

Below you will find a high-level overview of some of our benefits. **Your chosen benefits will be effective your date of hire/eligibility.**

Benefit	Provider	Description of Benefit (Refer to Plan Documents for complete details)
Medical PPO Core Plan	UMR Network: UHC Choice Plus	Deductible (In-Network/Out-of-Network): Individual \$1,650/\$3,300; Family \$3,300/\$6,600 Out of Pocket Maximum (In-Network/Out-of-Network): Individual \$4,950/No Maximum; Family \$8,460/No Maximum.
Medical PPO Plus Plan	UMR Network: UHC Choice Plus	Deductible (In-Network/Out-of-Network): Individual \$1,150/\$2,300; Family \$2,300/\$4,600 Out of Pocket Maximum (In-Network/Out-of-Network): Individual \$3,450/No Maximum; Family \$5,460/No Maximum
Medical CDHD/HSA Plan	UMR Network: UHC Choice Plus	Deductible (In-Network/Out-of-Network): Individual \$2,800/\$5,600; Family \$5,600/\$11,200 Out of Pocket Maximum (In-Network/Out-of-Network): Individual \$5,600/No Maximum; Family \$9,400/No Maximum Employees can contribute to a Health Savings Account through HSA Authority; Butler contributes \$750 for individuals or \$1,500 for Family coverage annually (Employee/Spouse, Employee/Child(ren), Family)
Prescription Drug Plan	Magellan Rx	In-Network Retail (30 day supply): Copays for PPO plans - Tier 1: \$10; Tier 2: \$35; Tier 3: \$75; Tier 4: 25% to a maximum of \$150; Copays for CDHD plan – All Tiers: Deductible then 20%. Magellan Mail Order (90 day supply): Copays for Core PPO Plan – Tier 1: \$20; Tier 2: \$70; Tier 3: \$150; Tier 4: Not covered. Copays for Plus PPO Plan - Tier 1: \$10; Tier 2: \$60; Tier 3: \$150; Tier 4: Not covered. Copays for CDHD Plan – Tiers 1 through 3: Deductible then 20%. Tier 4: Not covered.
Dental PPO	Delta Dental Network: Delta Dental PPO	Deductible: Individual \$50; Family \$100 Annual Max: \$1,500 per individual; In-Network the plan pays 100% preventive, 80% Basic, 50% Major, 50% Orthodontia (Ortho Maximum \$1,000 per individual). Your Delta plan also has Delta Dental Premier Network and Out-of-Network benefits that pay less benefits.
Vision	EyeMed Network: Insight	In-Network Benefits: Exam: \$10 copay; Lenses: \$20 copay; Frames: \$130 allowance + 20% off remaining balance every 24 months; Contacts: \$140 allowance + 15% off remaining balance every 12 months.
Basic Life & AD&D Insurance	OneAmerica	1 x annual base salary to a max of \$300,000 (Employer pays entire cost of this coverage)
Optional Life & AD&D Insurance	OneAmerica	You may elect, in \$1,000 increments, up to a maximum of \$500,000 (minimum of \$10,000) for yourself; for your spouse you may elect, in \$1,000 increments, up to \$50,000 without Evidence of Insurability, with a maximum of \$250,000; for your children, you may elect, in \$2,000 increments, an amount up to \$10,000. You may also elect Voluntary AD&D coverage.
Short Term Disability	OneAmerica	60% of weekly salary up to \$3,000 for 12 weeks (Employer pays entire cost of this coverage)
Long Term Disability	OneAmerica	60% of monthly salary to a maximum amount of \$14,000; 90 days elimination period (Employer pays entire cost of this coverage)
Medical Flexible Spending Account	Discovery Benefits	You may elect to contribute up to a maximum of \$2,750 to this account each year. These monies can be used for Medical, Dental and Vision expenses. For 2021 the full residual amount remaining in your account can be carried over into 2022. If you elect to participate in the HSA plan you cannot elect to participate in a new FSA but your roll over can be used in a limited FSA in 2022..
Dependent Care Flexible Spending Account	Discovery Benefits	You may elect to contribute up to a maximum of \$5,000 (or \$2,500 if married and filing separately) to this account each year. These monies are used to pay for day care expenses so that you or your spouse can go to work or school full-time. All funds must be used by the end of the plan year or you will lose them.

MEDICAL RATES					
PPO Core Plan	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$83.98	\$62.97	\$39.78	\$29.07	\$755.75
Employee + Spouse	\$422.81	\$317.11	\$200.28	\$146.35	\$3,805.28
Employee + Child(ren)	\$257.37	\$193.03	\$121.91	\$89.09	\$2,316.32
Family	\$646.30	\$484.73	\$306.14	\$223.72	\$5,816.71
PPO Plus Plan	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$260.19	\$195.14	\$123.25	\$90.07	\$2,341.71
Employee + Spouse	\$839.11	\$629.33	\$397.47	\$290.46	\$7,552.00
Employee + Child(ren)	\$515.23	\$386.42	\$244.05	\$178.35	\$4,637.04
Family	\$1,134.97	\$851.22	\$537.62	\$392.87	\$10,214.69
CDHD-HSA Plan	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$62.35	\$46.76	\$29.53	\$21.58	\$561.12
Employee + Spouse	\$338.98	\$254.23	\$160.57	\$117.34	\$3,050.82
Employee + Child(ren)	\$205.93	\$154.45	\$97.55	\$71.29	\$1,853.36
Family	\$518.41	\$388.81	\$245.57	\$179.45	\$4,665.71



Have Questions?
 Contact Butler HR at
askhr@butler.edu
 or
 317-940-9355.

Submitting
 documents or
 confidential
 questions?
benefits@butler.edu

DENTAL RATES	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$9.88	\$7.41	\$4.68	\$3.42	\$88.92
Employee + Spouse	\$37.65	\$28.24	\$17.84	\$13.03	\$338.88
Employee + Child(ren)	\$22.73	\$17.05	\$10.77	\$7.87	\$204.60
Family	\$49.52	\$37.14	\$23.46	\$17.14	\$445.68
VISION RATES	9-month	12-month	Bi-Weekly 9-month	Bi-Weekly 12-month	Annually
Employee Only	\$9.16	\$6.87	\$4.34	\$3.17	\$82.44
Employee + Spouse	\$16.40	\$12.30	\$7.77	\$5.68	\$147.60
Employee + Child(ren)	\$19.16	\$14.37	\$9.08	\$6.63	\$172.44
Family	\$23.68	\$17.80	\$11.22	\$8.20	\$213.16

Important Reminders...

- New employees have 30 days from date of hire to complete enrollment.
- Qualifying event changes must be requested in writing within 30 days of the event –contact askHR@butler.edu.
- QE changes must be completed within 30 days of the effective date of the QE.
- Voluntary Life insurance enrollment without EOI must be completed in first 30 days of employment.
- Voluntary Life insurance enrollment WITH an approved EOI application can happen at any time.
- Dependent eligibility documents and proof of QE documents must submitted to benefits@butler.edu.
- Benefit elections will be made online through my.Butler