WHAT IS OPEN ENROLLMENT?
Open enrollment is the time of year that you can make changes to your benefits, such as changing plans, dropping coverage, enrolling in coverage or adding and deleting dependents. All changes made during this open enrollment election period will become effective on July 1, 2020.

WHAT IS CHANGING?
This year, all information for open enrollment will be shared electronically and meetings will be held virtually.

We are moving to a July 1st effective date for medical, prescription, dental and vision benefits and will continue on a plan year basis of July-June going forward. All voluntary benefits (FSA, Life, Disability & Retirement) will remain on a calendar year basis (Jan-Dec).

ID CARDS
Anthem will not issue new cards for all enrollees. You will only receive a new ID card if you are changing plans, enrolling for the first time or adding dependents. Please watch your mail in June for a nondescript envelope if you are expecting to receive ID cards.

REQUIRED ACTION
We are allowing this open enrollment to be a passive enrollment due to our current environment. Please review your benefit options carefully to make informed decisions about your health coverage. You may submit your election changes by completing this form.

Open Enrollment Meetings:
Wednesday, May 6th, 3pm
Tuesday, May 12th, 10am

1:1 Assistance from HORAN
Jennifer Johnson, ph: 513.587.2734
Dana Stradtman, ph: 513.794.3570

Open Enrollment ends on May 15th
# Health Insurance Plans

<table>
<thead>
<tr>
<th>In-Network Benefits</th>
<th>PPO</th>
<th>PPO w/HSA (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong> <em>(copays do NOT apply)</em></td>
<td>Tier 1: $500 single / $1,000 family&lt;br&gt;Tier 2: $1,500 single / $2,500 family</td>
<td>$3,000 single / $6,000 family&lt;br&gt;Embedded family deductible</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Tier 1: 90/10%; Tier 2: 80/20%</td>
<td>Tier 1: 90/10%; Tier 2: 80/20%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Annual Maximum</strong>&lt;br&gt;&lt;em&gt;Includes deductible, medical copays, and coinsurance&lt;/em&gt;</td>
<td>Medical: $3,500 single / $7,000 family&lt;br&gt;Rx: $4,150 single / $8,800 family</td>
<td>Medical: $6,000 single / $12,000 family&lt;br&gt;Rx: Included in the above</td>
</tr>
<tr>
<td><strong>Office Visits:</strong>&lt;br&gt;PCP sick or Specialist visit&lt;br&gt;Wellness at PCP</td>
<td>Deductible, then 10% or 20% Covered in full</td>
<td>Deductible, then 10% or 20% Covered in full</td>
</tr>
<tr>
<td><strong>Inpatient and/or Outpatient Hospital</strong></td>
<td>Deductible, then 10% or 20%</td>
<td>Deductible, then 10% or 20%</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$75 copay <em>(copay waived if admitted)</em></td>
<td>Deductible, then $75 copay <em>(copay waived if admitted)</em></td>
</tr>
<tr>
<td><strong>Urgent Care Facility</strong></td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td><strong>Retail Rx</strong></td>
<td>$10 / $35 / $60 / 25% <em>(max $250)</em></td>
<td>*Deductible, then $10/$35/$60 / 25% <em>(max $250)</em></td>
</tr>
</tbody>
</table>

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**Medical Plan Details & Open Enrollment Highlights**

**Deductibles and Out of Pocket Maximums** will remain on a calendar year accumulation schedule (January 1-December 31).

**Employee Payroll Deductions** current rates will remain in effect through June 30, 2021.

**HDHP Participants:** Preventive Rx (as defined by ACA regulations) can be filled at no cost to you, not subject to your deductible.

**Network Tiering:** Seeking care from Tier 1 providers will result in lower member costs! Log into your member portal at anthem.com to compare facility costs and quality. Look for the “T1” designation next to the provider name.

**Tax Advantaged Plans:** HSA-If you are not currently enrolled in a Health Care FSA or an HSA for 2020 and you are continuing or electing a HDHP for medical coverage, you may open an HSA during this open enrollment.

**Changing Plans:** If you are changing plans during this open enrollment period, please note the following: If moving from PPO to HDHP and you elected an FSA for the 2020 year, you will not be permitted to open an HSA until the end of the calendar year if your FSA funds have been depleted or when the grace period of the FSA ends, whichever is first.
Employees enrolled in one of our medical plans will automatically be enrolled in dental and vision. No vision ID cards required; use your SSN when seeking care.

Employees enrolled in one of our medical plans will automatically be enrolled in dental and vision. You will have separate Anthem ID cards for the medical and dental.

### Vision Insurance Plan

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam (1 per calendar year)</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Standard Lenses – Single, Bifocal, Trifocal (1 per calendar year)</td>
<td>$25 copay</td>
</tr>
<tr>
<td>Frames (Every other calendar year)</td>
<td>$120 retail allowance + 20% off balance</td>
</tr>
<tr>
<td>Contact Lenses (1 per calendar year)</td>
<td>Up to $120 retail allowance</td>
</tr>
</tbody>
</table>

### Dental Insurance Plan

<table>
<thead>
<tr>
<th>Benefits</th>
<th>In Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Deductible, then 20%</td>
</tr>
<tr>
<td>Major Services</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td>Orthodontia (adult and child)</td>
<td>40% to a lifetime max of $1,000</td>
</tr>
</tbody>
</table>

### Health Savings Account Information

#### Health Savings Account (HSA)

If you enroll in our High Deductible Health Plan (HDHP), you are eligible for a Health Savings Account (HSA). HSA funds may be used to help pay for medical and Rx, dental, and vision expenses on a pre-tax basis. Certain eligibility requirements may apply. Your annual contribution may not exceed the following limits set by the IRS for 2020: $3,550 single enrollment or $7,100 all other enrollments. If you are over age 55, you may contribute an additional $1,000 per year. Unused funds continue to build each year until you use them!

*If participating in the HSA, you receive the following annual employer contribution into your account:*

**Annual Amount:**
- Single: $500
- Employee + Sp or Ch: $800
- Family: $1,000
IMPORTANT CONTACT INFORMATION

In the event you have a question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call or e-mail our benefits consultant, HORAN.

Anthem
Medical, Rx, and Dental Coverage
www.anthem.com
Member Services: 1-833-689-1634

VSP
Vision Coverage
www.VSP.com
800.877.7195

Ameriflex
FSA and HSA
www.myameriflex.com
888.868.3539

HORAN Engagement Team
Claims, Billing, and Benefit Questions
engagement@horanassoc.com
(844) 694.6726

Shawnee State University
Kara Arms
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(740) 351.3464

Malonda Johnson
mjohnson@shawnee.edu
(740) 351.3484

HORAN welcomes you to the “Benefits: What, Like it’s Hard?” podcast where we breakdown the truths and misconceptions about all things benefits. Visit www.horanassoc.com/tunein for more information and to subscribe.

This packet is intended to provide a brief overview of your employee benefits. If there is a discrepancy between the enclosed documents and the certificate of coverage, the certificate of coverage for each plan will be the final determining document.