OBERLIN COLLEGE & CONSERVATORY | Department of Human Resources

2022 Retiree Open Enrollment

October 15-December 7, 2022

All changes made will be effective January 1, 2023

Oberlin College has a passive open enrollment period, meaning if no changes are made, the benefits that you are enrolled in will roll over to the next calendar year. NO ACTION is needed on your part if you are not making any changes.

Open Enrollment Website **https://www.oberlin.edu/human-resources/open-enrollment**
We encourage you to review the information available online, even if you do not make any changes to your benefits. Helpful resources, forms, and materials are available to help explain the benefits, plan designs, and coverage options as you consider what best meets your needs. You will also find **Annual Notices** and **Summary Annual Reports**

What's Changing in 2023

Medical Benefits - Medical Mutual

- CDHP plan with HRA (less than age 65) - No changes to the plan design.
- Retirees and eligible covered dependents (under the age of 65) who are enrolled in the CDHP with HRA plan will utilize the Cigna PPO network when they travel, reside, or access care outside of Ohio's SuperMed PPO network. This change to the national provider network will be effective January 1, 2023.
  - If you experience a network disruption due to a provider no longer being in-network you will be notified. The impact will be minimal and we would like to remind you that continuation of care waivers may be available for those involved in certain forms of active treatment.
  - Directories will be updated to reflect the change from Aetna Open Choice PPO Network to the Cigna PPO Network.
  - New ID cards will be mailed to members to show the new national network.

- Medicare Advantage plan (age 65 and over) - No changes to the plan design.
- Premium for health and prescription coverage will increase 3% effective January 1, 2023.
  - Retiree Rates are as follows (3% more than the 2022 amount)

RAMP Schedule
January 1, 2023 - December 31, 2023

Age at the time of Retirement	Single Coverage Under 65	Single Coverage Over 65	Family Coverage Under 65*	Family Coverage 1 Over 65 *	Family Coverage 2 Over 65 *
52	$ 877	$ 477	$ 1,872	$ 1,110	$ 904
53	$ 824	$ 449	$ 1,762	$ 1,042	$ 849
54	$ 771	$ 420	$ 1,648	$ 977	$ 796
55	$ 718	$ 391	$ 1,536	$ 910	$ 742
56	$ 667	$ 362	$ 1,423	$ 844	$ 688
57	$ 613	$ 334	$ 1,312	$ 776	$ 633
58	$ 560	$ 308	$ 1,199	$ 711	$ 611
59	$ 508	$ 275	$ 1,085	$ 644	$ 525
60	$ 469	$ 248	$ 869	$ 576	$ 469
61	$ 403	$ 219	$ 861	$ 511	$ 416
62 or older	$ 350	$ 191	$ 749	$ 443	$ 361

* Family coverage is the employee + spouse + any dependent children

- Surviving Spouse of a Retiree - 2023 rate - after one (1) year of Retiree's passing:
  - Single under age 65 = $877
  - Single Age 65 or older = $477
  - Family = $1873

Prescription Benefits - CVS Caremark (less than age 65) / SilverScript (age 65+)

- CDHP plan with HRA (less than age 65) - No changes to the plan design.
- Medicare Advantage plan (age 65 and over) - No changes to the plan design.
- The most up to date formulary list of drugs is available online at: https://www.oberlin.edu/human-resources/open-enrollment

The Health Reimbursement Account (HRA) that comes with the CDHP plan - WealthCare Bank

- Oberlin College will contribute 50% of the deductible into an HRA account in January 2023.
  - No action is required on your part to get a contribution from the college.
  - You may continue to use the same debit card for your account.
  - You will not be taxed on these amounts.
  - Amounts are based on how you are being billed for coverage.
    - Retiree only $1,000
    - Retiree + Child (ren) $1,500
    - Retiree + Spouse/Domestic Partner $1,500
    - Family (retiree + spouse/dp + child(ren) $2,000
- Unused HRA funds will roll over year-to-year.

- When you become eligible for Medicare or dis-enroll from the CDHP plan, the HRA funds are forfeited.

Vision Benefits - Medical Mutual EyeMed

- No changes to the plan design.
- No changes to the cost of coverage.

Dental Benefits - Superior Dental Care (SDC)

- The Enhanced dental plan design is changing. Effective January 1, 2023 the annual contract maximum will increase from $1,500 per year to $2,000 per year.
- No changes to the Network Only or Core plan option.
- No changes to the cost of coverage.

Retiree Healthcare Stipend - Health Reimbursement Account (HRA) with Medical Mutual

- No changes to the amount of the stipend.

Options for Retirees/Surviving Spouse

- **Medical and Prescription Coverage** - A choice to enroll in or cancel medical and prescription coverage.
  - Consumer Driven Health Plan with HRA plan Wealthcare Bank
    - Retirees and/or eligible dependent less than age 65
  - Medical Mutual Group Medicare Advantage Plan with prescription coverage.
    - Retiree and/or eligible dependent age 65 or older, enrolled in Medicare.
- **HRA Healthcare Stipend Option -** In lieu of medical and prescription coverage. To participate you must meet the following eligibility criteria
  - 1: You are age 62 or older; and
  - 2. You are not eligible for -or- enrolled in other employer-sponsored health coverage; and
  - 3. You are current on your Oberlin College monthly premium payments.
- **Healthcare Deferral Option** - RAMP Retirees have the option to defer healthcare coverage before reaching the age of 62. If so, you will have the opportunity to re-enroll in retiree health and prescription coverage upon reaching age 62.
- **Voluntary PPO Dental Coverage** - A choice of three plan options (Network only, Enhanced, or Core) with different levels of coverage.
- **Voluntary PPO Vision Coverage** - A choice of one vision plan.

Important Information and Frequently Ask Questions

- Email forms human.resources@oberlin.edu
- Fax forms - (440) 775-8438
- Mail forms: 173 W. Lorain St. Suite 205 Oberlin, OH 44074

- If you dis-enroll from the Medicare Advantage Plan with SilverScript and elect the HRA stipend for 2023:
    - (1) Complete the enclosed Retiree Enrollment Form and send it to HR.
    - (2) Call Medical Mutual 1-800-801-4823 to let them know you are opting out of this plan for 2023.
    - (3) Call SilverScript 1-866-235-5660 to let them know you are opting out of this plan for 2023.
- To cancel dental and/or vision, complete the enclosed cancellation form.
- The Medicare Advantage Plan In and Out of Network Benefits are the same. If your provider accepts Medicare, they will accept this plan.
- If I am not making any changes to my benefits, do I need to take action? No - *Oberlin College has a passive open enrollment period, meaning if no changes are made, the benefits that you are enrolled in will roll over to the next calendar year.*
- Enclosed are:
    - Retiree Benefits Enrollment Form - This form will replace what is currently on file. Send it to HR as soon as possible for processing.
    - Cancellation Form - To cancel Vision and/or Dental.
    - RAMP Deferral Form - For Retirees under age 62 (only).
    - Stipend Option Summary - An HRA stipend in lieu of coverage.
    - FAQ Health Reimbursement Arrangement (HRA) - How to manage your HRA account.
    - Summary of Benefits and Coverage for Dental and Vision coverage.

OBERLIN
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Department of Human Resources
Service Building, Room 205
173 West Lorain Street, Oberlin OH 44074
oberlin.edu/human-resources
440-775-8430

OBERLIN COLLEGE

Retiree Benefits Enrollment Form

*Spouse or domestic partner as used by Oberlin College
**If you elect the retiree stipend, you must open a Health Reimbursement Account

EMPLOYEE INFORMATION – Please Print Clearly

Last Name | First Name | MI

T number (include all 0's)

Retiree

Surviving Spouse

Address and Phone Number

OTHER INSURANCE

Are you covered by Medicare? _____ YES _____ NO
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____
Is your Spouse/DP covered by Medicare?
Part A Effective Date _____ Part B Effective Date _____
Medicare Beneficiary Identifier (MBI) # _____

COVERAGE ELECTION INFORMATION

Last Name (if different from above)	First Name	OC Medicare Advantage Plan	RAMP (< 65) CDHP - HRA	**HRA Stipend	Vision	Superior Dental Core Plan	Superior Dental Enhanced Plan	Superior Dental Network Only	Social Security Number	Gender	Date of Birth	DECLINE COVERAGE
Self												
Spouse/DP*												
Child												
Child												
Child												

OPT OUT NOTIFICATION-

Your Election to enroll in a MedMutual Advantage PPO plan as your retiree health benefit plan enrollment in will automatically cancel your enrollment in a different Medicare Advantage plan. If you wish to opt out and not be enrolled in our plan, you have until your effective date, to contact Medical Mutual Member Services at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).

You will need to keep Medicare Parts A and B as MedMutual Advantage is a Medicare Advantage Plan. You can be in only one Medicare Advantage Plan at a time. It is your responsibility to inform Medical Mutual of any prescription drug coverage that you have or may get in the future.

What happens if I don't join the MedMutual Advantage plan offered?
You aren't required to be enrolled in this plan. You can also decide to join a different Medicare plan. Call 1-800-MEDICARE for help in learning how. However, if you decide not to be enrolled, you will not have another plan option available through Oberlin College. To opt out and request not to be enrolled by this process, please call the Medical Mutual Member Serivces at (800) 982-3117, TTY 711, 8 a.m. to 8 p.m. seven days a week from October 1 to March 31 (except Thanksgiving and Christmas), and 8 a.m. to 8 p.m. Monday through Friday and 9 a.m. to 1 p.m. Saturdays from April 1 through September 30 (except holidays).
What if I want to leave the MedMutual Advantage plan offered?
You may leave this plan only at certain times of the year, or under certain special circumstances, by sending a request to Medical Mutual. If you choose to leave the MedMutual Advantage plan at any time, you will not have the option to enroll again in the future.

AUTHORIZATION

The terms of the Health Plan have been explained to me, and I have complete understanding of my rights and responsibilities under the Plan. I hereby authorize Oberlin College to bill me for the collection of premium required for
participation in the Plan. I hereby authorize my licensed physician, practitioner, hospital, clinic, medical- related facility, insurance company, employer, or other organization that has any records or knowledge of personal information, medical history, physical condition, or treatment of me or my dependent(s) to release this
information to our third party administrator or their authorized representatives. I understand that any willful misrepresentation of facts on this enrollment form will be grounds for termination of benefits as well as Insurance Fraud. I hereby certify that the foregoing information is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

Date of Hire	Effective Date	Cancel Date

Benefits Cancellation Form

Name: _____ **T#**_____

Below list the name(s) of family member(s) whose coverage you are cancelling.

First and Last Name(s)	*Optional Life	*Optional AD&D	*Long Term Care	Vision	Dental	*Medical	Office Use Only
SELF							

***RETIREE'S/SURVIVING SPOUSE OF RETIREE:** Contact Unum to cancel your Optional Life/AD&D coverage and/or Long Term Care. For Health insurance, you may contact HR or Medical Mutual and SilverScript (if you are age 65 or older).

Employee Signature _____ **Date:** _____

Effective Date _____

For Office Use Only: PDADEDN_____ PDABCOV_____ Web Entry Date:_____

Oberlin College Retiree Medical RAMP 2023 Deferral Form

Retiree First & Last Name:
_____

T Number (include all 0's) _____

Name(s)	Medical RAMP Deferral	Current Age	Office Use Only

I understand that by signing below, I am declining RAMP retiree health and prescription insurance coverage for myself and any eligible dependents effective January 1, 2023.

I am responsible for paying premiums for coverage through December 31, 2022.

I acknowledge that I will have the opportunity to re-enroll in retiree health and prescription insurance coverage with RAMP or Retiree Coverage upon reaching age 62.

Retiree Signature: _____ Date: _____

Effective Date _____

For Office Use Only: PDADEDN_____ PDABCOV_____ Web Entry Date:_____

RETIREE STIPEND OPTION SUMMARY

For 2023, Oberlin College will continue to offer qualifying retirees the choice of electing either our existing post-retirement health plan **or** a medical plan "Stipend" to be paid into a retiree Health Reimbursement Account (HRA).

WHY CONSIDER A STIPEND? By electing the Stipend (HRA) option, retirees will waive the existing health plan (including prescription coverage) and have the ability to purchase other healthcare coverage from another healthcare provider. Thus, retirees may opt for a less expensive healthcare option that better fits individual needs than our one-size-fits-all arrangement, or they may opt for a more extensive benefit that may cost more in total. The HRA may be used to pay for qualified healthcare expenses. A debit card will be mailed to you, allowing you to access the amount set aside. To access your HRA account information log in or register for a My Health Plan account.

ELIGIBILITY REQUIREMENTS: To participate, you must meet the following criteria: 1. You are age 62 or older; and 2. You are not eligible or enrolled in other employer-sponsored health coverage; and 3. You are current on your Oberlin College premium payments.

OPEN ENROLLMENT: This option is only available during Open Enrollment. Qualified retirees may elect this option for the upcoming year. In future years during Open Enrollment, qualified retirees may elect to change from the Stipend (HRA) option to the Health Plan Option.

Tiers for HRA amounts have not change					**Stipend**
1	Retiree on Medicare	2,100	Spouse on Medicare	1,050	**$3,150**
2	Retiree on Medicare	2,100	Spouse pre-Medicare	2,300	**$4,400**
3	Retiree on Medicare	2,100	No spouse	-	**$2,100**
4	Retiree pre-Medicare	4,600	Spouse on Medicare	1,050	**$5,650**
5	Retiree pre-Medicare	4,600	Spouse pre-Medicare	2,300	**$6,900**
6	Retiree pre-Medicare	4,600	No spouse	-	**$4,600**
7	Retiree has died	-	Spouse on Medicare	1,050	**$1,050**
8	Retiree has died	-	Spouse pre-Medicare	2,300	**$2,300**

Note: The College will pay for the administrative costs associated with the healthcare reimbursement accounts that will be administered by Medical Mutual.

If you have money left in your account at the end of the year - up to 10% of the initial amount will carry over to the next calendar year.

Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ

What is the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card is a special-purpose Mastercard® that gives you an easy, automatic way to pay for your qualified HRA plan expenses. The Medical Mutual HRA debit card lets you electronically access the amount set aside in your HRA.

How does the Medical Mutual HRA debit card work?

It works like a pre-paid debit card, with the value of your HRA stored on it. The Medical Mutual HRA debit card has the Medical Mutual name and logo on the front of the card. Simply use your Medical Mutual HRA debit card for qualified plan expenses where Mastercard debit cards are accepted. The amount of the qualified purchase will be automatically deducted from your account and electronically transferred to the provider/merchant for immediate payment.

Please follow these steps to access your HRA funds:

- **For prescriptions (if applicable):** Please swipe your Medical Mutual HRA debit card at the time of purchase.
- **For other qualified expenses**: Please do not make payment at the time of visit. Please wait for your Medical Mutual Explanation of Benefits and the provider bill to view the adjusted amount. Then you can pay the adjusted amount directly to the provider using your HRA debit card.

Is this just like other Mastercard credit cards?

No. The Medical Mutual HRA debit card is a special-purpose Mastercard that can be used only for qualified expenses. It cannot be used, for instance, at gas stations or restaurants. You will not receive a monthly bill or be charged interest.

How many Medical Mutual HRA debit cards will I receive?

You will receive one Medical Mutual HRA debit card. If you would like additional cards for other family members, please contact Customer Care at the number on the back of your debit card.

Do I need a new Medical Mutual HRA debit card each year?

No. The Medical Mutual HRA debit card is good for three years. A new card will be issued upon expiration of your current card as long as you continue to remain eligible in a qualified Medical Mutual plan

What if the Medical Mutual HRA debit card is lost or stolen?

Call Customer Care at (800) 384-0859 to report a lost or stolen debit card. Customer Care will deactivate the lost or stolen card(s) and issue replacement card(s).

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Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I activate the Medical Mutual HRA debit card?

Your Medical Mutual HRA debit card will be activated upon first use. You do not need to call to activate your card. Sign the back of your card before using it.

Where may I use the Medical Mutual HRA debit card?

The Medical Mutual HRA debit card can be used to pay for eligible HRA plan expenses at qualified providers or merchants that accept Mastercard debit cards. You may use your card for eligible purchases at freestanding retail and mail-order pharmacies if applicable, based on your plan.

Are there places the Medical Mutual HRA debit card won't be accepted?

Yes. The card will not be accepted at merchants/locations that do not offer or provide eligible goods or services, such as department stores hardware stores, restaurants, bookstores, gas stations and home improvement stores.

If asked, should I select "Debit" or "Credit"?

The Medical Mutual HRA debit card is considered a prepaid card. Because there is no prepaid selection available, please select Credit. You may need to provide the three digit security code on the back of the card to complete the transaction.

Please note: You will not receive your PIN number with your card. You can get your PIN number by signing into your account at MedMutual.com/member or by calling the phone number on the back of your debit card. A customer service rep will tell you how to locate your PIN number.

Your card cannot be used at an ATM to withdraw cash.

Do I need to save all of my receipts from purchases made with the Medical Mutual HRA debit card?

Yes. You should always save itemized receipts for purchases made with the Medical Mutual HRA debit card. We have implemented automated processes to help verify your debit card transactions, however, you may be asked to submit receipts to verify that your expenses comply with IRS guidelines. Each receipt must show the merchant/provider name, the service received or the item purchased and the date and the amount of the purchase.

What if I lose my receipts or I accidentally swipe the Medical Mutual HRA debit card for something that's not eligible?

Usually the service provider can recreate an account history and provide a replacement receipt. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, you can send a check or money order to Medical Mutual for the amount so it can be credited back into your HRA.

May I use the Medical Mutual HRA debit card if I receive a statement with a balance due?

Yes. However, a balance-due invoice is not enough documentation to satisfy the IRS substantiation requirements for an eligible claim. Therefore, you will be asked to submit fully itemized receipts or EOBs and any other required documentation to substantiate the charge.

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Medical Mutual Health Reimbursement Arrangement (HRA)

Medical Mutual Debit Card FAQ continued

How do I know how much is in my account?

Visit My Health Plan, Medical Mutual's secure member website, at MedMutual.com/member or call the phone number on the back of your card to obtain your current balance.

To access your HRA account information online:

1. Go to MedMutual.com/member.
2. Log in or register for a My Health Plan account.
3. Click My Spending Accounts under the Claims & Balances tab.
4. Accept the Terms and click Submit.

To check your account balance, log into your account by following Steps 1-4 as noted above, and view the Your Accounts section on the Personal Dashboard page.

What if I have an expense that is more than the amount in my account?

When incurring an expense that is greater than the amount remaining in your account, you may be able to split the cost at the register. Check with the merchant. For example, you may tell the clerk to use the Medical Mutual HRA debit card for the exact amount left in the account, and then pay the remaining balance separately.

Why is my card being declined at the point of sale?

The most common reasons why a card may be declined at the point of sale are:

- There are insufficient funds left in your HRA to cover the expense.
- Non-qualified expenses have been included at the point-of-sale. Retry the transaction with the qualified expense only.
- The merchant is encountering problems with their credit/debit card system.

Am I responsible for charges on lost or stolen cards?

If Customer Care is notified within two business days, you will not be responsible for any charges. If the notification is after two business days, you may be responsible for the first $50, or up to the full amount that was lost, stolen or transferred.

What if I have questions about the Medical Mutual HRA debit card?

Call Medical Mutual Customer Care at the phone number on the back of your card.

How will I know to submit receipts to verify a charge?

You will receive a letter or notification from Medical Mutual if there is a need to submit a receipt. All receipts should be saved per IRS regulations.

What if I fail to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with the Medical Mutual HRA debit card, then your card may be suspended until receipts are received. You may be required to repay the amount charged if you cannot substantiate the charge. You will be advised that your card has been suspended, if a receipt is not received and approved. Submitting a receipt or repaying the amount in question reactivates the card.

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ENROLLMENT INFORMATION

Oberlin College

Contract Period: 1/1/2023 through 12/31/2023

SUPERIOR SMILES START WITH SUPERIOR DENTAL CARE

Dental coverage through SDC offers financial protection for maintaining oral health ***and*** helps care for general health in the process. Regular oral exams, like those covered by your SDC plan, prevent and detect dental problems before they turn into something serious. A simple routine dental check-up could even save your life, as major health problems can first show symptoms in the mouth. Your employer has selected a **SUPERIOR** dental plan for you to elect – please see the plan details below. Sign up today for your new **SUPERIOR** dental coverage…and let SDC keep you ***smiling for a lifetime!***

	Network Only Plan #1180		Core Plan #565		Enhanced Plan #1019	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Preventive *oral exams, x-rays, cleanings, fluoride treatments for children, emergency treatment, space maintainers*	100%	N/A	100%	100%	100%	100%
Basic *fillings, root canal therapy, oral surgery, extractions, repairs & recementation, sealants for children, periodontal treatment*	50%	N/A	90%	90%	90%	90%
Major *crowns, onlays, bridges, dentures,*	50%	N/A	N/A	N/A	30%	30%
Contract Maximum *per member, per contract period; applies to Preventive, Basic & Major services*	$1,000.00	N/A	$1,000.00	$1,000.00	$2,000.00	$2,000.00
Orthodontia *Network Only Plan has no age limit*	50%	N/A	N/A	N/A	50%	50%
Orthodontia Maximum *lifetime maximum applies to Orthodontic services*	$1,000.00	N/A	N/A	N/A	$1,250.00	$1,250.00
Deductible *applies to Basic & Major services and follows the contract period*	None	None	$25/$75	$25/$75	$50/$150	$50/$150
Copay *applies to Preventive exams*	N/A	N/A	N/A	N/A	N/A	N/A
Network Access	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible	No Balance Billing	Balance Billing Possible

Any out of network service may be subject to a "balance bill" for any amount that the dentist's charge exceeds SDC's then current allowable amount for an eligible service.
To review the complete List of Covered Services, refer to SDC's Evidence of Coverage or the Schedule of Benefits associated with the plan number above.

Monthly Rates	Network Only Plan	Core Plan	Enhanced Plan
Employee	$22.18	$25.99	$32.33
Employee + Spouse/ Child	$44.37	$52.09	$64.56
Family	$79.85	$95.05	$117.82

Rates listed are valid only for the plans above and for the contract period listed above.

PROTECT YOUR SMILE…AND YOUR MONEY!

SDC's dental plans focus on preventive services like cleanings and exams that can help you avoid major dental procedures and save you money. Without SDC dental coverage, the cost of an emergency dental procedure that wasn't detected and treated early can easily reach thousands of dollars. Additionally, SDC will provide a **Free Second Opinion** by a participating dentist for extensive treatment plans. This is provided at no cost and without utilizing any portion of the individual's Contract Maximum. This benefit is required to be coordinated, in advance, through SDC's Dentist and Member Services team.

NEARLY 650,000 NETWORK ACCESS POINTS ACROSS THE COUNTRY

NO WAITING PERIODS | NO BALANCE BILLING *(in network)* **| NO CLAIM FORMS** *(in network)* **| NO MISSING TOOTH EXCLUSION**

Notice: Any person obligated for any part of a pre-payment may cancel such agreement within 72-hours after having signed the agreement or offer to enroll. Cancellation occurs when written notice of cancellation is given to SDC or its agents or other representatives.

Warning: If you or your family members are covered by more than one healthcare plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

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6683 Centerville Business Parkway, Centerville, Ohio 45459 | Local 937.438.0283 | Toll-Free 800.762.3159 | Fax 937.438.0288
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MMO
EyeMed Access Plan H, Fixed Fee
Voluntary
Option Oberlin College

Version 7

Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	$10 Copay	$45
Retinal Imaging Benefit	Up to $39	N/A
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to $55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames: Any available frame at provider location	$0 Copay; $120 Allowance, 20% off balance over $120	$66
Standard Plastic Lenses		
Single Vision	$20 Copay	$32
Bifocal	$20 Copay	$55
Trifocal	$20 Copay	$65
Lenticular	$20 Copay	$80
Standard Progressive Lens	$85 Copay	$55
Premium Progressive Lens	$85 Copay, 80% of Charge less $120 Allowance	$55
Lens Options:		
UV Treatment	$15	N/A
Tint (Solid and Gradient)	$15	N/A
Standard Plastic Scratch Coating	$15	N/A
Standard Polycarbonate - Adults	$40	N/A
Standard Polycarbonate - Kids under 19	$40	N/A
Standard Anti-Reflective Coating	$45	N/A
Polarized	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses *(Contact lens allowance includes materials only)*		
Conventional	$0 Copay; $110 allowance, 15% off balance over $110	$98
Disposable	$0 Copay; $110 allowance, plus balance over $110	$98
Medically Necessary	$0 Copay, Paid-in-Full	$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Subscriber	$6.92	
Subscriber + 1	$13.84	
Subscriber + Family	$19.04	

* Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate