

	Kenyon College 2018-19		Ohio Wesleyan University		College of Wooster	Denison University		Oberlin College		Kenyon College July 1, 2019		Kenyon College July 1, 2020		
	Premium PPO Plan	Basic PPO Plan	PPO Plan	HSA Plan	PPO Plan	PPO Plan	HSA Plan	PPO Plan	HSA Plan	High Plan	Basic Plan	PPO 1	PPO 2	HSA Plan
TPA / Carrier / Network	UMR / United Healthcare		Anthem		CIGNA	Aetna		Medical Mutual		UMR / United Healthcare		UMR / United Healthcare		
Employee Cost	Based on three salary ranges (under \$43,000, \$43,000-\$72,000, \$72,000+) and 3-tier coverage level (single, single+1, family)		Based on 4 salary ranges (under \$36,000, \$36,000-\$60,000, \$60,000-\$90,000, \$90,000+), 4-tier coverage levels (EE only, EE+spouse), EE+child/ren, family), and by the plan selected		Based on a percentage of salary (2.63%-single, 3.68%-EE + child/ren, 5.25%-EE+spouse, 7.88%-family). This is derived from the Faculty Handbook, Section 6.	Employee Only Coverage based on plan selected. All other coverages (EE+spouse, EE+child(ren), family) based on two salary ranges (Less than \$65,000 and \$65,000+) and by the plan selected.		1.95%-5.8% of salary based on plan selected and covered		+5% over current	5% over current	Same as 2019 High Plan	Same as 2019 Basic Plan	Same as PPO 2 Plan
<b>Medical and Rx Benefits</b>														
<b>Network Benefits</b>														
Deductible	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	\$3,000 / \$6,000	\$500 / \$1,000	\$500 / \$1,100	\$2,700 / \$4,400	\$550 / \$1,100	\$2,000 / \$4,000	\$250 / \$500	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$4,000 / \$8,000
Coinsurance	20 / 80%	30 / 70%	10 / 90%	20 / 80%	10 / 90%	10 / 90%	20 / 80%	10 / 90%	20 / 80%	20 / 80%	30 / 70%	20 / 80%	30 / 70%	0 / 100%
Out-of-Pocket Maximum	\$1,250 / \$2,500	\$3,500 / \$7,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$1,250 / \$2,500	\$2,300 / \$4,600	\$3,850 / \$7,700	\$4,200 / \$8,400	\$4,000 / \$8,000	\$1,250 / \$2,500	\$3,500 / \$7,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Office Visits (PCP/Specialist)	\$15 / \$15	\$20 / \$20	\$30 / \$60	ded. + coins.	\$20 / \$25	\$25 / \$40	ded. + coins.	\$30 / \$40	ded. + coins.	\$15	\$20	\$15 / \$40 / \$80	\$20 / \$50 / \$100	ded + 0%
Urgent Care Center Visits	ded. + coins.	ded. + coins.	\$75 copay	ded. + coins.		\$40 copay	ded. + coins.		ded. + coins.	ded. + coins.	ded. + coins.	\$50 copay	\$75 copay	ded + 0%
Emergency Room Visits	ded. + coins.	ded. + coins.	\$250 copay +10%	ded. + coins.		\$150 copay	ded. + coins.		ded. + coins.	ded. + coins.	ded. + coins.	\$250 copay +10%	ded + 0%	ded + 0%
<b>Non-Network Benefits</b>														
Deductible	\$250 / \$500	\$500 / \$1,000	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$825 / \$1,650	\$3,300 / \$6,600	\$1,100 / \$2,200	\$4,000 / \$8,000	\$500 / \$1,000	\$750 / \$1,500	\$1,500 / \$3,000	\$3,500 / \$7,000	\$6,000 / \$12,000
Out-of-Pocket Maximum	\$2,250 / \$4,500	\$5,500 / \$11,000	\$7,000 / \$14,000	\$12,000 / \$24,000	\$3,000 / \$6,000	\$4,600 / \$9,200	\$7,700 / \$15,400	\$8,400 / \$16,800	\$8,000 / \$16,000	\$2,250 / \$4,500	\$5,500 / \$11,000	\$6,000 / \$12,000	\$8,000 / \$16,000	\$8,000 / \$16,000
Coinsurance	50 / 50%	50 / 50%	30 / 70%	40 / 60%	40 / 60%	30 / 70%	40 / 60%	35 / 65%	40 / 60%	ded + 40%	ded + 50%	ded + 50%	ded + 50%	50 / 50%
<b>Prescription Drugs</b>														
Retail Copays			\$50 deductible then:											
Tier 1	10% (\$10 min.)	10% (\$10 min.)	\$10	ded. + coins.	\$5	\$10	ded. + coins.	\$10	20 / 80%	10% (\$10 min.)	10% (\$10 min.)	10% (\$10 min.)	10% (\$10 min.)	10% (\$10 min.)
Tier 2	20% (\$25 min.)	20% (\$25 min.)	\$35	ded. + coins.	20% (\$40 max.)	20% (\$50 max.)	ded. + coins.	\$50	20 / 80%	20% (\$25 min.)	20% (\$25 min.)	20% (\$25 min.)	20% (\$25 min.)	20% (\$25 min.)
Tier 3	30% (\$50 min.)	30% (\$50 min.)	\$70	ded. + coins.	30% (\$60 max.)	30% (\$80 max.)	ded. + coins.	\$75	20 / 80%	30% (\$50 min.)	30% (\$50 min.)	30% (\$50 min.)	30% (\$50 min.)	30% (\$50 min.)
Mail Order	\$20 / \$50/ \$100	\$20 / \$50/ \$100	\$10 / \$70 / \$140	\$20 / \$50/ \$100	\$13 / 20% / 30%	\$25 / 20% / 30%	ded. + coins.	\$20 / \$100 / \$150	20 / 80%	\$20 / \$50/ \$100	\$20 / \$50/ \$100	\$20 / \$50/ \$100	\$20 / \$50/ \$100	\$20 / \$50/ \$100
				OWU's HSA contribution: \$1,500-single, \$3,000-family			Denison's HSA contributions: \$750-single, \$1,500-family		Oberlin's HSA contributions: \$750-single, \$1,500-family					\$600-single, \$900-single+1 \$1,200-family
Plan Year	7/1 through 6/30		7/1 through 6/30		Calendar year	Calendar Year		Calendar year		7/1 through 6/30		7/1 through 6/30		
Dental Plan	Yes, moving to Delta Dental		Yes, Anthem		Yes, Delta Dental	Yes, Aetna		Yes, Superior Dental		Yes, Delta Dental		Yes, Delta Dental		
Vision Plan	Limited benefits within the medical plan		Yes, VSP		Yes, VSP	Yes, MetLife		Yes, EyeMed		Yes, limited in the medical plan		Yes, and enhanced		
	<b>Data illustrated obtained through public sources and subject to change.</b>													