



**2019 Employee Benefit Summary**  
**Information Regarding Your Benefits Due to a Status Change**

**Status Change Events**

	<b>Termination of Employment</b>	<b>Benefits Eligible to Non-Benefits Eligible</b>
<b>Medical Insurance</b>	<ul style="list-style-type: none"> <li>• Current coverage will remain in effect through the last day of the month in which you terminate</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• Upon COBRA enrollment (defined window), your benefits will be retroactive to the first of the month after your status change and past premiums will be due</li> <li>• COBRA rates will be included in the packet, you are responsible for the full cost of insurance plus a 2% administrative fee</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage will remain in effect through the last day of the month in which your status change occurs</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• In accordance with ACA, UC Health will review your service to determine if you qualify for continued medical coverage only</li> <li>• In the event you do not qualify for medical coverage under ACA, you may enroll through COBRA and you are responsible for the full cost of insurance plus a 2% administrative fee</li> </ul>
<b>Flexible Spending Accounts (FSA)</b>	<ul style="list-style-type: none"> <li>• If you were actively enrolled in a medical flexible spending account prior to termination, you may elect to continue your coverage through COBRA on an after-tax basis</li> <li>• If you do not continue your coverage, all health care reimbursable expenses must be incurred on or before your termination of employment date</li> <li>• You have 90 days from your date of termination to submit medical bills to Custom Design Benefits for reimbursement of services that occurred prior to termination date</li> <li>• Dependent care and transit flexible spending accounts may not be continued after termination</li> </ul>	<ul style="list-style-type: none"> <li>• If you were actively enrolled in a medical flexible spending account prior to your status change, you may elect to continue your coverage through COBRA on an after-tax basis</li> <li>• If you do not continue your coverage, all health care reimbursable expenses must be incurred on or before your status change</li> <li>• You have 90 days from your date of benefit status change to submit medical bills to Custom Design Benefits for reimbursement of services that occurred prior to status change</li> <li>• Dependent care and transit flexible spending accounts may not be continued after a status change</li> </ul>



<b>Dental Insurance</b>	<ul style="list-style-type: none"> <li>• Coverage will remain in effect through the last day of the month in which you term</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• Upon COBRA enrollment, your benefits will be retroactive to the first of the month after your status change (premiums will be due)</li> <li>• COBRA rates will be included in the packet (full cost plus an administrative fee of 2%)</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage will remain in effect through the last day of the month in which your status change occurred</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• Upon COBRA enrollment, your benefits will be retroactive to the first of the month after your status change (premiums will be due)</li> <li>• COBRA rates will be included in the packet (full cost plus an administrative fee of 2%)</li> </ul>
<b>Vision Insurance</b>	<ul style="list-style-type: none"> <li>• Coverage will remain in effect through the last day of the month in which you terminate</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• Upon acceptance of COBRA, your benefits will be retroactively the first of the month after your status change (premiums will be due)</li> <li>• COBRA rates will be included in the packet (2% administrative fee)</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage will remain in effect through the last day of the month in which your status change occurred</li> <li>• A COBRA packet will be mailed to your home and any dependents on your coverage</li> <li>• Upon acceptance of COBRA, your benefits will be retroactive to the first of the month after your status change (premiums will be due)</li> <li>• COBRA rates will be included in the packet (2% administrative fee)</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>• Coverages end upon termination</li> <li>• You may be able to convert your policies to an individual policy under the portability provisions</li> <li>• You must submit an application form(s) within 31 days of losing coverage by contacting MetLife at 800-438-6388</li> </ul>	<ul style="list-style-type: none"> <li>• Coverages end upon status change</li> <li>• You may be able to convert your policies to an individual policy under the portability provisions</li> <li>• You must submit an application form(s) within 31 days of losing coverage by contacting MetLife at 800-438-6388</li> </ul>
<b>Long-Term Disability</b>	<ul style="list-style-type: none"> <li>• Coverage ends upon termination</li> <li>• If you are currently receiving benefits, your benefit will continue through the insurer</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage ends upon status change</li> <li>• If you are currently receiving benefits, your benefit will continue through the insurer</li> </ul>
<b>Short-Term Disability</b>	<ul style="list-style-type: none"> <li>• Coverage ends upon termination</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage ends upon status change</li> </ul>
<b>Tuition Assistance Program</b>	<ul style="list-style-type: none"> <li>• No longer eligible for reimbursement upon termination</li> </ul>	<ul style="list-style-type: none"> <li>• No longer eligible for reimbursement upon status change</li> </ul>



<b>Paid Time Off (PTO)</b>	<ul style="list-style-type: none"> <li>Any unused hours will be paid out to you on the next payroll after your last regular check</li> <li>Employees with less than 90 days of employment will not receive a payout</li> <li>Prior grandfathered sick bank hours will not be paid out</li> </ul>	<ul style="list-style-type: none"> <li>Any unused hours will be paid out to you on the next payroll after your last regular check</li> <li>Employees with less than 90 days of employment will not receive a payout</li> <li>Prior grandfathered sick bank hours will not be paid out</li> </ul>
<b>Retirement Plans</b>	<ul style="list-style-type: none"> <li>For information on the 401(k) plan, please contact Principal Financial at 800-547-7754 or logon to <a href="http://www.principal.com">www.principal.com</a></li> <li>For information on the pension plan, please contact the benefits team at 513-585-MYHR or email <a href="mailto:retirement@uchealth.com">retirement@uchealth.com</a></li> </ul>	<ul style="list-style-type: none"> <li>A change in status is not considered a “qualifying event” which allows a distribution from your account</li> <li>401(k) retirement contributions will continue unless you contact Principal Financial to “opt out” of the plan</li> </ul>

**This is a general summary, for more information please review the Plan Document, Certificate or Policy available in the Library.**

COBRA MONTHLY RATES FOR 2019							
Coverage	\$800 Deductible Medical Plan	\$1,250 Deductible Medical Plan	\$3,000 Deductible Medical Plan	MetLife Dental Basic Plan	MetLife Dental Enhanced Plan	EyeMed Vision Basic Plan	EyeMed Vision Enhanced Plan
Single	\$663.66	\$627.17	\$571.23	\$29.92	\$33.15	\$8.75	\$13.06
Double	\$1,327.34	\$1,254.35	\$1,142.47	\$58.65	\$68.93	\$16.64	\$24.84
Family	\$1,991.01	\$1,881.52	\$1,713.70	\$87.12	\$127.25	\$24.42	\$36.47

Provider/Location	Telephone #	Website/E-Mail	Comments
UC Health Benefits	513-585-MYHR (6947)	<a href="mailto:benefits@uchealth.com">benefits@uchealth.com</a>	General benefit questions
UMR (medical plan)	1-800-856-7460	<a href="http://www.umar.com">www.umar.com</a>	Medical and Prescription Benefit Coverage All COBRA
MetLife Dental	1-800-942-0854	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>	Dental Benefit Coverage
EyeMed Vision Plan	1-866-723-0514	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>	Vision Insurance Plan
Custom Design Benefits	513-598-2929 1-800-598-2929	<a href="http://www.customdesignbenefits.com">www.customdesignbenefits.com</a>	Flexible Spending Benefits
Principal Financial Group	1-800-547-7754	<a href="http://www.principal.com">www.principal.com</a>	401(k) and/or 403(b) changes/distributions
MetLife	1-800-438-6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	Life Insurance
ePayroll Services	1-800-920-3729	<a href="https://paperlesspay.tax.com/uchealth">https://paperlesspay.tax.com/uchealth</a>	UC Health Employer Code: 11787