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Focus on Health and Well-being

2012 benefits open enrollment: November 7 to November 22

University Hospitals is striving to be the healthiest and safest place to work. For 2012, we're building on our commitment to support your health and wellness. We're making changes to the way our plans are administered and introducing plan updates to support you in making good choices when you receive care. As part of our focus on better health at UH, we are also enhancing the support we provide to encourage you to take simple steps that can lead to real improvements.

UH provides you with options that offer comprehensive coverage – plus the tools, resources and information to make good choices about your benefits, your health, and the care you receive.

This guide provides an overview of your benefit options. To learn more and use interactive tools, visit the [2012 Decision Support Center](#).

During open enrollment, review your benefit options and enroll online. If you don't enroll, your 2011 benefits, except for flexible spending account elections, will roll over for 2012. Enrollment is required to participate in a flexible spending account each year. If you want to sell paid time off (PTO) in 2012, you must also make an election during open enrollment.

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Benefit	Your Options
<u>Medical plan choices (including prescription drugs)</u>	<ul style="list-style-type: none"> • Consumer Select Plan • Traditional Plan
<u>Health Savings Account (HSA)</u>	<ul style="list-style-type: none"> • Budget and save for your share of health care costs with a contribution of \$750 or \$1,500 from UH when you enroll in the Consumer Select Plan
<u>Rewards for taking healthy steps</u>	<ul style="list-style-type: none"> • Earn up to \$600 or \$1,200 toward your cost for medical coverage
<u>Dental plan choices</u>	<ul style="list-style-type: none"> • Dental PPO Plan • Dental Care (DHMO) Plan
<u>Voluntary Vision</u>	<ul style="list-style-type: none"> • Coverage you can purchase for you and your family
<u>Employee Assistance Program (EAP)</u>	<ul style="list-style-type: none"> • Support for work/life issues, stress, family concerns and more
<u>Flexible Spending Accounts (FSAs)</u>	<ul style="list-style-type: none"> • Health Care FSA • Dependent Care FSA
<u>Life insurance</u>	<ul style="list-style-type: none"> • Coverage paid for by UH generally equal to two times your annual base pay • Supplemental coverage for you and your family
<u>Accidental Death and Dismemberment (AD&D)</u>	<ul style="list-style-type: none"> • Coverage paid for by UH generally equal to two times your annual base pay • Voluntary coverage for you and your family
<u>Disability coverage</u>	<ul style="list-style-type: none"> • Short-term disability (STD) and basic long-term disability (LTD) coverage paid for by UH • Additional LTD coverage you can purchase if you earn over \$50,000 a year
<u>Voluntary benefits</u>	<ul style="list-style-type: none"> • Legal Plan • Voluntary Critical Illness Insurance Plan



Note: See important information on [eligibility](#) for benefits.

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What's New for 2012

For 2012, there are new plan administrators for the medical plan, voluntary vision plan and flexible spending accounts. There are also important changes in how the UH medical plans pay for covered services. These changes are designed to share the increasing costs of care between UH and employees – and to help you make good choices in how you receive care.

Here is an overview of the changes.

New plan administrators

Medical	• Apex Benefits Services (replaces Anthem)
Vision	• EyeMed Vision Care (same network as Anthem Blue View Vision)
Flexible Spending Accounts	• CONEXIS (You will receive a new debit card if you enroll in that option for 2012.)
Life and AD&D Insurance	• Prudential
Long-Term Disability	• Prudential

Changes to the Traditional Medical Plan

An increased deductible	The 2012 deductible will be \$400 for individuals and \$800 for families in-network – or \$1,500 for individuals and \$3,000 for families out-of-network.
A higher copay for emergency room care	The ER copay will be \$250 per visit, up from \$150 today. (Note: the copay for urgent care is not changing and will continue to be \$50. The copay for UH FastCare Clinics/convenience clinics is \$25.)

Changes to both medical plans

Introducing coinsurance for in-network care	<p>When you use the UHACO network, you will pay a percentage of the cost of covered care, called coinsurance, after you meet the deductible.</p> <ul style="list-style-type: none"> • For the Consumer Select Plan, you pay 10% and the plan pays 90% after the deductible. • For the Traditional Plan, you pay 15% and the plan pays 85% after the deductible for most medical services and facility charges. (You will continue to pay copays for in-network office visits, emergency room care and urgent care; coinsurance after the deductible applies to additional services received during a physician's office visit.) <p><i>There is an exception for preventive care, which continues to be covered at 100% in-network, so you pay \$0 for a preventive visit in both plans.</i></p>
Introducing an out-of-pocket coinsurance maximum for UHACO network care	When you use the UHACO network, your coinsurance costs will be limited to \$1,000 for individuals or \$3,000 for families in the Consumer Select Plan and \$1,500 for individuals or \$3,000 for families in the Traditional Plan. If you reach the maximum, the plan pays 100% of covered costs for the rest of the year. (You will still pay copays in the Traditional Plan.)
Increasing the out-of-pocket coinsurance maximum for out-of-network care	The new maximum is \$10,000 for individuals or \$20,000 for families.

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Medical Coverage

For 2012, you have a choice of two medical plans:

- The Consumer Select Plan – featuring a Health Savings Account (HSA) with contributions from UH.
- The Traditional Plan – a PPO medical plan.

Our Medical Plan Administrator

Apex Benefits Services will be our medical plan administrator in 2012. Apex Benefits Services gives you access to our University Hospitals Accountable Care Organization (UHACO) Provider and Facility Network.

The UHACO Provider Network consists of over 1,300 UH employed physicians and over 1,400 independent physicians and providers. The UHACO Facility Network includes all University Hospitals inpatient facilities and outpatient treatment centers, two University Hospitals joint venture inpatient facilities, and selected University Hospitals partnerships.

The network of providers and facilities available to you depends on whether you live inside or outside of the nine northeastern Ohio counties designated as the UHACO Service Area. Click [here](#) to locate a UHACO Network provider or facility.

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How the Plans Work

When you use the UHACO Network:

**In-network
preventive care**

UH pays 100%

Consumer Select Plan

- You pay 100% up to deductible (all non-preventive care)
- Once you meet the deductible, the plan pays 90% for most services

Traditional Plan

- You pay copayments for many services like in-network office visits, generic prescriptions, ER visits and urgent care
- For most other services, including labs, x-rays, and other services performed during a physician office visit, you pay a percentage of the cost of care (coinsurance) after the annual deductible is met
- Once you meet the deductible, the plan pays 85% for most other services. You will still be required to pay a copayment in addition to this coinsurance

Important Differences

Consumer Select Plan

- You pay lower employee contributions for coverage. In exchange, you have a higher deductible.
- The deductible applies to all non-preventive care, including prescriptions.
- You can use a Health Savings Account (HSA) to budget and save for health care expenses – with an annual contribution of \$750 or \$1,500 from UH.

Traditional Plan

- You pay copayments with no deductible for in-network office visits and coinsurance for some other services, including additional services during your office visit.
- You can use a Health Care Flexible Spending Account (FSA) to pay for expenses you have during 2012.

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A Closer Look at the Consumer Select Plan

The Consumer Select Plan offers lower coverage cost. In exchange, you pay a higher deductible if you need care. The Health Savings Account (HSA) available with the Consumer Select Plan helps you budget and save for medical care you need today and in the future.

A Health Savings Account (HSA): The Basics



Money goes in

\$750 annually if you enroll in employee-only coverage or \$1,500 annually if you enroll dependents – added to your account automatically by UH. Think of this as a reduction in your deductible.

Any pre-tax contributions you make from your pay, up to:

- \$2,350 for employee-only coverage
- \$4,750 if you enroll your spouse/same-sex domestic partner and/or children
- \$1,000 for catch-up if you are age 55 or older

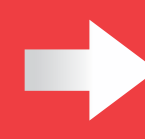
These maximums reflect the IRS annual contribution limit reduced by the UH automatic contribution.



Money comes out

You pay the full cost of non-preventive care, including prescription drugs until you meet the deductible. You receive discounted rates by using UHACO network services. By budgeting now, you can set aside enough money each pay period to cover your deductible if you need it.

When you have an eligible expense, you can pay it with your HSA account. You can request direct payment to your provider, use your HSA debit card or checks, or reimburse yourself from the account, if you pay out-of-pocket. You can be reimbursed only up to the amount in your account. If there is not enough money in your account to cover the expense, you can pay it and reimburse yourself later.



Have money left over? It rolls over.

Any money left in your account will roll over into the next year and is yours to pay future eligible expenses. If you leave UH, you take the account with you.

You will not pay tax on eligible contributions, and you're never taxed on money you use to pay qualified expenses.

Growing your savings...

When your account balance reaches \$1,500, you can choose to invest it in a range of investment funds offered through ACS/BNY Mellon.

[more >](#)

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A Closer Look at the Consumer Select Plan continued...

The value of tax-free contributions

If you are in the 20% bracket and save \$50 a month pre-tax in your HSA, your take-home pay is only reduced by \$36.18. In other words, you don't pay \$13.82 in federal income and FICA taxes – and the full \$50 is available for your eligible health care expenses.

Setting up a health savings account (HSA)

If you enroll in the Consumer Select Plan and don't open your HSA account through ACS/BNY Mellon during the plan year, you miss out on the automatic UH contribution to your account – up to \$750 for employee-only coverage or up to \$1,500 if you enroll dependents. The automatic contribution helps you meet up to half of your deductible – and if you don't use it in 2012, it rolls over for future health care expenses.

If you open your HSA by December 15, 2011, UH will make a single upfront contribution for January through June in mid-January – giving you immediate access to those funds. Remaining UH contributions will be made semi-monthly from July through December. If you open your HSA later, you will not be eligible for this initial upfront contribution, and you will receive semi-monthly contributions only while your HSA is open. The easiest way to open your HSA is by clicking the link in Employee Direct Access while you enroll for your medical benefits.

Note: When you enroll in the Consumer Select Plan, you can elect to contribute to a Consumer Select Health Care FSA and use the account for eligible dental and vision expenses. Click [here](#) for more on FSAs.

What's important to know:

If you enroll in other medical coverage, such as through your spouse's or same-sex domestic partner's plan, you aren't eligible for the HSA unless your other coverage is a high deductible health plan (a government rule). If you are over age 65 and enrolled in Medicare, you are also not eligible to contribute to an HSA.

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A Closer Look at the Traditional Plan

The Traditional Plan has higher coverage costs than the Consumer Select Plan. In exchange, you have a lower annual deductible and you pay flat dollar copayments for some services.

For example:

- Most in-network office visits have a copay
- Urgent care and emergency room care have higher copay amounts than office visits

For most other services, including labs, x-rays, and other services performed during a physician office visit, you pay a percentage of the cost of care (called coinsurance) after the annual deductible is met.

Using the Traditional Health Care Flexible Spending Account (FSA)

The Traditional Health Care FSA lets you set aside pre-tax dollars from your pay throughout the year and use that money to reimburse yourself for eligible expenses. You can be reimbursed up to the full amount you choose to contribute for the year, even if all of the money is not yet in your account.

You can use an FSA to set aside \$130 to \$5,000 a year to cover:

- Eligible health care expenses that are not paid by your medical and dental plans
- Out-of-pocket expenses, such as deductibles, copayments and coinsurance amounts
- Vision expenses

How is the FSA different from the HSA with the Consumer Select Plan?

- Money left in your FSA doesn't roll over to the next year, so you need to plan carefully.
- UH provides automatic funding of \$750 or \$1,500 only if you enroll in the Consumer Select Plan with HSA through ACS/BNY Mellon.

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Your Cost for Covered Care

Your cost depends on if you live inside or **outside the UHACO Service Area**.

If You Live Inside the UHACO Service Area

	Consumer Select Plan		Traditional Plan	
	Tier 1 UHACO Network	Tier 3 Out-of-Network	Tier 1 UHACO Network	Tier 3 Out-of-Network
Annual deductible*	\$1,500 if you enroll yourself only \$3,000 if you enroll yourself and dependents	\$1,500 if you enroll yourself only \$3,000 if you enroll yourself and dependents	\$400 per individual \$800 for family	\$1,500 per individual \$3,000 for family
Annual medical out-of-pocket maximum (excludes deductible)	\$1,000 if you enroll yourself only \$3,000 if you enroll yourself and dependents	\$10,000 if you enroll yourself only \$20,000 if you enroll yourself and dependents	\$1,500 per individual \$3,000 for family	\$10,000 per individual \$20,000 for family
Lifetime Maximum	Unlimited		Unlimited	
Preventive care	0%, deductible waived	50% of R&C after deductible	0%, deductible waived	50% of R&C after deductible
Office visits (office visit charge only)	10% after deductible	50% of R&C after deductible	\$20 copay (\$40 for a specialist) additional services: 15% after deductible	50% of R&C after deductible
Emergency room (care for true medical emergency)	10% after deductible	10% after deductible	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Urgent care provider	10% after deductible	50% of R&C after deductible	\$50 copay	50% of R&C after deductible
Most other covered care	10% after deductible	50% of R&C after deductible	15% after deductible	50% of R&C after deductible

* Annual deductible applies to all in-network and out-of-network medical services and facility charges for both medical options.

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If You Live Outside the UHACO Service Area

	Consumer Select Plan			Traditional Plan		
	Tier 1 UHACO Network	Tier 2 Apex Networks	Tier 3 Out-of-Network	Tier 1 UHACO Network	Tier 2 Apex Networks	Tier 3 Out-of-Network
Annual deductible*	\$1,500 if you enroll in employee-only coverage \$3,000 if you enroll dependent(s)	\$1,500 if you enroll in employee-only coverage \$3,000 if you enroll dependent(s)	\$1,500 if you enroll in employee-only coverage \$3,000 if you enroll dependent(s)	\$400 per individual \$800 for family	\$800 per individual \$1,600 for family	\$1,500 per individual \$3,000 for family
Annual medical out-of-pocket maximum (excludes deductible)	\$1,000 if you enroll in employee-only coverage \$3,000 if you enroll dependent(s)	\$2,500 if you enroll in employee-only coverage \$5,000 if you enroll dependent(s)	\$10,000 if you enroll in employee-only coverage \$20,000 if you enroll dependent(s)	\$1,500 per individual \$3,000 for family	\$2,500 per individual \$5,000 for family	\$10,000 per individual \$20,000 for family
Lifetime Maximum	Unlimited			Unlimited		
Preventive care	0%, deductible waived	0%, deductible waived	50% of R&C after deductible	0%, deductible waived	0%, deductible waived	50% of R&C after deductible
Office visits (office visit charge only)	10% after deductible	10% after deductible for medical services	50% of R&C after deductible	\$20 copay (\$40 for a specialist)	\$20 copay (\$40 for a specialist)	50% of R&C after deductible
Emergency room (care for true medical emergency)	10% after deductible	10% after deductible	10% after deductible	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)	\$250 copay (waived if admitted)
Urgent care provider	10% after deductible	10% after deductible	50% of R&C after deductible	\$50 copay	\$50 copay	50% of R&C after deductible
Most other covered care	10% after deductible	10% or 40% after deductible depending on the service	50% of R&C after deductible	15% after deductible	15% or 30% after deductible depending on the service	50% of R&C after deductible

* Annual deductible applies to all in-network and out-of-network medical services and facility charges for both medical options.

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A Note about Deductibles

If you enroll in the Consumer Select Plan, your deductible depends on who you cover. For employee-only coverage, you meet the individual deductible (\$1,500). If you enroll your spouse/ same-sex domestic partner and/or children, you and/or your dependents combined must meet the full family deductible (\$3,000) before the plan shares in the cost of non-preventive care.

If you enroll in the Traditional Plan, the deductible applies to each person you cover individually, so you do not have to meet the full family deductible before the plan begins sharing the cost. Assume you live inside the UHACO Service Area and your spouse uses a UHACO provider when she injures her knee. If she has \$400 in expenses for tests at an outpatient facility, she will meet the individual deductible and the plan begins sharing in the cost of her non-preventive care.

Key Terms

Coinsurance: Under both plans, the percentage share of costs you pay after you meet the deductible. (For the Traditional Plan, coinsurance applies to most medical services and facility charges. You will continue to pay copays for in-network office visits, emergency room care and urgent care. Coinsurance will apply to services provided in a physician's office that are separately billable from the physician or nurse practitioner's consultation.)

Copay: The amount you pay for office visits, generic prescription drugs, emergency room visits and urgent care in the Traditional Plan.

Coverage cost: The amount deducted from your pay for health coverage based on the plan and coverage level you choose. The amount is deducted on a per paycheck basis.

Deductible: The amount you pay out of your pocket for covered expenses each year before the plan shares in the cost, including facility charges. For the Consumer Select Plan, the deductible applies to all non-preventive care, including prescription drugs.

Out-of-pocket maximum: The most you pay in a plan year for covered services. Your coinsurance counts toward the maximum. Copays in the Traditional Plan do not count. Deductibles in the Traditional Plan and Consumer Select Plan do not count toward your out-of-pocket maximum.

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You automatically have prescription drug coverage when you elect medical coverage. Prescriptions can be filled at participating Medco retail pharmacies or through Medco's mail order program if you take maintenance medications. Specialty medications are available through UH Home Care's Specialty Pharmacy.

	Retail Pharmacy (Your cost for 30-day supply)	Mail Order (Your cost for 90-day supply)
Annual prescription drug out-of-pocket maximum		
• Consumer Select Plan		\$1,800/individual; \$3,600/family
• Traditional Plan		\$2,500/individual or family
Generic	\$10 copay	\$25 copay (with over 400 drugs available for \$10)
Formulary brand name	30% (\$30 minimum and \$100 maximum)	20% (\$75 minimum and \$250 maximum)
Non-Formulary	50% (\$70 minimum and \$200 maximum)	50% (\$175 minimum and \$500 maximum)

Coverage is available only if you use mail order for regular maintenance medications after the second retail fill. Drugs taken regularly, such as high blood pressure drugs, are considered maintenance medications.

Prescription coverage and the Consumer Select Plan

You must meet the annual deductible before your plan begins sharing the cost for prescription drugs.

Why Choose Generic?

You pay the lowest amount by choosing a generic drug if available. Plus, when you choose among 400 drugs offered through Medco, you pay even less – \$10 for a 90-day supply of generic mail order.

Help to Quit Smoking

The UH prescription drug plan covers prescription smoking cessation drugs at 100%, deductible waived.

Nicotine replacement therapy is also available at no cost through the smoking cessation programs offered by the UH medical plans.

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Rewards for Taking Healthy Steps

You can earn wellness credits from UH – and reduce your medical coverage costs – by up to \$600 if you enroll yourself only in a UH medical plan or up to \$1,200 if you enroll your spouse or same-sex domestic partner in UH medical coverage.

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During Open Enrollment

Identify a PCP **and** agree to participate in a disease or case management program if eligible

- **Earn \$150** if you or your covered spouse/same-sex domestic partner complete both steps
- **Earn \$300** if both you and your covered spouse/same-sex domestic partner complete both steps

If you live inside the UHACO Service Area, you must select a UHACO Network PCP to earn credits. If you live outside of the UHACO Service Area, designate a PCP to earn credits.

Complete a tobacco attestation*

- **Earn \$150** if you or your covered spouse/same-sex domestic partner complete this step
- **Earn \$300** if both you and your covered spouse/same-sex domestic partner complete this step

**If you use tobacco, you are still eligible for the wellness credits if you participate in a tobacco cessation program before 3/31/2012.*

Between January 1 and March 31, 2012

Get a health screening **and** take the online health assessment

- **Earn \$150** if you or your covered spouse/same-sex domestic partner complete both steps
- **Earn \$300** if both you and your covered spouse/same-sex domestic partner complete both steps

If you've completed a health screening since 10/1/2010, you can use those screening numbers.

Complete both steps by 3/31/2012 and earn the full credit for 2012. If you complete both steps after 3/31/2012, you receive only part of the credit.

Between January 1 and June 30, 2012

Complete a wellness program

- **Earn \$150** if you or your covered spouse/same-sex domestic partner complete a program
- **Earn \$300** if both you and your covered spouse/same-sex domestic partner complete a program

Complete a wellness program by 6/30/2012 and earn the full credit for 2012. If you complete a wellness program after 6/30/2012, you receive only part of the credit.

About your participation in a disease or case management program:

Your agreement to participate in a disease or case management program, if eligible, indicates that you will engage with Apex Benefits Services and/or the UHACO if you are contacted. If you do not agree to participate, information related to your medical claims, medical claims history, medication usage, or health assessment will still be shared for purposes of disease or case management, and you may still be contacted by Apex Benefits Services or the UHACO.

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Support for a Chronic Disease

Beginning January 1, 2012, Apex Benefits Services will provide disease management services through the Healthy You program to help employees manage chronic conditions, such as asthma, diabetes, depression, and heart conditions as well as normal and high-risk pregnancies.

Individuals eligible for support will receive:

- Disease-specific preventive and self-care education
- Ongoing educational materials about your condition
- Phone access to a nurse to answer specific questions and to discuss preventive and self-care strategies

If you enroll in a UH medical plan, you and your enrolled dependents will receive disease or case management services if your medical claims, medical claims history, medication usage or health assessment indicate services are appropriate. These services will help you manage your care more effectively and assist you in accessing available resources. Your health information will be kept confidential, and you are able to designate your preferred contact information for the disease or case management services through **Employee Direct Access**.

If you are currently receiving disease management services from ActiveHealth, those services will continue with ActiveHealth through the end of 2011 and will transition to Apex Benefits Services in 2012.

Don't have a Primary Care Physician (PCP)? You should. Here's why.

Better health. Getting the right health screenings each year can reduce your risk for many serious conditions. Preventive care is paid by UH, so there's no excuse to skip it.

Coordinated Care. Having a PCP in the UHACO network ensures you receive maximum benefits under your medical plan and continuity of care.

A healthier wallet. Having a doctor you can call helps you avoid costly trips to the emergency room. A PCP can also help you determine when you really need to see a specialist.

Peace of mind. Advice from someone you trust ... it means a lot when you're healthy, and it's even more important when you're sick. Your PCP gets to know you and your health history and can help coordinate any care you need.

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2012 Medical Plan Semi-monthly Rates

Your coverage cost depends on your employment status (full-time or part-time), who you cover and if you choose to cover a spouse/same-sex domestic partner who has access to other employer medical coverage:

	Full-time Employee		Part-time Employee	
	Consumer Select Plan	Traditional Plan	Consumer Select Plan	Traditional Plan
Employee only	\$45.81	\$69.72	\$75.82	\$126.77
Employee + 1	\$91.61	\$139.44	\$151.63	\$253.53
Employee + 2	\$121.62	\$173.67	\$211.65	\$321.99
Employee + 3 or more	\$136.63	\$219.31	\$241.66	\$413.26

Spouse Access Fee

If your spouse or same-sex domestic partner works and has access to other employer-provided medical coverage available as an active employee, you will pay an extra semi-monthly charge to enroll him or her in a UH medical plan. The fee is determined by your annual base pay:

	Under \$50,000	\$50,000 up to \$100,000	\$100,000 or more
Semi-monthly working spouse/same-sex domestic partner access fee	\$12.50	\$25	\$37.50

Consider whether your spouse or same-sex domestic partner has other medical coverage, evaluate all your benefit choices and decide which option offers you the best value. If no other employer coverage is available, you must complete the Spousal Affidavit of Health Insurance and return it to the Dependent Verification Center by December 15, 2011 to waive the Spouse Access Fee. Download the form from Employee Direct Access or the 2012 Decision Support Center. If you submitted an affidavit for 2011 coverage, you do not have to submit another one. The 2011 affidavit will continue to apply for 2012.

[more >](#)

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Make Your Paycheck Cost Savings Work for You!

By choosing the Consumer Select Plan, you save in paycheck costs. When you place those savings into your HSA, it will help cover your deductible and other eligible expenses if you have health care expenses during the year. And, if you don't use it, those savings will roll over into the next plan year.

Note: To open a new HSA account, click [here](#) and log in using the last four digits of your Social Security number, your date of birth and your ZIP code. If you have already opened an HSA with **ACS/BNY Mellon**, you do not have to open a new one. You may start, stop or change your HSA contribution amount at any time during the year through Employee Direct Access.

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Dental Coverage

For 2012, UH will offer two options for dental coverage through Cigna.

- With the Dental PPO, you can visit any licensed dentist in or out of the network.
- When you enroll in the Dental Care (DHMO) Plan, you choose a dentist from the Cigna DHMO network. You must use the in-network dentist you select to have benefits paid, but you can choose a different network dentist for each covered member of your family, and you can change your dentist at any time. For most dental care services, you pay a flat dollar amount based on the plan schedule.

2012 Dental Plan Semi-monthly Rates

Your coverage cost depends on your employment status (full-time or part-time) and who you cover.

	Full-time Employee		Part-time Employee	
	Dental PPO	DHMO	Dental PPO	DHMO
Employee only	\$3.50	\$2.00	\$7.00	\$4.00
Employee + 1	\$7.00	\$4.00	\$14.00	\$8.00
Employee + 2	\$10.00	\$5.50	\$20.00	\$11.00
Employee + 3 or more	\$14.50	\$8.00	\$26.00	\$16.00

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Dental Coverage continued...

How the Plan Works

	Dental PPO Plan		Dental Care DHMO Plan
	In-Network	Out-of-Network	Only in-network services are covered
Annual deductible (per person)	\$25 individual; \$75 family	\$50 individual; \$150 family	None
Annual (non-ortho) maximum	\$1,200 individual	\$1,000 individual	None
Optional services			
Implants	\$1,000 calendar year maximum	\$1,000 calendar year maximum	Not covered
Orthodontia maximum	\$1,000 lifetime	\$1,000 lifetime	24 month maximum benefit
What you pay:			
Preventive (exams, cleanings and fluoride treatments, sealants and x-rays)	0%	10%	\$5 office visit fee
Basic restorative (includes fillings and extractions, anesthetics and root canal therapy)	20% after deductible	30% after deductible*	Covered; see schedule
Major restorative (includes crowns, bridges and dentures)	50% after deductible	60% after deductible*	
Orthodontia (Adult)	Not covered	Not covered	
Orthodontia (Dependents under age 19)	50% after deductible	60% after deductible*	
Implants	50% after deductible	60% after deductible*	Not covered

*May be subject to higher out-of-pocket costs.

When you seek care, tell your dentist that you have Cigna Dental and work for University Hospitals. No ID card is required for the Dental PPO. Your dentist can call 1-800-244-6224 with questions or to confirm coverage.

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Voluntary Vision Coverage

The UH Voluntary Vision Plan provides benefit allowances toward the cost of either prescription eyeglasses (lenses and frames) or contact lenses. You can choose to receive care from any EyeMed Vision Care provider and pay less from your pocket. You pay the full cost of coverage for voluntary vision coverage on a pre-tax basis.

	Plan pays for Participating Providers	Plan reimburses for Non-Participating Providers
Eye exams	Not covered (covered at 100% under the UH medical plans)	
Standard Lenses ... every 12 months		
Single vision lenses	100%, no copay	Up to \$40
Bifocal lenses (pair)	100%, no copay	Up to \$60
Progressive lenses (standard pair)	100%, after \$65 copay	Up to \$60
Trifocal lenses (pair)	100%, no copay	Up to \$80
Frames ... once every 12 months	Up to \$120 dollars + 20% of any amount above \$120	Up to \$145
Contacts every 12 months		
Elective contact lenses (instead of frame and lens benefits)		
Conventional	100% up to \$120 retail value, no copay; 15% discount on amount over \$120	Up to \$105
Disposable	100% up to \$120 retail value; no copay	Up to \$105
Non-elective contact lenses	100%, no copay	Up to \$210

Note: Fitting fees are not covered.

An annual eye exam is covered as preventive care for each plan member under the UH medical plan. Eye exams are not covered under the UH Voluntary Vision Plan. If you do not enroll in a UH medical plan, you are responsible for the cost of the eye exam.

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Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is provided free of charge to all employees through UH. The EAP offers free, confidential, short-term counseling and resource information on a variety of life issues such as elder care, child care and general living support.

UH provides confidential, professional and personal assistance for you and your family members for any type of problem. Counseling is given by experienced, licensed counselors and is available 24 hours a day, seven days a week by calling 216-983-4327.



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Flexible Spending Accounts

UH offers two health care flexible spending accounts (FSAs) – Consumer Select Health Care FSA and the Traditional Health Care FSA. Availability is based on your medical plan election. You can also participate in a Dependent Care FSA. You may enroll in an FSA only during open enrollment each year (unless you have a qualified life event during the year).

These accounts offer tax savings on eligible health care and dependent care expenses.

How the Accounts Work

- You decide how much to set aside for health care or dependent care expenses for 2012.
- You have to re-enroll every year.
- Estimate carefully; you can only change the amount you put into your FSA if you have a qualified change in family status, and you will lose any money left over in your account at the end of the plan year (you have until March 31, 2013 to file claims for 2012).
- Money is taken from your pay before taxes are withheld, which lowers your taxable income. And, you will never be taxed on the money you use from the account to pay for eligible expenses.
- You may choose to have your reimbursements from your FSA direct deposited into your bank account.

Health Care FSA Debit Card:

When you enroll for benefits, you have the opportunity to choose to have your health care expenses reimbursed automatically through CONEXIS or use a debit card to pay health care expenses at the time of service.

When you use the debit card, there's no wait for reimbursement of health care expenses. You can choose either option during open enrollment. The option you choose will stay in effect for the entire year.

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Health Care FSA

If you:	You can participate in:	Use your account to pay eligible expenses such as:
Enroll in Consumer Select Plan	Consumer Select Health Care FSA	Dental and vision expenses only, including: <ul style="list-style-type: none"> • Deductibles, copayments and coinsurance amounts not paid by dental or vision insurance • Contact lenses and solutions • Eyeglasses and exams • Laser eye surgery
Enroll in Traditional Plan or waive medical coverage	Traditional Health Care FSA	<ul style="list-style-type: none"> • Eligible health care expenses not paid by your medical and dental plans • Out-of-pocket expenses, such as deductibles, copayments and coinsurance amounts • Vision expenses

You can contribute between \$130 and \$5,000 annually to your Health Care FSA account. You may be reimbursed up to your full contribution amount at any time during the year – even if all the money is not in your account yet.

You can submit reimbursement requests online, fax reimbursement forms and supporting documentation to the number listed on your form, or mail reimbursement forms and supporting documents to the mailing address listed on your form.

If you leave UH during the year, you can file claims within 90 days of termination for any eligible expenses you had before your employment ended. You can also choose to continue to make after-tax contributions through COBRA coverage.

Note: Under IRS rules, the Health Care FSA cannot be used for over-the-counter medications unless you have a prescription for the medication.

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Dependent Care FSA

You can contribute between \$130 and \$5,000 – or \$2,500 for married couples filing separately – to your Dependent Care FSA. You can only be reimbursed up to your **current** account balance when your claim is filed.

Use your Dependent Care FSA to pay for eligible care for your dependents so that you can work. This may include child care for your children who are under age 13, as long as the care provider is not another child of yours who is under age 19 or anyone else who you can claim as a tax exemption on your federal income tax return. You can also use the account to care for dependents of any age who are not physically or mentally able to care for themselves and spend at least eight hours a day in your home.

Employees earning \$110,000 or more at UH in 2011 are not eligible to participate in the Dependent Care FSA in 2012.



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Life and Accidental Death & Dismemberment (AD&D) Insurance

UH provides basic life and AD&D insurance at no cost to you to protect your family if something happens to you. Coverage is generally equal to two times your annual base pay.

You can choose to buy additional coverage, based on your personal needs. Both life and AD&D insurance are offered through Prudential.



Evidence of Insurability

You will need to provide evidence of insurability for some life insurance elections. Evidence of insurability will be required when:

- Your life insurance coverage is greater than \$800,000 (including basic life provided by UH),
- You increase your supplemental life coverage by more than one times your annual base pay after your initial election, or
- You initially waive supplemental life coverage and later enroll for the first time at a supplemental amount greater than one times your annual base pay.

Your life insurance election will not become effective until your evidence of insurability is approved by Prudential.

During Benefits Open Enrollment, it's important that you designate a beneficiary for life insurance through the Prudential Beneficiary Designation [website](#).

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Supplemental and Dependent Life Insurance Coverage You Can Purchase

For you:

- 1, 2, 3, or 4 times base pay up to \$2 million

For your family	Semi-monthly rate
\$30,000 coverage for spouse /same-sex domestic partner; \$10,000 coverage for each child	\$2.78
\$10,000 coverage for spouse /same-sex domestic partner; \$10,000 coverage for each child	\$1.85
\$5,000 coverage for spouse /same-sex domestic partner; \$5,000 coverage for each child	\$0.90
\$30,000 coverage for spouse /same-sex domestic partner	\$2.20
\$10,000 coverage for spouse /same-sex domestic partner	\$1.30
\$10,000 coverage for each child	\$0.60
\$5,000 coverage for each child	\$0.30

Coverage for your spouse or child is the amount listed or 50% of your basic life amount, whichever is less.

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Supplemental Life Insurance Rates

Because of our commitment to healthier employees, we offer different rates for employees who use tobacco products and those who are tobacco-free.

Age	Rate per \$1,000 of annual base salary	
	Tobacco User*	Tobacco Free
<25	\$.031	\$.024
25-29	\$.036	\$.029
30-34	\$.040	\$.038
35-39	\$.048	\$.044
40-44	\$.061	\$.048
45-49	\$.092	\$.073
50-54	\$.148	\$.111
55-59	\$.277	\$.207
60-64	\$.424	\$.318
65-69	\$.635	\$.612
70+	\$1.030	\$.993

**You are considered a tobacco user if you have smoked a cigarette, used pipe or chewing tobacco, nicotine chewing gum, or snuff at anytime during the 12 months prior to your benefits enrollment.*

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Voluntary Accidental Death and Dismemberment (AD&D) Coverage

This insurance provides additional coverage for you and your beneficiaries in the event of an accident resulting in death or a covered injury.

You may choose AD&D coverage of 1 to 4 times your annual base pay for yourself.

If you select voluntary AD&D coverage, you can also choose coverage for your family. The benefit amount will be equal to a percentage of *your* coverage, based on your family make up.

At the time of your accident, your family includes:	Benefit is a percentage of your coverage amount
You and your spouse/same-sex domestic partner	100% for you; 60% for your spouse/same-sex domestic partner
You, your spouse/same-sex domestic partner and your dependent child(ren)	100% for you; 50% for your spouse/same-sex domestic partner; 15% or \$50,000 for each child (whichever is less)
You and your dependent (child)ren	100% for you; 20% or \$50,000 for each child (whichever is less)
AD&D Semi-monthly Rates	
Single coverage	\$.0075/\$1,000 of coverage
Family coverage	\$.015/\$1,000 of coverage

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Disability

Disability benefits help to protect you and your family if you become disabled and are not able to work because of an illness or accident. Short-term disability and basic long-term disability are provided automatically by UH at no cost to you – enrollment is not required.

Most full-time employees and UHMG physicians with a FTE status of .20 or higher are eligible for disability coverage. Part-time employees are eligible to purchase short-term disability coverage.

Short-term disability (STD)	<ul style="list-style-type: none">• Coverage paid by UH!• Generally pays 60% of your weekly income up to a maximum benefit of \$2,500 a week for 25 weeks
Long-term disability (LTD)	<ul style="list-style-type: none">• Pays benefits after 180 days of disability• Basic coverage<ul style="list-style-type: none">- Coverage paid by UH!- Replaces 60% of your monthly income up to a maximum benefit of \$2,500 a month• Supplemental LTD you can purchase if your annual salary is above \$50,000<ul style="list-style-type: none">- Replaces 60% of your monthly income up to a maximum benefit of \$15,000 a month- Your cost is \$.185 per \$100 of monthly salary

If you are eligible to purchase supplemental long-term disability, you must enroll for this coverage during open enrollment. Evidence of insurability is not required to have coverage.

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Legal Services Plan

Whether you need advice about preparing a will, adopting a child, sale or purchase of a home, personal debt or tax planning, the Legal Services Plan can help. This voluntary benefit is provided through Hyatt Legal Plans/MetLaw.

The plan provides telephone, online and in-office legal services through a network of professional attorneys. It offers:

- A toll-free number to call for unlimited advice about legal matters
- An online resource for finding an attorney in your area or creating your own legal documents
- In-office legal services to help with family issues, consumer protection and debt, criminal misdemeanor, will preparation, real estate issues and tax and financial matters.

Your cost is \$7.87 semi-monthly.



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Voluntary Critical Illness Insurance

MetLife Critical Illness coverage is designed to work with your medical and disability coverage to provide financial protection from costs associated with having a critical illness. It can help to pay your deductible and other medical costs or general living expenses like mortgage payments or child care – you have the flexibility to use the benefit in any way you choose. Because Critical Illness Insurance supplements and does not replace medical insurance, you must have medical insurance to enroll in this coverage (although it is not required that your coverage be through UH).

Critical Illness Insurance generally pays a lump-sum benefit payment of \$15,000 if you or your covered eligible dependent had one of these medical conditions: cancer, heart attack, heart transplant, stroke, major organ transplant, or kidney failure.

No evidence of insurability is required if enrolling during open enrollment. There is a waiting period before you become eligible for benefits, and pre-existing conditions rules may apply.

You can choose coverage for:	Coverage amount
You only	\$15,000
You + Spouse/Same-Sex Domestic Partner	\$15,000 each
You + Children	\$15,000 for you and \$10,000 for each eligible dependent child
You + Family	\$15,000 each for you and your spouse/same-sex domestic partner and \$10,000 for each eligible dependent child

Go to the [2012 Decision Support Center](#) to view 2012 rates for Critical Illness Insurance.

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Eligibility for Coverage

You are eligible to enroll in the UH benefits program if you meet these requirements:

UHMG physician	You have an FTE status of .20 or higher
All other employees and UHMP physicians	You are a regular status employee scheduled to work 16 or more hours a week

Eligible Dependents

Eligible family members include:

- Your legal spouse or same-sex domestic partner
- Unmarried, dependent children to age 26 regardless of student status
- Unmarried children of any age who became disabled before the age of 26 and are incapable of self-support due to physical or mental disability.

Eligible Same-Sex Domestic Partners

To qualify for coverage, you and your same-sex domestic partner must meet these requirements:

- You both must be age 18 or older
- You share a committed, exclusive relationship and can show proof of joint property ownership
- You share a residence for at least six months
- You are financially interdependent
- You are not related in a way that would prevent marriage.

“Children” include your biological or legally adopted children, children placed with you for adoption, children for whom you or your spouse are named legal guardian, stepchildren or your same-sex domestic partner’s children, and biological or legally adopted children for whom the plan is required to provide medical coverage under a Qualified Medical Child Support Order (QMCSO).

Note: The law requires that you are taxed on premiums for medical and dental coverage for your same-sex domestic partner.

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Changing Your Benefits during the Year

You may only change your benefits choices during the year if you have a qualified change in status. A qualifying event is a change in family status such as marriage, meeting the domestic partnership requirements for the first time, divorce, termination of domestic partnership, birth or adoption of a child, loss or gain of employment by your spouse/same-sex domestic partner, or a dependent who no longer meets eligibility requirements.

You can also make a change if you have a HIPAA special enrollment event, such as gaining a new dependent as the result of marriage, birth, adoption or placement for adoption, or you decline UH coverage because of other group coverage and you lose eligibility for that coverage.

In order to change your benefit choices, you must submit your request within 30 days after the event with proof of the change. Otherwise, you may not change your selection until the next open enrollment period.

For more information on changing your benefits during the year, please call the HR Wellness Center at 877-471-7522.

Employees and dependents who are eligible for but not enrolled in the UH plan may enroll if they lose Medicaid or CHIP coverage because they are no longer eligible or they become eligible for a state's premium assistance program. You have 60 days from the date of the Medicaid/CHIP event to request enrollment under the plan. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply depending on federal and state law. Contact the HR Wellness Center for assistance at 877-471-7522.

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What do you do now?

1. Review all of your benefit options, including life and accidental death and dismemberment insurance, disability coverage, the legal plan and critical illness insurance.
2. Choose your benefits. For medical coverage, take time to consider which plan is right for you and how you might use a Health Savings Account (HSA) to budget and save for care.
3. Use the UH Benefits Toolkit to view your costs, determine which plan offers you the best value, decide how much to set aside in an HSA or FSA, and estimate your life insurance needs.
4. Make an election during enrollment if you want to sell PTO/vacation in 2012.
5. Earn wellness credits and reduce your medical coverage costs.
 - Identify your primary care physician. Search the UHACO network by clicking [here](#). If you don't already have a primary care physician, now is the time to find one.
 - Agree to participate in a disease or case management program if eligible.
 - Complete a tobacco attestation – if you use tobacco, you are still eligible for wellness credits if you participate in a tobacco cessation program.
6. Enroll by November 22!

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How to enroll

Beginning November 7, you can enroll or make changes to your benefits for 2012 by logging into Employee Direct Access (EDA).

- Log into Employee Direct Access (EDA) to enroll or make changes to your benefits for 2012. If you don't enroll, your 2011 benefits (except for flexible spending account elections) will roll over to 2012. Also, if you want to sell paid time off (PTO) in 2012, you must make an election during enrollment.
- If you are enrolling in the Consumer Select Plan for the first time, be sure to follow the instructions online to open a health savings account to receive the automatic UH contributions. You can also choose to contribute pre-tax dollars to your HSA to pay out-of-pocket health care expenses you have in 2012 or to save for future health care expenses.

Coverage for Yourself or Dependents

- In EDA, you can view, update and add dependent information and review your current benefit elections.
- It is important that you provide Social Security numbers for your spouse or your same-sex domestic partner. This is a federal government requirement.
- If you enroll a new dependent, you may be asked by the Dependent Verification Center to provide proof of dependent status after benefits open enrollment. For example, proof might include a birth certificate, marriage certificate, tax return or affidavit for same-sex domestic partners.

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Important Legal Notices

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

About Hospital Stays for Mothers and Newborns

Health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for a mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 as applicable). In any case, plans may not, under federal law, require that a provider obtain authorization from the plan for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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Benefit-Provider	Phone	Web
HR Wellness Center (benefits eligibility or enrollment)	877-HR1-PLACE 877-471-7522	www.UHWellness.org
UH Accountable Care Organization (UHACO) (coordination of care)	216-286-4226 (64ACO)	UHACO@UHhospitals.org (email) UHACO Intranet Site Please note that this site is only accessible when you are within the UH network.
Health and Disease Management – Apex Benefits Services	800-753-8429	www.UHWellness.org
Medical – Apex Benefits Services (claims and coverage)	800-753-8429	www.UHWellness.org
Prescription Drugs – Medco (claims and coverage)	866-220-3610	www.medco.com
Dental – Cigna (claims and coverage)	800-244-6224	www.cigna.com
Voluntary Vision – EyeMed Vision Care (claims and coverage)	866-723-0513	www.eyemedvisioncare.com
EAP – UH	216-983-4327	N/A
Flexible Spending Accounts (FSAs) – CONEXIS	866-279-8385	https://mybenefits.conexis.com
Life and AD&D insurance – Prudential	800-524-0542	www.prudential.com
Long-Term Disability – Prudential	800-842-1718	www.prudential.com
Hyatt Legal Plan – MetLaw	800-821-6400	www.legalplans.com
Voluntary Critical Illness Insurance – MetLife	800-438-6388	N/A

This document contains brief descriptions of University Hospitals 2012 benefit program. Should there be a conflict between this guide and the actual terms and provisions of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits because of a misstatement or omission in this guide. None of this information should be interpreted as a guarantee of employment. University Hospitals reserves the right to amend, change, or terminate any benefit plan at any time.

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