



THE UNIVERSITY OF AKRON

Group Benefits Information

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HOW TO ENROLL IN YOUR BENEFITS

MyAkron offers a single, secure online source for individuals to manage their personal demographic information (My Profile) and benefits elections (My Benefits).

FIRST STEPS – LEARN ABOUT AVAILABLE BENEFITS

- Read this benefits overview
- Visit www.uakron.edu/hr/benefits

BE PREPARED BEFORE YOU LOG IN TO MYAKRON

Before you log in to MyAkron, make sure you have the following information for all eligible dependents to be enrolled:

- Social Security numbers
- Birthdates (be sure to use the correct year of birth)
- Mailing addresses for eligible dependents who do not live with you

WHAT YOU CAN DO IN MyBenefits

Enroll in benefits, excluding retirement programs

- Review your current enrollment
- Make Changes to your life insurance beneficiary (ies). To change the names of your life insurance beneficiaries, fill out a Change of Beneficiary form found at: www.uakron.edu/hr/forms-directory.

MyAkron BENEFITS ENROLLMENT

Follow these simple steps to view and make changes to your benefit elections online:

1. Visit MyAkron at <https://my.uakron.edu/portprod/signon.html> . You will need your uanet ID and password to log in. (For help with password or login issues contact the Zip Support Center at 330-972-6888).
2. Click the Faculty/Staff tab.
3. Go to MyBenefits,
4. Click the appropriate link to review your options, make changes or enroll.
5. Remember to click **Authorize & Submit** to finalize your benefits elections.
6. Review your confirmation statement immediately after making your elections and/or any changes.

BENEFITS TIMELINE

YOU ARE AUTOMATICALLY ENROLLED IN:

- Retirement – Ohio Public Employees Retirement System (OPERS) for staff and Contract Professionals or State Teachers Retirement System (STRS) for faculty.
- Eligible employees with a full-time appointment may enroll in the Alternative Retirement Plan (ARP); see 120-day information below.

YOU HAVE 31 DAYS FROM YOUR ELIGIBILITY DATE TO ENROLL IN:

- Medical, dental and/or vision coverage for you and your eligible dependents
- Flexible Spending Accounts for dependent care and/or health care
- Long and Short-Term Disability
- Group Term Life Insurance for yourself and eligible dependents

If you do not enroll in the above plans within 31 days of your eligibility date you will be enrolled in:

- Employee only PPO 75% medical
- Basic Long-Term Disability
- Standard Life Insurance policy

YOU HAVE 120 DAYS FROM YOUR ELIGIBILITY DATE TO:

- Elect the Alternative Retirement Plan (ARP). If you hold a full-time appointment and are eligible for the ARP, please refer to the [Retirement Options booklet](#). To elect participation in the ARP instead of OPERS or STRS, complete and return the Retirement Program Election Form included in your new hire packet to Benefits (+0602).

YOU HAVE 180 DAYS FROM YOUR ELIGIBILITY DATE TO (STRS POSITIONS ONLY):

- Elect plan options within STRS. STRS will send you a mailer describing its three plan options. You should select your choice of the plan options directly with STRS. If no selection is made within 180 days, you will default to the STRS Defined Benefit Plan.

AT ANY TIME, YOU MAY:

- Change Group Term Life Insurance beneficiary(ies)
- Enroll in 403(b) and/or 457(b) supplemental retirement accounts
- Apply for dependent tuition assistance for your eligible dependents (term deadlines apply)
- View your Benefits Summary

For more information on benefits plans, visit: www.uakron.edu/hr/benefits

DEFINING BENEFITS ELIGIBILITY

The Benefits Eligibility Chart which follows on the following page lists the benefits available to each employee classification. Some programs also may have additional eligibility requirements, described in greater detail throughout this overview.

The University of Akron uses employee classifications along with percentage full-time equivalency (FTE) to define benefits eligibility. It is important to know the class under which your position falls, because your benefits are tied to your appointment and FTE. If you are unsure of your employee classification or appointment type, FTE or standard hours, check with Classification Services.

FULL-TIME EQUIVALENCY (FTE)

- 100% FTE = 40 standard hours per week
- Less Than 100% FTE = 39 or less standard hours per week

BENEFITS ELIGIBILITY CHART

The following chart summarizes eligibility by employee classification for the listed University benefits. A box without a symbol indicates that the employee classification is not eligible for that specific benefit.

X= 100% FTE

X = Less than 100%FTE

| Benefit Program | 9month Faculty | 12 month Faculty | Post-Doctoral Researcher | Classified Staff | Unclassified Staff | Contract Professional Administrative | Contract Professional Academic | Police | CWA and SBU Bargaining Unit |
|----------------------------------|----------------|------------------|--------------------------|------------------|--------------------|--------------------------------------|--------------------------------|--------|-----------------------------|
| Dental | X | X | X | X | X | X | X | X | X |
| Disability | X | X | X | X | X | X | X | X | X |
| EAP | X | XX | XX | XX | XX | XX | XX | XX | XX |
| Flexible Spending | X | X | X | X | X | X | X | X | X |
| Life Insurance | X | X | X | X | X | X | X | X | X |
| Medical and Prescription drug* | X | X | X | X | X | X | X | X | X |
| Parental Leave ¹ | X | X | X | X | X | X | X | X | X |
| Retirement ARP | X | X | X | X | X | X | X | X | X |
| Retirement STRS | XX | XX | | | | | X | | |
| Retirement OPERS | | | XX | XX | XX | XX | | | XX |
| Retirement OPERS_LE | | | | | | | | XX | |
| Sick Leave ² | XX | XX | XX | XX | XX | XX | XX | XX | XX |
| Supplemental Retirement Accounts | XX | XX | XX | XX | XX | XX | XX | XX | XX |
| Tuition Remission ³ | XX | XX | XX | XX | XX | XX | XX | XX | XX |
| Vacation ⁴ | | X | | XX | X | X | X | XX | XX |
| Vision | X | X | X | X | X | X | X | X | X |
| Workers Comp | XX | XX | XX | XX | XX | XX | XX | XX | XX |

*In Accordance with the Affordable Care Act employees working 30-39 hours a week have medical plan access.

For specific details refer to the University Rules or the appropriate Collective Bargaining Agreement (CBA). University Rules can be found at

<http://www.uakron.edu/ogc/UniversityRules/index.dot>. CBAs are available at

<http://www.uakron.edu/hr/hr-services/labor-relations/index.dot>

¹ Refer to University Rules - **3359-11-02** (Family and Medical Leave, Leave of Absence, Paid Maternity Leave, Paid Paternity Leave, Paid Adoptive and Foster Parent Leave and Vacations for Employees Other Than Bargaining Unit Faculty), **3359-26-04** (Absence from Campus) or the appropriate collective bargaining agreement

² Refer to University Rules **3359-26-04** (Absence from Campus), **3359-11-01** (Sick Leave for School of Law Faculty, Contract Professionals, Classified, Unclassified Exempt Staff and Other Non-Bargaining Unit Faculty), **3359-11-02** (Family and Medical Leave, Leave of Absence, Paid Maternity Leave, Paid Paternity Leave, Paid Adoptive and Foster Parent Leave and Vacations for Employees Other Than Bargaining Unit Faculty) or the appropriate collective bargaining agreement

³ Subject to minimum hours worked. Refer to University Rules **3359-20-04.3** (Faculty Privileges and Benefits), **3359-26-02** (General Staff and Personnel Policies and Procedures) or the appropriate collective bargaining agreement

⁴ Refer to University Rules **3359-11-03** (Vacation Policy for Full-Time, Twelve Month Faculty, Other Than Bargaining Unit Faculty, Contract Professionals and Unclassified Exempt Staff), **3359-26-04** (Absence from Campus) or the appropriate collective bargaining agreement

ENROLL WITHIN 31 DAYS

HEALTH PLAN ENROLLMENT

WHEN CAN I ENROLL?

The following information relates to enrollment in the University's medical, dental and vision plans.

- Within 31 days of employment in an eligible appointment
- Within 31 days of a qualifying status change
- During an annual open enrollment period

For a full list and details, see medical, dental and vision Plan specific plan details at www.uakron.edu/hr/benefits

COVERAGE LEVELS

- For medical, dental and vision benefits, choose from four coverage levels:
 1. Employee only
 2. Employee + children
 3. Employee + spouse
 4. Family (employee + spouse + one or more dependents)

ELIGIBLE DEPENDENTS

- Spouse
 - An individual whose marriage to a covered employee is recognized by the Internal Revenue Service for federal income tax purposes. Coverage is subject to the Working Spouse Rule which requires spouses of University employees who have access to employer subsidized (at least 50%) medical and/or dental insurance to enroll in their insurance as primary. These spouses will only be permitted to have secondary access to University medical and dental insurance policies.
- Children
 - Your dependent children who have not reached the age limit of 26 (i.e. 26th birthday) and are your biological children, legally adopted children or children placed with you for adoption, stepchildren or children for whom you have legal guardianship or legal custody.

- Disabled dependent children, after attaining limiting age; eligible if specific criteria are met, as stated in the Dependent Eligibility Guidelines online at www.uakron.edu/hr/benefits

DEPENDENT ELIGIBILITY VERIFICATION

If you are adding a dependent for the first time proof of dependency is required at the time elections are made. **Elections will not be processed until all required documentation is received by The Office of Benefits Administration.** All required documentation MUST include date and/or year, employee name, and dependent's name. Please send documentation directly to your Benefits Administrator via campus mail zip +0602, fax X2336 or Benefits Administration general email benefits@uakron.edu.

- Spouse: Provide copies of 2 forms of documentation listed below.
 - A copy of your marriage certificate AND
 - A copy of the front page of your most recently filed federal tax return confirming this dependent as a spouse, OR documentation dated within the last 6 months establishing current relationship, status such as a joint household bill, joint bank/credit account, joint mortgage or lease, listing your name and your spouse's name.
- Children: Provide the appropriate copy of the form(s) of documentation requested below.
 - A copy of the child's birth certificate, naming you or your spouse as the child's parent, or appropriate court order / adoption decree naming you or your spouse as the child's legal guardian
 - If applicable, a copy of a court-issued Qualified Medical Child Support Order (QMCSO) or other court order where you or your spouse are required to provide healthcare.
 - Coverage may extend to any age for a dependent who is incapable of self-support due to a mental or physical disability, is wholly dependent upon the employee for support and maintenance, and lives with the employee in a normal parent-child relationship as documented by a physician.

WHEN DOES MY COVERAGE BEGIN?

Your benefits will be effective on the first day of the month following the date of your eligible appointment or on the date of a qualifying status change, if you enroll within 31 days of the event. Annual open enrollment elections are effective January 1 of the new plan year.

WHEN CAN I MAKE A CHANGE TO MY BENEFITS COVERAGE?

- If you or a dependent experience a qualifying status change, you have 31 days to make a change to your benefits coverage. If you miss this deadline, your next

opportunity to change your benefits coverage will be during the next annual open enrollment period.

- Contact Benefits Administration at X7090 for all status change events.

WHAT IS CONSIDERED A QUALIFYING STATUS CHANGE?

Under IRS rules, you are prohibited from dropping, adding or changing health plan coverage levels during the plan year unless a qualifying status change occurs. There are two types of qualifying status changes: (1) family status changes and (2) employment status changes. Visit [General Plan Provisions and Eligibility](#) for a complete list of qualifying status changes and information on how to make changes to your benefits.

MOVING? NAME CHANGE?

My Profile allows you to update your personal demographic information. Sign in to MyAkron to make changes to your personal email, home address and phone or emergency contact information.

WHAT ARE THE PREMIUMS FOR BENEFITS?

Premium rate contribution charts for medical, dental, vision, short-term disability, Dependent group term life insurance and voluntary group term life insurance are available at www.uakron.edu/hr/benefits.

IS THERE A PRE-EXISTING CONDITION CLAUSE?

There is no pre-existing condition limitation applied to benefits when enrolling in the University's medical, dental or vision plans.

MEDICAL PLAN OPTIONS

Your medical benefits provide comprehensive coverage for planned and emergency care. Each plan's provisions vary, so you have flexibility when deciding which option is right for you and your family. Both of the medical plans provide coverage for the same types of medical services; however, the premium for each plan varies based on how the plan has been designed to pay for those services. When selecting a plan, think about how frequently you visit the doctor, whether you need out-of-network coverage and how you want to balance your monthly contributions with what you are required to pay for medical services you obtain.

Both plans are administered by Anthem and allow you to receive in and out-of-network care for medical services that are typically subject to an annual deductible and coinsurance. Some in-network services such as primary care, specialist and urgent care visits are subject to a copay. These services are not subject to the annual deductible when received in-network. To search the provider directory, visit the benefits website at www.uakron.edu/hr/benefits or visit: www.anthem.com.

- GOLD PPO 85% - This plan has a higher employee payroll contribution and offers lower annual deductibles, coinsurance, out-of-pocket maximums and copays. Annual preventive care exams have a \$0 out-of-pocket cost.
- BLUE PPO 75% - This plan offers a lower employee payroll contribution but has higher annual deductibles, coinsurance, out-of-pocket maximums and copays. Annual preventive care exams have a \$0 out-of-pocket cost.

USING THE BENEFIT

The plan offers you a choice of network or out-of-network coverage.

- Anthem offers national network coverage through the Blue Access PPO network. Search for a provider via www.anthem.com.
- If you use a network provider - Tell the provider's office that you are covered by Anthem Blue Access PPO network when making an appointment, or at the time of service. Take your Anthem identification card with you at the time of service.
- If you use a non-network provider - Your provider may require you to pay for services in full and be reimbursed from Anthem by filing a claim form.

PLAN SUMMARY AND COMPARISON

| Plan Highlights for 2020 | Gold Plan In-Network | Gold Plan Out-of-Network | Blue Plan In-Network | Blue Plan Out-of-Network |
|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| Calendar Year Deductible | \$400 Single \$800 Family | \$800 Single \$1,600 Family | \$600 Single \$1,200 Family | \$1,200 Single \$2,400 Family |
| Out of Pocket Maximum | \$2,500 Single \$5,000 Family | \$5,000 Single \$10,000 Family | \$4,500 Single \$9,000 Family | \$9,000 Single \$18,000 Family |
| Co-Insurance | 85% after deductible | 65% after deductible | 75% after deductible | 55% after deductible |
| Office Visit | \$25 Co-pay | 65% of R & C | \$30 Co-pay | 55% of R & C |
| Specialist Visit | \$35 Co-pay | after deductible | \$45 Co-pay | after deductible |
| Urgent Care | \$50 Co-pay per visit | 65% of R & C after deductible | \$70 Co-pay per visit | 55% of R & C after deductible |

| | | | | |
|---|---|--|---|--|
| Emergency Room – Facility Fees | \$100 Co-pay per visit (Co-pay waived if admitted.) | \$100 Co-pay per visit, then 100% of R & C (Co-pay waived if admitted.) | \$140 Co-pay per visit (Co-pay waived if admitted.) | \$140 Co-pay per visit, then 100% of R & C (Co-pay waived if admitted.) |
|---|---|--|---|--|

A complete listing of covered services is available at www.uakron.edu/hr/benefits.

MEDICAL PLANS CONTRIBUTION RATES

Below are full-time, and ACA Eligible monthly contribution rates for each medical plan.

MONTHLY FULL-TIME RATES

| Salary Range | Gold Plan \$0.00 – \$32,000 | Gold Plan \$32,000.01 – \$37,000 | Gold Plan \$37,000.01 - \$48,000 | Gold Plan \$48,000.01 – \$67,000 | Gold Plan \$67,000.01 – \$92,000 | Gold Plan \$92,000.01 - \$125,000 | Gold Plan \$125,000.01+ |
|-----------------------------------|--|---|---|---|---|--|------------------------------------|
| Employee | \$97 | \$110 | \$117 | \$123 | \$130 | \$136 | \$149 |
| Employee + Spouse | \$194 | \$220 | \$233 | \$246 | \$259 | \$272 | \$298 |
| Employee + Child(ren) | \$185 | \$209 | \$221 | \$234 | \$246 | \$258 | \$283 |
| Employee + Spouse + Child(ren) | \$282 | \$319 | \$338 | \$357 | \$376 | \$394 | \$432 |

| Salary Range | Blue Plan \$0.00 – \$32,000 | Blue Plan \$32,000.01 – \$37,000 | Blue Plan \$37,000.01 - \$48,000 | Blue Plan \$48,000.01 – \$67,000 | Blue Plan \$67,000.01 – \$92,000 | Blue Plan \$92,000.01 - \$125,000 | Blue Plan \$125,000.01+ |
|-----------------------------------|--|---|---|---|---|--|------------------------------------|
| Employee | \$37 | \$50 | \$57 | \$63 | \$70 | \$76 | \$89 |
| Employee + Spouse | \$75 | \$101 | \$114 | \$127 | \$140 | \$153 | \$179 |
| Employee + Child(ren) | \$72 | \$96 | \$108 | \$121 | \$133 | \$145 | \$170 |
| Employee + Spouse + Child(ren) | \$110 | \$147 | \$166 | \$185 | \$204 | \$222 | \$260 |

MONTHLY ACA ELIGIBLE EMPLOYEE RATES

| | Gold Plan Monthly Employee Pre-Tax Contribution | Blue Plan Monthly Employee Pre-Tax Contribution |
|---------------------------------------|--|--|
| Employee | \$162 | \$100 |
| Employee + Spouse/SSDP | \$810 | \$691 |
| Employee + Child(ren) | \$744 | \$631 |
| Employee + Spouse/SSDP +Child(ren) | \$1,392 | \$1,220 |

PRESCRIPTION DRUG PROGRAM

All of the University's medical plans include prescription drug benefits through CVS Caremark.

All prescription drugs that are covered under the Plan fit within one of the following categories:

- **Generic:** A non-brand name drug that has the same active ingredients as a brand-name drug and is sold for substantially less than the brand-namedrug.
- **Preferred:** A drug that is on the list of preferred brand name drugs and requires you to pay less than you would pay for a non-preferred drug. Drugs in this category are based on a combination of factors, including safety, effectiveness and cost.
- **Non-Preferred:** A drug that is not on the list of preferred brand name drugs and requires you to pay more than you would pay for a preferred drug.
- **Specialty:** Drugs that are used in the management of chronic or genetic diseases, including injectables, infused drugs or oral medications, or drugs that otherwise require special handling.

For a detailed list of the drugs covered under the Plan, you may call CVS Caremark Customer Service at (888) 202-1654 or visit www.caremark.com. Note: The category to which a particular drug belongs may change periodically based on CVS Caremark's formulary. These changes may occur without notice to you.

USING THE BENEFIT

Retail Purchases

The Plan allows you to fill prescriptions at a retail pharmacy. You should use a retail pharmacy when filling short-term prescriptions for medications such as antibiotics. You are generally able to receive up to a 30-day supply of medication (through a retail pharmacy).

Mail Order Service and Maintenance Choice Purchases

You should use the Plan's mail order service or a retail CVS pharmacy when filling long-term maintenance medications. Maintenance medications are used to treat chronic illnesses such as heart conditions, allergies, high blood pressure, and arthritis. Through the mail order service and at retail CVS pharmacies, you are able to receive up to a 90-day supply of your medication.

To obtain a prescription through the Plan's mail order service visit www.uakron.edu/hr/benefits.

UTILIZATION MANAGEMENT

The Plan uses tools such as co-payments, mandatory generics, step therapy, prior authorization, and quantity limits to provide better prescription coverage while managing the rising costs of prescription medications. These programs are designed to maximize value. The goal is to help you choose a medication that's proven safe and effective for your condition, while getting it at the lowest possible cost. By using the most cost effective first line medications you will not only save money with lower co-payments, but the plan saves as well; helping to ensure that the Plan can continue to provide excellent prescription coverage for you and your family.

Mandatory Generic Medications

The Plan uses a mandatory generic substitution program whereby participating network pharmacies and the Plan's mail order service will substitute brand name drugs with generic equivalents, when generic equivalents are available and appropriate. This program will not be applied when the prescription contains a "dispense as written" restriction or when the Participant has requested that only the brand name drug be dispensed.

Step Therapy Program

A step therapy program is designed specifically for patients with certain conditions that require them to take medications regularly. It is the practice of beginning medication therapy for a medical condition with the most cost-effective drug and progressing to other more costly therapy(s) should the initial medication not provide adequate therapeutic benefit.

Prior Authorization Requirement

Certain prescription drugs are subject to prior authorization from the Plan. This means that you must obtain approval through CVS Caremark before your medication will be covered under the Plan.

Quantity Limits

Quantity limits are used to manage the quantity of medications available to any member that may be potentially harmful, subject to abuse, is not consistent with the standard of care in today's medical practice, or other reasons. Certain lifestyle medications (such as Viagra, Cialis) are subject to quantity limits or other medications that could potentially be harmful if certain dosages are exceeded. Members may obtain prior authorization to receive such medications at the higher than normal dosage when medically necessary.

"Dispense as Written" Restriction

If you or your doctor chooses for you to receive a brand name drug when a generic drug is available (such as when the prescription contains a "dispense as written" restriction), you will be responsible for paying the appropriate co-payment in addition to paying the difference between the cost of the brand name drug and the cost of the available generic drug.

Maintenance Choice/Retail 90 Network

You have the option of receiving long-term maintenance prescription drugs through the Plan's mail order service described above or at a local CVS retail pharmacy. This program provides you with the flexibility to decide which delivery system is most convenient to you

Specialty Guideline Management

The Specialty Guideline Management program evaluates the appropriateness of drug therapy for specialty medications according to evidence-based guidelines both before the initiation of therapy and on an ongoing basis. This program is available for all specialty conditions, and outreach is made to both the participant and the prescriber to evaluate the therapy.

Specialty Connect™

A participant may take advantage of this program by dropping off or having a specialty prescription sent to any CVS retail pharmacy, or the participant's doctor may send the prescription to the Plan's specialty mail order service. A participant may then choose to pick up specialty medications at a CVS retail pharmacy, have them shipped to the participant's home address, or have them shipped to a location of choice.

Vaccination Network

This program offers broad access to routine vaccination services through more than 50,000 retail pharmacies, including CVS retail pharmacies. Vaccines are available when an immunizing pharmacist or MinuteClinic® practitioner is on duty, and may require a

prescription. A Participant will need to provide a Plan ID card and photo ID at the pharmacy.

For specific details on utilization management programs you may visit www.caremark.com or contact CVS Caremark Customer Service at (888) 202-1654 for more information

PLAN SUMMARY AND COMPARISON

| Prescription | Gold 30 Day Retail | Gold 90 Day Mail Order | Blue 30 Day Retail | Blue 90 Day Mail Order |
|-------------------------------------|-------------------------------|-----------------------------------|-------------------------------|-----------------------------------|
| Tier 1 – Generic | \$10 | \$25 | \$12 | \$30 |
| Tier 2 – Preferred Brand | 25% up to \$70 max | 25% up to \$175 max | 30% up to \$85 max | 30% up to \$225 max |
| Tier 3 – Non Preferred Brand | 35% up to \$85 max | 35% up to \$175 max | 40% up to \$125 max | 40% up to \$250 max |
| Tier 4 – Specialty | 30% up to \$125 max | n/a | 35% up to \$150 max | n/a |

DENTAL PLAN


The University provides dental coverage for you and your eligible dependents at 15% cost share.

USING THIS BENEFIT

- The plan offers you a choice of network or out-of-network coverage.
- Delta Dental of Ohio® provides national network coverage through Delta Dental PPO™ and Delta Dental Premier®. Search for a provider at www.deltadentaloh.com/find-a-dentist.
- If you use a network provider - Tell the provider's office that you are covered by Delta Dental when making an appointment, or at the time of service. Take your dental plan identification card with you at the time of service.
- If you use a non-network provider - Your provider may require you to pay for services in full and be reimbursed by Delta Dental by filing a claim form.

PRE-TREATMENT ESTIMATE

Upon your request, Delta Dental will determine benefit coverage prior to you receiving dental service(s) if the course of treatment is expected to be \$200 or more. Your dentist can send a written description of the procedures and proposed charges to Delta Dental before treatment begins.

| | Delta Dental PPO™ Dentist | Delta Dental Premium® Dentist | Non participating Dentist |
|---|---|--|--|
|  | | | |
| Delta Dental PPO (Point-of-Service) | Plan Pays | Plan Pays | <i>The nonparticipating dentist fee may be less than what your dentist charge. You are responsible for that difference.)</i> |
| Diagnostic and Preventive | 100% | 100% | 100% |
| Basic Services | 70% | 70% | 70% |
| Major Services | 50% | 50% | 50% |
| Orthodontic Services— <i>Up to age 19, with \$1,000 lifetime maximum</i> | 50% | 50% | 50% |
| Balance Billing Protection | Yes | Yes | No |
| Deductible | \$50 per person for basic and major services. | | |
| Annual Benefit Maximum | \$1,250 per person for all services. | | |

MONTHLY CONTRIBUTION RATES

| Level of Coverage | Monthly Pre-Tax Rate of 15% |
|--------------------------------|------------------------------------|
| Employee | \$4.86 |
| Employee + Spouse | \$10.01 |
| Employee + Child(ren) | \$9.40 |
| Employee + Spouse + Child(ren) | \$14.48 |


VISION PLAN

The Vision Plan provides you and your covered dependents with vision care services, such as eye exams, eyeglasses and contact lenses.

USING THIS BENEFIT

- The Vision Plan offers you a choice of network or non-network coverage when you seek vision services. You can perform a provider search by accessing Vision Service Plan's (VSP) website via www.vsp.com.
- If you use a VSP Choice Network Provider - Tell the provider's office that you are covered by VSP when making an appointment, or at the time of service. There is no identification card for Vision.
- If you use a non-network provider - The plan pays less for covered services than it does when you use a network provider. - Your provider may require you to pay for services in full and be reimbursed from VSP by filing a claim.
- If the condition is medical in nature, vision coverage will be coordinated with your medical plan.

VISION PLAN SUMMARY

|  | VSP Signature Network | Other Providers Maximum Reimbursement |
|---|---|--|
| Well Vision Exam (per calendar year) | \$10 Copay | Up to \$35 |
| Prescription Glasses | \$15 Copay | -- |
| Lenses (every calendar year) | 100% | <ul style="list-style-type: none"> • Single vision: up to \$25 • Lined bifocal: up to \$40 • Lined trifocal: up to \$55 |
| Frames (every other calendar year) | \$140 Allowance, 20% Off Amount Over Allowance | Up to \$45 |
| Contact Lens (<i>instead of glasses</i>) | No Copay. \$140 allowance for contacts and the contact lens exam. | Up to \$105 Medically Necessary Contacts up to \$210 |
| Laser Vision Correction | Average 15% off the regular price or 5% off the promotional price from contracted facilities. | None |

MONTHLY CONTRIBUTION RATES

| Level of Coverage | Monthly Pre-Tax Rate |
|----------------------|----------------------|
| Employee | \$9.84 |
| Employee + 1 | \$19.68 |
| Employee + 2 or more | \$28.79 |

FLEXIBLE SPENDING ACCOUNT (FSA)

DEPENDENT CARE FSA

- This account reimburses you for any child and dependent care expenses (daycare, private sitter, etc.) that would otherwise be eligible for a tax credit by the IRS.
- Employees can contribute a maximum of \$2,500 if single or \$5,000 if married filing a joint tax return and both working.
- Eligible expenses can be reimbursed only up to the current balance of payroll contributions in your account and cannot exceed your annual election amount.
- A Dependent Care FSA may not provide the greatest tax advantage for all employees. Greater tax savings may be gained for some individuals by claiming available tax credits on both the state and federal income tax returns. Consult a tax advisor for assistance with determining which option may be the most financially advantageous for your situation.

HEALTH CARE FSA

- This account sets aside money to pay for eligible out-of-pocket health care expenses (copays, coinsurance, prescriptions, etc.) for you or any of your eligible dependents during the plan year.
- Employees can contribute a maximum of \$2,750 annually into a health care flexible spending account.
- To be considered eligible for reimbursement, health care expenses cannot be paid by or available through any benefits plan.
- New participants will receive a debit card for easy FSA withdrawals for eligible items.
- Health care FSA funds cannot be used to reimburse health plan contributions or premiums, including premiums for long-term care and COBRA.
- You may use your full annual election amount prior to having the full amount of payroll contributions deducted and deposited into your account.
- For a detailed list of health care FSA eligible expenses, please visit www.uakron.edu/hr/benefits.

ABOUT THIS BENEFIT

- FSA participants will receive an FSA debit card for convenience at the point-of-service.
- Claims that cannot be paid for with the FSA debit card must be submitted via claim form. For details on submitting a manual claim visit: <http://www.uakron.edu/hr/benefits/2020/>. Click on the Flexible Spending Accounts tab and there you will find a link for the claim form.
- FSA contributions must be used within the plan year or they will be forfeited in accordance with the IRS rules.
- The plan year corresponds with the calendar year, however there is a carryover option. Health FSA funds deposited during the 2020 calendar year must be used by December 31, 2020, except that funds up to \$500 may be carried over into the 2021 plan year. This only applies to Health FSAs and does not apply to Dependent Care FSAs.
- The plan has a 90-day run out period through March 31, 2020 to send in your receipts for reimbursement for services rendered in 2019.



LIFE INSURANCE

GROUP TERM LIFE INSURANCE

- As an eligible University employee, you are provided University-paid life insurance coverage of two times your annual base salary up to \$100,000 at no cost.
- Employees may also purchase supplemental life insurance up to five times their annual base salary up to a maximum of \$500,000 without an evidence of insurability medical exam or up to \$1,000,000 with a successful evidence of insurability medical exam. Costs vary by age and salary
- After your initial hire the only time you may change your life insurance amount is during open enrollment or as a result of a qualified family status change. It is important to note that during subsequent changes you are limited to the next level of coverage and may not skip levels.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

- In the event of death due to an accident, this benefit provides an additional 2 times your annual regular base salary up to a maximum of \$100,000 (subject to the age reduction formula).

ACCELERATED DEATH BENEFIT

- In the event of a terminal illness diagnosis with a life expectancy of 12 months or less, this benefit provides for an early payment of up to 100 percent of the life insurance amount.
 - If a terminal illness is diagnosed, notify Benefits Administration to apply for this benefit.

AGE REDUCTION FORMULA

- An age reduction formula goes into effect at age 65 and reduces the life insurance benefit by 8% annually on the January 1st following employee's birthday. A final reduction of 10% occurs on the January 1st following the employees 70th birthday.

BENEFICIARY DESIGNATION

- Beneficiaries are the person(s) designated to be paid life insurance benefits upon your death. To review/change your current beneficiaries visit MyAkron, go to the Faculty/Staff tab and click on Benefits Summary.

TAX IMPLICATIONS

- Under section 79 of the Internal Revenue Code, the University is required to report the imputed cost of any employer-provided life insurance benefit that exceeds \$50,000. The imputed cost is calculated using the IRS Premium Table. You can view the IRS Premium Table and information on group term life insurance in IRS publication 15-B.

PREMIUMS

Rates per \$1,000 per month. For your specific annual cost log into MyAkron and review your benefits enrollment form or confirmation.

| Age Band | MONTHLY PREMIUM |
|-----------------|------------------------|
| Under 30 | 0.051 |
| 30-34 | 0.057 |
| 35-39 | 0.079 |
| 40-44 | 0.121 |
| 45-49 | 0.190 |
| 50-54 | 0.279 |
| 55-59 | 0.403 |
| 60-64 | 0.524 |
| 65-69 | 0.741 |
| 70-74 | 1.404 |
| 75+ | 4.337 |
| AD&D | 0.018 |

DEPENDENT GROUP TERM LIFE INSURANCE

- Eligible faculty and staff may purchase life insurance coverage for a spouse and children up to age 26 at low monthly fees. This benefit pays up to \$10,000 (depending on level of coverage selected) in the event of the death of your covered spouse or child.
- The employee is the beneficiary for any dependent life benefit.
- The amount of dependent life insurance chosen for the spouse is limited to 50% of the employee's amount of life insurance.
- All eligible dependent children are covered under one plan at the same premium rate. Additional premiums are not charged for additional children.

PREMIUMS

Dependent Life Premiums are paid on an after-tax basis via payroll deduction.

| Dependent Life Monthly Contribution | |
|-------------------------------------|--------|
| \$2,500 child/\$5,000 spouse | \$1.68 |
| \$5,000 child/\$10,000 spouse | \$3.36 |

For all Life products evidence of insurability (EOI), approved by UNUM.

For more details on life insurance view the UNUM Life at www.uakron.edu/hr/benefits. Click on the Life Insurance tab to view all information about the life insurance

EFFECTIVE DATE

- The guaranteed issue amount is effective at the later of the date you become eligible and the date your enrollment is complete. The portion requiring EOI is effective upon approval from Minnesota Life.



LONG & SHORT-TERM DISABILITY

Disability Insurance provides financial protection for eligible employees by paying a percentage of weekly earnings in the event of a disability. Consider enrolling in a disability insurance plan if you have inadequate emergency funds set aside to pay for an unexpected accident or illness or you have a limited sick leave balance.

SHORT-TERM DISABILITY

This plan provides 60% salary replacement up to a maximum weekly benefit of \$1,400 as non-taxable income.

WAITING PERIOD

For injury, the waiting period is 14 days and for illness (including pregnancy), the waiting period is 28 days. You must exhaust all sick leave before the policy pays benefits.

PRE-EXISTING CONDITION CLAUSE

A "Pre-existing Condition" means any injury or sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 12 months before your most recent effective date of insurance.

BENEFIT OFFSETS

An employee for whom disability benefits are payable under this policy may be eligible for benefits from other income benefits. If so, the insurance company may reduce the disability benefits by the amount of such other income benefits.

PREMIUMS

The cost of short-term disability insurance is paid by employees on an after-tax basis, determined by age and salary. Rates are per \$10 of payable benefit. See MyAkron for your specific cost details.

| Age | Monthly Premium (Price) |
|----------|----------------------------|
| Under 40 | \$0.241 |
| 40-49 | \$0.213 |
| 50-59 | \$0.275 |
| Over 60 | \$0.378 |

LONG-TERM DISABILITY (LTD)

The Base Plan for long-term disability insurance is funded by the University. This plan provides 60% salary replacement up to a monthly maximum of \$5,000.

The Buy Up plan provides 70% salary replacement up to \$6,000 monthly benefits. For this option, you will pay the difference in cost from the Base Plan.

WAITING PERIOD

This plan requires a six month waiting period and sick leave must be exhausted before benefit are paid out.

PRE-EXISTING CONDITION CLAUSE

A "Pre-existing Condition" means any injury or sickness for which the employee incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 3 months before his or her most recent effective date of insurance

BENEFIT OFFSETS

An Employee for whom disability benefits are payable under this policy may be eligible for benefits from other income benefits. If so, the insurance company may reduce the disability benefits by the amount of such other income benefits.

PREMIUM

The base LTD is provided at no cost to employees by The University. The buy-up plan may be purchased at an additional cost of \$.44 per \$1,000 of covered salary. For your specific rates log into MyAkron and view your enrollment form or confirmation statement.

YOUR FIRST 120-180 DAYS

RETIREMENT PROGRAM CHOICES

STATE RETIREMENT PROGRAMS

STRS and OPERS offer choices of three plans within their systems to new members. Watch for an introduction mailer from STRS or OPERS to learn more about their plan offerings.

THINGS YOU SHOULD KNOW

Ohio public institutions do not participate in the federal Social Security system, other than contributions to Medicare. Instead, faculty and staff are required to participate in the Ohio state retirement system. In recognition of the diverse retirement needs of employees, the state provides retirement through two systems, one for staff/administrative contract professionals and one for faculty/academic contract professionals. An additional option is also available to eligible employees of public institutions who hold a full-time position of 100% FTE. These are:

- Ohio Public Employees Retirement System (OPERS) for staff and State Teachers Retirement System of Ohio (STRS) for faculty
- The University of Akron Alternative Retirement Plan (ARP) 401 (a)

It is important that you understand how each program works so you can pick the one that best fits your retirement savings objectives. You should carefully consider your personal situation before making an election. You also may want to seek the advice of a retirement planning professional who is familiar with the plan options.

If eligible, you have 120 days from, and including, the effective date of your eligible appointment to make your irrevocable election and enroll in either ARP or OPERS/STRS. Benefits Administration must receive your completed Retirement Program Election form by noon on the last business day before the 120th day. If no election is made, you will automatically be enrolled in OPERS/STRS. If you elect or default to STRS, you have an additional 60 days to complete the STRS paperwork and make a selection between their three plans.

If you elect the ARP, you must choose and contact an ARP provider and complete the required account forms. Your enrollment in ARP is not complete until you have enrolled with your chosen ARP provider.

Retirement contributions will be sent to either OPERS or STRS (based on your appointment classification) until an election is made between the appropriate state system and the ARP (if eligible). If ARP is elected, contributions as of your ARP eligibility date will be transferred automatically to your chosen ARP providers by OPERS/STRS. You do not earn service credit under the state system while participating in the ARP.

Attention Returning Retirees:

The ARP option is available

- If you hold at least a 100% FTE and were not previously offered the option to elect the ARP during employment prior to retirement or;
- Retired from the university more than 365 days or;
- Are eligible as new hire.
- Individuals not eligible for the ARP will pay into the OPERS/STRS money purchase plan.

Contact OPERS/STRS about any impact reemployment may have on your OPERS/STRS health care coverage.

TYPES OF PLANS AVAILABLE AND THEIR CHARACTERISTICS

The retirement plan options differ in several ways. The basic difference is in how the retirement benefits are determined.

DEFINED BENEFIT (DB) PLAN

The defined benefit plan is available through OPERS and STRS. In this type of a plan, your retirement income is determined by a calculation that uses:

- Your age
- Your years of service
- Your final average salary

You and the university make contributions to this plan to fund the retirement benefits. The investment of contributions in this plan type are managed OPERS/STRS; therefore, you do not bear any investment risk. Your benefit grows as your years of service and final average salary increase.

DEFINED CONTRIBUTION (DC) PLAN-401(a)

A defined contribution plan is available through the ARP, and STRS. In this type of plan, your retirement income is driven by several variables:

- The performance of the investment choices you select
- The amount of contributions deposited to your account (your contributions and the university's)
- The payment option you choose at the time of retirement

You and the university make contributions to this plan and you decide how to allocate those contributions among a variety of investment options. Your balance at your retirement is equal to the contributions made to the plan and the investment earnings or losses the account experiences.

When participating in a defined contribution plan, the law requires that a portion of the employer contribution be sent to the state system to be applied towards the unfunded liability associated with the defined benefit plans ("mitigating rate"). This amount may be

adjusted up or down on a periodic basis as determined by State law and the retirement systems.

COMBINED PLAN

The combined plan is available through STRS only. This plan includes features of the Defined Benefit and Defined Contribution plans. Your retirement benefits is determined by:

- A formula that uses your age, years of service and final average salary
- And a portion from contributions to the plan and the investment earnings or losses on that account

You and the university make contributions to this plan. You determine the investment options under the defined contribution portion of the plan. At retirement, you receive a portion from the defined benefit formula and your account balance for the defined contribution portion.

There are many important factors to consider when selecting your retirement plan. Carefully consider your options. You may want to speak to a retirement planning professional to discuss your long term- financial goals and other personal considerations such as your risk tolerance, your potential length of employment, and other retirement savings.

For more details and to see a list of ARP and SRA vendors, view the Retirement Options Booklet at www.uakron.edu/hr/benefits/retirement.

AVAILABLE THROUGHOUT YOUR UNIVERSITY EMPLOYMENT

SUPPLEMENTAL RETIREMENT ACCOUNTS (SRA)

Many private sector companies offer 401(k) plans. As a university employee, you have the opportunity to contribute to something similar called a Supplemental Retirement Account (SRA). SRAs allow you to enhance your retirement plan savings through voluntary contributions and include the Deferred Compensation Program (457(b) plan) and Tax-Deferred Accounts (403(b) plan), and Roth 404(b) plan. Contributions to the 457(b) and 403(b) are on a pre-tax basis. Roth 403(b) contributions are on an after-tax basis.

ENROLLMENT

You must contact the SRA provider you choose to activate an account. The account must be opened for contributions to be deposited. If the account is not opened, the election will be null and void, and any deductions will be returned.

You may enroll at any time during eligible employment by completing the Salary Reduction Agreement.

- 403(b) contributions will begin on the pay date you designate on the SRA application or, if later, the next pay after receipt in Human Resources.
- 457(b) contributions begin the month after the election is made.

MAKING CHANGES TO YOUR SRA

You may change your SRA contribution amount and/ or your provider at any time by submitting a completed SRA Salary Reduction Agreement to Payroll.

Your existing SRA balance may remain with your previous active provider, or a portion may be transferred to the new provider, pending your investments allow this.

SRA PLAN CONTRIBUTIONS

The university does not make contributions to your SRA.

403(b) and 457(b) contributions are deducted from your pay on a pre-tax basis.

Roth 403(b) contributions are deducted from your pay on an after-tax basis.

INVESTMENTS

Each provider offers a variety of options in which you may elect to invest your contributions.

You assume the investment risk; all earnings and losses accrue to your account.

You assume the cost for any management fees (loads) associated with your investments, which may vary from provider to provider.

ADVANTAGES

By joining the plan, you will:

- Lower your current state and federal taxes through tax-deferred savings
- Save toward retirement
- Have automatic deductions each pay period

If you have any questions about any of the information contained in this document or about benefits enrollment, please call your benefits representative or send an email to benefits@uakron.edu.