



Candidate Benefit
Options & Eligibility
2026 Calendar Year

The
University
of Akron

Benefit Eligibility

Employee Eligibility:

- *Faculty & Staff with an average work week of 40 hours: Eligible to receive group health insurance and ancillary benefits.*
- *Faculty & Staff with an average work week of 30 or more hours: Eligible to receive ACA group health insurance benefits.*

Dependent Eligibility:

- Available if an employee is insured under the same plan.
- Eligible dependents include a legal spouse and/or legal dependent children.

Spouse:

A spouse is defined as an individual who is lawfully married to another individual. Spouses are subject to the working spouse rule, which mandates that if a spouse has access to employer subsidized (at least 50%) medical, prescription drug, and dental insurance they will need to enroll with their employer's plan for primary coverage. They can remain on the University's plan but will be covered for secondary insurance only. When making your plan selections for the coming calendar year, those enrolling their spouses will be required to complete a Working Spouse- Primary Coverage Certification Form. This FORM needs to be returned to the Benefits Office within your 31-day new-hire period or within a 31-day life-event period. It is recommended that you verify the coordination of benefits provisions of your spouse's primary plan to ensure secondary coverage is permissible. Failure to turn in your documentation by the deadline will result in non-enrollment of your spouse. The form can be found at the end of this document.

Children:

Children include biological children, adopted children, stepchildren, and foster children under the age of 26. If the child is developmentally disabled or physically handicapped, insurance may be continued after age 26 under the circumstances described in the group policy. The University requires that employees certify eligibility of all new dependents. Failure to turn in your documentation by the deadline will result in non-enrollment of your children.

Coverage Effective Date:

Your benefits will be effective on the first day of the month following the date of your eligible appointment or on the date of a qualifying status change, if you enroll within 31 days of the event. Annual open enrollment elections are effective January 1 of the new plan year.

UA's Current List of Health Plan Carriers:



BENEFITS ELIGIBILITY CHART

The following chart summarizes eligibility by employee classification for the listed University benefits. A box without a symbol indicates that the employee classification is not eligible for that specific benefit. Some programs also may have additional eligibility requirements, described in greater detail throughout this overview.



Benefit Program	9 month Faculty	12 month Faculty	Post-Doctoral Researcher	Classified Staff	Unclassified Staff	Professional Staff Administrative	Professional Staff Academic	Police	CWA & SBU Bargaining Unit
Dental	■	■	■	■	■	■	■	■	■
Disability	■	■	■	■	■	■	■	■	■
EAP	■	■	■	■	■	■	■	■	■
Flexible Spending	■	■	■	■	■	■	■	■	■
Life Insurance	■	■	■	■	■	■	■	■	■
Medical and Prescription drug*	■	■	■	■	■	■	■	■	■
Parental Leave ¹	■	■	■	■	■	■	■	■	■
Retirement ARP	■	■	■	■	■	■	■	■	■
Retirement STRS	■ ●	■ ●					■		
Retirement OPERS			■ ●	■ ●	■ ●	■ ●			■ ●
Retirement OPERS_LE								■ ●	
Sick Leave ²	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●
Supplemental Retirement Accounts	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●
Tuition Remission ³	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●
Vacation ⁴		■		■ ●	■	■	■	■ ●	■ ●
Vision	■	■	■	■	■	■	■	■	■
Workers Comp	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●	■ ●

*In Accordance with the Affordable Care Act employees working 30-39 hours a week have medical plan access

For specific details refer to the University Rules or the appropriate [Collective Bargaining Agreement \(CBA\)](#). University Rules can be found on the [General Counsel's website](#).



1 Refer to University Rules - **3359-11-02** (Family and Medical Leave, Leave of Absence, Paid Maternity Leave, Paid Paternity Leave, Paid Adoptive and Foster Parent Leave and Vacations for Employees Other Than Bargaining Unit Faculty), **3359-26-04** (Absence from Campus) or the appropriate collective bargaining agreement.

2 Refer to University Rules **3359-26-04** (Absence from Campus), **3359-11-01** (Sick Leave for School of Law Faculty, Professional Staff, Classified, and Other Non-Bargaining Unit Faculty), **3359-11-02** (Family and Medical Leave, Leave of Absence, Paid Maternity Leave, Paid Paternity Leave, Paid Adoptive and Foster Parent Leave and Vacations for Employees Other Than Bargaining Unit Faculty) or the appropriate collective bargaining agreement

3 Subject to minimum hours worked. Refer to University Rules **3359-20-04.3** (Faculty Privileges and Benefits), **3359-26-02** (General Staff and Personnel Policies and Procedures) or the appropriate collective bargaining agreement

4 Refer to University Rules **3359-11-03** (Vacation Policy for Full-Time, Administrative Faculty, (Other Than Bargaining Unit Faculty), and Professional Staff), **3359-26-04** (Absence from Campus) or the appropriate collective bargaining agreement.

Medical & Prescription Coverage Information

Plan Type	Gold	Blue
	In-Network / Out of Network	In-Network / Out of Network
Deductibles	Single \$400 / \$800 Family \$800 / \$1,600	Single \$600 / \$1,200 Family \$1,200 / \$2,400
Employee Coinsurance	15% / 35%	25% / 45%
Out-of-Pocket Maximums <i>(Medical and RX Combined Limit)</i> &	Single \$2,500 / \$5,000 Family \$5,000 / \$10,000	Single \$4,500 / \$9,000 Family \$9,000 / \$18,000
Employee Co-pays		
PCP Specialist Urgent Care Emergency Room	\$25 \$35 \$50 \$100	\$30 \$45 \$70 \$140
	<i>Out of Network: Subject to Deductible & 35% Coinsurance</i>	<i>Out of Network: Subject to Deductible & 45% Coinsurance</i>
Prescription Drug Coverage		
Retail: Generic Preferred Non-Preferred Specialty	\$10 25% up to \$70 35% up to \$85 30% up to \$125	\$12 30% up to \$85 40% up to \$125 35% up to \$150
Mail order: Generic Preferred Non-Preferred	\$25 25% up to \$175 35% up to \$215	\$30 30% up to \$225 40% up to \$250
	Out of Network: Not covered	Out of Network: Not covered

Medical Benefits

Your medical plans offer **comprehensive coverage** for both **planned and emergency care**. Each plan works a little differently, giving you flexibility to choose what's best for you and your family.

Both plans cover the **same types of services**, but the **costs and how you pay for them** (premiums, deductibles, and copays) vary.

Helpful tip: When choosing a plan, consider:

- How often you visit the doctor
- Whether you need out-of-network coverage
- How you want to balance your monthly premiums with your out-of-pocket costs

Both plans are administered by **Anthem** and include **in-network and out-of-network options**.

- Most services are subject to an **annual deductible and coinsurance**.
- Some in-network services—like **primary care, specialist, and urgent care visits**—require only a **copay** and are **not subject to the deductible**.

To find a provider, visit the Benefits website or go to www.anthem.com.

Prescription Drug Benefits

All University medical plans include **prescription drug coverage** through **CVS Caremark**.

Covered medications fall into four main categories:

- **Generic:** Non-brand drugs with the same active ingredients as brand-name versions. They cost **much less** than brand-name drugs.
- **Preferred Brand:** Brand-name drugs on CVS Caremark's **preferred list**. These are chosen for their **safety, effectiveness, and cost**. You'll pay **less** for these than for non-preferred drugs.
- **Non-Preferred Brand:** Brand-name drugs **not** on the preferred list. You'll pay **more** for these than for preferred drugs.
- **Specialty:** Medications used to treat **chronic or genetic conditions**. These may include injectables, infused, or specially handled drugs.

For a full list of covered medications, contact **CVS Caremark Customer Service** at (888) 202-1654 or visit www.caremark.com.

Note: Drug categories may change periodically based on CVS Caremark's formulary updates, which can occur without notice.

Gold Plan—PPO 85/15% 2026 ANNUAL Pre-Tax Rates*

Salary Range	Employee Contribution Rate	Coverage Tier			
		Employee	Employee & Spouse	Employee & Child(ren)	Family
\$0 – \$33,999	15%	\$1,552	\$3,105	\$2,947	\$4,500
\$34,000 - \$43,999	17%	\$1,759	\$3,519	\$3,339	\$5,100
\$44,000 - \$54,999	18%	\$1,863	\$3,726	\$3,536	\$5,400
\$55,000 - \$74,999	19%	\$1,966	\$3,933	\$3,732	\$5,700
\$75,000 – \$101,999	20%	\$2,070	\$4,140	\$3,929	\$6,000
\$102,000 - \$134,999	21%	\$2,173	\$4,347	\$4,125	\$6,300
\$135,000+	23%	\$2,380	\$4,761	\$4,518	\$6,900

Blue Plan—PPO 75/25% 2026 ANNUAL Pre-Tax Rates*

Salary Range	Employee Contribution Rate	Coverage Tier			
		Employee	Employee & Spouse	Employee & Child(ren)	Family
\$0 – \$33,999	6.80%	\$640	\$1,283	\$1,207	\$1,847
\$34,000 - \$43,999	8.99%	\$847	\$1,697	\$1,600	\$2,447
\$44,000 - \$54,999	10.09%	\$950	\$1,904	\$1,796	\$2,747
\$55,000 - \$74,999	11.19%	\$1,054	\$2,111	\$1,992	\$3,047
\$75,000 – 101,999	12.28%	\$1,157	\$2,318	\$2,189	\$3,347
\$102,000 - \$134,999	13.38%	\$1,261	\$2,525	\$2,385	\$3,647
\$135,000+	15.57%	\$1,468	\$2,939	\$2,778	\$4,247

*Annual Pre-Tax Rates

Employee contribution amounts are calculated based on a percentage of the plan rate. The rates listed above are annual rates.

For employees paid monthly, take the rate above and divide by the number of pays you have per year for your deduction per pay. i.e., 9 month divide by 9 pays per year.

For employees paid bi-weekly, divide by 24 to get your per pay deduction. Note for bi-weekly employees there are two pays per year that do not have benefits deducted.

Dental Plan



Delta Dental of Ohio

SUMMARY & COMPARISON CHART

Service	PPO Dentist Plan Pays	Premier Dentist Plan Pays	*Non-participating dentist
Diagnostic & Preventative	100%	100%	100%
Basic Services	70%	70%	70%
Major Services	50%	50%	50%
Orthodontic Services <i>Up to age 19, with \$1,000 lifetime maximum</i>	50%	50%	50%
Balance Billing Protection	Yes	Yes	No
Deductible	\$50 Per person for basic and major services		
Annual Benefit Maximum	\$1,250 Per person for all services		

*Using a Non-network Provider - Your provider may require you to pay for services in full and be reimbursed by Delta Dental by filing a claim form.

ANNUAL RATES

Level of Coverage	Annual Pre-Tax Rate of 15%
Employee	\$58.39
Employee + Spouse	\$120.24
Employee + Child(ren)	\$112.84
Employee + Spouse +Child(ren)	\$173.86

Vision Plan



SUMMARY & COMPARISON CHART

Service	VSP Signature Network	Other Providers Maximum Reimbursement
Well Vision Exam	\$10 Copay every plan year	Up to \$35
Prescription Glasses	\$15 Copay	--
Lenses	Included in prescription glasses every plan year	Single vision: up to \$25 Lined bifocal: up to \$40 Lined trifocal: up to \$55
Frames <i>Every other plan year</i>	\$140 Allowance, 20% off amount over allowance	Up to \$45
Contact Lens <i>Instead of glasses</i>	No copay. \$140 allowance for contacts. 15% off contact lens exam and fitting.	Up to \$105
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price from contracted facilities.	None

ANNUAL RATES

Level of Coverage	Annual Pre-Tax Rate of 100%
Employee	\$85.56
Employee + 1	\$171.12
Employee + 2 or more	\$250.32

Flexible Spending Account (FSA)

ABOUT THIS BENEFIT

FSA contributions must be used within the plan year or they will be forfeited in accordance with the IRS rules.

The plan has a carry over option. Health FSA funds deposited during the 2026 calendar year must be used by December 31, 2026, except that funds up to \$680 may be carried over to the 2027 plan year. This only applies to Health FSAs and does not apply to dependent care FSAs.

The plan has a 90-day run out period through March 31, 2027 to send in your receipts for reimbursement for services rendered in 2026.

Claims that cannot be paid for with the FSA debit card must be submitted via manually via a claim form.



DEPENDENT CARE FSA

This account reimburses you for any child and dependent care expenses (daycare, private sitter, etc.) that would otherwise be eligible for a tax credit by the IRS.

Employees can contribute a maximum of **\$3,750 if married and filing separately or a total of \$7,500 per household.**

Eligible expenses can be reimbursed only up to the current balance of payroll contributions in your account and cannot exceed your annual election amount.

Helpful Tip: *A Dependent Care FSA may not provide the greatest tax advantage for all employees. Greater tax savings may be gained for some individuals by claiming available tax credits on both the state and federal income tax returns. Consult a tax advisor for assistance with determining which option may be the most financially advantageous for your situation.*



HEALTH CARE FSA

This account sets aside money to pay for eligible out-of-pocket health care expenses (copays, coinsurance, prescriptions, etc.) for you or any of your eligible dependents during the plan year.

Employees can contribute a **maximum of \$3,400** annually into a health care flexible spending account.

To be considered eligible for reimbursement, health care expenses cannot be paid by or available through any benefits plan.

New participants will receive a debit card for easy FSA withdrawals for eligible items.

Health care FSA funds **cannot** be used to reimburse health plan contributions or premiums, including premiums for long-term care and COBRA.

You may use your full annual election amount prior to having the full amount of payroll contributions deducted and deposited into your account.

Life & Disability Insurance



Benefit



Coverage



Employee Cost

Basic Life 2x Salary	Coverage of 2x salary up to \$100,000.	\$0.00
\$50,000	Choosing \$50,000 coverage waives your basic life 2x benefit coverage and covers you at \$50,000	\$0.00— <i>credit provided to employee based on employer cost for 2x benefit and lesser \$50,000 benefit</i>
\$10,000	Choosing \$10,000 coverage waives your basic life 2x benefit coverage and covers you at \$10,000	\$0.00— <i>credit provided to employee based on employer cost for 2x benefit and lesser \$10,000 benefit</i>

Age reduction applies to above coverages:

At age 65- 92% of the amount of life insurance you had prior to age 65;
 At age 66- 84% of the amount of life insurance you had prior to age 66;
 At age 67- 76% of the amount of life insurance you had prior to age 67;
 At age 68- 68% of the amount of life insurance you had prior to age 68;
 At age 69- 60% of the amount of life insurance you had prior to age 69;
 At age 70- 50% of the amount of life insurance you had prior to your first reduction

Supplemental Life up to 5x your salary	Coverage options of 1x up to 5x your salary. <i>**Guaranteed issue amount is \$500,000 or less. Evidence of Insurability is required for coverage amounts over \$500,000.</i>	\$0.339 per \$1,000 of covered benefit . A credit is applied by UA towards the cost of this coverage, equal to the cost the University would have paid for your basic life benefit.
*Spouse and Child/ren \$5,000/\$2,500	Coverage of \$5,000 for spouse and \$2,500 for each child.	\$1.68 per month (<i>post-tax</i>)
*Spouse and Child/ren \$10,000/\$5,000	Coverage of \$10,000 for spouse and \$5,000 for each child	\$3.60 per month (<i>post-tax</i>)
Accidental Death & Dismemberment	Equal to your life benefit amount up to \$100,000	Basic: No additional cost Supplemental: Cost is built in to supplemental life cost at \$0.017/\$1,000 of coverage

FUTURE CHANGE NOTICE: After your initial hire, you may only update life insurance coverage during annual Open Enrollment. Subsequent changes are limited to the next level of coverage and may not skip levels.

**Guaranteed issue amount is effective at the later of the date you become eligible and the date your enrollment is complete. The portion requiring EOI is effective upon approval from Lincoln.

* The amount of dependent insurance chosen for spouse is limited to 50% of the employee's amount of life insurance. All eligible dependent children are covered under one plan at one premium rate.

Tax Implications: Under section 79 of the Internal Revenue Code, the University is required to report the imputed cost of any employer-provided life insurance benefit that exceeds \$50,000. The imputed cost is calculated using the IRS Premium Table. You can view the IRS Premium Table and information on group term life insurance in [IRS publication 15-B](#).

Disability Insurance provides financial protection for eligible employees by paying a percentage of weekly earnings in the event of a disability. Consider enrolling in a disability insurance plan if you have inadequate emergency funds set aside to pay for an unexpected accident or illness or you have a limited sick leave balance.

SHORT-TERM DISABILITY (STD)

- One plan option—employee paid
- 60% Salary replacement up to \$1,400 as non-taxable income
- 14 day injury waiting period
- 28 day illness/pregnancy waiting period
- All sick leave must be exhausted before benefit initiates
- **Pre-existing condition clause:** 12 months lookback; 12 months after effective date of coverage.

Age	Monthly Premium (Price per \$10)
Under 40	\$0.241
40-49	\$0.213
50-59	\$0.275
Over 60	\$0.378

LONG-TERM DISABILITY (LTD)

- Two plan options
 - 60% basic: This plan offers 60% salary replacement up to a monthly maximum of \$5,000 and is paid for by UA.
 - 70% buy-up: This plan offers 70% salary replacement up to a monthly maximum of \$6,000 and is paid for by the employee less the cost of the basic plan.

Plan	Monthly Premium (Price per \$100)
60% Basic	\$0.00
70% Buy-Up	\$0.257

- 6-month waiting period
- All sick leave must be exhausted before the benefit initiates.
- **Pre-existing condition clause:** 3 months lookback; 12 months after effective date of coverage

PREMIUMS & BENEFIT OFFSETS

Pre-existing condition clause: A "Pre-existing Condition" means any injury or sickness for which you incurred expenses, received medical treatment, care or services including diagnostic measures, took prescribed drugs or medicines, or for which a reasonable person would have consulted a Physician within 12 months before your most recent effective date of insurance.

Benefit Offsets: An employee for whom disability benefits are payable under this policy may be eligible for benefits from other income benefits. If so, the insurance company may reduce the disability benefits by the amount of such other income.



Retirement Programs

Ohio public institutions do not participate in the federal Social Security system, other than contributions to Medicare. Instead, faculty and staff are required to participate in the Ohio state retirement system. In recognition of the diverse retirement needs of employees, the state provides retirement through two systems, Ohio Public Employees Retirement System (OPERS) for staff, and State Teachers Retirement System of Ohio (STRS) for faculty.

As an additional option, The University of Akron Alternative Retirement Plan (ARP) 401 (a), is also available to eligible employees of public institutions who hold a full-time position of 100% FTE.

It is important that you understand how each program works so you can pick the one that best fits your retirement savings objectives. You should carefully consider your personal situation before making an election. You also may want to seek the advice of a retirement planning professional who is familiar with the plan options.

- If eligible, **you have 120 days from, and including, the effective date of your eligible appointment to make your irrevocable election** and enroll in either ARP or OPERS/STRS.
- *Benefits Administration must receive your completed Retirement Program Election form by noon on the last business day before the 120th day. If no election is made, **you will automatically be enrolled in OPERS/STRS and will have 180 days from your hire date to make an election WITHIN the state plan.***

STATE RETIREMENT PROGRAMS

STRS and OPERS offer choices of three plans within their systems to new members. Watch for an introduction mailer from STRS or OPERS to learn more about their plan offerings [OR](#) visit their websites.

<u>State Plan Information</u>	OPERS	STRS
Available to	Staff Full/Part Time	Faculty Full/Part Time
Types of Plans Available	Traditional Plan Member-Directed Plan Combined Plan *OPERS—Law Enforcement OPERS – ARP	Defined Benefit Defined Contribution Combined Plan STRS—ARP
Employer Contribution	14% (2.24% mitigating rate) *18.1% OPERS-LE (2.24% mitigating rate)	14% (2.91% mitigating rate)
Employee Contributions	10% *13% OPERS-LE	14%

If you elect the (Alternative Retirement Plan) ARP, you must choose an ARP provider in the Retirement@Work portal. Your enrollment in ARP is not complete until you have enrolled with your chosen ARP provider.

Retirement contributions will be sent to either OPERS or STRS (based on your appointment classification) until an election is made between the appropriate state system and the ARP (if eligible). If ARP is elected, contributions as of your ARP eligibility date will be transferred automatically to your chosen ARP providers by OPERS/STRS. You do not earn service credit under the state system while participating in the ARP.

STATE AND SUPPLEMENTAL PLAN TYPES

State

Defined Benefit	<p>The defined benefit plan is available through OPERS and STRS. In this type of a plan, your retirement income is determined by a calculation that uses your age, years of service, and final average salary.</p> <p>You and the university make contributions to this plan to fund the retirement benefits. The investment of contributions in this plan type are managed OPERS/STRS; therefore, you do not bear any investment risk. Your benefit grows as your years of service and final average salary increase.</p>
Defined Contribution	<p>A defined contribution plan is available through the ARP, and STRS. In this type of plan, your retirement income is driven by several variables including the performance of the investment choices you select, amount of contributions deposited into your account, and the payment option you choose at the time of retirement.</p> <p>You and the university make contributions to this plan, and you decide how to allocate those contributions among a variety of investment options. Your balance at your retirement is equal to the contributions made to the plan and the investment earnings or losses the account experiences.</p> <p>When participating in a defined contribution plan, the law requires that a portion of the employer contribution be sent to the state system to be applied towards the unfunded liability associated with the defined benefit plans (“mitigating rate”). This amount may be adjusted up or down on a periodic basis as determined by State law and the retirement system.</p>
Combined Plan	<p>This plan includes features of the Defined Benefit and Defined Contribution plans. Your retirement benefits are determined by:</p> <ul style="list-style-type: none"> • A formula that uses your age, years of service and final average salary. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • A portion from contributions to the plan and the investment earnings or losses on that account. <p>You and the university make contributions to this plan. You determine the investment options under the defined contribution portion of the plan. At retirement, you receive a portion from the defined benefit formula and your account balance for the defined contribution portion.</p> <p>There are many important factors to consider when selecting your retirement plan. Carefully consider your options. You may want to speak to a retirement planning professional to discuss your long term- financial goals and other personal considerations such as your risk tolerance, your potential length of employment, and other retirement savings.</p>

Supplemental

Available Plans <i>(all have a pre-tax and ROTH option)</i>	<ul style="list-style-type: none"> • Ohio Deferred Compensation Program (457 (b)) • 457(b) Program through a selected vendor • 403(b) Program through a selected vendor
Enrollment	<ul style="list-style-type: none"> • Enroll at any time during eligible employment through the Retirement@Work Portal or WWW.ohio457.org for Ohio Deferred Compensation. Account and salary deferral must be set up for contributions to be posted. • Contributions begin on the date you schedule or the next scheduled pay.
Plan Contributions	Contributions are employee-only, the University does not contribute additional funds.
Investments	<ul style="list-style-type: none"> • Each vendor offers a variety of investment options. You assume the investment risk; all earnings and losses accrue to your account. • You are responsible for management fees (loads) associated with your investments which can vary from vendor to vendor.
Advantages	<ul style="list-style-type: none"> • Ability to lower your current state and federal taxes through tax-deferred savings • Automatic deductions each pay period • Build retirement savings