Welcome!

2027
DOMINICAN UNIVERSITY
EMPLOYEE
BENEFITS
OVERVIEW PRESENTATION

WELCOME TO OPEN ENROLLMENT!

DOMINICAN UNIVERSITY PARTNER SOLUTIONS

- **Blue Cross** — Medical Insurance
- **MetLife** — Dental Insurance
- **EyeMed** — Vision Insurance
- **MetLife** — Basic Life, Voluntary Life, AD&D
- **CBIZ** — Benefits Broker and Advisor

OPEN ENROLLMENT

When can I enroll?

Open Enrollment is from November 9th - November 20th !

AS A NEW EMPLOYEE

During your new-hire orientation

DURING OPEN ENROLLMENT

November 9th – November 20th

IF YOU EXPERIENCE A QUALIFYING LIFE EVENT

Notify Office of People & Culture within 30 days

MEDICAL AND PRESCRIPTION INSURANCE – HDHP/HSA

Network: Blue Cross Participating Provider Organization [PPO]	*In Network*	*Out of Network*
Deductible (Employee/Family)	$5,000 / $9,000	$9,000/$20,000
Coinsurance	90%	50%
Out of Pocket Maximum (Employee/Family) Includes coinsurance & copays	$7,500 / $15,000	$15,000/ $30,000
Office Visit Copays Primary Care Physician Specialist	Deductible + Coinsurance	Deductible + Coinsurance
Preventive Care	Covered at 100%	Deductible + Coinsurance
Hospital Services Inpatient Outpatient	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room Copay	Deductible + Coinsurance	Deductible + Coinsurance
Prescriptions Tier 1 Tier 2 Tier 3	Deductible + Coinsurance	Deductible + 25% Difference

The family deductible is embedded:

The family deductible consists of two individual deductibles. If one family member hits an individual deductible, coinsurance would then apply. The second individual deductible is accumulated by one other family member or a combination of family members.

MEDICAL AND PRESCRIPTION INSURANCE – BLUE ADVANTAGE HMO

Available for Illinois or Northwest Indiana Residents

When enrolling in the HMO you must select a Primary Care Provider (PCP)!

There is NO out of network coverage with the HMO!

HMO Blue Advantage Network	*Member Pays In Network*
Deductible (Employee/Family)	$250/$500
Coinsurance (Member Pays)	0%
Out of Pocket Maximum (Employee/Family) Includes coinsurance & copays	$2,000 / $4,000
Office Visit Copays Primary Care Physician Specialist	$35 Copay $60 Copay *(must get referral from PCP)*
Preventive Care	Covered at 100%
Hospital Services Inpatient Outpatient	 Deductible + 0% coinsurance Deductible + 0% coinsurance
Emergency Room Copay (Waived if admitted)	$250 Copay
Urgent Care (Must be affiliate of designated medical group)	Deductible + 0% coinsurance
Prescriptions Tier 1 Tier 2 Tier 3	 $10 Copay $40 Copay $60 Copay
Prescription Out of Pocket Maximum (Employee/Family)	$3,000 / $9,000

MEDICAL AND PRESCRIPTION INSURANCE – PPO BLUE CHOICE

	Tier 1 *(Network: Blue Choice Options)*	*Tier 2* *(Network:* Blue Cross Participating Provider Organization [PPO]	*Tier 3* *Out of Network*
Deductible (Employee/Family)	**$3,000 / $9,000**	**$4,500 / $18,000**	**$9,000 / $36,000**
Coinsurance	**90%**	**70%**	**50%**
Out of Pocket Maximum (Employee/Family) Includes coinsurance & copays	**$5,500 / $9,000**	**$6,500 / $18,000**	**$13,000 / $39,000**
Office Visit Copays **Primary Care Physician** **Specialist**	 **$30 Copay** **$60 Copay**	 **$55 Copay** **$110 Copay**	 **$0** **$0**
Preventive Care	**Covered at 100%**	**Covered at 100%**	**Covered at 100%**
Hospital Services **Inpatient** **Outpatient**	 **90% after deductible + $250/ admission** **90% after deductible**	 **70% after deductible + $500/ admission** **70% after deductible**	 **50% after deductible + $600/ admission** **50% after deductible**
Emergency Room Copay	**90% after deductible; $0 co pay**		
Prescriptions			
Retail			
Generic		$5 Copay	
Brand Preferred		$45 Copay	
Brand Non-Preferred		$85 Copay	
Specialty		$250 Copay	
Mail Order			
Generic		$15 Copay	
Brand Preferred		$135 Copay	
Brand Non-Preferred		$255 Copay	
Specialty		$750 Copay	

There are three benefit tiers:
Tier 1 – Blue Choice Options PPO. Lower cost-share when employees choose from this select network of providers
Tier 2 – Blue Cross PPO network. Access to additional PPO providers with a higher cost-share than Tier 1
Tier 3 – Out of Network. The ability to use OON providers and still receive some coverage
Available throughout Illinois except for Rock Island, Moline, and East Moline.

MEDICAL PLANS COMPARISON

DOMINICAN UNIVERSITY

2027 MEDICAL PLAN HIGHLIGHT SUMMARY

Plan	HDHP	BA HMO	PPO Blue Choice	
Network	Traditional PPO	Blue Advantage HMO	Tier 1/ Blue Choice Options	Tier 2/ PPO Network
Individual Deductible	$5,000	$250	$3,000	$4,500
Family Deductible	$9,000	$500	$9,000	$18,000
Coinsurance	90%	0% (member pays)	90%	70%
Individual OOP*	$7,500	$2,000	$5,500	$6,500
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician Services	Ded+Coin	$35 Copay	$30 Copay	$55 Copay
Specialist Services	Ded+Coin	$60 Copay	$60 Copay	$110 Copay
Emergency Room	Ded+Coin	$250 Copay (Waived if admitted)	90% after deductible; $0 copay	
Urgent Care	Ded+Coin	Deductible + 0% coinsurance	$75	$75
Inpatient Hospital	Ded+Coin	Ded+Coin	90% after deductible + $250/ admission	70% after deductible + $500/ admission
Outpatient Hospital	Ded+Coin	Ded+Coin	90% after deductible	70% after deductible
Rx Copay	Ded+Coin	$10/40/60	Retail $5 / $45 / $85 / $250 Mail order $15 / $135 / $255 / $750	
Rx OOP (Ind/Fam)	N/A	$3,000 / $9,000	N/A	

MEDICAL PLAN PREMIUMS– BLUE CROSS

Plan Option (Monthly Contributions)	*Blue Cross HDHP/HSA*	*BA HMO*	*PPO Blue Choice*
Employee	$306.17	$182.35	$452.39
Employee & One	$539.54	$321.35	$797.11
Employee & Family	$816.45	$486.27	$1,206.53

TELEHEALTH

With Virtual Visits from MDLIVE , the doctor is always in. This gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere. You can speak with a Virtual Visits doctor within minutes. Services are available in both English and Spanish with translation services available in other languages!

Virtual visits for PPO & HDHP members only

To get started, visit: **bcbsil.com or call**

888-676–4204

How to access MDLIVE:

1. Log in to BlueAccess for members and select MD LIVE Virtual Visits, where you can register for a virtual visit.
2. You will be required to complete a new patient signature page before being seen by a provider the first time. We recommend completing this form prior to the time you are wanting to utilize the service.
3. If enrolled in the Options HDHP the average cost per visit will range between $40-$60.

DENTAL INSURANCE – METLIFE

REVIEW YOUR DENTAL PLAN

MetLife



	PPO IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Individual Family	 $25 $75	 $25 $75
Yearly Maximum	$1,500	$1,500
Orthodontia Maximum	$1,250	$1,250
Preventive Services	100% (no deductible)	100% (no deductible)
Basic Services	Plan pays 100%	Plan pays 100%
Major Services	Plan pays 60%	Plan pays 60%
Orthodontic Services	Plan pays 50%	Plan pays 50%

Dental Monthly Premium	
Employee Only	$20.20
Employee + One	$38.08
Employee + Family	$57.64

VISION INSURANCE – EYEMED

REVIEW YOUR VISION PLAN

	In-Network	Out-of-Network
Examination Copay	$10 copay	$40 Reimbursement
Frequency of Service Exam Lenses Frames	Every 12 months Every 12 months Every 24 months	Every 12 months Every 12 months Every 24 months
Lenses Single Bifocal Trifocal Lenticular Standard Progressive Lenses	$25 copay $25 copay $25 copay $25 copay $80-$200 copay	$30 Reimbursement $50 Reimbursement $70 Reimbursement $70 Reimbursement $50 Reimbursement
Frames	$0 copay; $130 allowance, 20% off balance over allowance	Up to $91 Reimbursement
Conventional Contacts *(allowance includes materials only)*	$25 copay; $130 allowance, 15% off balance over allowance	Up to $91 Reimbursement
Vision Monthly Premium		
Employee Only		$2.66
Employee + One		$5.05
Employee + Family		$7.42

HEALTH SAVINGS ACCOUNT

HEALTHCARE SAVINGS ACCOUNT

2027 MAXIMUM CONTRIBUTIONS
$4,500 / Individual
$9,000 / Family

- You must be covered under a HDHP on the 1st day that you opened an HSA
- You cannot have coverage by another health plan that is a not a HDHP, such as a spouse's plan.
- You are not entitled to benefits under Medicare
- Cannot be claimed as a dependent on another person's tax return.
- Individuals are responsible to substantiate withdrawals…this means you need to keep documentation for all your withdrawals if you happen to be audited by the IRS.
- Keep your receipts

HEALTH SAVINGS ACCOUNT



HEALTHCARE SAVINGS ACCOUNT

2027 MAXIMUM CONTRIBUTIONS
$4,500/ Individual
$9,000 / Family

- Distributions can be used by the person covered under the HDHP, or a qualified dependent
- You can change your contributions at any time
- HSA is portable - if you change employers, the HSA always belongs to you
- This account rolls over from year to year, so you will never lose your money.
- Contributions to your HSA are tax free
- Use the pre-tax funds in your HSA to pay for current medical expenses or expenses that your insurance may not cover such as dental expenses, vision care, Medicare expenses, and long-term care.
- Save the money in your HSA for future medical expenses.
- No use it or lose it philosophy – the HSA funds remain in the account from year to year. Even if your HSA compatible coverage ends, you can still use the funds tax free for qualified medical, dental or vision expenses.
- You are in control of your HSA. Funds belong to you even if you switch jobs, become unemployed, or change your medical coverage.
- After age 65, HSA funds can be used for non-qualified expenses without penalty. Only income tax is assessed.

FLEXIBLE SPENDING ACCOUNT



Healthcare FSA

Dependent Care FSA

Contributions are use-it or lose-it!

If you have an H.S.A you can open a limited FSA for dental and vision only
You can open an FSA if you are on the HMO, PPO or if you are on *Medicare and the HDHP plan.*

FLEXIBLE SPENDING ACCOUNT



Health Care FSA

$3,500 (per HCR)

Allows pre-tax dollars to pay for IRS approved medical care expenses

Deductible, Copays, Dental, Vision, Rx

- If you have an H.S.A you can only open a limited FSA for dental and vision only
- You can open an FSA if you are on the HMO, PPO plan or if you are on Medicare and the HDHP plan.



Dependent Care FSA

$7,500

Allows pre-tax dollars to pay for the cost of child or adult dependent care

LIFE INSURANCE AND AD&D

MetLife

Basic Life and AD&D
No cost to you!

Supplemental Life and Dependent Life Available



Your base Life/AD&D coverage is:
1.5x your salary to a max of $250,000

Age Reduction Schedule
At age 70: Reduced 50% of original amount

Your benefit is paid out in a lump sum to your beneficiaries.

Be sure to elect your beneficiaries

VOLUNTARY LIFE INSURANCE

MetLife

	Benefit Amount Life/AD&D	Guarantee Issue Amount
Employee	Up to 5x annual salary in increments of $10,000 not to exceed ***$300,000***.	**$150,000** for employees under 65
Spouse*	In increments of $5,000 up to ***$150,000***. Not to exceed 50% of the employee amount. Employee must elect voluntary life if they want to purchase spouse and/or child coverage.	**$50,000**
Child*	$10,000 for any amount of children. Age 6 months to age 25 (if full time student).	**$10,000**

**You must elect voluntary life insurance for yourself if you want to elect coverage for spouse or children.*

Employees that elected voluntary life insurance in the past can buy up to $20,000 more insurance up to the guaranteed issue amount without any medical questions. If you were eligible last year but did not elect and you want to elect term insurance this year, you must fill out a medical questionnaire.

Be sure to elect a beneficiary for your voluntary life benefit.

LONG-TERM DISABILITY

Did you know:

Dominican University provides your Disability Insurance **AT NO COST TO YOU**



Goes into effect after a 90-day elimination period



Plan pays up to 60% of your salary to a max of $6,000 per month



Payable up to your SSNRA or until you're able to come back to work

EAP – YOUR EMPLOYEE ASSISTANCE PROGRAM IS HERE TO HELP

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365. When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

24/7 confidential access

Available to your spouse and eligible dependents



Help & advice on daycare, substance abuse, stress and more

To get started:

Search "LifeWorks" on iTunes App Store or Google Play Store. Log in with the username: **metlifeeap** and password: **eap**

1-888-319-7819

CONTACT US

We're here to help answer your benefit questions!

Dominican University
OPC Team

CBIZ

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