



Guiding You Through Your 2023 - 2024 Benefits

Welcome to the Shawnee State University Family!

Shawnee State University provides a comprehensive benefits package that delivers quality and value while satisfying the diverse needs of our workforce.

INITIAL BENEFIT ENROLLMENT OPPORTUNITY: As a full-time employee of Shawnee State, you are eligible for benefits starting your first day of hire.

SUBSEQUENT BENEFIT ENROLLMENT OPPORTUNITY: Benefit elections may be added, deleted, or updated in the following situations:

Life Event: If you experience an IRS Qualified Life Event. These events include marriage, divorce or legal separation; death of a covered member; birth, adoption, or placement of a child; loss of coverage or change in eligibility status (PT to FT or vice versa). You have a 30-day window from the date of the event in which to make your desired benefit changes.

Open Enrollment: Open enrollment is the time each year in which you can make desired benefit changes. Here at Shawnee State, we hold two Open Enrollment periods:

Voluntary Benefits (*voluntary life, long-term disability, accident, critical illness, FSA*) renew on January 1st of each year and the open enrollment period occurs the end of October to the middle of November.

Core Benefits (*medical, dental, vision and HSA*) renew on July 1st of each year and the open enrollment period occurs the end of April to early May.

Required Action

Here are the steps you need to complete:

- 1) Review this Benefit Guide and Benefit Video, link is below
- 2) Login to the Microsoft Form to review your current benefit elections or to select your benefits.
- 3) Complete your benefit elections by the published due date.

Here are a few important reminders for when you make your elections.

- Once you elect your benefits, you are “locked in” until the applicable Open Enrollment period unless you experience a qualifying life-changing event. You have a 30-day window from the date of the life event to make your desired changes.
- Make sure you do a side-by-side comparison with your spouses’ coverage options to optimize each benefits package.
- Don’t forget to take your dependents’ needs into consideration as well.

Prefer a video presentation with full benefit details? Click this link to go to the Benefit presentation – <https://www.brainshark.com/wisdom/vu?pi=zFwzG9OyDzET4Pz0&intk=187047024>

The Importance of Preventive Care



The most important factor in living a healthy life is to take a proactive approach. It's important to make sure you are visiting your doctor each year for your annual physical.

Preventive screenings are also crucial because they can help detect health conditions before they become a serious concern. Your doctor will help you stay on track with your age- and gender-appropriate screenings.

And best of all—it's free! Your preventive care visits and screenings are 100% covered by your health plan.

Annual Physical

Your annual visit to your doctor to receive your physical is 100% covered by your health plan.

Routine Screenings

- Mammograms
- Blood Pressure
- Colonoscopies

Routine Blood Tests

- Glucose
- Cholesterol
- Metabolic Syndrome

Vaccination

- Vaccines & Boosters
- Flu Shots
- COVID-19 Vaccine

Routine Pediatric Care

- Well-Baby and Well-Child
- Visits from Birth to Age 21

Where to Go for Care



One of the top ways you can save money on health care expenses is thinking about the appropriate place to receive care when you need it. If you were to fall and break your arm the treatment you would receive in an emergency room unit and at an urgent care would be similar but would cost approximately 54% more at the emergency room. Try using the emergency room for true emergencies only.

Here are a few things to think about when navigating where to go for care:

Telemedicine (Access Soon)

Use Telemedicine for the timely treatment of acute or chronic illnesses, or when it is hard to access Primary or Urgent Care

Common illnesses

Chronic illnesses

Rural areas

Inclement weather

Primary Care Physician (Go Soon)

Visit your Primary Care Physician for the timely treatment of acute illnesses and injuries

Preventive care

Common illness

Ongoing conditions

Vaccinations

Urgent Care Physician (Go Quickly)

Visit the Urgent Care Center for immediate, but non-life-threatening needs that require same day support.

Allergic reactions

Sprains

Sore Throat

Evening Hours

Mild to moderate asthma attack

Emergency Room (Go Now)

Visit an Emergency Room or call 911 for more serious or life-threatening conditions

Heart attack symptoms

High fever

Difficulty breathing

Blood loss

Loss of consciousness

Medical Plan



What's the Benefit:

Employer-sponsored health insurance pays for part or all the medical services you (and your covered family members) receive.

How Does it Work:

You receive an ID card to share with your health care service providers, such as your primary care doctor, that will give them information about whom to bill for the services you receive. You will get an explanation of benefits from your medical carrier after your visit. This document will tell you how much of the total cost was covered by the medical plan and the portion remaining for you to pay your medical provider(s).

Considerations

- *Shawnee State offers two different types of medical plans for you to select from. Here are a few tips to consider when determining which plan is right for you and your family:*



Evaluate your risk

For more information on the Medical benefits at Shawnee State, refer to the Certificate of Coverage for each plan on the Employee Benefits page – [Employee Benefits | Shawnee State](#)

Estimate your medical expenses for the upcoming year

Understand your past medical expenses

If your spouse works fulltime and is eligible for employer-sponsored healthcare with in-network options locally (Ohio, Kentucky and/or West Virginia) then he/she is not eligible for coverage under Shawnee State's medical plan.

If you do plan on providing coverage for your spouse, you must complete a Spousal Healthcare Affidavit, which can be found on the Employee Benefits page.



Medical Plan



In-Network or Out-of-Network Providers:

Just like you have a choice of where to go for care, healthcare providers (and facilities) decide whether they wish to partner with insurance companies. Those that choose to partner with an insurance company are called **In-Network** while those that choose not to partner with an insurance company are called **Out-of-Network**. Typically, patients treated by an in-network provider or at an in-network facility are offered lower costs for those services and cannot be billed for the balance of costs beyond a pre-determined, negotiated in-network rate. However, patients treated by an out-of-network provider or at an out-of-network facility can pay more for the service and may be balance billed for costs beyond the out-of-network out-of-pocket maximum. The benefits listed below highlight In-Network providers/facilities.



Benefits	PPO	HDHP
Deductible (copays do <u>NOT</u> apply)	Tier 1: \$500 single / \$1,000 family Tier 2: \$1,500 single / \$2,500 family	Both Tiers: \$3,000 single / \$6,000 family
Coinsurance	Tier 1: Plan pays 90% / You pay 10% Tier 2: Plan pays 80% / You pay 20%	Tier 1: Plan pays 90% / You pay 10% Tier 2: Plan pays 80% / You pay 20%
Out-of-Pocket Annual Maximum	Medical: \$3,500 single / \$7,000 family Rx: \$4,150 single / \$8,800 family	\$6,000 single / \$12,000 family
Office Visits Primary Care Visit for injury or illness Specialist visit	Tier 1: 10% coinsurance Tier 2: 20% coinsurance	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 20% coinsurance
Preventive Care	Covered in full	Covered in full
Inpatient Hospital / Outpatient Hospital	Tier 1: Deductible, then 10% Tier 2: Deductible, then 20%	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 20% coinsurance
Emergency Room	Both Tiers: \$75 copay	Both Tiers: Deductible, then \$75 copay
Urgent Care Facility	Both Tiers: 10% coinsurance	Both Tiers: Deductible, then 10% coinsurance
Prescriptions Retail – 30-day Supply (In-Network) Mail Order - 90-day Supply (In-Network)	\$10/ \$35/ \$60/ Contact ARORx \$20/ \$70/ \$120/ Contact ARORx	Deductible, then \$10/ \$35/ \$60/ Contact ARORx Deductible, then \$20/ \$70/ \$120/ Contact ARORx

Anthem uses a two tier in-network system where providers/facilities identified as tier 1 (Preferred Network) have lower co-insurance/copay amounts than providers/facilities identified as tier 2 (In-Network). You can check which tier a particular provider is in why looking on the www.anthem.com or the Sydney mobile app.

Pharmacy



ARORx

- Alternative Reimbursement Opportunities for Rx (ARORx) is a pharmacy benefit manager that focuses on high-cost medications (>\$400 generic and >\$1000 name brand)

- Review the list to see if your medication is one that qualifies
- If you are prescribed non-high-cost medications, continue to fill the prescriptions the same way as you do today


- Members often receive these high-cost medications for FREE or at a low cost by using pharmacy assistance programs offered by drug manufacturers and international options through Canada

- Members have access to all national pharmacy chains and most local pharmacies

- ARORx uses an open formulary with no alterations to treatment paths

- ARORx provides a concierge service that walks the members through the entire process



	RxBIN: 024517 RxPCN: A602
Member Rx ID:	RxGroup ID:
Member(s)	Person Code(s)
<small>EVO is not a discount card service.</small>	

High-cost drug program: Before 7/1/2023

- **Step 1:** 45-60 days before Go Live date (7/1/2023), ARORx will contact you.
 - Or you can contact ARORx to start the process – 833-306-4092 (contact 24/7)
 - Please make sure you engage with ARORx by **May 1st**
- **Step 2:** ARORx completes necessary paperwork only needing Employee signature.
- **Step 3:** ARORx works for timely processing, the drug is delivered to your home, or you will be sent a debit card to use at pharmacy after Go Live Date (7/1/23).
- **Step 4:** ARORx works directly with the employee's physician to complete the application.

High-cost drug program: After 7/1/2023

- **Step 1:** If you are prescribed high-cost medication, call ARORx.
 - The pharmacy won't be able to fill your prescription until you work with ARORx.
- **Step 2:** If you do not contact ARORx, they will contact you.
- **Step 3:** Once you contact ARORx, they complete necessary paperwork only needing Employee signature.
- **Step 4:** ARORx works directly with the employee's physician to complete the application.

Health Savings Account



What's the Benefit: Health savings accounts (HSA) is a savings account that can be used to pay for qualified medical, dental and vision services.

How Does it Work:

When you enroll in an HSA, you elect an amount to be taken from your paycheck and placed into a savings account. This account is designed to help offset medical, dental and vision expenses. You can use your HSA at the time of service, when you get a bill or to reimburse yourself on the back end.

Contributions:

- *The maximum amount you can contribute in 2023 is \$3,850 (single) and \$7,750 (family). If you contribute to your HSA, Shawnee State will contribute \$500 for single coverage, \$800 for employee + spouse or employee + child(ren) coverage, or \$1,000 for family coverage annually. The amount that Shawnee State contributes is included in the maximum amount allowed.*



Eligibility:

There are certain reasons why you may not be eligible for an HSA these include:

- *You or your spouse are enrolled in a non-qualified high deductible health plan or a medical flexible spending account (FSA).*
- *You are enrolled in VA, CHIP, Medicare or Medicaid benefits.*
- *You can be claimed as a dependent on another person's tax return.*

Considerations:

- *You must be enrolled in a qualified high deductible health plan to contribute to an HSA.*
- *Your contributions into the account and distributions made from the account are tax exempt.*
- *Make sure you use the account only for qualified expenses or else penalties will apply. A list of qualified expenses is set by the IRS and can be found at www.irs.gov.*
- *HSA funds rollover from year to year and you may have the opportunity to invest the funds.*
- *You can use your HSA on your spouse or tax-dependent children (even if they aren't covered by your plan).*
- *If you leave Shawnee State, your account, and any remaining funds, go with you!*
- *For more information on the Health Savings Account benefit at Shawnee State, please refer to the Employee Benefits page.*

Flexible Spending Accounts



Flexible Spending Account

A flexible spending account (FSA) is an account that can be used to pay for qualified medical, dental and vision services.

When you enroll in an FSA, you elect an amount to be taken from your paycheck and placed into a savings account. This account is designed to help offset medical, dental and vision expenses. The full amount you elect to contribute is available to you upfront. You can use your FSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Funds do not roll over to the next calendar year.
- Unused funds are forfeited on March 15th of the subsequent year.
- For 2023 – you can contribute up to \$3,050 per year.
- You cannot be contributing towards a HSA if enrolled in an FSA.

Limited FSA

A limited flexible spending account (LFSA) is an account that can be used to pay for dental and vision services ONLY.

When you enroll in an LFSA, you elect an amount to be taken from your paycheck and placed into a savings account. This account is designed to help offset dental and vision expenses (not medical expenses). The full amount you elect to contribute is available to you upfront. You can use your LFSA at the time of service, when you get a bill or to reimburse yourself on the back end.

- Funds do not roll over to the next calendar year.
- Unused funds are forfeited on March 15th of the subsequent year.
- For 2023 – you can contribute up to \$3,050 per year.
- You CAN have a LFSA and be contributing towards an HSA.

Dependent Care FSA

A dependent care FSA (DCFSA) is an account that can help pay for daycare or other eligible expenses.

When you enroll in a DCFSA, you elect an amount to be taken from your paycheck and placed into a savings account. This account is designed to help offset daycare and other eligible expenses. The full amount you elect to contribute is available to you upfront. You can use your DCFSA at the time of service, when you get a bill or to reimburse yourself on the back end

- Funds do not roll over to the next calendar year.
- Unused funds are forfeited on March 15th of the subsequent year.
- For 2023 – you can contribute up to \$5,000 per year (or \$2,500 if married but filing separately).
- You CAN have a DCFSA and be contributing towards an HSA.
- Make sure you are using an eligible daycare provider.



Dental Plan



What's the Benefit:

Good oral and dental hygiene can help prevent bad breath, tooth decay and gum disease. It may also help you ward off medical disorders. Your dental plan covers your routine dental cleanings and can help offset additional dental expenses from basic to major services.

How Does it Work:

Every dental plan is different so make sure you view your plan details carefully to know what's covered and how it's covered

Considerations:

- *Employees enrolled in one of the medical plans are automatically enrolled in the dental plan as well. There is no separate cost for the dental plan.*
- *The annual maximum on your dental plan is the maximum amount a dental carrier will pay, including your preventive exams.*
- *Once you reach your annual maximum for the year you pay for the cost of services in full.*
- *It is recommended that you use in-network providers to receive your dental care. You may be balanced billed if you received care from an out-of-network provider*
- *It is recommended that you have your dentist submit for a pre-determination prior to receiving services. A pre-determination will tell you if a service is covered and how much you will owe.*
- *For more information on the Dental benefit at Shawnee State, refer to the Certificate of Coverage on the Employee Benefits page.*



Benefits	Costs
Deductible	\$50 per person / \$150 family maximum
Individual Annual Maximum	\$1,000 per person
Preventive Services (includes cleaning, exam, x-rays, and sealants)	Covered in Full
Basic Services (includes simple extractions, fillings, periodontics, and endodontics)	Deductible, then 20%
Major Services (includes bridges, crown, and dentures)	Deductible, then 50%
Orthodontia (to age 26)	40% to \$1,000 lifetime maximum

Vision Plan



What's the Benefit:

Your vision plan helps pay for routine eye exams and prescription glasses and/or contact lenses.

How Does it Work:

It's really that simple--use this plan to help cover your preventive exams, get the prescription eyewear that fit your needs or help offset the cost of contact lenses.

Considerations:

- *Employees enrolled in one of the medical plans are automatically enrolled in the vision plan as well. There is no separate cost for the vision plan.*
- *If you don't wear glasses or contacts lenses and are purchasing this plan to get coverage for your routine eye exam, check to see if your medical plan covers eye exams before purchasing this benefit. (**NOTE:** Anthem does provide one full eye exam under the medical coverage at no cost to you or your covered dependents. This eye exam is in addition to the covered eye exam provided through the vision insurance.)*
- *Most vision plans only allow for you to get lenses or contact lenses in one year.*
- *Visit www.vsp.com to find in-network providers or view more savings and discounts using exclusive member extras!*
- *It is recommended that you use in-network providers to receive care. You may be balanced billed if you receive care from an out-of-network provider.*
- *For more information on the Vision benefit at Shawnee State, refer to the Certificate of Coverage on the Employee Benefits page.*



Benefits	VSP Signature Network
Exam (1 every 12 months)	\$10 copay
Standard Lenses (1 every 12 months in lieu of contacts)	\$25 copay
Frames (1 every 24 months)	\$120 allowance then 20% off of balance
Contact Lenses (1 every 12 months in lieu of lenses)	\$120 allowance

Additional Coverages



Basic Life and Accidental Death & Dismemberment (AD&D) Coverage

What's the Benefit:

Shawnee State offers a basic life and accidental death and dismemberment (AD&D) benefit at no cost to you. See the chart to see what the amount of coverage is for you.

How Does it Work:

Life insurance will pay your beneficiary a lump sum in the event that you pass away. AD&D pays an additional benefit if you are involved in an accident.

Employer-Paid Life and AD&D Benefit	
Faculty	\$50,000
Administrative, Support Staff, and DPS Officers	2.5x annual salary up to a maximum of \$400,000

Considerations:



- *Basic Life includes an accelerated life benefit and portability privilege.*
- *You must designate at least one beneficiary in BearTrax. You can update this designation anytime. .*
- *For more information on the Basic Life Insurance benefit at Shawnee State, refer to the Certificate of Coverage on the Employee Benefits page.*

Voluntary Life and Accidental Death & Dismemberment (AD&D) Coverage

What's the Benefit:

You have an opportunity to purchase additional Life and AD&D Coverage for yourself, your spouse, and your dependent child(ren). You may also elect voluntary AD&D coverage equal to the amount of voluntary life insurance you have elected.

How Does it Work:

You can elect coverage for yourself in \$1,000 increments or your spouse in \$10,000 increments. You can also elect coverage for your dependent child(ren) in \$5,000 increments.

Guarantee Issue Amounts	
Employee	\$150,000
Spouse	\$30,000
Dependent Child(ren)	\$20,000

Minimum/Maximum Election Amounts	
Employee	\$20,000 / \$500,000
Spouse	\$20,000 / \$250,000
Dependent Child(ren)	\$5,000 / \$20,000

Considerations:

- *The cost of the coverage is based on your age and the amount of coverage selected.*
- *You may be required to respond to medical questions (Evidence of Insurability) for your benefit election to be approved*
- *For more information on the Voluntary Life Insurance benefit at Shawnee State, refer to the Certificate of Coverage on the Employee Benefits page.*

Additional Coverages



Voluntary Long-term Disability (LTD) Coverage

What's the Benefit:

Long-term disability coverage protects a portion of your income should you be unable to work due to illness or injury. Shawnee State offers four different LTD plans to choose from.

How Does it Work:

A monthly benefit, typically paid with a mailed check, is sent directly to you to help pay for your living or medical expenses once you have met the elimination period (time before the benefit will begin to pay).

Considerations:

- Each LTD plan option protects 60% of your monthly earnings up to a maximum of \$6,000 per month.
- The benefit will pay if it is medically necessary up to:
 - Plan A & B: Social Security Normal Retirement Age
 - Plan C & D: Five Years
- The elimination period for each of the four plans are:
 - Plan A and C: 90 days
 - Plan B and D: 180 days
- Most LTD policies have a pre-existing condition clause that may disqualify coverage for a certain period if you have sought treatment for a related injury or illness prior to enrolling in the coverage.
- Other features of the long-term disability benefit include:
 - Dependent Care Expense Benefit
 - Rehabilitation and Return to Work Assistance Benefit
 - Survivor Benefit
- For more information on the LTD benefit at Shawnee State, refer to the Certificate of Coverage on the Employee Benefits page

Additional Coverages



Voluntary Accident Coverage

What's the Benefit:

Accident coverage can help to offset expenses incurred if you or a covered family member seek treatment for covered injuries due to an accident.

How Does it Work:

Coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan also includes coverage for a variety of occurrences, such as dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent, groceries or any other expense you have.

Examples of Accident Claims	Benefit
Accident Medical Expense	\$1,000
Bone Fracture and Dislocation	\$1,500
Ground Ambulance	\$150
Air Ambulance	\$300
First Hospitalization	\$500
Hospital Indemnity	\$150 per day
AD&D – Loss of Life	\$50,000
Common Carrier	\$100,000



Critical Illness Coverage

What's the Benefit:

Critical Illness coverage can help to offset expenses incurred if you or a covered family member are diagnosed with a covered illness.

How Does it Work:

Chose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition. Employee coverage is \$5,000 to \$30,000; Spouse coverage is 50% of employee amount up to \$15,000, and children's coverage is \$5,000.

Examples of Covered Illnesses	Benefit %
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Major Organ Transplant	100%
Loss of Sight, speech or hearing	100%
Invasive Cancer	100%
Carcinoma in Situ	25%
Permanent Paralysis due to accident	100%

Employee Assistance Program (EAP)



Life's not always easy!

Sometimes a personal or professional issue can get in the way of maintaining a health, productive life. Your **Employee Assistance Program (EAP)** can be the answer for you and your family.

ImpactSolutions is here to help!

ImpactSolutions's Employee Assistance and Work/Life program assists employee and their eligible dependents with personal or job-related concerns, including:

- ◆ Emotional well-being
- ◆ Family and relationships
- ◆ Legal and financial matters
- ◆ Financial services
- ◆ Telephonic Coaching Services

How Does it Work:

- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employee and eligible dependents
- Robust network of qualified mental health professionals
 - Three face-to-face counseling sessions per person, per occurrence
 - Unlimited phone consultations
- Legal assistance
 - 30 minute complimentary appointment
 - General advice and guidance
 - Discounts for most on-going legal services
 - 24 hour emergency services
- Financial Services - complimentary consultation with financial counselors and educators
- Identify Theft Prevention and Recovery - complimentary phone consultation with a Fraud Resolution Specialist regarding
 - Reducing your risk of ID theft and/or
 - Tools to independently resolve your issue if you are the victim of ID theft
- Comprehensive Work/Life Website – mobile friendly, self-service information on everyday living issues and concerns



What to Expect:

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respected manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided by Shawnee State University. There is no cost to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help!

Visit www.MyImpactSolution.com or call **(800) 227-6007** for confidential consultation and resource services.

When online, use the username:
shawneestate

Payroll Deductions



Employee contributions listed include medical, Rx, dental and vision coverage

Medical - PPO

	Annually	18 Pays	24 Pays
Employee	\$1684.40	\$93.58	\$70.18
Employee + Child(ren)	\$3657.60	\$203.20	\$152.40
Employee + Spouse	\$4,547.92	\$252.66	\$189.50
Family	\$8422.44	\$467.91	\$350.94

Medical - HDHP

	Annually	18 Pays	24 Pays
Employee	\$818.15	\$45.45	\$34.09
Employee + Child(ren)	\$1943.10	\$107.95	\$80.96
Employee + Spouse	\$2577.14	\$143.17	\$107.38
Family	\$5369.31	\$298.30	\$223.72



With a library of over 150 episodes and a five-star rating, you are sure to find some helpful benefits tips.

Subscribe today on your favorite listening app!



Rated the #1 Health Insurance Podcast in the Country

Glossary of Terms



Allowed Amount—Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

Appeal—A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing—When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.

Co-Insurance—Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount. emergency room care.

Co-payment—A fixed amount (for example, \$30.00) that you pay for a covered health care service and payment is usually made when you receive the service. The amount can vary based on the type of covered health care service.

Deductible—The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$2,000, your plan won’t pay anything until you’ve met your \$2,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment (DME)—Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition—An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Excluded Services—Health care services that your health insurance or plan doesn’t pay or cover.

In-Network Co-Insurance—The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

Network—The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Network Co-insurance—The percent (for example, 50%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-Pocket Limit—The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn’t cover. Some health insurance or plans don’t count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Preauthorization—A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health insurance or plan will cover the cost.

Premium—The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Primary Care Physician—A Physician, Medical Doctor (M.D.), or Doctor of Osteopathic Medicine (D.O.) who directly provides or coordinates a range of health care services for a patient.

Provider—A Physician, Medical Doctor (M.D.), or Doctor of Osteopathic Medicine (D.O.), health care professional or health care facility licensed, certified or accredited as required by state law.

UCR (Usual, Customary and Reasonable)—The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care—Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require hospital treatment.

Contact Us



Need help with your 2023-2024 benefit elections? Contact HORAN's Engagement Team Monday - Friday from 8:30 a.m. to 5:00 p.m. EST at 844.694.6726 or email engagement@horanassoc.com.

Carrier Contact Information



Medical

Anthem
833.639.1634
www.anthem.com



HSA/FSA

Ameriflex
888.868.3539
www.myameriflex.com



Dental

Anthem
866.589.0578
www.anthem.com



Vision

VSP
800.877.7195
www.VSP.com



Additional Coverages

Life Insurance

Securian
833.810.8265
www.securian.com

Disability

UNUM
866.679.3054
www.unum.com

Accident & Critical Illness

ManhattanLife
855.448.6982
www.manhattanlife.com



EAP

Impact Solutions
800.227.6007
www.MyImpactSolution.com

Shawnee State Team

Kara Arms

Associate Director, Human Resources
karms@shawnee.edu
Phone: 740.351.3464

Malonda Johnson

Executive Director, Human Resources
and Chief Diversity Officer
mjohnson@shawnee.edu
Phone: 740.351.3484

HORAN Team

Dan Breuer

Client Specialist
DanielB@horanassoc.com
513-745-6816

Mikal Jeffries

Vice President, Senior Benefit Consultant
MikelJ@horanassoc.com
513.985.3900