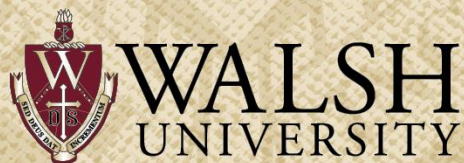


WALSH UNIVERSITY

2022 BENEFITS INFORMATION

Faculty



Introduction

Welcome to Walsh University! Whether you are a new employee, or someone looking for information on the current benefit offerings, this guide can walk you through everything you need to make decisions that best fit you and your dependents. If you have any additional questions regarding anything in this booklet, please e-mail the Manager of Payroll and Benefits. Please note- anything in this booklet is subject to change at any time, at the University's discretion and within the limits of the plan documents. This booklet is an overview of benefits- for more details, please consult the handbook.

Benefit Enrollment

New employees have 30 days from the date of hire to elect coverage through the Paycom notification event. All benefits will go into effect on the hire date, regardless of when the benefit elections are made within the 30-day time limit. Payment for all elected benefits will start the following pay period after elections are made. Depending on when benefits were elected, you may be subject to back deductions in order to catch up your premiums. If you take no action on your benefit event, or do not submit it within the 30-day time limit, you will not be enrolled in benefits and cannot enroll until the next Open Enrollment period or with a Qualifying Event.

Existing employees can change their coverage during Open Enrollment, or through a Qualifying Event. A Qualifying Event is a life event for you or a dependent that makes them eligible to be added or removed from your coverage. You have 30 days from the date this event occurs to complete a Qualifying Event in Paycom. Examples of an event include:

- Birth/Adoption
- Marriage
- Loss/Gain other coverage or Medicare Part B
- Loss/Gain of Tri-Care
- Divorce or Legal Separation
- Death of a dependent

If you do not complete the event within the 30-day time limit, you must wait until Open Enrollment to make any changes to coverage.

Eligibility

You are eligible for coverage if you meet the following criteria:

- You are a full time employee
- You work at least 30 hours per week
- You meet ACA requirements

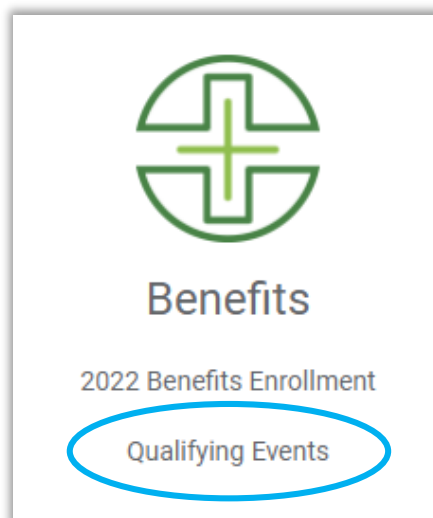
Enrolling Through Paycom

If you are a new employee, you can enroll through your New Hire event in Paycom. To complete this, log into Paycom and click on the bell in the top right corner of the screen:



There will be a Benefit Enrollment task to choose. You must go through all of the questions, and choose a response (even if you are waiving the benefit). Once completed, you will see a summary at the end of everything you have chosen, and the cost. You must click the finalize button at the bottom in order for the benefits to be accepted into Paycom. If you have any questions, please contact the Manager of Payroll and Benefits.

If you are an existing employee processing a Qualifying Event, this is a two-step process that must be completed in its entirety. You must log into Paycom, then click on the Qualifying Event option in the Benefits section:



From here, fill out the required information. You must attach a document to support your Qualifying event. Acceptable documents include:

- Birth- birth certificate or crib card
- Adoption- court paperwork signed by the judge
- Marriage- marriage certificate
- Divorce- divorce or separation papers signed by the judge
- Loss/Gain other coverage- a letter from the company or insurance company stating the date coverage was gained, and who gained it
- Death of dependent- death certificate

Once submitted, it will be sent to the Manager of Payroll and Benefits for approval or denial. If approved, you will receive an e-mail to log back into Paycom and choose what your benefits changes will be.

Company Provided Benefits

Walsh University provides the following benefits at no cost to you effective upon the date of hire:

Life Insurance - you are given a life insurance policy totaling one times your salary, or \$20,000 (whichever is greater). You will have the option upon your hire event, Qualifying Event, or anytime in Paycom to designate a beneficiary for this plan.

Accidental Death and Dismemberment - this plan will give money to your designated beneficiary if you pass away through an accident, or are dismembered in any way. Please refer to the plan document for more specific information regarding this benefit.

Short Term Disability - this benefit can be used if you are on a continuous leave of absence for no more than 12 weeks. The pay breakout is below:

0-4 Years of Service	1 Month Full Pay 2 Months at 60% of Monthly Salary
5-9 Years of Service	2 Months Full Pay 1 Month at 60% of Monthly Salary
10 or More Years	3 Months Full Pay

Long Term Disability - If you need to be on a continuous leave of absence for longer than 12 weeks, this benefit will pay you up to 60% of your monthly salary while out. Please refer to the Leave of Absence policy for more information about time restrictions for an extended leave.

Voluntary Benefits

Walsh University offers the following voluntary benefits for employees to enroll in through their new hire event, or Open Enrollment:

Medical - Walsh offers three plans through Aultcare- two PPO and one High Deductible plans- to fit your needs and budget. Prescription coverage is included with all three plans. See pages 7-10 for more detailed information.

Dental - free teeth cleanings, assistance with various mouth surgeries, and some orthodontia benefits are included in our Aultra (through Aultcare) dental plan. See page 13 for more detailed information.

Vision - this VSP comprehensive plan can assist with paying for optometrist appointments, frames, and lenses. See page 14 for more detailed information.

Optional Employee Life Insurance - you have the option to elect an additional life insurance plan, in \$10,000 increments, up to \$500,000. Prices are based on a variety of factors- including age and what you elect. You may be subject to submitting an Evidence of Insurability form to United Healthcare in order to be approved for the amount you elect.

Optional Spouse Life insurance - you have the option to elect an additional life insurance plan for your spouse, in \$10,000 increments, up to \$240,000. Prices are based on a variety of factors- including age and what you elect. You cannot elect more than half the amount of your own optional life insurance plan for your spouse. Your spouse may be subject to submitting an Evidence of Insurability form to United Healthcare in order to be approved for the amount you elect.

Optional Child Life Insurance - you have the option to elect an additional life insurance plan for your child(ren), in \$2,000 increments, up to \$10,000. Prices vary based on how many children are enrolled, and the election amount.

Accident Plan - if you or your dependents are in an accident, this plan will give you supplemental money to help pay for various expenses. See page 15 for plan tiers and costs.

Spending Accounts - Walsh offers an FSA, HSA, and Dependent Care plans. See pages 11 and 12 for more detailed information.

Medical- Aultcare

Walsh offers three plans, with four coverage levels. The below chart shows the four tiers for each plans, and the cost per bi-weekly pay period:

Aultcare PPO Traditional

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE Only	\$63.69	\$82.15
EE and Spouse	\$126.92*	\$145.38*
EE and Children	\$126.92	\$145.38
Family	\$173.08*	\$191.54*

**possible Working Spouse charge of \$63.69 or \$82.15 could apply*

Aultcare PPO Select

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE only	\$50.77	\$69.23
EE and Spouse	\$99.23*	\$117.69*
EE and Children	\$99.23	\$117.69
Family	\$150.00*	\$168.46*

**possible Working Spouse charge of \$50.77 or \$69.23 could apply*

Aultcare HDHP 3000/6000

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE Only	\$60.00	\$78.46
EE and Spouse	\$118.62*	\$137.08*
EE and Children	\$118.62	\$137.08
Family	\$159.23*	\$177.69*

**possible Working Spouse charge of \$60.00 or \$78.46 could apply*

If you live outside Aultcare's network, you will be placed into Aultcare's out of network program, under Cigna.

Wellness Credit

Walsh offers a \$40 per month discount on their medical premium to employees who choose to fill out the Wellness Credit information through Aultcare. This is a two-step process of having the form filled out by your physician, and completing the Wellness survey on the Aultcare portal. New Hires have 30 days from their date of hire to complete the process. Existing employees must complete this process every year during the Open Enrollment time frame. Not completing this process within the allotted time will result in you paying the without wellness premium until the next Open Enrollment period.

Spousal Surcharge

If your spouse can obtain medical coverage through their employer, you will be charged a spousal surcharge in addition to your medical premiums. Please see the above chart for reference on cost for Employee and Spouse and Family plans. All employees with a spouse on their plan are required to have this form filled out by their employer during Open Enrollment time. Failure to provide it within the time frame will result in the spousal surcharge being applied until the form is turned in. No refunds will be given for this charge for late submittals.

Plan Comparison

Coverage	PPO Traditional Plan		PPO Select Plan		HDHP 3000/6000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Single	\$ 750	\$ 2,250	\$ 2,000	\$ 6,000	\$ 3,000	\$ 8,400
Family	\$ 1,500	\$ 4,500	\$ 4,000	\$ 12,000	\$ 6,000	\$ 16,800
Out-of-Pocket						
Maximums						
	<i>Applies to Medical Expenses</i>		<i>Applies to Medical Expenses</i>		<i>Applies to Medical Expenses</i>	
Single	\$ 3,000	\$ 9,000	\$ 4,000	\$ 12,000	\$ 3,000	\$ 16,800
Family	\$ 6,000	\$ 18,000	\$ 8,000	\$ 24,000	\$ 6,000	\$ 33,600
Coinsurance						
Physicians Office Visits	\$25 copayment/visit	40% coinsurance	\$25 copayment/visit	40% coinsurance	0% coinsurance	20% coinsurance
Specialist Office Visits	\$25 copayment/visit	40% coinsurance	\$25 copayment/visit	40% coinsurance	0% coinsurance	20% coinsurance
General Medicine Teladoc	\$25 copayment		\$25 copayment			\$55 copayment
Teladoc Therapist Session	\$25 copayment		\$25 copayment			\$90 copayment
Teladoc Psychiatrist Ongoing	\$25 copayment		\$25 copayment			\$100 copayment
Teladoc Psychiatrist evaluation	\$25 copayment		\$25 copayment			\$220 copayment
Teladoc Dermatology	\$25 copayment		\$25 copayment			\$85 copayment
Preventive	No Charge	40% coinsurance	No Charge	40% coinsurance	No charge	50% coinsurance
Most covered services	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance
Inpatient Hospital	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance
Outpatient Surgery	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance
Emergency Room	\$300 copayment/visit	\$300 copayment/visit	\$300 copayment/visit	\$300 copayment/visit	0% coinsurance	20% coinsurance
Urgent Care	\$50 copayment/Visit	40% coinsurance	\$50 copayment/Visit	40% coinsurance	0% coinsurance	20% coinsurance
Mental Health/Substance Abuse						
- Inpatient	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance
Mental Health/Substance Abuse	Office: \$25 copayment/visit;		Office: \$25 copayment/visit;			
- Outpatient	Outpatient: 20% coinsurance	40% coinsurance	Outpatient: 20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance
Rehabilitation services	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	0% coinsurance	20% coinsurance

**For a printable, easy to read version, see the Appendix section*

For additional information regarding medical coverage information, what medical procedures/ailments are covered under the plan, or to find an in-network provider, please see the plan document or log onto the Aultcare portal at member.aultcare.com.

Prescription Coverage- Optum RX

Included with the medical coverage, Walsh also provides a prescription drug plan included in the cost of the medical plan elected. Please note: prescription coverage cannot be elected by itself- you must elect a medical plan in order to have this benefit.

Plan Comparison Chart

Coverage	PPO Traditional Plan		PPO Select Plan		HDHP 3000/6000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs	Amounts are whichever is greater		Amounts are whichever is greater		Must meet deductible then co-pays apply	
	90 Day mail in		90 Day mail in		34 day Retail	90 Day mail in
Tier 1 1-34 Supply	\$10 or 20%	\$25 or 20%	\$10 or 20%	\$25 or 20%	\$10 copay	\$25 copay
Tier 1 35-60 day Supply	\$10 or 20%	\$25 or 20%	\$10 or 20%	\$25 or 20%	\$20 copay	\$25 copay
Tier 2	\$30 or 30%	\$85 or 25% (\$200 max)	\$30 or 30%	\$85 or 25% (\$200 max)	\$30 copay	\$85 copay
Tier 3	\$45 or 50%	\$130 or 45% (\$400 max)	\$45 or 50%	\$130 or 45% (\$400 max)	\$60 or 50%	\$170 copay
	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$25 copay limited 30 day supply	\$25 copay limited 30 day supply
Tier 4	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$85 copay limited 30 day supply	\$85 copay limited 30 day supply
Tier 5						
	oop max \$4,900/\$9,800		oop max \$4,700/\$9,400		oop max \$3,750/\$7,500	

**A printable, easy to read version can be found in the Appendix*

Things to Consider

Now is your opportunity to decide which medical plan option makes the most financial sense for you and your family. Here are some things to think about:

- What is the difference in how much you pay out of each paycheck to be covered under the High Deductible plans as compared to the PPO Plan?
- How often do you go to the doctor? If overall you are healthy and rarely visit the doctor for services other than preventive care, you may want to consider one of the High Deductible plans. Remember-if you select one of the High Deductible plans, you are also eligible to enroll in the Health Savings Account, which allows you to save money pre-tax for future medical expenses and this money rolls over year-after-year.
- Adult preventive health care exams and screenings are always covered at 100% under both medical plans.
- Think about how many prescription drugs you take, and how much the cost of each would be under each plan.

With each medical plan, you can choose a spending account to help you save money for out of pocket medical expenses. These funds can cover a wide variety of expenses, from medical procedures to over the counter drugs. See below for how each plan works, and what plan you can elect with your medical choice.

FSA - stands for Flexible Spending Account. This plan can only be elected if you have the PPO plan. Your total elected amount is front loaded onto a card for you, and you pay the amount off throughout the calendar year in your bi-weekly pay. You are not able to go above a maximum, government set amount each calendar year for this plan. You must use the money within the calendar year it is elected; if you don't, the money will be forfeited.

Limited Purpose HSA - Limited Purpose Health Savings Accounts can be elected if you have chosen one of the HDHP plans. This plan covers dental and vision out of pocket expenses. Anything from frames to root canals are able to be paid through this. Just like the FSA, you receive the total upfront and pay off the balance on the card through installments in your bi-weekly pay.

HSA - Health Savings Account can be elected if you have chosen one of the HDHP plans. Unlike the FSA, this account collects money that is withdrawn from your bi-weekly pay, and accumulates. Example- if you add \$20 to this account per pay, by your third pay, you will have \$60 to use on varying out of pocket medical expenses. Walsh also deposits money into your account every pay as well, so you accumulate more. This account rolls over year to year, so the money is always there for you to use. Please see the election form for Walsh's contributions and more information.

	PPO Traditional Plan		PPO Select Plan		HDHP 3000/6000	
Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HSA Calendar Year Maximum for Employee and Employer Contributions						
Employee Only	Not Applicable		Not Applicable		\$3,550 +\$1,000 Age 55+	
Family	Not Applicable		Not Applicable		\$7,100 +\$1,000 Age 55+	
HSA Calendar Year Walsh University Contribution*						
Employee	\$0.00		\$0.00		\$460	
Employee + Spouse	\$0.00		\$0.00		\$960	
Employee + Children	\$0.00		\$0.00		\$725	
Employee + Family	\$0.00		\$0.00		\$1,500	
FSA Calendar Year Maximum for Employee Contributions						
	Healthcare FSA		Healthcare FSA		Limited Purpose FSA	
	\$2,750		\$2,750		\$2,750	
	Dependent Day Care FSA		Dependent Day Care FSA		Dependent Day Care FSA	
Single Tax Status	\$2,500		\$2,500		\$2,500	
Family Tax Status	\$5,000		\$5,000		\$5,000	

A printable, easy to read version can be found in the Appendix

Dependent Care FSA

This account allows participants to set up an account to be used for work related day care expenses. A card does not come with this account- you must pay the day care out of pocket, then send the receipt to Aultcare to be reimbursed for the expenses. To qualify, the dependent must be under the age of 13, or physically or mentally incapable of self-care and spends at least eight hours a day in your household.

Please note: if a family's income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return.

Maximum Election Amount:

\$5,000 if single or filing married jointly

\$2,500 if married and filing separately

Qualified expenses:

Day care centers

Preschools

Before/after school care

You are unable to pay family members or sitters who are not licensed taking care of your children through this benefit

Dental - Aultra

Keeping good dental hygiene habits can not only help with healthy teeth, but also a variety of other medical issues that may arise. Walsh offers a dental plan with four tiers that can offer cleaning services, and other assistance with mouth ailments to you and your dependents.

Dental plan costs (Bi-Weekly):

Employee Only	\$5.08
Family	\$15.00

Maximum Benefit (Per Covered Person)		
	\$1,250	Calendar Year Benefit for Non-Orthodontia dental service
	\$1,000	Lifetime benefit for orthodontia service (no age limit)
Deductible Amounts		
	\$0.00	Preventive Services
		Two cleanings per calendar year
	\$0.00	Orthodontia Services
	\$25.00	Basic/Major Service - per covered person
	\$50.00	Basic/Major Service - per covered family total
Coinsurance		
	100%	Preventive services
	80%	Basic services
	60%	Major services
	50%	Orthodontia services

For more information regarding specifics of the dental plan or to find an in-network provider, log onto the Aultcare portal at members.aultcare.com.

Vision - VSP

Even if you don't wear glasses, vision insurance can help with those yearly appointments to have your eyes checked. Healthy vision, especially in a profession where you are staring at computers for long hours, is pivotal. With Walsh's vision plan through VSP, you can receive the following at the costs listed below:

Vision plan costs (Bi-Weekly):

Employee Only	\$3.78
Family	\$8.55

Deductible Amounts	
\$10 copay	Exam copay in network
	Every 12 months
\$10 copay	Materials
	Frames every 24 months
\$10 copay	Contact lenses fitting
	Every 12 months
Timeframes	
Lenses*	Every 12 months
Contact Lenses	Every 12 months
Retail Allowances	
\$130 (additional \$20 allowance for select featured frames)	Frames
\$130	Contacts instead of frames
*Set copays for lens options with in network providers	

For more information regarding in network providers, how to submit out of network claims, and what frames are featured, log in to vsp.com.

Accident Care Plan - United Healthcare

Being in an accident can be a stressful time for families, from hospital visits to dealing with the aftermath of bills. This plan assists with out of pocket medical expenses if you or your covered dependents were in various types of accidents.

Accident plan cost (Bi-Weekly):

Employee Only	\$5.76
Employee and Spouse	\$9.18
Employee and Children	\$7.33
Family	\$10.74

Type of Care	Maximum Benefit Amount
Ground Ambulance	\$200
Air Ambulance	\$1,200
Emergency Room Treatment	\$100
Physician Office/Urgent Care	\$40 per visit
Hospital Admission	\$800 per admission
Hospital Confinement	\$160 per day
Hospital ICU Admission	\$2,500 per admission
Hospital ICU Confinement	\$500 per day
Follow Up Physician	\$40
Medical Appliances	\$140
Physical Therapy	\$30 per day
Prosthetic Device/Artificial Limb	\$500 per prosthesis
Rehabilitation Unit	\$80 per day

For more detailed information on what is covered under this plan, please see the plan document.

Long Term Care - Unum

Long Term Care can assist with paying for your in-home care or retirement home expenses after you have left the company. If you are a director or above and have been at Walsh for five years or more, you receive the basic plan at no cost to you. Please note- you **MUST** let Walsh know you are taking this benefit from the company within 30 days of notification in order for it to go into effect. All other employees who are eligible for benefits are able to elect the plan with a bi-weekly premium that is set at Unum. This rate can vary from employees depending on a variety of factors, such as age and your election.

Basic Plan	
Type of Coverage	Maximum Benefit
Facility Monthly	\$3,000
Benefit Duration	3 years
Professional Home and Community Care	\$3,000 monthly
Benefit Increase	5%

Buy-Up Options	
Type of Coverage	Maximum Benefit
Facility Monthly	\$3,000-\$9,000 (in \$1,000 increments)
Other Eligible Dependents (ex.- spouse)	\$3,000-\$9,000 (in \$1,000 increments)
Benefit Duration	3 years, 6 years, or lifetime
Professional Home and Community Care	100% of the Facility Monthly
OR Total Choice Home Care	50% of the Facility Monthly

Please note: Evidence of Insurability may be applicable depending on your election. For more information, please see the plan document.

Critical Illness - United Healthcare

Having a critical illness- such as cancer or heart failure- can be a difficult time for people and families going through such a tragic event. Critical illness coverage can be used to help with expenses incurred from these illnesses, to help lessen stress. Please note- the bi-weekly cost of this benefit can vary per employee, and is based on a variety of factors.

Maximum Benefit Amounts:

Option 1- \$5,000 for employee, \$3,000 for spouse, \$2,000 for child

Option 2- \$10,000 for employee, \$5,000 for spouse, \$3,000 for child

Option 3- \$20,000 for employee, \$10,000 for spouse, \$5,000 for child

Conditions	Percentage of Maximum Benefit Payable
Benign Brain Tumor	100%
Cancer- Invasive Level 1	100%
Cancer- Invasive Level 2	25%
Chronic Renal Failure	100%
Coma	100%
Coronary Artery Disease	25%
Heart Attack	100%
Heart Failure	100%
Major Organ Failure	100%
Permanent Paralysis	100%
Raptured Aneurysm	100%
Stroke	100%

For a more extensive list and more detailed information about this benefit, see the plan document.

403b Retirement Plan - TIAA

It's never too early to start saving for retirement. At Walsh, you can start saving on day one - as soon as you are hired! There are two types of plans within the 403b plan, so it's best to understand both to make your decision:

Pre-Tax Contribution - this plan allows the retirement money to be placed into your account pre-tax. This means, more money goes into your account, because the percentage is based on the gross pay. Keep in mind- this could mean you pay more taxes when you go to take the money out.

Roth - this plan allows the retirement money to go into your account after-tax. This means, the money going into your account is based off your net pay - after all the other taxes are taken out. Keep in mind: because you are paying the taxes in your check, your money will be tax free when you go to take the money out.

If you have been at the University for at least one year, or you worked in higher education for at least one year before being hired at Walsh, you will receive up to a 7% match of your contributions from the University. But don't worry, if you want to contribute before the match goes into effect, you can!

Employee Contribution	University Contribution
0%	4%
1%	5%
2%	6%
3% or more	7%

Employees can elect to start, end, or change their 403b contributions at any time. To request a change, please see the Manager of Payroll and Benefits for a form, and return it as soon as possible. The changes will go into effect the next pay cycle.

TIAA, Walsh's 403b vendor, will send you quarterly statements with information regarding your account. To see more information and helpful articles, log into tiaa.org, or call the number listed on your statement.

University Holidays

Walsh University observes the following paid holidays, including any federal holiday as aligned with the current academic calendar:

New Year's Day	
Columbus Day	Independence Day
Martin Luther King Jr. Day	Labor Day
March for Life	Thanksgiving Break (Wed, Thurs, and Fri off)
Easter Break (Thurs, Fri, and Mon off)	Christmas Break*
Memorial Day	

*Under normal circumstances, the University will be closed from December 23rd through New Year's Day. Employees terminating employment on or before January 15th shall have this time charged against their accumulated vacation.

For full-time employees, holiday pay is based on the principle that all full-time employees should receive the same number of paid holiday hours, irrespective of the schedule normally worked. Therefore, each full-time employee, regardless of their work schedule, shall receive a maximum eight hours of holiday credit for each holiday and shall receive the same number of holidays in a calendar year as employees whose schedule is the standard eight hours worked Monday through Friday. Holiday credit means pay or credit for paid time off at a straight-time rate.

Part-time employees will be receiving holiday pay for any holiday which falls on their scheduled work days. Any non-exempt employee required to work on a holiday shall be compensated at their regular rate plus the actual hours worked at their normal rate of pay. Designated hourly positions are excluded from this provision.

APPENDIX

2022 Benefits and Rates (bi-weekly)

Benefits effective upon date of hire and must be elected within 30 days

Medical and FSA/DCRA:

Aultcare
PO Box 6910
Canton, OH 44706
Group #: 950020
330-363-6360

Aultcare PPO Traditional

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE Only	\$63.69	\$82.15
EE and Spouse	\$126.92*	\$145.38*
EE and Children	\$126.92	\$145.38
Family	\$173.08*	\$191.54*

**possible Working Spouse charge of \$63.69 or \$82.15 could apply*

Prescription:

Optum RX
Rx Bin: 6100 11
Rx PCN: IRX
Rx Group: AUCCOMM
888-219-3164

Aultcare PPO Select

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE only	\$50.77	\$69.23
EE and Spouse	\$99.23*	\$117.69*
EE and Children	\$99.23	\$117.69
Family	\$150.00*	\$168.46*

**possible Working Spouse charge of \$50.77 or \$69.23 could apply*

Dental:

Aultra Dental
PO Box 21454
Eagan, MN 55121
Group #: KDA00020
330-363-6360

Aultcare HDHP 3000/6000

<u>Tier</u>	<u>Wellness</u>	<u>w/o Wellness</u>
EE Only	\$60.00	\$78.46
EE and Spouse	\$118.62*	\$137.08*
EE and Children	\$118.62	\$137.08
Family	\$159.23*	\$177.69*

**possible Working Spouse charge of \$60.00 or \$78.46 could apply*

Vision:

VSP
Vsp.com
Group #: last four of social
800-877-7195

Dental

EE Only	\$5.08
Family	\$15.00

Vision

EE Only	\$3.78
Family	\$8.55

FSA Max Amount: \$2,850
DCRA Max Amount: \$5,000
HSA Max Amount: Single- \$3,650, Family- \$7,300

Company Paid Benefits:

-Life insurance (1x salary or \$20,000, whichever is greater)
-Accidental Death and Dismemberment
-Short Term Disability
-Long Term Disability

Accident Plan

EE Only	\$5.76
EE and Spouse	\$9.18
EE and Children	\$7.33
Family	\$10.74

Optional EE Paid Benefits:

-Life insurance (Additional employee, Spouse, or Child)
-Accident Plan
-Critical Illness

-Long Term Care
-403b Retirement Plan/TIAA

Company Paid Benefits

Life Insurance:

- Walsh gives each full time employee a life insurance policy at no cost to them.
- Amount is one times the employee's salary, or \$20,000 (whichever is greater).

Accidental Death and Dismemberment:

- Benefit in case a sudden event happens to the employee, resulting in death

Short Term Disability:

- Receive if you are out on an FMLA approved leave of absence from day 31-90
- Will receive 60% of employee's pay within that time frame if approved by plan administrator

Long Term Disability:

- Used if an employee is out on an approved leave of absence for longer than 90 days
- Will receive 60% of employee's pay if approved by plan administrator

Other Optional Benefits

Additional Life Insurance (Employee):

- Employees can choose to have an additional life insurance plan upon new hire or Annual Enrollment election*.
- This amount would be an additional amount on top of the University given amount.
- Rates vary based on age and amount electing.

Additional Life insurance (Spouse):

- Employees can choose to have a life insurance plan for their spouse.
- Rates vary based on age and amount electing.

Additional Life Insurance (Child):

- Employees can choose to have a life insurance plan for their children.
- Rates vary on age, amount electing, and how many children would be covered.

Accident Plan:

- Can be used to receive additional money to pay for out of pocket medical expenses if employee is in an accident

	PPO Traditional Plan				PPO Select Plan				HDHP 3000/6000			
Coverage	In-Network		Out-of-Network		In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductible												
Single	\$	750	\$	2,250	\$	2,000	\$	6,000	\$	3,000	\$	8,400
Family	\$	1,500	\$	4,500	\$	4,000	\$	12,000	\$	6,000	\$	16,800
Out-of-Pocket Maximums												
	<i>Applies to Medical Expenses</i>				<i>Applies to Medical Expenses</i>				<i>Applies to Medical Expenses</i>			
Single	\$	3,000	\$	9,000	\$	4,000	\$	12,000	\$	3,000	\$	16,800
Family	\$	6,000	\$	18,000	\$	8,000	\$	24,000	\$	6,000	\$	33,600
Coinsurance												
Physicians Office Visits	\$25 copayment/visit		40% coinsurance		\$25 copayment/visit		40% coinsurance		0% coinsurance		20% coinsurance	
Specialist Office Visits	\$25 copayment/visit		40% coinsurance		\$25 copayment/visit		40% coinsurance		0% coinsurance		20% coinsurance	
General Medicine Teladoc		\$25 copayment				\$25 copayment				\$55 copayment		
Teladoc Therapist Session		\$25 copayment				\$25 copayment				\$90 copayment		
Teladoc Psychiatrist Ongoing		\$25 copayment				\$25 copayment				\$100 copayment		
Teladoc Psychiatrist evaluation		\$25 copayment				\$25 copayment				\$220 copayment		
Teladoc Dermatology		\$25 copayment				\$25 copayment				\$85 copayment		
Preventive	No Charge		40% coinsurance		No Charge		40% coinsurance		No charge		50% coinsurance	
Most covered services	20% coinsurance		40% coinsurance		20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	
Inpatient Hospital	20% coinsurance		40% coinsurance		20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	
Outpatient Surgery	20% coinsurance		40% coinsurance		20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	
Emergency Room	\$300 copayment/visit		\$300 copayment/visit		\$300 copayment/visit		\$300 copayment/visit		0% coinsurance		20% coinsurance	
Urgent Care	\$50 copayment/Visit		40% coinsurance		\$50 copayment/Visit		40% coinsurance		0% coinsurance		20% coinsurance	
Mental Health/Substance Abuse												
- Inpatient	20% coinsurance		40% coinsurance		20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	
					Office: \$25							
Mental Health/Substance Abuse												
- Outpatient	Office: \$25 copayment/visit;		40% coinsurance		Office: \$25 copayment/visit;		40% coinsurance		0% coinsurance		20% coinsurance	
Rehabilitation services	Outpatient: 20% coinsurance		40% coinsurance		Outpatient: 20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	
	20% coinsurance		40% coinsurance		20% coinsurance		40% coinsurance		0% coinsurance		20% coinsurance	

	PPO Traditional Plan		PPO Select Plan		HDHP 3000/6000	
Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs	Amounts are whichever is greater		Amounts are whichever is greater		Must meet deductible then co-pays apply	
Tier 1 1-34 Supply	\$10 or 20%	90 Day mail in \$25 or 20%	\$10 or 20%	90 Day mail in \$25 or 20%	34 day Retail \$10 copay	90 Day mail in \$25 copay
Tier 1 35-60 day Supply	\$10 or 20%	\$25 or 20%	\$10 or 20%	\$25 or 20%	\$20 copay	\$25 copay
Tier 2	\$30 or 30%	\$85 or 25% (\$200 max)	\$30 or 30%	\$85 or 25% (\$200 max)	\$30 copay	\$85 copay
Tier 3	\$45 or 50%	\$130 or 45% (\$400 max)	\$45 or 50%	\$130 or 45% (\$400 max)	\$60 or 50%	\$170 copay
Tier 4	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$125 or 20% Limited 30 day supply	\$25 copay limited 30 day supply	\$25 copay limited 30 day supply
Tier 5	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$250 or 40% Limited 30 day supply	\$85 copay limited 30 day supply	\$85 copay limited 30 day supply
	oop max \$4,900/\$9,800		oop max \$4,700/\$9,400		oop max \$3,750/\$7,500	

	PPO Traditional Plan		PPO Select Plan		HDHP 3000/6000	
Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HSA Calendar Year Maximum for Employee and Employer Contributions						
Employee Only	Not Applicable		Not Applicable		\$3,550 +\$1,000 Age 55+	
Family	Not Applicable		Not Applicable		\$7,100 +\$1,000 Age 55+	
HSA Calendar Year Walsh University Contribution*						
Employee	\$0.00		\$0.00		\$460	
Employee + Spouse	\$0.00		\$0.00		\$960	
Employee + Children	\$0.00		\$0.00		\$725	
Employee + Family	\$0.00		\$0.00		\$1,500	
FSA Calendar Year Maximum for Employee Contributions						
	Healthcare FSA		Healthcare FSA		Limited Purpose FSA	
	\$2,750		\$2,750		\$2,750	
	Dependent Day Care FSA		Dependent Day Care FSA		Dependent Day Care FSA	
Single Tax Status	\$2,500		\$2,500		\$2,500	
Family Tax Status	\$5,000		\$5,000		\$5,000	