CENTRAL
STATE UNIVERSITY

Employee Benefits Guide

2023

Introduction

At Central State University, we value each and every employee. Our commitment to our employees is to provide an enriching environment where employees are engaged and are proud to be part of the Central State University family.

The cost of health care and other benefits continue to rise year after year. Each year, we analyze our costs and try to manage increases by reviewing our plans and benefit providers. We are conscious of the fact that changing health insurance plans is often difficult for our employees, so whenever possible, we work with our benefit providers to create solutions that will work financially and will be less disruptive.

Employers across the country are all facing the same challenge. But the fact is that 70 percent of health care costs are due to preventable conditions that cost the U.S. health care system about $100 billion every year. Smoking, obesity, and high blood pressure are all preventable or treatable conditions that, left untreated, can lead to such illnesses as cancer, Type II Diabetes, or heart failure.

Central State University continues to promote a culture of health and wellness, establishing a work environment that promotes healthy lifestyles, decreases the risk of disease, and enhances your quality of life.

Central State University Takes Your Wellness Seriously

The goal of the Central State University Wellness Program is to promote behavioral changes and motivate each of us to change from high risk behavioral factors to healthy/low risk factors and keep them there.

- To obtain the best possible price for your health care coverage needs
- To support you and your family in practical ways to improve your health
- To provide a supportive work environment that encourages healthy lifestyles
- To become a more educated health care consumer
- To work towards living a healthier lifestyle and improving your health
- To better understand and use the tools and resources that make for wiser health care choices

By participating in the Central State University Wellness Program within the required timeframe each year, you can qualify for reduced medical insurance premiums for the following plan year.

Wellness Program

We care about your health and want to provide you with resources to help you live better, both inside and outside of work. That's why we offer a free voluntary wellness program for all current employees that are enrolled in Central State's medical plans. This program is administered by Wellworks for You. A Wellworks packet will be provided to you with all the necessary information and required forms.

By completing the necessary steps, current employees can earn lower medical premium rates – refer to Wellness Rates. In order to qualify for the lower premium rates, you must do the following:

STEP 1: PHYSICIAN RESULTS FORM

Visit your Primary Care Physician (PCP) for an annual physical with lab work. Print out the Physician Results Form located within the Wellness Locker, linked on the homepage or the menu page, and take it to your doctor. All required metrics must be collected no later than November 15, 2022 to receive the incentive for 2023. After November 15, 2022 through November 15, 2023, employees who upload completed documents will receive an incentive for 2024. Please allow ample time when scheduling your annual physical, as well as time for blood work to be processed by the lab and received by your PCP's office. Do not send lab results directly to Wellworks For You. Lab results should be documented on your Physician Results Form (located in Wellness Locker) and returned to Wellworks For You.

Please Note: It is the participant's responsibility to ensure the completed form is submitted by the deadline. It is advised that you retain your own copy of the completed Physician Results Form to ensure submission to Wellworks For You.

STEP 2: KNOW YOUR NUMBER ASSESSMENT

Complete the Know Your Number (KYN) Assessment located on the Wellness Portal by selecting the Portal Menu>Know Your Number Assessment. Complete all questions including the Health Metrics section. Click Finish to complete the assessment or click Save to return to assessment for completion at a later time.

Once your assessment is completed in its entirety (questionnaire and health metrics), your results report will be generated and available on the Know Your Number (KYN) Assessment page, as well as uploaded to the Wellness Locker under the Health Records section. Your participation in the assessment will also be updated at this time.

STEP 3: TOBACCO ATTESTATION AND CESSATION PROGRAM (IF APPLICABLE)

Complete the Tobacco Attestation Form and Tobacco Cessation Program, if applicable, to receive credit for this step. Whether or not a tobacco user, you must complete and sign the Tobacco Attestation Form to certify that you are tobacco-free or a tobacco user.

*Non-Tobacco Users: If you certify that you do not use tobacco, you will fulfill this step by completing and submitting the Tobacco Attestation Form located on the Wellness Portal within the Wellness Locker linked on the homepage or via the menu page.

*Tobacco Users: If you certify that you use tobacco, you must complete the six-week Tobacco Cessation e-Learning Series on the Wellness Portal by November 15, 2022 to complete this step.

Keep a copy of all forms for your files. You will be notified when your packet has been processed.

Please Note: Wellworks requires at least **7 -10 business days** for processing and participation to be updated in the Wellness Portal. If you do not receive a confirmation email in two (2) weeks from form submission, please call the number below.

Questions: Please contact Wellworks for You at 800-425-4657.

Get More Value From Your Plans

Here are a few key points to help you get the most value out of your health plan:

Minimize your out-of-pocket expenses

To maximize your health, engage with a primary care physician (PCP) who will provide or direct your health care. Look for a Family Practice, Internal Medicine, General Practice, OB/GYN, and/or Pediatric physician. You will always save money by using providers in the UnitedHealthcare network.

What are your options? You may want to consider the following the next time you need care:

Use the Emergency Room ONLY for emergencies

For a Life-Threatening Emergency

In a true medical emergency – such as an apparent heart attack, serious injury, or other life-threatening situation – always call 911 or your local emergency number right away!

For Less Critical Issues, if the emergency is NOT life threatening

- Call your physician's office (even after hours, someone is typically on call to answer questions). Your doctor will know you and your medical history and may be able to schedule you for a visit the same (or next) day.
- If your condition starts or worsens on the weekend, or after your doctor's office has closed for the day, you may want to consider a visit to an Urgent Care facility. These clinics are not affiliated with hospitals, but they do have doctors and nurses on staff and are open in the evenings and on weekends.

If You are Traveling and You Need Urgent Care

Your medical plan covers urgent care. An urgent condition is one that requires immediate care but isn't life-threatening. If you seek urgent care while traveling, you or someone acting on your behalf should notify your doctor within 48 hours of the onset of the urgent condition.

Annual physical exams and cancer screening tests are 100% covered!

Take advantage of the fact the Medical plan covers 100% of scheduled annual physical exams and cancer screening tests related to the physical exam when you use an in-network provider. There's no copay or deductible, however keep in mind that if your physician orders a test that isn't part of the scheduled preventative care exam/test, those procedures may result in some out-of-pocket expense for you. It's always a good idea to check with your doctor's office before your visit, to see what tests or exams are planned. Then, call your health plan to make sure you understand if and how those tests will be covered.

Preventive dental care is covered 100%!

Your dental plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an "in-network" dentist or an "out-of-network" dentist. Don't forget that your preventive care is covered at 100% once every six months.

Save tax dollars and enroll in a Flexible Spending Account

For those medical, dental or vision care expenses (copays, deductibles, etc.) that you do pay for out-of-pocket, don't forget to take advantage of the Health Care Flexible Spending Account. You can set aside up to $3,050 a year on a before-tax basis and then reimburse yourself for eligible expenses.

Virtual Visits

For the cost of a primary physician office visit copay, you can access care from a provider from your phone or computer.

Health Plan Provisions

The following information relates to enrollment in the university's medical, dental, and vision plans.

When can I enroll?

You may enroll in benefits:

- Within 30 days of employment in an eligible appointment
- Within 30 days of a qualifying status change
- During an annual open enrollment period

Who can I enroll?

- Your legal spouse
- Your dependent children to age 26
- A child is a biological child, legally adopted child, stepchild, child for who you have legal custody, or an interlocutory order of adoption.
- When enrolling your spouse or child(ren), you must provide dependent verification documents such as a marriage certificate or birth certificate.

Spousal Surcharge Provision

CSU employees may choose to have their spouse covered under the CSU healthcare plan, however, there is a surcharge if your spouse is eligible for medical coverage through his or her employer (whether enrolled in that coverage or not). If both you and your spouse work at CSU, the surcharge does not apply. The surcharge also does not apply if your spouse is not employed or is retired.

The 2022 spousal surcharge is $150.00 per month. The spousal surcharge will automatically be deducted from your paycheck if you have a spouse covered under your medical plan, unless you apply and are approved for a waiver.

To apply for the surcharge waiver, you must complete the form prior to the end of open enrollment or within 30 days of date of hire or a status change event. You can do this at https://CSUBenefits.4mybenefits.net/.

When does my coverage begin?

Coverage is effective on the first of the month following 28 days after your date of hire.

Can I make changes to my coverage throughout the year?

You can only make changes to your elections if you experience any of the following qualifying events:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

You have 30 days from the date of the event to report and update your benefits with the Human Resources department.

What if I choose to decline medical benefits?

If you choose to decline medical benefits, you will need to fill out a Benefit Waiver Incentive Form online at https://CSUBenefits.4mybenefits.net/. When you waive your benefits within 30 days of date of hire or a life status event or during open enrollment, you will receive $150.00 per month in your paycheck

Enrollment Instructions

Follow these simple steps for benefits enrollment or to update your benefit election if you have experienced a qualifying life status event.

Access the Website

- Log on to: https://CSUBenefits.4mybenefits.net/
- Select Current Benefits, Changes and New Enrollments
- Enter your case sensitive User ID; which is CSU plus your Employee ID Number
- Existing Employees: Your initial password is your birth date in YYYYMMDD format
- New Hires: Your initial case sensitive password is Welcome1
- Note: During Open Enrollment, or if it's your first time accessing the system, you will automatically be directed to a Change Password Menu where you will be instructed to create a new password.
- If you have any questions or would like to enroll over the phone, you can contact the Benefits Call Center at: **Phone - 866-258-1885, Monday - Friday 8am-5pm ET**

Enrollment

Follow the appropriate steps for the type of enrollment you wish to make.

You do not have to choose Open Enrollment or New Hire Enrollment; the system automatically knows when those events are applicable and will allow you to "Get Started".

Life Status Event Change (if applicable)

Select the type of Life Event Change

Review Your Demographics

Carefully review the information on file for you. If you see any incorrect information, such as your home address, please contact your human resources office to notify them of the error.
Click NEXT to continue.

Register Your Eligible Dependents

Follow the on-screen instructions to register your eligible dependents. Please refer to your Benefits Guide for dependent eligibility.
Click NEXT to continue.

Enroll in Benefits

The website will prompt you through the election process for each benefit available to you. You will only be offered the benefits for which you are eligible.
Click NEXT to continue.

Review Your Confirmation Statement

After completing your benefit enrollment elections, review the confirmation screen to be sure that ALL information has been updated correctly. Confirm that your eligible dependents who need coverage are listed as covered under the applicable benefit plan. **Click CHECKOUT to confirm your elections.**

Congratulations — You are Finished!

Once you have reviewed your confirmation screen, your enrollment is complete, and you are finished. If you need to change any information, simply go through this enrollment process again before the deadline.
NOTE: If applicable, please provide the requested documents listed in the **"Your To-Do List"** at the top of your confirmation. This could include items such as dependent verification documents, waiver credit requirements or Evidence of Insurability Form. Benefit elections will be pended until the requested documents are uploaded to the site and approved by Human Resources.

FOR ASSISTANCE CONTACT THE BENEFITS CALL CENTER AT:
866-258-1885 / 8:00 am – 5:00 pm

Frequently Asked Questions

What is a Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance company makes any payments for health care services rendered. For example, if you have a $1,500 deductible, you would be required to pay the first $1,500, in total, of any claims during a plan year. The deductible excludes copayments where applicable.

What is Coinsurance?

Coinsurance is the amount expressed as a percentage of covered health services that you must pay after you have satisfied your plan deductible.

When do I pay a Copayment?

Expect to pay a copayment for doctor's visits, emergency room visits and urgent care center visits.

How do I know when to go to an Urgent Care Center vs. the Emergency Room?

If you need medical care when your regular doctor is not available, think about going to an urgent care center. The urgent care center should be used for minor emergencies (fever, cough, pain, etc.) when your physician's office is closed, and your symptoms are too severe to wait until the office reopens or when you are out -of-town. The copayment is less for the urgent care center than the ER and getting care at the urgent care center will most certainly be faster than an ER visit. Emergency rooms should only be used for true emergencies such as broken bones, vigorous bleeding or severe pain. The next time you are faced with deciding where to go, be sure to evaluate all your options and choose the setting that best suits your illness or injury. Of course, in a true emergency, seek the appropriate care without delay.

What is Out-Of-Pocket Maximum?

The maximum amount (deductible and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket limit is reached, the plan will cover eligible expenses at 100%.

What is an Explanation of Benefits?

An EOB is a description the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If it doesn't, contact the doctor's office immediately.

What is Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. This care includes physical exams, immunizations, well woman and well man exams. Be sure your child gets routine checkups and vaccines as needed, both of which can prevent medical problems (and bills) down the road. Also, adults should get preventive screenings recommended for their age to detect health conditions early. Remember all preventive care benefits are covered 100% under all three medical plan options.

What is the difference between generic and brand name drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.

What is the benefit of Mail Order Drugs?

Mail order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin and birth control. Mail Order drugs are convenient because they are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

What should I ask my doctor?

Amazingly, many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand how his or her care decisions affect your health plan costs. It will also help your doctor get to know you better and consequently prescribe treatment that is more effective

Medical Benefits

Central State University will offer two medical plan options now administered by UnitedHealthcare. Through these plans you have access to thousands of network physicians and hospitals.

If you utilize an out-of-network provider, you will pay substantially higher amounts. Refer to the Summary Plan Description for an outline of the out-of-network benefits. To access an in-network provider listing visit www.uhc.com.
Customer Service: www.uhc.com or call 1-866-414-1959.

Standard PPO		
Benefit Coverage	**In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$3,000 / $6,000	$10,000 / $20,000
Coinsurance	80%	50%
Maximum Out-of-Pocket (Individual / Family)	$6,500 / $13,000	$20,000 / $40,000
Primary Care Physicians	No copay	Deductible + 50%
Specialty Care Office Visit	$80 copay	Deductible + 50%
Preventive Care	100%	Deductible + 50%
Lab & X-ray	Deductible + 20%	Deductible + 50%
Urgent Care	$50 copay	Deductible + 50%
Emergency Room	$250 copay plus 20% coinsurance after deductible	$250 copay plus 20% coinsurance after deductible
Inpatient Hospitalization	Deductible + 20%	Deductible +50%
Outpatient or Partial Hospitalization	Deductible + 20%	Deductible + 50%
Retail Pharmacy (30 Day Supply) **Generic (Tier 1)** **Preferred (Tier 2)** **Non-Preferred (Tier 3)** **Specialty (Tier 4)**	 $10 copay $40 copay $85 copay $250 copay	 $10 copay $40 copay $85 copay $250 copay
Mail Order Pharmacy (90 Day Supply) **Generic (Tier 1)** **Preferred (Tier 2)** **Non-Preferred (Tier 3)** **Specialty (Tier 4)**	 $25 copay $100 copay $212.50 copay $625 copay	Not Covered

2023 Regular EE Contributions				2023 Wellness EE Contributions			
	AFSCME	**AAUP & Non Barg**	**CSUSA**		**AFSCME**	**AAUP & Non Barg**	**CSUSA**
Single	$59.09	$104.27	$59.09	**Single**	$47.27	$83.42	$47.27
Employee/Spouse	$118.18	$236.36	$118.18	**Employee/Spouse**	$94.54	$189.08	$94.54
Employee/Child(ren)	$104.37	$208.75	$104.37	**Employee/Child(ren)**	$83.50	$167.00	$83.50
Family	$173.99	$347.99	$173.99	**Family**	$139.19	$278.39	$139.19

***AAUP & Non Barg = Monthly, AFSCME/CSUSA= Bi-Weekly**

Premium PPO		
Benefit Coverage	**In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$2,000 / $4,000	$5,000 / $10,000
Coinsurance	80%	50%
Maximum Out-of-Pocket (Individual / Family)	$6,500 / $13,000	$10,000 / $20,000
Primary Care Physicians	No copay	Deductible + 50%
Specialty Care Office Visit	$80 copay	Deductible + 50%
Preventive Care	100%	Deductible + 50%
Lab & X-ray	Deductible + 20%	Deductible + 50%
Urgent Care	$50 copay	Deductible + 50%
Emergency Room	$250 copay plus 20% coinsurance after deductible	$250 copay plus 20% coinsurance after deductible
Inpatient Hospitalization	Deductible + 20%	Deductible + 50%
Outpatient or Partial Hospitalization	Deductible + 20%	Deductible + 50%
Retail Pharmacy (30 Day Supply) **Generic (Tier 1)** **Preferred (Tier 2)** **Non-Preferred (Tier 3)** **Specialty (Tier 4)**	 $10 copay $40 copay $85 copay $250 copay	 $10 copay $40 copay $85 copay $250 copay
Mail Order Pharmacy (90 Day Supply) **Generic (Tier 1)** **Preferred (Tier 2)** **Non-Preferred (Tier 3)** **Specialty (Tier 4)**	 $25 copay $100 copay $212.50 copay $625 copay	Not Covered

2023 Regular EE Contributions				2023 Wellness EE Contributions			
	AFSCME	**AAUP & Non Barg**	**CSUSA**		**AFSCME**	**AAUP & Non Barg**	**CSUSA**
Single	$67.77	$119.59	$67.77	**Single**	$54.21	$95.67	$54.21
Employee/Spouse	$135.54	$271.07	$135.54	**Employee/Spouse**	$108.43	$216.86	$108.43
Employee / Child(ren)	$119.70	$239.41	$119.70	**Employee / Child(ren)**	$95.76	$191.53	$95.76
Family	$199.50	$399.01	$199.50	**Family**	$159.60	$319.21	$159.60

***AAUP & Non Barg = Monthly, AFSCME/CSUSA= Bi-Weekly**

Flexible Spending Account (FSA)

Healthcare Expense Account

The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save an average of $.25 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Employees are able to voluntarily contribute up to **$3,050**.

Healthcare FSA Debit Card

We are pleased to offer employees the option to have a Healthcare FSA debit card that will allow you to pay for most qualified expenses without being out-of-pocket and having to wait for reimbursement. Please Remember: you must still retain all receipts as you may be asked to substantiate any expenses purchased with your FSA debit card.

Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of **$5,000** each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level. It is not required that both you and your spouse are employed (or disabled). However, reimbursements from your Dependent Care FSA cannot exceed the lower of you or your spouses (if married) earned income.

What are the risks of FSAs?

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your expenses and have money left in the account at the end of the year, it will be forfeited. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income on which your retirement benefits are based.

Rollover Feature

Unused Healthcare FSA funds that are not used by the end of the plan year (December 31st) will be forfeited, with the exception of **$550** that can be rolled over into the next plan year. **The rollover feature does not apply to the Dependent Care Account.** Funds remaining in the Dependent Care Account at the end of the plan year are forfeited.

In addition to other qualified medical, dental and vision expenses that you can use your HealthCare FSA to pay for, you can also use these funds to pay for over-the-counter medications.

Dental Benefits

Regular dental care is essential to good health. Central State University provides you with an opportunity to purchase Dental coverage with Delta Dental Insurance Company. You are eligible for this benefit the 1st of the month following 28 days of employment.

For the best savings, use a Delta Dental Insurance Company participating dentist or specialist. You can find a dentist by visiting the www.deltadentaloh.com website or by calling Delta Dental directly.

PPO Network: This network is smaller but offers deeper discounts for using a PPO Network provider.

Premier Network: This network is larger and offers network discounts, but members cost might be slightly higher.

If a provider is in both the PPO and Premier Network, the provider will honor the deeper discount of the PPO network to benefit the member.

Customer Service: www.deltadental.com or call 1-800-521-2651

Delta Dental Vision Plan	PPO Network	Premier / Non-Network
Deductible (Applies to Basic and Major Services)	$0	$25 Single / $75 Family
Preventive Care/Diagnostic		
• Oral Examinations • Topical Fluoride Application • Full Mouth X-Rays • Bitewing x-rays	100%	100%
Basic Restorative		
• Endodontics • Oral surgery (simple extractions) • Fillings • Periodontics	80%	80%
Major Restorative		
• Implants • Bridges • Dentures • Crown • Inlays / Onlays	80%	60%
Annual Benefit Maximum per Person	$1,000	$1,000
Orthodontia (children up to age 19)	50% up to a lifetime max of $1,000	50% up to a lifetime max of $1,000

Non- network providers can bill you for amount not covered by Delta Dental

2023 Dental Rates – Monthly		
	AFSCME / CSUSA	AAUP / Non-Barg Staff
Single	$0	$0
Employee/Spouse	$12.66	$25.31
Employee/Child(ren)	$16.45	$32.89
Family	$36.31	$72.62

Vision Plan

Central State University offers vision insurance through Medical Mutual of Ohio. You are eligible for this benefit the 1st of the month following 28 days of employment.

To find a participating eye care provider or to review your plan coverage before your appointment, visit Medical Mutual of Ohio website or call Medical Mutual of Ohio Phone Number.

Customer Service: www.medmutual.com or call 1-800-382-5729

Medical Mutual Vision Plan	In-Network	Out-of-Network Reimbursement
• **Co-pays**		
• **Materials**	$0 copay	$30 max
• **Exam**		
• **Benefit**	$15 copay	$15 max
• **Frequency**	12 months	12 months
• **Lenses**		
• **Single Vision**	$15 copay	$10 max
• **Bifocal**	$15 copay	$20 max
• **Trifocal**	$15 copay	$30 max
• **Lenticular**	$15 copay	$40 max
• **Frequency**	12 months	12 months
• **Frames**		
• **Benefit**	$0 copay up to $100; +20% off	$30 max
• **Frequency**	12 months	12 months
Contact Lenses		
• **Elective**	$15 copay up to $100 plus 15% off	$40 maximum
• **Medically Necessary**	$15 copay up to $200	$75 maximum
• **Frequency**	12 months	12 months

2022 Vision Rates – Monthly		
	AFSCME / CSUSA	**AAUP / Non-Barg Staff**
Single	$.16	$.31
Employee/Spouse	$.38	$.75
Employee/Child(ren)	$.34	$.67
Family	$.56	$1.12

Income Protection Benefit

If something were to happen to you, would your loved ones be financially secure? Central State University offers Basic Life, Accidental Death and Dismemberment (AD&D) and Long-Term Disability Insurance. You may also purchase Voluntary Life Insurance for you and your family. Life and Disability coverage is through MetLife. There is insurance available for employee purchase. More information on these programs can be found at s also Critical Illness and Accident I https://CSUBenefits.4mybenefits.net/

Customer Service: www.metlife.com or call 1-800-638-5433

Benefit Type	
Basic Life	AFSCME - $50,000; CSUSA - $100,000; AAUP & Non-Bargaining – 2 X Salary (75% employee paid)
AD&D	Benefit matches basic life amount
Long-Term Disability	60% of salary up to $5000 after a 90-day Elimination Period
Eligibility of Coverage	All active employees' full-time employees in an eligible class
Eligibility Waiting Period	You are eligible for this benefit the 1st of the month following 28 days of employment. You are in Active Pay Status on a day which is one of the Employer's scheduled workdays if either of the following conditions are met. You are performing your regular occupation for the Employer on a full-time basis. You must be working at one of the Employer's usual places of business or at some location to which the Employer's business requires you to travel. The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding scheduled workday. You are in Active Pay Status on a day which is not one of the Employer's scheduled workdays only if you were in Active Pay Status on the preceding scheduled workday.
Benefit Waiting Period	LTD benefits begin after 90 days of Continuous Disability. If disability benefits are payable to you under this policy, you may be eligible for benefits from other income benefits. If so, we may reduce the disability benefits by the amount of such other income benefits. Please refer to your employee certificate for a complete list of what payments qualify as other income benefits.
Pre-Existing Waiting Period	12 Months
Taxability of Benefit	Benefit is Partially Taxable; you pay a portion of the premium for this plan
Accelerated Benefit	Life Expectancy is certified by a physician to be less than 12 months, you can elect to take a portion of your life insurance in advance.
Waiver of Premium	Available if you are totally disabled as defined by the group policy

Voluntary Life Insurance

Central State University offers Voluntary Life and Accidental Death & Dismemberment Insurance for you and your family at a discounted group rate. This life insurance plan will provide coverage in the event of a death

Benefit Type	
Voluntary Life/ADD	**EMPLOYEE:** Five times annual compensation (in $10,000 increments) rounded to the next higher $10,000, OR maximum of $500,000. Providing you are still employed, benefits are reduced at age 65, age 70, age 75 and age 80. **SPOUSE:** Up to 50% of the employee life amount (in $5,000 increments) rounded to the next higher $5,000 OR maximum of $250,000. Benefits are reduced at age 65 and terminate at age 70 or retirement. **CHILD:** $250 (age 14 days to 6 months); $10,000 (age 6 months to 19 years; 26 if full-time student).
Eligibility of Coverage	All active employees regularly working a minimum of 30 Hours per Week Employees must participate in this voluntary plan for dependents to be eligible.
Eligibility Waiting Period	You are eligible for this benefit the 1st of the month following 28 days of employment. Active Pay Status is defined as one of Central State University's scheduled workdays if one of the following conditions are met: -You are performing your regular occupation for the Central State University on a full-time basis. You must be working at one of Central State University's usual places of business or at some location to which the Central State University's business requires you to travel. -The day is a scheduled holiday or vacation day and you were performing your regular occupation on the preceding
Guarantee Issue	Available for newly eligible employees only. All other employees must complete Evidence of Insurability for all applied for amount. **EMPLOYEE:** $150,000 **SPOUSE:** $30,000 **CHILD:** $10,000

Employee Age	Employee Monthly Cost per $1,000	Spouse Monthly Cost per $1,000
Under 25	$0.04	$0.04
25 - 29	$0.04	$0.04
30 - 34	$0.04	$0.04
35 - 39	$0.07	$0.07
40 - 44	$0.12	$0.12
45 - 49	$0.18	$0.18
50 - 54	$0.34	$0.34
55 - 59	$0.54	$0.54
60 - 64	$0.56	$0.56
65 - 69	$1.05	$1.05
70 - 74	$2.21	$2.21
75 - 79	$2.21	$2.21
Over 80	$2.21	$2.21
Child Life	$0.20	

Will Preparation

If you are enrolled in Voluntary Life Insurance, you are eligible for Will Preparation **free of charge.**

Legal Resources, Binding Will, Professional Support

Not having a will can cause unnecessary stress and leave difficult decisions to family members or to the courts. Help protect your family's financial future and ensure your final wishes are clear. Turn to the valuable legal resources offered through Hyatt Legal Plans. You get expert guidance – at no additional cost to you when you are enrolled in Voluntary Life coverage. Whether it's creating a binding will or updating an existing will, you can take advantage of unlimited consultations with a plan attorney so you can feel confident you're making the right decisions.

Personal Guidance When It Matters Most

One-on-One consultations to help meet your needs in a private and supportive environment. Choose to meet in-person or by phone with any of the more than 14,000 participating plan attorneys. There will be no claim forms to file for covered services – fees are taken care of through your plan. And, you can use an out-of-network attorney if needed. The fees for these services are based on a set fee schedule.

Covered Services:

Take advantage of covered services that can help you and your spouse prepare or update a will.

- Unlimited access: consult with an attorney to prepare, update or revise a will
- Protection for the Unexpected: prepare living wills and powers of attorney to help ease the stress involved when individuals become unable to make their own decisions.

Expert Guidance is Just a Phone Call Away

Simply contact a Client Services Representative to get started. You will be assigned a cse number and receive help with locating a participating plan attorney.

- Call Hyatt Legal Plans toll-free number 1-800-821-6400
- Provide the company name, customer number and the last 4 digits of the policy holder's social security number
- Locate a participating plan attorney near you

Accident Insurance

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type[1]	Low Plan MetLife Accident Insurance Pays YOU	High Plan MetLife Accident Insurance Pays YOU
Injuries		
Fractures[2]	$50 – $3,000	$100 – $6,000
Dislocations[2]	$50 – $3,000	$100 – $6,000
Second- and Third-Degree Burns	$50 – $5,000	$100 – $10,000
Concussions	$200	$400
Cuts/Lacerations	$25 – $200	$50 – $400
Eye Injuries	$200	$300
Medical Services & Treatment[1]		
Ambulance	$200 – $750	$300 – $1,000
Emergency Care	$25 – $50	$50 – $100
Non-Emergency Care	$25	$50
Physician Follow-Up	$50	$75
Therapy Services (including physical therapy)	$15	$25
Medical Testing Benefit	$100	$200
Medical Appliances	$50 – $500	$100 – $1,000
Inpatient Surgery	$100 – $1,000	$200 – $2,000
Hospital[3] Coverage (Accident)		
Admission	$500 (non-ICU) – $1,000 (ICU) per accident	$1,000 (non-ICU) – $2,000 (ICU) per accident
Confinement	$100 a day (non-ICU) – up to 31 days $200 a day (ICU) – up to 31 days	$200 a day (non-ICU) – up to 31 days $400 a day (ICU) – up to 31 days
Inpatient Rehab (paid per accident)	$100 a day, up to 15 days	$200 a day, up to 15 days

Accidental Death		
Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.	$25,000 $75,000 for common carrier[4]	$50,000 $150,000 for common carrier[4]
Dismemberment, Loss & Paralysis		
Dismemberment, Loss & Paralysis	$250 – $10,000 per injury	$500 - $50,000 per injury
Other Benefits		
Lodging[5] - Pays for lodging for companion up to 31 nights per calendar year	$100 per night, up to 31 nights	$200 per night, up to 31 nights
Health Screening Benefit[6] benefit provided if the covered insured takes one of the covered screening/prevention tests	$100 ***Payable 1x per calendar year***	$100 ***Payable 1x per calendar year***

BENEFIT PAYMENT EXAMPLE

Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event[1]	Benefit Amount
Ambulance (ground)	**$300**
Emergency Care	**$100**
Physician Follow-Up ($75 x 2)	**$150**
Medical Testing	**$200**
Concussion	**$400**
Broken Tooth (repaired by crown)	**$200**
Benefits paid by MetLife Group Accident Insurance	**$1,350**

Benefit amount is based on a sample MetLife plan design. Actual plan design and plan benefits may vary.

INSURANCE RATES

MetLife offers competitive group rates and convenient payroll deduction so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident [Off-the-Job] Insurance	Monthly Cost to You	
Coverage Options	Low Plan	High Plan
Employee	$6.53	$10.40
Employee & Spouse	$12.54	$19.91
Employee & Child(ren)	$13.71	$21.66
Employee & Spouse/Child(ren)	$17.16	$27.11

QUESTIONS & ANSWERS

Who is eligible to enroll for this accident coverage?
You are eligible to enroll yourself and your eligible family members![7] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective.

How do I pay for my accident coverage?
Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?
Yes, you can take your coverage with you.[8] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy or offers you similar coverage with a different insurance carrier.

Who do I call for assistance?
Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Critical Illness Insurance

Central State University offers employees the opportunity to purchase Critical Illness Insurance.

BENEFIT PAYMENT

Your **Initial Benefit** provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit[4] for the following Covered Conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer and Partial Benefit Cancer. A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences. Initial Benefits and Recurrence Benefits will be paid until the Total Benefit Amount has been reached.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit** and is 3 times the amount of your Initial Benefit. This means that you can receive multiple Initial Benefit and Recurrence Benefit payments until you reach the maximum of 300% or $45,000 or $90,000.

Please refer to the table below for the percentage benefit amount for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer[5]	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer[5]	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke[6]	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft[7]	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease[8]	100% of Initial Benefit	Not applicable
Major Organ Transplant Benefit	100% of Initial Benefit	Not applicable
22 Listed Conditions	25% of Initial Benefit	Not applicable

COVERAGE OPTIONS

Critical Illness Insurance		
Eligible Individual	**Initial Benefit**	**Requirements**
Employee	**$5,000, $10,000, or $15,000**	Coverage is guaranteed provided you are actively at work.[3]
Spouse/Domestic Partner[1]*	**50% of the employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.[3]
Dependent Child(ren)[2]*	**50% of the employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate.[3]

Employee Assistance Program

CSU is pleased to offer an Employee Assistance Program (EAP) from IMPACT Solutions. The IMPACT Employee Assistance (EAP) & Work/Life Program is a benefit available to you and your family offering access to confidential professional support 24 hours a day, 365 days a year.

All IMPACT counselors are qualified masters/doctoral level professionals. This program is available to you free of charge, courtesy of Central State University. Please visit the CSU HR Benefits webpage https://www.centralstate.edu/faculty/hr/index2.php?num=1 and click on the IMPACT Solutions Benefits Summary, or visit the IMPACT Solutions website to gain access to the wealth of information available to CSU Employees and their families.

Member Login: centralstate Website: www.myimpactsolution.com

CHARD SNYDER FLEXIBLE SPENDING ACCOUNT (FSA)

What is an FSA?

An FSA allows you to pay for health care and/or dependent care expenses through pre-tax payroll deductions. When enrolling, you determine how much money you want to contribute to each account for the plan year. The money is then withheld from your pay before taxes are calculated. You will be reimbursed from the account as you incur expenses and submit claims for them.

FSAs help you save money because they lower your taxable income. Without an FSA, you would still pay for health care and/or dependent care expenses, but you would use money remaining in your pay after taxes were withheld. You do not have to enroll in a medical plan to participate in an FSA.

The IRS has placed an annual maximum of $3,050.00 that employees can contribute to the Flexible Spending Account for the 2023 plan year.

Employees must sign up every year for the FSA and designate the amount to be contributed to a Healthcare FSA and/or Dependent Care (Dependent Care Services Only) FSA. If you terminate employment, neither FSA goes with you.

FSA Rules and Regulations

- The IRS requires that all FSA purchases be verified as eligible expenses. Sometimes, purchases are automatically verified when you use your card. Other times, Chard Snyder will request itemized receipts. **Always save your itemized receipts!**

- With the exception of $550 that can be rolled over into the next year, you must use all remaining FSA funds, or they will be forfeited, according to IRS regulations.

- The IRS also requires that employers make the full annual FSA election available to employees when an eligible expense occurs, regardless of whether you have deposited enough to cover the full amount at that point in time. For example, you may designate $1,000 per year, equal to a payroll deduction of $83.33 a month. You are eligible for reimbursement up to the full $1,000 in the first month, even though you have only deposited $83.33 in your account.

Pension Plans

OPERS/ STRS/ ALTERNATIVE RETIREMENT

All Central State University employees are eligible to participate in a pension plan. An employee's classification will determine which pension plan he/she is eligible to participate in. The University will match contributions to all employee pension plans in accordance with the state-mandated legislation, which varies between the individual classifications.

Employee Classification	Employee Contribution	University Match	Retirement Plan
AFSCME (Bi-Weekly Paid employees (except Police Officers)	10% of employee's gross earnings before taxes	14% of employee's gross earnings before taxes **OR** 11.56% of employee's gross earnings to ARP and 2.44% to OPERS.	Ohio Public Employees Retirement System (OPERS) **OR** Alternative Retirement Plan
Police Officers	13.0 % of employee's gross earnings before taxes	18.1% of employee's gross earnings before taxes **OR** 15.56% of employee's gross earnings to ARP and 2.44% to OPERS.	Ohio Public Employees Retirement System Law Enforcement (OPERS) **OR** Alternative Retirement Plan
All Contract (Monthly) Staff Employees	10% of employee's gross earnings before taxes	14% of employee's gross earnings before taxes **OR** 11.56% of employee's gross earnings to ARP and 2.44% to OPERS.	Ohio Public Employees Retirement System (OPERS) **OR** Alternative Retirement Plan
All Faculty Members	14.0% of employee's gross earnings before taxes	14 % of employee's gross earnings before taxes **OR** 9.53% of employee's gross earnings to ARP and 4.47% to STRS.	State Teachers Retirement System of Ohio **OR** Alternative Retirement Plan

- If an eligible employee opts to enroll in the Alternative Retirement Program instead of STRS or OPERS they must make this election within 120 calendar days of their initial hire date. Once an election to an ARP is made an employee may not return to STRS or OPERS.
- With an OPERS/STRS election an employee will receive medical benefits at retirement age providing they have worked the required period of creditable service at retirement. The ARP does not provide for medical coverage upon retirement.
- Upon retirement through STRS or OPERS the employee will have a set monthly retirement benefit. With the ARP the employee's retirement benefit will be determined based upon the investment fund value. Employee and employer contributions to the ARP are immediately 100% vested.

Supplemental Retirement Plans

403(b) Tax Sheltered Annuities and 457 Deferred Compensation Plans

All employees are eligible to participate in any of the 403(b) or 457 plans. These are supplemental retirement plans that are set up in addition to an employee's mandatory Pension Contribution. Monthly contributions are deducted from the employee's payroll on a pre-tax basis and distributed to the company of their choice. At this time Central State University employees have the option to enroll in the 403(b) and 457 plans with the following companies. Employees may elect to enroll in more than one company.

Company	Monthly Contribution	Enrollment Contact
VOYA (Formerly ING)	No Minimum. Maximum contribution per year: $19,500.00; $6,000.00 Age 50+ Catch-up Limit	Derek Stiles 937-353-5472
TIAA-CREF	No Minimum. Maximum contribution per year: $19,500.00; $6,000.00 Age 50+ Catch-up Limit	1-877-209-3138
AIG Retirement Services	No Minimum. Maximum contribution per year: $19,500.00; $6,000.00 Age 50+ Catch-up Limit	Carrie Cummings 614-436-4551 (work) 937-542-2936 (cell)
Ohio Public Employees Deferred Compensation	No Minimum. Maximum contribution per year: $19,500.00; $6,000.00 Age 50+ Catch-up Limit	1-877-644-6457
VOYA Deferred Compensation	No Minimum. Maximum contribution per year: $19,500.00; $6,000.00 Age 50+ Catch-up Limit	Derek Stiles 937-353-5472

Additional Benefits for Eligible Employees

Vacation	Vacation accrual is based on classification, status and position of each employee. For non-bargaining employees, see procedure 603.1 and for bargaining unit employees, please consult your bargaining unit contract for specific information.
Paid Holidays	All employees are eligible for the paid holidays as announced each calendar year by the administration. If an employee is required to work on a holiday, they will be paid in accordance with the applicable CSU policy or union contract guidelines. Employees are eligible for holiday pay from the date of hire. The Paid Holidays are listed on the CSU website.
Personal Days (AFSCME)	Each CSU employee represented by AFSCME is granted 2 personal days, per calendar year, to use as they wish. These days must be scheduled in advance through their immediate supervisor and are available after employment. Personal Days must be used within the calendar year. They will not be carried over to the next calendar year. Any unused personal days will not be paid out upon termination or retirement.
Direct Deposit	All CSU employees must have their payroll direct deposited to the bank or credit union of their choice. Each employee may have up to 3 different individual deposits to either a checking or savings account. Direct Deposits should be set up through MyCSU. Forms may be obtained from the Payroll Department.
Education Assistance	For more information regarding the tuition remission policy you may refer to the on-line policy. Your CSU employment makes you eligible to join the Dayton School Employees Federal Credit Union or the Wright-Patt Credit Union. Employees will need to contact the individual credit unions to join. A current pay stub will be needed to show eligibility.
Credit Union	Your CSU employment makes you eligible to join the Dayton School Employees Federal Credit Union or the Wright-Patt Credit Union. Employees will need to contact the individual credit unions to join. A current pay stub will be needed to show eligibility.
FMLA	Any employee that has worked for one full year and has worked a minimum of 1250 hours in the previous calendar year is eligible for leave under the Family Medical Leave Act. Employees needing FMLA must review Policy 605 and Procedure 605.1 and contact Human Resources for more information. Human Resource is the approving authority for FMLA leave and any questions regarding the CSU policy for FMLA should be directed to the Human Resources Department.

Customer Service Information

Have Questions? Need Help?
Central State University is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the **Benefit Resource Center** are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Benefit Coverage Type	Carrier	Phone Number	Website
Medical	UnitedHealthcare	888-842-4571	www.uhc.com
Dental	Delta Dental	800-524-0149	www.deltadental.com
Vision	Medical Mutual of Ohio	800-382-5729	www.medmutual.com
Life and AD&D	MetLife Inc.	800-638-5433	www.metlife.com
Long Term Disability (LTD)	MetLife Inc.	800-638-5433	www.metlife.com
Accident / Critical Illness	MetLife Inc.	800-638-5433	www.metlife.com
Section 125 (FSA)	Chard Snyder & Assoc.	800-982-7715	www.chard-snyder.com
USI Benefit Resource Center	BRC Midwest	855-874-0829	BRCMidwest@usi.com

If you have any questions, please contact:

Human Resources at (937) 376-6540 or hr@centralstate.edu

This guide is provided to you by Central State University. This brochure summarizes the benefit plans that are available to Central State University's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee