

# Benefits Guide

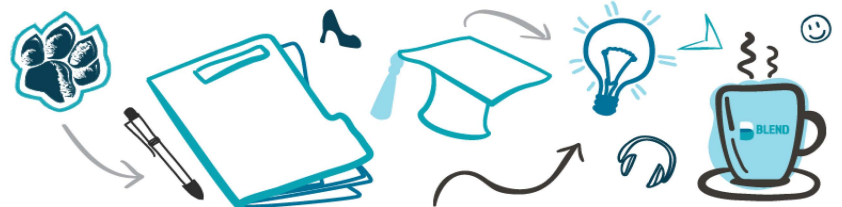
July 1, 2024 - June 30, 2025

Plan Year



You support student success.

**HR SUPPORTS  
YOUR SUCCESS.**



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# Your Benefits at a Glance

Columbus State strives to offer a competitive benefit program to meet your needs and the needs of your family. We are committed to your health and wellbeing and are proud to provide you a comprehensive benefit program as a part of your total rewards package.

## MEDICAL/RX

You have the opportunity to choose between two medical plans through United Healthcare:

- **Tiered PPO** (Preferred Provider Organization)
- **HDHP + HSA** (High Deductible Health Plan + Health Savings Account).

Both plan are offered though United Healthcare and utilize the same network of physicians and pharmacies. Deductibles and out-of-pocket maximums run on a calendar year - January through December.

## DENTAL

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

- **Basic Plan**
- **Buy-Up Plan**

Both plans include a network of providers (PPO) that provide preventive, basic, major, and orthodontia services.

## VISION

Columbus State offers vision coverage through Vision Service Plan (VSP). VSP offers a network of providers. Services include an annual eye exam, lenses, and frames or contact lenses.

## LONG TERM DISABILITY

Columbus State provides all full-time employees with Long Term Disability benefits and pays the full cost of this coverage.

## WELLBEING

The wellbeing of our employees and their families is a priority. We provide wellbeing resources to support the eight dimensions of wellbeing.

- Physical
- Emotional
- Financial
- Occupational
- Social
- Intellectual
- Spiritual
- Environmental

*SAMHSA, 2016*

Ongoing access to resources, monthly newsletters, workshops, health coaching and education sessions are made available all year long.



**Enroll today!**

Go to [csc.edu/workday](https://csc.edu/workday) to begin 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.

**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 submitted to UHC for reimbursement.

The maximum contribution is \$3,200. The FSA balance does not roll over at the end of the plan year (**July 1 through June 30**). Any remaining balance will be forfeited.

**DEPENDENT CARE FSA**

Employees may save money by making pre-tax contributions to a Dependent Care Spending Flexible 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 2024 is \$5,000 if married, or \$2,500 if single/married and filing separately. The FSA balance does not roll over at the end of the plan year (July 1 through June 30). Any remaining balance will be forfeited.

**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 through payroll deduction.

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Matrix is our EAP provider. Columbus State recognizes that seeking counseling services can be difficult and emotional. Confidential counseling sessions are provided virtually and in-person depending on your preference or availability. Full-time employees, spouses/domestic partners, and dependent children are eligible for up to 8 counseling visits annually for each issue/event. Matrix also offers financial and legal services.

**CANCERBRIDGE**

This benefit offers personalized access to oncology experts, support and resources. CancerBridge can help connect you and your family with a comprehensive care team who can answer questions about treatment plans, what to expect, and connect you with helpful resources about nutrition, integrative health, survivorship and more.

**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 \$500,000.



## 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
- **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.

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## FEE WAIVERS

The fee waiver program is provided for full-time employees and includes spouses/domestic partners and dependents. A percentage of eligible instructional fees is waived for taking credit courses at CSCC.

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## OTHER PERKS

Other perks include bookstore discounts, student loan forgiveness, and credit union memberships. Additionally, CSCC offers tuition reimbursement, paid vacation, holidays, and sick pay.

## DEPENDENT ELIGIBILITY

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

|                                 |                                         |
|---------------------------------|-----------------------------------------|
| Medical, Vision & Buy-Up Dental | Up to age 26                            |
| Basic Dental & Life             | Up to age 19 or 25 if full-time student |

# OPEN ENROLLMENT HIGHLIGHTS

## MEDICAL PLAN OPTIONS

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

- **Tiered PPO Plan** has a lower deductible and higher out of pocket maximum. This plan includes 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 and allows you to potentially save on contribution cost.
- **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.

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

To stretch your healthcare dollars, remember to:

**See in-network providers** – They have 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.

**Use mail order pharmacy** - This may save time and money.

If you are on the HDHP, **review the preventive drug list** that is not subject to the deductible.

Both plans provide prescription drug and preventive care. Network discounts apply to both plans.

## Here’s how the plan options compare:

| Coverage                           | Tiered PPO Plan      | HDHP/HSA Plan                                                               |
|------------------------------------|----------------------|-----------------------------------------------------------------------------|
|                                    | In-Network           | In-Network                                                                  |
| <b>Annual Deductible</b>           |                      |                                                                             |
| Employee Only                      | \$750                | \$2,500                                                                     |
| Employee / Family                  | \$750 / \$1,500      | \$3,000 / \$6,000<br><small>(embedded at \$3,300 per family member)</small> |
| <b>Out-of-Pocket Maximum</b>       |                      |                                                                             |
| Employee Only                      | \$4,500              | \$3,000                                                                     |
| Employee/ Family                   | \$4,500 / \$9,000    | \$3,000 / \$8,000<br><small>(embedded at \$4,000 per family member)</small> |
| <b>Coinsurance</b>                 | 30%                  | 10%                                                                         |
| <b>Office Visit Copay</b>          | \$25                 | 10% after deductible                                                        |
| <b>Preventive Care</b>             | Covered 100%         | Covered 100%                                                                |
| <b>Specialist Copay</b>            | \$40                 | 10% after deductible                                                        |
| <b>Emergency Room Copay</b>        | 30% after deductible | 10% after deductible                                                        |
| <b>Rx-Generic Copay</b>            | \$10                 | \$10 after deductible                                                       |
| <b>Rx-Preferred Brand Copay</b>    | \$40                 | \$30 after deductible                                                       |
| <b>Rx-Nonpreferred Brand Copay</b> | \$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 2024:
  - Up to \$4,150 for associate-only coverage.
  - Up to \$8,300 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 2024. This includes if your spouse has a healthcare FSA at their employer. However, you may eligible to enroll in a limited purpose FSA.
- 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><br>(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        |

When you receive services from an out-of-network 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.





## 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.



### 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.

## VISION PLAN OPTIONS

Vision coverage is provided through Vision Services Plan (VSP). You receive access to greater coverage when using a VSP network provider on items such as progressive lenses, lens options and additional hardware discounts beyond the allowances provided. Eligibility is 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<br>Lens 12 Months<br>Frames 24 Months           | Exam 12 months<br>Lens 12 Months<br>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 any amount above the allowance | \$45 allowance                                       |
| <b>Prescription Lenses</b>            |                                                                |                                                      |
| Single vision                         | Covered in full after \$25 copay                               | \$25 allowance                                       |
| Bifocal                               | Covered in full after \$25 copay                               | \$40 allowance                                       |
| Trifocal                              | Covered in full after \$25 copay                               | \$55 allowance                                       |
| Lenticular                            | Covered in full after \$25 copay                               | \$80 allowance                                       |
| <b>Contact Lenses</b>                 |                                                                |                                                      |
| Medically necessary                   | Covered at 100%                                                | Up to \$210 allowance                                |
| Elective                              | Up to \$135 allowance                                          | Up to \$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 VisionCare<sup>SM</sup> Program**  
Discounts average 15% 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

|                                   | Tiered PPO Plan | Choice Plus HDHP/HSA Plan |
|-----------------------------------|-----------------|---------------------------|
| <b>Employee Coverage</b>          |                 |                           |
| <b>20 Pay Schedule</b>            | \$105.28        | \$96.71                   |
| <b>24 Pay Schedule</b>            | \$87.73         | \$80.60                   |
| <b>Employee + Spouse*</b>         |                 |                           |
| <b>20 Pay Schedule</b>            | \$252.62        | \$254.30                  |
| <b>24 Pay Schedule</b>            | \$210.52        | \$211.91                  |
| <b>Employee + 1 or 2 Children</b> |                 |                           |
| <b>20 Pay Schedule</b>            | \$189.49        | \$254.30                  |
| <b>24 Pay Schedule</b>            | \$157.91        | \$211.91                  |
| <b>Family Coverage*</b>           |                 |                           |
| <b>20 Pay Schedule</b>            | \$276.85        | \$254.30                  |
| <b>24 Pay Schedule</b>            | \$230.71        | \$211.91                  |

\*A per pay surcharge will apply to a spouse/domestic partner who is eligible for medical coverage through their employer, but elects Columbus State's plan as primary coverage. The total cost will be \$1,200 annually. When you select spousal/domestic coverage in Workday, you will answer a "Yes/No" question about whether or not coverage is provided by their place of employment. If the answer is "Yes", the surcharge will be added to each pay for the plan year.

## 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>       | \$4.81                | \$6.58                   | \$2.20          |
| <b>24 Pay Schedule</b>       | \$4.01                | \$5.48                   | \$1.83          |
| <b>Employee + Spouse/DP</b>  |                       |                          |                 |
| <b>20 Pay Schedule</b>       | \$13.65               | \$12.83                  | \$6.05          |
| <b>24 Pay Schedule</b>       | \$11.38               | \$10.69                  | \$5.05          |
| <b>Employee + 1 Coverage</b> |                       |                          |                 |
| <b>20 Pay Schedule</b>       | \$13.65               | \$17.06                  | \$6.05          |
| <b>24 Pay Schedule</b>       | \$11.38               | \$14.21                  | \$5.05          |
| <b>Family Coverage</b>       |                       |                          |                 |
| <b>20 Pay Schedule</b>       | \$13.65               | \$23.44                  | \$6.05          |
| <b>24 Pay Schedule</b>       | \$11.38               | \$19.53                  | \$5.05          |

# 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 2024

**Health Care: \$3,200**

**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. For this open enrollment ONLY, **you can buy coverage up to the guaranteed issue amount** with no evidence of insurability needed.

## 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 \$0.016 per \$1,000 for employee only coverage and can be elected in \$10,000 increments.

## HOW TO CALCULATE THE PREMIUM

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

## 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 \$500 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: If you are electing coverage above the Guaranteed Issue Amount, an EOI form must be completed.**

# 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

Based on average costs at national retail chains



**Monthly**  
gym membership

## 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 fracture after ordering an MRI. After thorough evaluation, Molly was released to her primary care physician for follow-up treatment.



| Covered Event <sup>2</sup> | Benefit Amount (Low) | Benefit Amount (High) |
|----------------------------|----------------------|-----------------------|
| Ambulance (ground)         | \$240                | \$360                 |
| Emergency Care             | \$225                | \$275                 |
| Physician Follow-up        | \$60                 | \$100                 |
| Major Diagnostic Exam      | \$125                | \$275                 |
| Medical Equipment          | \$75                 | \$200                 |
| Concussion                 | \$150                | \$225                 |

## What you need to know about Voya'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 (877) 236-7564**

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 Voya 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 various conditions payable for an employee who elected \$30,000 dollars of critical illness coverage.

| Illness – Covered Condition | Payment                             |
|-----------------------------|-------------------------------------|
| Heart Attack                | Benefit payment of \$30,000 or 100% |
| Cancer                      | Benefit payment of \$30,000 or 100% |
| Stroke                      | Benefit payment of \$30,000 or 100% |



Voya Critical  
 Illness Insurance:  
**\$15,000 or \$30,000**  
 Benefit Amount

## What you need to know about Voya'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 during this open enrollment.<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-sitused 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 sitused 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 Benefit provides a lump-sum payment upon the diagnosis of a Covered Condition.

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

| Covered Conditions                | Benefit Amount  |
|-----------------------------------|-----------------|
| Cancer <sup>5</sup>               | 100% of Benefit |
| Heart Attack                      | 100% of Benefit |
| Stroke                            | 100% of Benefit |
| Coronary Artery Bypass            | 100% of Benefit |
| Kidney Failure                    | 100% of Benefit |
| Alzheimer's Disease <sup>9</sup>  | 100% of Benefit |
| Major Organ Transplant Benefit    | 100% of Benefit |
| And many other payable conditions |                 |

5. Excludes skin cancer, which pays at 10%

# 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. Voya 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> | Benefit Amount <sup>2</sup> |
|----------------------------------------------------------|-----------------------------|-----------------------------|
|                                                          | Low Plan                    | High Plan                   |
| Regular Hospital Admission                               | \$1,000                     | \$2,000                     |
| ICU Supplemental Admission                               | None                        | None                        |
| Regular Hospital Confinement                             | \$100                       | \$200                       |
| ICU Supplemental Confinement                             | \$200                       | \$400                       |
| Benefits paid by Voya Group Hospital Indemnity Insurance | \$1,300                     | \$2,600                     |



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

- You and your eligible family members are guaranteed coverage during this open enrollment. 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 Voya 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 Voya, 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 Voya for detailed definitions and state variations of covered benefits.

| Subcategory                | Benefit Limits                  | Benefit                                                                                                                        | Low Plan | High Plan |
|----------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>Admission Benefit</b>   | Per admission, up to 2 per year | Admission                                                                                                                      | \$1,000  | \$2,000   |
|                            |                                 | ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)     | None     | None      |
| <b>Confinement Benefit</b> | Up to 10 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>Additional Benefits</b> | Up to 10 days                   | Rehabilitation Facility                                                                                                        | \$50     | \$100     |
|                            | Per year                        | Observation Unit                                                                                                               | \$100    | \$100     |
|                            | Up to 3 days                    | Maternity Follow-Up                                                                                                            | \$5      | \$5       |

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.



# BENEFITS CONTACT INFORMATION

## EXTERNAL CONTACTS

| BENEFIT              | COMPANY                 | PHONE        | WEBSITE                                                                               |
|----------------------|-------------------------|--------------|---------------------------------------------------------------------------------------|
| CancerBridge         | CancerBridge            | 855-366-7700 | <a href="http://www.mycancerbridge.com">www.mycancerbridge.com</a>                    |
| 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                  | UnitedHealthcare        | 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          | Lincoln Financial Group | 877-275-5462 | <a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>                |
| Long Term Disability | Lincoln Financial Group | 877-275-5462 | <a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</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          | Voya                    | 877-236-7564 | <a href="https://presents.Voya.com/EBRC/CSCC">https://presents.Voya.com/EBRC/CSCC</a> |
| Identity Theft       | Norton/LifeLock         | 800-607-9174 | <a href="https://Norton.com/premierplus">https://Norton.com/premierplus</a>           |

## INTERNAL BENEFIT CONTACTS

| BENEFIT              | 9 A 5 =@                |
|----------------------|-------------------------|
| CSCC Benefits Team   | benefits@csc.edu        |
| Family Medical Leave | fml@csc.edu             |
| Retirement           | retirement@csc.edu      |
| Workplace Injury     | workplaceinjury@csc.edu |

