



**Western
University**
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

**COMPARISON of HEALTH PLAN BENEFITS
2009/2010**

BENEFITS	CARRIERS
MEDICAL DENTAL VISION LIFE Long Term Disability Long Term Care Flexible Spending Account (FSA) Employee Assistance Program	Kaiser HMO, Health Net EOA, Health Net PPO (HDHP) MetLife DPO and MetLife (Safeguard) DMO Vision Service Plan The Hartford The Hartford Unum Conexis PacifiCare Behavioral Health

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
 - unmarried children who are under 19 years of age; and
 - unmarried child under age 25 who goes to school on a full-time basis.

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

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.

PHONE NUMBERS & WEBSITES

<i>Carrier</i>	<i>Group Number</i>	<i>Contact</i>	<i>Carrier</i>	<i>Group Number</i>	<i>Contact</i>
HEALTH NET EOA PPO (HDHP)		www.healthnet.com (800) 522-0088	THE HARTFORD LTD LIFE	859898	(800) 289-9141 (888) 563-1124
KAISER HMO	101828	www.kaiserpermanente.org (800) 464-4000	VSP VISION	00108042	www.vsp.com (800) 877-7195
METLIFE DPO DMO	558967	www.metlife.com (800) 275-4638 www.safeguard.net (800) 880-1800	UNUM LTC	950562	www.unum.com (800) 227-4165
CONEXIS FSA	7035	www.conexis.org (877) 864-9549	PBH EAP	10000942	www.pbhi.com (800) 234-5465
HSA Bank of America		www.bankofamerica.com/benefitslogin (866) 791-0250			Username: Western U Password: care

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*.

Medical Options:

Kaiser Permanente HMO: A physician is selected from the staff of Kaiser Permanente Medical Care Program. 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 \$3,000 per individual and \$5,950 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) Bank of America or 2) Other financial institution. If selecting Bank of America, please visit www.bankofamerica.com/benefitslogin to activate HSA after enrollment.
- Pre-tax contributions will be deducted from your salary if Bank of America is selected as the HSA financial institution.
- If Bank of America 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.

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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 (Calendar Yr.)	\$1,500/ Member \$3,000/Family	\$1,500/Member \$3,000/2-Party \$4,500/Family	Not Applicable	\$4,000/Member \$8,000/Family ¹	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	\$5,000,000	
Coinsurance	Not Applicable	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	Not covered	80%* covered	50%* covered
Diagnostic X-rays & Laboratory	100% covered	100% covered	Not covered	80%* covered	50%* covered
Hospital Expenses					
Inpatient	\$250 per admission	\$250 per admission			
Outpatient Surgery	\$20 per visit	\$250 per visit	Not Covered	80%* covered	50%* covered
Outpatient Services other than surgery	\$20 per visit	100% covered			
Emergency Health Coverage Emergency Room <i>(per visit waived if admitted)</i>	\$100 per visit	\$100 per visit		\$100 per visit then covered at 80%*; Deduct. waived if admitted.	\$100 per visit then covered at 50%*; Deduct. waived if admitted.
Urgent Care	\$20 per visit	\$50 per visit		80%* covered	50%* covered
Ambulance	\$50 per trip	100% covered		80%* covered	50%* covered
Professional Services	100% covered	100% covered		80%* covered	50%* covered
Short-Term Rehabilitation (Physical, Occupational & Speech)	\$20 per visit	\$20 per visit	\$40 per visit Limited to 12 visits	80%* covered	50%* covered
Durable Medical Equipment	80% covered	100% covered	Not covered	80%* covered	50%* covered
Prosthesis	100% covered	100% covered	Not covered	80%* covered	50%* covered
Prescriptions - 30-Day Supply Generic Brand Formulary Brand Non-Formulary	100-day supply \$15 \$15	Health Net Pharmacy Network \$10 \$25 \$50		After Satisfying Plan Deductible: \$15 + 50% \$30 + 50% \$50 + 50%	
Mail Order - 90-Day Supply Generic Brand Formulary Brand Non-Formulary	100-day supply \$15 \$15	Prescriptions by Mail Drug Program \$20 \$50 \$100		After Satisfying Plan Deductible: \$30 \$60 \$100 Not covered	
Mental Health Inpatient	\$250 per visit	All services must be provided by MHN. Severe: \$250 per admission; unlimited Other: \$250 per admission; limited to 30 days/cal. yr. ²		80%* covered; non-severe services are limited to 30 days/cal. yr. ²	50%* covered; non-severe services are limited to 30 days/cal. yr. ²
Outpatient	\$20 per visit up to 20 visits/year	Severe: \$20 per visit; unlimited Other: \$30 per visit; limited to 20 visits/cal. yr. ²		80%* covered; non-severe services are limited to 30 visits/cal. yr. ²	50%* covered; non-severe services are limited to 30 visits/cal. yr. ²
Alcohol & Substance Abuse Inpatient	\$250 per visit	All services must be provided by MHN. \$250 per admission; limited to 30 days/cal. yr. ²		80%* covered; non-severe services are limited to 30 days/cal. yr. ²	50%* covered; non-severe services are limited to 30 days/cal. yr. ²
Outpatient	\$20 per visit up to 20 visits/year	\$30 per visit for individual therapy \$15 per visit for group therapy Limited to 20 visits/cal. yr. ²		80%* covered; non-severe services are limited to 30 visits/cal. yr. ²	50%* covered; non-severe services are limited to 30 visits/cal. yr. ²

*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.

² Outpatient visit and inpatient day maximums are combined for non-severe mental illnesses and for chemical dependency.

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Dental Options:

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)	DPO	
		In-Network	Out-of-Network
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 – 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.

BASIC LIFE / AD&D & SUPPLEMENTAL LIFE – THE HARTFORD

Basic Life / AD&D (Employer Paid)	<ul style="list-style-type: none"> • 1x annual earnings plus \$10,000 to maximum of \$260,000
Supplemental Life (Employee Paid) 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 • \$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	\$0.045	55 - 59	\$0.549
30 - 34	\$0.054	60 - 64	\$0.891
35 - 39	\$0.081	65 - 69	\$1.422
40 - 44	\$0.135	70 - 74	\$2.214
45 - 49	\$0.207	75+	\$3.825
50 - 54	\$0.315	Dependent Child(ren)	\$0.15/\$10,000

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LONG TERM DISABILITY – THE HARTFORD

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 The Hartford will use this information about a person's health to determine if coverage will be effective.		

LONG TERM CARE – UNUM*

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

*Please refer to Unum Enrollment Packet for further detail.

FLEXIBLE SPENDING ACCOUNT (FSA) - Conexis

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.

EMPLOYEE ASSISTANCE PROGRAM (EAP) – 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.

EMPLOYEE MONTHLY CONTRIBUTIONS

	Kaiser HMO	Health Net EOA	Health Net PPO (HDHP)	MetLife DPO	MetLife DMO	VSP
Employee Only	\$25.22	\$24.08	\$119.56	\$1.66	\$0	\$0
Employee + One	\$226.94	\$236.91	\$404.64	\$60.15	\$0	\$3.52
Employee + Family	\$321.12	\$322.53	\$555.68	\$60.15	\$0	\$9.32

REMINDER:

Annual Enrollment Period: February 2, 2009 – February 13, 2009

If you are making any changes, the completed Universal Enrollment Form must be returned to Human Resources by no later than Friday, February 13, 2009.

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

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