



MEDICAL PLAN COMPARISON

IN- NETWORK <small>(see page 2 for Non-Network)</small>	Medical Mutual - PPO <small>(Preferred Provider Organization)</small>	Medical Mutual - HDHP <small>(High Deductible Health Plan)</small>	Medical Mutual – MetroHealth Select/Skyway EPO <small>(Exclusive Provider Organization)</small>
DEDUCTIBLE			
Per Individual	\$1000	\$2000	\$400
Family Maximum	\$2000	\$4000	\$800
OUT-OF-POCKET MAXIMUM	(includes claims, excludes deductibles and co		

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department



Medical Mutual – FLEXIBLE SPENDING ARRANGEMENT (FSA)

Available ONLY if you're enrolled in the PPO or MetroHealth Select plans

Coverage Level	Healthcare FSA Maximum Annual Contribution*
All	

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department



VISION PLAN COMPARISON

IN-NETWORK	VSP Vision Care (www.vsp.com)	EyeMed (www.eyemed.com)
	POINT OF SERVICE	POINT OF SERVICE
Eye Exam (Every 12 months)	\$10	\$10
Frames (Every 24 months)		

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department



2025 BENEFITS SUMMARY

LIFE INSURANCE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Unum (www.unum.com)

	Employee Basic Life Benefit (includes AD&D)	Supplemental Life	Spousal Life	Child Life
Benefit Amount	1 x Salary – Max \$250,000	Option A: 1 x Salary – Max \$250,000	\$10,000	\$5,000
	2 x Salary (10 yrs. + Svc) – Max \$350,000	Option B: 2 x Salary – Max \$500,000		
Monthly Employee Share of Premium	N/A	See age banded rates below	See age banded rates below	\$1.095 per family
Monthly Employer Share of Premium	Total - \$0.147 per \$1000 Covered Salary	N/A	N/A	N/A
	Basic Life - \$0.119/\$1000			
	AD&D - \$0.028/\$1000			

An evidence of insurability questionnaire is required if the amount of your life coverage (basic plus supplemental) exceeds \$300,000.
Total Maximum Coverage Amounts are equal to basic maximum plus the supplemental maximum.

LONG TERM DISABILITY*

Unum (www.unum.com)

	Long Term Disability
Benefit Amount	60% of monthly earnings
Total Maximum Coverage Allowed	\$7,500 per month
Elimination Period	180 days
Total Monthly Premium	\$0.273 per \$100 of covered salary
Monthly Employee Share of Premium	\$0.136 per \$100 of covered salary
Monthly Employer Share of Premium	\$0.135 per \$100 of covered salary

*Individuals utilizing the Long Term Disability benefit should note that the portion of the benefit they receive that is attributable to the employer will be subject to taxes; only the employee portion of the premium is paid utilizing post tax dollars. Please consult with the Unum representative processing your claim and your tax advisor.

*An evidence of insurability questionnaire is required if you are enrolling at a time other than at the time of hire.

Note: This is only a summary. Detailed plan descriptions can be obtained online at www.jcu.edu/hr or from the JCU Human Resources Department

