What is NOT Changing for 2015?

➢ You must enroll if you want any of the following benefits in 2015:
  • Medical
  • Dental
  • Vision
  • Flexible spending accounts
  • Health savings account

Only your life insurance and short term disability coverage will carry over to 2015.

➢ The following benefits have NO change to carrier, coverage or cost for 2015:
  • Dental
  • Vision
  • Flexible Spending Accounts
  • Life insurance
  • Short term disability insurance

What IS Changing for 2015?

MEDICAL

For 2015 we will begin a gradual move to the same NKU subsidy across all options. Those employees selecting a ‘richer’ coverage will pay more. All plans and NKU subsidies comply with the Affordable Care Act provisions for Minimum Essential Coverage and Employer Shared Responsibility. Certain plan design changes have been made to maintain the affordability of coverage while helping to avoid future issues with potential ACA Cadillac Taxes. The changes by option are:

POS

Increase the deductible (and out of pocket maximum) by $250 individual/$500 family). This change moderates the employee contribution increase required for 2015.

HDHP

Add a 10 percent coinsurance after the deductible introducing an out of pocket maximum of $4,000 individual/$8,000 family. This change results in:

1. No increase to employee contribution for 2015
2. The NKU contribution to the Health Savings Account will remain the same for 2015. This contribution, requiring no employee contribution, is generous when compared to other employers’ HDHP plans.

Charts comparing the three medical options and 2015 pricing for those options can be found on page 2 and 3.
COST
You pay the cost of coverage for yourself (EE), your spouse and dependent children through before-tax deductions. You pay the cost for Extended Family Member (EFM) coverage through after-tax deductions. Biweekly paid employees' deductions are taken from the first two pays in each month.

2015 MEDICAL INSURANCE RATES
Humana once again paid a Medical Loss Ratio (MLR) rebate to NKU under the Affordable Health Care Act. This rebate is based on Humana’s entire book of business with large insured groups in the state of Kentucky. It does not reflect the specific claims experience of Northern Kentucky University’s covered employees and dependents.

NKU will reduce the 2015 premium by the amount of the employees' share of the rebate. This translates to about a 0.3 percent reduction in the 2015 premiums.

The chart below shows the 2015 premiums after the adjustments for the employee share of the Humana MLR rebate.

### MEDICAL BENEFIT COMPARISON
This chart shows what YOU will pay for the most common services with network providers (98 percent of all NKU claims are with network providers). Out of network coverage can be found on the SBCs on the Benefits site. The items shaded in GREY and in BOLD type, on the chart below and on the Prescription Drug Benefit Chart on the following page, show changes from 2014 coverage.
### PRESCRIPTION DRUG BENEFIT COMPARISON

<table>
<thead>
<tr>
<th></th>
<th>POS and HMO</th>
<th>MAIL ORDER (90 day supply through Right Source)</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 1</strong></td>
<td>$10 copayment</td>
<td>$25 copayment</td>
<td></td>
</tr>
<tr>
<td><strong>LEVEL 2</strong></td>
<td>$35 copayment</td>
<td>$87.50 copayment</td>
<td></td>
</tr>
<tr>
<td><strong>LEVEL 3</strong></td>
<td>$55 copayment</td>
<td>$137.50 copayment</td>
<td></td>
</tr>
<tr>
<td><strong>LEVEL 4</strong></td>
<td>25% of required payment limited to $300 per prescription fill</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Option Out of Pocket Maximum**
- **$4,000 individual**
- **$8,000 family**
- **$4,500 individual**
- **$9,000 family**

Prescription drug deductible combined with medical benefits.

---

1. HMO out-of-network coverage is limited to emergency care. See the HMO certificate for more detailed information.
2. Preventive care is as recommended by the Centers for Disease Control (CDC). See option certificate for more detailed information.
3. Primary care physician: family or general practitioner, internist, pediatrician. Specialist: all others. Note: under HMO you MUST have a referral from your PCP for specialist visits.
4. Prescription drug expense can be applied to the deductible.
5. The family deductible must be met before services for any family member will be covered at 100%.
6. Deductible plus coinsurance maximum.
7. Copayments can be applied to coinsurance maximum.
8. Plan Out-of-Pocket maximum could limit your medical only expenses, prescription drug only expenses or the combination of the two. Once you have met the Plan Out-of-Pocket maximum, coverage will be provided at 100% with no copayment.

More detailed information can be found in the Humana booklet available under the Annual Enrollment section on the Benefit home page.

### ENROLLMENT

**WHO CAN YOU COVER?**

*You can cover the following dependents for medical, dental, vision and dependent life insurance.*

**YOUR SPOUSE**

This includes same-sex couples legally married in jurisdictions recognizing their marriage including: California, Connecticut, Delaware, Iowa, Maine, Maryland, Massachusetts, Minnesota, New Hampshire, New York, Rhode Island, Vermont, Washington, and the District of Columbia.

**YOUR DEPENDENT CHILD(REN)**

This includes:
- Your children
- Your foster children
- Your step children
- Children for whom you are the legal guardian

**YOUR EXTENDED FAMILY MEMBERS**

Extended family members must meet the following criteria:
- Is age 18 or older and mentally competent to consent, and is either not related to you (the employee) by blood, is not a blood relative (or relative by adoption or marriage) and is of the same or younger generation than you and
- Is not legally married (to anyone), and
- Is not currently eligible for Medicare, and
- Must reside in your household and have done so for a period of at least 12 months, and
- Must be financially interdependent for 12 months or longer.

You must be able to provide proof of financial interdependence through at least one of the following means:
- A joint mortgage, lease or other evidence of common residence such as utility bills in both of your names
- Durable property or health care power of attorney
- Joint ownership of a motor vehicle
- Joint checking account or credit card in both of your names
- Designation of each other as the primary beneficiary in a will, life insurance policy or retirement plan

**PLEASE NOTE:** you can elect coverage for your spouse OR an extended family member, NOT BOTH.

**WHEN DOES DEPENDENT COVERAGE END?**

Coverage for your dependents continues for medical, dental, vision and dependent life insurance until the earlier of the end of the month in which:
- The dependent no longer meets the definition of your dependent
- Your child or your Extended Family Member’s children attains age 26
ID CARDS

<table>
<thead>
<tr>
<th>PLAN</th>
<th>WHO WILL RECEIVE ID CARD</th>
<th>FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Only those who changed option (ex. Basic to Buy Up) or level of coverage</td>
<td>Delta Dental</td>
</tr>
<tr>
<td></td>
<td>(employee only to family)</td>
<td></td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Only those enrolling in a Medical FSA for the <strong>FIRST</strong> time</td>
<td>Chard Snyder</td>
</tr>
<tr>
<td>Medical</td>
<td>Only those who changed option ex. POS to HMO) or level of coverage</td>
<td>Humana</td>
</tr>
<tr>
<td></td>
<td>(employee only to family)</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Only those who changed option (ex. Basic to Buy Up) or level of coverage</td>
<td>Humana/EyeMed</td>
</tr>
<tr>
<td></td>
<td>(employee only to family)</td>
<td></td>
</tr>
</tbody>
</table>

*ID cards will be sent US Mail to your home address on record. Cards will not be mailed until mid December.*

**HOW TO ENROLL**

- **Log on at myNKU.nku.edu using your NKU network userID and password**
- Click on the **EMPLOYEE SELF-SERVICE** tab
- Click on **BENEFITS AND PAYMENTS**
- Click on **ANNUAL ENROLLMENT**
- Read the instructions
- Start enrollment

*Once you have completed enrollment (saving your elections), it is critical that you **LOG OFF** using the **LOG OFF** button at the top right corner. If you do not **LOG OFF** your elections will not be saved!*

**ANNUAL ENROLLMENT HELP CENTERS**

At a Help Center you will find staff to help you enroll in your 2015 benefits. Please come prepared with your benefit choices made. Come by on a day or time that best meets your needs. All sessions are in Steely Library 235. No appointment is necessary.

<table>
<thead>
<tr>
<th>DATES</th>
<th>TIME</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday-Friday, October 14-17, 2014</td>
<td>9:00 a.m. to 4:00 p.m.</td>
<td>Steely Library 235</td>
</tr>
</tbody>
</table>

**ONLINE**

Check out the Annual Enrollment site at myNKU.nku.edu. Everything you need to know available 24/7.

**BENEFIT PARTNERS**

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PARTNER</th>
<th>PHONE</th>
<th>WEB ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Delta Dental</td>
<td>1-800-955-2030</td>
<td>deltadentalky.com</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>Chard Snyder</td>
<td>1-800-982-7715 513-459-9997 (local)</td>
<td>chard-snyder.com</td>
</tr>
</tbody>
</table>
| Medical Vision   | Humana EyeMed| 1-866-427-7478 (year round) | humana.com  
|                  |             |                              | Personal information: myhumana.com |
| Benefits         |             | 859-572-5200                 | hr.nku.edu/benefits             |
| Human Resources  |             | 859-572-5200                 | hr.nku.edu                     |
Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Northern Kentucky University Medical Plan. If you would like more information on WHCRA benefits, contact Benefits at 859-572-5200.

Statement of Rights Under the Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, to use certain providers of facilities, or to reduce your out-of-pocket cost, you may be required to obtain precertification. For information on precertification, contact the Customer Service Unit telephone number on your medical identification card.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in the State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll free 1-866-444-EBS(3272).

If you live in one of the States below, you may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information and eligibility.
Important Notice from Northern Kentucky University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Northern Kentucky University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO, POS or HDHP) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Northern Kentucky University has determined that the prescription drug coverage offered by the Health Maintenance Organization (HMO) and Point of Service (POS) and High Deductible Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Northern Kentucky University coverage will not be affected. You can keep your HMO, POS or HDHP coverage if you elect part D and this coverage will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Northern Kentucky University coverage, be aware that you and your dependents will not be able to get this coverage back during the year unless you have a qualified status change.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Northern Kentucky University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

KENTUCKY - Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

INDIANA - Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

To see if any more States have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA(3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)
If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage....
Contact the person listed below for further information. Note: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Northern Kentucky University changes. You may also request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage....
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back coverage of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 1, 2014
Name of Entity: Northern Kentucky University
Contact Position /Office: Director of Benefits/Human Resources
Address: Northern Kentucky University
Nunn Drive
Highland Heights, Kentucky 41099
Lucas Administration Center 715
Phone number: 859-572-5200