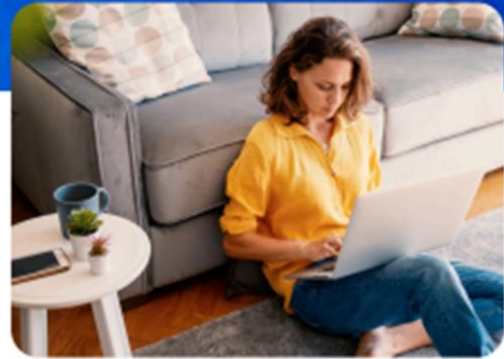
Keep a copy
of your
conversation



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Employee Assistance Program with Supportlinc

Emotional wellbeing and work-life balance resources to keep you at your best



In-the-moment support

Reach a licensed clinician by phone 24/7/365 when you call for assistance.



Short-term counseling

Access no-cost in-person or virtual (video) counseling sessions to resolve emotional concerns such as stress, anxiety, depression, burnout or substance use.



Coaching

Get assistance from a Coach to boost your emotional fitness, learn healthy habits, establish new routines, build your resilience and more.



Work-life benefits

Receive expert consultations for financial and legal issues. Work-life specialists also provide convenience referrals for everyday needs such as child or elder care, pet care, home improvement or auto repair.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

Your web portal and mobile app

- Create a personal profile to quickly access support from a licensed clinician
- Complete the short Mental Health Navigator assessment and instantly receive personalized guidance to access care and support
- Receive recommendations and care options based on your unique needs
- Exchange text messages with a Coach
- Attend anonymous group support sessions on a variety of topics
- Strengthen your mental health and wellbeing at your own pace with self-guided digital therapy
- Discover flash courses, self-assessments, financial calculators, career resources, articles, tip sheets and videos



Explore Mindstream™

A fitness studio for your mind with on-demand sessions to help you strengthen your life skills and emotional health. Engage with sessions anytime and anywhere.



Support for everyday issues. Every day.

Group Term Life and AD&D

Plan highlights for Ohio Wesleyan University

Life insurance provides essential financial protection for your loved ones in the event of your death. It helps cover expenses like funeral costs, outstanding debts and ongoing living expenses, helping to ensure your family can maintain financial stability during a difficult time.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Class description	All Eligible Full-Time Hourly Employees

Benefits

Group term life benefit	2 times your annual base salary with a minimum of \$10,000 and a maximum of \$250,000
Group accidental death and dismemberment (AD&D) benefit	3 times your annual base salary with a minimum of \$10,000 and a maximum of \$500,000
Guarantee issue amount	\$250,000
Cost	There is no cost to you
Reduction schedule	50% at age 75
Waiver of premium	Included
Accelerated life benefit	Included
Portability	Included
Conversion	Included

Other Group Term Life and AD&D features and services

- Seat belt
- Airbag
- Repatriation
- Child higher education
- Childcare
- Disappearance
- Exposure

Voluntary Term Life and AD&D

Plan highlights for Ohio Wesleyan University

Life insurance isn't just a policy — it's peace of mind. It helps ensure that your loved ones are financially protected if the unexpected happens. From covering funeral costs and settling outstanding debts to helping with everyday living expenses, life insurance provides a vital safety net. With it, your family can focus on healing instead of worrying about money. Help secure their future today — because protecting what matters most is always worth it.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Class description	All Eligible Full-Time Employees

Benefits

Employee group term life benefit	Increments of \$1,000 from a minimum of \$10,000 to a maximum of \$500,000, not to exceed 10 times your annual salary
Group accidental death and dismemberment (AD&D) benefit	Matches Term Life Benefit
Employee guarantee issue amount	\$250,000
Guaranteed increase in benefit¹	Not Included
Cost	100% employee-paid; premiums will be deducted from your payroll. Refer to Voluntary Life and AD&D rate grid for cost information.
Reduction schedule	65% at age 70, 45% at age 75, 30% at age 80, 20% at age 85
Waiver of premium	Included
Accelerated life benefit	Included
Portability	Included
Conversion	Included
Spouse term life benefit²	Increments of \$10,000 from a minimum of \$10,000 to a maximum of \$250,000 limited to 100% of employee coverage amount
Spouse guarantee issue amount	\$50,000
Child(ren) term life benefit³	\$10,000

Note: 1. The amount of coverage after the increase cannot be greater than the maximum amount of coverage available. 2. Employee's spouse under age 99. 3. Age and definition of child(ren) may vary by state.

Other Voluntary Life and AD&D features and services

- Seat belt
- Airbag
- Repatriation
- Child higher education
- Child care
- Exposure
- Dependent Spouse Accelerated Life Benefit (ALB)

Group Long-term Disability

Plan highlights for Ohio Wesleyan University

Long-term disability insurance is a company-paid benefit that steps in when a serious illness or injury keeps you out of work for an extended period of time. If you're unable to return to your job after a period of time (your elimination period) ends, this coverage helps replace a portion of your income so you can focus on your health, not your finances. It's long-term peace of mind, at no cost to you.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Definition of earnings	Basic monthly earnings only
Class description	All Eligible Full-Time Employees

Benefits

Benefit amount	60% of basic monthly earnings
Monthly maximum benefit	\$6,000
Monthly minimum benefit	The greater of 10% of the gross monthly benefit or \$100
Elimination period	180 days
Maximum benefit period	Social Security Full Retirement Age
Cost	There is no cost to you
Pre-existing condition limitation	3/12
Other limitations	Mental illness: 24 months Drug and alcohol abuse: 24 months Special conditions: 24 months
Social Security integration method	Family Integration
Exclusions	The plan may not cover for any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries, commission of an assault or felony.

Other Group Long-term Disability features

- Return to work
- Workplace modification
- Accidental dismemberment and loss of sight benefit
- Survivor
- Vocational rehab

Group Short-term Disability

Plan highlights for Ohio Wesleyan University

Short-term disability insurance helps protect your income when life throws you a curveball — like illness, injury or recovery from childbirth. If you're temporarily unable to work, this coverage kicks in to replace a portion of your paycheck so you can focus on getting better rather than on your bills. It's peace of mind, when you need it most.

Eligibility

Definition of a member	All full-time permanent employees authorized to work and reside in the United States. Eligible employees cannot be considered a part-time, temporary or seasonal employee.
Definition of earnings	Basic weekly earnings only
Class description	All Eligible Full-Time Hourly Employees

Benefits

Benefit amount	70% of basic weekly earnings
Weekly maximum benefit	\$1,000
Weekly minimum benefit	\$25
Elimination period	7 day injury; 7 day sickness/illness
Maximum benefit period	25 weeks
Cost	There is no cost to you
Pre-existing condition limitation	None
Maternity coverage	Included
Portability	Not Included

EAP with OneAmerica

Free Online Will Preparation Available



Services:

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Life is challenging.

We can help.

Confidential 24/7 support.

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions



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Supplemental Health

Critical Illness insurance delivers an added layer of financial security by paying a lump-sum benefit when a serious diagnosis strikes. Covered conditions usually include cancer, heart attack, stroke, major organ failure and end-stage kidney disease.

Accident insurance helps offset the cost resulting from an unforeseen injury. Payable benefits often include ER visits, fractures, hospital stays, diagnostic exams, emergency transportation and more.

Hospital Indemnity provides a cash benefit upon admittance for a covered hospital stay. These plans help to cover cost for labor/delivery, surgery, and confinement because of an accident or illness.

- Claims are paid directly to the employee
- You can take the products with you if you leave the University
- Benefits are post-tax
- Evidence of Insurability may be required for late enrollment or if you wish to increase your current selection(s)



Accident



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

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Accident

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.

Accident

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 <ul style="list-style-type: none">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 <p>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.</p>

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 <p>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.</p> <p><i>Voya Travel Assistance services are provided by Generali Global Assistance, Inc., Pembroke Pines, FL. Availability may vary by state</i></p>
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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

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Accident

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

Accident

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

Laceration benefits are a total of all lacerations per accident.

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

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

Accident

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 RekaStar 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, Of 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



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.

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

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Critical Illness

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:



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.

Critical Illness

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.

Critical Illness

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.

Critical Illness

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.

Critical Illness

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

Date Prepared: 05/02/2023

213465-03152021

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Hospital Indemnity



Group Name: Ohio Wesleyan University
Group Number: 737437

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

- 

No medical questions or tests are required for coverage.
- 

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

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

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

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

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Hospital Indemnity

How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

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

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

How does it work?

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

1 When your stay begins

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

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

As your stay continues

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

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

Hospital Indemnity

*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).

Hospital Indemnity

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

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

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



Ready to Enroll?

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

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

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

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HI2 Only

Date Prepared: 05/02/2023

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Wellness Benefit

Wellness Benefit



Ohio Wesleyan University- 737437



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) |
| • Hemocult 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/claims) 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.

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Wellness Benefit

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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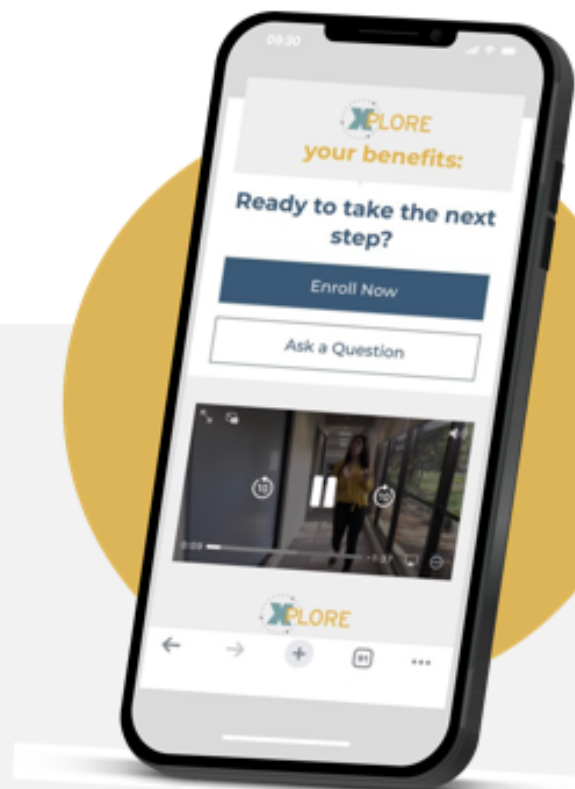
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Benefit Information on YOUR Time

- Benefit overviews
- Video tutorials
- Premium costs and important plan documents
- Tips & valuable hacks to get the most out of your plan
- Access MB Perks discount program
- Contact information for the MB Advocate Team
- Ai Chat Bot
- Multi-lingual translation options



Scan the QR code or visit the below link to explore everything Ohio Wesleyan offers you and your family!

<https://xplore.mbbenefits.com/9afd0131-4a9c-498a-ad38-5193e467af91>



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

Everyday, we help people just like you by serving as a trusted resource for Medicare and individual health plans.

Who We Are

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

Who We Help

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

- **Any Pre-65 Individuals** - needing family or individual health insurance plans.
- **Turning 65** - whether retiring or continuing to work and want to compare their employer coverage to Medicare.
- **Over 65** - whether retiring or continuing to work and want to compare their employer coverage to Medicare.
- **Already on Medicare** - looking to evaluate their plan options

We provide personalized guidance and expertise, all at no cost or obligation to you.

How We Help

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

Our lasting and trusted partnerships with people is our difference. Your needs change, and we'll be there at every turn.

Our lifelong support includes:

- One-on-one education
- Assistance with billing questions or issues
- Confirming your prescription drug coverage
- Confirmation of network status of specific physicians and specialists
- Providing plan assessment if needed during the Annual Enrollment Period ...and more.

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Advocate Team

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

SUBMIT YOUR REQUEST:

[CLICK HERE](#)

OR SCAN QR CODE

*Please complete all fields on the form.



If you are having issues submitting your request, you can 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



09/25/2024



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Sign up and start saving!

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Questions? Call 1-866-664-4621 or email customer@benefithub.com

Employees can log on to the ADP site:
at <https://portal.adp.com> or using the single sign on access
at: [OWU single sign on](#) and look for the "Employee
Discounts: LifeMart" on the home screen.

Available Discounts include Retail, Travel, Hotels, Tickets,
Electronics, Auto, Grocery & Food Delivery, Apparel, Car Rental,
Books & Magazines, Home, Wellness, Theme Parks

The screenshot displays the LifeMart website interface. At the top, there is a navigation bar with the LifeMart logo, the ADP logo (Always Designing For People), and a search bar. Below the navigation bar is a green horizontal menu with categories: TRAVEL, HOTELS, CAR RENTALS, ELECTRONICS, CHILD CARE, HOME, AUTO, and TICKETS. The main content area features a grid of 15 discount cards, each with a title, a banner, and a logo. The cards are arranged in three rows and five columns.

Offer	Discount	Brand/Service
Over 40% Off	Limited Time	sam's club
Save Hundreds		Liberty Mutual INSURANCE
Up To 68% Off	Limited Time	Lenovo
Exclusive Offer		SimpliSafe
Over \$450/yr Savings		T Mobile
iPhone 14 For \$0		T Mobile
Shop Online		TrueCar AutoBuying
50% Off	Exclusive	HOME CHEF
55% + Free Shipping	Member Pricing	HELLO FRESH
\$25 For \$3	Limited Time	RESTAURANT.COM
Buy & Save \$1,440		guaranteedRate
Save On Closing Costs	Exclusive	ROCKET Mortgage
Up To 35% Off		AVIS
Up To 60% Off		priceline
35% Off		ORLANDO EMPLOYEE DISCOUNTS

2026 Carrier Contacts

Medical	Dental
Apta Health – Care Coordinators	Delta Dental
Phone Number: 1 (866) 274-9478	Phone Number: 1 (800) 524-0149
Website: www.OhioWesleyan.myaptahealth.com	Website: www.deltadentaloh.com
Vision	Life & Disability
EyeMed	OneAmerica
Phone Number: 1 (866) 939-3633	Life Claims Phone Number: (800) 553-3522 Disability Claims Phone Number: (855) 517-6365
Website: www.eyemed.com	Website: www.oneamerica.com
Pharmacy	Supplemental Health
Prime Therapeutics	Voya
Phone Number: 1 (800) 424-6817	Phone Number: (877) 236-7564
Website: https://www.primetherapeutics.com/	Website: https://presents.voya.com/EBRC/owu
Medicare	Advocate Support
RetireMed	McGohan Brabender
Phone Number: (866) 600-4266	Phone Number: (937) 260-4300
advice@retiremed.com	mbadvocates@mbbenefits.com



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