

OPEN ENROLLMENT

Plan Year July 1, 2024 –
June 30, 2025

COLUMBUS STATE

HUMAN RESOURCES



Getting Started



Open Enrollment:

May 1, 2024 – May 31, 2024



Questions / how to access help:

benefits@csc.edu



*Open Office Hours throughout
the month of May!*

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Benefit Eligibility



Columbus State provides our employees and their families (spouses/domestic partners, eligible dependent children) with medical, dental, vision and life insurance benefits. Dependent verification is required within 31 days of enrollment.

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

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Working Spouse/Domestic Partner Premium

There is a surcharge for spouses eligible for medical coverage through their employer but elect the Columbus State plan as primary coverage:

- 26 pays: 24 deductions are \$50.00/pay
- 20 pays: 20 deductions are \$60.00/pay
- \$1,200 annually – in addition to premium



Definitions to Know

Annual Deductible

The amount of eligible expenses you pay each calendar year for covered health services before you are eligible to begin receiving Benefits. The amount is different in each plan and based on network or non-network providers.

Coinsurance

The % of eligible expenses you are responsible for paying. It usually applies after the deductible has been satisfied.

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Definitions to Know



Copay

The amount you pay for certain covered health services.

Annual Maximum Out of Pocket

The most you will pay each calendar year for covered health services. The amount may be different in each plan and is based on network or non-network providers. Copays, deductible, and coinsurance apply to the applicable out of pockets maximum.

Payroll deductions

The portion you are responsible for paying from each pay to participate in the healthcare plans that you elect.

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Qualifying Life Event

A change in your situation can make you eligible for a Special Enrollment Period during the plan year allowing you to change your enrollment elections outside of our Annual Enrollment Period. Qualifying Life Events include (*partial list from IRS Section 125*):

- Loss of health coverage (due to job loss, loss of student coverage, losing Medicaid, CHIP or Medicare eligibility)
- Change in household (marriage, divorce, birth or adoption of a child, death in the family)



Can you change your benefit elections another other time during the plan year?

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Benefit Plans Overview

Two Plans

- 1 Tiered PPO Plan
- 2 HDHP/HSA Plan

Note: Beginning 7/1/24, the Core PPO plan will no longer be available. If you were enrolled in the Core PPO plan in the 2023 plan year and take no action, you will be automatically enrolled in the Tiered PPO plan.

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Questions to Ask Yourself When Making a Plan Choice

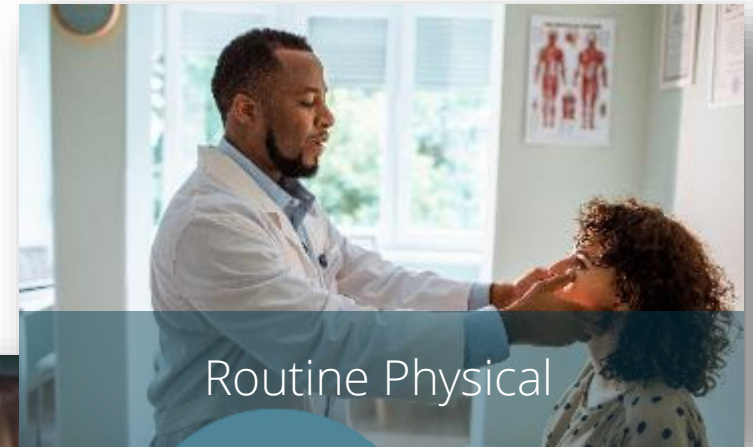
- Do you want to pay more in case you need it? Or do you want to pay when you need it?
- What type of services do you use? Are they preventive or medical?
- Do you have a medical condition that requires several medications and appointments? What medications do you take? What type of appointments do you utilize?
- Estimate the total spend per year (out-of-pocket maximum) and the plan cost.

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Applies to All Plans

- The deductible and out-of-pocket maximum for all medical plans run on a calendar year - **January through December.**
- The same United Healthcare network of physicians and pharmacies.
- Preventative is covered 100%.
- Both have restricted generic fill.



100%



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HDHP/HSA Plan

High Deductible Health Plan + Health Savings Account

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Health Savings Account

What is a Health Savings Account (HSA)?

An account is established to pay for qualified medical expenses for the member covered by a high-deductible health plan (HDHP).

Columbus State HSA Contributions

Columbus State may contribute up to \$1,000 for employee only and \$2,000 for employee + family. These amounts are deposited equally via payroll deductions over the 20/24 pay period.

HSA Contribution Combined Annual Limits (IRS)

Employees 55 and older are eligible for a “catch-up” contribution of \$1,000 in addition to their IRS HSA Combined Annual Limits.



HSA Combined Annual Limits

2024

Employee

\$4,150

Family

\$8,300

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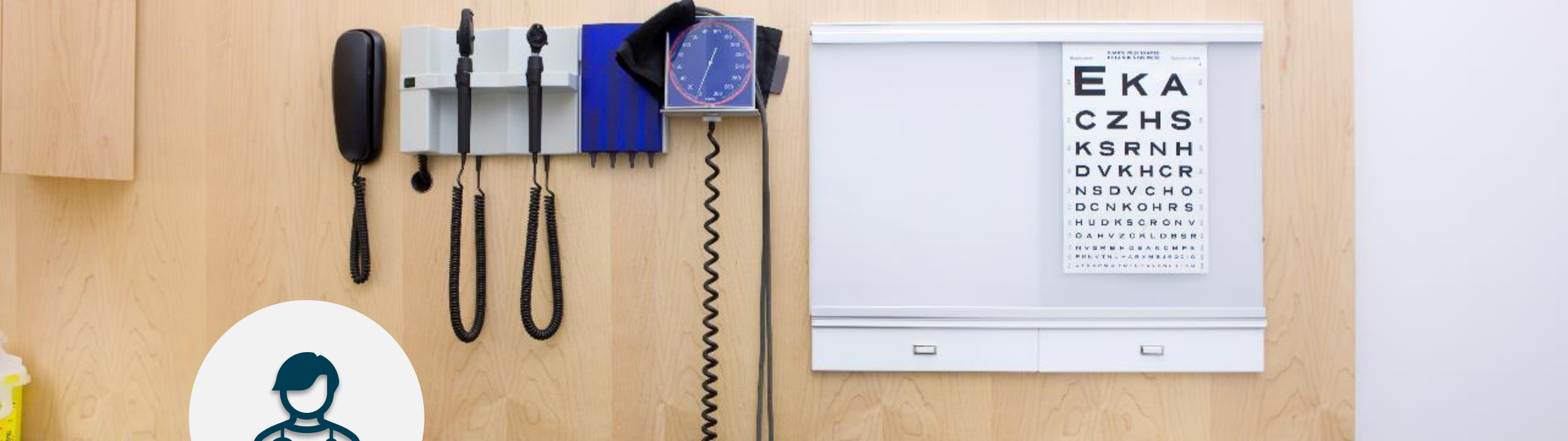
| | HDHP/HSA Plan |
|------------------------------------|---|
| Coverage | In-Network |
| Annual Deductible | |
| Employee Only | \$2,500 |
| Employee / Family | \$3,300 / \$6,000 <small>(embedded at \$3,300 per family member)</small> |
| Out-of-Pocket Maximum | |
| Employee Only | \$3,000 |
| Employee/ Family | \$4,000 / \$8,000 <small>(embedded at \$4,000 per family member)</small> |
| Coinsurance | 10% |
| Office Visit Copay | 10% after deductible |
| Preventive Care | Covered 100% |
| Specialist Copay | 10% after deductible |
| Emergency Room Copay | 10% after deductible |
| Rx-Generic Copay | \$10 after deductible |
| Rx-Preferred Brand Copay | \$30 after deductible |
| Rx-Nonpreferred Brand Copay | \$80 after deductible |

HDHP/HSA Plan In-Network Benefits

For a complete list of covered services and exclusions, please refer to your "Summary Plan Description."

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Tiered PPO Plan

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| | Tiered PPO Plan |
|------------------------------------|----------------------|
| Coverage | In-Network |
| Annual Deductible | |
| Employee Only | \$750 |
| Employee / Family | \$750 / \$1,500 |
| Out-of-Pocket Maximum | |
| Employee Only | \$4,500 |
| Employee/ Family | \$4,500 / \$9,000 |
| Coinsurance | 30% |
| Office Visit Copay | \$25 |
| Preventive Care | Covered 100% |
| Specialist Copay | \$40 |
| Emergency Room Copay | 30% after deductible |
| Rx-Generic Copay | \$10 |
| Rx-Preferred Brand Copay | \$40 |
| Rx-Nonpreferred Brand Copay | \$100 |

Tiered PPO Plan In-Network Benefits

How the Plans Compare

| | Tiered PPO Plan | HDHP/HSA Plan |
|------------------------------------|----------------------|--|
| Coverage | In-Network | In-Network |
| Annual Deductible | | |
| Employee Only | \$750 | \$2,500 |
| Employee / Family | \$750 / \$1,500 | \$3,300 / \$6,000 (embedded at \$3,300 per family member) |
| Out-of-Pocket Maximum | | |
| Employee Only | \$4,500 | \$3,000 |
| Employee/ Family | \$4,500 / \$9,000 | \$4,000 / \$8,000 (embedded at \$4,000 per family member) |
| Coinsurance | 30% | 10% |
| Office Visit Copay | \$25 | 10% after deductible |
| Preventive Care | Covered 100% | Covered 100% |
| Specialist Copay | \$40 | 10% after deductible |
| Emergency Room Copay | 30% after deductible | 10% after deductible |
| Rx-Generic Copay | \$10 | \$10 after deductible |
| Rx-Preferred Brand Copay | \$40 | \$30 after deductible |
| Rx-Nonpreferred Brand Copay | \$100 | \$80 after deductible |

For a complete list of covered services and exclusions, please refer to your "Summary Plan Description."

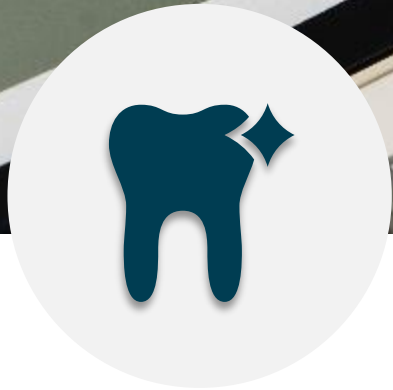
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Per Pay Medical Premiums

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

Note: A *per pay* surcharge will apply for spouses/domestic partners eligible for medical coverage through their employer, but elect Columbus State’s plan as primary coverage. The total cost will be \$1,200 annually.



Dental and Vision

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Delta Dental Basic Plan Design

Network Benefits when a Preferred Provider Organization (PPO) renders services

- Deductible - None
- \$1,500 Annual Maximum
- Preventive- Covered at 100% - 2 cleanings per year
- Basic - Covered at 90%
- Major - Covered at 60%
- Orthodontia - \$1,000 Individual Lifetime Maximum (Dependents under 19 only)



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Delta Dental Buy Up Plan

- Network Benefits when a PPO provider renders services
- Deductible - None
- **\$2,500** Annual Maximum
- **Preventive**- Covered at 100% - 2 cleanings per year
- **Basic** - Covered at 90%
- **Major** - Covered at 60%
- **Orthodontia** - **\$1,500** Individual Lifetime Maximum (EE and dependent children up to 26 years of age)

VSP Voluntary Vision



Vision Service Plan (VSP)

- In Network Benefits
- Eye Exam- \$10 copay once every 12 months
- Frames- Up to \$130 retail + 20% off balance
- Single Lenses- 100% after a \$25 copay
- Bifocal Lenses- 100% after a \$25 copay
- Trifocal Lenses – 100% after a \$25 copay
- Lenticular Lenses- 100% after a \$25 copay
- Lenses are once every 12 months
- Contact lenses instead of frames- Necessary 100%; Elective up to \$135 allowance

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Dental + Vision Plan Premiums – Per Pay

| | Delta Dental PPO Plan | Delta Dental Buy-Up Plan | VSP Vision Plan |
|------------------------------|-----------------------|--------------------------|-----------------|
| Employee Coverage | | | |
| 20 Pay Schedule | \$4.81 | \$6.58 | \$2.20 |
| 24 Pay Schedule | \$4.01 | \$5.48 | \$1.83 |
| Employee + Spouse/DP | | | |
| 20 Pay Schedule | \$13.65 | \$12.83 | \$6.05 |
| 24 Pay Schedule | \$11.38 | \$10.69 | \$5.05 |
| Employee + 1 Coverage | | | |
| 20 Pay Schedule | \$13.65 | \$17.06 | \$6.05 |
| 24 Pay Schedule | \$11.38 | \$14.21 | \$5.05 |
| Family Coverage | | | |
| 20 Pay Schedule | \$13.65 | \$23.44 | \$6.05 |
| 24 Pay Schedule | \$11.38 | \$19.53 | \$5.05 |



Life/AD&D and Supplemental Life Insurance

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Employer Paid Basic Life Insurance



- Columbus State currently provides and pays for two times your base annual earnings in Life Insurance benefits up to a maximum of \$340,000.
- Coverage includes Waiver of Premium and Conversion privileges.



- Coverage includes Accidental Death & Dismemberment, which is 100% of your Basic Life benefit.

Supplemental Coverage: Employee

- Coverage available – equal to two times your annual base earnings, up to a maximum of \$340,000.
- You can choose between one and two times your annual salary.
- If adding one level of coverage during Open Enrollment, Evidence of Insurability is not required.

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Supplemental Coverage: Dependent

- Spouse/domestic partner
 - Coverage available- \$10,000 or \$20,000
- Dependent Child(ren)
 - Coverage is a flat \$5,000 per child(ren) 6 months and older; \$500 benefit applies to child(ren) 15 days to 6 months old
 - Cost is a unit cost, so regardless of how many child(ren) you may have, the same cost applies.

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Voluntary Benefit Options

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Voluntary Benefit Options



- **Critical Illness** – Voya Financial
- **Hospital Indemnity** – Voya Financial
- **Accident** – Voya Financial
- **Identity Theft** – Norton LifeLock
- **Pet Insurance** - Nationwide

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Flexible Spending Account (FSA) Plan Year 2024-2025

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Healthcare Flexible Spending Account (FSA)

- Elect **before-tax dollars** to use toward eligible healthcare expenses:
 - Medical, Dental/Ortho, Vision
- **\$3,200** Annual Maximum Contribution as required by IRS
- Annual contribution is 100% available for reimbursement from the first day of the Plan Year
- Use it or lose it



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What can you use your FSA to pay for?

- Medical, dental & vision expenses
- Co-pays & deductibles
- Prescription and over the counter medications
- Prescribed medical equipment, supplies and diagnostic devices

[List from healthcare.gov](https://www.healthcare.gov)





Dependent Care FSA

- Elect before-tax dollars to pay for eligible dependent day care services while you (and your partner) are working or attending school full-time.
- Daycare centers, nannies, nursing homes.
- Dependent Care FSA funds are only available for reimbursement as they are deducted from your paychecks and contributed to the Plan (money-in, money-out). They are not immediate as with the healthcare FSA.
- **\$5,000 maximum contribution per year (or \$2,500 if married filing separately).**

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FSA Forfeiture



- FSA balance does NOT roll over at the end of the Plan Year and runs **July 1 – June 30!**
- If you do not spend the money in your account by the end of the Plan Year, your remaining balance is forfeited.

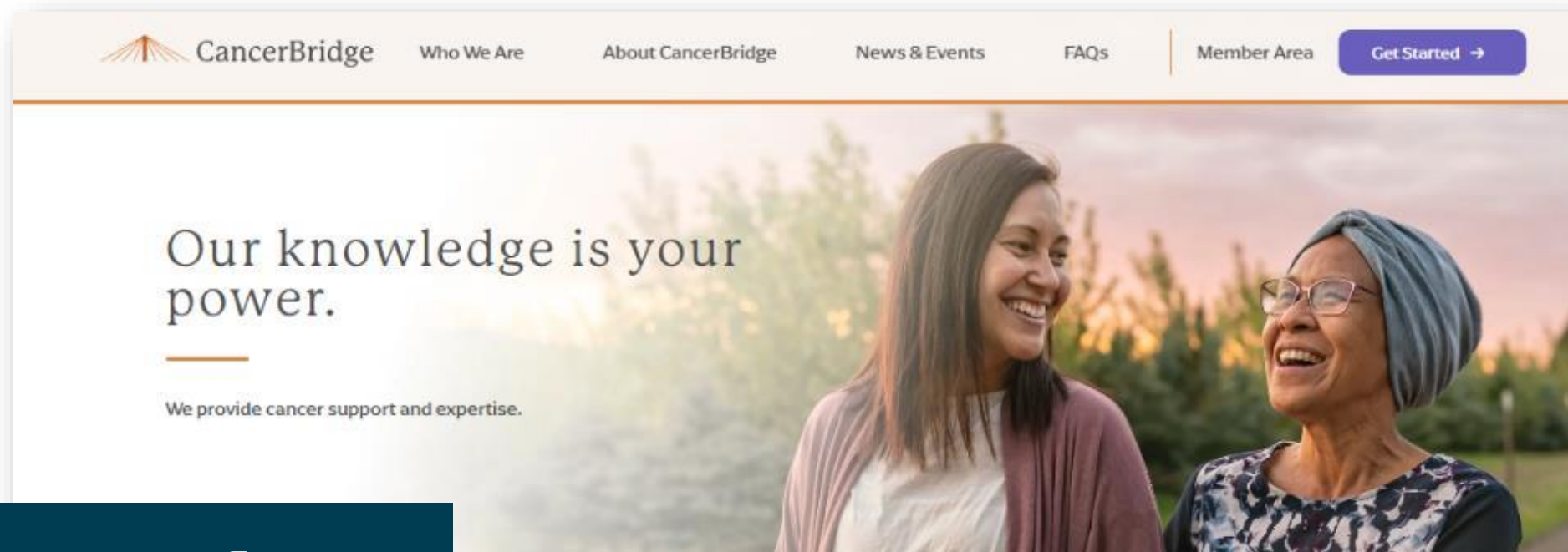
TIPS:

- Be conservative. Set aside only dollars you will use.
- Access the MyUHC portal to check your balance frequently.

CancerBridge

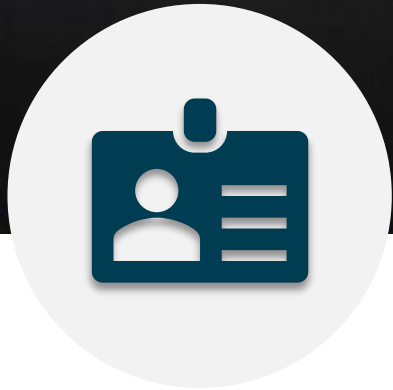
CancerBridge provides information specific to your cancer inquiry, expert cancer navigation, and insights into treatment options.

For assistance call toll-free 855-366-7700 or go to www.mycancerbridge.com



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Employee Assistance Program

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Employee Assistance Program/Matrix



- Counseling, financial and legal support – virtual and in-person.
- **Full-time** employees, their spouses and/or dependent children access 8 sessions per year for concern/issue.
- **Part-time** employees access 4 sessions per year per concern/issue.

MATRIX

2 Easton Oval, Ste. 450

Columbus, OH 43219

614-475-9500/1-800-886-1171

www.matrixpsych.com

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Questions



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Questions / how to access help:

benefits@csc.edu



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the month of May!*

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