Welcome to Kent State University New Hire Orientation Benefits & Wellness Program

http://www.kent.edu/hr/benefits/new-hire-benefits-information
Employee Wellness

Kim Hauge, Director, Employee Wellness
Healthy Campus Initiative

Employee Wellness

Student Wellness

Community Wellness
Employee Wellness

**Be Well Solutions**
- Onsite biometric health screenings
- Oversight of Wellness Incentive Program (Wellness Your Way)
- Onsite or telephonic health coaching

**IMPACT Solutions**
- Employee Assistance Program

**On The Move (WELCOA*)**
- Platform for 12-week “On The Move University” Challenge
- Platform for “Life On the Move” participants

**Kent State University Collaborations**
- Student Recreation & Wellness Center
- University Health Services
- College of Health & Human Services
- University Dining Services
- Women’s Center
- Many more

**HealthSpective Engage**
- Previously “Movable”
- Platform for walking challenges

**Medical Mutual or Anthem**
- Your Kent State Employer-sponsored health plan can also provide you with resources for maintaining a healthy lifestyle

*Wellness Council of America*
The *Wellness Your Way* Employee Incentive Program Seeks to Promote:

- Healthy lifestyle choices that align with the *Kent State of Wellness* priorities
- Includes higher point values for *preventive care* choices (Know Your Numbers, HRA completion, well visits, group and individual challenges, wellness coaching, weight management programs, etc..)
- **Voluntary** participation
How It Works

**Tier One** - Earn 250 points in Tier 1 to receive $150 wellness incentive

1. Complete *Know Your Numbers* health screening at the worksite with *Be Well Solutions* or with your primary care physician (PCP)
2. Complete your health risk assessment (HRA) – available on your personal portal with *Be Well*.
3. Complete your Wellness Program Waiver form.

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**TIER 1**
Building awareness of your personal health

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**TIER ONE WELLNESS REWARD PLAN**

<table>
<thead>
<tr>
<th>Employee Criteria</th>
<th>Reward Points Per Activity</th>
<th>Maximum Allowable Points Per Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TIER ONE (Points)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know Your Numbers Biometric Health Screening</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>TOTAL TIER ONE POINTS</strong></td>
<td>200</td>
<td>200</td>
</tr>
</tbody>
</table>

$150 wellness bonus will be paid out within two pay cycles after confirmation received from Be Well Solutions. Health screenings/health risk assessments completed off-site with Be Well between Aug. 1, 2016 through Dec. 31, 2016 will automatically be credited to your 2017 incentive points.

**Know Your Numbers Biometric Health Screening**
- To earn points, you must attend an onsite health screening or complete the health screening in your primary physician’s office between Jan. 1 and June 30, 2017. Note: Your physician may charge an office co-pay. Worksite screenings with Be Well are at no cost to full-time, benefits-eligible employees.
- This screening must include: Total cholesterol – (HDL and LDL) – Triglycerides – Blood pressure – Glucose – Body Mass Index (BMI).
- If the screening is completed by your personal physician, you will need to log in to the Be Well portal at portal.bewelldata.com, under “My Wellness”, select “Program forms and information”, to print the verification form.

**Health Risk Assessment**
If you have not previously completed this questionnaire, you will be required to set up an account with Be Well at portal.bewelldata.com. Once logged in, you may complete the confidential Health Risk Questionnaire.
How It Works (cont.)

Tier Two – Deadline Oct. 15, 2018
Earn a total of 350 points your way – earn $150 wellness incentive

✓ Annual Wellness Visits/Preventive Care
✓ Dental Exam/Vision Exam
✓ Smoke and Tobacco-Free Declaration or participation in Tobacco Cessation Program
✓ Mindfulness (yoga, meditation)
✓ Move for a Cause - walk/run/ride
✓ 28-Day Challenges
✓ Group Exercise Participation
(spinning, Fit for Life, Jazzercise, etc...)
✓ Educational lunch & learns/workshops
✓ And more
Tracking Reward Points

Be Well Solutions provides the tracking and verification of reward points, viewable to the employee only at portal.bewelldata.com

Each eligible employee has access to a secure & confidential online wellness portal supported by Be Well Solutions. The portal serves not only as a place for employees to track and monitor their own health and wellness progress, but also offers numerous educational resources.
Reward Payouts and Be Well Solutions

**Reward Payouts**

- Incentive dollars can be paid out as wellness reward added to your pay OR to your HSA, if eligible. There is a $300 per year maximum (Tier One + Tier Two).

**Note:** If you elect to have your wellness reward dollars deposited into your Health Savings Account (HSA), you MUST elect this on the Be Well portal EACH YEAR and prior to the first payout.

**Be Well Also Provides:**

- Unlimited health coaching (telephonic or face-to-face). Certified dietitians, nutritionists, health educators, nurses and physicians are just some of the available resources through BWS and at no extra cost to the employee.
Stay Connected

• Communications include:
  • Face-to-face meetings on all campuses
  • Wellness Your Way brochure (delivered via campus mail)
  • Designated web page at http://www.kent.edu/hr/benefits/wellness-rewards
  • Be Well web portal – personalized; confidential
  • Einside; Targeted emails; Flashline
  • To view the calendar, please visit http://www.kent.edu/hr/benefits/wellness
Smoke- and Tobacco-Free Campus

Kent State officially became a smoke-free, tobacco free university on July 1, 2017.

- All cessation resources identified, cataloged and posted for students, faculty/staff at http://www.kent.edu/hr/benefits/smoking-cessation-resources-ready-quit.

- University-sponsored prescription plan includes coverage for nicotine replacement therapy and other cessation medications with zero co-pay/co-insurance.
Journey towards the healthiest campus in the Nation!

Forbes Magazine
Source: Forbes, Sept. 19, 2017
Thank you!

Contact Information:

Kim Hauge, Director
Employee Wellness
635 Heer Hall
Phone: 330-672-7505
Email: khauge@kent.edu
Web: www.kent.edu/hr/benefits/wellness
Your Retirement Plan Options:

Agenda

- Retirement Plan Enrollment Process
- State of Ohio Retirement Systems
- Social Security
- Supplemental Retirement Savings Options
Retirement Plan Enrollment Process

- Review your packet of information carefully
- Make your decision and return your completed election form within the 120-day election period
- Forms should be returned to the Benefits Office in the Heer Hall
- You MUST complete a Retirement Plan Election Form regardless of your choice
- Your Election is IRREVOCABLE once it is received in the Benefits Department for as long as you are employed by Kent State University
Retirement Plan Acknowledgement Form

You have 120 days from your hire date to complete and return the enclosed Retirement Plan Election Form to the University Benefits Office located in Heer Hall, 635 Loop Road, Kent, OH 44240.

If you want to become a member of an Ohio state retirement system, simply check the appropriate box in Section II of the attached Retirement Plan Election form.

If you want to participate in an alternative retirement plan (ARP) offered by a private plan provider, check the appropriate box in Section II Retirement Plan Election form and select one of the plans.

“The Ohio General Assembly established a mitigating rate in 1998 to recognize the impact of allowing a portion of eligible university employees required to participate in the State Retirement Systems (OPERS/STRS) to voluntarily select an ARP. Please note: The mitigating rate is subject to change.”

If you do not elect to participate in an ARP or do not return this form within the prescribed time period, you will be enrolled in the applicable state retirement system (currently OPERS or STRS). That enrollment is irrevocable during your time here at Kent State University.

I have read and understand the information provided above concerning my retirement plan election and the time frame in which the Retirement Plan Election Form must be returned.

Print Name: ____________________________ Date: ______________

Signature: ____________________________ Last 4 of SSN: xxx-xx-___________
http://www.kent.edu/hr/benefits/new-hire-benefits-information
Retirement Plan Options

Mandatory Retirement Contributions (State Retirement System)
- Current state law gives a choice of retirement plans to full-time faculty, classified and unclassified employees in regard to their mandatory retirement contributions.
  - State Retirement System
    - OPERS (Ohio Public Employees Retirement System)
    - STRS (State Teachers Retirement System of Ohio)
  - ARP (Alternative Retirement Plan)

Elective Employee Contributions
- 403b/457b (Supplemental Retirement Savings)

http://www.kent.edu/hr/benefits/retirement
# Comparing Your Options Under the State Retirement System

<table>
<thead>
<tr>
<th>OPERS</th>
<th>STRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Pension Plan (OPERS invests for you)</td>
<td>Defined Benefit Plan (STRS invests for you)</td>
</tr>
<tr>
<td>Member-Directed Plan (You direct your investments)</td>
<td>Defined Contribution Plan (You direct your investments)</td>
</tr>
<tr>
<td>Combined Plan (You direct your contribution investments, OPERS directs KSU contributions)</td>
<td>Combined Plan (You direct your contribution investments, STRS directs KSU contributions)</td>
</tr>
<tr>
<td>Or</td>
<td>Or</td>
</tr>
<tr>
<td>Alternative Retirement Plan (ARP)</td>
<td>Alternative Retirement Plan (ARP)</td>
</tr>
</tbody>
</table>
OPERS Traditional Plan
STRS Defined Benefit Plan

- You and the University contribute to this plan.
- Benefit is determined by a formula using age, service credit and final average salary. \( (2.2\% \times \text{Final avg sal} \times \text{yrs of Svc}) \)
- Includes survivor, disability retirement benefits, at this time.
- **STRS Medical eligibility**: Participants of the Defined Benefit Plan and Combined Plan who have 15 years of qualifying service credit qualify. If retiring after August 1, 2023 or later – 20 years of qualifying services credit is needed.
- The plan investment professionals manage the investment of employee and employer contributions and this plan bears investment risk.
## OPERS Traditional
STRS Defined Benefit Option

<table>
<thead>
<tr>
<th>OPERS</th>
<th>STRS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rates</strong></td>
<td><strong>Contribution Rates</strong></td>
</tr>
<tr>
<td><strong>Employee KSU</strong></td>
<td><strong>Employee KSU</strong></td>
</tr>
<tr>
<td>10.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>14.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>24.0%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

- Vested: After 5 years of contributory services credit for Traditional Pension Plan

- Vested: After 5 years of contributory services credit for Defined Benefit Plan
OPERS Member Directed Plan
STRS Defined Contribution Plan

- You and the University contribute to this plan.

- Retirement benefit is based on:
  - contributions,
  - investment performance and
  - payout option chosen at retirement
    (e.g. lump sum, periodic, and annuity)

- Employee controls investments and bears the market risk

- To comply with the requirement of Section 145.87 of the Ohio Revised Code, the Board must take action to establish the “mitigating rate” for the Member-Directed and the Combined plans. This action is required because the Ohio Revised Code stipulates that a portion of the defined contribution plans’ employer contribution rate will be used for funding the defined benefit plan (Traditional Pension plan) to offset any negative financial impact due to the establishment of the new plans (Member-Directed plan and Combined plan). **NOTE:** Mitigating rates are subject to change.
## OPERS Member Direct Plan
### STRS Defined Contribution Plan

<table>
<thead>
<tr>
<th>OPERS</th>
<th>STRS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rates</strong></td>
<td><strong>Contribution Rates</strong></td>
</tr>
<tr>
<td><strong>Employee KSU</strong></td>
<td><strong>Employee KSU</strong></td>
</tr>
<tr>
<td>10.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>7.5%</td>
<td>9.53%</td>
</tr>
<tr>
<td>4% Contrib. rate for Retiree Medical Account: (.5% Admin. Service Fee)</td>
<td>Contributions for mitigating rate:</td>
</tr>
<tr>
<td>KSU-</td>
<td>KSU-</td>
</tr>
<tr>
<td>4.5%</td>
<td>4.47%</td>
</tr>
<tr>
<td>Contributions for <strong>mitigating rate:</strong></td>
<td>2.0%</td>
</tr>
<tr>
<td>20% KSU match available after each year completed</td>
<td>24.0%</td>
</tr>
<tr>
<td>28.0%</td>
<td></td>
</tr>
<tr>
<td>100% vested after 5 year of service</td>
<td>100% vested after 5 year of service</td>
</tr>
</tbody>
</table>

**To comply with the requirement of Section 145.87 of the Ohio Revised Code, the Board must take action to establish the “mitigating rate” for the Member-Directed and the Combined plans. This action is required because the Ohio Revised Code stipulates that a portion of the defined contribution plans’ employer contribution rate will be used for funding the defined benefit plan (Traditional Pension plan) to offset any negative financial impact due to the establishment of the new plans (Member-Directed plan and Combined plan). **NOTE:** Mitigating rates are subject to change.
## OPERS and STRS Combined Plan

<table>
<thead>
<tr>
<th>OPERS</th>
<th>STRS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rates</strong></td>
<td><strong>Contribution Rates</strong></td>
</tr>
<tr>
<td><strong>Employee</strong></td>
<td>10.0% 12.0% 2.0%</td>
</tr>
<tr>
<td>KSU</td>
<td>14.0%</td>
</tr>
<tr>
<td>**KSU – <strong>Mitigating Rate</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24.0%</td>
</tr>
</tbody>
</table>

- 100% vested after 5 years
- 100% vested after 5 years
- Medical benefits available after 20 years and age 60

**To comply with the requirement of Section 145.87 of the Ohio Revised Code, the Board must take action to establish the “mitigating rate” for the Member-Directed and the Combined plans. This action is required because the Ohio Revised Code stipulates that a portion of the defined contribution plans’ employer contribution rate will be used for funding the defined benefit plan (Traditional Pension plan) to offset any negative financial impact due to the establishment of the new plans (Member-Directed plan and Combined plan). **NOTE:** Mitigating rate is subject to change.**
What is the Ohio Alternative Retirement Plan?

- The Ohio Alternative Retirement Plan or ARP is known as a 401(a) or a Defined Contribution Plan.

- Participants establish retirement accounts with vendors approved by the Ohio Department of Insurance.

- Who is eligible for an ARP? FULL-TIME employees.

- “The Ohio General Assembly established a mitigating rate in 1998 to recognize the impact of allowing a portion of eligible university employees required to participate in the State Retirement Systems (OPERS/STRS) to voluntarily select an ARP.” Please note: The mitigating rate is subject to change.

http://www.kent.edu/hr/benefits/state-and-alternative-retirement-options
Alternative Retirement Plan (ARP)

- You and the University contribute to the plan
- Benefits are based on your account balance
- The account balance is equal to the sum of contributions plus investment gains/losses
- You control the investment of your account balance and you accept all the risks of investment gains and losses
- You are responsible for all Plan expenses
- No survivor, retiree medical or disability benefits

“The Ohio General Assembly established a mitigating rate in 1998 to recognize the impact of allowing a portion of eligible university employees required to participate in the State Retirement Systems (OPERS/STRS) to voluntarily select an ARP.”

Please note: The mitigating rate is subject to change.

http://www.kent.edu/hr/benefits/state-and-alternative-retirement-options
### Alternative Retirement Plan (ARP)

<table>
<thead>
<tr>
<th></th>
<th>OPERS Eligible</th>
<th>STRS Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rates</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee KSU</td>
<td>10.00%</td>
<td>14.0%</td>
</tr>
<tr>
<td></td>
<td>11.56%</td>
<td>9.53%</td>
</tr>
<tr>
<td>Contributions for mitigating rate:</td>
<td>2.44%</td>
<td>4.47%</td>
</tr>
<tr>
<td>Total</td>
<td>24.0%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

> All contributions are vested immediately

“The Ohio General Assembly established a mitigating rate in 1998 to recognize the impact of allowing a portion of eligible university employees required to participate in the State Retirement Systems (OPERS/STRS) to voluntarily select an ARP.” **Please note:** The mitigating rate is subject to change.
Alternative Retirement Plan Providers

- AIG/VALIC (Variable Annuity Life Insurance Co.)
- AXA/Equitable Life Assurance Co.
- VOYA (ING) Financial Services
- Lincoln Financial Group
- Nationwide Life Insurance Co.
- TIAA/CREF
Social Security and Your State Retirement

- Windfall Elimination Provision
- Government Pension Offset
Summary Review
Retirement Plan Enrollment Process

- Review your packet of information carefully
- Make your decision and return your completed election form within the 120-day election period
- Forms should be returned to the Benefits Office in the Heer Hall
- You MUST complete a Retirement Plan Election Form regardless of your choice
- Your Election is IRREVOCABLE once it is received in the Benefits Department for as long as you are employed by Kent State University
Retirement Resources

- OPERS ([www.opers.org](http://www.opers.org)) or 1-800-222-7377
- STRS ([www.strsoh.org](http://www.strsoh.org)) or 1-888-227-7877
- ARP Providers (Contact information is included in packet)
- KSU Benefits Coordinators
Supplemental Retirement Savings Options

- Employees can elect to save additional amounts directly from their paycheck

- 2 options:
  - 403(b) Plan
  - 457(b) Deferred Compensation Plan
403(b) and 457 Deferred Compensation Plan

- Employees can enroll anytime
- Employees can change participation level anytime
- Similar to 401(k) plans in private sector
- Permit employees to save for retirement on a pre-tax (Traditional) or after-tax (Roth) basis
- Annual contribution limits found in the IRS Code
- Employee selects vendor and establishes account
  - Several vendors available to choose from
  - Employee must submit a salary reduction agreement
## Annual Contribution Limits for 403(b) and 457 Plans

<table>
<thead>
<tr>
<th>Year</th>
<th>Maximum Deferral Limits - Age 49 or less</th>
<th>Age 50 and over</th>
<th>Maximum Deferral Limits – Age 50</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$18,500</td>
<td>Addnl. $6,000</td>
<td>$24,500</td>
</tr>
</tbody>
</table>
Understanding the Roth 403 (b)/457(b)

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Roth</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Pretax contributions</td>
<td>✔ After-tax contributions</td>
</tr>
<tr>
<td>✔ Tax-deferred earnings</td>
<td>✔ Tax-deferred earnings</td>
</tr>
<tr>
<td>✔ Taxable Withdrawals</td>
<td>✔ Tax-free Withdrawals*</td>
</tr>
</tbody>
</table>

* If withdrawn after the end of the five-year period beginning with the first year for which a Roth contribution was made to the plan, and after turning 59 ½, death or disability
SALARY REDUCTION AGREEMENT for Supplemental Retirement Accounts 403(b) or 457(b)

[Participant's name], designated as the PARTICIPANT, has entered into this AGREEMENT by and between Kent State University, represented by its UNIVERSITY, WITNESSETH THAT.

1. This AGREEMENT provides for a reduction in the annual salary of the PARTICIPANT in the amount(s) and effective on the date(s) as follows:

   **Pre-tax 403(b) plan**
   - Pay period: 12-monthly
   - Dollar amount: $_____/pay period
   - Effective date: ____________, __________, __________

   **Pre-tax 457 plan**
   - Pay period: 12-monthly
   - Dollar amount: $_____/pay period
   - Effective date: ____________, __________, __________

   The effective date must fall after the date on which the PARTICIPANT signs this Salary Reduction Agreement and no earlier than the next appropriate pay period.

2. **Maximum Contribution Limits**

   The maximum contribution allowance for the fiscal year 2018 is $50,000 and does not require documentation. Participants over age 50 may contribute an additional $6,000 per tax year for a total of $56,000 for the tax year. If you are taking advantage of this additional contribution amount, please check the box below. All contributions over the general allowance must have documentation from your provider attached to your application (i.e., nest-egg deferral).

   I am eligible for the additional $6,000 allowance for participants over age 50, State of Ohio.

   I am eligible to contribute $__________ over the general limit for the current tax year per the documentation I have attached.

The reduction in salary provided for in Paragraph 1 shall not be considered in calculating deduction for either State Teachers Retirement System of Ohio, the Public Employees Retirement System of Ohio, Social Security for City or Municipal income tax, or shall such reduction be considered in determining any salary adjustment due to the participant.

2. With respect to amounts earned while this agreement is in effect, this agreement shall be legally binding and irrevocable to both parties and shall terminate any prior salary reduction agreement executed between the employee and the UNIVERSITY for the UNIVERSITY’s 403(b) or 457(b) program. This agreement shall remain in full force and effect during the continued employment of the PARTICIPANT unless amended or terminated in writing by completion of a new Salary Reduction Agreement by the PARTICIPANT. The amendment or termination shall be effective only as to periods following the date of such amendment or termination.

IN WITNESS WHEREOF, the parties have signed this AGREEMENT.

PARTICIPANT
__________________________
Date: __________, __________, __________

COMPANY REPRESENTATIVE
__________________________
Date: __________, __________, __________

KENT STATE BENEFITS REPRESENTATIVE
__________________________
Date: __________, __________, __________
SALARY REDUCTION AGREEMENT for Supplemental Retirement Accounts ROTH 403(b) or 457(b)

[Signature of Participant]

The undersigned, hereinafter designated as the PARTICIPANT, has entered into this AGREEMENT by and between Kent State University, hereinafter designated UNIVERSITY, WITNESSETH THAT:

1. This AGREEMENT provides for a reduction in the annual salary of the PARTICIPANT in the amount(s) and effective on the date(s) as follows:

   **After-tax Roth 403(b) plan:u**
   - [Vendor Name]
   - Dollar Amount: $__________/pay period
   - [Semi-Monthly, Bi-Weekly (Classified)]
   - Effective Date: [Date]
   - This Agreement is (check one):
     - a new application
     - an increase
     - a decrease
     - a change in annuity companies, contribution to
     - will be stopped.

   **After-tax Roth 457 plan:u**
   - [Vendor Name]
   - Dollar Amount: $__________/pay period
   - [Semi-Monthly, Bi-Weekly (Classified)]
   - Effective Date: [Date]
   - This Agreement is (check one):
     - a new application
     - an increase
     - a decrease
     - a change in annuity companies, contribution to
     - will be stopped.

The effective date must fall after the date on which the PARTICIPANT signs this Salary Reduction Agreement and no earlier than the next appropriate pay period.

2. Maximum Contribution Limits

   The maximum contribution allowance for a tax year is $18,500 and does not require documentation. Participants age 50 or over may contribute an additional $6,500 per year. If you are taking advantage of this additional contribution amount, please check this box. Your other permissible allowance over the general allowance must have documentation from your provider attached to your tax return (i.e., catch-up deferrals).

   I am eligible for the additional $6,500 allowance for participants age 50 or over. Date of Birth: [Date]

   I am eligible to contribute $__________ over the general limit for the current tax year per the documentation I have attached.

The reduction in salary provided for in Paragraph 1 shall not be considered in calculating deduction for either State Teachers Retirement System of Ohio, the Public Employees Retirement System of Ohio, or for City or Municipal income tax, but shall such reduction be considered in determining any salary adjustment due to absence.

2. With respect to amounts earned while this agreement is in effect, this agreement shall be legally binding and irrevocable as to both parties and shall terminate any prior salary reduction agreement executed between the employee and the UNIVERSITY under the UNIVERSITY’s Roth 403(b) or Roth 457(b) program. This agreement shall remain in full force and effect during the continued employment of the PARTICIPANT unless amended or terminated in writing by completion of a new Salary Reduction Agreement by the PARTICIPANT. The amendment or termination shall be effective only as to periods following the date of such amendment or termination.

IN WITNESS WHEREOF, the parties have signed this AGREEMENT.

[Participant Signature]

[Company Representative Signature]

[Date]

[Employee Signature]

[Date]

[Page Date: 12/10/14]
FAMILY MEDICAL LEAVE ACT (FMLA) 1993

http://www.kent.edu/hr/benefits/family-medical-leave-fmla
Qualifying Reasons for FMLA Leave

- Employee’s serious health condition that renders employee unable to perform essential function of his or her position
- To care for family member with a serious health condition (spouse, son, daughter, or parent of the employee)
- Birth of a child and to care for the newborn child (bonding leave)
- For adoption placement or foster care with the employee
- Incapacity due to employee’s pregnancy, prenatal care, or childbirth
- Military Family Leave – Qualifying Exigency – called to duty
- Military Leave – Care for a Covered Service Member
### Medical Plan Options – NON - BARGANING Unit

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>85/60 PPO</th>
<th>High Deductible Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$300/single</td>
<td>$2,700/single</td>
</tr>
<tr>
<td></td>
<td>$600/family</td>
<td>$5,400/family</td>
</tr>
<tr>
<td><strong>Co-insurance (after deductible)</strong></td>
<td>85%/60%</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Annual Out-Of Pocket Max. (Excluding deductibles)</strong></td>
<td>$1,500/$3,000</td>
<td>$2,700/$5,400</td>
</tr>
<tr>
<td><strong>Preventive Care Coverage</strong></td>
<td>100% (No Co-pay) *in-network</td>
<td>100% (No Co-pay) *in-network</td>
</tr>
<tr>
<td><strong>Office Co-pay (non-preventive)</strong></td>
<td>$15 – PCP/MH $30 - Specialist</td>
<td>100% of negotiated rate until the annual out of pocket deductible met – then 100%</td>
</tr>
</tbody>
</table>

(annual exams, immunizations, preventive screenings, preventive medications)
Traditional Health Plan vs High Deductible Health Plan

Put your premium savings into an HSA to pay for qualified medical expenses.

Traditional Plan
Low or no deductible, higher monthly premiums

HDHP
High deductible, lower monthly premiums

Health Savings Account
How does the HDHP work?

- Go to doctor and present your Medical ID card and receive services. Note – you should not pay anything at the time of service.

- Doctor submits claims to provider – MMO or Anthem

- If services are billed as preventive, office visit will be covered at 100%.

- If services are not billed as preventive, discount charges will be applied to your plan year deductible.

- You will receive an Explanation of Benefits (EOB) in the mail explaining charges for which you are responsible.

- You will use your HSA debit card, cash or checkbook to pay your doctor the charges for which you are responsible.
Medical Plan Options – BARGANING Unit

<table>
<thead>
<tr>
<th>TRADITIONAL MEDICAL PLANS</th>
<th>90/70 PPO</th>
<th>80/60 PPO</th>
<th>High Deductible Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$250/single</td>
<td>$350/single</td>
<td>$2,700/single</td>
</tr>
<tr>
<td></td>
<td>$500/family</td>
<td>$700/family</td>
<td>$5,400/family</td>
</tr>
<tr>
<td>Co-insurance (after deductible)</td>
<td>90%/70%</td>
<td>80%/60%</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Out-Of-Pocket Max. (Excluding deductibles)</td>
<td>$750/$1,500</td>
<td>$900/$1,800</td>
<td>$2,700/$5,400</td>
</tr>
<tr>
<td>Preventive Care Coverage</td>
<td>---</td>
<td>---</td>
<td>100% (No Co-pay) *in-network</td>
</tr>
<tr>
<td>Office Co-pay</td>
<td>$15 – PCP/MH</td>
<td>$15 – PCP/MH</td>
<td>100% of negotiated rate until the annual out of pocket deductible met – then 100%</td>
</tr>
<tr>
<td></td>
<td>$30 - Specialist</td>
<td>$30 - Specialist</td>
<td></td>
</tr>
</tbody>
</table>

(annual exams, immunizations, preventive screenings, preventive medications)
Prescription Drug Coverage

- Coverage is with CVS Caremark, Inc. – separate ID card
- Provided with all plans
- Retail – up to 30-day supply at local pharmacy
- *Maintenance Prescriptions: 90-day supply through CVS mail service OR CVS pharmacy - ONLY (*required for maintenance drugs after initial prescription and 2 retail refills)

- Co-insurance:
  - 10% for generic prescriptions
  - 20% for brand name prescriptions
  - 40% for brand name when a generic is available
- $60 maximum per prescription for traditional medical plans and High Deductible plans
- $80 maximum per prescription for 85/60 medical plans
<table>
<thead>
<tr>
<th>Benefit</th>
<th>EyeMed</th>
<th>EyeMed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IN-NETWORK</strong></td>
<td></td>
<td><strong>OUT-OF-NETWORK</strong></td>
</tr>
<tr>
<td>Standard Exam</td>
<td>Covered in full</td>
<td>Up to $90 reimbursement</td>
</tr>
<tr>
<td>Single, Bifocal and Trifocal vision lenses, frame and options</td>
<td>$240 with 20% discount on balance</td>
<td>Up to $240 reimbursement</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Up to $190</td>
<td>Up to $190 reimbursement</td>
</tr>
<tr>
<td>Frequency of benefit</td>
<td>Every 12 months</td>
<td></td>
</tr>
</tbody>
</table>
FlexSave Flexible Spending Account

- Funds may be used for medical expenses not covered by insurance or other programs
- Services must be performed while employee is contributing to the plan
- “Use it or lose it” rule applies – You have until March 15th of the following year to exhaust the previous year’s FSA funds

Flexible Spending Accounts (FSAs)
1. Health Care Account – Maximum contribution: $2,650
2. Dependent Care Account – Maximum contribution: $5,000
   - Funds may be used for dependent/elder care expenses

Why Participate?
- Funds withheld from paycheck on pre-tax basis
- Uses:
  - Deductibles
  - Coinsurance
  - Co-Pays
  - Qualified Over the Counter Drugs, Dental, Vision, etc.

NOTE: Minimum contribution is $120.
Kent State University

Flexible Spending Accounts Enrollment Form - 2017
Kent State University Benefits – 330-672-3107

Employee Name: (PLEASE PRINT)

BANNER ID

DEPARTMENT

Employee Type:  

Classified  

Unclassified  

Faculty

NOTE: This election is made for a CALENDAR YEAR (January 1 – December 31). This election is NOT made on an academic year or fiscal year (July 1 – June 30) basis. Your election cannot be changed during the calendar year unless you have a qualifying change in status as defined by the Internal Revenue Code.

Health Care Flexible Spending Account
This pays for qualified out-of-pocket health care expenses for myself and qualified dependents that are not covered by my employer’s health plan or another health plan. Please indicate if you wish to participate in the Health Care Flexible Spending Account, and the amount you wish deducted from your pay.

☐ I choose to participate in the Health Care Flexible Spending Account. My total deposit for this year is $_____. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year. (Please enter a whole dollar amount between $120 and $2,500)

Dependent Care Flexible Spending Account
This pays for day care expenses for a dependent child, adult or elder, so that you may work. Eligible services include nursery school, nanny and/or before/after school care through age 12, daycare for a disabled adult or child, extra day care for parent or dependent, day camp through age 12. Please indicate if you wish to participate in the Dependent Care Flexible Spending Account and the amount you wish deducted from your pay.

☐ I choose to participate in the Dependent Care Flexible Spending Account. My total deposit for this year is $_____. I understand this total will be deducted from my pay in equal amounts from each month in which I receive base pay during the year. (Please enter a whole dollar amount between $120 and $5,000)

I understand that my taxable income will be reduced each pay period during the year by an equal portion of the annual amount elected above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election only in the event of certain changes in my status and during annual open enrollment. I understand that the Flexible Spending Account card is available to pay only qualified expenses. I understand that qualified expenses paid with my Flexible Spending Account card or any other form of reimbursement cannot be reimbursed by any other plan and I will not seek reimbursement from any other source. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions. I understand when using the Flexible Spending Account card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my card. I acknowledge that I will forfeit any unused balance (remaining in my Flexible Spending Account(s)) at the end of the reimbursement period. I understand that if I separate employment from the University, I must submit all claims for reimbursement within 30 days of my separation.

Signature ______________________________

Date ______________________________

Effective Date: ______________________________

This form must be submitted to University Benefits at Heer Hall – Kent Campus.
Health Savings Account (HSA)

Eligibility
- Must be enrolled in a HDHP
- Cannot be enrolled in a traditional healthcare insurance
- Cannot be enrolled in Medicare
- Cannot be claimed as a dependent on someone else’s tax return
- Cannot be enrolled in a Health Care Flexible Spending Account

Enrollment Benefits
- Savings to help pay your deductible and qualified medical expenses
- Pre-tax savings
- Tax deferred growth
- Fully transportable
HSA Contributions

Kent State University contributes, and you have the option to contribute to the HSA account.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>KSU Contribution</th>
<th>Employee Contribution Limit</th>
<th>IRS Maximum Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$1,000</td>
<td>$2,450</td>
<td>$3,450</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
<td>$4,900</td>
<td>$6,900</td>
</tr>
</tbody>
</table>

HSA contribution limits are determined on a calendar/tax-year basis. IRS rules state that contribution limits must generally be prorated by the number of months you are eligible to contribute to an HSA. Your eligibility is based on your coverage status on the first day of the month.
**HEALTH SAVINGS ACCOUNT (HSA)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Employee Banner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Enrollment in a Health Savings Account ("HSA") is governed by IRS Regulations. To be an eligible individual and qualify for the tax benefits of an HSA, you must be covered under a qualified High Deductible Health Plan (HDHP), be your only health coverage (except as otherwise permitted under IRS regulations), not be enrolled in Medicare, and not be claimed as a dependent on someone else’s tax return. The University’s High Deductible Health Plan (HDHP) meets the IRS requirements.

You may enroll in the University’s HDHP plan without enrolling in the HSA offered through the University. However, if you wish to enroll in a Health Savings Account through the University, you must also enroll in the HDHP plan.

**HEALTH SAVINGS ACCOUNT ELECTION**

I elect to enroll through the University in a Health Savings Account. I understand that I must meet the eligibility requirements outlined by the IRS Regulations in order to qualify for the tax benefits of an HSA.

I hereby instruct Kent State University to direct the following amount to an HSA account in my name with PNC Banks:

$ 

**NOTE:** The amount elected will be divided equally over each pay period in the Plan Year. If you make an change an election during the plan year, it will be divided equally over the remaining pay periods in the year.

See instructions on back for minimum and maximum amounts.

I certify and acknowledge the following:

- I have reviewed the University’s 2017/2018 Medical Plans Comparison Chart and elect to enroll in the HDHP option. I acknowledge that I will not be able to change another health plan option until the next Plan Year, except as allowed by law.
- I acknowledge that I may only contribute to an HSA and receive the tax benefits of an HSA if I meet the eligibility requirements outlined by the Internal Revenue Code.
- I acknowledge that the University’s Benefits Department cannot give me tax advice or confirm that I meet the eligibility requirements for an HSA. I may obtain information on eligibility requirements from a tax professional or the Internal Revenue Service, including IRS Publication 969, or by contacting the HSA Administrator.
- I agree to notify the University Benefits Department if I am no longer eligible to contribute to an HSA and acknowledge that I must reenroll during open enrollment each year to participate in this benefit during the next Plan Year.
- I am responsible to keep all receipts. I understand that I may be required to substantiate claims to the IRS.
- I agree to use my HSA debit card only for eligible HSA expenses that are not reimbursable from another source.

I have read and understood the information on this form and I certify that the information I have provided on all parts of this form is true and correct. I understand that knowingly providing a statement that contains any false, incomplete or misleading information may result in both adverse employment action, up to and including termination of employment, and adverse tax consequences, including penalties and interest. I hereby authorize the payroll deductions as required through the end of the Plan Year, December 31, 2017, or my termination of employment, whichever occurs first.

**EMPLOYEE SIGNATURE:**

**DATE:**

---

Kent State University | University Benefits Department
615 Loop Road, Herc Hall, Kent, OH 44242
Phone: (330) 672-3107 | Fax: (330) 672-5447 | E-mail benefits@kent.edu
Creating a Personal Account with Your Health Care Providers

<table>
<thead>
<tr>
<th>Online Provider Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Print ID Cards</strong></td>
</tr>
<tr>
<td><strong>Find In-Network Doctors &amp; Facilities</strong></td>
</tr>
<tr>
<td><strong>Review Claims and Account Details</strong></td>
</tr>
<tr>
<td><strong>Discounts on Health Programs</strong></td>
</tr>
<tr>
<td><strong>Health Education</strong></td>
</tr>
<tr>
<td><strong>Treatment Cost Estimators</strong></td>
</tr>
</tbody>
</table>

www.anthem.com         www.medmutual.com
Delta Dental

☑ All plans may access any dentist
☑ Best Benefit with a Delta PPO Network Doctor
☑ Exams and cleanings – twice a year!

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO HIGH</th>
<th>Delta Dental PPO BASIC</th>
<th>Delta Dental PPO LOW</th>
<th>AAUP Tenure &amp; Non-Tenure Bargaining Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum benefit per person / per yr</strong></td>
<td>$1,250</td>
<td>$1,000</td>
<td>$750</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>Annual Deductible per person / per yr</strong></td>
<td>$25</td>
<td>$50</td>
<td>$50</td>
<td>$25</td>
</tr>
<tr>
<td><strong>ORTHODONTIA</strong></td>
<td>No age limit</td>
<td>No age limit</td>
<td>Not available</td>
<td>Age limit: 19</td>
</tr>
<tr>
<td><em>Services available for Network Drs. only</em></td>
<td>(PPO Dr. Only)</td>
<td>(PPO Dr. Only)</td>
<td>($1,000 limit - braces)</td>
<td>($1,000 limit)</td>
</tr>
<tr>
<td>Age 19 (Premier Dr. Only)</td>
<td>Age 19 (Premier Dr. Only)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Delta Dental
## High Plan Summary

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Delta Dental PPO Dentist Plan Pays</th>
<th>Delta Dental Premier Dentist Plan Pays</th>
<th>Nonparticipating Dentist Plan Pays*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographs – X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Restorative Services – fillings and crowns</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>90%</td>
<td>80%</td>
<td>65%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative Services – includes inlays and onlays</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Occlusal Guards/Adjustments – bite guards and occlusal adjustments</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services – braces</td>
<td>60%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Orthodontic Age Limit –</td>
<td>No Age Limit</td>
<td>Up to age 19</td>
<td></td>
</tr>
</tbody>
</table>
# Delta Dental
## Basic Plan Summary

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental PPO Dentist Plan Pays</th>
<th>Delta Dental Premier Dentist Plan Pays</th>
<th>Nonparticipating Dentist Plan Pays*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bitewing Radiographs – bitewing X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>75%</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>75%</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>All Other Radiographs – other X-rays</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown Repair – to individual crowns</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Occlusal Guards/Adjustments – bite guards and occlusal adjustments</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>50%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services – braces</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Orthodontic Age Limit –</td>
<td>No Age Limit</td>
<td>Up to age 19</td>
<td></td>
</tr>
</tbody>
</table>
## Delta Dental
### Low Plan Summary

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bitewing Radiographs – bitewing X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Emergency Palliative Treatment</strong> – to temporarily relieve pain</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Other Radiographs – other X-rays</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings and crown repair</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Non-Surgical Periodontic Services – non-surgical services to treat gum disease</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Simple Extractions – non-surgical removal of teeth</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>
# Delta Dental AAUP Plan Summary

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventative</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographs – X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown Repair – to individual crowns</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Occlusal Guards/Adjustments – bite guards and occlusal adjustments</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services – braces</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontic Age Limit –</td>
<td>Up to age 19</td>
<td>Up to age 19</td>
<td>Up to age 19</td>
</tr>
</tbody>
</table>
Definition of Eligible Dependents

Listed below are the definitions of a dependent based upon the guidelines of Kent State University’s benefit plans.

**Spouse:** Your legal spouse.

**Domestic Partner:** The employee’s same or opposite gender registered domestic partner.

**Child:** A biological child, stepchild or adopted child of the employee or the employee’s spouse or registered domestic partner who is under the age of 26. A dependent child for whom the employee, the employee’s spouse or registered domestic partner has legal guardianship or legal custody.

**Disabled Child:** The maximum dependent age limits do not apply for a child who cannot hold a self-supporting job due to a permanent physical disability if: The child becomes disabled prior to age 19 and remains disabled while covered under the medical plan(s). The physical or mental impairment is a result of either a congenital or acquired illness or injury leading to the individual being incapable of independent living.
Kent State University Benefit Plans Dependent Eligibility Verification Form

Instructions for Completion:
Please list all dependents that you would like to enroll in the benefit plan(s). PRINT CLEARLY, in INK in the spaces provided. Sign and return this form with copies of the supporting documentation to the University Benefits Office – Located second floor of Heer Hall, Kent Campus.

<table>
<thead>
<tr>
<th>Card ID Number</th>
<th>Campus</th>
<th>Employee Last Name</th>
<th>Employee First Name</th>
<th>Employee Home/Call Telephone</th>
<th>Employee Gender (circle one)</th>
<th>Employee Date of Birth (xx-xx-xxxx)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male / Female</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Add To Coverage</th>
<th>Social Security Number</th>
<th>Last Name</th>
<th>First Name, MI</th>
<th>Date of Birth (xx-xx-xxxx)</th>
<th>Gender (M/F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child-6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REMINDER: YOU MUST ATTACH COPIES OF SUPPORTING DOCUMENTATION TO COMPLETE THE PROCESS. FAILURE TO RETURN THE REQUIRED REQUIRED INFORMATION BY THE DEADLINE MAY RESULT IN SUSPENSION OF BENEFITS UNTIL SUCH INFORMATION IS SUPPLIED.

I certify that the information provided is complete, correct, and up-to-date. I understand that any misrepresentation could result in disciplinary action up to and including termination of employment.

Signature ___________________________ Date Signed _____________

Rev. 4/2015
Domestic Partner Benefits

Kent State offers Domestic Partner benefits to eligible employees.

The benefits are extended to both same and opposite gender partners of faculty and staff and their eligible dependents which include:

- Medical, prescription drugs, vision and dental insurance
- Dependent life insurance
- Voluntary Accidental Death and Dismemberment Insurance (AD&D)
- Tuition Fee Waiver

Applicants must complete Affidavit of Domestic Partnership and provide (3) supporting documentations. Details regarding this process can be found on HR Benefits website at: [www.kent.edu/hr/benefits](http://www.kent.edu/hr/benefits)
New Hire Online Benefits Enrollment Instructions

Let’s get it done in 31! Avoid back deductions!

Avoid delays receiving your medical IDs
Alternative Insurance Coverage
“Opt-Out”

- Employees with other coverage may opt-out of health coverage.
- Must provide documentation of alternative coverage along with the completed Affidavit of Alternative Coverage form.
- Opt-out incentive of $50.00 per pay equal to $100.00 month or $1,200.00 per year!
- Opt-out applies to medical, prescription drug, vision AND dental.
- This form can be found at [http://www.kent.edu/hr/benefits/medical-insurance](http://www.kent.edu/hr/benefits/medical-insurance). Click on Opt-Out Affidavit in the middle of the page.
Group Insurance Plan  
Affidavit of Alternative Coverage/Refused Medical Coverage  

PLEASE CHECK YOUR SELECTION BELOW:  

☐ I hereby elect to OPT-OUT of the medical, prescription drug, dental and vision insurance coverage available to me as a benefits eligible employee of Kent State University. In completing this affidavit, I verify I am adequately covered by other medical insurance as indicated below and expect to be covered for the entire year. I further acknowledge that I am waiving the health benefits for the entire calendar year and may not re-enroll in the plan during the year except by providing written notice to Kent State University benefits office that I have incurred a qualifying event that has caused me to lose coverage under the aforementioned alternative coverage. I understand that I am eligible to receive an opt-out incentive in the amount of $100.00 per month.

☐ I hereby REFUSE the medical, prescription drug, and vision insurance coverage offered to me by Kent State University; however, I wish to elect the dental insurance coverage available to me as a benefits eligible employee of Kent State University. In completing this affidavit, I verify I am adequately covered by other medical insurance as indicated below and expect to be covered for the entire year. I further acknowledge that I am waiving the dental benefits for the entire calendar year and may not re-enroll in the plan during the year except by providing written notice to Kent State University benefits office that I have incurred a qualifying event that has caused me to lose coverage. I understand that I am not eligible to receive an opt-out incentive.

Name of individual who covers you: ____________________________

Contract number or SS# of person covering you: ____________________________

Employer of person covering you: ____________________________

Employer Plan Name: ____________________________

Effective Date of Alternate Coverage: ____________________________

Type of Coverage:  ☐ Single  ☐ Employee + one  ☐ Family

Kent State Employee Name (please print): ____________________________

Banner Identification Number: ____________________________

Kent State Employee Signature: ____________________________

Date: ____________________________

****NOTICE****
ANY EMPLOYEE REQUESTING AN INSURANCE OPT-OUT INCENTIVE or REFUSAL OF MEDICAL COVERAGE MUST COMPLETE A NEW FORM DURING OPEN ENROLLMENT AND PROVIDE WRITTEN PROOF OF ALTERNATIVE INSURANCE.
Group Term Life Insurance
AD&D Coverage

- Employer-paid term life insurance for full-time employees
- Coverage equal to 3 times base salary up to $225,000
- Includes AD&D coverage
- Employees must designate beneficiaries
- Imputed income applies
Imputed Income for Employer-provided Life Insurance and Voluntary Life Insurance

- Internal Revenue Service (IRS) requires that the value of employer-provided life insurance and voluntary life insurance in EXCESS of $50,000 be reported as taxable income. This is called “imputed income”.

- Imputed income is added to your taxable earnings. You can find the imputed income amount in Box 12 of your yearly W-2 statements.
**Imputed Income - Example**

**TAXABLE INCOME PER $1,000 OF PROTECTION**

<table>
<thead>
<tr>
<th>Employee’s Age</th>
<th>Tax per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$.60</td>
</tr>
<tr>
<td>25 through 29</td>
<td>.72</td>
</tr>
<tr>
<td>30 through 34</td>
<td>.96</td>
</tr>
<tr>
<td>35 through 39</td>
<td>1.08</td>
</tr>
<tr>
<td><strong>40 through 44 (John’s Age)</strong></td>
<td><strong>1.20</strong></td>
</tr>
<tr>
<td>45 through 49</td>
<td>1.80</td>
</tr>
<tr>
<td>50 through 54</td>
<td>2.76</td>
</tr>
<tr>
<td>55 through 59</td>
<td>5.16</td>
</tr>
<tr>
<td>60 through 64</td>
<td>7.92</td>
</tr>
<tr>
<td>65 through 69</td>
<td>13.44</td>
</tr>
<tr>
<td>70 and older</td>
<td>24.72</td>
</tr>
</tbody>
</table>

- John is 42 years old and earns $40,000 per year.
- He is eligible for $120,000 (3 times his annual salary) of employer-paid basic group term life insurance.
- The amount of taxable insurance is **$70,000** ($120,000 minus $50,000).
- For the employer-provided basic life insurance, the annual imputed income is $84.00 (70 X $1.20).
- The $84.00 amount will be included on John’s W-2 (Box 12) statement as taxable income at the end of the year.
Standard Insurance Company

To Be Completed By Applicant □ Apply for Coverage □ Beneficiary Change □ Complete Beneficiary Section □ Name Change □ Add or □ Delete Dependent □ Date of add/delete

Employee Name: ____________________________ Employee ID: ______

Your Name (Last, First, Middle): ____________________________

Social Security Number: ____________ Date of Birth: ______

Address: ____________________________ City: ______ State: ______ ZIP: ______

Phone Number: ____________

Job Title/Occupation: ____________________________

Former Name (Last, First, Middle): ____________________________ Date of Name Change: ______

Home/Work/Other Phone: ______

Fees: ______ Per ______ Hour ______ Week ______ Month ______ Year ______

Coverage: Check with the Human Resources Benefits Department, Near Hall about coverage options available to you and Evidence Of Insurability requirements.

Life Insurance

□ Basic Life with AD&D (if elected)

□ Additional/Optional Life

You may choose one of the following plan options. Coverage amount cannot exceed $500,000.

□ In Annual Earnings □ In Earnings □ In Earnings

□ Dependent Life Insurance

□ Spouse/Domestic Partner & Dependent Children (in increments of $10,000 to a maximum of $250,000)

□ Full Name: ____________________________ Date of Birth: ______

□ Full Name: ____________________________ Date of Birth: ______

□ Full Name: ____________________________ Date of Birth: ______

□ Full Name: ____________________________ Date of Birth: ______

□ Long Term Disability

□ Option 1: 50% □ Option 2: 60% □ Option 3: 100%

□ Voluntary Accidental Death and Disability Insurance

□ Employee Only □ Employee and Family (Family may include Employees and/or Spouse/Domestic Partner and/or Children)

Your requested amount $__________

Beneficiary: This designation applies to Life and AD&D coverage available through your Employer. Designations are not valid unless signed, dated, and delivered to the Employer during your eligibility period. For further information. Each designation tool for Primary or Contingent must respect 100%. If you do not name more than two beneficiaries in any category below, please complete the same request form on a separate sheet of paper, including insurance age, sign and date it at the time of this enrollment form.

Designations for Basic Life with AD&D Insurance

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINGENT</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

Designations for Additional/Optional Life Insurance

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINGENT</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

Designations for Voluntary AD&D Insurance

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINGENT</th>
<th>Full Name</th>
<th>Address</th>
<th>Seq. No.</th>
<th>Relationship</th>
<th>% of Benefit</th>
</tr>
</thead>
</table>

Signature: I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover any contribution, if required, toward the cost of insurance. I understand my deduction amount will change if my coverage or cost changes. I understand that coverage(s) not specifically elected will not become effective.

Employee Signature Required: ____________________________ Date (MM/DD/Yr): ______

Return completed form to the Human Resources Benefits Department, Near Hall.

S 73323-40407 (9/14)
Voluntary Supplemental Plan Options
Voluntary Benefit

Supplemental Life Coverage Highlights

**The Medical Questionnaire must be completed and submitted directly to the Standard for an election amount above the guaranteed issue.

- **Individual:** Employee may elect up to 3 times base salary to a maximum of $500,000
  *Guarantee Issue - $200,000*

- **Spousal:** Employee may elect coverage in increments of $10,000 up to a max of $250,000
  *Guarantee Issue - $20,000*

  *Monthly premium cost for employee/spouse is based on age*

- **Dependent:** Employee may elect $10,000 per child at the cost of $1 per month (prorated for 9-mo and 10-mo employees) no matter how many eligible children are in the family up to age 26.

**NOTE:** Spousal and Dependent’s life insurance cannot exceed 100% of an employee’s Basic Life and Additional Supplemental Life insurance.
Voluntary Benefit
Voluntary AD&D Insurance

- Supplements the employer-paid Basic AD&D. It is a paid benefit in the event of death or dismemberment as a result of a covered accident
- Eligibility: Spouse/Domestic Partner and eligible dependent children to age 25
- Cost based on chosen coverage amount
- Coverage available in increments of $25,000
- Value of benefit disbursed is determined by who is covered under the plan. See details in the brochure.

**Brochures available on table in lobby**
**Must designate beneficiary**
Voluntary Benefit

Group Long Term Disability Insurance

- A regular, full-time employee
- Provides income protections in the event of a serious illness or injury
- Premiums paid by payroll deduction
- Employee can elect a benefit equal to 50% or 60% of salary to a maximum of $6,000/month
- Enrollment accepted regardless of medical condition if submitted within 60 days of employment
Aflac
PLAN OPTIONS
Short Term Disability
Accident Indemnity Advantage
Cancer Protection

- Pays you cash benefits during time of need (accidents, sickness, surgery, maternity)
- Guaranteed renewable for the life of the policy
- Fully portable at the group rate
- No coordination of benefits…”we pay regardless of any other insurance.”

Note: Some plans are only available during your first 60 days of employment and the annual Open Enrollment period. Other plans may be available year-round. Please contact Aflac for additional information.

Contact:
Derrick Fellows, 1544 South Belvoir Blvd., S. Euclid, OH 44141
(216) 382-9500;
derrick_fellows@us.aflac.com
Voluntary Benefit

College Advantage (529) Ohio Savings Plan

- This is a college savings program that enables families to save and invest on a tax-advantaged basis to fund future higher education expenses of a child.
- **Enroll anytime.**
- **Tax-Free:** Pay no taxes as your funds grow and pay no taxes when you withdraw for qualified higher education expenses.
- Available to anyone.
- Account owners allocate funds.
- Affordable contributions as little as $25 at a time.

College Advantage Savings Plan
PO Box 932348
Cleveland, OH 44193
Phone: 1-800-AFFORD-IT (233-6734)
Voluntary Benefit

Legacy Services – Long Term Care Insurance

What is Long-Term Care?
Long-term care is when you are no longer able to do typical things such as getting out of bed, eating, or even taking a shower.

Why Consider Long-Term Care Insurance?
Long-term care insurance (LTCi) pays for
• home health care,
• assisted living,
• nursing home and
• other long term care expenses.

Legacy Services
800-230-3398, ext. 101
email: custsvc@4groupltci.com
www.servilink.net/legacyltc
Tuition Waiver Benefit

- Employees are eligible after completing one semester (or 120-days) of consecutive full-time employment
  - No “credit” for previous part-time or GA employment
- Eligible dependents include legally married spouse or domestic partner and dependent children under the age 25.
- Benefit covers tuition and general fees for up to 18 undergraduate or 18 graduate hours per semester

**TAXABILITY NOTE:** Courses (whether undergrad or graduate level) taken by an individual who has already been awarded a bachelor’s degree by any university, are still tuition free but are considered a taxable benefit to the employee receiving the tuition waiver.
IMPACT – Employee Assistance Program (EAP)

IMPACT Solutions is a behavioral healthcare and people development consulting firm for coaching and medical specialists.

- 24/7/365 Live, CONFIDENTIAL access to:
  - Immediate phone consultations
  - Face to face licensed counseling
  - Legal assistance
  - Financial counseling
  - Identity theft
  - Child and Elderly Care Referrals
  - Referrals to Community Resources

- Accessible to you, your household members and eligible dependents living outside your home

- Services provided for personal and work-related issues

- Specialized assistance may be provided for financial matters, identity theft recovery and legal issues

  1-800-227-6007 – 24 hours/7 days a week
<table>
<thead>
<tr>
<th>Benefits Enrollment Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Group Insurance Enrollment (Online – or hard copy)</td>
</tr>
<tr>
<td>✓ Medical, Prescription, Vision &amp; Dental Coverage</td>
</tr>
<tr>
<td>✓ Opt-out affidavit (if applicable)</td>
</tr>
<tr>
<td>✓ *Domestic Partner Affidavit + Supporting Documentation</td>
</tr>
<tr>
<td>✓ Flexible Spending Accounts – HCFSA/DCFSA</td>
</tr>
<tr>
<td>✓ Life Insurance Beneficiary Designation</td>
</tr>
<tr>
<td>Paper Form Required (Submit to H.R. Benefits Office)</td>
</tr>
<tr>
<td>✓ Long Term Disability Enrollment Form</td>
</tr>
<tr>
<td>✓ Retirement Plan Election Form</td>
</tr>
<tr>
<td>✓ Salary Reduction Agreement for 403(b) &amp; 457 Tax Sheltered Annuities, College Advantage 529 Savings Plan, AFLAC Plans</td>
</tr>
<tr>
<td>✓ AFLAC Plans - <strong>Note:</strong> Some plans are only available during your first 60 days of employment and the annual Open Enrollment period. Other plans may be available year-round. Please contact Aflac for additional information.</td>
</tr>
</tbody>
</table>
If you have questions or need additional information concerning your health insurance or retirement plan options, please feel free to contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheba N. Marshall, Manager,</td>
<td>330-672-8348</td>
<td><a href="mailto:smarsh22@kent.edu">smarsh22@kent.edu</a></td>
</tr>
<tr>
<td>University Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marianne Pickering, Coordinator,</td>
<td>330-672-8314</td>
<td><a href="mailto:mpickeri@kent.edu">mpickeri@kent.edu</a></td>
</tr>
<tr>
<td>University Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samantha Chappell, Coordinator,</td>
<td>330-672-5861</td>
<td><a href="mailto:schapp10@kent.edu">schapp10@kent.edu</a></td>
</tr>
<tr>
<td>University Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laura Kenney, Coordinator,</td>
<td>330-672-8368</td>
<td><a href="mailto:lkenney2@kent.edu">lkenney2@kent.edu</a></td>
</tr>
<tr>
<td>Leave and Disability Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kimberly Hauge, Director,</td>
<td>330-672-7505</td>
<td><a href="mailto:khauge@kent.edu">khauge@kent.edu</a></td>
</tr>
<tr>
<td>University Wellness and Healthy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions
DISCLAIMER

This Benefits Orientation presentation is provided as an informational summary only and is not intended to be a summary plan description (SPD) or plan document. If there are differences between the presentation and the SPD or plan document, the terms of the SPD and plan document shall be definitive.

Kent State University may amend or terminate its benefits plans at any time in accordance with the law and any applicable collective bargaining agreement. The description of the program, the plan itself, or participation in the plan is not an employment contract or any type of employment guarantee and should not be construed as such.

The university makes no endorsements, warranties, promises, representations and/or guarantees regarding the performance, use, interpretation, application, correctness, accuracy of any of the vendors’ plans and programs summarized in this orientation. Individuals should consult with the vendor(s) as well as their personal legal, medical, insurance and/or financial, etc., advisor/professional as it applies to their own circumstance to answer any questions and/or concerns related to their participation in the plan(s) and program(s).