

## 2018 FACULTY BENEFITS

### Medical Rates

#### Point of Service/HMO, Blue Priority PPO, Custom Plus

	2017	2018	You Pay
Employee	\$637.52	\$671.52	\$0.00
Employee + Spouse	\$1,528.84	\$1,608.84	\$0.00
Employee + Child(ren)	\$1,401.84	\$1,475.84	\$0.00
Family	\$1,759.13	\$1,851.13	\$0.00

#### Blue Priority HMO

	2017	2018	You Pay
Employee	\$586.52	\$617.52	\$0.00
Employee + Spouse	\$1,406.84	\$1,480.84	\$0.00
Employee + Child(ren)	\$1,289.84	\$1,357.84	\$0.00
Family	\$1,619.13	\$1,704.13	\$0.00

#### 2500 HDHP (Formerly Lumenos 2500 HDHP)

	2017	2018	You Pay
Employee	\$573.52	\$516.52	\$0.00
Employee + Spouse	\$1,376.84	\$1,238.84	\$0.00
Employee + Child(ren)	\$1,261.84	\$1,135.84	\$0.00
Family	\$1,584.13	\$1,426.13	\$0.00

### Dental Rates

#### Dental PPO Plus and Dental PPO

	2017	2018	You Pay
Employee	\$41.00	\$42.00	\$0.00
Employee + Spouse	\$94.00	\$95.00	\$0.00
Employee + Child(ren)	\$90.00	\$91.00	\$0.00
Family	\$107.00	\$109.00	\$0.00

### Vision Rates – No Change

#### Basic Life and AD&D (Fully Employer Paid)

2017	2018
< Age 65 2x base salary maximum \$500,000	< Age 67 2x base salary maximum \$500,000
Age 65-69 2x base salary maximum \$50,000	Age 67-69 2x base salary maximum \$50,000
Age 70+ Flat \$10,000 benefit	Age 70+ Flat \$10,000 benefit (no change)

**Travel and Accident Insurance – No Change (Fully Employer Paid)**

**Long Term Disability – No Change (Fully Employer Paid)**

**Optional Life**

<b>Increments of \$10,000</b>	<b>2017</b>	<b>2018</b>
Guaranteed Issue - Employee	Up to \$30,000	Up to \$60,000
Guaranteed Issue - Spouse	Up to \$30,000	Up to \$30,000 (no change)
Child Life (age 26 and under) Guaranteed Issue	\$5,000	Increments of \$5,000 up to \$25,000
Maximum Coverage – Employee	\$300,000	\$500,000 or 5x base salary whichever is less (current coverage > 5x base salary grandfathered)
Maximum Coverage – Spouse	\$300,000	\$300,000 (no change)
Most employees and/or spouses may request guaranteed issue coverage amounts (new or increase) during this Open Enrollment only, without providing evidence of insurability. See Open Enrollment materials for complete details.		

**Optional Life Rates – Decrease!**

<b>Non-Smoker – per \$1,000</b>			<b>Smoker – per \$1,000</b>		
	<b>2017</b>	<b>2018</b>		<b>2017</b>	<b>2018</b>
<b>Age Band</b>			<b>Age Band</b>		
< 25	\$0.090	\$0.054	< 25	\$0.140	\$0.084
25-29	\$0.090	\$0.060	25-29	\$0.140	\$0.084
30-34	\$0.090	\$0.080	30-34	\$0.140	\$0.084
35-39	\$0.120	\$0.090	35-39	\$0.200	\$0.120
40-44	\$0.170	\$0.102	40-44	\$0.310	\$0.186
45-49	\$0.300	\$0.180	45-49	\$0.570	\$0.342
50-54	\$0.470	\$0.282	50-54	\$0.920	\$0.552
55-59	\$0.860	\$0.516	55-59	\$1.640	\$0.984
60-64	\$1.20	\$0.720	60-64	\$2.000	\$1.200
65-69	\$1.940	\$1.280	65-69	\$3.220	\$1.932
70-74	\$3.370	\$2.060	70-74	\$5.100	\$3.060
75-79	\$6.890	\$4.134	75-79	\$9.440	\$5.664
80-84	\$10.120	\$6.072	80-84	\$12.640	\$7.584
85 +	\$18.150	\$10.890	85 +	\$20.140	\$12.084
Child Life \$1.50 per \$5,000 of Coverage – Covers all Dependents age 26 and under					

**Mutual of Omaha Accidental Death and Disability – No Change**

### Medical

#### Blue Advantage Point of Service/HMO – HMO In-Network

	2017	2018
Adult Hearing Aids	Not Applicable	\$4,000 every three years (Durable Medical Equipment)

#### PRIME Blue Priority PPO – In –Network

	2017	2018
Deductible	\$400/\$800	\$500/\$1,000
Out-of-Pocket Maximum	\$2,000/\$4,000	\$3,000/\$6,000
Adult Hearing Aids	Not Applicable	\$4,000 every three years (Durable Medical Equipment – Deductible and Co-Insurance apply)

#### Blue Priority HMO

	2017	2018
Adult Hearing Aids	Not Applicable	\$4,000 every three years (Durable Medical Equipment – Deductible and Co-Insurance apply)

#### 2500 HDHP (Formerly Lumenos 2500 HDHP)

	2017	2018
Co-Insurance	Not Applicable	15%
Out-of-Pocket Maximum	\$2,500/\$5,000	\$3,500/\$7,000
Adult Hearing Aids	Not Applicable	\$4,000 every three years (Durable Medical Equipment – Deductible and Co-Insurance apply)

#### Custom Plus

(Closed to New Enrollment)	2017	2018
Adult Hearing Aids	Not Applicable	\$4,000 every three years (Durable Medical Equipment – Deductible and Co-Insurance apply)

**PLEASE REFER TO THE 2018 BENEFITS BOOK FOR OUT-OF-NETWORK COVERAGE**

**Dental****Dental PPO Plus and Dental PPO – In-Network**

	<b>2017</b>	<b>2018</b>
Child Orthodontia	50% up to \$1,000	50% up to \$1,500

**Flexible Spending Accounts**

	<b>2017</b>	<b>2018</b>
Healthcare Flex Account	\$2,550	\$2,600

**Vision Plan – Materials Coverage – No Change**