

ATTACHMENT #2

A description of these insurance benefits is set forth in this summary plan description. The actual plan document is written in much more technical and precise language. If the non-technical language of the attached summary plan description and the technical language of the plan document conflict, the language of the plan document shall govern.

201.1 Medical & Prescription Drug Plan Summary and Comparison¹
The University of Akron

Covered Service ²	PPO Gold 90		PPO Blue 80	
	In Network	Out of Network	In Network	Out of Network
Office Visit ³	\$20	70% of UCR after deductible	\$25	60% of UCR after deductible
Specialist Physicians	\$25	70% of UCR after deductible	\$35	60% of UCR after deductible
Urgent Care	\$35	70% of UCR after deductible	\$50	60% of UCR after deductible
Emergency Room	<i>If admitted to the hospital from the emergency room, co-pay waived.</i>			
	\$75	70% of UCR after deductible	\$100	60% of UCR after deductible
Deductible (Single/Family)	\$200/\$400	\$400/\$800	\$400/\$800	\$800/\$1,600
Annual Out-of-Pocket Max (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$6,000/\$12,000
Lifetime Benefit Maximum	Unlimited			
Anesthesia	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Allergy Testing	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Ambulance Services	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Behavioral Health Services -Inpatient	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Behavioral Health Services -Outpatient	\$20	70% of UCR after deductible	\$25	60% of UCR after deductible
Behavioral Health Services -Partial Hospitalization	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Diagnostic Testing	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Durable Medical Equipment	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Home Health Care Services	<i>Home Health care Services are limited to 120 days per year</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Hospice Care ⁴	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Immunization ⁵	100%	70% of UCR after deductible	100%	70% of UCR after deductible
In-Hospital Physician visits	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Inpatient Hospitalization	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Medications - Outpatient ⁶	<i>Some medications are covered under the prescription drug plan, not medical insurance plan. Contact EnVisionRx Options and ZZZ for more information.</i>			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Outpatient Procedures	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Pre-Admission Testing	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Prescription Drug	<i>Prescription Drugs coverage is provided under all medical plans and administered by EnVisionRx Options. See chart below or visit www.uakron.edu/hr/benefits</i>			
Private Duty Nursing	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Radiation Therapy/Chemotherapy	90% after deductible	70% of UCR after deductible	80% of UCR after deductible	60% of UCR after deductible
Routine Gynecological Exam ⁷	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Routine Mammography ⁸	100%	70% of UCR after deductible	100%	60% of UCR after deductible

Routine Physical Exam ⁱ	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Routine Testing ^g	100%	70% of UCR after deductible	100%	60% of UCR after deductible
Skilled Nursing Facility	Skilled Nursing care facilities services are covered for up to 120 days per plan year.			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Surgical	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Therapy Services	60 visits maximum visits combined per plan year for: cardiac rehabilitation therapy, occupational therapy, chiropractic therapy, physical therapy, and speech therapy services			
	90% after deductible	70% of UCR after deductible	80% after deductible	60% of UCR after deductible
Well Baby/Child Care ^f	100%	70% of UCR after deductible	100%	60% of UCR after deductible

Prescription ⁱⁱⁱ Drugs	Retail (30 Day Supply)	Mall Order (90 Day Supply)	Retail (30 Day Supply)	Mall Order (90 Day Supply)
Generic Prescription Drugs (Tier 1)	\$10	\$25	\$12	\$30
Preferred Brand Prescription Drugs (Tier 2)	20% (\$50 Max)	20% (\$125 Max)	25% (\$60 Max)	25% (\$150 Max)
Non-Preferred Brand Prescription Drugs (Tier 3)	25% (\$70 Max)	25% (\$175 Max)	35% (\$100 Max)	35% (\$250 Max)
Specialty Prescription Drugs (Tier 4) ⁱⁱⁱ	25% (\$125 Max)	--	35% (\$150 Max)	--

- UCR: Usual, customary, and reasonable
- Co-pay: Short for Co-payment.
- Deductible: The amount you have to pay out-of-pocket for expenses before the Insurance company will cover the remaining costs
- Co-insurance: The percentage Insurance will pay once you have paid your deductible.
- Out of pocket maximum: The limit you will pay out of pocket.

ⁱ This chart has been prepared by The University of Akron to provide a very broad overview of the medical plan options currently available. Please refer to the specific plan materials provided in your benefits enrollment packet for more detailed information. Should any information differ between this sheet and the official plan documents, the plan documents shall prevail.

ⁱⁱ Eligibility Provisions: Initial Eligibility 1st of month following date of hire. Spouses with access to subsidized health coverage through own employment, where employer contributes at least 50% or more of cost, are restricted to secondary University coverage allowance.

ⁱⁱⁱ This co-pay applies to family practitioners, general practitioners, obstetricians, and gynecologists, pediatricians, and "minute clinic" facilities.

^{iv} Life expectancies 6 months or less

^v See Immunization eligibility list for immunizations covered at 100%. Guided by Advisory Committee on Immunization Practices of CDC

^{vi} Injectable/oral/intravenous (including chemotherapy) medications dispensed on an outpatient (e.g. provider's office) basis.

^{vii} Preventative care includes: one OG/GYN exam per plan year.

^{viii} One baseline age 35-39; One per year ages 40 and older

^{ix} Routine Physical exam 1 per plan year

^x Per U.S. Preventative Services Task Force Recommendations Schedule Evidenced Based "A" & "B" Services, Evidence-informed preventative screening for infants, children & adolescents provided in guidelines supported by Health Resources and Services Administration

^{xi} Per Recommendations for Preventive Pediatric Health Care schedule Bright Futures/American Academy of Pediatrics

^{xii} All prescription drug coverage includes: hard mandatory generic, step therapy for select medications and quantity limits for select medications

^{xiii} Drugs in this tier are typically only available through specialty retail prescription drug outlets.

Highlighted Items indicate change from current plan design

2011 Dental Plan Summaryⁱ
The University of Akron

Dental Services	
Deductible (non-preventative)	\$50
<ul style="list-style-type: none"> • Individual • Family 	\$100
Annual Benefit Maximum	\$1250
Preventative	100%
Basic Services	70%
Major Services	50%
Orthodontic Services	
Orthodontia (children up to age 19)	50%
Orthodontia Lifetime Benefit Maximum	\$1,000

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Eligibility Provisions: Initial Eligibility 1st of month following date of hire. Spouses with access to subsidized health coverage through own employment, where employer contributes at least 50% or more of cost, are restricted to secondary University coverage allowance.
 •No cash incentive for opt out

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2011 Vision Plan Summaryⁱ
The University of Akron

Vision Services																
In Network																
Well Vision Exam	\$10 copay	Every plan year														
Prescription Glasses	\$15 copay															
<ul style="list-style-type: none"> • Lenses • Frame 	<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal lenses, polycarbonate lenses and scratch coating • \$130 allowance your choice of frame; 20% off the amount over your allowance 	<ul style="list-style-type: none"> • Every plan year • Every other plan year 														
Contact Lens	No copay \$130 allowance for contacts and the contact lens exam (fitting and evaluation). ⁱⁱ	Every plan year														
Out of Network																
You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;"><u>Reimbursement Amounts</u></th> </tr> </thead> <tbody> <tr> <td>Exam.....</td> <td style="text-align: right;">Up to \$35</td> </tr> <tr> <td>Single vision lenses</td> <td style="text-align: right;">Up to \$25</td> </tr> <tr> <td>Lined bifocal lenses</td> <td style="text-align: right;">Up to \$40</td> </tr> <tr> <td>Lined trifocal lenses</td> <td style="text-align: right;">Up to \$55</td> </tr> <tr> <td>Frame</td> <td style="text-align: right;">Up to \$45</td> </tr> <tr> <td>Contacts</td> <td style="text-align: right;">Up to \$105</td> </tr> </tbody> </table>			<u>Reimbursement Amounts</u>		Exam.....	Up to \$35	Single vision lenses	Up to \$25	Lined bifocal lenses	Up to \$40	Lined trifocal lenses	Up to \$55	Frame	Up to \$45	Contacts	Up to \$105
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Eligibility Provisions: Initial Eligibility 1st of month following date of hire.

ⁱⁱ This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for a frame one plan year from the date the contact lenses were obtained.

Highlighted Items indicate change from current plan design

2011.1 Life Plan Summaryⁱ
The University of Akron

Life Insurance	
'Basic' Active/Life/AD&D Insurance Benefit (post 1977 hires)	Two times salary at no cost (or 1.5 for those who elected in 1977) but eliminate credit allocations ⁱⁱ
Minimum Basic Benefit	N/A
Maximum Basic Benefit	\$100,000
Optional Coverage (fully contributory)	Additional 1 to 3 times salary
Evidence of Insurability requirement	Over \$500,000 in coverage; subject to insurer requirements
Maximum Overall Benefit	\$1,000,000
Retiree Life Insurance (post 9/13/ 1977 hires)	No benefit (for retirements on and after January 1, 2011)

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Eligibility Provisions: Initial Eligibility 1st of month following date of hire.

-No cash incentive for opt out

ⁱⁱ Eliminate all life insurance options which are less than University provided amount

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2011 Disability Summaryⁱ The University of Akron

Long -Term Disability

Basic LTD Benefit	Six-month elimination; 60% to \$5,000 max benefit
Optional LTD Benefits (fully contributory)	Six-month elimination; 70% to \$6,000 max benefit
Own Occupation Limit	30 months (24 months of benefit payments)
Pre-existing Condition Limitation	3/12, subject to Insurer requirements

Short-Term Disability

Elimination Period	14 days Injury; 28 days illness
Benefit Amount	60% of regular earnings to a maximum weekly benefit of \$1,400
Benefit Duration	24 weeks
Pre-existing Condition Limitation	12/12
Employee Contributions	Fully contributory

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