



UNIVERSITY OF NOTRE DAME

MEDICAL/DENTAL/VISION PLAN SUMMARY 2015

MEDICAL/DENTAL/VISION PLAN SUMMARY - 2015

To help you make informed decisions about your insurance election, the University has prepared this 2015 Medical/Dental/Vision Plan Summary. This summary is intended to help you learn more about the benefit plans available to you. **It does not replace the legal plan documents or contracts for each of the benefit plans and should not, in any way, be considered a legal contract or guarantee of coverage.** You are responsible for notifying the Office of Human Resources within 31 days of a qualifying life event, such as marriage, childbirth, adoption, and loss or gain of other insurance coverage. **(If you do not apply for additional coverage due to a status change within 31 days of the event, you may not make the change until the next Open Enrollment Period.)**

IMPORTANT CONTACT INFORMATION -- MEDICAL

<p style="text-align: center;">Meritain HMO-SELECT</p>	<p style="text-align: center;"><u>SELECT NETWORK</u></p> <ul style="list-style-type: none"> • Eligibility, benefit coverage, pre-certification, claim questions • Select Health Network (local network) • New Avenues Midwest Behavioral Health Network (mental health network) • Lakeland Network (Southwest MI) 	<p style="text-align: center;">www.mymeritain.com</p> <p style="text-align: center;">www.selecthealthnetwork.com</p> <p style="text-align: center;">www.newavenuesonline.com</p> <p style="text-align: center;">www.lakelandcare.com</p>	<p style="text-align: center;">1-888-668-6855</p> <p style="text-align: center;">1-800-634-9585</p> <p style="text-align: center;">1-800-223-6246</p> <p style="text-align: center;">1-269-927-5207</p>	
	<p style="text-align: center;">Meritain HMO-CHA</p>	<p style="text-align: center;"><u>CHA NETWORK</u></p> <ul style="list-style-type: none"> • Eligibility, benefit coverage, pre-certification, claim questions • Community Health Alliance (CHA) Network • Lakeland Network (Southwest MI) 	<p style="text-align: center;">www.mymeritain.com</p> <p style="text-align: center;">www.chanetwork.com</p>	<p style="text-align: center;">1-888-668-6855</p> <p style="text-align: center;">1-888-689-2242</p>
	<p style="text-align: center;">Meritain PPO Plan</p> <p style="text-align: center;">*Choose Local Network For in-network benefits</p>	<p style="text-align: center;"><u>SELECT NETWORK</u></p> <ul style="list-style-type: none"> • Eligibility, benefit coverage, pre-certification, claim questions • Select Health Network (local network) • PHCS – Healthy Directions (national network) • New Avenues Midwest Behavioral Health Network (mental health provider) • Lakeland Network (Southwest MI) 	<p style="text-align: center;">www.mymeritain.com</p> <p style="text-align: center;">www.selecthealthnetwork.com</p> <p style="text-align: center;">www.phcs.com</p> <p style="text-align: center;">www.newavenuesonline.com</p> <p style="text-align: center;">www.lakelandcare.com</p>	<p style="text-align: center;">1-888-668-6855</p> <p style="text-align: center;">1-800-634-9585</p> <p style="text-align: center;">1-800-678-7427</p> <p style="text-align: center;">1-800-223-6246</p> <p style="text-align: center;">1-269-927-5207</p>
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All Medical Plans are administered by Meritain Health www.mymeritain.com

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To help you make informed decisions about your insurance election, the University has prepared this 2015 Medical/Dental/Vision Plan Summary. This summary is intended to help you learn more about the benefit plans available to you. **It does not replace the legal plan documents or contracts for each of the benefit plans and should not, in any way, be considered a legal contract or guarantee of coverage.** You are responsible for notifying the Office of Human Resources within 31 days of a qualifying life event, such as marriage, childbirth, adoption, and loss or gain of other insurance coverage. **(If you do not apply for additional coverage due to a status change within 31 days of the event, you may not make the change until the next Open Enrollment Period.)**

IMPORTANT CONTACT INFORMATION

Prescription, Dental, and Vision

Prescription	Express Scripts, Inc.	www.express-scripts.com	1-800-711-0917
Dental	Delta Premier	www.deltadentalin.com www.consumertoolkit.com	1-800-524-0149
	Delta Preferred PPO	www.deltadentalin.com www.consumertoolkit.com	1-800-524-0149
Vision	EyeMed	www.eyemedvisioncare.com www.enrollwitheyemed.com	1-866-939-3633
Notre Dame Wellness Center		www.WellnessCenter.nd.edu	(574) 634-WELL (9355)
Notre Dame Wellness Center Pharmacy		www.WellnessCenter.nd.edu	(574) 271-5622

In-Network Hospital Information

Select Network

www.selecthealthnetwork.com

- Saint Joseph Regional Medical Center, Mishawaka, IN
- Saint Joseph Regional Medical Center, Plymouth, IN
- Community Hospital of Bremen, Bremen, IN
- Lakeland Regional Medical Center, St. Joseph, MI
- Lakeland Community Hospital, Niles, MI
- Lakeland Care Physicians
- Peyton Manning Children's Hospital at St. Vincent
- St. Vincent Health System
 - St. Vincent Hospital, Indianapolis, IN
 - St. Vincent Hospital, Carmel, IN
 - St. Vincent Heart Center of Indiana, Carmel, IN
 - St. Vincent Anderson Regional Hospital, Anderson, IN
 - St. Joseph Health System, Kokomo, IN
 - St. Vincent Medical Group
- Loyola University Medical Center, Maywood, IL
- The University of Chicago Hospitals, Chicago, IL
- Indiana University Health System
 - IU Health Goshen Hospital
 - IU Health LaPorte Hospital
 - IU Health Starke Hospital
 - IU Health University Hospital
 - IU Health Methodist Hospital
- Riley Hospital for Children at IU Health
- Mental Health Hospitals – Midwest Behavioral Health Network (New Avenues)
Lakeland Network (Michigan)
- Lakeland Regional Medical Center
 - Niles, MI
 - St. Joseph, MI
 - Berrien Center, MI

CHA Network

www.chanetwork.com

- Memorial Hospital, South Bend, IN
- Adams County Memorial Hospital, Decatur, IN
- Indiana University Health System
 - IU Health Bloomington
 - IU Health Goshen Hospital
 - IU Health LaPorte Hospital
 - IU Health Methodist Hospital
 - IU Health Starke Hospital
 - IU Health University Hospital
- Riley Hospital for Children at IU Health
- Community Hospital of Bremen, Bremen, IN
- Elkhart General Hospital, Elkhart, IN
- Memorial Epworth Center, South Bend, IN
- Oaklawn Psychiatric Center, Inc., Goshen, IN
- University of Chicago Hospitals, Chicago, IL
- Cleveland Clinic, Cleveland, OH
- Mayo Clinic, Rochester, MN
- Porter Hospital, Valparaiso, IN
- St. Vincent Hospital, Indianapolis, IN
- Community Hospital, Munster, IN
- St. Catherine Hospital, East Chicago, IN
- St. Mary Medical Center, Hobart, IN
- Fairbanks Addiction Treatment Center, Indianapolis, IN
- Franciscan Hospitals
 - St. Anthony Health, Crown Point, IN
 - St. Anthony Health, Michigan City, IN
 - St. Elizabeth Health, Lafayette Central, IN
 - St. Elizabeth Health, Lafayette East, IN
 - St. Elizabeth Health, Crawfordsville, IN
 - St. Francis Health, Carmel, IN
 - St. Francis Health, Indianapolis, IN
 - St. Francis Health, Mooresville, IN
 - St. Margaret Health, Dyer, IN
 - St. Margaret Health, Hammond, IN
 - Franciscan Healthcare, Munster, IN
- Lakeland Network (Michigan)
- Lakeland Regional Medical Center
 - Niles, MI
 - St. Joseph, MI
 - Berrien Center, MI

(See network webpage for a complete and up-to-date listing)

PPO Plans – See PHCS – Healthy Directions for a complete listing of out-of-area in-network hospitals www.phcs.com

Dependent Verification for Health Plans

The University of Notre Dame requires faculty and staff who are eligible for the health plan to provide documentation that supports current spousal or child relationship when enrolling a dependent in the plan.

Copies of your documents should be submitted with your Benefits Enrollment Form.

Who is an eligible dependent?

- Your legal spouse as defined by the state of Indiana
- Your children up to age 26 who are your natural children, stepchildren, adopted children, disabled children who are unmarried and became disabled prior to age 26, and children for whom you are a court appointed guardian
- Any child for whom you are required to provide coverage under a Qualified Medical Child Support Order (QMCSO)

Who is not eligible?

- Your common law spouse
- Your parents
- Your ex-spouse (even if you are legally responsible for providing coverage)
- Your grandchildren, nieces and nephews for whom you are not a court appointed guardian

The table below lists the documents that will be accepted for each type of dependent. Please note in certain situations, two types of documentation may be required.

Please submit copies of the original documents to the Office of Human Resources located in 200 Grace Hall.

IMPORTANT: Please include your NDID number on all copies of documentation submitted.

Acceptable Dependent Eligibility Documents	
Dependent	Documentation Required
Legal Spouse (The covered employee's husband or wife under Indiana Law)	Documentation must support the current spousal relationship. <ul style="list-style-type: none"> - Government issued marriage certificate and Federal Tax Return within the last 2 years* OR - Government issued marriage certificate and proof of joint ownership issued within the last 6 months OR - Government issued marriage certificate only (if married in the last 12 months)
Biological Child (Under age 26 and not eligible to enroll in his or her employer provided plan)	Government issued birth certificate
Disabled Biological Child (Over age 26; unmarried; medically certified as disabled; financially supported by employee and spouse)	Government issued birth certificate and Federal Tax Return within last two years claiming child*

Adopted Child (Under age 26 and not eligible to enroll in his or her employer provided plan)	Adoption placement and petition for adoption OR adoption certificate
Disabled Adopted Child (Over age 26; unmarried; medically certified as disabled; financially supported by employee and spouse)	Adoption certificate and Federal Tax Return within last 2 years claiming child*
Stepchild (Under age 26 and not eligible to enroll in his or her employer provided plan)	<ul style="list-style-type: none"> - Government issued birth certificate, government issued marriage certificate and Federal Tax Return within last 2 years * OR - Government issued birth certificate and government issued marriage certificate (if married within the last 12 months) OR - Government issued birth certificate, government issued marriage certificate and a proof of joint ownership issued within last 6 months
Disabled Stepchild (Over age 26; unmarried; medically certified as disabled; financially supported by employee and spouse)	<ul style="list-style-type: none"> - Government issued birth certificate, government issued marriage certificate and Federal Tax Return within last 2 years listing spouse and claiming child * OR - Government issued birth certificate and government issued marriage certificate (if married within the last 12 months) OR - Government issued birth certificate, government issued marriage certificate and a proof of joint ownership issued within last 6 months
Legal Guardian (Under age 26 and not eligible to enroll in his or her employer provided plan)	Government issued birth certificate and court ordered document of legal custody
Disabled Legal Guardian (Over age 26; unmarried; must be medically certified as disabled; financially supported by employee and spouse)	Government issued birth certificate, court ordered document of legal custody and Federal Tax Return within last 2 years claiming child
Qualified Medical Support Order (Age 18 and under; QMSO must be ordered for the employee)	Qualified Medical Child Support Order

*Please submit page 1 only of the Federal Tax Return. Black out all monetary amounts and Social Security Numbers.

You will have 60 days from your benefit eligibility date or qualifying event date to provide this documentation. If documentation is not received within this timeframe, applicable dependents will not be enrolled. The next opportunity to enroll will then be during open enrollment or if you experience a qualifying event.

PLAN COVERAGE	MERITAIN PPO - SELECT OR CHA		MERITAIN SELECT HMO		MERITAIN CHA HMO																						
Precertification Requirements	<p>You, your eligible Dependents or a representative acting on your behalf, must call the Meritain at 1-888-668-6855 to receive precertification of Inpatient admissions (other than admissions for an Emergency Medical Condition), as well as other non-Emergency Services listed below. This call must be made at least 24 hours in advance of Inpatient admissions or receipt of the non-Emergency Services listed below.</p> <ul style="list-style-type: none"> ○ CT scans ○ Developmental delays ○ Inpatient admissions, including inpatient admissions to a Skilled Nursing Facility, Extended Care Facility, Rehabilitation Facility, and inpatient admissions due to a Mental Disorder or Substance Use Disorder ○ Orthopedic surgeries for spine and hip procedures <p>If the Inpatient admission is with respect to an Emergency Medical Condition, you must notify the Meritain within 48 hours or if later, by the next business day after the Emergency Medical Condition admission. Failure to obtain precertification or notify the Meritain within the time frame indicated above will result in eligible expenses being reduced or denied.</p>																										
Monthly Premiums <i>(full-time Faculty and Staff)</i>	Individual Individual + 1 Family	\$86.00 \$222.00 \$302.00	Individual Individual + 1 Family	\$71.00 \$201.00 \$252.00	Individual Individual + 1 Family	\$95.00 \$251.00 \$336.00																					
Calendar Year Deductibles	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$400</td> <td style="text-align: center;">\$800</td> </tr> <tr> <td><u>Out-of-Network</u></td> <td style="text-align: center;">\$800</td> <td style="text-align: center;">\$1,600</td> </tr> </table> <p>(Do not cross accumulate between in-network and out-of-network)</p>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$400	\$800	<u>Out-of-Network</u>	\$800	\$1,600	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$350</td> <td style="text-align: center;">\$700</td> </tr> </table>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$350	\$700	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$350</td> <td style="text-align: center;">\$700</td> </tr> </table>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$350	\$700
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Co-Insurance	<p style="text-align: center;"><u>In-Network</u> 85% of eligible charges after deductible. (Employee pays remaining 15%.)</p> <p style="text-align: center;"><u>Out-of-Network</u> 65% of eligible, reasonable, and customary charges after deductible. (Employee pays remaining 35% plus any amounts above reasonable & customary.)</p>		<p style="text-align: center;"><u>In-Network</u> 85% of eligible charges after deductible. (Employee pays remaining 15%)</p>		<p style="text-align: center;"><u>In-Network</u> 85% of eligible charges after deductible. (Employee pays remaining 15%)</p>																						
Calendar Year Out-of-pocket limits Includes the annual deductible. (Note: Once the out-of-pocket limit is met on an annual basis, the plan pays 100% of eligible charges. No one family member may meet this limit for the whole family.)	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$1,950</td> <td style="text-align: center;">\$4,600</td> </tr> <tr> <td><u>Out-of-Network</u></td> <td style="text-align: center;">\$3,900</td> <td style="text-align: center;">\$7,800</td> </tr> </table> <p>New for 2015 - Prescription Drug Copays will apply toward the out-of-pocket maximum.</p>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$1,950	\$4,600	<u>Out-of-Network</u>	\$3,900	\$7,800	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$2,000</td> <td style="text-align: center;">\$4,000</td> </tr> </table> <p>New for 2015 - Prescription Drug Copays will apply toward the out-of-pocket maximum.</p>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$2,000	\$4,000	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Individual</u></td> <td style="text-align: center;"><u>Family</u></td> </tr> <tr> <td><u>In-Network</u></td> <td style="text-align: center;">\$2,000</td> <td style="text-align: center;">\$4,000</td> </tr> </table> <p>New for 2015 - Prescription Drug Copays will apply toward the out-of-pocket maximum.</p>			<u>Individual</u>	<u>Family</u>	<u>In-Network</u>	\$2,000	\$4,000
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Coordination of Benefits (C.O.B.)	<p>Notre Dame will coordinate with other coverage. The plan will pay based on non-duplication of benefits. Meritain is primary for you (the employee), and your spouse's employer's insurance plan is always primary for him or her. The two plans "coordinate" benefits for your dependent children. The "birthday rule" determines which plan is primary (pays first) for your dependent children. For example, if the month of your birthday falls <u>before</u> your spouse's birthday month, Meritain will be primary and pay benefits first for your dependents.</p>																										

PLAN COVERAGE	MERITAIN PPO - SELECT OR CHA	MERITAIN SELECT HMO	MERITAIN CHA HMO
<p align="center">Allergy Injections</p>	<p><u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit.</p>	<p><u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit.</p>
<p align="center">Allergy Testing and Serum</p>	<p><u>In-Network:</u> Deductible then plan pays 85%</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit.</p>	<p><u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.)</p> <p><u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit.</p>
<p align="center">Ambulance</p>	<p><u>In-Network or Out-of-Network:</u> Deductible then plan pays 85%</p>	<p><u>In-Network or Out-of-Network:</u> 100%</p> <p>Deductible does not apply.</p>	<p><u>In-Network or Out-of-Network:</u> 100%</p> <p>Deductible does not apply.</p>
<p align="center">Baby Steps Programs for Expectant Mothers</p>	<p>Baby Steps is a program offered by Meritain that offers assistance guidance for expecting mothers.</p> <p>Eliminate the \$400 inpatient hospital deductible for expectant mothers who enroll in Meritain Health’s Baby Step Program. If the calendar year deductible has already been met, the plan will issue a \$400 credit towards inpatient hospital delivery expenses.</p>	<p>Baby Steps is a program offered by Meritain that offers assistance guidance for expecting mothers.</p> <p>Eliminate the \$350 inpatient hospital deductible for expectant mothers who enroll in Meritain Health’s Baby Step Program. If the calendar year deductible has already been met, the plan will issue a \$350 credit towards inpatient hospital delivery expenses.</p>	<p>Baby Steps is a program offered by Meritain that offers assistance guidance for expecting mothers.</p> <p>Eliminate the \$350 inpatient hospital deductible for expectant mothers who enroll in Meritain Health’s Baby Step Program. If the calendar year deductible has already been met, the plan will issue a \$350 credit towards inpatient hospital delivery expenses.</p>
<p align="center">Chiropractic Care</p> <p>Select Network - See HR website for listing of covered chiropractors.</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <p>Calendar Year Maximum: 20 visits</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <p>Calendar Year Maximum: 20 visits</p>

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Developmental Delay	Coverage will include: Diagnostic testing, speech therapy, occupational therapy, physical therapy, and education and training office visits for developmental delays. This benefit will cover developmental delays for covered dependents under the age of 5.		
Diabetic Supplies	Not Applicable – Covered under the Pharmacy Benefit.		
Diabetes Education	Calendar Year Maximum: 3 visits		
Durable Medical Equipment	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.
Emergency Room Services	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% after \$200 co-payment	<u>In-Network:</u> 100% after \$200 co-payment
<i>If you have a life threatening medical emergency, you should go to the nearest emergency room for treatment. Those charges will be treated as if they were incurred In-Network.</i>			
Hearing Aids The Plan will not pay for over-the-counter hearing aids, repair of broken, lost aids or for the replacement of batteries	<u>In-Network or Out of Network:</u> Deductible then plan pays 85% 36 month maximum of \$1,500	<u>In-Network or Out-of-Network:</u> 100% Deductible does not apply. 36 month maximum of \$1,500	<u>In-Network or Out-of-Network:</u> 100% Deductible does not apply. 36 month maximum of \$1,500
Home Health Care	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% after \$30 co-payment per visit. Calendar Year Maximum: 60 visits	<u>In-Network:</u> 100% after \$30 co-payment per visit. Calendar Year Visit Maximum: 60 visits
Hospital Room & Board <i>Includes Maternity Stays, Mental Nervous and Substance Abuse Disorders</i>	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> Deductible then plan pays 85%	<u>In-Network:</u> Deductible then plan pays 85%
Human Organ Transplants	Meritain utilizes various transplant network programs for transplants and other services. These programs are offered at over 30 hospitals across the US.		
Infertility Testing	Diagnosis and testing of infertility (the inability to conceive), test for physical abnormalities of the reproductive system that might cause infertility, and correct existing pathologies of the reproductive system, if deemed Medically Necessary.		
Laboratory/X-Ray Services <i>(Out-patient)</i>	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.

PLAN COVERAGE	MERITAIN PPO - SELECT OR CHA	MERITAIN SELECT HMO	MERITAIN CHA HMO
<p>Laboratory/X-Ray Services <i>When performed 30 days in advance of a physician's office visit and/or 60 days after the physician's office visit. The service must be ordered by the same physician that performed the office visit or the diagnosis must match the one(s) billed by the physician performing the related office visit.</i></p>	<p><u>In-Network:</u> 100% - Deductible does not apply</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100%</p> <p>Deductible does not apply.</p>	<p><u>In-Network:</u> 100%</p> <p>Deductible does not apply.</p>
<p>Maternity (Prenatal and Postnatal care)</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <ul style="list-style-type: none"> ○ Copayment shall apply to initial visit only ○ Services outside the global maternity program fee will be paid at the applicable benefit level <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <ul style="list-style-type: none"> ○ Copayment shall apply to initial visit only ○ Services outside the global maternity program fee will be paid at the applicable benefit level 	<p><u>In-Network:</u> 100% after \$30 co-payment per physician office visit.</p> <ul style="list-style-type: none"> ○ Copayment shall apply to initial visit only ○ Services outside the global maternity program fee will be paid at the applicable benefit level
<p>Mental Disorders and Substance Abuse Disorders (Out-patient)</p> <p>Marital Counseling is covered benefit.</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p>
<p>Occupational Therapy</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p>Calendar Year Maximum: 50 visits</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p>Calendar Year Maximum: 50 visits</p>
<p>Physical Therapy</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p><u>Out-of-Network:</u> Deductible then plan pays 65%</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p>Calendar Year Maximum: 50 visits</p>	<p><u>In-Network:</u> 100% after \$30 co-payment per visit.</p> <p>Calendar Year Maximum: 50 visits</p>

PLAN COVERAGE	MERITAIN PPO - SELECT OR CHA	MERITAIN SELECT HMO	MERITAIN CHA HMO
Physician Office Visits <i>(Co-payments)</i>	<u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.) <u>Specialist Physician – In-Network</u> 100% after \$35 co-payment per specialist physician office visit <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.) <u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit.	<u>Primary Care Physician In-Network</u> 100% after \$30 co-payment per physician office visit. (Family and General Practitioners, Internist, Pediatrician, or OB-GYN Physician.) <u>Specialist Physician In-Network</u> 100% after \$35 co-payment per specialist physician office visit
Physician Inpatient Hospital Charges	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.
Prosthesis and Orthotic Appliances	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.
Preventative & Routine Care Adults and Children	<u>In-Network:</u> 100% - Deductible does not apply <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.
Skilled Nursing Facility	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> Deductible then plan pays 85% Calendar Year Maximum: 60 days	<u>In-Network:</u> Deductible then plan pays 85% Calendar Year Maximum: 60 days
Speech Therapy	<u>In-Network:</u> 100% after \$30 co-payment per visit. <u>Out-of-Network:</u> Deductible then plan pay 65%.	<u>In-Network:</u> 100% after \$30 co-payment per visit. Calendar Year Maximum: 50 visits	<u>In-Network:</u> 100% after \$30 co-payment per visit. Calendar Year Maximum: 50 visits

PLAN COVERAGE	MERITAIN PPO - SELECT OR CHA	MERITAIN SELECT HMO	MERITAIN CHA HMO
Surgery <i>(Outpatient)</i>	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> Deductible then plan pays 85%	<u>In-Network:</u> Deductible then plan pays 85%
Surgery <i>(During a physician office visit)</i>	<u>In-Network:</u> Deductible then plan pays 85% <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% Deductible does not apply.	<u>In-Network:</u> 100% Deductible does not apply.
TMJ (Temporomandibular Joint Syndrome)	Surgical and non-surgical treatment of Temporomandibular. Treatment shall include, but is not limited to: orthodontics; physical therapy; and any appliance that is attached to or rests on the teeth. Calendar Year Maximum: \$1,000	Not Covered	Not Covered
Urgent Care Facility	<u>In-Network:</u> 100% after \$50 co-payment per visit. <u>In-Network – Med Point Express:</u> 100% after \$30 co-payment per visit. <u>Out-of-Network:</u> Deductible then plan pays 65%	<u>In-Network:</u> 100% after \$50 co-payment per visit.	<u>In-Network:</u> 100% after \$50 co-payment per visit. <u>In-Network – Med Point Express:</u> 100% after \$30 co-payment per visit.
Voluntary Abortion and/or Sterilization	Not Covered		
Wisdom Teeth	Coverage for Removal of Impacted Teeth Only.	Not Covered	Not Covered

PRESCRIPTION BENEFIT- WITH ALL MEDICAL PLANS

Program Administrated by Express Scripts, Inc. www.express-scripts.com 1-800-711-0917

Three tier program with use of preferred drug listing called a formulary

	Participating Retail Pharmacy Up to a 30-day supply	Mail Service Up to a 90-day supply
Generic	\$5	\$12
Brand formulary	\$30	\$60
Brand non-formulary	\$45	\$90
Specialty drugs	\$100	\$200 *

* When clinically appropriate

<u>What is a formulary?</u>	<u>Generic Drugs versus Brand Name Drugs:</u>	<u>Mail Service Requirement:</u>
<p>A formulary is a cost-effective solution to help you with select prescription drugs for you and your family. The formulary is a continually updated list of preferred drugs selected by a panel of physicians and pharmacists. A drug on the formulary benefits members as it gives them access to valuable medications at a lower co-payment. Both generic and brand drugs that provide effective, safe, and appropriate drug therapies are listed on the formulary</p>	<p>Generic Drugs are identical to brand name drugs, but are sold under their chemical generic name. Generic drugs must contain the same active chemical ingredients and be equivalent in strength and dosage from to the brand-name product. The federal Food and Drug Administration regulates the quality, strength and purity of generic drugs.</p> <p>Brand-Name Drugs are drugs that are advertised and sold under a product name chosen by the manufacturer. In general, brand-name drugs are more expensive than generic drugs.</p>	<p>You may receive your first three refills for long-term or maintenance medications under the retail network service. Your fourth and future refills must be obtained through the mail service to avoid higher co-payments. <u>Long-term or maintenance medications filled at retail after the first three refills will be subject to double the retail co-payments for up to a 30-day supply (\$10 for generic, \$60 for brand, or \$90 for brand non-formulary)</u></p> <p>By using the mail service program you can receive up to a 90 day supply of long-term or maintenance medication for less than three months worth of retail co-payments. Mail service co-payments are as follows: \$12 generic, \$60 brand, or \$90 brand non-formulary.</p>

Special Coverage

Drug treatment for correction of existing pathologies of the reproductive system only:

- To establish medical necessity, physician must fax a letter of medical necessity to Benefit Specialist at 574-631-6790. Authorizations will be input into Express Scripts' system and are good for 12 months.
- No payment will be made for expenses incurred for oral and injectable fertility drugs administered in conjunction with artificial insemination in-vitro fertilization (IVF), GIFT, ZIFT or any other treatment designed to replace normal reproductive processes to achieve pregnancy.

Oral Contraceptives:

- No payment will be made under the University medical plan for expenses incurred for oral contraceptive or contraceptive devices, except when specifically requested by a physician based on medical necessity and for purposes other than contraception. Contraceptive implants, such as Norplant, are not considered Covered Prescription Drugs.

Benefit Features for University of Notre Dame DU LAC

Delta Dental Premier Group #9541-0001			Delta Dental PPO (Point-of-Service) Group #5541-0001			
\$1,000		Maximum Payment – The per person total per benefit year on Class I, Class II and Class III Benefits	\$1,500			
\$1,000			\$1,000			
\$50 individual/\$150 family		Deductible –The deductible per person total per benefit year limited to a maximum deductible per family per benefit year on Class II and Class III Benefits: The deductible does not apply to Class I or Class IV Benefits.	\$50 individual/\$150 family			
			PPO Dentist		Premier/Nonparticipating Dentist	
Plan Pays	You Pay		Plan Pays	You Pay	Plan Pays	You Pay
Class I - Diagnostic & Preventive						
100%	0%	Diagnostic and Preventive Services - Used to diagnose and/or prevent dental abnormalities or disease (includes exams, cleanings and fluoride treatments).	100%	0%	100%	0%
100%	0%	Emergency Palliative Treatment - Used to temporarily relieve pain.	100%	0%	100%	0%
100%	0%	Brush Biopsy	100%	0%	100%	0%
100%	0%	Bitewing Radiographs – Bitewing X-rays.	100%	0%	100%	0%
Class II - Basic Services						
50%	50%	Oral Surgery Services - Extractions and dental surgery, including preoperative and postoperative care.	80%	20%	50%	50%
50%	50%	Endodontic Services - Used to treat teeth with diseased or damaged nerves (for example, root canals).	80%	20%	50%	50%
50%	50%	Periodontic Services - Used to treat diseases of the gums and supporting structures of the teeth.	80%	20%	50%	50%
50%	50%	Relines and Repairs - Relines and repairs to bridges and dentures.	80%	20%	50%	50%
50%	50%	Minor Restorative Services - Used to repair teeth damaged by disease or injury (for example, fillings).	80%	20%	50%	50%
50%	50%	Sealants - Used to prevent decay of pits and fissures of permanent back teeth.	80%	20%	50%	50%
50%	50%	Major Restorative Services - Used when teeth cannot be restored with another filling material (for example, crowns).	Offered Under Major Services		Offered Under Major Services	
50%	50%	Full Mouth Radiographs	80%	20%	50%	50%
50%	50%	All Other Radiographs – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	80%	20%	50%	50%
Class III - Major Services						
Offered under Basic Services		Major Restorative Services - Used when teeth cannot be restored with another filling material (for example, crowns)	50%	50%	50%	50%
50%	50%	Prosthetic Services - Used to replace missing natural teeth (for example, bridges and dentures)	50%	50%	50%	50%
N/A	100%	Implants	50%	50%	50%	50%
Class IV - Orthodontic Services						
50%	50%	Orthodontic Services (no age limit) - Used to correct malposed teeth (for example, braces)	50%	50%	50%	50%

DENTAL PLANS

PLAN COVERAGE	Delta Dental Premier Group #9541-0001				Delta Dental Preferred Group #5541-0001			
Dental Premiums per Month for Full time employees	2015		2016		2015		2016	
	Individual	\$16.02	Individual	\$16.02	Individual	\$20.68	Individual	\$20.68
	Individual+1	\$30.26	Individual+1	\$30.26	Individual+1	\$37.00	Individual+1	\$37.00
	Family	\$52.60	Family	\$52.60	Family	\$66.32	Family	\$66.32
Children Eligibility (Due to Age)	Unmarried children are eligible up to the age of 19. If they are a full-time student they may be covered up to the age of 25. If a child loses eligibility their coverage will terminate the end of the calendar month in which they lose eligibility. You will be required to provide proof of full-time status to the insurance company before any claims are paid.							

Limitations for both 9541 Delta Dental Premier and 5541 Delta Dental PPO (POS)

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable once per calendar year for people up to age 19.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges and substructures are payable once in any seven-year period.
- Nitrous oxide is a Covered Service.
- Implants and implant related services are payable once per tooth in any seven-year period (Covered under 5541 Delta Dental PPO (POS) plan only.)
- Preventative and diagnostic charges are excluded from the annual maximum payment.

Dependent Child(ren) Eligibility – Unmarried children who are under age 19; unmarried children who are over age 19 and full-time students up to age 25..



Additional Information

- If enrolling in a dental plan a 2-year commitment is required (may switch dental plans during open enrollment).
- Member ID# is faculty/staff member's actual social security number.
- Delta Dental Consumer Toolkit – www.toolkitsonline.com

The Consumer Toolkit allows a very secure environment for covered members and their spouses to easily:

- Verify eligibility of subscriber and dependents;
- Review up-to-date benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, and levels of coverage for specific dental services).
- Review specific claims transactions, reimbursements, and payments; and
- Print your own member ID cards, Delta Dental does not mail ID cards to you

Print your Dental Insurance Card

1. Visit Delta's website at www.deltadentalin.com
2. Click on the consumer toolkit on the left hand side in the dropdown box
3. You will need to log-in with your Name, Date of Birth, and Member ID (Social Security Number)
4. Create a username and password
5. After logging in, there will be a link on the left hand side to print your ID card

*Maximum allowable fee is the amount that your dental plan determines is the normal range of payment for a specific service within a given geographic area. If you are using a non-participating dentist, Delta Dental will reimburse you and not the dentist.

This document is intended as a supplement to your Dental Care Certificate and Summary of Dental Plan Benefits. Please refer to your certificate and summary for policy exclusions and limitations.

VISION PLAN

The University of Notre Dame's Vision care is provided through EyeMed. EyeMed vision care offers savings on eye examinations, contact lenses, lens options and accessories, as well as LASIK and PRK laser vision correction procedures. You may choose independent ophthalmologists, optometrists, opticians, and LensCrafters locations throughout the country. A complete provider listing can be viewed at www.enrollwitheyemed.com. The network is Insight. There are no claim forms to complete for in-network services.

Vision Care	Member Cost	Out-of-Network Allowance
Exam with dilation as Necessary:	\$0	Up to \$35
Standard Plastic Lenses:		
Single Vision	\$10 co-payment	Up to \$25
Bifocal	\$10 co-payment	Up to \$40
Trifocal	\$10 co-payment	Up to \$55
Lenticular	\$10 co-payment	Up to \$55
Retinal Imaging	Up to \$39	N/A
Frames:		Up to \$65
Any frame available at provider location	\$0 co-payment, \$130 allowance for any frame plus 20% off balance over \$130	
Lens Options:		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Progressive-(add-on to Bifocal)	\$75	N/A
Premium Progressives:		N/A
Tier 1	\$95	N/A
Tier 2	\$105	N/A
Tier 3	\$120	N/A
Tier 4	\$75, 80% of charge less \$120 allowance	N/A
Standard Anti-Reflective	\$45	N/A
Premium Anti-Reflective:		N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses:		
Fit and Follow-up (Standard)	Up to \$55	N/A
Fit and Follow-up (Premium)	10% off retail price	N/A
Conventional	\$0 co-payment, plus 15% discount off balance over \$130	Up to \$104
Disposables	\$0 co-payment, plus balance over \$130	Up to \$104
Medically Necessary	\$0 co-payment, paid in full	Up to \$200

Laser Vision Correction: Lasik or PRK From US Laser Network	15% of retail price or 5% off promotional price	N/A
Frequency: Examination Frame Lenses or Contact Lenses	Once per calendar year Once every two calendar years Once per calendar year	
Vision Premiums per month	Individual \$8.56 Individual+1 \$16.16 Family \$23.68	

MEMBERS MAY UTILIZE THE FOLLOWING PLAN ONCE THE INITIAL VISION BENEFIT PLAN HAS BEEN EXHAUSTED.

Value Added Features:

In addition to the health benefits your EyeMed program offers, members also enjoy additional, value-added features including:

- **Additional Savings:** Save up to 40% off additional complete eyeglass purchases and 15% off conventional contact lenses once the funded benefit has been used.
- **Laser Vision Correction:** Save 15% off the retail price or 5% off the promotional price of LASIK or PRK procedures from US Laser Network.
- **Replacement Contact Lenses Online:** As an added convenience, members can order replacement contact lenses directly online.

Additional Purchases and Out-of-Pocket Discount

Member will receive a 20% discount on remaining balance at participating providers beyond plan coverage, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed's Providers professional services, or disposable contact lenses.

Benefits are not provided for services or materials arising from:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes
- Corrective eyewear required by an employer as a condition of employment
- Safety eyewear unless specifically covered under the plan
- Services provided as a result of any Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof
- Plan non-prescription lenses and/or contact lenses and non-prescription sunglasses (except for 20% discount)
- Two pairs of glasses in lieu of bifocals (does not apply to Primary Plan members)
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the insured person are within 31 days from the date of such order
- Benefit allowances provide no remaining balance for future use within same benefit period
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except until the next benefit period.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.