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

http://www.kent.edu/hr/benefits/new-hire-benefits-information
Healthy Campus Initiative

Employee Wellness

Student Wellness

Community Wellness
Employee Wellness

**Our Employee Wellness Partners**

- **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**
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.

**Wellness Reward Program**
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](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](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!

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 a 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-__________
Due 120 days from hire date

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>
</tbody>
</table>

Or

| Alternative Retirement Plan (ARP)                                     | Alternative Retirement Plan (ARP)                                     |
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 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>Employee KSU</td>
<td>Employee KSU</td>
</tr>
<tr>
<td>10.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>14.0%</td>
<td>28.0%</td>
</tr>
<tr>
<td>24.0%</td>
<td></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>Contribution Rates</td>
<td>Contribution Rates</td>
</tr>
<tr>
<td><strong>Employee</strong></td>
<td><strong>Employee</strong></td>
</tr>
<tr>
<td>KSU</td>
<td>KSU</td>
</tr>
<tr>
<td>10.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>8.0%</td>
<td>9.53%</td>
</tr>
</tbody>
</table>

- 4% Contrib. rate for Retiree Medical Account: (.5% Admin. Service Fee)
  - KSU- 4.5%

- Contributions for mitigating rate:
  - KSU- 4.47%

- Contributions for **mitigating rate**:
  - 1.5%
  - 24.0%

- 20% KSU match available after each year completed
- 100% vested after 5 year of service

- 100% vested after 5 year of service

**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 KSU</strong></td>
<td><strong>Employee (12% to DC) KSU</strong></td>
</tr>
<tr>
<td>KSU – <strong>Mitigating Rate</strong></td>
<td>10.0% 12.5% 1.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>24.0%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

- 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.
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>OPERS Eligible</th>
<th>STRS Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contribution Rates</strong></td>
<td><strong>Contribution Rates</strong></td>
</tr>
<tr>
<td>Employee KSU</td>
<td>Employee KSU</td>
</tr>
<tr>
<td>10.00%</td>
<td>14.0%</td>
</tr>
<tr>
<td>11.56%</td>
<td>9.53%</td>
</tr>
<tr>
<td>Contributions for mitigating rate:</td>
<td>Contributions for mitigating rate:</td>
</tr>
<tr>
<td>2.44%</td>
<td>4.47%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<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>2017</td>
<td>$18,000</td>
<td>Addnl. $6,000</td>
<td>$24,000</td>
</tr>
</tbody>
</table>
Understanding the Roth 403 (b)/457(b)

Traditional

✓ Pretax contributions
✓ Tax-deferred earnings
✓ Taxable Withdrawals

Roth

✓ After-tax contributions
✓ Tax-deferred earnings
✓ Tax-free Withdrawals*

* 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)

The following form is an example of a Salary Reduction Agreement for Supplemental Retirement Accounts 403(b) or 457(b) that can be found on the Kent State University website. The document details the reduction of the annual salary of the participant in the amount(s) and effective on the date(s) as follows:

## 1. Agreement

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:

<table>
<thead>
<tr>
<th>Pre-tax 403(b) Plan:</th>
<th>Pre-tax 457 Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name:</td>
<td>Vendor Name:</td>
</tr>
<tr>
<td>Dollar Amount:</td>
<td>Dollar Amount:</td>
</tr>
<tr>
<td></td>
<td>$_______/pay period</td>
</tr>
<tr>
<td>Semi-Monthly</td>
<td>Semi-Monthly</td>
</tr>
<tr>
<td>Bi-Weekly (Classified)</td>
<td>Bi-Weekly (Classified)</td>
</tr>
<tr>
<td>Effective Date:</td>
<td>Effective Date:</td>
</tr>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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 year 2023 is $29,000 and does not require documentation. Participants over age 50 may contribute an additional $6,000 per year, for a total of $35,000 for the year. If you are taking advantage of this additional contribution amount, please check the box below to confirm the $6,000 contribution over the general allowance must be documented from your pay stub attached to your application (i.e., cash-up-front).

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

I am eligible to contribute $6,000 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 an additional deduction for either State Teachers Retirement System of Ohio, the Public Employee Retirement System of Ohio, or any City or Municipal income tax, nor shall such reduction be considered in determining any salary adjustment due to absence.

## 3. Amendments

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 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.

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPANY REPRESENTATIVE</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KENT STATE BENEFITS REPRESENTATIVE</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SALARY REDUCTION AGREEMENT for
Supplemental Retirement Accounts
ROTH 403(b) or 457(b)

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 with:
   
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>$___________/pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Monthly</td>
<td>Bi-Weekly (Classified)</td>
</tr>
<tr>
<td>Effective Date: (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>
   | 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 with:
   
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>$___________/pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-Monthly</td>
<td>Bi-Weekly (Classified)</td>
</tr>
<tr>
<td>Effective Date: (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>
   | This Agreement is (check one):
   | a new application
   | an increase
   | a decrease
   | a change in annuity companies, contribution to
   | will be stopped.

2. 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.

   Maximum Contribution Limits

   The maximum contribution allowance for a tax year is $18,500 and does not require documentation. Participants over age 50 may contribute an additional $6,500 per tax year (up to $24,000 for the tax year). If you are taking advantage of this additional contribution, please check the box. If you still have other permissible allowances over the general allowance must have documentation from your provider attached to this request (i.e., catch-up deferrals).

   I am eligible for the additional $6,500 contribution at tax year age 50. Date of birth _________________.

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

   The reduction in salary provided for in Paragraph 1 shall not be considered a deduction for either State Teachers Retirement System of Ohio, the Public Employees Retirement System of Ohio, or for City or Municipal income tax, nor shall such reduction be considered in determining any salary adjustment due to absence.

   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 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 BENEFIT REPRESENTATIVE
   
   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**

<table>
<thead>
<tr>
<th>TRADITIONAL MEDICAL PLANS</th>
<th>90/70 PPO (Medical Mutual &amp; Anthem)</th>
<th>80/60 PPO (Medical Mutual &amp; Anthem)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$250/single $500/family</td>
<td>$350/single $700/family</td>
</tr>
<tr>
<td>Co-insurance (after deductible)</td>
<td>90%/70%</td>
<td>80%/60%</td>
</tr>
<tr>
<td>Annual Out-Of Pocket Max. (Excluding deductibles)</td>
<td>$750/$1,500</td>
<td>$900/$1,800</td>
</tr>
<tr>
<td>Office Co-pay</td>
<td>$15 – PCP/MH $30 – Specialist</td>
<td>$15 – PCP/MH $30 – Specialist</td>
</tr>
</tbody>
</table>

*PCP = Primary Care Physician  
*MH = Mental Health Provider*
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

Mail service – up to 90-day supply through mail service pharmacy

OR you can pick up mail order prescriptions at CVS! (**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 EXCEPT when a brand name drug is purchased and there is a generic available, the maximum will be $100 unless the physician indicates “DAW” – dispense as written.
## EyeMed Vision Care

<table>
<thead>
<tr>
<th>Benefit</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<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: $2,600
2. Dependent Care Account – Maximum contribution: $5,000
   - Funds may be used for dependent/elder care expenses

Why Participate?
- Save 25%-40%
- Funds withheld from paycheck on pre-tax basis
- Deductible, Coinsurance, Co-Pay, Qualified Over the Counter Drugs, Dental, Vision, etc.

NOTE: Minimum contribution is $120.
Flexible Spending Accounts Enrollment Form - 2017
Kent State University Benefits – 330-672-3107

Employee Name: (PLEASE PRINT)  

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 expenses for myself and qualified dependents that are not covered by my employer's health plan or any other 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 CareFlexible Spending Account. My total deposit for this year is $  

☐ I understand that this total will be deducted from my pay 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, day care for a disabled adult or child, elder 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 that this total will be deducted from my pay equal amounts from each month in which I receive base pay during the year. (Please enter a whole dollar amount between $120 and $5,500).

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 expenses 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.
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
# Medical Plan Options

<table>
<thead>
<tr>
<th>HIGH DEDUCTIBLE PLAN</th>
<th>HDHP Anthem/Medical Mutual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (includes medical and prescription)</td>
<td>$2,600/Single</td>
</tr>
<tr>
<td></td>
<td>$5,200/Family</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>-0-</td>
</tr>
<tr>
<td>Annual Out-Of Pocket Max.</td>
<td>$2,600/Single</td>
</tr>
<tr>
<td></td>
<td>$5,200/Family</td>
</tr>
<tr>
<td></td>
<td>(*in-network)</td>
</tr>
<tr>
<td>Office Co-pay</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Preventative Care (ie: asthma, diabetes, heart disease, smoking cessation)</td>
<td>100% coverage with in-network providers for preventative care and preventative generic medications</td>
</tr>
</tbody>
</table>
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.
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>$2,400</td>
<td>$3,400</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
<td>$4,750</td>
<td>$6,750</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)

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), 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:

$[INSERT AMOUNT]

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

See instructions on back for minimum and maximum amounts.

I certify and acknowledge the following:

- I have reviewed the University's 2017 Medical Plans Comparison Chart and elect to enroll in the HDHP option. I acknowledge that I will not be able to change to another plan option until the next Plan Year, except on an annual basis.
- 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 understand the information on this form and 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: [SIGNATURE] Date: [DATE]

Kent State University – University Benefits Department
615 Loop Road, Hertz 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>Print ID Cards</td>
</tr>
<tr>
<td>Find In-Network Doctors &amp; Facilities</td>
</tr>
<tr>
<td>Review Claims and Account Details</td>
</tr>
<tr>
<td>Discounts on Health Programs</td>
</tr>
<tr>
<td>Health Education</td>
</tr>
<tr>
<td>Treatment Cost Estimators</td>
</tr>
</tbody>
</table>

[www.anthem.com](http://www.anthem.com)  [www.medmutual.com](http://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>Annual maximum benefit</td>
<td>$1,250</td>
<td>$1,000</td>
<td>$750</td>
<td>$1,250</td>
</tr>
<tr>
<td>per person / per yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$25</td>
<td>$50</td>
<td>$50</td>
<td>$25</td>
</tr>
<tr>
<td>per person / per yr</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ORTHODONTIA</td>
<td>No age limit (PPO Dr. Only) ($1,000 limit - braces)</td>
<td>No age limit (PPO Dr. Only) ($1,000 limit - braces)</td>
<td>Not available</td>
<td>Age limit: 19 ($1,000 limit)</td>
</tr>
<tr>
<td>*Services available for Network Drs. only</td>
<td>Age 19 (Premier Dr. Only)</td>
<td>Age 19 (Premier Dr. Only)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Delta Dental High Plan Summary

<table>
<thead>
<tr>
<th></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></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays</td>
<td>Plan Pays*</td>
</tr>
<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>

*Please note that these percentages represent the plan pays for each category.
## Delta Dental Low Plan Summary

### Diagnostic & Preventive

<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>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>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Basic Services

<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>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; 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>
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<td>100%</td>
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<td>100%</td>
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<tr>
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<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:**
- Print 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>Employee ID Number</th>
<th>Campus</th>
<th>Employee Last Name</th>
<th>Employee First Name</th>
<th>Employee Home/Cell 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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 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
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 medical 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 provided by Standard Life Insurance Company
- Coverage equal to 3 times base salary up to $225,000
- Includes AD&D coverage
- Employees must designate beneficiaries
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>$0.60</td>
</tr>
<tr>
<td>25 through 29</td>
<td>$0.72</td>
</tr>
<tr>
<td>30 through 34</td>
<td>$0.96</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.
Voluntary Supplemental Plan Options
Voluntary Benefit
Supplemental Life Coverage Highlights

**Elections above the Guarantee Issue, must complete the medical questionnaire before approval.**

- **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 (slightly higher for 9 and 10 month 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

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
### Standard Insurance Company

**To Be Completed By Applicant**

- [ ] Apply for Coverage
- [ ] Beneficiary Change
- [ ] Complete Beneficiary section
- [ ] Name Change

**Employee Name:** [Last, First, Middle]

**Social Security Number:** [Number]

**Date of Birth:** [Date]

**Address:** [Street Name, City, State, Zip]

**City:** [City]

**State:** [State]

**Zip:** [Zip]

**Phone Number:** [Number]

**Job Title/Occupation:** [Occupation]

**Former Name:** [Last, First, Middle]

**Complete only if name change:** [Name]

**Employee Name:** [Last, First, Middle]

**Employee Status:** [Full-Time, Part-Time, Temporary, Contractor, Other]

**Employee Number:** [Number]

**Employee Waiver:** [Signature]

**Coverage:** Check with the Human Resources Benefits Department, Room 222, for further information.

- **Life Insurance**
  - [ ] Basic Life with AD&D (Employer Paid)
  - [ ] Additional Life: [Amount]

- **Dependent Life Insurance**
  - [ ] Spouse/Domestic Partner: [Amount]
  - [ ] Dependent Children: [Amount]

- **Voluntary Life Insurance**
  - [ ] Option 1: [Amount]
  - [ ] Option 2: [Amount]

**Beneficiary:**

- **Primary Beneficiary:** [Name]
- **Secondary Beneficiary:** [Name]
- **Tertiary Beneficiary:** [Name]

**Designation for Basic Life with AD&D Insurance**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Address</th>
<th>Soc. Sec. No.</th>
<th>Relationship</th>
<th>% Of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Designation for Additional/Optional Life Insurance**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Address</th>
<th>Soc. Sec. No.</th>
<th>Relationship</th>
<th>% Of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Designation for Voluntary AD&D Insurance**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Address</th>
<th>Soc. Sec. No.</th>
<th>Relationship</th>
<th>% Of Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Signature:**

I, the applicant, certify that the information on this form is true and correct to the best of my knowledge. This form must be signed and returned to the Human Resources Benefits Department, Room 222, within 30 days of the effective date.

**Employee Signature:** [Signature]

**Date:** [Date]

**Return completed form to the Human Resources Benefits Department, Room 222.**

---

**Very Important!**
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.

CollegeAdvantage 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 the type of care you need when you are no longer able to do the things you take for granted everyday. It is needed when simple things, such as getting out of bed, eating, or even taking a shower, become too difficult to do on your own.

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. People buy LTCi to protect retirement assets and to maintain freedom of choice when receiving care.

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 and dependent children under the age 25 and domestic partners
- 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
## Benefits Enrollment Timeline

<table>
<thead>
<tr>
<th>Enrollment Item</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Group Insurance Enrollment (Online – or hard copy)</td>
<td>30 days from your Date of Hire or Benefits Eligibility</td>
</tr>
<tr>
<td>✓ Medical, Prescription, Vision &amp; Dental Coverage</td>
<td></td>
</tr>
<tr>
<td>✓ Opt-out affidavit (if applicable)</td>
<td></td>
</tr>
<tr>
<td>✓ *Domestic Partner Affidavit + Supporting Documentation</td>
<td></td>
</tr>
<tr>
<td>✓ Flexible Spending Accounts – HCFSA/DCFSA</td>
<td></td>
</tr>
<tr>
<td>✓ Life Insurance Beneficiary Designation</td>
<td></td>
</tr>
<tr>
<td>Paper Form Required (Submit to H.R. Benefits Office)</td>
<td></td>
</tr>
<tr>
<td>✓ Long Term Disability Enrollment Form</td>
<td>60 days</td>
</tr>
<tr>
<td>✓ Retirement Plan Election Form</td>
<td>120 days</td>
</tr>
<tr>
<td>✓ Salary Reduction Agreement for 403(b) &amp; 457 Tax Sheltered Annuities, College Advantage 529 Savings Plan, AFLAC Plans</td>
<td>Anytime</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>
<td></td>
</tr>
</tbody>
</table>
Annual Open Enrollment

2018 Open Enrollment
OCT. 15 – NOV. 7

- Annual opportunity to change elections relating to medical, prescription drug, vision, dental and flexible spending accounts

- Conducted in Fall of each year – effective January 1st of the following year.

- Watch your Flashline announcements, campus mailings and home mailings.
Questions??

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 Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheba N. Marshall, Assistant Manager, University Benefits</td>
<td>330-672-8348</td>
<td><a href="mailto:smarsh22@kent.edu">smarsh22@kent.edu</a></td>
</tr>
<tr>
<td>Marianne Pickering, Coordinator, University Benefits</td>
<td>330-672-8314</td>
<td><a href="mailto:mpickeri@kent.edu">mpickeri@kent.edu</a></td>
</tr>
<tr>
<td>Samantha Heald-Sott, Coordinator, University Benefits</td>
<td>330-672-5861</td>
<td><a href="mailto:shealdso@kent.edu">shealdso@kent.edu</a></td>
</tr>
<tr>
<td>Laura Kenney, Coordinator, Leave and Disability Benefits Programs</td>
<td>330-672-8368</td>
<td><a href="mailto:lkenney2@kent.edu">lkenney2@kent.edu</a></td>
</tr>
<tr>
<td>Kimberly Hauge, Manager, University Wellness and Healthy Promotion</td>
<td>330-672-7505</td>
<td><a href="mailto:khauge@kent.edu">khauge@kent.edu</a></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).