

## **Employee Benefits Overview**

Plan Year: July 1, 2025 - June 30, 2026

#### **Benefit Highlights & Resources**

ODU Research Foundation is proud to offer you and your family a valuable benefits program. Check out the quick highlights for the 2025 - 2026 plan year.

Medical Sentara has made minimal benefit/plan design changes across their bobbs business. Please refer to Sentara information for detailed information.	
Dental, Vision, Life & Disability, Legal	There are no changes to carrier or plan designs.
Critical Illness	Critical illness will be moving to MetLife!
Employee Assistance Program (EAP)	Visits will be increasing from 3 to 5, per incident, per household member, per year.

#### **Benefits Eligibility**



You are eligible for benefits if you work at least 30 hours per week.

Eligible dependents include:

- Your legal spouse Your children up to age 26 Disabled dependents over the age 26



Open Enrollment is May 23<sup>rd</sup> – June 6<sup>th</sup>.



#### **Open Enrollment Overview**

1

Review your current benefit elections & verify personal information.

2

Complete your benefit enrollment by **June 6**<sup>th</sup>. 3

Elections made are effective **July 1, 2025.** 

If you do not make new elections, you will be enrolled & charged for the same benefits you currently have.

Once you make benefit elections, you will not be able to change them until the next open enrollment period, unless you have a qualified change of status.

## Medical & Prescription Drug Benefits

#### **Medical Plan Overview**



We offer medical and prescription drug coverage through Sentara Health.

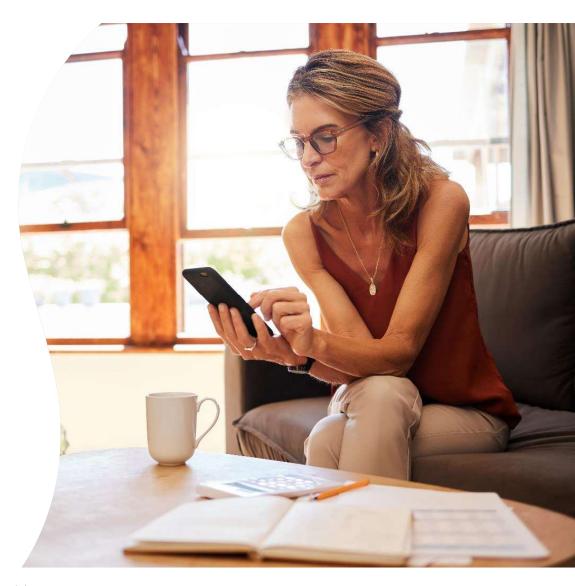
- → Access your member account at <a href="https://sentarahealthplans.com">https://sentarahealthplans.com</a>
- → LabCorp is no longer in network. Quest is now the approved vendor.

Set-up your member account to easily manage your plan:

- Search for in-network providers
- View plan claims
- Estimate cost of care
- Track progress toward your deductible

## Download The Mobile App

- View coverage and benefit details, including innetwork plan expenses, deductibles, and balances
- Schedule virtual consults
- Get important preventive care reminders
- View and email digital member ID cards
- Access claims information and authorizations
- Find doctors and facilities
- Get healthy with free wellness tools
- Costs estimates for treatments and services





#### **Features Of Your Plan**

- Strong local network
- No referrals/no pre-existing condition exclusions
- After hours Nurse Advice Line
- Employee Assistance Program
- Virtual office visits
- Emergency Travel Assistance

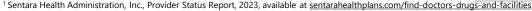




### **Seeking Healthcare Locally**

- Vantage HMO and Plus PPO networks
- Major hospital systems
- Riverside Health System, Sentara Health facilities, CHKD, and Bon Secours
- Quality providers throughout VA and northeastern NC<sup>1</sup>
- Find doctors and facilities with the Sentara Health Plans online search tool
- You do not need to have a referral to see a specialist







### **Seeking Healthcare Outside Of Service Area**

- Receive covered emergency services at the innetwork benefit level
- Out-of-Area Dependents enrolled in the Vantage Plan have access to our national network, PHCS/MultiPlan
- Register out-of-area dependent children by submitting completed Out of Area Dependent form
- Access Emergency Travel Assistance

Out-of-area dependent forms needs to be updated **annually**.

<sup>1</sup> This is not a covered benefit but a value-added service.







#### ABC Company DESIGN VANTAGE

Member Name: John X Doe Member Number: 9999999\*99 Group Number: 999999 Effective Date: 99-99-99

RxBIN: 003858 RxPCN: A4

RxGroup: SHPCMML

Individual / Family
Ded: \$9,999/\$9,999
MOOP: \$9,999/\$9,999

Coins: 99% RxDed: \$999

RX<sup>AD</sup> 99/99/99/99

Detailed benefit information available at sentarahealthplans.com or mobile app

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

#### Submit paper claims to:

MEDICAL CLAIMS
PO Box 8203
Kingston, NY 12402-8203
An HMO plan Undewritten by Sentara Health Plans

#### **Helpful Terms**



Have you ever had that moment of "what does that even mean"?

Insurance terminology can be confusing – review some of these helpful terms to level up your insurance knowledge!

Coinsurance	the percent of a claim that you will pay, after you have met the deductible.
Copay	the amount you pay every time you receive a health service. For instance, if your copay to see a doctor is \$25, you pay that amount for each doctor's visit. Your plan covers the rest.
Deductible	the amount you pay each year before your plan begins paying.
In-network	providers and facilities that are contracted by our plan to offer services to participants at a reduced rate.
Out-of- pocket maximum	maximum dollar amount that you will pay per year before the plan begins paying covered expenses at 100%.
Premium	the amount you pay to receive coverage.
Preventive care	routine health care that includes regular check-ups, patient counseling and screenings to prevent disease, illness and other health complications.

#### **Medical Plan Highlights**



	Sentara Vantage 10/20	Sentara Plus 20/20%
In-Network Overview		
Deductible Individual / Family	(Embedded) \$o / \$o	(Embedded) \$o / \$o
Coinsurance Plan Pays / You Pay	100% / 0%	80% / 20%
Out-of-Pocket Max Individual / Family	\$2,000 / \$4,000	\$3,000 / \$6,000
Preventive Services	Covered at 100%	Covered at 100%
Primary Care	\$10 copay	\$20 copay
Specialist Visit	\$20 copay	\$40 copay
Sentara Telemedicine	No cost	No cost
Urgent Care	\$20 copay	\$40 copay
Emergency Room	\$200 copay	\$200 copay + 20%
Out-of-Network Overview		
Deductible Individual / Family		(Embedded) \$500 / \$1,000
Out-of-Pocket Maximum Individual / Family	Not covered – True Emergencies Only	\$4,500 / \$9,000
Coinsurance Plan Pays / You Pay		70% / 30%

#### **Prescription Drug Coverage**



	Sentara Vantage 10/20		Sentara Pl	us 20/20%
	30 Day Retail	90 Day Mail Order	30 Day Retail	90 Day Mail Order
Deductible	\$150/\$300 deductible then:	\$150/\$300 deductible then:	\$150/\$300 deductible then:	\$150/\$300 deductible then:
Tier 1	\$15	\$38	\$15	\$38
Tier 2	\$40	\$100	\$40	\$100
Tier 3	\$60	\$180	\$60	\$180
Tier 4	20% to \$300 max.	Not Covered	20% to \$300 max.	Not Covered

#### **Employee Assistance Program**

Our EAP can offer valuable support by providing confidential counseling and resources to help you with personal and work-related issues.

The EAP is available for free to all employees and household members.

EAPs can help with issues such as:

- ✓ Marital and family concerns
- ✓ Depression
- √ Substance abuse
- √ Grief and loss
- ✓ And much more



Reach out to Sentara EAP 24/7 toll free:

- Call toll-free at 1-800-899-8174
- Visit\_sentaraEAP.com







#### **Your 2025 Plan Changes**

	Effective July 1, 2025
Medical benefit changes	Habilitative physical, occupational, and speech therapy services will be a separate benefit for all plans.
	Outpatient services: physical therapy and occupational therapy will now cover 30 combined visits for rehabilitative services visits and 30 combined visits for habilitative services. Speech therapy will now cover 30 visits for rehabilitative services visits and 30 visits for habilitative services. For PPO/POS visit limits are combined in- and out-of-network.
	Pre-authorization for the <b>maternity care benefit</b> is no longer required.
	<b>Private duty nursing</b> will be a core benefit for all plans. Benefits will be limited to a maximum of 16 hours.
	<b>Employee assistance visits</b> are increasing and will now cover up to five visits per topic, per household member, for the core benefit. Previously, core plans provided three visits.
Sunset benefits/rider	Chiropractic care is now a core benefit for all plan types. Previously, it was only core for PPO Plus plans, therefore, the optional rider will be sunset for the Vantage Plan.



#### **Know Where To Go**

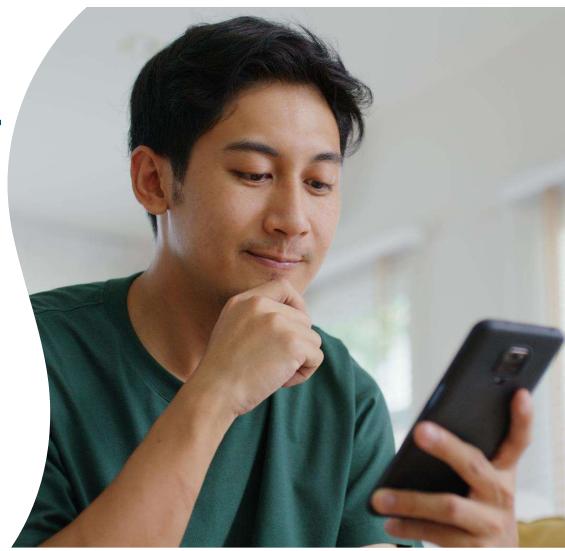
	Location	Cost	When to Use
<b>©</b>	Primary Care	\$	Routine, primary, preventive care; regular health screenings; non-urgent treatment Chronic disease management
	Telemedicine	\$	Cold, flu, fever, sore throat, diarrhea, rash, pink eye, sinus infections, cough, headache, stomachache or earache
\$	Urgent Care	\$\$\$	Sprains, small cuts, strains, sore throats, minor infections, mild asthma, back pain or strain, vomiting, flu, fever, sports injuries  After hours care & no appointments necessary
₽	Emergency Room	\$\$\$\$	Heavy bleeding, large open wounds, chest pain, spinal injuries, difficulty breathing, major burns, severe head injuries, seizures, unconsciousness, poisoning  Life Threatening emergency



For less serious issues, skip the ER. Save time and money by using telemedicine or by visiting your PCP, a retail health clinic or urgent care center.

#### **Treatment Cost Calculator**

- Estimates- Calculate plan and provider-specific out-of-pocket cost estimates for all covered services
- Explore Options- Shop and compare out-of-pocket costs
- Resources- Cost-saving tips and guidance





#### **Sentara Telemedicine**



On-demand telehealth service from Sentara/MDLIVE is included with your medical plan!

Board-certified doctors can assist 24/7/365 with conditions like:

✓ Cold and flu

✓ Allergies

✓ Ear and eye infections

✓ Sore throat

√ Skin rashes

✓ Insect bites or stings



Start your appointment at sentarahealthplans.com and select Virtual Visit or by calling 866-648-3638



#### **MyLife MyPlan**

**WebMD Health Services –** Personal health assessments and coaching

Staying Healthy Programs- Tobacco cessation, chronic disease, movement and fitness programs

**Discounts and Savings-** Health related products, services, alternative treatments, vision, and hearing





#### Well-being Rewards Program

Employees are encouraged to complete activities from the list below to learn more about their overall health while setting attainable and timebound goals to improve it. Activities can be logged and monitored using the WebMD ONE Portal, accessible through the Sentara Health Plans website or mobile app. Rewards for completed activities will be dispersed monthly, with up to \$250 in rewards for the year.

Complete a Personal Health Assessment	\$50	
Get Preventive Screenings		
Annual Physical	\$50	
Colorectal Cancer Screening	\$25	
Mammogram	\$25	
Prostate Cancer Screening	\$25	
Skin Cancer Screening	\$25	
Connect with Condition Management		
Diabetes	\$50	
Cardiovascular	\$50	
Respiratory	\$50	
Partners in Pregnancy	\$50	
Explore WebMD ONE (complete all 3)		
Sign Up for a Newsletter		
View Health Topic		
Find a Recipe	\$25	

Complete a Daily Habit (max of 4 for up to \$200)		
Asthma \$50		
Back Health	\$50	
Balanced Living	\$50	
Balance Your Diet	\$50	
CAD	\$50	
COPD	\$50	
Cope with the Blues	\$50	
Diabetes	\$50	
Enjoy Exercise	\$50	
Heart Failure \$50		
High Blood Pressure \$50		
Keep Stress in Check \$50		
Lose Weight \$50		
Maternal Health (1, 2, or 3) \$50		
Pregnant Partner Support	\$50	
Quit Tobacco	\$50	
Sleep Well \$50		
Stay Connected \$50		
Work Life Balance \$50		

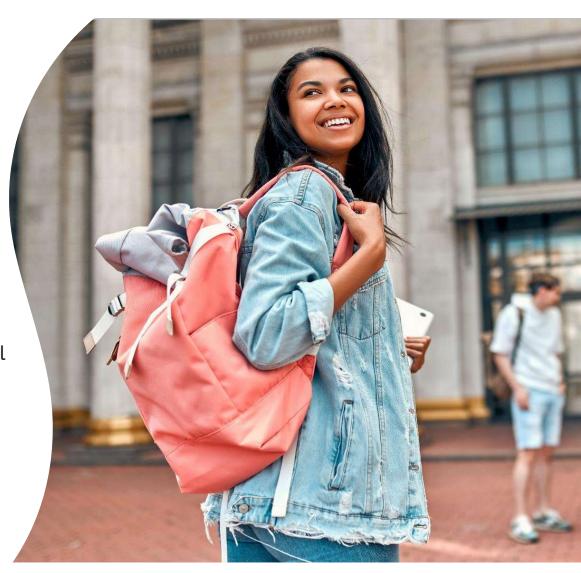


#### **Emergency Travel Assist**

**Emergency Coverage-** Handle and resolve your medical and travel emergencies

**Worldwide Coverage-** Covered when traveling 100+ miles from your permanent residence

**Dependents-** Assistance with medical and travel emergencies





# Supplemental **Health Benefits**

#### **Critical Illness Insurance**



Critical illness coverage helps cover expenses related to the diagnosis of:

- ✓ Cancer
- ✓ Heart attack
- √ Kidney failure
- ✓ Stroke
- ✓ ALS
- ✓ Alzheimer's Disease
- ✓ Coma
- Childhood Conditions such as Cerebral Palsy, Cystic Fibrosis, Type 1 Diabetes,
   Down Syndrome

You can choose the benefit amount that is right for you:

- → Employee Benefit: \$10,000 or \$20,000
- → Spouse Benefit: 50% of employee benefit
- → Child Benefit: 50% of employee benefit

Rates vary by employee attained age, tobacco/non-tobacco, and benefit amount elected.

**Wellness Benefit** 

\$100

# Dental Benefits

#### **Dental Plan Highlights**



	PDP Plus Network
In-Network Benefits	
Annual Deductible Individual / Family	\$25 / \$75
Annual Benefit Maximum	\$2,000
<b>Preventive Services</b> Exams, Cleanings, X-rays, Fluoride Treatments	100%
<b>Basic Services</b> Fillings, Extractions, Oral Surgery, Endodontics, Periodontics	80%
<b>Major Services</b> Bridges, Dentures, Implants, inlays, Onlays	50%
Orthodontic Services For adults & children up to age 26	50%
Orthodontic Lifetime Maximum	\$1,500

# Vision Benefits

#### **Vision Plan Highlights**



	VSP Signature Network		
In-Network Benefits			
Vision Exam	\$20 copay		
Frames/Lenses	\$25 copay up to a \$130 allowance, or \$150 for featured brands		
Elective Contact Lenses	Up to a \$60 copay for fitting/evaluation; up to a \$130 allowance		
Benefit Frequency			
Exams	Once every 12 months		
Frames	Once every 24 months		
Lenses OR Contacts	Once every 12 months		

# Life & Disability Benefits

#### **Life and AD&D Insurance**



Life insurance pays a benefit to your beneficiary to help meet expenses in the event of your death. AD&D insurance provides a benefit if you die or suffer certain serious injuries due to a covered accident.

Employer Paid - Basic Life and AD&D Insurance	
Employee	2x your basic annual earnings, to a maximum of \$300,000.

Employee Paid – Voluntary Life and AD&D Insurance		
Guaranteed Issue	Guaranteed Issue Employee: \$140,000, Spouse: \$25,000, Dependent Child: \$10,000	
Employee Increments of \$10,000 up to 5x your basic annual earnings or \$500,000, whichever is less.		
Spouse	Increments of \$5,000 up to a maximum of 100% of your total basic and supplemental life benefits, or \$250,000.	
Child	\$10,000 for dependent children up to age 26, or \$1,000 for children 15 days to 6 months.	

#### **Disability Insurance**



Company is pleased to provide long-term disability insurance at no cost to you.

	Long-Term Disability
Coverage Paid By	ODU Research Foundation
Percentage of Income Replaced	60% of earnings - Taxable
Benefits Begin	Day 90
Benefits Duration	Social Security Normal Retirement Age
Maximum Benefit	Class 1: \$7,500 / month; Class 2: \$5,000 / month

Pre-Existing Exclusions	
Long-Term Disability	Any disability that occurs within the first 12 months of coverage because of a pre- existing condition which was treated within 3 months prior to the coverage effective date will be excluded.

# Additional Benefits

#### **Voluntary Benefits**

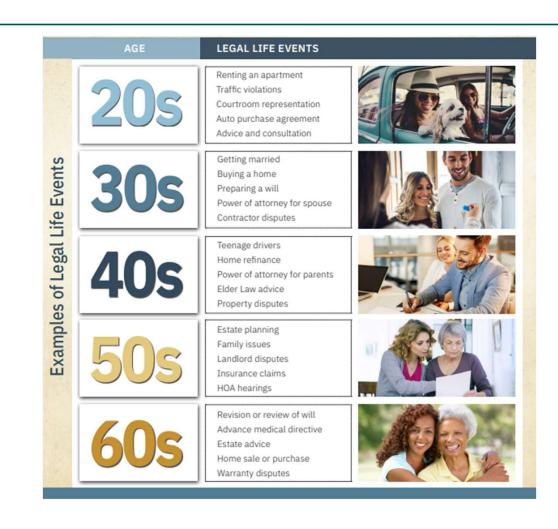


#### **Legal Protection**

Direct access to a dedicated law firm from Legal Resources:

- Legal consultation and advice
- Will preparation
- Document review
- Court representation
- Speeding ticket assistance

Learn More: www.legalresources.com



### **Important Information**

#### **Mid-Year Benefit Changes**

You cannot make benefit changes until next annual open enrollment period unless you experience a qualifying event.

Contact HR within 30 days if you experience one of the following events outside of open enrollment:



Loss of Essential Coverage



Loss of COBRA Benefits



Marriage or Divorce



Permanent Relocation



Birth, Adoption, or New Dependent



Aged Off a Parent's Plan



Change in Citizenship



Change in Income



Death in Family



Change in Government Assistance Eligibility

#### **Benefit Videos**

Click to learn more about specific benefit terms & plans:



Know Where to Go



**Voluntary Benefits** 

#### Provided by:



The information in this presentation is for illustrative purposes. The content was taken from various Summary Plan Descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this presentation, the guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your benefits, contact your HR representative.