

ELIGIBILITY

- Employees:** You are in an Eligible Class if you are a regular full-time employee working a minimum of 32 hours per week on a regular basis.
Your Eligible Date, if you are then in an Eligible Class, is the first day of the month following date of hire.
- Dependents:** You may cover your:
- wife or husband;
 - registered domestic partners: same sex partners over age 18 or opposite sex partners where one is over age 62 and entitled to Social Security benefits
 - adult child(ren) up to age 26 regardless of marital status, student status, level of support provided, or residency of the adult child(ren); for dental, married adult child(ren) are not eligible for coverage

ENROLLMENT

Late Enrollment: A "Late Enrollee" is a person (including yourself) for whom you do not elect coverage within 31 days of the date the person becomes eligible for such coverage.
You may elect coverage for a Late Enrollee only during the annual enrollment period established by Western University of Health Sciences or when one of the following Life Event occurs.

"Life Events" are limited to:

- marriage or divorce of the employee;
- death of the employee's spouse or a dependent;
- birth or adoption of a child of the employee;
- court order;
- termination or commencement of employment of the employee's spouse;
- switching from part-time to full-time employment status or from full-time to part-time status by the employee or employee's spouse;
- taking of an unpaid leave of absence of the employee or employee's spouse;
- significant change in health coverage of employee or spouse attributable to spouse's employment

PHONE NUMBERS & WEBSITES

| <i>Benefit</i> | <i>Carrier</i> | <i>Phone Number</i> | <i>Website</i> |
|---|--|--|---|
| MEDICAL | Health Net EOA | (800) 522-0088 | www.healthnet.com |
| | Health Net PPO (HDHP) | | |
| | Kaiser HMO | (800) 464-4000 | www.kaiserpermenente.org |
| DENTAL | MetLife DMO | (800) 275-4638 | www.safeguard.net |
| | MetLife DPO | (800) 880-1800 | www.metlife.com |
| VISION | VSP | (800) 877-7195 | www.vsp.com |
| LIFE, AD&D, DISABILITY and LONG TERM CARE | Unum Life/AD&D | EOI Status: (800) 421-0344 Claims: (800) 445-0402 | www.unum.com |
| | Unum LTD | (877) 851-7624 | |
| | Unum LTC | (800) 227-4165 | |
| FLEXIBLE SPENDING ACCOUNT (FSA) | Benesyst | (800) 670-7131 | www.benesyst.net |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) | PacifiCare Behavioral Health (PBH) EAP | (800) 234-5465 | www.pbhi.com Username: WesternU; Password: care |
| | Unum EAP | (800) 854-1446 | www.lifebalance.net User ID & Password: lifebalance |
| HEALTH SAVINGS PROGRAM (HSA) | Wells Fargo | (866) 890-8309 | www.wellsfargo.com/hsa |
| SMARTSAVINGS/SMARTWAY | Wells Fargo Insurance Services | N/A | www.smartway.motivano.com Referral Code: WellsFargo Password: Smartway1 |
| Travel Assist | Unum | U.S.: (800) 872-1414 Outside U.S.: (609) 986-1234 | medservices@assistamerica.com |

Employee Benefits Resource Center: <http://www.westernu.edu/xp/edu/hr/hr-benefits.xml>

Online employee benefits and HR Communication tool located in Western University internet website under *Benefits At WesternU*.

NOTE: To permit a brief summary of benefits and services, use of actual contract language has been minimized. Each plan has its own set of conditions, exclusions and limitations. The summary comparison does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the Administrator of the plans.

MEDICAL BENEFITS

Kaiser Permanente HMO:

A facility is selected from the Kaiser network. Medical services must be provided by your Kaiser physician except for emergency care.

Health Net Elect Open Access (EOA):

HMO Level (Level 1)

You must select a participating Primary Care Physician (PCP) from Health Net's HMO network.

- Benefits are covered only when services are provided or coordinated by the PCP and authorized by the participating medical group, except for services such as routine and preventive care, well baby visits, OB/GYN care and routine eye exams by PCP.
- You are required to pay copayments for covered benefits as specified in the Schedule of Benefits.

PPO Level (Level 2)

You receive limited outpatient medical care from Health Net's Preferred Provider Network. You are able to access health care directly from the providers of your choice within this network.

Health Net PPO (HDHP):

In-Network (Level 1)

You receive medical care from Health Net's Preferred Provider Network. You are able to access health care directly from the providers of your choice within this network. You may be required to precertify certain services.

Out-of-Network (Level 2)

You receive medical care from any licensed Out-of-Network Provider or Physician Group.

| In-Network Providers (Level 1) | Out-of-Network Providers (Level 2) |
|--|--|
| <ul style="list-style-type: none"> ○ Go directly to physician or hospital within the Health Net's Preferred Provider Network. ○ The participating provider submits claim indicating that the claim is self-referred. ○ You are not responsible to pay the difference between the provider's usual charges & the negotiated amount. ○ The provider is responsible for precertification of certain services. | <ul style="list-style-type: none"> ○ Go directly to a licensed provider or hospital outside the network. ○ You must submit claims indicating that it is self-referred. ○ You are responsible to pay for any difference between the allowed amount and actual charges, as well as any deductible & coinsurance. ○ You may be required to precertify certain services. |

Health Savings Account (HSA):

- If you enroll in Health Net PPO (HDHP), you have an option to participate in a Health Savings Account (HSA).
- An HSA is a personal savings account created from pre-tax employee contributions to be used for qualified medical expenses. An HSA can also be used as an investment tool.
- The maximum annual contribution is \$3,050 per individual and \$6,150 per family. If you are 55 years of age or older, there is a catch-up contribution amount of \$1,000.
- When electing the HSA option during annual enrollment, you need to select from one of the two options: 1) Wells Fargo or 2) Other financial institution. If selecting Wells Fargo, please follow the instruction in the Welcome Kit to activate HSA after enrollment.
- Pre-tax contributions will be deducted from your salary if Wells Fargo is selected as the HSA financial institution. After enrollment you will receive a Welcome Kit from Wells Fargo. Please follow the instruction in this kit to activate your HSA.
- If Wells Fargo is not used, HSA contributions will be on an after-tax basis. If contributions are made on after-tax basis, the contributions can be claimed on your federal income tax return.
- If you are also enrolled in a Health Care FSA, eligible expenses under the FSA will be reimbursed on limited-scope basis. Limited-scope FSA reimbursements are those expenses not reimbursed under a HSA; such as dental or vision.
- If you are enrolled in Medicare, you are not eligible to participate in an HSA.
- If you currently have HSA with Bank of America sponsored through Western University, you have the option to transfer/rollover funds to Wells Fargo after activating your Wells Fargo HSA.

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MEDICAL PLANS

| BENEFITS | KAISER HMO PLAN | HEALTH NET EOA | | HEALTH NET PPO (HDHP) | |
|--|--|---|---|---|---|
| | | HMO Level 1 | PPO Level 2 | IN-NETWORK Level 1 | OUT-OF-NETWORK Level 2 |
| Deductible | Not Applicable | Not Applicable | Not Applicable | \$1,500/Member \$3,000/Family ¹ | |
| Out-of-Pocket Max (OOPM) (Calendar Yr.) | \$1,500/ Member \$3,000/Family | \$1,500/Member \$4,500/Family | Not Applicable | (OOPM includes deductible) \$4,000/Member \$8,000/Family ¹ | |
| Lifetime Maximum | Unlimited | Unlimited | | Unlimited | |
| Coinsurance | Not Applicable | Not Applicable | | 80% | 50% |
| Physician Services Office Visits Routine Preventive Care Routine Child & Well Baby Care | \$20 per visit \$20 per visit \$5 per visit | \$20 per visit | \$40 per visit | 80%* covered \$30; deduct. waived \$30; deduct. waived | 50%* covered; Preventive care not covered. |
| Maternity Office Visits (Pre-Natal & Post-Natal) | \$5 per visit | \$20 per visit | \$40 per visit | 80%* covered | 50%* covered |
| Diagnostic X-rays & Laboratory | 100% covered | 100% covered | 100% covered; Complex radiology services are not covered | 80%* covered | 50%* covered |
| Hospital Expenses | | | | | |
| Inpatient | \$250 per admission | \$250 per admission | Not Covered | 80%* covered | 50%* covered |
| Outpatient | \$20 per procedure | \$250 per procedure | | | |
| Emergency Health Coverage Emergency Room <i>(per visit copay waived if admitted)</i> Urgent Care Ambulance Professional Services | \$100 per visit \$20 per visit \$50 per trip 100% covered | \$100 per visit \$50 per visit 100% covered 100% covered | | \$100 per visit then covered at 80%*; 80%* covered 80%* covered 80%* covered | \$100 per visit then covered at 50%*; 50%* covered 50%* covered 50%* covered |
| Short-Term Rehabilitation (Physical, Occupational & Speech) | \$20 per visit | 100% covered | \$40 per visit; Limited to 12 visits | 80%* covered | 50%* covered |
| Durable Medical Equipment | 80% covered | 100% covered | Not covered | 80%* covered | 50%* covered \$2,000 max/cal. yr. |
| Prosthesis | 100% covered | 100% covered | Not covered | 80%* covered | 50%* covered |
| Prescriptions - 30-Day Supply Generic Brand Formulary Brand Non-Formulary | \$15 \$30 | Health Net Pharmacy Network \$10 \$25 \$50 | | After Satisfying Plan Deductible: \$15 \$30 \$50 | |
| Mail Order - 90-Day Supply Generic Brand Formulary Brand Non-Formulary | 100-day supply \$30 \$60 | Prescriptions by Mail Drug Program \$20 \$50 \$100 | | After Satisfying Plan Deductible: \$30 \$60 \$100 Not covered | |
| Mental Health Inpatient Outpatient | \$250 per admission \$20 per visit for individual therapy \$10 per visit for group therapy | All services must be provided by MHN. \$250 per admission \$20 per visit for individual therapy | | 80%* covered 80%* covered | 50%* covered 50%* covered |
| Alcohol & Substance Abuse Inpatient Outpatient | \$250 per admission \$20 per visit for individual therapy \$5 per visit for group therapy | All services must be provided by MHN. \$250 per admission \$20 per visit for individual therapy \$10 per visit for group therapy | | 80%* covered 80%* covered | 50%* covered 50%* covered |

*Coverage paid up to the coinsurance percentage after deductible is satisfied.

¹ For family coverage, there is no per member deductible or out-of-pocket maximum (OOPM). There are combined family deductible and OOPM.

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DENTAL BENEFITS

MetLife DMO (Safeguard):

- You need to select a Primary Care Dentist (PCD) for dental care. Services from specialists require your PCD's referral and authorization from MetLife (Safeguard).
- If a PCD is not selected during enrollment, MetLife (Safeguard) will select one for you.
- No deductible or annual benefit maximum.

MetLife DPO:

- Select and access dentist of your choice – in or out of MetLife's network.
- In-network deductible is waived for preventive and diagnostic services.
- If you do not enroll within 31 days of your initial eligibility date when hired, the following Benefit Waiting Periods will apply to services for: Preventive & Diagnostic: None; Basic Services: 6 months; Major Services: 12 months.

DENTAL – METLIFE

| | DMO ¹ (Safeguard) | <i>In-Network</i> | DPO <i>Out-of-Network</i> |
|--|---|------------------------------|---------------------------------------|
| Individual Deductible | N/A | \$25 | \$50 |
| Family Deductible | N/A | \$75 | \$150 |
| Annual Maximum Benefit | Unlimited | \$1,500 per person | \$1,500 per person |
| Preventive | \$0 copay | 100% covered | 100% of R&C* covered after deductible |
| <ul style="list-style-type: none"> • Exams • X-rays • Cleaning • Fluoride applications • Sealants | | | |
| Basic Restorative | \$0 to \$175 copay | 90% covered after deductible | 80% of R&C* covered after deductible |
| <ul style="list-style-type: none"> • Fillings • Extractions • Oral Surgery • Endodontics • Periodontics | | | |
| Major Restorative Crowns, Dentures, Bridges | Copays as listed in the Schedule of Copayment | 60% covered after deductible | 50% of R&C* covered after deductible |
| Orthodontia (Adults and Child(ren)) | \$1,695 copay | Not covered | |

¹ Please refer to Schedule of Copayment for further detail for covered services and applicable copays.

*R&C – Reasonable and Customary charge is a charge which falls within the common range of fees billed by a majority of dentists for a procedure in a given geographic region as determined by MetLife.

VISION BENEFITS

Vision Care Plan (VSP)

VSP's plan that allows you to select a doctor from within or outside of the network. The plan provides a comprehensive eye examination and eyeglasses or contact lenses every calendar year.

You can choose any eye-care provider with your VSP coverage. However, you'll receive the most out of your benefit and have lower out-of-pocket costs when you see a VSP Network doctor. When you make an appointment to visit a VSP doctor, simply identify yourself as a VSP member, and your doctor will contact VSP to obtain authorization and information about your coverage. As a VSP member, you will only have to pay for your share of the cost – there are no claim forms to file. If you select a provider that does not participate in the VSP network, you will be reimbursed according to the schedule of benefits. You will be required to pay the provider up-front, and file a claim for reimbursement. Obtain claim forms from www.vsp.com and submit to VSP. Claim Address: VSP, P.O. Box 997105, Sacramento, CA 95899-7105.

No ID card is required when you use a VSP provider – members can use their Social Security Number to confirm coverage with VSP.

VISION – VISION SERVICE PLAN (VSP)

| | Frequency | In-Network | Out-of-Network |
|---|---|----------------------|---|
| Examination | Every 12 months | \$10 per visit | Covered up to \$45* |
| Lenses Single Vision Bifocal Trifocal | Every 24 months | \$25 per visit | Covered up to \$45* Covered up to \$65* Covered up to \$85* |
| Frames | Every 24 months | Covered up to \$120* | Covered up to \$47* |
| Elective Contact Lenses | An allowance will be provided towards the exam, fitting cost and materials in lieu of frame/lens benefit. When contact lenses are obtained, the covered person is not eligible for lenses and frames again for 24 months. | Covered up to \$105* | Covered up to \$105* |

*Not including applicable copayment of \$25.

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LIFE / AD&D BENEFITS

Life Insurance is designed to provide a level of financial protection to your family in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides an additional benefit if your death results from an accident, or if an accident causes certain serious injury.

BASIC LIFE / AD&D (Employer Paid)

| | |
|------------------------------|--|
| Basic Life / AD&D | • 1x annual earnings plus \$10,000 to maximum of \$260,000 |
|------------------------------|--|

SUPPLEMENTAL LIFE – UNUM (Employee Paid)

| | |
|---|---|
| Benefit Amount: Employee Supp. Life Spouse Supp. Life Child(ren) Supp. Life | Certain Supplemental Life Insurance amounts may be subject to Evidence of Insurability. <ul style="list-style-type: none"> 1, 2, or 3x annual earnings to maximum of \$500,000 \$2,000 increments up to maximum of \$250,000; not to exceed 50% of employee's supp. life amount Birth to 6 months: \$1,000; 6 months to age 21: \$10,000 |
| Guaranteed Issue Amount: Employee Supp. Life Spouse Supp. Life Child(ren) Supp. Life | Evidence of Insurability is required if you elect amount above or after your initial enrollment period: <ul style="list-style-type: none"> Lesser of 3x annual earnings plus \$10,000 or \$410,000 (Basic & Supplemental Life amount combined) \$50,000 \$10,000 |

Supplemental Life Insurance: For each \$1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with employee's age as follows:

| Age Group | Rates | Age Group | Rates |
|-------------------|---------|----------------------------------|----------------|
| *Less than age 30 | \$0.043 | 55 - 59 | \$0.522 |
| 30 - 34 | \$0.051 | 60 - 64 | \$0.846 |
| 35 - 39 | \$0.077 | 65 - 69 | \$1.351 |
| 40 - 44 | \$0.128 | 70 - 74 | \$2.103 |
| 45 - 49 | \$0.197 | 75+ | \$3.634 |
| 50 - 54 | \$0.299 | Dependent Child(ren)/Family Unit | \$0.18/\$1,000 |

Evidence of Insurability is required for Supplemental Life if you:

- Are already enrolled and increasing your and/or your spouse's coverage regardless of the amount, or
- Previously waived coverage and are electing Employee and/or Spousal Supplemental Life Insurance for the first time (regardless of the amount).

DISABILITY BENEFITS

Would you be able to meet your financial responsibilities if you were ill or injured and could not work for a period of time? WesternU offers a core LTD protection, at no cost to you, to protect you and your family in the event of serious illness or injury. You may elect to purchase through payroll deduction voluntary Buy-Up LTD coverage at group rates on an after tax basis.

LONG TERM DISABILITY – UNUM

| | | | |
|-------------------------------------|---|-------------------------------|------------------------------------|
| Long Term Disability – Core | Employer Paid | Long Term Disability – Buy-Up | \$0.40 per \$100 of monthly income |
| | Core LTD (Employer Paid) | | Buy-Up LTD (Employee Paid) |
| % of Covered Salary | 60% | | 66.67% |
| Maximum Monthly Benefit | \$4,000 | | \$10,000 |
| Minimum Monthly Benefit | \$50 | | \$50 |
| Elimination Period | 180 Days | | 180 Days |
| Definition of Disability | 2 year "own occupation" | | 2 year "own occupation" |
| Benefit Duration | Normal Retirement Age | | Normal Retirement Age |
| Late Enrollment (LTD-Buy-Up) | Completion of Evidence of Insurability Form is required if coverage is elected during open enrollment after initial eligibility period. This form needs to be completed and submitted to LTD plan administrator for underwriting approval as Unum will use this information about a person's health to determine if coverage will be effective. | | |

Evidence of Insurability for Voluntary LTD Buy-Up

You may enroll without Evidence of Insurability (EOI) when you first become eligible (e.g. when you are hired or go from benefit ineligible to eligible status). EOI is required by Unum when you enroll in the voluntary LTD Buy-Up outside of your initial enrollment period.

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LONG TERM CARE BENEFITS

Long Term Care is defined as the type of care received either at home or in a facility when someone needs assistance with activities of daily living, or suffers severe cognitive impairment due to an accident, an illness or advancing age. Long Term Care insurance pays benefits when a Physician certifies that you are unable to perform (without substantial assistance from another individual), two of six Activities of Daily Living (ADLS), for a period that is expected to last at least 90 days, or that you require Substantial Supervision by another individual to protect yourself and others from threats to health of safety due to Severe Cognitive Impairment. Benefits may be paid if loss of ability occurs on or after the coverage effective date. The treatment and services you receive for your Chronic Illness must be provided pursuant to a Plan of Care developed by a Licensed Health Care Practitioner, your physician of a multi-disciplinary team.

The ADLs are: bathing, dressing, toileting, transferring, continence and eating.

This benefit is available to you and your family members. Family members are your Spouses/Registered Domestic Partners, adult children, siblings, parents (in-law) and grandparents (in-law) ages 18 to 80 must satisfy the Application for Long Term Care Insurance.

LONG TERM CARE – UNUM*

| Benefit Duration | 3 Years | 6 Years | Unlimited Duration |
|--|---------------------|---------------------|---------------------|
| Nursing Facility Benefit Amount In increments of \$1,000 | \$3,000 to \$8,000 | \$3,000 to \$8,000 | \$3,000 to \$8,000 |
| Residential Care Facility | 70% | 70% | 70% |
| Lifetime Maximum Pre \$1,000 increments | \$36,000 | \$72,000 | Unlimited |
| Home & Community-Based Care | 50% | 50% | 50% |
| Home, Community-Based and Immediate Family Member Care – Option | 50% | 50% | 50% |
| Inflation Protection - Options | Compounded Uncapped | Compounded Uncapped | Compounded Uncapped |

*Please refer to Unum Enrollment Packet for further detail.

Evidence of Insurability for LTC

You may enroll without Evidence of Insurability (EOI) when you first become eligible (e.g. when you are hired or go from benefit ineligible to eligible status). EOI is required by Unum when you enroll in LTC outside of your initial enrollment period.

FLEXIBLE SPENDING ACCOUNT (FSA) - Benesyst

This program allows you the opportunity to set aside money from your paycheck on a pre-tax basis to pay for health care expenses not covered by medical, dental or vision plan or expenses incurred in taking care of qualified dependent child or adult.

Health Care FSA: Maximum contribution of \$10,000 per plan year.

Dependent Care FSA: Maximum contribution of \$5,000 per plan year.

Effective January 1, 2011, over the counter (OTC) drugs will no longer be eligible for reimbursement under Health Care FSA unless accompanied by a statement from a physician or other qualified medical practitioner. You can also have the Benesyst Prescription for OTC Drugs form completed by your doctor and submit it to Benesyst along with your claim reimbursement request. The form is located at www.benesyst.net. You will need to pay for the eligible purchase at the point of service and submit a manual claim for reimbursement.

EMPLOYEE ASSISTANCE PROGRAM (EAP) – PacifiCare Behavioral Health

PacifiCare Behavioral Health Provides up to 5 counseling sessions with a professional at no cost to you and your family members who may experience: marital or relationship difficulties, parenting issues, financial worries, elder care responsibilities, substance abuse problems, or other family or work difficulties. This service is completely confidential.

MONTHLY CONTRIBUTIONS

| | Kaiser HMO | | Health Net EOA | | Health Net PPO (HDHP) | | MetLife DPO | | MetLife DMO | | VSP | |
|--------------------|------------|----------|----------------|----------|-----------------------|----------|-------------|---------|-------------|-----|---------|--------|
| | ER | EE | ER | EE | ER | EE | ER | EE | ER | EE | ER | EE |
| EE Only | \$359.43 | \$41.95 | \$348.10 | \$40.85 | \$417.54 | \$156.54 | \$37.11 | \$7.95 | \$12.13 | \$0 | \$8.02 | \$0 |
| EE + One | \$600.46 | \$271.66 | \$553.02 | \$297.79 | \$722.46 | \$514.06 | \$59.11 | \$63.81 | \$30.32 | \$0 | \$13.57 | \$3.62 |
| EE + Family | \$823.98 | \$367.12 | \$764.40 | \$393.90 | \$1,002.23 | \$693.07 | \$59.11 | \$63.81 | \$30.32 | \$0 | \$7.61 | \$9.58 |

REMINDER:

Annual Enrollment Period: January 31, 2011 – February 11, 2011

If you are making any changes, the completed Universal Enrollment Form must be returned to Human Resources by no later than Friday, February 11, 2011.

If you have any questions, contact Judy Whitlock in Human Resources at extension 5371.

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