HEALTH & WELFARE BENEFIT PLAN
OPEN ENROLLMENT

Open Enrollment
October 23, 2017 through November 3, 2017

Effective January 1, 2018
OPEN ENROLLMENT

• Opportunity for eligible staff to enroll or waive coverage

• Make benefit plan selections

• Add or drop eligible dependents

• Enroll in the Flexible Spending Accounts

• Increase and/or enroll in life insurance coverage

• All changes are effective January 1, 2018

PLEASE NOTE: The information contained in this presentation is only a summary. For detailed, comprehensive benefit information, please refer to your carrier plan documents.
OPEN ENROLLMENT

- Starting October 23rd and through November 3rd

- Review your elections and make changes or enroll using the Online Open Enrollment System

- [https://eo.scripps.edu](https://eo.scripps.edu)

- Use your Employee Online password

- If you do not remember your password or have never logged-on to Employee Online, follow the instructions on the Open Enrollment system log-in page
<table>
<thead>
<tr>
<th>Dates</th>
<th>Action</th>
</tr>
</thead>
</table>
| Monday October 23 – Friday, November 3 | Open Enrollment Period  
• Review 2018 Benefits Guide  
• Attend informational meeting  
• Review/make changes/enroll in benefits using the online Open Enrollment system at:  
[https://eo.scripps.edu](https://eo.scripps.edu) |
| Wednesday, October 25       | Open Enrollment Meeting  
Room B159, 4:00 – 5:00 pm |
| Monday, October 30          | Benefits Fair  
Scripps Café, 11:30 am – 2:00 pm |
| Tuesday, October 31         | Open Enrollment Meeting  
Room B159, 9:00 – 10:00 am |
| Thursday, November 2         | Open Enrollment Meeting  
Room B159, 12:00 – 1:00 pm |
| Friday, November 3 at 8 pm EST | Open Enrollment system closes |
| January 1, 2018              | Benefits become effective |
| January 5, 2018              | Any changes to payroll deductions will be seen in paycheck |
MID-YEAR CHANGES

Be sure about your selections……

• Elections made during annual enrollment will remain in force from January 1, 2018 through December 31, 2018, unless you experience an IRS Qualified Family Status Change.

• Examples of a Qualified Family Status Change:
  ▫ Marriage/Divorce
  ▫ Birth/Adoption
  ▫ Gain/Loss of dependent eligibility
  ▫ Death of a dependent
  ▫ Gain/Loss of benefits due to a spouse changing jobs
  ▫ Dependents entering or leaving the country

• Changes must be initiated by you and made within 31 days after the event. You will be required to provide documentation of your change in status.
ELIGIBILITY - CALENDAR YEAR 2018

• Staff who are regularly scheduled to work at least 20 hours per week

• Eligible Dependents
  ▫ Legal Spouse
  ▫ Florida Same Sex Domestic Partner*
  ▫ Children (includes biological, step, court placed foster, and adopted)

  □ Medical/Vision: Children to age 26 (through age 25) regardless of:
    • Student status
    • Marital status
    • Residence
    • IRS tax status, or whether financially dependent
    • Employment status

  □ Dental: Up to age 19; up to age 25 if full-time student

*Domestic partners are not eligible for flexible spending account plans under current IRS regulation.
# A PEEK AT YOUR BENEFITS

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Options</th>
</tr>
</thead>
</table>
| Medical                   | • Aetna Select EPO Plan  
  • Aetna – Comprehensive Choice POS II Plan  
  • Aetna – HDHP Aetna Choice POS II HSA  
    • Contribute towards HSA through payroll deductions by enrolling in an HSA through PayFlex  
  • Aetna – Graduate Student Choice POS II |
| Dental                    | • Delta Dental PPO                                                                                                                                                        |
| Vision                    | • Vision Service Provider (VSP) Optical Plan                                                                                                                                   |
| EAP                       | • onsite TSRI counseling assistance for personal challenges or offsite through Optum Behavioral Health                                                                        |
| Flexible Spending Accounts| • Administered through TRI-AD  
  • Contribute on pre-tax basis for out of pocket health care and/or dependent care expenses, if eligible                                                                 |
| Company Paid Life/AD&D    | Choice of:  
  • Flat $50,000 benefit amount —OR—  
  • 2 times annual salary                                                                                                                          |
| Voluntary Life/AD&D       | • Additional life insurance on a payroll deduction basis                                                                                                                  |
| Short and Long Term       | • Income protection for disabilities. Short Term lasting longer than 7 consecutive dates, and Long Term lasting longer than 90 days                                                                 |
| Disability                |                                                                                                                                                                                 |
| Voluntary Long Term       | • UNUM – Nursing care for long term illness/disability                                                                                                                     |
| Care Insurance            |                                                                                                                                                                                 |
BENEFIT CHANGES FOR 2018

TSRI has chosen to implement a few benefit changes:

• The Aetna FL Select EPO plan will see slightly higher employee premiums.

• The Comprehensive Choice POS II plan deductible and out-of-pocket maximums will increase. The employee premium will remain the same.

• TSRI will introduce an employer contribution towards the Health Savings Account ($1,000 for Employee Only and $3,000 for Employee & Dependent(s)) for participants who enroll in the HDHP PPO Plan. Individuals ineligible for the HSA will be enrolled in a Health Reimbursement Arrangement (HRA) to receive employer contribution.

• TSRI will also introduce a concierge service for HDHP participants through Compass Pro Health at no cost.

Preventive Care will still be covered at 100% on the EPO plan and when using In-Network providers on the PPO plans.
AETNA Select EPO Plan

EPO participants must choose a Primary Care Physician (PCP)

- Your PCP will direct the majority of your health care needs
- Each family member may select their own PCP within the network
- To change your PCP, contact Aetna
  - PCP changes made after the 15th of the month are effective the 1st of the following month
- The EPO plan has a $100 (Individual) / $200 (Family) Annual Deductible.
  - Applies only to services provided in a hospital setting, outpatient surgery, emergency room, ambulance, skilled nursing home, hospice, DME, etc.
- The plan pays 90% after deductible for:
  - Inpatient and outpatient hospital services
  - Cap on out of pocket costs of $2,500 per person per year (2x Family)
- Preventive Care is covered at 100%
<table>
<thead>
<tr>
<th>Plan Details</th>
<th>Effective January 1, 2017 Aetna Select EPO Plan</th>
</tr>
</thead>
</table>
| **Annual Deductible** *(Applies to all hospital, Surgery, ER, ambulance. Does not apply to office visits, lab/X-Ray)* | $100 per person  
$200 per family |
| **Out-Of-Pocket Maximum (per calendar year)**                               | $2,500 per person  
$5,000 per family  
Rx expenses apply towards OOP Max |
| **PCP Office Visit**                                                        | $30 Copay |
| **Specialist Office Visit**                                                 | $40 Copay |
| **Lab / X-rays**                                                            | 100% Lab / $40 Copay X-ray  
$150 Copay Complex X-ray |
| **Outpatient Surgery**                                                      | Hospital - 90% after deductible  
Freestanding - $250 Copay after deductible |
| **Hospital Services**                                                       |                                                 |
| **Inpatient Hospital**                                                      | 90% after deductible |
| **Inpatient Maternity**                                                     | Physician Maternity Services - $30 Copay  
Facility Services – 10% after deductible |
| **Emergency Room**                                                          | $100 Copay after deductible |
| **Ambulance**                                                               | $100 Copay after deductible |
| **Other Services**                                                          |                                                 |
| **Preventive Care**                                                         | 100% |
| **Outpatient Rehabilitation Therapy (Speech, Physical, Occupational)**      | $40 Copay |
| **Prescription Drugs through Aetna**                                        |                                                 |
| **Rx Deductible (Applies to Brand-Formulary and Non-Formulary Drugs)**      | $100 per person  
$200 per family |
| **Retail (30 days)**                                                        | $10/ $35/ $60 |
| **Mail Order (90 days)**                                                    | $20/ $70/ $120 |
REGISTER AT **WWW.AETNA.COM**

- Secure 24/7 Access
- Look up a claim status
- Check account balances
- Find costs of test and doctor visits
- View tools and educational materials
- Download a temporary ID Card
AETNA’S DISCOUNT PROGRAMS & RESOURCES

Aetna provides you and your family discounts on a range of health and wellness-related services and products, such as:

- Acupuncture, Chiropractic, & Massage Therapy
- Books & DVDs with Tips on Health Living
- Fitness Club Memberships
- Online Provider Consultations
- Vision, Hearing & Dental Care
- Vitamins & Supplements
- Weight-loss programs such as Jenny Craig, NutriSystem & eDiets
AETNA - ON THE GO!

• No matter where you are, you still want easy access to your health information and tools to make the best decisions. With AETNA’s Mobile App, you can:

• Search for a doctor, hospital or pharmacy

• Use the Urgent Care Finder to quickly find urgent care centers and walk-in clinics

• Register for your secure member site to
  – View claims
  – View coverage and benefits
  – View your Personal Health Record
  – View your ID card information
  – Check drug prices
  – Contact Aetna by phone or email
COMPREHENSIVE CHOICE POS II PLAN

Freedom of choice and no referrals required

• You obtain a higher level of benefit by receiving your services from participating or in-network doctors, specialists and facilities

• Before the insurance company pays certain medical expenses, you are required to pay the deductible

• Once the deductible has been met, Aetna will pay a percentage of the cost of your care (coinsurance)

• You are responsible for the remaining cost up to the out-of-pocket maximum

• Claim forms are submitted to Aetna on your behalf when services are received from within the network

• Comprehensive Choice POS II Plan:
  
  • Go to www.aetna.com/docfind and search for a physician by name, provider type, specialty, or location. Once you have made your selections, click on Search.

  • This will prompt you to select a plan. Under “Aetna Open Access Plans,” select Aetna Choice POS II (Open Access). Click on Continue.
## Comprehensive Choice POS II Plan

**2017**  
<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Non-Network</th>
<th>Effective January 1, 2018</th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$750 / person</td>
<td>$1,500 / person</td>
<td>$900 / person</td>
<td>$1,800 / person</td>
<td>$2,700 / family</td>
</tr>
<tr>
<td></td>
<td>$2,250 / family</td>
<td>$4,500 / family</td>
<td>$2,250 / person</td>
<td></td>
<td>$5,400 / family</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>$2,000 / person</td>
<td>$4,000 / person</td>
<td>$2,250 / person</td>
<td></td>
<td>$4,500 / person</td>
</tr>
<tr>
<td>(per calendar year)</td>
<td>$4,000 / family</td>
<td>$8,000 / family</td>
<td>$4,500 / family</td>
<td></td>
<td>$9,000 / family</td>
</tr>
<tr>
<td>coinsurance</td>
<td>80%</td>
<td>60%</td>
<td>80%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>Well Baby Care</td>
<td>100% (deductible waivered)</td>
<td>Cancer Screenings Only</td>
<td>100% (deductible waivered)</td>
<td>Cancer Screenings Only</td>
<td></td>
</tr>
<tr>
<td>Routine Adult Annual Exam</td>
<td>100% (deductible waivered)</td>
<td>Cancer Screenings Only</td>
<td>100% (deductible waivered)</td>
<td>Cancer Screenings Only</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>80%</td>
<td>60%</td>
<td>80%</td>
<td>60%</td>
<td>($200 add’l Copay for non-certification)</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>80%</td>
<td>60%</td>
<td>80%</td>
<td>60%</td>
<td>($200 add’l Copay for non-certification)</td>
</tr>
</tbody>
</table>

**Prescription Drugs through OptumRx**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx Deductible (Applies to Brand Name Drugs)</td>
<td>$100 / person</td>
<td>$100 / person</td>
</tr>
<tr>
<td></td>
<td>$200 / family</td>
<td>$200 / family</td>
</tr>
<tr>
<td>Rx Out-of-Pocket Maximum</td>
<td>$2,000 / person</td>
<td>$2,000 / person</td>
</tr>
<tr>
<td></td>
<td>$4,000 / family</td>
<td>$4,000 / family</td>
</tr>
<tr>
<td>Retail (30-days)</td>
<td>$10/ $35/ $60</td>
<td>$10/ $35/ $60</td>
</tr>
<tr>
<td>Mail Order through the OptumRx Mail Order Pharmacy (90 days)</td>
<td>$20/ $70/ $120</td>
<td>$20/ $70/ $120</td>
</tr>
</tbody>
</table>

90 days per calendar year
You are financially responsible for all eligible expenses, such as doctor’s visits, non-preventive prescription drugs and lab charges, until the deductible has been met.

If you are enrolled under Employee + 1 or more Dependents, the Family Deductible must be met before the coinsurance applies.

Similar to a traditional PPO plan, you may use the provider of your choice, but the plan will pay more if you utilize in-network physicians or facilities.

In-network preventive care is covered at 100%.

Once the deductible is met, the plan pays a large percentage of eligible expenses until the out-of-pocket maximum is reached.

After reaching the out-of-pocket maximum, covered expenses are paid at 100% for the remainder of the plan / calendar year.

This medical plan can be paired with a Health Savings Account (HSA) to help pay for qualified health care expenses.

Contribute towards your HSA through convenient payroll deductions by enrolling in an HSA through PayFlex.

If you enroll in a Health Savings Account (HSA), you cannot participate / have money in the regular Health Care Flexible Spending Account (FSA).
<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$2,000 Employee Only</td>
<td>$6,000 EE + Dependent(s)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (per calendar year)</strong></td>
<td>$4,500 Employee Only</td>
<td>$6,750 Employee Only</td>
</tr>
<tr>
<td></td>
<td>$6,750 EE + Dependent(s)</td>
<td>$10,125 EE + Dependent(s)</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>100% deductible waived</td>
<td>Cancer Screenings Only</td>
</tr>
<tr>
<td><strong>Lab / X-Rays</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>($200 add’l Copay for non-certification)</td>
<td></td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td>80%</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td>($200 add’l Copay for non-certification)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>90 days per calendar year</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>80% after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy Administrator</strong></td>
<td>OptumRx</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Medications Retail (30 day supply)</strong></td>
<td>$10/ $35/ $60 Copays, then 100%</td>
<td>Not subject to deductible</td>
</tr>
<tr>
<td><strong>All Other Retail</strong></td>
<td>$10/ $35/ $60 Copays after deductible</td>
<td>Subject to deductible</td>
</tr>
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</tr>
</tbody>
</table>
COMPASS PRO HEALTH SERVICES

COMPASS PHS IS A PATIENT ADVOCACY FIRM PROVIDING PERSONAL CONCIERGE AVAILABLE TO AETNA HDHP PLAN MEMBERS AT NO COST. SERVICES INCLUDE:

• Unlimited access to a health care expert
• Researching generic or clinical alternative prescription options
• Unbiased doctor recommendations based on quality and cost
• Coordinating care, scheduling doctor appointments
• Coordinating transfer of medical records
• Reviewing bills and charges
• Resolving billing issues with Aetna, hospitals, and provider billing offices
• Explanation of insurance processes and TSRI benefit plans
• Comparing service costs, cost estimates

YOU CAN GET IN TOUCH WITH TSRI’S HEALTH PRO VIA:

• Phone: 800.513.1667
• Email: answers@compassphs.com
• Website: www.compassphs.com
WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP) + HEALTH SAVINGS ACCOUNT (HSA) OPTION?

USING AN HDHP

In-Network or Out-of-Network

- HSA Funds
- Primary Care Physician
- Specialist

What to Know About Your Health Savings Account

- You own your HSA
- Your money rolls over year after year
- You choose how much to contribute (max. amounts apply)
- Paired with a high-deductible health plan
- You receive a triple tax advantage
HDHP vs. TRADITIONAL PPO PLAN

SIMILARITIES

• Plans use the same network of doctors, specialists and hospitals
• Once the plan deductible has been met, you will receive a higher level of benefit by receiving services from in-network providers

DIFFERENCES

• Only the HDHP allows you to use a HSA to help pay for current and future qualified health care expenses
• The deductible for a HDHP applies to all services except Preventive Care Services and Preventive Medications
• The family deductible for a HDHP is cumulative, meaning if you cover a spouse or child(ren), you must meet the family deductible before your plan benefits kick in
Health Savings Accounts - HSA

- Like a Medical IRA
  - Owned by the Employee; Portable
- Tax-advantaged personal savings account
  - Employee contributions are tax-free and reduce taxable income*
- Use today or save for future and retirement health expenses
  - Unused money rolls over year-to-year
- PayFlex will administer your HSA account through convenient payroll deductions
HSA CONTRIBUTION LIMITS

ELIGIBLE INDIVIDUALS AND TSRI CAN MAKE FINANCIAL CONTRIBUTIONS TO AN HSA.

<table>
<thead>
<tr>
<th>2018 Calendar Year Maximum Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Employee + dependents</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Additional “catch-up” if 55 or older</strong></td>
</tr>
</tbody>
</table>

- The calendar year deductible is not pro-rated from the enrollment date like the fund is.
- **TSRI will now contribute $1,000/year for Employee Only and $3,000/year for Employee + dependent(s). TSRI contributions will be made on a quarterly basis.**
- Your and TSRI's contributions count toward the annual contribution maximum.
HOW CAN YOU USE YOUR HSA FUNDS?

YOUR HSA FUNDS CAN BE USED FOR QUALIFIED HEALTHCARE EXPENSES

• Examples:
  – Unreimbursed qualified medical, dental and vision expenses
  – LASIK
  – Orthodontia
  – Prescriptions
  – Medical premiums for COBRA, and Medicare Parts B & D
  – Certain Long Term Care premiums

IRS PUBLICATION 502 PROVIDES A LIST OF THE ALLOWABLE EXPENSES
• The HSA must be established and an initial deposit must be made before you incur expenses or use funds.

• Because you own the HSA, funds can be used even after you are no longer covered by an HSA-qualified plan.

• You and your qualified dependents may use the HSA funds.
HSA IRS ELIGIBILITY RULES

• HDHP PPO participants only
• Account holder cannot have dual health coverage such as EPO or PPO
• Account holder cannot be on Medicare, Tricare or prescription drug only plan
• Account holder cannot be claimed as a dependent on someone else’s tax return
• Account holder must be under 65 years of age
• Account holder cannot have a health care flexible spending account

** In order to have deductions from your paycheck, you must be earning a taxable paycheck from TSRI
WHY ENROLL IN THE HSA?

- **You Keep the Money**: When you leave the company or retire, you can take the money with you.

- **Build Savings**: You have the ability to grow a sizeable account over time.

- **Invest**: HSA vendors offer a wide array of investment options for you to invest and grow your savings tax-free.

- **Tax Savings**: Tax-free contributions and distributions (excludes state taxes in CA, AL, NJ).
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

FOR EMPLOYEES WHO ARE INELIGIBLE FOR HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTIONS, BUT ARE ENROLLED IN THE AETNA HDHP CHOICE POS II PLAN WILL BE SET UP WITH A HEALTH REIMBURSEMENT ARRANGEMENT (HRA) THROUGH PAYFLEX.
HRA CONTRIBUTIONS

TSRI WILL CONTRIBUTE TOWARDS YOUR HRA FUND THROUGH PAYFLEX

<table>
<thead>
<tr>
<th>Annual Contribution*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (Employee Only)</td>
</tr>
<tr>
<td>Family (Employee + Dependents(s))</td>
</tr>
</tbody>
</table>

TSRI has selected PayFlex as the preferred administrator to handle Health Reimbursement Arrangement.

- If you leave TSRI or you have a change in your eligibility, any remaining HRA funds will be forfeited, unless you elect COBRA continuation
- Claims are paid from the HRA for you and your covered dependents only once the incurred expense is approved
- Unused funds do rollover each year
- Register at [www.PayFlex.com](http://www.PayFlex.com) to monitor your fund

*TSRI contributions will be made on a quarterly basis
PRESCRIPTION COVERAGE
How to determine your Rx Copay

• The pharmacy administrator for the Comprehensive Choice POS II, HDHP Aetna Choice POS II, and Graduate Student Choice POS II plans continues to be OptumRx. The pharmacy administrator for the Aetna Select EPO continues to be Aetna.

• There are 3 tiers for prescription drugs
  • Generic - $10 copay
  • Formulary Brand - $35 copay
  • Non-formulary Brand - $60 copay

• Please call OptumRx (855) 395-2022 for more information on Comprehensive Choice POS II, HDHP Aetna Choice POS II, or Graduate Student Choice POS II Plans or visit www.optumrx.com/myCatamaranRx

• Please visit www.aetna.com for more information on the Aetna Select EPO plan
The Government Exchange open enrollment for obtaining your own medical coverage (where you may qualify for tax credits or subsidies to help pay for coverage) is November 1, 2017 – December 15, 2017.

**Individual Mandate:** Every U.S. citizen / legal resident must have Minimum Essential Coverage (MEC) or pay a tax penalty (exemptions, transitional relief and exceptions may apply)

<table>
<thead>
<tr>
<th>Year</th>
<th>Penalty Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Greater of 2.5% of AGI or $695 per adult per year</td>
</tr>
<tr>
<td>2017/2018</td>
<td>Increased by cost-of-living adjustment</td>
</tr>
</tbody>
</table>
Health Care Reform  (continued)

To avoid the penalty, you are required to:

- Enroll in your or your spouse’s/DP’s employer’s medical coverage during open enrollment OR

- Be enrolled in Government Exchange coverage (you may enroll during open enrollment or when you have a qualifying life event) OR

- Be enrolled in your own individual policy outside of the Exchange (any U.S. citizen / legal resident that has not obtained coverage already may be subject to a pro-rated penalty based on how long you are without health insurance)

**NOTE:** Since our medical plans meet the requirements of Health Care Reform, you and/or your dependents may not be eligible for government subsidies/tax credits.
## OPTICAL PLAN

<table>
<thead>
<tr>
<th>Service</th>
<th>VSP Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Exam / Materials Copay</strong></td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td><strong>Every 12 Months</strong></td>
<td>Up to $40</td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td><strong>Every 12 Months</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Covered in Full</td>
<td>$30 Allowance</td>
</tr>
<tr>
<td>Bi-Focal</td>
<td>Covered in Full</td>
<td>$50 Allowance</td>
</tr>
<tr>
<td>Tri-Focal</td>
<td>Covered in Full</td>
<td>$65 Allowance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in Full</td>
<td>$125 Allowance</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in Full</td>
<td>$250 Allowance</td>
</tr>
<tr>
<td>Cosmetic or Convenience</td>
<td>Up to $100 Allowance</td>
<td>Up to $100 Allowance</td>
</tr>
<tr>
<td></td>
<td>Up to $40 Fitting Fee</td>
<td>Up to $100 Allowance</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td><strong>Every 24 Months</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Up to $110 Retail Value</td>
<td>Up to $40 Retail Value</td>
</tr>
</tbody>
</table>
## DENTAL PPO PLAN

<table>
<thead>
<tr>
<th></th>
<th>Delta PPO Dentist</th>
<th>Delta Premier Dentist</th>
<th>All other Dental Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar year deductible</strong></td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Waived for Preventive Care</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Preventive</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams, cleanings, X-rays, etc.</td>
<td>100%</td>
<td>80%</td>
<td>80% *</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extractions, fillings, endodonics, periodontics (gum treatment), etc</td>
<td>80%</td>
<td>80%</td>
<td>80% *</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns, bridges, etc.</td>
<td>50%</td>
<td>50%</td>
<td>50% *</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To age 19</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

* Usual, Customary and Reasonable
### 2018 MONTHLY MEDICAL/VISION PREMIUMS

#### Comprehensive Choice POS II Plan

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 74</td>
<td>$ 606</td>
<td>$ 680</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 260</td>
<td>$ 1,100</td>
<td>$ 1,360</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 198</td>
<td>$ 938</td>
<td>$ 1,136</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 386</td>
<td>$ 1,431</td>
<td>$ 1,817</td>
</tr>
</tbody>
</table>

#### Select EPO Plan

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 49</td>
<td>$ 287</td>
<td>$ 336</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 252</td>
<td>$ 548</td>
<td>$ 800</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 181</td>
<td>$ 462</td>
<td>$ 643</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 387</td>
<td>$ 637</td>
<td>$ 1,024</td>
</tr>
</tbody>
</table>

#### HDHP Aetna Choice POS II

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 0</td>
<td>$ 573</td>
<td>$ 573</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$ 0</td>
<td>$ 1,228</td>
<td>$ 1,228</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$ 0</td>
<td>$ 1,069</td>
<td>$ 1,069</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$ 20</td>
<td>$ 1,533</td>
<td>$ 1,553</td>
</tr>
</tbody>
</table>

*Family coverage includes child(ren) and either your spouse or your domestic partner.
## 2018 MONTHLY DENTAL PLAN PREMIUMS

<table>
<thead>
<tr>
<th>Dental PPO Plan</th>
<th>Employee Contribution</th>
<th>TSRI Contribution</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$0</td>
<td>$39</td>
<td>$39</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$20</td>
<td>$58</td>
<td>$78</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$14</td>
<td>$51</td>
<td>$65</td>
</tr>
<tr>
<td>Employee + Family*</td>
<td>$32</td>
<td>$72</td>
<td>$104</td>
</tr>
</tbody>
</table>
BASIC LIFE AND AD&D BENEFIT*

- TSRI offers employees the choice of:
  1. $50,000 flat benefit amount, OR
  2. 2x your annual salary up to $1,500,000, OR
  3. 3x annual salary (on age-rated basis) up to $1,500,000

- You may elect 3x annual salary during this open enrollment.

- Proof of good health is required if your total basic life coverage exceeds $1,000,000

Please Be Sure to Update Your Beneficiary

*Research Associates, Trainees, and Graduate Students are not eligible for the basic life plan
VOLUNTARY LIFE INSURANCE

- Employee:
  - Increments of $10,000 up to $500,000
  - Premium Based on Employee Age
  - All enrollment (except new-hires) require Evidence of Insurability (EOI)
  - Guarantee issue up to $100,000 coverage for 1st time eligible

- Dependent Benefits
  - Spouse: Increments of $10,000 up to $500,000
    - Guarantee issue up to $50,000 coverage for 1st time eligible
  - Child(ren): Increments of $2,500, up to $10,000

- Application available through the online open enrollment system or on the Benefits Open Enrollment webpage
- Spouse may be enrolled regardless if you enroll yourself

New enrollees under the Voluntary Life must complete a Prudential Beneficiary Form.
VOLUNTARY AD&D INSURANCE

• Employee:
  • Increments of $50,000 up to $500,000
  • Provides 24-hours a day worldwide coverage

• Dependent Benefits
  • Family coverage is available in increments of $50,000 up to $500,000
  • All coverage is guaranteed issue.
  • Unmarried children can be covered until age 26

• Application available through the online open enrollment system or on the Benefits Open Enrollment webpage

New enrollees under the Voluntary AD&D must complete a Prudential Beneficiary Form.
VOLUNTARY LONG TERM CARE*

- Available to Staff, spouses, children (age 18+), parents and grandparents

- Guarantee Issue Coverage equals:
  - Up to $4,000 Nursing Facility Benefit Amount
  - And a Facility Benefit Duration of 3 or 6 years

- To elect higher levels of coverage or longer benefit durations, or to enroll in the plan after your initial eligibility period, you must provide Evidence of Insurability

- To enroll you must complete the Benefit Election Form available by contacting Benefits Administration at (858) 784-8487 or benefits@scripps.edu. Forms are also available on the Benefits website.

*Research Associates, Trainees, and Graduate Students are not eligible
FLEXIBLE SPENDING ACCOUNTS

- Pre-tax vs. after tax
  - Before Federal, State, and FICA taxes applied

- Plan year is January 1, 2018 through December 31, 2018

- Submit reimbursement requests directly on Tri-Ad’s portal at www.tri-ad.com
FLEXIBLE SPENDING ACCOUNTS

- Health Care Spending Accounts*:
  - $2,650 Annual Maximum Contribution (minimum is $120)
  - Out of pocket expenses for you, your spouse and your dependents
  - Does not include domestic partner

- Dependent Care Spending Account**:
  - $5,000 maximum per calendar year
  - $2,500 if married, filing separately
  - $5,000 maximum if married and filing jointly

* Research Associates, Trainees & Graduate Students are not eligible for Health Care Spending Account

** Research Associates, Trainees & Graduate Students may be eligible for Dependent Care Account based on pay status. Please see Human Resources for eligibility

*** If you are participating in the Health Savings Account (HSA), you are not eligible to participate in the Health Care Spending Account
EXAMPLES OF ELIGIBLE HEALTHCARE EXPENSES

- Deductibles, Copays, Rx Copays, Coinsurance
- Acupuncture and Chiropractic Care
- Dental Work (Crowns, Orthodontia)
- Eyewear
  - Prescription glasses & sunglasses
  - Contact lenses & solutions
  - Laser eye surgery
OVER THE COUNTER MEDICATIONS & SUPPLIES

- Allergy medications
  - Aspirin, Tylenol, Aleve
- Antacids
- Bactine
- Cold medicine
- Cough drops
- First Aid cream & ointments
- Bandages
- First Aid kits
- Hot / cold packs
- Blood pressure monitor
- Pregnancy test kits
- Reading glasses
- Nicotine gum or patch

Expenses incurred for medicines or drugs must be provided by prescription in order to be covered by the health care spending account plan. Over-the-counter medications without a prescription will not be covered.
DEPENDENT CARE SPENDING ACCOUNT

• IRS Rules – Qualifying Dependents
  • Under the age of 13 or:
  • Physically or mentally incapable of self-care regardless of age

• Child or dependent must live with you

• Care inside or outside of your home, after school care & summer day camp

• Tax Credit versus Dependent Care Account
FLEXIBLE BENEFIT PLAN RULES

• Annual Open Enrollment
• Services received within the Plan Year
  • Additional Grace Period through March 15th for Health Care FSA

• No contribution changes unless an eligible status change:
  • Marriage / Divorce
  • Birth / Adoption
  • Death of a dependent
  • Spouse loss or gain of benefits

• Unused funds are forfeited, “use-it-or lose-it”
CLAIM REIMBURSEMENT

- Claims for expenses to TRI-AD
  - Online, mobile app, fax, or mail

- Request for reimbursement includes:
  - Request form
  - Proper documentation
  - PPO Services - Explanation of Benefits (EOB)
  - Other Services – itemized bill or receipt showing name of provider, name of patient, date of service, details of the service or product, cost of service or product
  - OTC items – cash register receipt and prescription
  - Orthodontia contract
ON-LINE ENROLLMENT

• Open enrollment begins October 23rd, and ends at 8:00 pm EST on November 3rd

• New elections must be made to continue in the Flexible Spending Accounts and Health Savings Account

• To enroll in the Voluntary Life, Voluntary AD&D, and Long Term Care complete Enrollment Forms and submit to Human Resources by November 3, 2017.
QUESTIONS