

# 2023-2024 BENEFITS GUIDE



You support student success.  
**HR SUPPORTS  
YOUR SUCCESS.**



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# Your Benefits at a Glance

Whether you have recently joined Columbus State or have been with us for a while, we strive to offer you a competitive benefit program to meet the needs of you and your family. We are committed to your health and well-being and are proud to provide you a comprehensive benefit program as a part of your total rewards package.

## MEDICAL/RX

Columbus State offers the opportunity to choose between three great Medical/Rx benefits through United Healthcare with shared employer and employee premiums. Employees have the ability to pay only 20% of the premium through participation in the Health Rewards program (Rally).

A few highlights of the EE Only HDHP Plan for in-network services are as follows<sup>1</sup>:

Deductible	\$2,500
Out of Pocket Maximum	\$3,000
CSCC HSA Contribution	\$1,000 single

<sup>1</sup>To see more information on the Medical/Rx options, refer to page 4.

## WORKING SPOUSE PREMIUM

A per pay surcharge will apply for Spouses/Domestic Partners eligible for medical coverage through their employer, but elect Columbus State's plan as primary coverage.

## WELLBEING

Wellbeing is a priority for Columbus State Community College. We explore wellbeing through the eight dimensions of wellness: physical, emotional, financial, occupational, social, intellectual, spiritual, and environmental (SAMHSA, 2016).

Columbus State has been recognized by the American Heart Association and Healthy Business Council Ohio for our wellbeing work.

Our wellbeing commitment to our employees has us marked as a "Healthy Worksite."

## DENTAL

Columbus State offers two comprehensive Dental plans through Delta Dental of Ohio.

A few highlights of the Dental Buy Up plan using the PPO network are as follows<sup>2</sup>:

Deductible	None
Benefit Max	\$2,500
Preventive Services	100%
Basic / Major Services	90% / 60%

<sup>2</sup>To see more information on the Delta Dental plans, refer to page 6.

## VISION

Columbus State offers vision coverage through VSP. A few in-network highlights of the Base plan are as follows<sup>3</sup>:

Annual Eye Exam	\$10 copay
Frames	Up to \$130 allowance
Lenses – single, bifocal, trifocal, lenticular	Covered in full after \$25 copay

<sup>3</sup>To see more information on the VSP vision option, refer to page 8.



## Enroll today!

Go to [csc.edu/workday](https://csc.edu/workday) to begin the process of enrolling in your benefits.

### HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP with HSA plan, you may be eligible to open a Health Savings Account. An HSA is a tax-free savings account you can use to pay for eligible healthcare expenses anytime or save for retirement. Columbus State contributes up to \$1,000 for single and \$2,000 per family.

### HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

You may save money by making pre-tax contributions to a Health FSA to be used for eligible medical expenses incurred by you and your dependents. These accounts are managed by United Healthcare, and expenses can be paid with the FSA debit card or claims may be submitted by email, fax, online or U.S mail. The maximum contribution is \$2,850. The FSA balance does not rollover at the end of the year. Any remaining balance will be forfeited.

### DEPENDENT CARE SPENDING ACCOUNT

Employees may save money by making pre-tax contributions to a Dependent Care Spending Account to be used for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves. The maximum contribution for 2023 is \$5,000 if married, or \$2,500 if single/married and filing separately.

### BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Columbus State provides eligible employees basic life insurance and AD&D equal to two times their annual base earnings, up to a maximum of \$340,000.

### LONG TERM DISABILITY

The college provides Long Term Disability for full-time eligible employees. MetLife manages benefit eligibility and maximum benefit.

### EMPLOYEE ASSISTANCE PROGRAM (EAP)

Receive confidential mental health support. Full time employees, spouses, and their dependents are eligible for up to 8 visits each.

### CANCER BRIDGE

This employer provided benefit offers personalized access to oncology specialists. Cancer Bridge is a cancer navigation resource for you and your family to ask questions to world class experts.

### TRANSPORTATION REIMBURSEMENT

Columbus State offers transportation reimbursement of up to \$3,180. The reimbursement must be for work related purposes for use with mass transit (bus, subway, ferry).

### SUPPLEMENTAL INSURANCE BENEFITS

Columbus State offers supplemental Life, Accidental Death & Dismemberment, Critical Illness, Hospital Indemnity, Accident, Pet Insurance and Identity Protection Insurance options. Dependent coverage is also available. Employee premiums are paid by direct payroll deduction.



## RETIREMENT BENEFITS

Columbus State supports the efforts of employees to plan for a fulfilling, financially secure retirement. In lieu of Social Security, the College offers retirement programs through our State pension systems; SERS - School Employees Retirement System, STRS - State Teachers Retirement System and the ARP- Alternative Retirement Plan. Retirement program eligibility is based on your position. Columbus State also offers supplemental, voluntary savings options to allow for additional savings towards retirement.

## LEARNING AND DEVELOPMENT

Eligible Columbus State Employees have access to our fee waiver program. The fee waiver program includes spouses and dependents, waiving 75% of appropriate instructional fees.

## OTHER PERKS

Other perks include fitness center access, free parking, bookstore discounts, student loan forgiveness, and credit union memberships. Additionally, CSCC offers paid vacation, holidays and sick pay.

## ELIGIBILITY AT A GLANCE

Full time employees (30+ hours per week)

Eligible dependents include your legal spouse/domestic partner and dependent children who are covered under the below criteria.

Medical	Up to age 26
Dental Core Plan	Up to age 19 or 25 if full-time student
Dental Buy Up Plan	Up to age 26
Vision	Up to age 26
Life	Up to age 19 or 25 if full-time student



# OPEN ENROLLMENT HIGHLIGHTS

## MEDICAL PLAN OPTIONS

We are pleased to offer four medical plan options through United Healthcare. You will have the following options to choose from:

- **Choice Plus Core Plan** PPO (Preferred Provider Organization) has a lower deductible and higher out of pocket maximum. This plan includes copays for office visits and prescription drugs. The contributions are a two-tier structure, so employees choose either single or family.
- **Choice Plus Tiered Core Plan** PPO has a slightly higher deductible and the same out of pocket maximum as the Choice Plus Core plan. This plan includes slightly higher copays for office visits and prescription drugs. The contributions are a four-tier structure, so employees can choose the option that best meets their needs which allows you to potentially save on contribution cost.
- **Choice Plus HDHP/HSA Plan** has a high deductible and a lower out of pocket maximum. Office visits and prescription drugs are paid at 90% after the deductible. Employees are eligible to open a health savings account to save pre-tax dollars. Columbus State contributes up to \$1,000 for single and \$2,000 for family coverage.

All medical plans use the same network of providers through United Healthcare (UHC).

To stretch your healthcare dollars, remember to:

**See in-network providers** – They’ve agreed to the plan’s negotiated rates. Visit the carrier websites located in the Contacts section of this guide to search for in-network providers near you.

Mail order pharmacy may save time and money.

The HDHP has a preventive drug list that is not subject to deductible.

All three plans provide prescription drug and preventive care. And network discounts apply to all plans.

## Here’s how the plan options compare:

	Choice Plus Core Plan	Tiered Core Plan	Choice Plus HDHP/HSA Plan
Coverage	In-Network	In-Network	In-Network
<b>Annual Deductible</b>			
Employee Only	\$500	\$750	\$2,500
Employee / Family	\$500 / \$1,000	\$750 / \$1,500	\$3000 / \$6,000 <small>(embedded at \$3,000 per family member)</small>
<b>Out-of-Pocket Maximum</b>			
Employee Only	\$4,500	\$4,500	\$3,000
Employee/ Family	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,000 / \$8,000 <small>(embedded at \$4,000 per family member)</small>
<b>Coinsurance</b>	20%	30%	10%
<b>Office Visit Copay</b>	\$20	\$25	10% after deductible
<b>Preventive Care</b>	Covered 100%	Covered 100%	Covered 100%
<b>Specialist Copay</b>	\$30	\$40	10% after deductible
<b>Emergency Room Copay</b>	20%** after deductible	30% after deductible	10% after deductible
<b>Rx-Generic Copay</b>	\$10	\$10	\$10 after deductible
<b>Rx-Preferred Brand Copay</b>	\$30	\$40	\$30 after deductible
<b>Rx-Nonpreferred Brand Copay</b>	\$80	\$100	\$80 after deductible

For a complete list of covered services and exclusions, please refer to your “Summary Plan Description.”

## A CLOSER LOOK AT THE HDHP/HSA

The HDHP with HSA Plan is a high deductible health plan that costs you less from your paycheck, so you keep more of your money. This plan rewards you for taking an active role as a health care consumer and making smart decisions about your health care spending. As a result, you could pay less for your annual medical costs.

### Health Savings Account (HSA)

If you enroll in the HDHP Plan, you may be eligible to open an HSA.

An HSA is a **tax-free savings account** you can use to pay for eligible health expenses anytime, even in retirement.

### How does an HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits apply to 2023:
  - Up to \$3,850 for associate-only coverage.
  - Up to \$7,750 if you cover dependents.
  - Add \$1,000 to these limits if you're age 55 or older.
- **Use it like a bank account.** Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).
- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave Columbus State.

- **Earn interest and invest for the future.** Once your interest-bearing HSA reaches a minimum balance, you can start an investment account, which offers a variety of no-load mutual funds similar to other investments. You can learn more at [cscbenefits.hrntouch.com](https://cscbenefits.hrntouch.com).
- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too\*

### HSA eligibility

- Must be enrolled in a high deductible health plan, like Columbus State's HDHP with HSA Plan.
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage, unless that coverage is also a qualified HDHP.
- Cannot be enrolled in a traditional health care FSA in 2023. This includes if your spouse has a healthcare FSA at their employer.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

\* Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at [www.irs.gov](https://www.irs.gov)). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.



# DENTAL PLAN OPTIONS

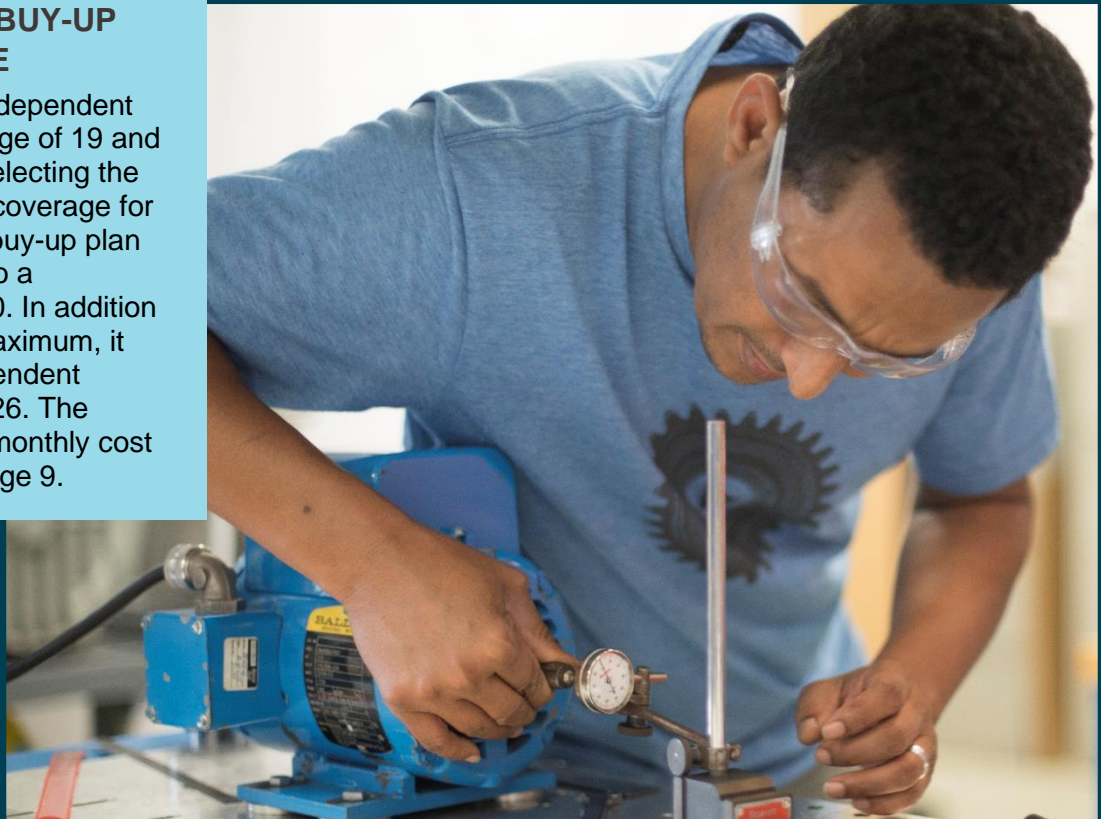
We offer a comprehensive dental plan through Delta Dental of Ohio providing coverage for you and your eligible dependents. Delta Dental of Ohio provides coverage through two networks: Delta Dental PPO and Delta Dental Premier. You receive greater benefit coverage when using a provider in the Delta Dental PPO network. Employees can choose between two plans, allowing for additional coverage for individuals or families who might be experiencing a greater need for dental services.

Coverage	Delta Dental PPO Plan			Delta Dental Buy Up Plan		
	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Out-of-Network	PPO Dentist Plan Pays	Premier Dentist Plan Pays	Out-of-Network
	In-Network	In-Network		In-Network	In-Network	
<b>Annual Deductible</b> (Individual/Family)	\$0	\$50/\$150	\$50/\$150	\$0	\$75/\$225	\$75/\$225
<b>Preventive and Diagnostic Treatment</b>	100%	100%	100%	100%	100%	100%
<b>Basic Treatment</b>	90%	80%	80%	90%	80%	80%
<b>Major Treatment</b>	60%	50%	50%	60%	50%	50%
<b>Annual Maximum Benefit</b>	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500



## DENTAL BUY-UP EXAMPLE

If you or a dependent child are over the age of 19 and will need braces, selecting the buy-up plan offers coverage for that member. The buy-up plan will cover 50% up to a maximum of \$1,500. In addition to higher benefit maximum, it covers eligible dependent children up to age 26. The difference in semi-monthly cost can be found on page 9.





## DENTAL PLAN OPTIONS

When you receive services from a Nonparticipating Dentist, the percentage indicates the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the first and second permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Composite resin (white) restorations are Covered Services on posterior teeth.



## VISION PLAN OPTIONS

Access to vision coverage is provided through VSP. You receive access to greater coverage when using a VSP network provider on items such as progressive lens, lens options and additional hardware discounts beyond the allowances provided. Eligibility up to age 26, unmarried and living in the US, regardless of student status.

Coverage	In-Network	Out-of-Network
<b>Frequency</b>	Exam 12 Months Lens 12 Months Frames 24 Months	Exam 12 months Lens 12 Months Frames 24 Months
<b>Annual Eye Exam</b>	\$10 copay	\$35 allowance
<b>Contact Lens Fit and Follow-up</b>	Not to exceed \$60	Not Available
<b>Frames</b>	Up to \$130 allowance + 20% off balance Up to \$150 for featured frame Brand	\$45 allowance
<b>Prescription Lenses</b>		
Single vision	\$25 copay	\$25 allowance
Bifocal	\$25 copay	\$40 allowance
Trifocal	\$25 copay	\$55 allowance
Lenticular	\$25 copay	\$80 allowance
<b>Contact Lenses</b>		
Medically necessary	Covered at 100%	\$210 allowance
Elective	Up to \$135 allowance	\$105 allowance

For a complete list of covered services and exclusions, please refer to your “Summary Plan Description.”

## ADDITIONAL VISION PLAN DETAILS

### ➤ Additional pairs of glasses

Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from an VSP doctor.

### ➤ VSP Laser VisionCareSM Program

Discounts average 15%-20% off or 5% off a promotional offer for laser surgery, including PRK, Lasik, Custom Lasik, and IntraLase. Discounts are only available from VSP contracted facilities. Also custom Lasik coverage only available using wavefront technology with the microkeratome surgical devise, other Lasik procedures may be performed at an additional cost to the member.

### ➤ Low Vision

Pre-approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid toward supplemental testing) every two years.

### ➤ Disclaimers and Exclusions

Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by doctor location. Benefits may also vary at participating retail chains. Promotions like rebates and the featured frame brands promotion are continually evaluated and subject to change without notice. Promotions also do not apply at Costco Optical.

**The following items are excluded under this plan:** two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. Items not covered under the contact lens coverage: insurance policies or service agreements: artistically painted or non-prescription lenses: additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

## PER PAY MEDICAL PREMIUMS

	Choice Plus Core Plan	Tiered Core Plan	Choice Plus HDHP/HSA Plan
<b>Employee Coverage</b>			
<b>20 Pay Schedule</b>	123.55	112.95	103.76
<b>24 Pay Schedule</b>	102.95	94.13	86.46
<b>Employee + Spouse*</b>			
<b>20 Pay Schedule</b>	324.86	271.02	272.82
<b>24 Pay Schedule</b>	270.72	225.85	227.35
<b>Employee + 1 or 2 Children</b>			
<b>20 Pay Schedule</b>	324.86	203.92	272.82
<b>24 Pay Schedule</b>	270.72	169.41	227.35
<b>Family Coverage*</b>			
<b>20 Pay Schedule</b>	324.86	297.18	272.82
<b>24 Pay Schedule</b>	270.72	247.52	227.35

\*A per pay surcharge will apply for Spouses/domestic partners eligible for medical coverage through their employer, but elect Columbus State's plan as primary coverage. The total cost will be \$1,200 annually.

## SPOUSAL AFFIRMATION

In Workday there will be a box to check next to your spousal/domestic partner dependent to indicate that they have coverage eligibility at their place of employment. This will be in lieu of an affidavit or survey as done in the past.

## PER PAY DENTAL AND VISION PREMIUMS

	Delta Dental PPO Plan	Delta Dental Buy-Up Plan	VSP Vision Plan
<b>Employee Coverage</b>			
<b>20 Pay Schedule</b>	4.48	6.11	\$2.06
<b>24 Pay Schedule</b>	3.76	5.10	\$1.73
<b>Employee + Spouse/DP</b>			
<b>20 Pay Schedule</b>	12.69	11.92	5.70
<b>24 Pay Schedule</b>	10.58	9.94	4.76
<b>Employee + 1 Coverage</b>			
<b>20 Pay Schedule</b>	12.69	15.85	5.70
<b>24 Pay Schedule</b>	10.58	13.21	4.76
<b>Family Coverage</b>			
<b>20 Pay Schedule</b>	12.69	21.78	\$5.70
<b>24 Pay Schedule</b>	10.58	18.15	\$4.76

Incentives through the Healthy Rewards Program are only included for medical premiums. If you and your eligible spouse/domestic partner complete 8 credits, your contribution rate will remain 20% of the premium vs. 30%.

# FLEXIBLE SPENDING ACCOUNTS (FSA)

**FSAs are a great way to set aside pre-tax dollars for eligible health or dependent care expenses!** You can even use your FSA to pay for over-the-counter medications when prescribed by a doctor. **Plan your contributions carefully** – you forfeit any remaining balance at the end of the year.

## CONTRIBUTION LIMITS FOR 2023

**Health Care: \$2,850**

**Dependent Care: \$5,000**  
(or \$2,500 if married and filing separately)

## HEALTHCARE FSA

### LOWER YOUR TAXABLE INCOME

Save taxes on eligible expenses through contributions. It's smart and simple. During open enrollment, add up how much you paid last year for medically necessary family health expenses not covered by the benefit plans:

- Coinsurance
- Copays
- Prescriptions
- Vision
- Dental

Include any new expenses you know you will have this year such as glasses or orthodontia. Now you have an idea of how much to have withheld from your pay when you enroll for the coming year.

You can spend all your annual healthcare account on one large expense the first day your plan is effective. Set your amount carefully. Plan carefully, money you don't spend by the end of the year is forfeited.

### ELIGIBLE EXPENSES

Use your Flexible Spending Account funds to pay for a variety of expenses for you, your spouse, and your dependents, but keep in mind the IRS has specific rules about which expenses may be reimbursed by an FSA.

## DEPENDENT DAYCARE FSA

### TAX-FREE DOLLARS FOR DAYCARE EXPENSES

Use this account to pay for daycare, preschool or senior care needed while you and your spouse work, go to school full time, or look for work.

- Child in-home care or daycare centers
- Senior in-home care or daycare centers
- Nursery schools
- After-school and latchkey programs
- Summer activities provided while you work

Money is deducted from each paycheck and added to your dependent daycare account. You may not be reimbursed more than the current balance. Care while you are not working such as an overnight camp is not eligible. Family members who are not tax dependents may be eligible caregivers\*.

\*Check IRS Pub 503

**FOR MORE DETAILS ON WHAT EXPENSES ARE ELIGIBLE:**

See IRS Publication 503 at **IRS.gov**



# HOW THE PLAN WORKS

## HEALTHCARE FSA AND DEPENDENT DAYCARE FSA

1

### DECIDE how much to set aside and ENROLL

The amount you choose is deducted from your pay and added to your account(s)

2

### THEN CHOOSE one of the OPTIONS

▶ **Use the FSA debit card to pay for eligible expenses.**

▶ **Pay for eligible expenses and submit a claim.**

You may claim the entire balance of your healthcare account on the first day of the year but only the current balance in the dependent daycare account. Submit copies of itemized receipts, statements or Explanation of Benefits (EOB) with your claim. Receive your payment through direct deposit or check.

▶ **Submit claims using the mobile app, website, email, fax or mail.**

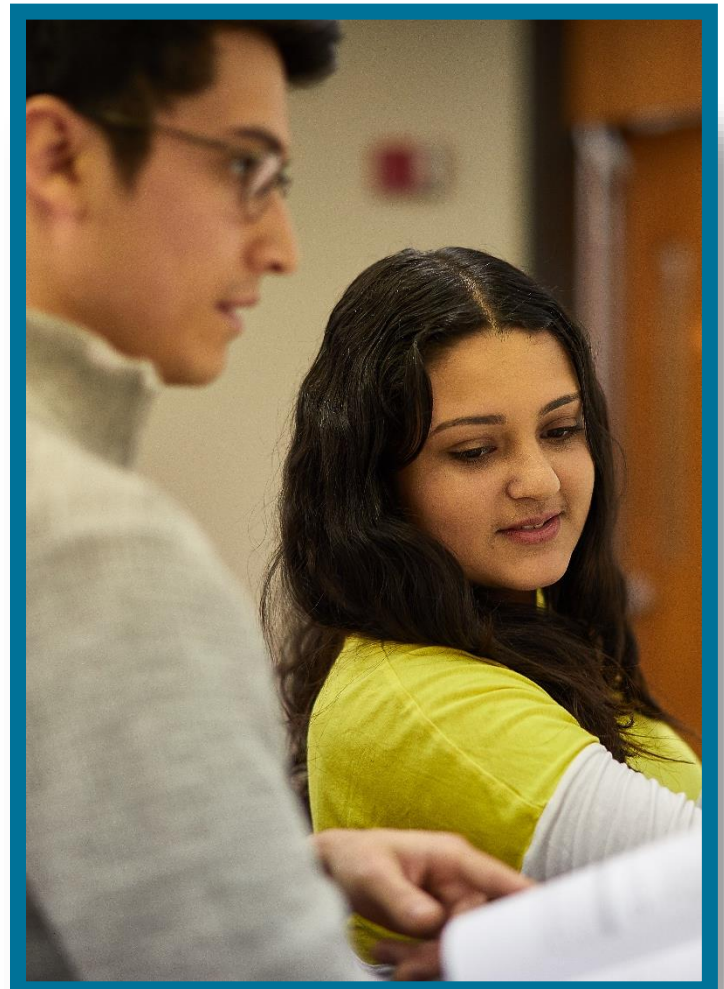
You will not owe taxes on your Flexible Spending Account (Social Security, Federal and most state income taxes).

## IRS REGULATIONS

### HEALTHCARE FSA

### DEPENDENT DAYCARE FSA

- No matter how you use your FSA funds, the IRS requires proof your claim is for an eligible expense. You may be asked to send us a copy of your receipt, itemized statement, or Explanation of Benefits (EOB) as substantiation for your claim.
- You cannot change your mind after you enroll unless you experience specific work/life events. (See FAQs on our website.)
- Money cannot be transferred from one plan to the other.
- You must spend your money within your plan's filing deadlines.
- Only eligible healthcare and daycare expenses can be reimbursed (no cosmetic healthcare expenses).
- The dependent daycare plan may not be used for dependent healthcare expenses.
- Once you claim an expense you may not claim it again on your annual taxes.



# SUPPLEMENTAL INSURANCE BENEFITS

All full-time employees are eligible for these benefits. If you choose to enroll in these benefits, you pay the full premium cost.

## SUPPLEMENTAL LIFE INSURANCE

Columbus State offers you the opportunity to supplement the Basic Life Insurance benefits (equal to two times your annual base earnings, up to a maximum of \$340,000) by purchasing additional term life insurance. When you enroll in this benefit, you pay the full cost of the premiums through after-tax payroll deductions. You can choose between one or two times your basic annual earnings. The cost depends on your age and the amount of optional coverage you wish to purchase. Premiums are payroll deducted on a post-tax basis.

## SUPPLEMENTAL LIFE INSURANCE PREMIUMS, BASED ON AGE

Monthly cost for each \$1,000 of supplemental life insurance coverage

Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 and over
\$0.06	\$0.08	\$0.09	\$0.10	\$0.21	\$0.37	\$0.50	\$0.86	\$2.09	\$5.43

## SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Accidental Death and Dismemberment can be added at a cost of \$0.16 per \$1,000 of coverage and can be elected in \$10,000 increments.

## HOW TO CALCULATE THE PREMIUM

$$\frac{\text{Your Elected Coverage Amount}}{\text{Deduction}} \div 1,000 \times \frac{\text{Monthly Cost Based on Age}}{\text{(see table above)}} = \frac{\text{Monthly Premium}}{\text{Premium}} \div 2 = \frac{\text{Semi-Monthly Payroll}}{\text{Semi-Monthly Payroll}}$$

## DEPENDENT LIFE INSURANCE

You may also purchase life insurance for your eligible dependents. Premiums are payroll deducted on a post-tax basis. You are the beneficiary for Dependent Life Insurance. Here are the options you may choose from:

**SPOUSE** You may purchase coverage for your spouse in the amount of \$10,000 or \$20,000.

**CHILDREN** You may purchase coverage for your dependent children in the amount of \$5,000. The child coverage is \$600 for child under six months.

## DEPENDENT LIFE INSURANCE PREMIUMS

### Dependent Spouse/Child Combined Family Rate:

Option 1 - \$10,000 = \$2.72 monthly rate

Option 2 - \$20,000 = \$5.45 monthly rate

### AD&D Family Rate:

40% for spouse and 10% for each child

50% for spouse only and 15% each for child(ren) only

Monthly rate of \$0.022 per \$1,000 of coverage.

## EVIDENCE OF INSURABILITY

EOI is an application process in which you provide information on the condition of your health for insurance purposes.

Guaranteed Issue Amount for new hires – Evidence of Insurability is required on amounts which exceed the amount listed below and on all Late Applicants for Contributory coverage.

Employee 1 x basic annual earnings

**NOTE: Any amount elected above the Guaranteed Issue Amount is subject to EOI and approval by Metlife. If you are electing coverage above the Guaranteed Issue Amount, an EOI form must be completed. You can print an EOI form from the HR intranet page.**

# ACCIDENT INSURANCE



Accidents can lead to trips to the emergency room and the doctor's office, which could amount to bills and expenses not covered by your medical and disability insurance.



Recent studies have shown

**\$1,233**

is the average cost for one visit to the emergency room in the U.S.<sup>1</sup>

With competitive employee rates, you can get Accident High Plan coverage for less than the cost of



Lunch out,  
**3x per week,**  
salad and bottled water



**Every day**  
coffee fix  
medium cup



**Monthly**  
gym membership

Based on average costs at national retail chains

## How it works

Kathy's daughter, Molly, plays soccer. During a recent game, Molly 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 also ordered a CT scan. After thorough evaluation, Molly was released to her primary care physician for follow-up treatment and her dentist repaired her broken tooth with a crown.



Covered Event <sup>2</sup>	Benefit Amount <sup>3</sup>
Ambulance (ground)	\$300
Emergency Care	\$100
Physician Follow-up (\$75 x 2)	\$150
Medical Testing	\$200
Concussion	\$400
Broken Tooth (repaired by crown)	\$200
<b>Benefits paid by MetLife Group Accident Insurance</b>	<b>\$1,350</b>

To find out the cost of covered events on the low and high plans visit the plan summaries located on the Columbus State Benefit Portal: [cscbenefits.hrntouch.com](http://cscbenefits.hrntouch.com)

## What you need to know about MetLife's Accident coverage:

- Over 150 covered events and services, such as fractures, dislocations and medical treatments or tests.
- You and your eligible family members are guaranteed coverage<sup>4</sup>. No medical exam and no hassle.
- Lump-sum payment helps cover unexpected costs that result from an accident.
- For your convenience, premiums will be automatically deducted from your paycheck.

**To learn more call 1-800-GET-MET8**

1. Emergency Rooms vs. Urgent Care Centers. Debt.org. [www.debt.org/medical/emergency-room-urgent-care-costs/](http://www.debt.org/medical/emergency-room-urgent-care-costs/). Updated May 24, 2018.

2. Covered services/treatments must be the result of a covered accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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

4. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

# CRITICAL ILLNESS INSURANCE



Recent studies have shown  
**Medical bills**  
have  
contributed to

**58%** of bankruptcies, while illness-related income loss contributed to **44.3%.<sup>1</sup>**

**With competitive employee rates, you can get monthly Critical Illness Insurance coverage for less than the cost of ...**



**Tankful**  
Of unleaded gas  
for an SUV



**Monthly**  
Gym membership



2 gallons of milk  
**per week**

## How it works

The example below illustrates an employee who elected an Initial Benefit of \$10,000 and has a Total Benefit of 3 times the Initial Benefit Amount or \$30,000.

Illness – Covered Condition	Payment	Total Benefit Remaining
Heart Attack – first diagnosis	Initial Benefit payment of \$10,000 or 100%	\$20,000
Heart Attack – second diagnosis, two years later	Recurrence Benefit payment of \$5,000 or 50%	\$15,000
Kidney Failure – first diagnosis, three years later	Initial Benefit payment of \$10,000 or 100%	\$5,000



MetLife Critical Illness Insurance:  
**\$10,000**  
Initial Benefit Amount

In this example, the covered person would get several lump-sum payments totaling

**\$25,000**

## What you need to know about MetLife's Critical Illness coverage:

- Over 20 covered critical illnesses, such as Cancer,<sup>2</sup> Heart Attack, Stroke,<sup>3</sup> and Kidney Failure.
- You and your eligible family members are guaranteed coverage.<sup>4</sup> No medical exam and no hassle.
- Lump-sum payment can be used however you want, including to help cover unexpected costs that result from a covered critical illness.
- For your convenience, premiums will be automatically deducted from your paycheck.

1. Medical Bankruptcy: Still Common Despite the Affordable Care Act.\* David U. Himmelstein, Robert M. Lawless, Deborah Thorne, Pamela Foohey, and Steffie Woolhandler. *American Journal of Public Health*, March 1, 2019 (online Feb. 6, 2019).

2. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancer.

3. In certain states, the Covered Condition is Severe Stroke.

4. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas. [For CA situated cases, coverage is guaranteed provided (1) the employee is performing all of the usual and customary duties of your job at the employer's place of business or at an alternate place approved by your employer (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate.]





## 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<sup>5</sup> or 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.

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 \$30,000 or \$60,000.

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

Covered Conditions	Initial Benefit	Recurrence Benefit
Full Benefit Cancer <sup>6</sup>	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer <sup>6</sup>	25% of Initial Benefit	12.5% of Initial Benefit
Heart Attack	100% of Initial Benefit	50% of Initial Benefit
Stroke <sup>7</sup>	100% of Initial Benefit	50% of Initial Benefit
Coronary Artery Bypass Graft <sup>8</sup>	100% of Initial Benefit	50% of Initial Benefit
Kidney Failure	100% of Initial Benefit	Not applicable
Alzheimer's Disease <sup>9</sup>	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

5. We will not pay a Recurrence Benefit for a Covered Condition that Recurs during a Benefit Suspension Period. We will not pay a Recurrence Benefit for either a Full Benefit Cancer or a Partial Benefit Cancer unless the Covered Person has not had symptoms of or been treated for the Full Benefit Cancer or Partial Benefit Cancer for which we paid an Initial Benefit during the Benefit Suspension Period.

6. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. For NH-situated cases and NH residents, there is an initial benefit of \$100 for All Other Cancers.

7. In certain states, the covered condition is Severe Stroke.

8. In NJ situated cases, the Covered Condition is Coronary Artery Disease.

9. Please review the Outline of Coverage for specific information about Alzheimer's disease.

# HOSPITAL INDEMNITY INSURANCE



People get sick and have accidents. It happens all the time, sometimes requiring a trip to the hospital. Even with medical coverage, additional expenses can add up quickly.



Recent studies have shown

# 52%

of all personal bankruptcies are a result of medical expenses. The study also reveals that 78% of those who filed had insurance.<sup>1</sup>

With competitive employee rates, you can get Hospital Indemnity High Plan coverage for less than the cost of ...



Breakfast out  
**3x per week,**  
Coffee with egg sandwich/platter



**Monthly**  
Gym membership

Based on average costs at national retail chains



**Movie outing**  
For group of 4.  
Tickets, drink, popcorn and candy

## How it works

Susan has chest pains at home and after contacting her doctor she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 2 days in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance copayments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit <sup>2</sup>	Benefit Amount <sup>2</sup>	
	Low Plan	High Plan
Regular Hospital Admission	\$500	\$1,000
ICU Supplemental Admission	\$500	\$1,000
Regular Hospital Confinement	\$100	\$200
ICU Supplemental Confinement	\$100	\$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$1,200	\$2,400



## What you need to know about MetLife's Critical Illness coverage:

- You and your eligible family members are guaranteed coverage.<sup>3</sup> No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck.

1. 10 Leading Causes of Bankruptcy, 2015 Clear Bankruptcy, LLD. <http://www.clearbankruptcy.com/financial-literacy/10-leading-causes-of-bankruptcy.aspx> Accessed May, 2015.

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

3. Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Additional restrictions may apply to dependents serving in the armed forces or living overseas.

# HOSPITAL INDEMNITY 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 benefits/services, when an accident or illness puts you in the hospital.<sup>A</sup>

## COVERED BENEFITS

Please contact MetLife for detailed definitions and state variations of covered benefits.

Subcategory	Benefit Limits	Benefit	Low Plan	High Plan
<b>Admission Benefit</b>	1 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
<b>Confinement Benefit</b>	15 days per year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement <sup>1</sup>	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
<b>Ancillary Confinement Benefit for Childbirth</b>	2 day(s) per routine delivery 4 day(s) per caesarean delivery	Ancillary Confinement Benefit for Childbirth	\$100	\$200
<b>Newborn Confinement Benefit</b>	2 day(s) per routine delivery 4 day(s) per caesarean delivery	Newborn Confinement <sup>2</sup>	\$25	\$25
<b>Maternity Follow-Up</b>	3 times per childbirth	Maternity Follow-Up	\$25	\$50

A. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

1. If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

2. The period of newborn confinement, immediately following the child's birth.



# BENEFITS CONTACT INFORMATION

## EXTERNAL CONTACTS

BENEFIT	COMPANY	PHONE	WEBSITE
Cancer Bridge	Cancer Bridge	855-366-7700	NA
Dental	Delta Dental	800-282-0749	<a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>
EAP	MATRIX	614-475-9500	<a href="http://www.matrixpsych.com">www.matrixpsych.com</a>
FSA	Optum	866-755-2648	<a href="http://www.myuhc.com">www.myuhc.com</a>
HSA	Optum Bank	800-243-5543	<a href="http://www.optumbank.com">www.optumbank.com</a>
Life/AD&D	MetLife	800-523-2894	<a href="http://www.metlife.com/individual">www.metlife.com/individual</a>
Long Term Disability	MetLife	800-858-6506	<a href="http://www.metlife.com/individual">www.metlife.com/individual</a>
Medical	UnitedHealthcare	888-252-6420	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Pet Insurance	Nationwide	855-525-1458	<a href="http://www.petbenefitsportal.com">www.petbenefitsportal.com</a>
CI, HI, ACC	MetLife	800-438-6388	<a href="http://www.metlife.com/insurance">www.metlife.com/insurance</a>
Identity Theft	InfoArmor	800-789-2720	<a href="http://www.myprivacyarmor.com">www.myprivacyarmor.com</a>

## INTERNAL CONTACTS

BENEFIT	WEBSITE
Enrollment/Eligibility/FSA/CERA/HSA/Well-being/Rally Coins Questions	benefits@csc.edu
Family Medical Leave	fml@csc.edu
Retirement	retirement@csc.edu
Workplace Injury	workplaceinjury@csc.edu

