

Central Michigan University

Benefits In Brief

Office Professional, Regular and Provisional Employees (July 2006)

THIS DOCUMENT IS FOR REFERENCE ONLY AND NOT A CONTRACT DOCUMENT. FOR DETAILED INFORMATION CONCERNING COVERAGES, PREMIUMS AND UNIVERSITY CONTRIBUTIONS, PLEASE REFER TO WEBSITE @ <http://www.hrs.cmich.edu>, CALL THE BENEFITS & WELLNESS/HR OFFICE @ (989) 774-3661 or email benefits@cmich.edu.

| Benefit | When Eligible | Benefit You Receive |
|---------------------------------------|---|---|
| Medical | 1 st of month following employment | Two plans available. (1) A PPO 1 plan with no deductible covered at 100% and a \$10 co-pay on some in network services. A \$250/\$500 deductible and 20% co-pay for most out of network services. Certain preventative services, only performed by in network providers, are covered at 100% with no co-pay. (2) A PPO 2 plan with a \$250/\$500 deductible covered at 80% and a 20% co-pay for in network services. Certain preventative services, only performed by in network providers, are covered at 100% with no co-pay. In network office visits are covered at 100% and a \$10 co-pay. A \$500/\$1000 deductible covered at 60% and a 40% co-pay for out of network services. No coverage is also an option as long as you are covered by insurance elsewhere. |
| Prescription Drug | 1 st of month following employment | Three plans available. Prescription drug coverage is separate from your medical coverage. Plans vary in terms of applicable co-pays (from 10% to 30%) and deductibles (from \$0 to \$50 per person). Annual maximum are applied to each plan. Mail order program available through ESI (1-877-412-6121) -- \$50 deductible is waived (if on PD 20/50 plan). |
| Dental | 1 st of month following employment | Two plans available: D100/75/50/50 plan pays 100% of approved amount on Class I services, 75% of approved amount on Class II, and 50% of approved amount on Class III, with no deductible. This plan includes orthodontia coverage for eligible dependents when treatment begins prior to age 19. Ortho has a lifetime maximum per person of \$1500.00 per person. The D100/50/50 plan pays 100% of approved amount on Class I, with no deductible, Class II & III paid at 50% of approved amount, after a deductible of \$50 per person, up to a family maximum of \$150. Annual maximums are applied to each plan. |
| Vision | 1 st of month following employment | One plan available: Optional coverage with no university contribution. One eye exam is covered per plan year with a \$20 co-pay for in-network providers. Additional allowances for frames and lens options, frame allowance can be used separately with either lens allowance or contact lens allowance. Limited coverage is also available for out-of-network services. Discounts available for additional complete eyewear purchases and Lasik Surgery when using in-network providers. |
| Employee Life | 1 st of month following employment | Levels available: 1, 1.5, 2, 3 or 4 times salary. Employees are required to elect one level of coverage. Coverage also includes Accidental Death and Dismemberment. |
| Dependent Life | 1 st of month following employment | Available on post-tax basis for spouse and dependent child(ren). This is an optional coverage paid totally by the employee. |
| Long Term Disability | 1 st of month following employment | Two plans available, both start after initial waiting period of six (6) months or balance of sick leave, whichever is greater. One plan provides 50% of base salary up to a maximum monthly benefit; the other plan provides 67% of base salary up to a maximum monthly benefit. Employees are required to elect one level of LTD coverage. |
| Short Term Disability | 1 st of month following employment | Two plans available, both start after initial waiting period of forty-five (45) calendar days or balance of sick leave, whichever is greater. One plan provides 50% of base salary up to a maximum weekly benefit; the other plan provides 67% of base salary up to a maximum weekly benefit. Optional coverage paid totally by employee. |
| Long Term Care | Immediate | An employer sponsored group policy is available to the employee, their spouse, parents and/or parents-in-law. Payroll deduction is available for employee and their spouse. Optional coverage paid totally by employee. For details call TIAA-CREF at 1-800-223-1200. |
| Travel Accident Ins. | Immediate | An additional \$100,000 in benefits for total disability or death resulting from accidents, which occur while traveling on University business. |
| Flexible Spending Account | 1 st of month following employment | Two accounts available: dependent day care and health care. Contributions deducted on a pre-tax basis are reimbursed from account as employee submits eligible expenses. All reimbursements are refunded by direct deposit only. Participation is voluntary. Funds not reimbursable to employee are forfeited per IRS regulations. |
| Family Medical Leave Act | After one (1) year of employment | Provides up to 12 weeks leave per calendar year for certain family and medical reasons. Employees must have worked at least 1,250 hours during the twelve (12) month period immediately preceding the employee's request for leave or the day on which the leave commences, whichever comes first. |
| Banking | Immediate | Direct deposit of paycheck and payroll deduction to select financial institutions is available. |

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| Wellness Programs | Immediate | Participate in the following Wellness Program components: employee receives \$10 for completing Succeed® Health Risk Assessment (HRA) and \$10 if Spouse/Domestic Partner completes HRA (spouse/domestic partner must be enrolled in CMU's medical/prescription drug plan);Healthcare Component- complete annual physical and blood work- Staff receive \$35; Exercise Component-exercise 3 days/week for 30 minutes - Staff receive \$35 (to be eligible, must enroll and participate for the full plan year 7/1 through 6/30); Wellness Component- attend at least 4 wellness programs or screenings- Staff receive \$30. |
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YOU MUST CONTACT THE BENEFITS & WELLNESS/HR OFFICE IN ROWE HALL 108 WITHIN 30 DAYS OF A CHANGE IN MARITAL, DEPENDENT AND/OR WORK STATUS. BENEFITS END ON THE DATE OF TERMINATION.