

## 2025 BENEFITS OVERVIEW

### MEDICAL BENEFITS

	UHC HIGH PLAN	UHC MID PLAN	UHC LOW PLAN	UHC HSA PLAN
	In-Network	In-Network	In-Network	In-Network
Annual Deductible (Single/Family)	\$0/\$0	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
Coinsurance (Member Pays)	0%	20%	20%	0%
Annual Out-of-Pocket (Single/Family)	\$2,500/\$5,000	\$2,500/\$5,000	\$4,000/\$8,000	\$3,300/\$6,600
Primary Care Physician	\$15 Copay	\$25 Copay	\$30 Copay	No Charge after Deductible
Emergency Room (waived if admitted)	\$100 Copay/Visit	\$100 Copay/Visit	\$100 Copay/Visit	No Charge after Deductible
Urgent Care	\$30 Copay	\$40 Copay	\$50 Copay	No Charge after Deductible
Rx Deductible (Single/Family)	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical	Combined w/ Medical
Rx Retail Copay (Tier 1 / Tier 2 / Tier 3 )	\$10/\$25/\$50	\$10/\$25/\$50	\$10/\$25/\$50	\$25/\$50/\$75
Rx Mail Order Copays	2x Retail Copays	2x Retail Copays	2x Retail Copays	2x Retail Copays
	Out-of-Network	Out-of-Network	Out-of-Network	Out-of-Network
Annual Deductible (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000	N/A	\$2,000/\$4,000
Coinsurance (Member Pays)	30%	40%	N/A	30%
Annual Out-of-Pocket (Single/Family)	\$4,000/\$8,000	\$5,000/\$10,000	N/A	\$6,600/\$13,200
Primary Care Physician	30% after Deductible	40% after Deductible	N/A	30% after Deductible
Emergency Room (waived if admitted)	\$100 Copay/Visit	\$100 Copay/Visit	N/A	No Charge after Deductible
	Per Pay Contributions	Per Pay Contributions	Per Pay Contributions	Per Pay Contributions
Employee	\$277.64	\$76.98	\$50.02	\$134.36
Employee + Spouse	\$561.42	\$161.90	\$152.99	\$273.45
Employee + Child(ren)	\$419.26	\$134.34	\$111.08	\$204.21
Family	\$831.06	\$234.96	\$222.03	\$410.08

### DENTAL BENEFITS

	UHC HIGH PLAN	UHC MID PLAN	UHC LOW PLAN
	In-Network	In-Network	In-Network
Annual Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$75/\$225
Preventive Services	Covered 100%	Covered 100%	Covered 100%
Basic Services	Covered 90%	Covered 80%	Covered 80%
Major Services	Covered 50%	Covered 50%	Covered 50%
Orthodontics (Child Only)	Covered 50%	Covered 50%	Covered 50%
Annual Maximum	\$5,000	\$1,500	\$1,250
Lifetime Ortho Max	\$1,500	\$1,500	\$1,000
Per Pay	Contributions	Contributions	Contributions
Employee	\$18.92	\$7.85	\$4.15
Employee + Spouse	\$41.54	\$11.54	\$7.38
Employee + Child(ren)	\$43.85	\$10.62	\$6.92
Family	\$78.92	\$18.46	\$12.92

### VISION BENEFITS

	UNUM VISION PLAN	
	In-Network	Out-of-Network Reimbursement
Examinations	\$10 Copay	Up to \$40
Lenses		
<i>Single</i>	\$10 Copay	Up to \$30
<i>Bifocal</i>	\$10 Copay	Up to \$50
<i>Trifocal</i>	\$10 Copay	Up to \$70
<i>Lenticular</i>	\$10 Copay	Up to \$70
Frames	Up to \$150 Allowance	Up to \$105
Contact Lenses (Instead of Glasses)		
<i>Necessary</i>	Covered 100%	Up to \$210
<i>Elective</i>	Up to \$150 Allowance	Up to \$150
	Per Pay Contributions	
Employee	\$3.12	
Employee + Spouse	\$7.01	
Employee + Child(ren)	\$7.06	
Family	\$10.84	

## 2025 BENEFITS OVERVIEW

### LIFE & DISABILITY BENEFITS

#### EMPLOYER PAID LIFE AND AD&D INSURANCE

Drew University provides employer-paid Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance to eligible employees. This insurance is underwritten by Unum. You will receive 1x salary up to \$500,000.

Accidental Death and Dismemberment (AD&D) insurance provides funds in the event of a fatal accident or an accident that results in the loss of a limb, sight, hearing or ability to talk. AD&D insurance is automatically included with your Basic Life insurance at no additional cost to you. Life insurance and AD&D amounts begin to reduce to 65% at age 65, and to 50% at age 70.

#### VOLUNTARY LIFE AND AD&D INSURANCE

You have the ability to purchase additional Life and AD&D Insurance. This benefit is 100% employee paid. You may be required to provide Evidence of Insurability (EOI) to receive coverage.

- » **You:** Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings. The guaranteed issue amount is \$150,000.
- » **Your Spouse/Domestic Partner:** Get up to \$500,000 of coverage in \$5,000 increments. Spouse/domestic partner coverage cannot exceed 100% of the coverage amount you purchase for yourself. The guaranteed issue amount is \$25,000.
- » **Your Child(ren):** Get up to \$10,000 of coverage in \$2,000 increments if eligible. The policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is \$1,000.

#### LONG-TERM DISABILITY INSURANCE

Drew University offers its employees and staff Long-Term Disability at no additional cost. Should you experience an injury or illness that keeps you out of work for 180 consecutive days, you will receive 60% of your monthly income, up to a maximum of \$10,000 per month.

### VOLUNTARY BENEFITS

#### ACCIDENT, CRITICAL ILLNESS & HOSPITAL INDEMNITY INSURANCE

Accident, Critical Illness & Hospital Indemnity Insurance, offered through Unum, work with your medical insurance to help cover you when the unexpected occurs. You will receive money that can be used however you like in the event of an accident, illness or hospital admission.

#### PET INSURANCE

Drew University offers employees and staff the opportunity to purchase pet insurance for your furry family members. You can choose from two (2) plans. Pets Best Pet Health Insurance offers a pet health insurance plan that offers 90% reimbursement on accidents and illnesses. You can also choose to add on routine care coverage. The Pet Assure Veterinary Discount Plan is an alternative or addition to pet insurance, Pet Assure helps pet owners like you save on veterinary care.

#### LEGAL SHIELD

Legal Shield provides you and your family the legal protection you not only need, but deserve. For only \$16.95 per month, you will have access to an attorney anytime, anywhere. Should you need help with Estate Planning or a car accident, professional help is only one call away.

#### FLEXIBLE SPENDING ACCOUNT

- » **Flexible Spending Account:** An FSA lets you set aside up to \$3,300 tax-free dollars for health-related expenses not covered by your insurance plan—saving you about 30% on average. For the 2024 plan year, the grace period to incur expenses and request reimbursement is 3/15/2025. For the FSA plan year 1/1/2025-12/31/2025, you have until 3/15/2026 to incur eligible expenses.
- » **Dependent Care Account:** A Dependent Care Account lets you set aside up to \$5,000 pre-tax dollars to help pay for things like preschool, daycare, elder care, and before & after school care.
- » **Commuter Account:** A Commuter Account lets you set aside up to \$325 per month for parking and \$325 per month for transit expenses related to work.