



2025 RETIREE PACKET

January 1, 2025 - December 31, 2025

We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

BENEFIT ENROLLMENT & NEXT STEPS

Review the enclosed information. If you wish to keep your current coverage, **no action is required**. Should you wish to discontinue coverage, complete the Retiree Benefit Discontinuation Form and to:

- Via mail: Xavier University, Office of Human Resources
 - Address: 3800 Victory Parkway Cincinnati, OH 45207-5400
- Via email (scan and email): benefits@xavier.edu
- Via fax: 513-745-3644

- ✓ No action is required to continue your current coverage for 2025.
- ✓ Retirees and/or spouses cannot add coverage but may discontinue coverage at open enrollment.
- ✓ Retirees and family members may also change plans.

2025 UPDATES

Retirees & Spouse under Age 65

Anthem remains the carrier and will offer the same 3-tier Preferred Provider Organization (PPO) and 3-tier High Deductible Health Plan (HDHP) as last year. **New for 2025**, the Pharmacy Benefit Manager is moving from Anthem to ARORx. There are no changes to the pharmacy benefits. You will receive a new ID card.

Retirees & Spouse Age 65+

Xavier University will continue to offer the Humana Medicare Advantage Plan. You must have Medicare A and B to be eligible for this plan. **New for 2025**, the deductible is increasing to \$590 and the initial coverage limit (ICL) is no longer applicable. Additionally, the out-of-pocket threshold for Part D is decreasing to \$2,000. This plan gives you access to Medicare providers and facilities. If you use Humana's network, your out-of-pocket costs may be less.

MEDICAL/Rx COVERAGE

ANTHEM MEDICAL PLAN SUMMARY RETIREES AGES 55 – 64 AND ELIGIBLE DEPENDENTS

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%
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%	

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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%.

HUMANA MEDICARE ADVANTAGE PLAN RETIREES AGE 65+ AND ELIGIBLE DEPENDENTS



DENTAL COVERAGE

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

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

PLAN CONTRIBUTIONS

Medical

Anthem	Monthly Contributions	
	Anthem Blue Access PPO	Anthem Blue Access HDHP/HSA
Retiree Only	\$797.45	\$712.62
Retiree + Spouse	\$1,594.94	\$1,425.28
Retiree + Child(ren)	\$1,515.19	\$1,354.01
Retiree + Family	\$2,496.07	\$2,230.55

Humana	Monthly Contributions
Retirees after 1/1/1995 who do not meet subsidy eligibility*	\$345.33
If Retiree was 50 years old as of 1/1/1995, was hired before 3/10/1994 and at the time of retirement was age 55 with at least 20 years of service	\$210.33 \$135 Subsidy from Xavier
If Retiree was age 50 on 1/1/1995, was hired before 3/10/1994 and at the time of retirement was age 62 with at least 7 years of service	\$210.33 \$135 subsidy for single medical coverage \$270 subsidy towards other tiers

*Subsidy Eligibility determined at time of retirement

Dental

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

Vision

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

IMPORTANT CONTACTS

Location	Contact	Phone Number	Email Address / Website
Office of Human Resources		(513) 745-3638	benefits@xavier.edu
HUB International Employee Advocate Team		(844) 694-6726	HRT.HA.EEAdvocacy@hubinternational.com
Anthem		(844) 714-6012	www.anthem.com
Humana Medicare Humana Vision		(866) 396-8810 (866) 537-0229	www.humanavisioncare.com
Superior Dental Care		(800) 762-3159	www.superiordental.com