LYNN UNIVERSITY

2018 Benefits At A Glance

FloridaBlue MEDICAL	BlueCare HMO	BlueOptions HDHP (HSA) In-Network/Out-of-Network	BlueOptions POS In-Network/Out-of-Network
Annual Deductible			
Individual	NONE	$1,500/$5,000	$500/$1,000
Family	NONE	$3,000/$15,000	$1,500/$3,000
Coinsurance After Deductible	NONE	10%/40%	0%/30%
Lynn Contribution to HSA			
Individual	NONE	$1,000	NONE
Family	NONE	$2,500	NONE
Out-of-Pocket Maximum (Inc ded.)			
Individual	$1,500	$2,500/$10,000	$1,500/$3,000
Family	$3,000	$5,000/$30,000	$4,500/$9,000
Physician's Office Visit			
Primary Care	$20 copay	10% After Ded/40% After Ded	$20 Copay/30% After Ded
Specialist	$30 copay	10% After Ded/40% After Ded	$30 Copay/30% After Ded
Diagnostic Test			
X-ray	$30 copay	10% After Ded/40% After Ded	$30 Copay/30% After Ded
Labs	100%	10% After Ded/40% After Ded	100%/30% After Ded
Well Child Care			
Office Visits	100%	100%/Not Covered	100%/Not Covered
Immunizations	100%	100%/Not Covered	100%/Not Covered
Adult Preventative Care			
Routine Physicals	100%	100%/Not Covered	100%/Not Covered
OB/GYN Exams	100%	100%/Not Covered	100%/Not Covered
Prostate Exams	100%	100%/Not Covered	100%/Not Covered
Mammograms	100%	100%/40% After Ded	100%/30% After Ded
Hospital Care			
Inpatient Treatment	$500 Copay	10% After Ded/40% After Ded	$500 Per Admission after Ded/30% After Ded
Emergency Services			
Urgent Care	$50 Copay	10% After Ded/40% After Ded	$100 Copay/ 30% After Ded
Emergency Room Services	$150 Copay	10% After Ded/10% After Ded	$150 Copay
Behavioral Health			
Inpatient	$500 Copay	10% After Ded/40% After Ded	$500 Per Admission after Ded/30% After Ded
Outpatient	$30 Copay	10% After Ded/40% After Ded	$30 Copay/30% After Ded
Physical, Speech & Occupational Therapies			
Office Visits	$30 Copay	10% After Ded/40% After Ded	$30 Copay/30% After Ded
Retail Drugs (31-day Supply)			
Generic	$10 Copay	$10 Copay After Ded/Not Covered	$10 Copay/Not Covered
Preferred Brand	$30 Copay	$30 Copay After Ded/Not Covered	$30 Copay/Not Covered
NonPreferred Brand	$50 Copay	$50 Copay After Ded/Not Covered	$50 Copay/Not Covered
Mail-Order Drugs (90-day Supply)			
Generic	$20 Copay	$20 Copay After Ded/Not Covered	$20 Copay/Not Covered
Preferred Brand	$60 Copay	$60 Copay After Ded/Not Covered	$60 Copay/Not Covered
NonPreferred Brand	$100 Copay	$100 Copay After Ded/Not Covered	$100 Copay/Not Covered

1. You may pay all the costs up to the deductible amount, where applicable, before the plan begins to pay for covered services.

2. In the event of any variations between summary descriptions and plan documents, the plan documents will govern

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MetLife DENTAL	Basic Dental In-Network	Basic Dental Out-of-Network	Enhanced Dental In-Network	Enhanced Dental Out-of-Network
Annual Deductible				
Individual	$50	$50	$50	$50
Family	$150	$150	$150	$150
Preventative Treatment	100%	100%	100%	100%
Basic Treatment	80%	50%	80%	80%
Major Treatment	30%	30%	50%	50%
Annual Max Benefit (per person)	$1,000	$1,000	$2,000	$2,000
Orthodontia Treatment	No Coverage	No Coverage	50%	50%
Orthodontia Lifetime Maximum (per person) Child to age 19 only	No Coverage	No Coverage	$1,500	$1,500

EyeMed VISION	In-Network	Out-of-Network
Annual Eye Exam	$15 Copay	Up to $30
Frames (every 24 months)	$100 Allowance + 20% off balance	Up to $50
Prescription Lenses (every 12 months)		
Single Vision	$25 Copay	Up to $25
Bifocal	$25 Copay	Up to $40
Trifocal	$25 Copay	Up to $60
Lenticular	$25 Copay	Up to $60
Contact Lenses (every 12 months)		
Medically Necessary	$0 Copay - Paid in Full	Up to $210
Elective - Conventional	$100 Allowance + 15% off balance	Up to $80
Elective - Disposable	$100 Allowance < 12 month supply	Up to $80
	$150 Allowance > 12 month supply	Up to $80
Lasik or PRK	15% Off retail price or 5% off promo price	No Coverage

Additonal Voluntary Benefits	Additional Company Paid Benefits
Short-Term Disability	1x Annual Salary Life and AD&D Insurance
Voluntary Life and AD&D Insurance	Long-Term Disability
Employee	Employee Scholarship
Spouse	Health Advocate
Child	Employee Assistance Program
Retirement Plan and Employer Match	Life Planning Financial & Legal Resources
Supplemental Insurance	Worldwide Travel Assistance
Accident	
Critical Illness	
Supplemental Health	
Legal Plan	
Group Auto Insurance	
Pet Insurance	
Pet Discount Plan	