



November 1, 2013

Name

Address

City, State Zip

Dear Retiree and Dependents,

Open Enrollment is your opportunity to review, renew, and make changes to your retiree dependent benefit plan election. Enclosed you will find benefit information, an election form, and a working spouse form. The election form only needs completed if you wish to make changes to your elections. The form should be returned to Benefits Administration by **November 30, 2013**. All changes will be effective January 1, 2014.

The University is pleased to continue to offer comprehensive **medical coverage** for retiree dependents with Apex Health Solutions, an Akron company affiliated with SummaCare that administers benefits for self-funded employers. The University plan will continue to offer the same in and out-of-network benefits and providers nationwide. Locally, the new network name will be *CommunityChoice* and nationally it remains the PHCS PPO network. The *CommunityChoice* network continues to offer choice in local providers and access to more than 50 hospitals and thousands of providers, **including Akron Children's Hospital, Akron General and Summa Health System**. You still have access to CVS Minute Clinics for fast, convenient Care.

The **prescription plan** remains available with the medical plan. For 2014, The University has contracted with CVS CareMark to provide prescription benefit coverage. You will continue to have access to a large network of local pharmacies and mail order services with the added option of obtaining a 90 day supply of medications at a local CVS pharmacy or by mail order. If you have prescriptions with open refills available, that information will be transferred from the previous carrier to CVS CareMark and you will not need a new prescription at this time.

You will be receiving two new identification cards in the mail. One will come from Apex Health Solutions for your medical coverage and one from CVS CareMark for your pharmacy coverage. Monthly invoices will be sent from Apex Health Solutions in December with the updated premiums for January.

The working spouse rule remains in place. This policy requires spouses of University retirees who have access to employer subsidized (at least 50%) medical and prescription insurance to enroll in that insurance for primary coverage. These spouses will be permitted to have only secondary access to University benefits. If you are covering a spouse, the **enclosed 2014 Working Spouse – Primary Coverage Certification form must be completed.**

Notices

Women’s Health and Cancer Rights Act (WHCRA): In 1998, the Women’s Health and Cancer Rights Act was signed into law. Group health plans offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. This coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to present a symmetrical appearance, prostheses and treatment of physical complications at all stages of the mastectomy procedure, including lymphedemas (swelling of the hand and arm on the operated side).

The University of Akron is required to notify employees and retirees of these provisions annually. Despite the name of the act, nothing in the law limits WHCRA entitlements to women only. If you have any questions about this or other healthcare benefits, please contact your healthcare provider by calling the Customer Service number listed on your insurance identification card.

Summary of Benefits and Coverage (SBC) and Uniform Glossary: Under the Affordable Care Act, group health plans and insurance companies must provide participants with SBCs and a uniform glossary of terms commonly used in health insurance coverage. All group health plans and insurance companies use the same standard SBC and glossary. Our SBC documents are enclosed in this communication.

Questions

Medical: Call Apex Customer Service at 330.996.8515 or 800.753.8429 (TTY 800.750.0750).

Prescription: Call CVS CareMark at 1.888.202.1654.

General Information and Forms: Benefits Administration can be reached at 330.972.7092 Monday-Friday from 8 a.m. to 5 p.m. or check the website at <http://www.uakron.edu/hr/benefits/>.



Pre 65 Retiree Dependent Plan PPO 90%	In-Network * CommunityChoice	Out-of-Network PHCS
Calendar Year Deductible	\$200 Single / \$400 Family	\$400 Single / \$800 Family
Out of Pocket Maximum	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family
Co-Insurance	90% after deductible	70% of R & C after deductible
Preventive Care	100%	70% of R & C after deductible
Office Visit	\$20 Co-pay	70% of R & C after deductible
Specialist Visit	\$25 Co-pay	70% of R & C after deductible
Urgent Care	\$35 Co-pay per visit	70% of R & C after deductible
Emergency Room – Facility Fees	\$75 Co-pay per visit (Co-pay waived if admitted.)	
Emergency Room – Physician Services	90% after deductible	90% of R & C after deductible
Inpatient and Outpatient Services	90% after deductible	70% of R & C after deductible
Durable Medical Equipment	90% after deductible	70% of R & C after deductible
Prescription – New Vendor CVS CareMark	30 Day Retail	90 Day Mail Order
Tier 1 – Generic	\$10	\$25
Tier 2 – Preferred Brand	20% up to \$50 Max	20% up to \$125 Max
Tier 3 – Non-Preferred Brand	25% up to \$70 Max	25% up to \$175 Max
Tier 4 – Specialty	25% up to \$125 Max	n/a

Retiree dependents will continue to pay 15% of the premium for their medical and prescription coverage in 2014. The monthly premium rates are listed below. Apex Health Solutions will administer the collection of the premium payments in 2014. If you have questions regarding billing, please contact Apex Health Solutions at 800.753.8429.

Rate Category	University Monthly Contribution 85%	Member Monthly Contribution 15%
Spouse of Retiree	\$586	\$103
Child(ren) of Retiree	\$529	\$93
Spouse & Child(ren) of Retiree	\$1,113	\$196
Adult Child(ren) (Age 26 & 27)		Additional \$276 per month

* The CommunityChoice network continues to include Akron Children’s Hospital, Akron General, and Summa Health System.



Retiree Name: _____

University ID: _____

Please complete the information below if you wish to make a change to your enrollment for 2014. If you have no changes, you do not need to return this form, but you may need to complete the Working Spouse Form (see next page).

Elect Coverage			
<input type="checkbox"/> I elect Medical & Rx coverage for 2014.		<input type="checkbox"/> Spouse Only	
		<input type="checkbox"/> Child(ren) Age 0 – 25 years old	
		<input type="checkbox"/> Spouse + Child(ren) Age 0 – 25 years old	
		<input type="checkbox"/> Adult Child(ren) Age 26 & 27 years old	
Name	Relationship	Date of Birth	Social Security Number

Terminate Coverage
<input type="checkbox"/> I decline medical and prescription covered offered by The University of Akron effective January 1, 2014. I understand that I and my eligible dependents may re-enroll for coverage as a result of a family status change or during the next open enrollment period.
Name of person(s) to be deleted from the plan. _____ _____

By signing this form, I attest that only my eligible individuals are covered on this plan. I understand that I may be required to provide evidence of eligibility within 30 days at the request of The University of Akron. I understand this election is effective January 1 through December 31, 2014. Changes to this election may be made as a result of a family status change. I understand that my coverage will be terminated and won't be eligible for reinstatement if the monthly premiums are not paid within the allotted grace period.

Signature of Retiree or Retiree Dependent

Date



2014 WORKING SPOUSE – PRIMARY COVERAGE CERTIFICATION

This form must be completed annually if a retiree’s spouse or dependents are covered as primary on the health plan.

SECTION A – EMPLOYEE AND SPOUSE TO COMPLETE AND CERTIFY

Please complete the section below that applies to you and follow the instructions in parenthesis.

Retiree Name: _____

Emp Id #: _____

My Spouse is (check one):

- I. Not Employed Self-Employed Retired Full-time UA Employee
(Please sign below and return form to Benefits Administration.)

OR-----

- II. Employed (Please sign below **and** have your spouses’ employer complete the EMPLOYER section on page 2 if you wish to have primary coverage for your spouse through UA.)

OR-----

- III. I wish to elect **secondary coverage** for my spouse through UA. (Please sign below and return to Benefits Administration. No other information is required.)

I understand and certify:

I hereby certify that I am legally married to or widowed from the above named individual and that the information provided on this certification form is accurate and truthful.

It is my responsibility to notify Benefits Administration, in writing, within 30 days in the event that any change occurs in my marital status or the employment/eligibility status of my spouse.

I am personally liable for any benefits paid should any of the information provided be inaccurate.

Willful misrepresentation of facts on this enrollment form will be grounds for termination of benefits, and represents insurance fraud.

My signature below certifies that all the information provided on this form is correct to the best of my knowledge, and that it is my responsibility to ensure that Benefits Administration receives the completed form from my spouses’ employer, if applicable.

Retiree or Retiree Spouse’s Signature

Date

SECTION B – SPOUSES' EMPLOYER SECTION TO COMPLETE

UA Retiree's Spouse Name: _____ **Spouse's Date of Birth:** _____

I authorize my employer to release to The University of Akron the information requested below. Please return both pages by fax to Benefits Administration at 330.972.2336.

UA Retiree's Spouse Signature

Date

Dear Employer:

The University of Akron has adopted a Working Spouse Provision that requires an employee or spouse of a retiree covered by The University of Akron's health plan to enroll in their own employer sponsored medical plan that is at least 50% employer sponsored. Our retiree may elect to enroll their spouse for secondary coverage if they are enrolled in their own employer's plan.

Please complete the following questions.

1. Do you offer group medical insurance to your employees? Yes No
2. Is the person listed above eligible for medical coverage? Yes No
3. If the employee is NOT eligible, please explain why by checking one of the following:
 Must complete waiting period. Is part time and not eligible. Other _____
4. Is the employee currently enrolled or will they be enrolled effective 1/1/14? Yes No
5. Please provide effective date if other than 1/1/14. _____
6. Is your employee required to pay 50% or less of the monthly premium cost for medical coverage?
 Yes No Please indicate the _____ (%) percentage paid by the employee.

I hereby certify that the above plan information is correct.

Employer Representative Name (print)

Date

Employer Representative Name (signature)

Phone Number

Company Name

Email

Please return both pages by fax to Benefits Administration at 330.972.2336.