Medical Plan Options

The BGSU medical plan options are self-funded, and the claims administrator is Medical Mutual of Ohio. The network of providers under the plan is contracted, maintained and managed by Medical Mutual of Ohio.

Your prescription drug benefit is included as part of your medical plan option. However, the drug benefit plan is administered, managed and maintained by CVS/Caremark.

The two medical plan options at BGSU are:

• Plan A
• Plan B

The cost of coverage is shared between you and BGSU. Your per-pay- period contributions for covering yourself, your spouse and dependent children (ages birth to end of the month they obtain 26) for medical coverage are deducted from your check on a pre-tax basis.

Contributions by faculty, administrative and classified staff members covering or adding a same-sex domestic partner to health care coverage are paid on an after-tax basis. The value of the health care coverage is considered taxable to you under IRS rules for federal, state and local taxes. The cost of the coverage level for adding the domestic partner minus the “employee only” coverage amount is the amount on which you will be taxed.

The total cost of the health care coverage (medical and prescription) for Older Adult Children (ages 26 to end of the month they turn 28) will be paid by the faculty/staff member on an after-tax basis. This cost is applied to each Older Adult Child added for health care coverage (medical and prescription).

The Medical Mutual website offers online tracking and tools: MyHealth Plan website is filled with tools to assist you in knowing your benefits and coverage. At the tip of your fingers you can view your claims and your deductibles, find providers, and print out a temporary ID card in the event you lose yours by going to https://member.medmutual.com.
Medical Options Coverage Levels:

Your “coverage level” is determined by the family members you cover in your medical option (includes prescription drug coverage). The online system will automatically assign you to the correct coverage level and the price tag associated with that coverage level based on the dependents and their ages you enter online through self-service.

The coverage levels for health care coverage (medical option and prescription coverage) are as follows:

1. If you are covering a legal spouse and your dependent children are ages birth-26, the coverage levels are:
   - Employee only – covers only the employee
   - Employee plus Spouse – covers the employee and the spouse
   - Employee plus Child(ren) – covers the employee and one or more dependent child(ren) under age 26

2. If you are adding an Older Adult child (age 26-28), the coverage levels are:
   - Employee plus Adult Child – covers the employee and the Older Adult child (age 26-28)
   - Employee plus Spouse and Adult Child – covers the employee, spouse and Older Adult child (age 26-28)
   - Employee plus Child(ren) and Adult Child - covers the employee and one or more dependent child(ren) under age 26 and Older Adult Child (age 26-28)
   - Employee plus Family and Adult Child - covers employee, spouse, dependent child(ren) under age 26 and Older Adult Child (age 26-28)

3. If you are adding a same-sex domestic partner, the coverage levels are:
   - Employee plus Domestic Partner – covers the employee and same-sex domestic partner
   - Employee plus Domestic Partner and Family – covers employee, same-sex domestic partner and dependent child(ren) under age 26

4. If you are adding a same-sex domestic partner and an Older Adult Child (age 26-28), the coverage levels are:
   - Employee plus Domestic Partner and Adult Child – covers the employee, same-sex domestic partner and Older Adult Child (ages 26-28)
   - Employee plus Domestic Partner, Family and Adult Child (age 26-28) – covers employee, same-sex domestic partner and dependent child(ren) under age 26 and Older Adult Child (ages 26-28)