2015 Open Enrollment
Benefits Information

Oct. 12 - 24, 2014

www.kent.edu/hr
OPEN ENROLLMENT FOR 2015

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DISCLAIMER: This Open Enrollment booklet and the contents therein is provided as an informational summary only and is not intended to be a summary plan description (SPD) or plan document. If there are differences between the booklet and the SPD or plan document, the terms of the SPD and plan document shall be definitive. Kent State University may amend or terminate its benefits plans at any time in accordance with the law and any applicable collective bargaining agreement. The description of the program, the plan itself or participation in the plan is not an employment contract or any type of guarantee regarding the performance, use, interpretation, application, correctness or accuracy of any of the vendors' plans and programs summarized in this booklet. Individuals should consult with the vendor(s) as well as their personal legal, medical, insurance and/or financial, etc., advisor/professional as it applies to their own circumstance to answer any questions and/or concerns related to their participation in the plan(s) and program(s).

Dear Colleagues and Family Members:

The 2015 Open Enrollment period is upon us. In keeping with improved efficiencies, no paper forms will be used for Open Enrollment, and you will be able to conduct all Open Enrollment activity through our secure Flashline web portal. Open Enrollment is scheduled for Oct. 12 to Oct. 24.

The Open Enrollment Period allows you the opportunity to enroll in or change:

• Your medical plan;
• Your dental plan;
• Enroll or make changes to your supplemental life insurance or other voluntary benefits;
• Add eligible dependents to your plan(s) or drop dependents from your plan(s); and
• Enroll or re-enroll in the Flexible Spending Accounts (Dependent Care Flexible Spending Account and Health Care Flexible Spending Account)

If you are not changing plans, enrolling in new plans or adding/dropping dependents, you do not need to do anything. Your benefits will continue as they currently are through the 2015 plan year; however, the following exceptions apply:

• You must re-enroll in your Flexible Spending Account(s) each year if you would like to continue to participate.
• If you participate in the opt-out option, you need to complete the 2015 Opt-Out Affidavit in order to receive the opt-out incentive.

Although there are no major plan changes to the medical, prescription, vision or dental plans for 2015, it is still important to carefully review all the benefit plan options and costs associated with your chosen plan(s) before finalizing any enrollment decisions. As has historically been the case, employee contributions will be spread out over a tiered structure based on salary, with employees in the lower tiers paying a lower percentage and those in the higher tiers paying a higher percentage. Be sure to review the contribution chart at the back of this booklet before making your 2015 election.

During this Open Enrollment period, it would be remiss not to address the university's cost for providing healthcare benefits. As reported in previous years, the university's cost continues to increase, and federal healthcare reform has further impacted employer costs. Kent State will continue to absorb a portion of insurance plan costs to ensure a competitive total compensation package for our employees. Kent State also remains committed to mitigating costs through vigilant negotiations with insurance carriers: building a comprehensive wellness program and promoting it to all Kent State employees.

We strongly encourage employees and their covered dependents to take advantage of the preventive care benefits afforded in all of our medical plans. In addition, and to assist employees in maximizing their well-being, the OneWellU program sponsored by the Division of Human Resources provides opportunities for employees to become physically active and health smart through a variety of programs. These include opportunities to join the faculty/staff exercise program, walking clubs, movable fitness challenges, lunch-and-learns and more. To see a complete list of wellness offerings, including free health screenings for all benefits-eligible employees, visit the OneWellU website site at http://www.kent.edu/hr/benefits/onewellu.cfm.

We hope that you find this booklet both helpful and informative as you make your benefit choices. Open Enrollment materials are available 24/7 by visiting the Open Enrollment home page at http://tinyurl.com/KSU-oE-2015. In addition, several computer labs are ready for use throughout the Open Enrollment period and a full listing can be found on Page 8 of this booklet.

In the event you have additional questions, you may contact the Benefits Office at 330-672-MyHR(6947) or benefits@kent.edu.

Sincerely,

Joseph S. Vitale, Jr. PhR
Interim Vice President for Human Resources
Prescription Drug Coverage

All of the medical plan options include prescription drug coverage, which is provided through CVS Caremark. Under this plan, you can receive periodic prescriptions through your local retail pharmacy for up to three refills. For maintenance prescriptions (prescriptions taken on a regular basis for an extended period of time), you will then need to use Caremark’s mail-order pharmacy service. Your share of the cost for prescriptions is:

- 10 percent - Co-insurance for generic drugs
- 20 percent - Co-insurance for brand name drugs
- 40 percent - Co-insurance for brand name drugs when a generic is available

As another layer of protection, the maximum you will pay out of pocket for any prescription is $50. The maximum applies to both retail and mail order programs and caps your prescription cost regardless of whether your co-insurance is 10, 20 or 40 percent. The exception to the $60 maximum is if you receive a brand name medication when a generic equivalent is available.

In this case, the maximum co-insurance is $100, unless your physician has specified that the prescription be dispensed as written.

The mail-order prescription drug program continues to be a great way to save both you and the university money on your prescriptions. Mail-order prescriptions may be picked up at any CVS pharmacy.

Dental Coverage

Kent State’s dental insurance with Delta Dental includes a three-tier option. Each PPO plan—Low, Basic and High—varies in benefits and requires an employee contribution. The Basic and High plans also include adult orthodontia. A detailed description of each plan is at the back of the booklet, beginning on Page 20.

Note: AAPD insured tenure-track faculty members will have a different high dental option for 2015. For details see Page 51.

Vision Insurance

EyeMed is the employee vision care provider and is automatic when you elect medical coverage with Mutual Medical or Anthem Blue Cross and Blue Shield. The plan operates on a rolling 24-month calendar. With EyeMed, you have access to more than 5,000 independent practitioner and optical retail stores and more than 17,000 locations nationwide. Retail locations include LensCrafters, Pearle Optical, Sears Optical, Target Optical and J.C. Penney Optical.

Benefits of the EyeMed vision plan include:

- Employees do not have to pay in advance and file a claim for reimbursement when using an in-network provider.
- The plan offers in-network and out-of-network benefits.
- Each covered member may select eyeglasses or contact lenses for their benefit period. Members may select from the following options: – Covered members receive a $240 allowance for frame, lens and lens options. You will also receive a 20 percent discount on the purchase if your in-network balance exceeds $240. – Covered members receive a $190 allowance for contact lenses. You will also receive a 20 percent discount on the purchase if your in-network balance exceeds $190.
- Once the in-network benefit has been exhausted, employees can receive a 40 percent discount on a complete pair of eyeglasses or a 55 percent discount on contact lenses.
- Laser vision correction done by an in-network provider is eligible for a 25 percent discount on the retail price or a 5 percent discount off the promotional price.
- Customer service available seven days a week.

Vision summary is included on Page 24.

Opt-Out Option

You have the choice of opting out of the medical coverage, if you have other health insurance coverage and provide proof of such coverage.

In order to be eligible for the opt-out incentive, employees cannot be enrolled in any university health benefit plans. This applies to medical, prescription, dental and vision coverage. The incentive for opt-out is $100 per month.

There are special rules if you and your spouse/domestic partner are both Kent State employees:

- If both employees wish to be covered under a university family plan, neither employee will be eligible to receive the opt-out incentive.
- If only one of the employees has proof of other insurance, the employee with the lowest salary would be eligible to receive the opt-out incentive. All employees must complete an opt-out affidavit. If you do not complete a new 2015 opt-out affidavit, you will not receive the monthly incentive. View the opt-out form at: http://harnus.kent.edu/20150optout.

Flexible Spending Accounts

When you sign up for a Flexible Spending Account (FSA), also referred to as a “reimbursement account,” you put money aside on a pre-tax basis for out-of-pocket expenses for you and your eligible dependents—even if those dependents are not covered under the Kent State medical or dental plan. This account can be used for co-pays at the doctor’s office, prescriptions, chiropractic treatment, prescribed weight-loss programs and medical, dental and vision services expenses not covered or paid in full by your plan. Kent State offers two FSAs, both administered by Mutual Medical.

Health Care Reimbursement Account

The maximum you can contribute to a Health Care Reimbursement Account (HRA) is $2,000 each calendar year on a tax-free basis. To long as you use the account for reimbursement of eligible healthcare expenses for you or your dependents, the reimbursement will remain tax-free. Any eligible expenses can be paid with your Flex Saver debit card. Just present the debit card at the point of service, and the charges for the eligible expenses will be automatically deducted.

Please remember that certain over-the-counter (OTC) medications are eligible for reimbursement under the HRA if they are prescribed by a doctor.

Dependent Care Reimbursement Account

The Dependent Care Reimbursement Account (DCRA) allows you to save money on a tax-free basis to pay for child/dependent care. This includes daycare, child care, child care camps, before-school programs, etc. for children under the age of 13 and elderly care expenses for a disabled spouse or parent.

Eligible expenses are those that could otherwise be claimed for the dependent care tax credit on your federal income tax. This account cannot be used for childcare providers who do not report their earnings for income tax purposes.

To qualify for the DCRA, the employee (and your spouse, if married) must be at work, looking for work, or attending school full-time during the time that your dependent(s) receives care.

The maximum amount a married couple can contribute to a DCRA in 2015 is $5,000 if you are filing a joint return. The maximum amount each spouse can contribute if filing separate tax returns is $2,500 per spouse.

Additional Information

For all FSAs (the HRA and DCRA), you have until March 15 of the following year after your contributions were made to accumulate your expenses (March 15, 2015, for a 2014 account). If you make an FSA election for 2015, you will receive a new debit card that will include any remaining balance from 2014 (the remaining balance must be used by March 15, 2015).

If you currently have an HRA or DCRA, but choose not to have one in 2015, you may not use your debit card after Dec. 31, 2014, to spend any remaining balance.

Instead, you must pay out of pocket for eligible expenses and submit a claim form. The expenses must be incurred by March 15, 2015, but you will have until June 30, 2015, to submit any claim forms.

Please remember, if you do not use the funds in your HRA or DCRA by the dates specified, they will be defined as required by IRS regulations.
Voluntary Accidental Death and Dismemberment Insurance (ADAD)

This insurance is intended to supplement the basic AD&D insurance provided to you by the university, and gives you the opportunity to purchase coverage for your legally married spouse or eligible, registered domestic partner (same or opposite gender) and the employee’s dependent children.* This insurance helps provide financial protection by promising to pay a benefit in the event of an insured individual’s covered death or dismemberment as the result of an accident. The cost for you, your spouse/domestic partner and/or your children is based on the amount of coverage you choose (the rates will be provided when you go through the online open enrollment process).

Coverage Amounts:

- **Employee coverage**: is available in increments of $25,000, up to a maximum of $250,000.

- **Spouse/domestic partner coverage**: is 50 percent of the employee’s coverage amount if you choose to insure only you and your spouse/domestic partner. If you choose to insure you, your spouse/domestic partner and your children, coverage for children is 5 percent of your coverage amount, not to exceed $25,000 for each child.

- **Age Reductions**: Insurance coverage for you or your spouse/domestic partner is reduced to 65 percent of the original amount at age 70, to 50 percent of the original amount at age 75, to 30 percent of the original amount at age 80, to 20 percent of the original amount at age 85, to 15 percent of the original amount at age 90, and to 10 percent of the original amount at age 95.

Voluntary Supplemental Life Insurance

Supplemental life insurance provides extra life insurance protection for you, a legally married spouse or eligible, registered domestic partner (same or opposite gender) and/or dependent children. Coverage for dependent children only costs $1 per month for $10,000 of coverage. The cost for you and your spouse or domestic partner is based on the amount of coverage you choose, your salary and your age (the rates will be provided when you go through the online open enrollment process).

Coverage Amounts:

- **Employee coverage**: is available in the amount of one, two or three times your annual earnings, up to a maximum of $500,000. Acceptable evidence of good health will be required to become insured for any amount of coverage. Individuals who were previously declined coverage will remain declined.

- **Spouse/domestic partner coverage**: is in increments of $10,000, up to a maximum of $250,000, or 50 percent of the amount of the employee’s life coverage. Acceptable evidence of good health will be required for your legally married spouse/domestic partner to become insured. Individuals who were previously declined coverage will remain declined.

- **Coverage for children**: is available in the amount of $10,000.

Voluntary Long-Term Disability Insurance (LTD)

LTD insurance provides financial protection for eligible employees by paying a percentage of monthly earnings in the event of a covered disability. Your cost is based on which option you choose, your salary and your age (the rate will be provided when you go through the online open enrollment process). Evidence of good health will be required during this enrollment period. For eligible employees with five or more years of service who are enrolled in OPERS/STRS, this insurance provides a valuable supplement to the OPERS/STRS benefits. For example:

- **OPERS/STRS has a 565-day benefit waiting period; Voluntary LTD has a 180-day benefit waiting period.**

- **In most cases, OPERS/STRS requires you to become disabled before age 60 to qualify for benefits; Voluntary LTD has no age requirement.**

- **Voluntary LTD insurance benefits are not subject to federal taxes; OPERS/STRS benefits are...**

Note: It is important for employees to update beneficiary designations for any life insurance policies. You can verify your beneficiary designations by contacting the Benefits office. You can also complete the Beneficiary Change Form at www.kent.edu/hr/form/benefits and return it to the Benefits Office in Tree Hall.

Voluntary Indemnity Plans

AFLAC offers a variety of voluntary indemnity plans. These plans provide protection for you and your family members when an unexpected accident or illness occurs.

**Plan Options:**

- **AFLAC Group Accident Insurance** – helps with the costs that arise when you have a covered accident such as a fracture, dislocation or laceration and paid at work.

- **AFLAC Group Critical Illness Insurance** – provides cash benefits if you are diagnosed with or treated for a covered illness, such as cancer, a heart attack or a stroke. Guaranteed issue coverage is available for all employees up to $10,000 and up to $15,000 for the spouse/domestic partner.

- **AFLAC Group Hospital Indemnity Insurance** – helps pay the out-of-pocket costs associated with a hospital stay including benefits for inpatient and outpatient services including an emergency room/physician office benefit and more.

- **AFLAC Short-Term Disability Insurance** – provides cash benefits in the case of illness or injury to help you maintain your standard of living and help you pay your bills. Guaranteed issue coverage up to $5,000.

Additional information about these plans can be found at www.kent.edu/hr/benefits/supplemental/voluntary-indemnity-plans.cfm.

Contact information for an AFLAC representative is listed on Page 38.

Voluntary Long-term Care (LTC)

Long-term care insurance pays for home care, assisted living and nursing home care to help people with the functions of daily-to-day living (bathing, dressing, toileting, transferring and eating) as well as services related to rehabilitation, chronic illness and cognitive impairment.

Many working age people are buying LTC insurance to avoid the risk of becoming unmanageable. Once accepted, changes to your health do not affect your coverage or premiums. In addition, Medicare, disability insurance and other types of health insurance are not designed for long-term care coverage. Medicaid won’t pay until after recipients have spent down their assets to a low level.

The state of Ohio Long-Term Care Partnership Program provides dollar-for-dollar asset protection. Each dollar that your partnership policy pays out in benefits entitles you to keep a dollar of your assets if you ever need to apply for Medicaid.

Legacy Services is an independent agency that offers individual policies from the major carriers with a wide range of options that allow you to customize coverage to fit your needs and budget. Certain health conditions may affect eligibility. Any coverage selected will be paid for entirely by the employee and will not be eligible for payroll deduction.

To schedule a one-on-one consultation or for any other questions, contact Legacy at 800-230-1598, ext. 104 or email custom@groupplcinc.com.

Supplemental Retirement Plans

There are two supplemental retirement plans available to Kent State employees on a tax-deferred basis: a 403(b) or a 457(b) account. These two plans allow you to make pretax contributions by convenient payroll reduction and save money for your retirement. For calendar year 2014 the maximum contribution was $17,000. The IRS will announce the contribution limits for 2015 in late October. If you are age 50 or older in 2015, you can direct an additional $5,500 into each plan.

The 403(b) and the 457(b) plans were created to encourage long-term savings. Distributions are available when you reach age 59 and a half, distributions are mandated at 70 and a half years of age. As you consider these opportunities, you may wish to talk with your financial advisor about distribution opportunities when you leave employment.
Contributing to either one of these supplemental retirement plans can help you take control of your future. Other sources of retirement income, including state pension plans and, if applicable, Social Security, rarely replace a person’s final salary upon retirement.

For 2015 a new Roth option is available for the 403(b) and 457 plans. Both participants can make supplemental retirement contributions on an “after-tax” basis. For some individuals, this may be a significant advantage.

A list of providers for both programs, including the list of Roth providers, is available in online at www.kent.edu/hr/forms/benefits/index.cfm. Look for the links in the Retirement Programs section.

Employee Assistance Program
IMPACT Solutions is Kent State’s employee assistance program (EAP) that offers confidential support for Kent State employees and their family members, whether or not they are living with you. IMPACT offers an array of counseling services including individual, family and couple counseling by licensed professionals. IMPACT can assist with problems such as stress, anxiety, depression, child management, substance abuse, or help with issues involving consumer affairs, child or eldercare, financial or legal matters.

Kent State has contracted with IMPACT to provide up to six confidential counseling sessions at no cost to faculty, staff and/or their family members, per issue. If treatment is needed beyond the six sessions, IMPACT will make every effort to transition the client with a provider that participates in their insurance network.

All resources are available 24/7 by calling 800-227-6007. You can also visit the IMPACT website at www.MVimpactsolution.com and use “Kent” as the login.

FrontierMEDEX Travel Assistance
Assistance is available to full-time Kent State employees and their family members who travel more than 100 miles from home or internationally, for a maximum of 580 days. There is no fee; it is offered as part of the group life insurance from the Standard Co.

Services are available 24/7 and include assistance with pre-trip planning, legal issues, emergency transportation, personal security, medical assistance and travel.

For more information, contact FrontierMEDEX at 1-888-527-0218 or operations@medexassist.com.

Dependent Eligibility Rules
As healthcare costs rise, proper management and financial control of health plans have become increasingly important. As a part of this process, the university must verify that the dependents enrolled under the medical and drug plans meet the university’s eligibility rules.

If you previously submitted documentation to the Benefits Office and are not adding any dependents, no further action is required on your part. Random audits to verify dependent eligibility.

Look for the links in the Retirement Programs section.

Domestic Partner Benefits
Kent State University offers domestic partner benefits to eligible employees. The benefits extend to both same gender and opposite gender partners of university faculty, unclassified and classified employees.

The benefits offered to eligible domestic partners are:
- Medical, prescription, vision and dental insurance
- Dependent life insurance
- Voluntary Accident Death and Dismemberment Insurance (AD&D)
- Tuition fee waiver

To initiate the domestic partner benefits process, the employee must complete an Affidavit of Domestic Partnership form, which includes supporting documentation attesting that the domestic partners meet the conditions listed below:
- Are at least 18 years of age and have the capacity to enter into a contract;
- Have a permanent residence (unless residing in different cities, states or countries on a temporary basis);
- Are the sole domestic partner of each other, having been in the relationship for at least six months and intending to remain in the relationship indefinitely;
- Are not related by blood to a degree that would bar marriage in the state of Ohio, and
- Are financially interdependent on each other. This includes documentation of at least three of the following:
  - Joint ownership of real estate property or joint tenancy on a residential lease;
  - Joint ownership of an automobile;
  - Joint bank account or credit account;
  - Will, designating the domestic partner as the primary beneficiary;
  - Retirement plan or life insurance policy designating the domestic partner as the primary beneficiary;
  - Durable power of attorney, signed to the effect that powers are granted to one another.

Information and the affidavit form can be found online at www.kent.edu/hr/benefits/domestic-partners.cfm.
OneWellU – Wellness for a Lifetime

The university is committed to helping faculty and staff live a healthy lifestyle. OneWellU, the university’s wellness program, provides health education resources and activities that support healthy lifestyle choices and behaviors. During May 2016, the Division of Human Resources, along with partners Be Well Solutions and University Health Services, introduced a variety of options to assist all full-time, benefits-eligible employees in achieving better health. Employees now have access to an online wellness Web portal supported by the Be Well Solutions. This secure and confidential portal serves not only as a place for employees to track and monitor their own health and wellness progress, but it also offers numerous resources to educate participants on topics such as food, fitness and stress management. All participants have a personal account that includes an online health risk assessment, as well as personal health risk profile. The health risk profile encompasses results from the health risk questionnaire, as well as any health screening information, such as cholesterol, blood pressure and glucose levels. Employees are able to participate in a free health screening. The entire health screening, including fingerstick blood analysis, blood pressure, body mass index and review process takes approximately 30–45 minutes to complete. All participants in the program have the opportunity to reach out to a health coach from Be Well Solutions to assist them with setting any health goals they desire. The health coaches will help participants start with identifying realistic goals and provide support and encouragement along the way. While all participants are welcome to work with a health coach, those employees that are identified as high risk will receive a special invitation to work with a health coach, however this is not required. The Be Well Solutions Web portal can be accessed at www.bewelldata.com. Employee login information can be found on the OneWellU website http://www.kent.edu/hr/benefits/onewellu.cfm. Additionally, all employees that complete the health screening and online health risk questionnaire will receive a free MOiband to help monitor physical activity. This will serve as a fun method for the Kent State University community to work as a group to get “MOVing.”

Please stay tuned for new exciting wellness opportunities by visiting our OneWellU website at http://www.kent.edu/hr/benefits/onewellu.cfm.

See below for current activities and programs that are offered.

Programs

Weight Watchers at Work is offered weekly on the Kent Campus; and employees at all locations can take advantage of a discount on the Weight Watchers monthly pass to attend meetings in their community or for the online program. Details can be found on the OneWellU website listed above. MMO participants are eligible for partial reimbursement.

The Chef’s Gardens (through Medical Mutual) bring vegetable, herbs and other produce straight from the garden to your home. You can also get recipes and new instructional videos featuring the produce you receive.

The OneWellU Walking Program is a popular program due to its flexible nature. Employees are motivated and challenged to achieve specified step goals each week. Pedometers or other step-tracking devices are utilized to monitor daily steps, which are logged on the American Heart Association www.startwalkingnow.org. Employees who achieve step goal are eligible for prizes, and the employee with the most steps over the duration of the program is also recognized with a grand prize.

MOChallenge is on the horizon for all KSU employees using a MOiband, which can be obtained by participating in the health screening and risk assessment questionnaire offered by Be Well Solutions. The MOiband with handheld displays time, moves and miles. The MOiband can be synced online to the individual’s personal activity dashboard, where the user can set goals, check progress and join challenge groups.

Other Resources

• University Health Services (UHS) is a full-service, primary care medical facility on the Kent Campus. UHS treats chronic and short-term medical conditions and offers a range of wellness services. The services are available to faculty and staff, as well as students, and most major medical insurance plans are accepted. Visit www.kent.edu/uhs for more information.

• The Student Recreation and Wellness Center offers a wide variety of cardio and strength equipment, access to the natatorium, racquetball and basketball courts, climbing wall and many other recreational and fitness opportunities. Employees receive a membership discount. More information is available at www.kent.edu/recreservices/memberships/index.cfm.

• The Nutrition Outreach Program offers its services to all Kent State employees. The Nutrition Outreach Program provides nutrition education on weight and exercise and serves as a resource for hypertension, digestive disorders, diabetes, eating disorders, general nutrition/wellness, pediatric nutrition, childhood obesity, sports nutrition, vegetarian, food allergies and food safety. For more information on how to schedule an appointment, please visit http://www.kent.edu/hhs/nutrition-outreach-program.cfm.

• Lunch and Learn seminars are held monthly and topic information can be found on the OneWellU website. Each session lasts one hour and is free and open to faculty and staff. Lunches can be pre-ordered during the registration process.

• The Division of Human Resources has partnered with the School of Health Sciences to launch a Faculty/Staff Exercise Program. This program is specifically designed to assist those individuals who may benefit from a more structured or personal exercise program due to a sedentary lifestyle or for individuals who may have some risk factors that require more supervision, such as hypertension, diabetes, family history of heart or coronary disease, metabolic disease, etc. The program is located in the MACC Annex off of Midway Drive on the Kent Campus and is overseen by Ellen Glickman, Ph.D. Glickman is professor and coordinator of exercise physiology in the School of Health Sciences. For more details on the program, visit the OneWellU website http://www.kent.edu/hr/benefits/onewellu.cfm.

• The Division of Human Resources publishes a quarterly wellness newsletter that is distributed to all faculty and staff via email. Be sure to check out the quarterly publications for updated information on wellness activities and programs along with the OneWellU website frequently.

• Wellness Webinars will be offered at least four times over the next calendar year to enable all Kent State employees an opportunity to learn more about wellness-related topics of interest. Participants can listen live from their workplace, or they may choose to listen to a recorded session at a later time.

• Kent State University, along with IMPACT Solutions, our employee assistance program, will be offered at least four times over the next calendar year to enable all Kent State employees an opportunity to learn more about wellness-related topics of interest. Participants can listen live from their workplace, or they may choose to listen to a recorded session at a later time.

• Kent State University, along with IMPACT Solutions, our employee assistance program, is partnering with Right Direction, an initiative addressing depression in the workplace. The goal is to spread awareness that depression is treatable, and to help reduce the stigma surrounding depression. Resources can be found at www.RightDirectionForMe.com.
How to Enroll Online

Open Enrollment will be done through a secure portal. The annual Open Enrollment period will begin Sunday, Oct. 12, (12 a.m. Eastern Standard Time) and end at 5 p.m. on Friday, Oct. 24, 2014. You may enroll or subsequently change your enrollment at any time during the open enrollment period. There are no manual enrollment forms. If there is some reason that you cannot enroll using the online enrollment system, please contact the Benefits hotline at 330-672-MyHR (6947) or benefits@kent.edu.

1. Access Open Enrollment

Log in to FlashLine using your existing username and password.

Click on the “My HR” tab.

On the left side of the screen, look for the “Employment Details” box and click on the “Open Enrollment - through Oct. 24” link.

If you need help with your username or password, please visit: http://support.kent.edu or call the Helpdesk at 330-672-4357 (help). For HR assistance, please contact the Kent State Benefits Office at 330-672-MyHR (6947) or email Benefits@kent.edu.

For the 2015 Open Enrollment navigation guide, go to http://tinyurl.com/OEnavguide.

Women’s Health and Cancer Rights Notice

This Congressional Act of 1998 requires benefit plans to provide coverage for reconstructive surgery and related services following a mastectomy. All terms and conditions (including deductibles and coinsurance) of your medical plan apply to this coverage. Specifically, the benefits include:

- Coverage for reconstructive surgery of the breast on which a mastectomy has been performed.
- Coverage for surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Coverage for prostheses and physical complications through all stages of a mastectomy, including swelling associated with the removal of lymph nodes.

Treatment will be in a manner that is determined in consultation with the attending physician and patient. In addition, the plan may not:

- Interfere with a woman’s rights under the plan to avoid these requirements.
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

This law requires written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This notice serves to fulfill this requirement.

Newborns’ and Mothers’ Health Protection Act

The Newborns’ and Mothers’ Health Protection Act of 1996 provides protections for mothers and their newborn children with regard to hospital lengths of stay following childbirth. All terms and conditions (including deductibles and coinsurance) of your medical plan apply to this coverage. Specifically, the benefits include:

- Coverage must provide benefits for hospital lengths of stay in connection with childbirth to cover the minimum length of stay for all deliveries.
- Group Health Plans may not restrict mothers’ and newborns’ benefits for a hospital length of stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.
- Determination of whether an admission is in connection with childbirth is a medical decision to be made by the attending provider. An example clarifies that delivery does not have to occur inside a hospital in order for an admission to be “in connection with childbirth.”

Exception to the interim rules permits an exception to the 48-hour (or 96-hour) general rule if the attending provider decides, in consultation with the mother, to discharge the mother or her newborn earlier.
Important Notice from Kent State University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kent State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Kent State University has determined that the prescription drug coverage offered by the Kent State University Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Kent State University coverage will not be affected. You can keep this coverage if you elect Medicare Part D and this plan will coordinate with Part D coverage. A description of the prescription drug benefits available to Kent State employees is available at http://www.kent.edu/hr/benefits/Caremark-Prescription.cfm. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Kent State University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the person listed below. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Kent State University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

• Visit www.medicare.gov
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Oct. 12, 2014
Name of Entity/Sender: Kent State University
Contact--Position/Office: Loretta B. Shields, PHR
Executive Director, Benefits and Compliance
Address: Kent State University
Beers Hall - Human Resources
P.O. Box 5190
Kent OH 44242-0001
Phone Number: 330-672-5107

Summary of Benefits and Uniform Glossary of Terms

Federal legislation requires employers to provide employees with a Summary of Benefits (SBC) and a Uniform Glossary of Terms for each health plan. You can view the SBC for each Kent State health plan online at www.kent.edu/hr/benefits/sbc.cfm.

If you have questions about any of the plans, contact the Benefits Office at 330-672-MyHR (6947) or benefits@kent.edu.

These documents are designed to provide health plan information in a uniform format to allow consumers to compare the terms of plans offered and to assist consumers in understanding the benefits provided.
For Payment. The plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from healthcare providers.

For Treatment. The plan may disclose your PHI to a healthcare provider who renders treatment on your behalf. For example, if you are unable to currently take.

Your Authorization. Except as outlined below, the plan will not use or disclose your PHI for any purpose, unless you have signed a form authorizing the use or disclosure of such PHI. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, the plan may not use or disclose PHI for marketing without your authorization. The plan will not sell your PHI without your authorization.

Privacy Obligations of the Plan

The plan is required by law to:

• Make sure that health information that identifies you is kept private;
• Give you this notice of the plan's legal duties and privacy practices with respect to health information about you;
• Make sure that health information that identifies you is kept private;
• Notify affected individuals following a breach of unsecured PHI.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Kent State University group health plan (the plan), as sponsored by Kent State University (the university).

Your Personal Health Information

The plan needs to collect, create, receive, and maintain records that contain health information about you to administer the plan and provide you with health care benefits. This notice describes the plan’s health information privacy policy with respect to your medical, prescription drug, dental, vision, health care flexible spending account (FSA), and wellness benefits. The notice tells you the ways the plan may use and disclose health information about you, describes your rights, and the obligations the plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your healthcare providers.

Kent State University's Pledge Regarding Health Information Privacy

The privacy policy and practices of the plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as protected health information (PHI). Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

How the Plan May Use and Disclose Health Information About You

Your Authorization. Except as outlined below, the plan will not use or disclose your PHI for any purpose, unless you have signed a form authorizing the use or disclosure of such PHI. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions, the plan may not use or disclose PHI for marketing without your authorization. The plan will not sell your PHI without your authorization.

You have the right to revoke that authorization in writing unless the plan has taken any action in reliance on the authorization.

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For Treatment. The plan may use your PHI to a business associate. Certain services are provided to the plan by third party administrators know as “business associates.” For example, the plan may input information about your healthcare treatment into an electronic claims processing system maintained by the plan’s business associate so your claim may be paid. In so doing, the plan may use and disclose your PHI to its business associate so it can perform its claims payment function. However, the plan may require its business associates, through contract, to appropriately safeguard your health information.

For Treatment Alternatives. The plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.

For Health Oversight Activities. The plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.

Privacy of Records

Records of health information maintained by the plan may be kept in various locations, including paper and electronic media. The plan may disclose your PHI to designated university personnel so they can carry out their duties. The plan may also combine health information about many plan participants and disclose it to the University in summary fashion to reduce healthcare costs. In addition, the plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The plan may also combine health information about many plan participants and disclose it to the University in summary fashion so it can decide what coverages the plan should provide. The plan may remove information that identifies you from health information disclosed to the university so it may be used without the university learning the identity of the individual. The plan is prohibited from using or disclosing PHI that to the university. The plan may disclose your PHI to a person engaged to perform services for the plan.

To the university. The plan may disclose your PHI to a person engaged to perform services for the plan.

To satisfy certain legal obligations or to fulfill certain legal duties. The plan may disclose your PHI to satisfy certain legal obligations or to fulfill certain legal duties.

To the University. The plan may disclose your PHI to the university for the purpose of auditing, evaluating, and improving the plan andservice of the plan.

To a business associate. Certain services are provided to the plan by third party administrators know as “business associates.” For example, the plan may input information about your healthcare treatment into an electronic claims processing system maintained by the plan’s business associate so your claim may be paid. In so doing, the plan may use and disclose your PHI to its business associate so it can perform its claims payment function. However, the plan may require its business associates, through contract, to appropriately safeguard your health information.

To satisfy certain legal obligations or to fulfill certain legal duties. The plan may disclose your PHI to satisfy certain legal obligations or to fulfill certain legal duties.

To a business associate. Certain services are provided to the plan by third party administrators know as “business associates.” For example, the plan may input information about your healthcare treatment into an electronic claims processing system maintained by the plan’s business associate so your claim may be paid. In so doing, the plan may use and disclose your PHI to its business associate so it can perform its claims payment function. However, the plan may require its business associates, through contract, to appropriately safeguard your health information.

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To the University. The plan may disclose your PHI to the university for the purpose of auditing, evaluating, and improving the plan andservice of the plan.

To a business associate. Certain services are provided to the plan by third party administrators know as “business associates.” For example, the plan may input information about your healthcare treatment into an electronic claims processing system maintained by the plan’s business associate so your claim may be paid. In so doing, the plan may use and disclose your PHI to its business associate so it can perform its claims payment function. However, the plan may require its business associates, through contract, to appropriately safeguard your health information.

Local Government Entities. The plan may disclose your PHI as required by law, such as to a local health department, for example, to reduce the spread of communicable diseases or to notify people of recalls of products they have been using.

United States Department of Health and Human Services. The plan may disclose your PHI as required by law, such as to a local health department, for example, to reduce the spread of communicable diseases or to notify people of recalls of products they have been using.

Lawsuits and Disputes. If you become involved in a lawsuit or other legal action, the plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful process.

Law enforcement. The plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime’s location or victims, or the identity, description, or location of the person who committed the crime.

Workers’ compensation claims. The plan may disclose your PHI to the extent authorized by applicable state or federal workers’ compensation laws.

Law enforcement. The plan may release your PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime’s location or victims, or the identity, description, or location of the person who committed the crime.

Workers’ compensation claims. The plan may disclose your PHI to the extent authorized by applicable state or federal workers’ compensation laws.

Military and veterans. If you are or become a member of the U.S. armed forces, the plan may release medical information about you as deems necessary by military command authorities.

Military and veterans. If you are or become a member of the U.S. armed forces, the plan may release medical information about you as deems necessary by military command authorities.

To avert serious threat to health or safety. The plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person.

Public health risks. The plan may disclose health information about you for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths, reporting child abuse or neglect, or reporting reactions to medications or problems with medical products or to notify people of recalls of products they have been using.

Health oversight activities. The plan may disclose your PHI to a health oversight agency for audits, investigations, inspections, and licensure necessary for the government to monitor the health care system and government programs.

Research. Under certain circumstances, the plan may use and disclose your PHI for medical research purposes.

National security, intelligence activities and protective services. The plan may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law, and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.

Organ and tissue donation. If you are an organ donor, the plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Coroners, medical examiners and funeral directors. The plan may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The plan may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Your Rights Regarding Health Information About You

Your rights regarding the health information the plan maintains about you are as follows:

• Right to inspect and copy. You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes. The plan must make PHI available in electronic format upon request and where available. You are not required to pay a fee for copies of your PHI, but the plan may charge a fee for the cost of copying and/or mailing your request.

• Right to restrict. You may request that copies of your PHI be sent to a third party.

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• Right to restrict. You may request that copies of your PHI be sent to a third party.
• Right to amend. If you feel that health information the plan has about you is incorrect or incomplete, you may ask the plan to amend it. You have the right to request an amendment as long as the information is kept by or for the plan. If a requested amendment or correction is made by the Plan, notification may be made to others who work with us and have copies of the uncorrected record if such notification is necessary.

To request an amendment, send a detailed request in writing to the plan administrator. You must provide the reason(s) to support your request. The plan may deny your request if you ask the plan to amend health information that was: accurate and complete; not created by the plan; not part of the health information kept by or for the plan; or not information that you would be permitted to inspect and copy.

• Right to an accounting of disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations. The first list you request within a 12-month period is free of charge, but the plan may charge you for additional lists within the same 12-month period. The Plan will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.

To request an accounting of disclosures, submit your request in writing to the plan administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

• Right to request restrictions. You have the right to request a restriction on the health information the Plan uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment of your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the plan administrator. You must advise us: 1) what information you want to limit; (2) whether you want to limit the plan’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

Note: The plan is not required to agree to your request.

• Right to request confidential communications. You have the right to request that the plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanations of benefits (EOB) forms about your benefits claim to a specified address.

To request confidential communications, make your request in writing to the plan administrator. The plan will make every attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

• Right to a paper copy of this notice. You have the right to a paper copy of this notice. You may write to the plan administrator to request a written copy of this notice at any time.

Changes to this Notice
The Plan reserves the right to change this notice at any time and to make the revised or changed notice effective for health information the Plan already has about you, as well as any information the plan receives in the future. The plan will post a copy of the current notice in the university’s benefits office at all times.

Complaints
If you believe your privacy rights under this policy have been violated, you may file a written complaint with the plan administrator at the address listed below. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred.

Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information
• Other uses and disclosures of health information not covered by this notice or by the laws that apply to the plan will be made only with your written authorization. If you authorize the plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

Contact Information
If you have any questions about this notice, please contact:
Plan Administrator
Kent State University
University Benefits, Heer Hall
635 Loop Road
Kent OH 44242-0001
330-672-3107
benefits@kent.edu

@Kent State University (2278) HIPAA Notice of Privacy Practices/ Hipaa Employee Group Health Plan Privacy Notice - Revised 2013
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>KENT STATE UNIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Employer Identification Number (EIN)</td>
<td>31-6602079</td>
</tr>
<tr>
<td>5. Employer address</td>
<td>DIVISION OF HUMAN RESOURCES, HEER HALL 635 LOOP ROAD</td>
</tr>
<tr>
<td>6. Employer phone number</td>
<td>(330) 672-3107</td>
</tr>
<tr>
<td>7. City</td>
<td>KENT</td>
</tr>
<tr>
<td>8. State</td>
<td>OHIO</td>
</tr>
<tr>
<td>9. ZIP code</td>
<td>44242-001</td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td>UNIVERSITY BENEFITS, DIVISION OF HUMAN RESOURCES</td>
</tr>
<tr>
<td>11. Phone number (if different from above)</td>
<td></td>
</tr>
<tr>
<td>12. Email address</td>
<td><a href="mailto:benefits@kent.edu">benefits@kent.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
    - Full-time employees with a continuing assignment of at least 9 months.

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:
    - Legally married spouse or registered domestic partner.
    - Biological child, stepchild or adopted child under age 26.
    - Adult dependent child between ages 26-28, who is also an Ohio resident or full-time college student.
  - We do not offer coverage.
  - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, Healthcare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit Healthcare.gov to find out if you can get a tax credit to lower your monthly premiums.

Healthcare Provider Contact Information

<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross/Blue Shield</td>
<td>1-866-811-9727</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
</tr>
<tr>
<td>Medical Mutual of Ohio (MMO)</td>
<td>1-800-586-4509</td>
<td><a href="http://www.medmutual.com">www.medmutual.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact – EAP/Work Life</td>
<td>1-800-227-6007</td>
<td><a href="http://www.impactemployeeassistance.com">www.impactemployeeassistance.com</a></td>
</tr>
<tr>
<td>Online Account Login: Kent</td>
<td>(Available 24/7)</td>
<td></td>
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<tr>
<td>Prescription Drug Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVS/Caremark</td>
<td>1-888-202-1654</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Dental Plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>1-800-524-0149</td>
<td><a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a></td>
</tr>
<tr>
<td>Vision Plan</td>
<td></td>
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<tr>
<td>EyeMed</td>
<td>1-866-939-3635</td>
<td><a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Mutual Ohio-(MMO)</td>
<td>1-800-525-9252</td>
<td><a href="http://www.mytakecareplan.com">www.mytakecareplan.com</a></td>
</tr>
<tr>
<td>Voluntary Insurance Plans</td>
<td></td>
<td></td>
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<tr>
<td>AFLAC (Voluntary Indemnity Plans)</td>
<td>1-216-382-9500</td>
<td><a href="http://www.aflac.com">www.aflac.com</a></td>
</tr>
<tr>
<td>Legacy Services, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Longterm Care Insurance)</td>
<td>1-800-230-3398/ext. 101</td>
<td><a href="http://www.servilink.net/legacysvc">www.servilink.net/legacysvc</a></td>
</tr>
</tbody>
</table>
Welcome to Ohio’s largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation’s largest dental network, Delta Dental PPO and Delta Dental Premier.

• Nationwide, 3 out of 4 dentists participate
• Great access to care as well as reduced fees through our agreements with dentists
• You cannot be balance billed - giving you added savings
• Network dentists will complete and file your claim - no paperwork for you
• You only have to pay for your own copays and/or deductibles when you receive dental services from a PPO or Premier Dental
• You don’t have to wait for your claim to be paid to be reimbursed!

While you can visit nonparticipating dentists, you’ll be billed the full amount non-reimbursed and then wait to be reimbursed.

Quality Dental Program
Delta Dental provides quick and accurate claims processing. We pay more than 90 percent of claims in 10 days or less. Delta Dental also offers world-class customer service from our award-winning call center.

Online Access
Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless EOBs, review claims and amounts used toward maximums, print ID cards, and more at your convenience.

A Healthy Smile
Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?
If you have questions, call our Customer Service team at (800) 524-0149 or look online at www.deltahealthoh.com.
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You can be billed the full amount immediately and then wait to be reimbursed.

Quality Dental Program
Delta Dental provides quick and accurate claims processing. We pay more than 90 percent of claims in 10 days or less. Delta Dental also offers world-class customer service from our award winning call center.

Open Access
Our online Customer Toolkit lets you access your plan securely over the Internet. You can find a dentist, check benefits, select paperless EOBs, review claims and amounts used toward maximums, print ID cards, and more at your convenience.

A Healthy Smile
Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 12 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?
If you have questions, call our Customer Service team at (800) 524-0149 or look online at www.deltadentaloh.com.

Maximum Payment –
PPO Dentist or Premier Dentist – $1,250 per person total per benefit year on all services except orthodontics. $1,000 per person total per lifetime on orthodontic services.
Nonparticipating Dentist – $1,000 per person total per benefit year on all services.

These are not separate maximums by type of dentist.

Deductible –
PPO Dentist or Premier Dentist – $50 deductible per person total per benefit year. The deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.
Nonparticipating Dentist – $50 deductible per person total per benefit year. The deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

Note - This document is intended as a supplement to your Certificate and Summary of Benefits. Please refer to your certificate and summary for policy exclusions and limitations.

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- You cannot be balance billed - giving you added savings
- Network dentists will complete and file your claim - no paperwork for you
- You only have to pay your copayments and/or deductibles when you receive dental services from a PPO or Premier Dentist
- You don’t have to wait for your claim to be paid to be reimbursed!

While you can visit nonparticipating dentists, you can be billed the full amount immediately and then wait to be reimbursed.

Quality Dental Program
Delta Dental provides quick and accurate claims processing. We pay more than 90 percent of claims in 10 days or less. Delta Dental also offers world-class customer service from our award winning call center.

Open Access
Our online Customer Toolkit lets you access your plan securely over the Internet. You can find a dentist, check benefits, select paperless EOBs, review claims and amounts used toward maximums, print ID cards, and more at your convenience.

A Healthy Smile
Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 12 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?
If you have questions, call our Customer Service team at (800) 524-0149 or look online at www.deltadentaloh.com.

Maximum Payment –
PPO Dentist or Premier Dentist – $1,250 per person total per benefit year on all services except orthodontics. $1,000 per person total per lifetime on orthodontic services.
Nonparticipating Dentist – $1,000 per person total per benefit year on all services.

These are not separate maximums by type of dentist.

Deductible –
PPO Dentist or Premier Dentist – $50 deductible per person total per benefit year. The deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, sealants, and orthodontic services.
Nonparticipating Dentist – $50 deductible per person total per benefit year. The deductible does not apply to oral exams, preventive services, X-rays, brush biopsy, and sealants.

Note - This document is intended as a supplement to your Certificate and Summary of Benefits. Please refer to your certificate and summary for policy exclusions and limitations.
Welcome to Ohio’s largest dental benefits family!

As a member of Delta Dental of Ohio, you have access to the nation’s largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It’s easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

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### MEDICAL PLANS FOR CALENDAR YEAR 2015

<table>
<thead>
<tr>
<th>Benefit Period</th>
<th>PPO Option 80/70 (Anthem &amp; Med Mutual)</th>
<th>PPO Option 80/60 (Anthem &amp; Med Mutual)</th>
<th>PPO Option 70/50 (Offered by Med Mutual ONLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician (PCP) Required</td>
<td>Calendar Year (January 1 to December 31)</td>
<td>Calendar Year (January 1 to December 31)</td>
<td>Calendar Year (January 1 to December 31)</td>
</tr>
<tr>
<td>Dependent Age Limit</td>
<td>age 25, age 26-28 Adult Child</td>
<td>age 25, age 26-28 Adult Child</td>
<td>age 25, age 26-28 Adult Child</td>
</tr>
<tr>
<td>Network</td>
<td>Non-Network</td>
<td>Network</td>
<td>Non-Network</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>10%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>IN-PATIENT CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-private room and board</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Surgery</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Consultations</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Maternity care</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Lab and X-ray services</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Therapy services</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Usual and customary</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>OUT-PATIENT CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent care - PPO</td>
<td>$10 copay then 100%</td>
<td>$10 copay then 100%</td>
<td>$10 copay then 100%</td>
</tr>
<tr>
<td>Office visits - PPO</td>
<td>$30 copay then 100%</td>
<td>$30 copay then 100%</td>
<td>$30 copay then 100%</td>
</tr>
<tr>
<td>Routine physical exam</td>
<td>$15 copay then 100%</td>
<td>not covered</td>
<td>$15 copay then 100%</td>
</tr>
<tr>
<td>Routine radiology (X-rays)</td>
<td>$15 copay then 100%</td>
<td>not covered</td>
<td>$15 copay then 100%</td>
</tr>
<tr>
<td>Well child care (birth to age 18)</td>
<td>$10 copay then 100%</td>
<td>$10 copay then 100%</td>
<td>$10 copay then 100%</td>
</tr>
<tr>
<td>Immunizations</td>
<td>100%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Pre-natal and postnatal medical care</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Preventive care</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Pregnancy and delivery</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Acute medical hospitalization</td>
<td>90%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency room services (emergency)</td>
<td>90%</td>
<td>80%</td>
<td>90%</td>
</tr>
<tr>
<td>- Emergency use of emergency room</td>
<td>$50 copay then 90%</td>
<td>$50 copay then 90%</td>
<td>$50 copay then 90%</td>
</tr>
<tr>
<td>Biologically Based Mental Illness Services</td>
<td>$15 copay then 100%</td>
<td>$15 copay then 100%</td>
<td>$15 copay then 100%</td>
</tr>
<tr>
<td>Substance/Chemical Abuse</td>
<td>100%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Uninsured benefit</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Skilled nursing facilities</td>
<td>no</td>
<td>120 days per calendar year</td>
<td>20%</td>
</tr>
<tr>
<td>Home healthcare</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Private duty nursing</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td>Hospice</td>
<td>90%</td>
<td>70%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Prescription Drug (CVS Caremark)

| 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available, $60 max per prescription Retail or Mail Service. | 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available, $60 max per prescription Retail or Mail Service. | 10% coinsurance generic, 20% coinsurance brand, 40% coinsurance for brand if generic is available, $60 max per prescription Retail or Mail Service. |

This is a summary. If there is a difference between this summary and the plan documents, benefits will be paid in accordance with the plan documents.

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1) EKG, chest x-ray, complete blood count, SMA 12, urinalysis.
2) Once per calendar year for covered persons within eligible groups.
3) No coverage for facility charges during non-emergency use of emergency room; benefits cover professional component only.
4) Office visit co-pays apply to cost of the office visit only.
5) All plans are grandfathered.