

2025 BENEFIT GUIDE



January 1 – December 31, 2025

WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you are working full-time. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply).
- Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Coverage Begins

- **New Hires:** Your benefit effective date is the first of the month following your date of hire. You must complete enrollment within 31 days from your benefit effective date. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective January 1.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Lost coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

INSIDE

- Medical
- Dental
- Vision
- Health Savings Accounts (HSAs)
- Flexible Spending Accounts (FSAs)
- Life and AD&D
- Long-Term Disability
- Voluntary Benefits
- Employee Assistance Program (EAP)
- Cost of Benefits
- Contact Information

ENROLLMENT

1. Go to benefits.xavier.edu.
2. Use your Xavier credentials to login.
3. Click *Enroll Now!*

You can find detailed information about the plans available to you on the HR Benefits Site.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

OPEN ENROLLMENT DETAILS

Remember, Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2025 HSA contributions
- Enroll in the health care and/or dependent care FSAs (**Note:** The IRS requires you to re-enroll in the FSAs each year)

MARK YOUR CALENDARS



Open Enrollment Begins:

October 22nd, 2024

Deadline to Enroll:

November 5th, 2024

Benefits in Effect:

January 1st, 2025

Benefits Information Sessions:

Virtual and In-Person Sessions available at various times between October 16th and October 31st, 2024.

Important Changes

Each year the Company reviews our benefits program to ensure our partners provide comprehensive and affordable coverage. This year, we're pleased to announce new offerings for our employees to help you better manage your health and well-being in the new year.

2025 Updates At-a-Glance

- There will be a modest increase in medical premiums, between \$4 and \$34 per month depending on plan and coverage level.
- Moving Pharmacy Benefit Managers from Anthem to ARORx.
- Dental changes, including the removal of orthodontia and a slight rate increase.
- Addition of the Samaritan Fund Program.
- You must actively re-enroll in the health care and dependent care FSAs to participate in 2025.

Unless you take action, your current benefit elections will roll over, except for the health savings accounts (HSAs) and flexible spending accounts (FSAs).



Scan this code to watch a video about Open Enrollment.



MEDICAL COVERAGE



Scan this code to watch a video about comparing medical plan types.

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Tiers—levels of benefits—give you greater control over how much you pay out of pocket and which providers you choose to see. The PPO and HDHP Plans provided through Anthem consists of three benefit tiers:

- **Tier I:** The highest level of benefits and the most cost-effective for members. TriHealth, Kettering, and Dayton Children’s providers are designated Tier I providers.
- **Tier II:** Members can select a provider from the broader network of contracted PPO providers, but at a higher out-of-pocket expense. UC Health, Cincinnati Children’s, Christ Hospital, Mercy Health, St. Elizabeth, and Premier providers are designated Tier II providers.
- **Tier III/Out-of-Network:** You may select a non-participating provider. However, this option will result in incurring the highest out-of-pocket costs for covered services, as members are responsible for any difference between the covered expense and actual charges, as well as any deductible and percentage copay.
- **To find an in-network provider, see page 15 in this benefit guide.**

Medical	Anthem Blue Access Options PPO		Anthem Blue Access Options HDHP/HSA plan	
	Tier 1	Tier 2	Tier 1	Tier 2
Deductible¹	\$750 Single / \$1,500 Family ²	\$1,250 Single / \$2,500 Family ²	\$3,300 Single / \$6,600 Family ²	\$3,500 Single / \$7,000 Family ²
Coinsurance	90% / 10%	80% / 20%	90% / 10%	80% / 20%
Out-of-Pocket Maximum¹	\$2,000 Single / \$4,000 Family ²		\$4,000 Single / \$8,000 Family ²	
Office Visits PCP Sick Visit Specialist visit Wellness at PCP	\$20 copay \$40 copay Covered in full		Deductible, then 10% Deductible, then 10% Covered in full	Deductible, then 20% Deductible, then 20% Covered in full
Inpatient Hospital	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Outpatient Hospital	Deductible, then 10%	Deductible, then 20%	Deductible, then 10%	Deductible, then 20%
Emergency Room	\$150 Copay		Deductible, then 10%	Deductible, then 20%
Urgent Care	\$35 Copay		Deductible, then 10%	Deductible, then 20%

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. The deductible is embedded. This means that once a family member meets their individual deductible, the plan will begin to pay coinsurance for that family member.
3. The out-of-pocket maximum is embedded. This means that, once an individual family member meets their out-of-pocket maximum, that individual’s expenses are covered at 100%.



SAMARITAN FUND PROGRAM

The Samaritan Fund Program is a service designed to help employees with serious health conditions or high-cost medications find alternative coverage and financial assistance.

Steps to Enroll

1. Complete the HIPAA Authorization Form and send it to service@samaritanfundprogram.com. The form can be located on the HR Benefits Site.
2. If eligible, a representative from the Samaritan Fund will reach out directly to explain the program, help you find a plan you and your providers are comfortable with, and propose appropriate funding. Xavier is not involved in the evaluation process.
3. Decide whether you would like to participate.

DEADLINE TO SUBMIT THE HIPAA FORM: 10/31/2024 for 1/1/2025 effective date or by your benefit effective date.

There is no income requirement to apply or qualify for this program, and there is no fee for participation. Participation is voluntary.

PREVENTIVE CARE

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. All medical plans cover preventive care services like screenings, immunizations and exams at no cost, copayment or coinsurance. . When you visit in-network providers, no out-of-pocket costs will apply for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.

VIRTUAL VISITS

Through Anthem's Live Health Online

The telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

Why Use Telehealth?

It's Affordable

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to the telehealth program will cost you a flat \$20 copay on the PPO or \$55 Access Fee on the HDHP.

It's Convenient

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. With telehealth, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you.

It's Easy to Use

A telehealth medical professional is never more than a phone call, click or tap away!

Visit www.livehealthonline.com or tap on *Virtual Visit with Provider* in Anthem's Sydney App.

Get Care in Minutes

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

Common Reasons to Call

Allergies
Back problems
Bronchitis
Cold and flu symptoms
Ear infections
Headaches and migraines
Rash and skin problems
Sore throat and stuffy nose
Sprains and strains

PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network, including Kroger, CVS, Walgreens, and Meijer.

Specialty Program

With a rare or complex medical condition, the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the ARORx program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

PRESCRIPTION BENEFITS PROVIDED THROUGH ARORx USING EVO AS THE PHARMACY BENEFIT MANAGER

Retail Prescriptions (30-day Supply) Generic/Brand/Non-Preferred Brand/Specialty	\$15 / \$40 / \$60 / 25% up to \$250	Deductible, then 10%
Mail Order (Up to 90-day Supply*) Generic/Brand/Non-Preferred Brand/Specialty	\$30 / \$100 / \$150 / 25% up to \$250 (30-day supply)	Deductible, then 10%



Scan this code to watch a video about prescription drug coverage.

DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through Superior Dental Care offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in Superior Dental Care's network.

To find an in-network provider, see page 15 in this benefit guide.

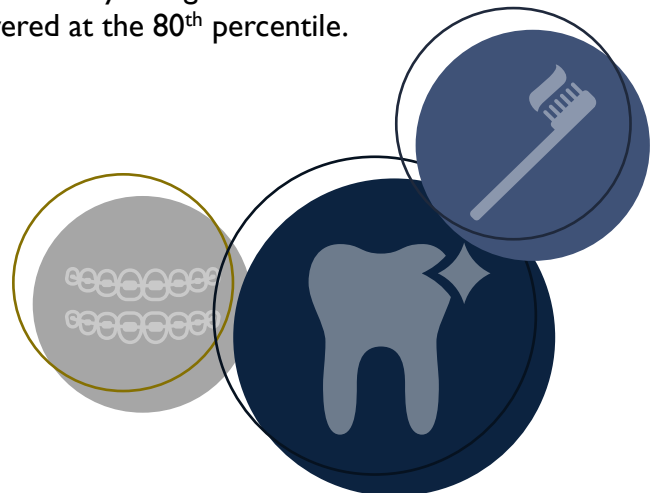
Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Dental Benefits Open Access Network	Superior Dental Care	
	Core Plan	Enhanced Plan
Deductible (Individual/Family)	\$50 individual / \$150 max per family	\$50 individual / \$150 max per family
Annual Maximum (per Individual)	\$1,000	\$1,250
Covered Services		
Preventive Services¹ (Oral exams, x-rays, cleanings)	Covered in Full	Covered in Full
Basic Services (Fillings, root canal, extractions, root canals)	Deductible, then 50%	Deductible, then 40%
Major Services (Crowns, onlays, bridges, dentures)	Not Covered	Deductible, then 60%

¹ The cost for preventive services will be deducted from the annual maximum benefit.

If you use an out-of-network provider, you may be responsible for any charges above the maximum allowed amount. Out-of-network benefits are covered at the 80th percentile.

Please note, orthodontia is not covered.



VISION COVERAGE

Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Humana, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

To find an in-network provider, see page 15 in this benefit guide.

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

In-Network	Benefits
Exam (1x per 12 months) With Dilation Retinal Imaging Contact Lens Exam with Standard Fit	\$20 Copay Up to \$39 Copay Up to \$55 Copay
Frames (1x per 24 months)	\$130 Allowance Plus 20% off balance
Standard Plastic Lenses (1x per 12 months) UV Coating Tint Polycarbonate Photochromatic	\$20 Copay \$15 \$15 \$40 \$75
Contact Lenses (1x per 12 months in lieu of lenses)	\$150 Allowance Plus 15% off balance over \$150
Laser Vision Correction In-Network Facilities Only	15% off standard pricing or 5% off promotional pricing

¹ Choice of either lenses **OR** contacts once every 12 months

HEALTH SAVINGS ACCOUNT (HSA)

The HDHP Medical Plan features an HSA provided through HealthEquity. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

You are **NOT** eligible to contribute into an HSA if:

- You or your spouse are enrolled in a non-qualified high deductible health plan or a Healthcare Flexible Spending Account (FSA).
- You can be claimed as a dependent on another person's tax return.
- You are enrolled in CHIP, Medicare or Medicaid benefits (special rules apply for VA benefits).
 - **SPECIAL ATTENTION:** *If you do not automatically enroll in Medicare at age 65, Part A will be effective retroactively 6 months prior to your enrollment date (but no earlier than the month prior to your 65th birthday). You should determine in advance the intended date of enrollment for Medicare and, working backwards, contact the Office of Human Resources to ensure all contributions cease 6 months prior to that date.*

Contribution Limits

Coverage Tier	2025
Individual	\$4,300
Family	\$8,550
Catch-up Contributions Age 55+	\$1,000



Scan this code to watch a video about HSA limits.



HEALTH SAVINGS ACCOUNT (HSA)

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.

Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502 (<https://www.irs.gov/forms-pubs/about-publication-502>)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969 (<https://www.irs.gov/forms-pubs/about-publication-969>)
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



Scan this code to watch a video about how an HSA works.

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through Chard Snyder, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; most employers also require enrollment in a qualified high-deductible health plan	Available to all employees
Examples of Qualified Expenses	<ul style="list-style-type: none"> • Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia • Prescriptions 	<ul style="list-style-type: none"> • Preventive care out-of-pocket expenses • Dental and vision coinsurance only • Dental and vision deductibles only • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia 	<ul style="list-style-type: none"> • Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$3,300	\$3,300	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

- **You must enroll each year to participate.**
- **HCFSA:** Unused funds remaining after December 31, 2025 will be forfeited. Reimbursement requests for claims from the 2024 benefit year are required to be submitted to Chard Snyder by March 31, 2025.
- **LPFSA:** This type of account can be used toward eligible preventive care, dental and vision expenses only.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



Scan this code to watch a video about how an FSA works.



Scan this code to watch a video comparing an HSA and an FSA.
(With LPFSA)

LIFE AND DISABILITY INSURANCE

Life insurance, provided through New York Life provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	1x your pay up to a maximum of \$150,000

Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members. **Make sure your beneficiary is up to date!**

Coverage Tier	Maximum Benefit Amount	Guaranteed Issue Amount
Employee	Lesser of 5x BAE ¹ or \$400,000	Lesser of 5x BAE ¹ or \$200,000
Spouse	\$50,000 <i>*cannot exceed 100% of employee's election</i>	\$30,000
Child(ren)	\$10,000	\$10,000

Note: During your **initial eligibility period**, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). During **Annual Open Enrollment**, elections greater than Guaranteed Issue will require Evidence of Insurability (EOI). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

Long-Term Disability (employer-paid)

Disability insurance, provided through New York Life provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Provided at NO COST to you.	
Benefit	60% of base salary
Maximum monthly benefit	\$10,000
When benefit begins	After a 180-day elimination period
When benefit ends	Dependent on Age when Disability Begins: Age 60 or under – Benefits Last up to Age 65 or to when the 60 th Monthly Benefit is Payable Ages 60-64 – When the 60 th Monthly Benefit is Payable Age 65 or Older – When the 12 th Monthly Benefit is Payable



VOLUNTARY BENEFITS

Accident Insurance

Accident insurance, provided through Cigna, can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: you visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But treating a broken leg can cost thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident insurance pays a fixed cash benefit directly to you when you have a covered accident-related injury, like a sprain or bone fracture. Examples of covered expenses include:

- Doctor's office visits
- Diagnostic exams
- Broken leg rehab treatment
- Physical therapy sessions

Example Claims	Benefit
Emergency Room Visit	Up to \$300
Hospital Admission	Up to \$1,500
Paralysis	Up to \$15,000
Intensive Care Unit (per day)	Up to \$600
Burns	Up to \$1,000
Fracture	Up to \$10,000
Dislocation	Up to \$6,000
Concussion	Up to \$200
Coma	Up to \$15,000

Critical Illness Insurance

About half of U.S. adults report being unable to pay an unexpected medical bill of \$500 without going into debt.¹ With critical illness insurance provided through Cigna, you won't have to. This benefit provides a fixed, lump-sum cash benefit directly to you when you are diagnosed with a covered health condition such as a heart attack or stroke. You can use this benefit however you like, including to help pay for:

- Increased living expenses
- Prescriptions
- Travel expenses
- Treatments

There is also a \$100 Wellness Benefit annually, per covered person!

Critical Illness Insurance in Practice	
Situation	Britta had a heart attack while raking leaves.
Covered Benefits	Heart attack diagnosis
Total Benefit Paid Directly to Employee	100% of Elected Amount

1. Kaiser Family Foundation. "Americans' Challenges with Health Care Costs." Kaiser Family Foundation, [kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs](https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs).

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. There are three Employee Assistance Program (EAP) options, all provided at NO COST to you. The TriHealth EAP is available to all benefits eligible employees and their families. The Anthem and New York Life EAPs are available to all employees, regardless of benefits eligibility.

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to **5** in-person or virtual sessions with a counselor per event, per year, per individual with TriHealth.
- Up to **3** in-person or virtual sessions with a counselor per event, per year, per individual with Anthem or New York Life.
- Unlimited toll-free phone access and online resources

QUESTIONS?

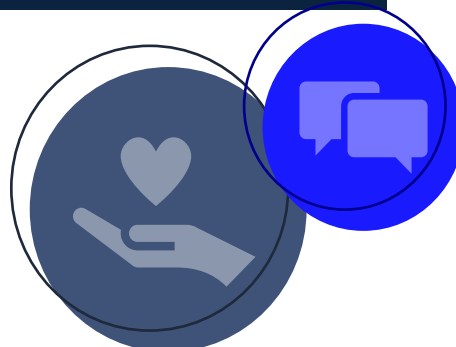
To learn more, visit TriHealthEAP.com or guidanceresources.com (New York Life).

For questions, contact:

- TriHealth at (513) 891-1627
- Anthem at (800) 865-1044
- New York Life at (800) 344-9752



Scan this code to watch a video about how an EAP works.



FIND A PROVIDER

Find a Medical Provider

1. Log on to anthem.com/find-care.
2. Search as a member or guest.
 - For members – Select *Log In for Personalized Search*.
 - For guests or members who are not yet enrolled – Choose *Basic search as a guest*
3. Select the type of plan: Medical
4. Choose the state – Ohio
5. Select how you get health insurance – Employer-Sponsored
6. Choose a plan or network – Blue Access Options PPO
7. You can also search by zip code, doctor, or procedure.



Scan this code to watch a video about choosing a provider.

Find a Dental Provider

1. Go to <https://www.superiordental.com/find-a-dentist>.
2. Enter your Dentist's name and/or your location
 - Select a Specialty, if applicable.

Find a Vision Provider

1. Go to www.humana.com/vision-insurance/find-an-eye-doctor.
2. Login to your account
3. Under 'Search Type,' select Vision
4. Select 'Vision coverage through your employer'
5. Select Humana Vision (Humana Insight Network)
6. Enter your zip code



DISCOUNTED RATES FOR WELLNESS

Wellness Incentive

Xavier's wellness incentive helps you save money from each paycheck when you and your enrolled spouse participate in the biometric screening and physical exam. There are two requirements to receive the wellness incentive:

1. Attend a biometric screening on campus or with your Primary Care Physician (PCP)
2. Complete a physical exam with your PCP

Those who completed both wellbeing requirements and submitted the paperwork by September 14, 2024, will pay a wellbeing premium that is \$50 less per month than the standard rate on the medical plan for 2025. This is a total of \$600 saved annually!

The 2026 paperwork will be posted to the OHR website.

SPOUSAL RATE SURCHARGE

Spousal Surcharge

If your spouse is eligible for medical insurance through their employer, there is an additional charge of \$400 per month to enroll them on our plan. The surcharge applies to medical coverage only.

Confirmation of spousal eligibility is required on BenefitFocus for all enrolled spouses on Xavier University's healthcare plans.

PLAN CONTRIBUTIONS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Medical

Coverage	Monthly Contributions			
	Blue Access PPO		Blue Access HDHP/HSA	
	Standard	Wellbeing	Standard	Wellbeing
Employee Only	\$233.00	\$183.00	\$124.00	\$74.00
Employee + Spouse	\$431.00	\$381.00	\$210.00	\$160.00
Employee + Child(ren)	\$400.00	\$350.00	\$189.00	\$139.00
Employee + Family	\$649.00	\$599.00	\$297.00	\$247.00

Dental

Coverage	Monthly Contributions	
	Core Plan	Enhanced Plan
Employee Only	\$26.36	\$33.39
Employee + One	\$50.79	\$64.19
Employee + Family	\$89.55	\$113.07

Vision

Coverage	Monthly Contributions
Employee Only	\$5.53
Employee + Spouse	\$10.10
Employee + Family	\$15.36



IMPORTANT CONTACTS

Benefit	Carrier	Group Number	Phone Number	Website/Email
Medical	Anthem	OH2061	(844) 714-6012	www.anthem.com
Employee Assistance Program	TriHealth	N/A	(800) 642-9794	www.TriHealthEAP.com
Dental	Superior Dental Care	Core Plan #1375 Enhanced Plan #1619	(800) 762-3159	www.superiordental.com
Vision	Humana	598931	(866) 995-9316	www.humanavisioncare.com
Life and AD&D	New York Life	Basic Life: FLX0963749 Basic AD&D: OK0965380 Voluntary Life: FLX0965998 Voluntary AD&D: OK0967554	(800) 238-2125	www.mynylgbs.com
Long-Term Disability	New York Life	LK09626665	(888) 842-4462	www.mynylgbs.com
Voluntary Accident and Critical Illness	Cigna	Accident: A111183 Critical Illness: C111134	(800) 754-3207	AccidentInjury@cigna.com CriticalIllness@cigna.com
Health Savings Account	HealthEquity	N/A	(866) 735-8195	www.healthequity.com
Flexible Spending Account	Chard Snyder	N/A	(800) 982-7715	www.chard-snyder.com

HUB International	(844) 694-6726	HRT.HA.EEAdvocacy@hubinternational.com
Xavier Benefits Team	(513) 745-3638	hr@xavier.edu



Schedule a 15-minute connect with HUB!

Questions about our benefits? During Open Enrollment, feel free to schedule a 15-minute one-on-one session with a benefits specialist from our Benefits Broker, HUB, should you have any questions specific to your personal situation.



Watch the Presentation

Review the Benefits Presentation on your own time or with your spouse.

