



2018 Active Employee Benefits Handbook

Benefits & Wellness • Human Resources

www.hr.wayne.edu



Rooted In Detroit

Wayne State has been an innovative urban center of higher learning since 1868, when a group of civil war doctors envisioned a better world through better medicine. Since our founding as the Detroit Medical College, we've grown to become one of the 50 largest public universities in the United States, offering more than 380 degree and certificate programs through 13 schools and colleges.

Timeline

- 1868** – The Detroit Medical College, forerunner of the School of Medicine, was established.
- 1881** – The Detroit Normal Training School, forerunner of the College of Education, was established.
- 1917** – The Detroit Junior College, offering a two-year program in general education, was established in 'Old Main' and later developed into the College of Liberal Arts.
- 1923** – The Detroit Normal Training School became a four-year degree-granting institution under the name of the Detroit Teachers College. The first degrees were granted in 1924. The Detroit Junior College became the College of the City of Detroit with four-year degree programs. The first degrees were conferred in 1925.
- 1924** – The College of Pharmacy was organized.
- 1933** – The College of Engineering and the Graduate School were established.
- 1933** – The Colleges of Liberal Arts, Education, Engineering, Medicine and Pharmacy, and the Graduate School were united by action of the Detroit Board of Education into a university organization, temporarily called the Colleges of the City of Detroit.
- 1934** – The name Wayne University was adopted, taken from Wayne County and, ultimately, from General Anthony Wayne.
- 1935** – The School of Public Affairs and Social Work was organized. In 1950, it became the present School of Social Work.
- 1937** – The Law School, established in 1927 as Detroit City Law School, became part of the university.
- 1945** – The first doctoral programs were authorized in the fields of chemistry, physiological chemistry and education.
- 1945** – The College of Nursing, which began as a program in the College of the City of Detroit, became a separate college.
- 1946** – The School of Business Administration, originating in the College of Liberal Arts, became the 10th academic unit in the university.
- 1956** – Wayne University became Wayne State University by Act 183 of Michigan Public Acts of 1956.
- 1959** - Wayne State University became a constitutionally established university by popularly adopted amendment to the Michigan Constitution.
- 1974** – The College of Pharmacy and Allied Health Professions was formed from merger of the College of Pharmacy and the Division of Allied Health Professions, School of Medicine.
- 1985** – The School of Fine and Performing Arts and the College of Urban, Labor and Metropolitan Affairs were established.
- 1989** – The name of the School of Fine and Performing Arts was changed to the College of Fine, Performing and Communication Arts.
- 1993** – The College of Science was established.
- 2004** – The College of Science and The College of Liberal Arts merged to form The College of Liberal Arts and Sciences.
- 2008** – The Irvin D. Reid Honors college was created.
- 2009** – The School of Library and Information Science was created.
- 2011** – The Warrior football team made its first appearance in the NCAA Division II championship game.
- 2014** – The Advanced Technology Education Center opens in Warren, Michigan.
- 2015** – The Integrative Biosciences Scenter, a \$90 million facility dedicated to eliminating health disparities in Detroit, opens.
- 2016** – The Mike Ilitch School of Business breaks ground on its new business school facility, located in The District Detroit.
- 2017** – Wayne State breaks ground on the Anthony Wayne Drive Apartments, which will add 841 beds for Wayne State students.

If you have Medicare or will become eligible for Medicare in the next 12 months, a new Federal Law gives you more choices about your prescription drug coverage.

For more information and your Creditable Coverage Notice, please see pages 41-42.

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This description of the benefits program is only a summary and is not meant to be a controlling legal document or contract of employment between the employee and the University. If any questions should arise, the legal plan documents, contracts, and insurance policies will govern.



Welcome

Greetings, Wayne State University Employees,

The Wayne State University (WSU) benefit programs you receive while you are a member of our faculty and staff are administered by the department of Benefits & Wellness. We believe the information found in this handbook will be valuable to you. For general questions regarding these benefits, contact the HR Service Center at (313) 577-3000 or askhr@wayne.edu.

For Medicare Part D information and Creditable Coverage Notice, please see pages 41-42

The WSU benefit programs include the following for eligible employee groups:

- Medical Benefits
- Vision Benefits
- Dental Benefits
- Life Insurance: Basic, Supplemental & AD&D
- Long-Term Disability
- Family Medical Leave Act (FMLA)
- Flexible Spending Accounts, Health Care and Dependent Care
- Wellness Programs
- Retirement Savings Plans (403b, 457b)
- Tuition Assistance Programs
- Voluntary Benefits
 - o Home and Auto Insurance
 - o Long Term Care

More information about benefit coverage is available to new faculty and staff during Faculty/Staff Orientation. Contact your hiring manager for more information regarding this orientation. Enrollment in benefit plans is not automatic.

We urge you to keep this handbook and refer to it when you have questions about your benefits. This handbook and all current benefit enrollment forms are located on our website at <http://hr.wayne.edu>

To your well-being,
Benefits & Wellness

HR Service Center

The Service Team is a one-stop resource dedicated to helping our employees with their HR needs. Representatives can answer most benefit and employment inquiries. If your call must be referred, you will receive a call back within 24 hours.

Our HR Customer Advocates are dedicated to:

- Providing information and assistance
- Tracking and monitoring your inquiries to ensure they are responded to in a timely manner
- Continually improving our service to address your Human Resources employee needs

General Inquiries

- When leaving a voice mail, please include your name, Banner ID/Access ID, telephone number, for the Service Team to contact you for further information.
- When writing an email to the Service Team, do not include your Social Security number, instead include the information listed above.
- If you are considering using email to communicate with HR staff about sensitive information, including health information, be aware that email is not secure and there is some risk that it could be seen by a third party

Hours: 8:30 a.m. to 5:00 p.m. Monday through Friday

Telephone: (313) 577-3000

Email: ASKHR@wayne.edu

Mailing address and Location: 5700 Cass Ave., Suite 3638, Detroit, Michigan 48202

Benefits Fax: (313) 577-0637

New Employee Orientation

We strongly encourage you to attend the New Employee Welcome and Orientation on your first day of work or as soon as possible and to review the New Hire Checklist to ensure your entry into WSU is complete.

We provide a single point of contact for all Wayne State University HR inquiries including:

- Medical, dental, vision, life insurance and flexible spending benefit enrollments
- 403b retirement saving enrollment
- Name and address changes
- Adding/Terminating dependents to your benefits
- Online hiring activities (jobs.wayne.edu)
- Income Verification (WorkNumber Assistance)
- Employee/Dependent Tuition Assistance

See our Benefits Directory on page 30 for important contact information.

Medical, Dental & Vision Plan Eligibility

Employee Eligibility

In general, you are eligible for medical, dental, and vision benefits provided by the University if you are:

- A benefits eligible employee and your appointment is 50 percent time or greater.
- A retiree of Wayne State University or you are receiving long-term disability benefits.

Employees represented by the Building Trades, part-time faculty, temporary employees and students are not eligible for medical benefits offered by Wayne State University. Eligible part-time faculty may enroll in dental and vision plans at 100% of the cost to the employee.

All 50% time or greater employees are eligible for coverage

under the University's medical, dental, and vision benefits beginning on the first day of the month coincident with or next following the date of hire. Enrollment in benefit plans is not automatic. Participation cannot begin without completion of the required enrollment forms, either within 30 days of your hire date, during the annual Open Enrollment Period (generally in late October/early November with choices in effect January 1) or within 30 days of a Life Status Change (See Life Status Change form for list of qualifying events on page 35). Once enrolled, the Open Enrollment period is the only time you can make a change to your benefit elections or covered dependents without having to demonstrate an eligible Life Status Change. There is no Life Status Change restriction on making changes during Open Enrollment. However, documentation is required to support all dependents added to the plan during Open Enrollment.

Dependent Eligibility

You can enroll your eligible dependents in the medical, dental, and vision benefits. Eligible dependents include your:

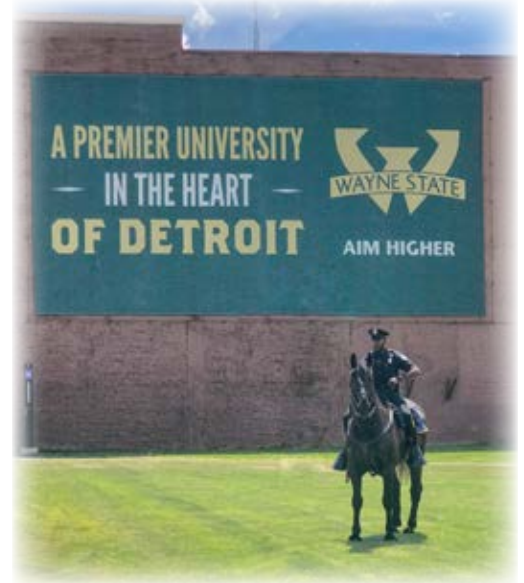
- Legal spouse. (There is no dual coverage for WSU employees married to WSU employees.) Or
- Other Eligible Person (OEP) :
 - o An employee who does not already enroll a spouse for health or dental benefits may enroll one eligible person (OEP) if he or she meets the following criteria:
 - The OEP is an adult, age 26 or older;
 - The OEP currently resides in the same residence as the employee and has done so for the 18 continuous months prior to the individual's enrollment, other than as a tenant;
 - The OEP is not a "dependent" of the employee as defined by the IRS; and
 - The OEP is not related by blood or marriage.
 - This benefit is considered taxable income and subject to all applicable taxes. This benefit also covers the OEP's IRS-defined dependent children. This benefit does not cover the employee's relatives.
- Your children or the children of your spouse/OEP:
 - o Coverage for children can only be provided by one WSU employee (when both parents are employed by WSU).
 - o Children by birth or adoption until the end of the month in which they reach the age of 26.
 - o Children by legal guardianship.

For a list of required supporting documentation needed to enroll dependents, see page 32.

Dependent Eligibility continued on next page.

Dependent Eligibility Continued...

- Principally supported children (not your children by birth or marriage) through the end of the year in which they reach age 19 who are:
 - o principally supported by you for at least six consecutive months (9 months for BCBS),
 - o related to you by blood or marriage, and
 - o claimed as your dependents on your most recent income tax return.
- Unmarried disabled dependent children who:
 - o have reached the end of the month in which they turned 26,
 - o are dependent on you for support and maintenance,
 - o became disabled before reaching age 19, and are incapable of self-sustaining employment by reason of mental or physical handicap.
- Your sponsored dependent (medical coverage only), defined as:
 - o an adult, age 26 or older
 - o dependent on your financial support,
 - o claimed on your most recent tax-return, and
 - o who resides with you permanently.
- Your Senior rider (medical coverage only), defined as:
 - o an adult, age 65 or older,
 - o dependent on your support,
 - o claimed on your most recent tax-return,
 - o who permanently resides with you, and,
 - o is enrolled in Medicare Part A and B.



Documentation requirements must be submitted as proof of eligibility for any dependents added to the medical, dental and vision plans within 30 days. Any ineligible dependents must be removed from your coverage, as of the date the dependent became ineligible.

Ineligible Dependents

Please review the eligibility requirements described above. Any ineligible dependents must be removed from your coverage within 30 days of becoming ineligible. As a reminder we have included a few examples of ineligible dependents:

- Anyone who is not your legal spouse or qualified other eligible person, as defined above
- Dependents no longer covered by a court order
- Dependent children over age 26

For a list of required supporting documentation needed to enroll dependents, see page 32.

Benefit Plan Enrollment

If you are a new employee:

Enrollment requires that you complete the appropriate forms (located on our website and in this handbook) and return the forms to the HR Service Center within 30 days of your date of hire to insure you are enrolled in the plan of your choice. Refer to the New Employee Benefit Checklist on our website for additional guidance <http://hr.wayne.edu/newhire-checklist.php>

If you are an employee with more than 30 days of service:

You may begin, stop or change your medical coverage as a result of a qualified life status change within 30 days of the event, as defined by Section 125 of the Internal Revenue Code and allowed by our plan. Generally, medical plan changes are not allowed until the next open enrollment period without a qualifying life status change.

You are required to notify the HR Service Center of any change in your family status. You have only 30 days from the date of marriage, birth or adoption to add a new dependent. Providing information about other coverage your family members may be entitled to is your responsibility and helps ensure your medical costs are kept as low as possible. If you fail to provide such information when asked by the Medical Carriers or Wayne State University, claim payments could be suspended until the information is provided.

To change your medical coverage during open enrollment, you may utilize our online system, or forms must be returned to the HR Service Center by the specified deadlines.

Obtaining Services before you get your Benefit ID Cards

If you change medical plans during open enrollment or you are a new hire, contact your selected medical carrier to find out how to receive services if your medical card has not arrived by the date your benefits become effective. Until you receive your card, your provider can verify eligibility with your medical carrier or the HR Service Center.

Contact the HR Service Center within 30 days if...

- you change your address (you may update your address online using Academica)
- your marital status changes
- you have a change in eligible dependents
- your spouse or dependent passes away
- you changed jobs at Wayne State University
- you change union affiliation or become non-represented due to a job change
- you are laid off
- you are placed on an unpaid Family and Medical Leave, Workers' Compensation or Leave of Absence
- you elected to participate in the University's Cash In-Lieu or opt out program and you lose your other medical coverage

When contacting the HR Service Center...

Please have your nine-digit Banner ID (Employee ID/Student ID) available for telephone conversations and include it in all correspondence. This ID can be found on your OneCard or paycheck stub in Academica.

Paying For Your Benefits

The University makes a significant investment in your medical, dental, and vision benefits by paying a major share of the cost. You pay the remaining cost through automatic deductions from your pay. There are 24 medical, dental and vision deductions for 12-month employees and 18 medical, dental, and vision deductions for 9-month employees. Deductions are based on your effective date of coverage and are collected on a prepaid basis. See calendar on page 9 for a timeline of payroll deductions. Any applicable retroactive employee contributions will be collected from the next available check. This will happen when you make your selections at the end of the enrollment period. Therefore, we recommend you make all benefit changes as quickly as possible.

Cost of Medical Benefits

Each plan has different contribution amounts. Please review the bi-weekly rate schedule prior to your selection. Rates are listed on a per-pay basis. The rate schedules are located on our website at <http://hr.wayne.edu/health-welfare/medical-rates.php>. Individual employee groups may have different rate schedules. If you have a question about rates, please call the HR Service Center at (313) 577-3000.

Imputed Income – Taxable Benefits

Medical, dental, and vision benefits provided to Other Eligible Persons (OEP) may require taxation of the value of the coverage provided. This tax will be deducted from your bi-weekly paycheck and can significantly add to the cost of the coverage. With each paycheck you receive, review the deductions for accuracy.

Pre-Tax Medical/Dental/Vision Deductions (PREMIUM CONVERSION) (Active Employees Only)

Medical premiums can be paid from your salary via payroll deduction on a pre-tax basis (before taxes are calculated).

In exchange for allowing you to pay your premium with pre-tax dollars, Internal Revenue Code regulations limit your ability to cancel or change your coverage election outside of the Open Enrollment period unless you have a qualified life

status change as defined under the Code and allowed by the plan. Your benefit change must be consistent with your status change and you must contact the HR Service Center within 30 days of the event to make any corresponding benefit changes.

If you do not want your deductions paid on a pre-tax basis, check the post-tax option on the Employee Benefit Enrollment/Change Form on page 33 of this handbook. When an option is not selected the default selection is pre-tax medical. Post-tax medical deductions may only be elected upon entry into a medical plan or during Open Enrollment.

Nine Month Employee Premiums

Our 9-month employees work only during the academic year. Benefits coverage is continuous over 12 months, so we collect 12 months of premiums from 9 months of paychecks. Because of this, 9 month employees have deductions that include an amount to pay for summer coverage. Employees enrolling at the beginning of the fall semester will see regular 9-month deductions for the duration of the academic year.

If a new 9-month employee begins on January 1, we take the regular plus additional deductions to pay for summer coverage. It could be a sizeable deduction, but this allows for the employee to have medical insurance through the summer.



Bi-Weekly 12-Month Payroll Deductions for 2018 Benefits Plan Calendar Year

Pay Number	Deduction Pay Date	Medical Coverage Period
26	12/27/2017	1st Half of January
01	1/10/2018	2nd Half of January
02	1/24/2018	1st Half of February
03	2/07/2018	2nd Half of February
04	2/21/2018	1st Half of March
05	3/07/2018	2nd Half of March
06	3/21/2018	1st Half of April
07	4/04/2018	2nd Half of April
08	4/18/2018	1st Half of May
09	5/02/2018	No medical deduction or Cash In Lieu payment
10	5/16/2018	2nd Half of May
11	5/30/2018	1st Half of June
12	6/13/2018	2nd Half of June
13	6/27/2018	1st Half of July
14	7/11/2018	2nd Half of July
15	7/25/2018	1st Half of August
16	8/08/2018	2nd Half of August
17	8/22/2018	1st Half of September
18	9/05/2018	2nd Half of September
19	9/19/2018	1st Half of October
20	10/03/2018	2nd Half of October
21	10/17/2018	1st Half of November
22	10/31/2018	2nd Half of November
23	11/14/2018	1st Half of December
24	11/28/2018	2nd Half of December
25	12/12/2018	No medical deduction or Cash In Lieu payment
26	12/27/2018	1st Half of January (2019 Plan Year)

Monitoring Payroll Deductions

The employee has a responsibility to periodically review their benefits coverage and regularly review online paycheck stubs to verify that the proper amount of money for benefit elections are being deducted from their pay. The University is not responsible for any excess deductions made because the employee failed to provide proper notification of ineligibility of a dependent. All notifications must be submitted on the appropriate forms within 30 days to the HR Service Center. You should keep copies of all forms turned in as well as all official University notices.

To monitor your coverage, check your Benefits Statement by logging into Academica. Click 'Employee Resources' tab, then click 'Benefits and Deductions' in the 'Employee Self-Service' section.

To monitor your deductions, check your Pay Stub by logging into Academica. Click 'Employee Resources' tab, then click 'Pay Stub' in the 'Employee Self-Service' section.

Summary of Medical Options

The University offers a number of medical coverage options: one traditional “fee-for service” plan (Blue Cross Blue Shield), one preferred provider plan (Community Blue), and three health maintenance organizations (Health Alliance Plan, Blue Care Network and Total Health Care). The options differ in the benefit levels they provide, the doctors and hospitals you can use, and the cost.

Effective Date

Your effective date of coverage will be the first of the month coincident with or next following your date of hire if your application is received by the HR Service Center within 30 days of your date of hire.

If you fail to apply within 30 days of your hire date, you may only elect HAP or BCBS as a late entrant. Coverage will be effective the first of the month following 90 days from the date your enrollment forms are received by the HR Service Center. You will pay premiums on a post-tax basis.

Annual Open Enrollment Period

If your application is received by the HR Service Center by the deadline (usually the first week in November) for open enrollment, your effective date of the benefits change will be January 1.

Rates

Please visit our website at <http://hr.wayne.edu/health-welfare/medical-rates.php> or call the HR Service Center at (313) 577-3000, for rate information.

Retroactive Coverage

You may not request retroactive coverage to your eligibility date once the deadline for submission has passed.

No Coverage Option

You may decide that you do not want medical coverage through the University. In the event you waive coverage, you cannot enroll in a University plan until the next annual open enrollment or when you experience a qualifying life status change. If you are declining enrollment because of other coverage, you may enroll in this plan, provided you request enrollment within 30 days after your other coverage ends involuntarily.

Cash In-Lieu of Medical/Dental Benefits

If you wish to elect the Cash In-Lieu of Medical Benefits option, you must complete the waiver form in the back of this handbook and return it with proof that you are covered through another health plan. The required proof of other insurance must be attached to the Cash In-Lieu Election Form. You will not receive the cash benefit if you are covered under a Wayne State University health plan. The cash benefit will not be retroactive. See page 13 for more details.



Blue Cross Blue Shield Traditional

This option may interest you if you want complete flexibility in choosing physicians. Blue Cross Blue Shield Traditional (BCBS) covers inpatient hospitalization, surgical fees, emergency care, and many outpatient procedures including diagnostic office visits, and prescription drugs. An annual deductible and copays apply. Please see the important note below regarding BCBS's payment for services at non-participating hospitals, facilities and alternatives to hospital care providers.



Claim Forms

If you use BCBS providers, you will not have to file claim forms. If you use non-participating providers, you may have to file claim forms.

Providers

You are free to use the provider of your choice, but you will pay less out of pocket if you choose participating BCBS providers because participating providers have agreed to limit their charges to the BCBS approved amount.

Preferred Provider Organizations (PPOs)

You can enroll in Community Blue.



A PPO is a good choice for employees who want:

- More freedom to make choices in their providers.
- The ability to see a specialist without obtaining a referral from their doctor.
- To be covered for services both in- and out-of-network.

Claim Forms

There are no claim forms to complete In-Network. You may have to complete claim forms if your services are provided Out-of-Network. Please see note below regarding BCBS's payment for services.



Important Note: Community Blue PPO and Traditional Plan:

Nonparticipating hospitals, facilities and alternatives to hospital care providers – BCBS's payment for services received at nonparticipating hospitals is very limited and covers only those services required to treat accidental injuries or medical emergencies. This means that you will need to pay the charges yourself, and your bill could be substantial.

For a comparison of each of the carriers' coverage, see pages 14-17

Health Maintenance Organizations (HMOs)

You can enroll in one of three HMOs: Blue Care Network, Health Alliance Plan, or Total Health Care.



Providers

If you elect an HMO, you must choose a primary care physician to manage all of your medical care. Out-of-Network care is not covered except in emergencies or with a written or electronic referral from your primary care physician and approval from the HMO.

Each HMO has its own provider directory listing doctors, specialists, hospitals and other facilities in the network. Contact the HMO directly by phone or by going to their website to review a current provider directory. See the Benefits Directory on page 30 for a listing of HMO telephone numbers and websites.

Note for Canadian Residents

Canadian residents that live outside of the city of Windsor are not eligible for enrollment in our HMO plans.

Important

HMO participating providers are always subject to change. The carrier websites generally maintain a current listing of participating providers. However, before enrolling in an HMO, contact your doctor and hospital to confirm participation. **See Benefits Directory for a listing of provider telephone numbers and websites on page 30.**

Claim Forms

You do not have to file claims in an HMO.

Locations

The following chart shows the Michigan counties in which each HMO operates. Be sure to review this information before choosing an HMO to find one close to your home or work. Provider service areas are expanding for some plans. For additional questions about coverage areas, please contact the HMO directly.

Health Alliance Plan	Arenac, Bay, Genesee, Hillsdale, Huron, Iosco, Jackson, Lapeer, Livingston, Macomb, Monroe, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne Counties
Blue Care Network	All Lower Peninsula Counties
Total Health Care	Genesee, Macomb, Oakland and Wayne Counties

Prescription Drug Information

Retail Prescription Drugs

For more information on how retail prescription drugs are covered, see Comparison of Medical Benefits on pages 14-17.

Mail Order Prescription Drugs

Our plans offer mail order pharmacy services. Mail service saves time and money by eliminating monthly trips to the pharmacy. If you use the same medication daily, then it is probably a maintenance drug. Maintenance drugs are those prescription drugs that your doctor anticipates will be required for at least six months to treat a chronic condition such as arthritis, high cholesterol, depression, high blood pressure, diabetes or ulcers.

You can obtain a 3-month supply of your medication for the cost of one copay. Please Note: Total Health Care offers a 3-month supply of your medication for the cost of two copays.

To take advantage of the mail order service most health care programs require you to register by completing a member profile to establish an account. Enrollment forms are available online or by mail by contacting the provider (See Benefits Directory).

Cash in Lieu of Medical Coverage

If you are eligible, you have the opportunity to decline medical, dental and bundled vision coverage through Wayne State University and receive \$50 per pay in lieu of medical coverage. Graduate Assistants receive \$30 per pay. To be eligible, you must provide written proof of other medical coverage. Your other medical coverage cannot be a Wayne State University health plan. Stipend recipients do not qualify for the cash in-lieu of medical benefit.

To enroll in the Cash in-lieu of Medical Benefits:

- Complete the Cash In Lieu of Medical Form
- Obtain a copy of an official document from the employer you are being covered by under the health plan. The document must list your name as a current dependent and must be dated.
- Submit the Cash In Lieu of Medical Form and the proof of other coverage to the HR Service Center:
 - Within 30 days of your hire date, or
 - Within 30 days of a qualifying Life Status Section 125 event, or
 - During Open Enrollment if you are terminating your current medical coverage.

You must certify that you and your tax family will have Minimum Essential Coverage for the entire plan year. “Tax family” includes all other individuals for whom you reasonably expect to claim a personal exemption deduction for the taxable year covered by the opt-out time period. “Minimum Essential Coverage” does not include coverage purchased in the individual market, whether or not obtained through the Marketplace.

Interlocking Enrollments – Medical and Dental

Full Interlocking Enrollment applies to the following employee groups:

AAUP, GEOC, Non-Represented

- Medical, dental, and vision enrollment levels must be the same for each plan (enrollment levels are single, two per son, or family)
- If Cash In Lieu is elected, the employee may elect dental at 100% of cost
- If no medical or Cash In Lieu coverage, may elect subsidized dental

Vision:

For all employees with WSU medical coverage, vision is bundled and enrollment levels must match. For employees without WSU medical coverage, vision is only available as a voluntary election.

How Cash In Lieu is Paid

The benefit is paid each pay except on the two “no-deduct” pays each year. “No-deduct” pays usually fall in May and December.

As a taxable benefit, it is subject to FICA, federal, state, and city tax.

To illustrate, your pay stub will show a minus \$50 (minus \$66.67 for 9-month employees) under the deduction column. Since this amount is being added to your pay, it is a negative deduction. Your gross pay will increase by \$50. Your taxes will increase because the \$50 payment is taxable.

The amount deducted for taxes depends on individual tax circumstances.

Items to Consider Before Declining Medical Coverage

1. You will not be allowed to enroll in the University’s medical plan until either Open Enrollment or a qualifying Life Status Section 125 event occurs.
2. When you waive your WSU medical coverage, you will not have Dental or Vision Insurance unless you elect Voluntary Dental or Vision Plan enrollment.

Partial Interlocking Enrollment applies to the following employee groups:

517M, Operating Engineers, Public Safety, Staff Association, P&A, AFSCME, HERE 24 Janitors, and HERE 24 Housing

- Medical, dental, and vision enrollment levels must be the same for each plan (enrollment levels are single, two person, or family)
- May have Cash In Lieu with subsidized dental
- May opt out of both medical and Cash In Lieu and elect subsidized dental

Comparison of Medical Benefits

Benefit	Health Alliance Plan In-Network Only	Blue Care Network In- Network Only	Total Health Care In- Network Only
Inpatient Hospital			
Hospital Services	Covered in full	Covered in full	Covered in full
Medical Care			
Office Visits	\$20 Copay	\$20 Copay	\$20 Copay
Preventive Services — Routine Physical, Well-Baby Care, Pediatric Exams, Childhood Immunizations	Covered in full	Covered in full	Covered in full
Vision and Hearing Examinations	\$20 Copay	Vision Exam not covered. Hearing Exam covered.	Vision Exam not covered. Hearing Exam covered.
Emergency Room Services	\$100 copay (waived if admitted or for an accidental injury) Covers life-threatening or accidental medical emergencies. Must notify health plan within 48 hours of admission.	\$100 copay (waived if admitted) Covers life-threatening or accidental medical emergencies. Must notify health plan within 48 hours of admission.	\$100 copay (waived if admitted or for an accidental injury) Covers life-threatening or accidental medical emergencies. Must notify health plan within 48 hours of admission.
Laboratory, Pathology and Radiology (X-Ray) Services	Covered in full	Covered in full	Covered in full
Allergy Testing and Injections	Covered in full	Covered in full	\$20 Copay
Outpatient Physical, Speech and Occupational Therapy	Covered in full (up to 60 combined visits per year)	Office visit copay applies (up to 60 visits per medical episode per year)	Covered in full (up to 45 visits per year)
Durable Medical Equipment	Covered in full for approved equipment	Covered in full	Covered in full for approved equipment
Chiropractic Services/Spinal Manipulation	Not covered	Office visit copay applies (referral required)	Office visit copay applies (up to 20 visits per year)
Reproductive Care			
Pre-Natal Care	Covered in full	Covered in full	Covered in full
Delivery and Routine Nursery Care	Covered in full	Covered in full	Covered in full
Infertility Services	Covered with limitations	Covered with limitations	Covered with limitations
Voluntary Sterilization	Covered in full	Covered in full	Covered in full

This Comparison of Medical Benefits contains a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions.

Comparison of Medical Benefits

Benefit	Traditional BCBSM	Community Blue PPO	
		In-Network	Out-of-Network
Inpatient Hospital			
Hospital Services	Plan pays 90% after deductible (Non-emergency services must be rendered in a participating hospital)	Covered in full (Non-emergency services must be rendered in a participating hospital)	80% after out-of-network deductible (Non-emergency services must be rendered in a participating hospital)
Medical Care			
Office Visits	\$20 Copay	\$20 Copay	80% after out-of-network deductible
Preventive Services — Routine Physical, Well-Baby Care, Pediatric Exams, Childhood Immunizations	Covered in full	Covered in full	Not covered
Vision and Hearing Examinations	Not covered	Vision Exam not covered. Hearing Exam covered.	Vision Exam not covered. Hearing Exam covered at participating providers.
Emergency Room Services	\$100 copay (waived if admitted or for an accidental injury). Covers life-threatening or accidental medical emergencies.	\$100 copay (waived if admitted or for an accidental injury). Covers life-threatening or accidental medical emergencies.	\$100 copay (waived if admitted or for an accidental injury). Covers life-threatening or accidental medical emergencies.
Laboratory, Pathology and Radiology (X-Ray) Services	Plan pays 90% after deductible (preventive services excluded)	Covered in full	80% after out-of-network deductible
Allergy Testing and Injections	\$20 Copay	Covered in full	80% after out-of-network deductible
Outpatient Physical, Speech and Occupational Therapy	Plan pays 90% after deductible	Covered in full (up to 60 visits per year)	80% after out-of-network deductible at participating providers
Durable Medical Equipment	Plan pays 90% after deductible	Covered in full	Covered in full
Chiropractic Services/Spinal Manipulation	Plan pays 90% after deductible (up to 38 visits per year)	Covered in full (up to 24 visits per year)	80% after out-of-network deductible (up to 24 visits per year)
Reproductive Care			
Pre-Natal Care	Covered in full	Covered in full	80% after out-of-network deductible
Delivery and Routine Nursery Care	Plan pays 90% after deductible	Covered in full	80% after out-of-network deductible
Infertility Services	Not covered	Not covered	Not covered
Voluntary Sterilization	Covered in full (female only)	Covered in full	80% after out-of-network deductible

In addition, please be aware that the information contained in these materials is based on our current understanding of the federal health care reform legislation, signed into law in March 2010. Our interpretation of this complex legislation continues to evolve, as additional regulatory guidance is provided by the U.S. government. Therefore, we defer to the actual carrier contracts, processes and the law itself as the governing documents.

Comparison of Medical Benefits

Benefit	Health Alliance Plan In-Network Only	Blue Care Network In- Network Only	Total Health Care In- Network Only
Mental Health and Substance Abuse			
Outpatient Care	Office visit copay applies	Office visit copay applies	Covered in full
Inpatient Care	Covered in full	Covered in full	Covered in full (intermediate care only)
Prescription Drugs			
Prescription Drugs	\$5 generic drugs \$20 preferred brand drugs \$45 non-preferred brand drugs (copay waived for generic oral contraceptives) Limited to one month supply. In- cludes contraceptive medications. Mail order prescriptions (90 day supply) are available.	\$5 generic drugs \$20 preferred brand drugs \$45 non-preferred brand drugs (copay waived for generic oral contraceptives) Limited to one month supply. Includes contraceptive medica- tions. Mail order prescriptions (90 day supply) are available.	\$5 generic drugs \$20 preferred brand drugs \$45 non-preferred brand drugs (copay waived for generic oral contraceptives) Limited to one month supply. In- cludes contraceptive medications. Mail order prescriptions (90 day supply) are available.
Other Services			
Autism Spectrum Disorder	Covered — contact carrier for details	Covered — contact carrier for details	Covered — contact carrier for details
Eyeglasses and Contact Lenses	Covered following cataract or intra-ocular surgery	Not covered	Not covered
Hearing Aids	Covered for authorized conventional hearing aids	Covered (one hearing aid every 36 months)	Covered (one hearing aid per ear every three (3) years)
Skilled Nursing Care Facility (excluding custodial care)	Covered in full (730 days, renewable after 60 days)	Covered in full (730 days in a lifetime)	Covered in full (120 days, per calendar year)
Deductibles, Copays and Limitations			
Annual Deductible	No deductible	No deductible	No deductible
Annual Coinsurance Maximum	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (includes deductible, coinsurance & copays)	\$6,350 per individual \$12,700 per family	\$6,350 per individual \$12,700 per family	\$6,350 per individual \$12,700 per family
Hospital Precertification	Required for admission in a non-par- ticipating hospital within 48 hours	Required for admission in a non-par- ticipating hospital within 48 hours	Required for admission in a non-par- ticipating hospital within 48 hours

This Comparison of Medical Benefits contains a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions.

Comparison of Medical Benefits

Benefit	Traditional BCBSM	Community Blue PPO	
		In-Network	Out-of-Network
Mental Health and Substance Abuse			
Outpatient Care	Plan pays 90% after deductible	Covered in full (approved facilities)	80% after out-of-network deductible
Inpatient Care	Plan pays 90% after deductible	Covered in full	80% after out-of-network deductible
Prescription Drugs			
Prescription Drugs	\$5 generic drugs \$20 preferred brand drugs \$45 non-preferred brand drugs (copay waived for generic oral contraceptives) Limited to one month supply. Includes contraceptive medications. Mail order prescriptions (90 day supply) are available.	\$5 generic drugs \$20 preferred brand drugs \$45 non-preferred brand drugs (copay waived for generic oral contraceptives) Limited to one month supply. Includes contraceptive medications. Mail order prescriptions (90 day supply) are available.	75% of approved amount less plan copay. Limited to one month supply. Includes contraceptive medications.
Other Services			
Autism Spectrum Disorder	Covered — contact carrier for details	Covered — contact carrier for details	Covered — contact carrier for details
Eyeglasses and Contact Lenses	Covered following cataract or intraocular surgery, accidental injury or certain non-routine diagnoses. Plan pays 90% after deductible	Not covered	Not covered
Hearing Aids	Not covered	Covered (one hearing aid every 36 months)	Not covered
Skilled Nursing Care Facility (excluding custodial care)	Not covered	Covered in full (120 days per calendar year)	Covered in full (120 days per calendar year)
Deductibles, Copays and Limitations			
Annual Deductible	\$100 per individual \$200 maximum per family	No deductible	\$250 per individual \$500 per family
Annual Coinsurance Maximum	\$500 per individual \$1,000 per family	N/A	\$2,000 per individual \$4,000 per family
Annual Out-of-Pocket Maximum (includes deductible, coinsurance & copays)	\$600 per individual \$1,200 per family	\$600 per individual \$1,200 per family	\$2,250 per individual \$4,500 per family
Hospital Precertification	Required — Provider responsibility	Required — Provider responsibility	Required — Provider responsibility

In addition, please be aware that the information contained in these materials is based on our current understanding of the federal health care reform legislation, signed into law in March 2010. Our interpretation of this complex legislation continues to evolve, as additional regulatory guidance is provided by the U.S. government. Therefore, we defer to the actual carrier contracts, processes and the law itself as the governing documents.

Dental Insurance

All eligible employees are covered by a comprehensive dental insurance plan with the Delta Dental Plan of Michigan. A significant amount of the dental plan cost is paid by the University.

Delta Dental does not issue identification (ID) cards for the dental plan. You do not need an ID card to receive dental services. You will need to provide your social security number group number and employer name to the dentist's office staff. Your eligibility and covered services can be verified by the dentist's office prior to your visit.

Access to your dental benefit information is also available via the secure Delta Dental website.

Save money and stay in network with Delta Dental

With your Delta Dental PPOSM (Point-of-Service) plan, you may save more money and receive higher levels of coverage when visiting a Delta Dental PPO dentist. PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in Delta Dental Premier®. Like PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services. Save money and find a Delta Dental PPO dentist online at www.deltadentalmi.com/Find-a-Dentist.aspx

To register and access Delta Dental Information:

1. Log onto <http://www.toolkitsonline.com>
2. Select "Consumer Toolkit"
3. Select "Register Now"

<i>Stay in Network and Save Money</i>		
Delta Dental Networks	Delta Dental PPO	<ul style="list-style-type: none"> • 7,500 Delta Dental PPOSM access points • 12,400 Delta Dental Premier® access points
	Delta Dental Premier	<ul style="list-style-type: none"> • Dentists file claims for enrollee • No balance billing on covered services
Out-of-Network	Out-of-Network dentist	<ul style="list-style-type: none"> • No network discounts • May need to file own claim • May be balance billed

Michigan network statistics: Delta Dental, August 2017



Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits For Group# 7544-0001, 0011, 2011, 2211 Wayne State University

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Michigan
Benefit Year – January 1 through December 31
Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Basic Services			
Radiographs – X-rays	100%	80%	80%
Sealants – to prevent decay of permanent teeth	90%	80%	80%
Minor Restorative Services – fillings and crown repair	90%	80%	80%
Endodontic Services – root canals	90%	80%	80%
Periodontic Services – to treat gum disease	90%	80%	80%
Oral Surgery Services – extractions and dental surgery	90%	80%	80%
Major Restorative Services – crowns	90%	80%	80%
Other Basic Services – misc. services	90%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	90%	80%	80%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	Up to age 19	Up to age 19	Up to age 19

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 14.
- Bitewing X-rays are payable once in any calendar year for people under age 15 and once every two calendar years for people age 15 and older. Once dependents reach age 15, Delta Dental will look at all prior dates of service and pay only after two calendar years from the last date of service. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Vision Insurance

WSU employees can select between two vision plan options, Basic or Enhanced Buy-Up. The dual option vision coverage provides a significant enhancement to the Wayne State University medical plans and overall benefit package.



Basic Vision Plan

The Basic Plan will automatically be provided to all eligible employees who are enrolled in a WSU medical plan.

Enhanced Buy-up Vision Plan

Employees have the option as a new employee or during open enrollment to upgrade to the Enhanced Buy-up Plan. This plan offers higher eyewear allowances and several lens options covered with no copay as part of the benefit. If you elect the Enhanced Buy-up Plan you must remain in that plan for the full 2018 calendar year.

Vision Plan Features

Both plan options features a \$10 copay for the exam and a \$10 copay for lenses. There is no limitation on selection of materials, with benefits and allowances applied toward any brand of frame, lens or contact lens available at a network provider location. Also included, are discounts on laser

surgery, sunglasses and other vision accessories. The vision coverage provides high quality and affordable eye care at over 1,600 locations in the Detroit-Metro area and 52,000 locations nationwide including Pearle Vision, Lenscrafters, Henry Ford OptimEyes and the optical departments in Target, Sears, JC Penney and several other local eye care chains, as well as independent eye care providers.

Employees who are not enrolled in a WSU medical plan are eligible to choose either the Voluntary Basic or Enhanced Buy-Up Plan for their vision coverage. The Voluntary Plans are 100% employee paid.

For more information on the vision plan options go to: <http://hr.wayne.edu/health-welfare/vision-plan.php>.



The EyeMed vision plan promotes preventive care through regular eye exams and early corrective treatment. In addition to helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts and diabetes. Eye exams for your dependent child(-ren) can also recognize problems that may affect their learning.



Vision Insurance Continued

Wayne State University has selected EyeMed as your vision wellness program. This plan allows you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases. The plan is available through thousands of provider locations participating on the EyeMed SELECT network. To see a list of participating providers near you, go to www.eyemedvisioncare.com and choose the SELECT network from the provider locator dropdown box. You can also call the EyeMed Customer Care Center and request a list of providers at 1-866-299-1358 if you are not currently enrolled in vision benefits. Current EyeMed members can call 1-866-723-0514.

<i>Vision Care Services</i>	<i>Basic Plan</i>	<i>Enhanced Buy-Up Plan</i>	<i>Out-of-Network Reimbursement</i>
	Member Cost	Member Cost	Basic/Enhanced
Exam with dilation as necessary	\$10 Copay	\$10 Copay	Up to \$35
Retinal Imaging Benefits	Up to \$39	Up to \$39	N/A
Contact Lens Fit and Follow-up:			
Standard	Up to \$40	\$0 copay, paid-in-full fit and two-follow up visits	N/A / \$40
Premium	10% off retail	\$0 copay, 10% retail price, then apply \$40 allowance	N/A / \$40
Frames	\$0 Copay, \$115 Allowance; 20% off balance over \$115	\$0 Copay, \$150 Allowance; 20% off balance over \$150	Up to \$45
Standard Plastic Lenses:			
Single Vision	\$10 Copay	\$10 Copay	Up to \$25
Bifocal	\$10 Copay	\$10 Copay	Up to \$40
Trifocal	\$10 Copay	\$10 Copay	Up to \$55
Lenticular	\$10 Copay	\$10 Copay	Up to \$55
Standard Progressive	\$55 Copay	\$10 Copay	Up to \$55
Premium Progressive	\$55 Copay, 80% of charge less \$120 allowance	\$10 Copay, 80% of charge less \$120 allowance	Up to \$55
Lens Options (paid by the member and added to the base price of the lens):			
UV Treatment	\$15 Copay	\$0 Copay	N/A / \$5
Tint (Solid and Gradient)	\$15 Copay	\$0 Copay	N/A / \$5
Standard Plastic Scratch Coating	\$0 Copay	\$0 Copay	Up to \$5
Standard Polycarbonate-Adults	\$35 Copay	\$0 Copay	Up to \$5
Standard Polycarbonate- Kids under 19	\$35 Copay	\$0 Copay	Up to \$5
Standard Anti-Reflective Coating	\$45 Copay	\$0 Copay	N/A / \$5
Polarized	20% off retail price	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	20% off retail price	N/A
Contact Lenses (allowance covers materials only)			
Conventional	\$0 Copay, \$115 Allowance; 15% off balance over \$115	\$0 Copay, \$150 Allowance; 15% off balance over \$150	Up to \$100
Disposables	\$0 Copay, \$115 Allowance; 15% off balance over \$115	\$0 Copay, \$150 Allowance; 15% off balance over \$150	Up to \$100
Medically Necessary	\$0 Copay, Paid in Full	\$0 Copay, Paid in Full	Up to \$200
LASIK and PRK Vision Correction Procedures	15% off retail price or 5% off promotional pricing	15% off retail price or 5% off promotional pricing	N/A
Amplifon Hearing Health Care	40% discount off hearing exams and a low price guarantee on discounted hearing aids	40% discount off hearing exams and a low price guarantee on discounted hearing aids	N/A
Additional Pairs Benefit	40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used	N/A
Frequency:			
Exam	Once every calendar year		
Frames	Once every calendar year		
Standard Plastic Lenses or Contact Lenses	Once every calendar year		

For instructions on how to register and access EyeMed information, please visit: <http://hr.wayne.edu/health-welfare/vision-plan.php>.

Changes in employment status that affect your benefits coverage:

A Change in Your Appointment

If your appointment decreases to less than 50 percent, you will become ineligible for University subsidized benefits. You can continue your medical, dental and vision coverage through COBRA and life insurance by paying the full premium. There is a two percent administrative fee applied to the COBRA benefits.

When your appointment increases to 50 percent or greater, notify us within 30 days, complete an enrollment form and you will become eligible for subsidized benefits.

Layoff

If your coverage ends due to layoff, you can continue your medical, dental and vision coverage through COBRA and your life insurance by paying the full premium. There is a two percent administrative fee applied to the COBRA benefits.

Leave of Absence or Absence Without Pay

The department of Benefits & Wellness may not be notified

when you are taking a leave of absence. Remember to keep us informed and we, when appropriate, can help you arrange to continue your benefits. You can continue your medical, dental and vision coverage through COBRA and life insurance by paying the full premium. There is a two percent administrative fee applied to the COBRA benefits.

Questions regarding Leave of Absence without pay should be directed to HR Service Center at (313) 577-3000 or email askhr@wayne.edu.

Questions regarding the Family Medical Leave Act (FMLA) should be directed to FMLA Source at 877-462-3652 or visit the website at www.fmlasource.com.

Termination of Employment

- If your employment terminates on or before the 14th of a month your insurance ends on the 14th of that month
- If your employment terminates on or after the 15th of a month, your insurance ends on the last day of that month

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you to continue group medical, dental and vision benefits when you or your dependents become ineligible for University benefits. Medical, dental and vision coverage may be extended up to 18 months due to your termination of employment or reduction in work hours. Dependents who lose coverage as a result of eligibility status may continue coverage for 36 months. If you are participating in the Health Care Reimbursement Account you may continue coverage if you have a balance that is greater than the COBRA premium that may be charged for the rest of the year. You can continue your participation by making after-tax payments to the University for the remainder of the plan year.

When you lose eligibility based on your termination of employment the department of Benefits & Wellness and the HR Service Center will be aware of these changes. You will be mailed an application for COBRA coverage within 30 days from the external COBRA Third Party Administrator. Remember, you have 60 days from the latter of the date of the notice, or loss of coverage, to apply for COBRA coverage. If you do not receive your COBRA information within 30 days contact the HR Service Center, immediately at 1-313-577-3000.

If you lose eligibility due to a reduction of your full time work status (less than 50%) or if your dependents lose coverage due to divorce or ineligibility, COBRA information will not be automatically mailed to you. You must notify the HR Service Center of the life status change within 60 days of the event so that you and your dependents do not lose their eligibility for COBRA continuation coverage.

It is important to check with the HR Service Center prior to your employment status change event (i.e., leaves of absences or reduction of full time status to less than 50%) or if your COBRA notice was not received within 30 days of your last day worked or status change, to arrange for the continuation of your benefits. Timely submission of COBRA elections and payments are important, you will not be allowed to elect COBRA if you miss the election deadline. Your benefits will be automatically canceled unless the required premiums are paid on or before the due date. Once COBRA benefits are canceled because of nonpayment, they will not be reinstated.

Life Insurance and Accidental Death & Dismemberment (AD&D)

Basic and Supplemental Coverage

WSU provides eligible employees with group term life insurance equal to one times salary with Sun Life. Our life insurance policy includes accidental death and dismemberment (AD&D) benefits. These policies come with portability and conversion options upon termination of employment.

Eligible employees have the opportunity to purchase additional supplemental coverage at a subsidized employee cost in amounts of one, two, three or four times their annual salary.

For new employees, if completed forms are received by the HR Service Center within 30 days of the date of hire, coverage begins on the date of hire. Otherwise, basic coverage begins on the first of the month following receipt of the completed form (supplemental coverage effective upon carrier approval). Life insurance coverage amounts start to decrease on a graduated scale beginning at age 70.

Dependent Coverage

Eligible employees also have the opportunity to purchase life insurance for a spouse and/or dependent child(ren) at group rates. Other Eligible Persons are eligible for spousal coverage. Eligible dependent children include any child claimed on your most recent income tax return, your adopted child, foster **children through age 25** and disabled dependents over age 19. Once your dependents are no longer eligible **you must notify the HR Service Center within 30 days of loss of eligibility to terminate dependent coverage**, retro refunds will not be processed.

You may not elect coverage if your dependent is covered as an employee under the policy. Any person who is in full-time military service is not eligible to be a dependent. No person/child can be insured as a dependent of more than one employee under the policy.

Beneficiary Designation

Please provide both primary and contingent beneficiaries on the Life Insurance Enrollment form. Contingent beneficiaries are payable if all primary beneficiaries have pre-deceased you.

Life Insurance over \$50,000

The value of employer-paid group term life insurance in excess of \$50,000 must be included in your W-2 earnings. The value of this coverage is determined using IRS established rates. Once per month you will see this amount added to your paycheck as additional taxable income.

Increasing Your Supplemental Life Insurance

By electing supplemental life, you can increase your insurance coverage to one of the following options:

- the basic plus one times your salary,
- the basic plus two times your salary,
- the basic plus three times your salary, or
- the basic plus four times your salary

To increase your supplemental life insurance coverage amount after your initial eligibility period, you must **complete a Medical History Statement**, in addition to a Basic and Supplemental Life/AD&D Enrollment/Change Form. The Medical History Statement form must be submitted to Sun Life for review. If your request is approved by Sun Life, the change takes effect on the date approved. You will receive confirmation of the approval from Sun Life.

The maximum available insurance option is the basic life insurance plus four times your salary in supplemental coverage up to plan maximums.

For forms, rates and more information, please visit:

<http://hr.wayne.edu/health-welfare/life-insurance.php>



Long Term Disability Insurance (LTD)

Wayne State University provides LTD coverage to eligible employees at no cost. Refer to the plan document for a list of eligible employee classes. Your LTD coverage provides a monthly income benefit equal to a percentage of your monthly base wage. Benefits begin first of the month coincident with or next following 180 days of being disabled from your own occupation. The benefit is offset by other income associated with your disability including, but not limited to, Social Security Benefits and Worker's Compensation.

To submit for the long-term disability claim or if you have questions regarding this benefit, contact the department of Benefits & Wellness at (313) 577-6351.

The long-term disability income benefit is 66-2/3% of your base salary to a maximum benefit of \$7,000/month.

Eligibility Waiting Period

There is a one-year waiting period for Wayne State University's long-term disability insurance coverage. However, a provision in our disability insurance contract allows us to waive the waiting period if you were covered under your former employer's group total disability insurance plan within three months of your WSU date of hire. Please provide verification (via an email from your former employer or a letter on your former employer's letter head) and mail to: Wayne State University, The department of Benefits & Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI, 48202. The verification should give the following information:

- Name
- Social Security Number
- Name of Insurance Carrier
- Termination Date of Insurance
- Affirmation that the plan would have paid benefits for at least 5 years in the event of total disability

A copy of the plan document or brochure from your former employer explaining the plan should be attached to the email or enclosed with the letter.

Approved LTD Recipients

The medical rates for persons receiving LTD benefits are subsidized by the University. The University covers the cost of any existing life insurance coverage. If you were participating in the WSU 403(b) retirement savings plan at the start of your disability, CIGNA will continue to contribute up to 15% of your last day of work salary to your retirement account.

For more information and plan documents, please visit:

<http://hr.wayne.edu/healthwelfare/longterm-disability.php>



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are employer-sponsored plans authorized by the federal government that allow you to set aside money from your paycheck on a “pre-tax” basis to pay for health care and dependent care expenses incurred for you, your spouse and/or children and any other IRS dependent.

Health Care & Dependent Care Reimbursement Accounts

You may elect to participate in either, or both, the health care reimbursement account (HCRA) or the dependent care reimbursement account (DCRA); however, money cannot be transferred between the two accounts. For example, money in your HCRA may not be used to pay for dependent care expenses.

	<i>Health Care Reimbursement Account</i>	<i>Dependent Care Reimbursement Account</i>
Advantages of Both	<ul style="list-style-type: none"> • Pay for eligible, out-of-pocket expenses with pre-tax dollars • Reduce your taxable income • Increase your take home pay 	
What’s Covered	In general, eligible health-related expenses not covered by a health plan	In general, eligible day care expenses that allow you (and your spouse if you are married) to work or attend school full-time
Eligible Expenses	Examples include: <ul style="list-style-type: none"> • Out-of-pocket costs • Deductibles and copays • Health care expenses not covered by your plan and approved by the IRS • Eye glasses, contact lenses, braces for children and hearing aids 	Examples include care you must pay for: <ul style="list-style-type: none"> • Child day care for children under age 13 • Adult dependent day care • Dependent day care centers • Preschool expenses
Restrictions	Medical expenses that are not deductible under Internal Revenue Code Section 213(d) may not be reimbursed Over-the-counter drugs not prescribed by a physician	Expenses reimbursed for dependents under this plan may not be claimed as a federal tax credit on your tax return
Maximum Annual Election	\$2,600 maximum (Two eligible spouses may each elect the maximum amount)	\$5,000 maximum per household \$2,500 (if married filing a separate tax return)
Access to Funds	Immediate access to annual election	You may access funds only up to the current account balance

Debit Card

FSA participants receive a debit-style MasterCard that allows direct access to FSA funds for eligible health and dependent care expenses. Your debit card will only work at provider locations that have the information inventory approval systems (IISA) installed. It is important to note that purchases made with your card on or after January 1, 2018 will access funds from your 2018 FSA accounts. Because the card deducts funds directly from your FSA account to pay for services and supplies, it eliminates the need to file claims and wait for reimbursements during the point of sale. **You must, upon request, submit receipts to Discovery Benefits within 14 days of making your purchases.**

Use It or Lose It!

FSAs are permitted under Section 125 and 129 of the Internal Revenue Code. IRS regulations require that any balance remaining at the end of the plan year be forfeited. However, the IRS allows a grace period for the Health Care Reimbursement Accounts– through March 15 of the following year – during which you may continue to incur expenses and obtain reimbursement from your previous year’s FSA balance. You may file claims for expenses incurred during a plan year – and the grace period – through April 30 of the following year. It is important that you make your FSA elections carefully to avoid forfeiture.

Retirement Savings Plans

WSU offers two retirement savings plans: a 403(b) and a 457(b). These retirement plans allow you to contribute to your account(s) every pay period. You may invest your contributions among a variety of funds offered by Fidelity Investments and/or TIAA. Enrollment in the retirement savings plans is not automatic. Follow the steps below to begin saving for your future.

403(b) Retirement Savings Plan

Who is Eligible?

You must be employed by WSU in an eligible employee classification: employees who normally work 20 hours per week, or have at least 50% appointment, or union employees whose bargaining contract permits participation. Student assistants, Graduate assistants, and members of Building Trades Union (E-class SK) are not eligible.

Overview of the Plan

- Start Date for Employee Contributions: Any time after date of hire
- Employee Contribution Amount: 1% minimum, in increments of 1%, to a maximum under IRS rules. Fully vested at all times
- Start Date for University Contribution: Once you begin your Employee Contribution and have attained age 26
- University Contribution Amount: \$2 match for every \$1 of Employee Contribution, to a maximum of 10% You are vested after 2 Years of Service

What is the maximum amount of Employee and University Contributions?

The maximum employee contribution for 2018 is limited to \$18,000 (\$24,000 if age 50 or older). This includes Employee Contributions to plans sponsored by other employers, but does not include University contributions. For calendar year 2018, if you are contributing 5% or more of your gross salary, then the University matching contributions will be 10% of your eligible pay up to a maximum of \$27,000.

Waiver of Service Provision

To waive the 2 years of service requirement, we will count your past service (during the 3 years prior to your date of hire with WSU) where you worked at least 50% time or 20 hours per week, as a subsidized benefits eligible employee.

If you have previous service with a university, teaching hospital, K-12 or a non-profit affiliated with higher education you must submit a waiver letter to the HR Service Center (on company letterhead and signed by a representative) listing

the following:

- Job title
- Dates of employment
- Appointment percentage.

Enrollment Steps

Step 1: Complete Salary Reduction Agreement – You must complete this paper form to authorize payroll deduction. The fax number and email address is on the bottom of the form.

Step 2: Enroll with an Investment Carrier – You must establish an account with TIAA or Fidelity under the WSU plan, even if you have an account from another employer with either of these companies. When you set up your account you will also be selecting your investment funds and your beneficiary.

TIAA	Fidelity
Website: http://www.tiaa-cref.org/wayne	Website: http://plan.fidelity.com/waynestateuniversity
Telephone 1-800-842-2776	Telephone: 1-800-343-0860
403(b) Base Plan No. 103167 – Defined Contribution Plan Supplemental plan – TDA plan	403(b) Plan No. 52864
457(b) Plan No. 403609 – Same as base plan	457(b) Plan No. 84976
Access code: “wsubase”	

457(b) Retirement Savings Plan

Double Your Retirement Savings! The employee contribution limit for the 457(b) plan is separate from the 403(b) plan, so you can defer an additional \$18,000 in pre-tax dollars (or \$24,000 if age 50 or older) for 2018.

No Early Withdrawal Penalty: The IRS does not impose the 10% penalty if you withdraw your funds before you are age 59-1/2; however, you may only make withdrawals from the 457(b) Plan after you terminate your employment with WSU.

Same Quality Investment Choices: The 457(b) Plan offers the same TIAA and Fidelity Investments as the WSU 403(b) plan.

Tuition Assistance Programs

Employee Tuition Assistance

The Employee Tuition Assistance Program pays 100% of the cost of tuition (up to allowed course limits), and fees (registration fee, omnibus fee, honor, or science fees) for full-time employees (an appointment of 100%) or fractional-time employees (an appointment 50% to 99%).

To be eligible, you must be on the WSU payroll as of the last day of the Open Registration Period for the term for which benefits are requested.

Course Limits:

For Full Time Employees:

- 2 terms - The GREATER of 2 courses or 6 credits, and
- 1 term - THE GREATER of 1 course or 4 credits

For Fractional-time Employees:

- 3 terms - THE GREATER of 1 course or 4 credits

Note: Members of certain bargaining units are subject to different limits.

Benefit Forfeiture:

- The Employee must earn a passing grade or the benefit is forfeited. Undergraduate course “D” or better and Graduate course “C” or better
- The Employee **must remain on the WSU payroll until the date the term ends for which benefits are requested or the benefit is forfeited.**
- Forfeited Tuition benefit will be collected via payroll deduction or billed by student accounts receivable.

Reduced Tuition for Spouse/Child

The Reduced Tuition for Spouse/Child Program pays 50% of the cost of tuition for eligible spouse or children (see below). This benefit does not cover any fees.

“Spouse” means the legal Spouse or Other Eligible Person of an eligible employee as of the last day of the Open Registration Period for the term for which benefits are requested.

“Child” means a child or stepchild of an eligible employee and/or his/her spouse or Other Eligible Person AND who is less than 26 years as of the Open Registration Period for the term for which benefits are requested.

Course Limits:

There are **NO course or credit limits** except that Spouse/Child Reduced Tuition does not cover coursework for the MD, JD or PharmD degrees.

Benefit Forfeiture:

- The Spouse/Child must earn a passing grade. Undergraduate course “D” or better and Graduate course “C” or better (for certain bargaining units)
- If the employee terminates, the Reduced Tuition continues for that term only.



For more information and enrollment documents, please visit:

<http://hr.wayne.edu/tuition-assistance>

Wellness Warriors

Wayne State University supports employees making healthy lifestyle choices by creating a culture of wellness on campus. The Wellness Warriors Program is a **FREE** benefit for eligible WSU employees. The WSU Wellness Warrior Program serves to empower benefit-eligible employees to improve their own health by providing benefits and resources that build awareness, educate and support good health decisions and behavior.



Worksite Wellness Success is determined by two groups: the providers of the wellness program and the people who utilize it. The Wellness Warriors program focuses on you. We are creating a culture of wellness at WSU, and in doing so, supporting a healthier YOU.

Join today, enrolling is easy!

The program runs on the calendar year, from January 1 – December 15. Enrollment takes place annually in the late fall, and the program starts January 1 of the following year.

NEW THIS YEAR! The Physician Qualification Form (PQF) Did you visit your doctor in 2017 for an annual physical? As an alternative to the onsite health screen, you may use the results from your 2017 annual physical. Submit the PQF to bypass the enrollment biometric health screening.

Enrollment is an annual election and you will need to re-enroll each year. If you are a newly hired employee or a late entrant, contact us via email to enroll at any time during the year at wellness@wayne.edu. For more information and enrollment instructions, please visit: <http://wellness.wayne.edu>

Benefits of Becoming A Wellness Warrior:

- Health Risk Assessment
- Biometric Screening
- Unlimited, confidential Wellness Coaching
- 1:1 Nutritional Consultations with our Dietitian
- Customized Services at Mort Harris RFC
- Nutrition Wellness Clinics & LifeAdvisor Workshops
- Weight Loss Programs
- 1:1 Financial Consultations
- Employee Assistance Programs
- Support and tools to help make healthy lifestyle choices



Other Wellness Programs

Ulliance Life Advisor Employee Assistance Program

Free and confidential assistance for you, your spouse/other eligible person and dependent children. For more information call: 1-800-448-8326 or visit www.LifeAdvisorEAP.com

Flu Shot Clinics: Each fall we provide flu shot clinics across campus. For more information, please visit: <http://hr.wayne.edu/tcw/wellness/flushots.php>

Lactation Support Rooms: We provide rooms across campus for nursing mothers. For more information, please visit <https://hr.wayne.edu/tcw/wellness/lactation-support>

Voluntary Benefits

Home and Auto Insurance

Wayne State University offers a voluntary employee benefit program for auto and home insurance that could save you time and money. As an employee of WSU, you could receive exclusive savings on your auto and home insurance through Liberty Mutual:

- You are eligible to receive exclusive group savings on their already competitive rates.
- You could save even more on your home insurance when you insure both your car and home with Liberty Mutual.
- You could get additional discounts based on your driving experience, car and home safety features, and more.
- Your choice of payment options, including payroll deduction, electronic checking account withdrawals, recurring credit card, or direct billing at home.



For more information and to obtain a free, no-obligation quote, please contact Liberty Mutual:

1-800-648-7944 Ext. 55109

www.libertymutual.com/ws

With Liberty Mutual, you'll also enjoy:

- 12 month policies vs. 6 month policies
- Access to Liberty Mutual's additional products such as motorcycle, condo, renters and personal liability insurance.
- 24/7 claims assistance, fast appraisals, and after-hours policy services.
- Convenient support by phone, online, or one-on-one with a local sales representative.
- As an Educator, additional endorsement coverages include:
 - o Waived deductible if your vehicle is vandalized on WSU property or while using it for WSU-related events
 - o Waived deductible if your vehicle is damaged from a collision while driving it for WSU business
 - o Up to \$2,500 coverage for personal education materials or WSU property that is stolen or damaged while in your vehicle

Long Term Care Insurance

WSU is pleased to provide coverage for Long Term Care (LTC) services. This coverage is available with the added protection of combining life insurance, cash value and LTC all in one policy, on an employee-paid basis to active benefits eligible employees and their family members. **The Wayne State University program option is Trustmark Universal Life Insurance with LTC Program.**

This program option has the flexibility of providing an affordable long term care benefit in combination with a death benefit. You have two types of policies to choose from.

Universal LifeEvents® insurance pays a higher death benefit during your working years when expenses are high and you need maximum protection. In your retirement years when your financial needs are lower, your death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary. Issue age is 18-64 for you and your spouse.

To review the Trustmark Universal Life Insurance with LTC Program in more detail call:

1-888-636-0112, Option #1

You also have the option to purchase a standard Universal Life insurance policy with all the same features as LifeEvents, except the death benefit does not reduce due to age. Issue age is up to age 80.

Benefits Directory

<i>Customer Service Contacts</i>	<i>Phone</i>	<i>Web</i>
Benefits & Wellness and HR Service Center Employee Benefits Statement Access via Academica	313-577-3000	Web: http://hr.wayne.edu Email: askhr@wayne.edu Fax: 313-577-0637
Medical		
Health Alliance Plan HMO/ Primary Care Physicians/ Providers	800-422-4641	www.hap.org
Prescription Mail Order (Pharmacy Advantage)	800-456-2112	www.hap.org/prescriptions/delivery.php
Total Health Care HMO/ Primary Care Physicians/ Providers	800-826-2862	www.thcmi.com
Prescription Mail Order (Envision Rx Options)	844-222-5584	www.envisionpharmacies.com
Blue Care Network HMO/ Primary Care Physicians/ Providers	800-662-6667	www.bcbsm.com
Prescription Mail Order (Express Scripts)	800-229-0832	www.express-scripts.com
Community Blue PPO	877-354-2583	www.bcbsm.com
Prescription Mail Order (Express Scripts)	800-778-0735	www.express-scripts.com
Blue Cross Blue Shield of Michigan	877-354-2583	www.bcbsm.com
Prescription Mail Order (Express Scripts)	800-778-0735	www.express-scripts.com
Vision		
EyeMed	866-939-3633	www.enrollwitheyemed.com
Dental		
Delta Dental	800-482-8915	www.deltadentalmi.com
Flexible Spending Accounts		
Discovery Benefits	866-451-3399	www.discoverybenefits.com
Family Medical Leave		
FMLA Source	877-462-3652	www.fmlasource.com
Life Insurance		
Sun Life Financial	800-247-6875	http://www.sunlife.com/us
Long Term Disability (LTD)		
CIGNA Claims	800-362-4462	www.cigna.com/customer-forms
Retirement Savings Plans		
Fidelity Investments	800-343-0860 800-642-7131 (Individual Counseling)	http://plan.fidelity.com/waynestateuniversity
TIAA-CREF	800-842-2776 800-842-2044 (Individual Counseling)	www.tiaa-cref.org/wayne
Wellness		
Wellness Warriors Program	313-577-3000	wellness.wayne.edu
Ulliance	888-699-3554 (Wellness) 800-448-8326 (Life Advisor EAP)	www.welliance.com/wsu/wsu_services.htm www.lifeadvisorEAP.com
University Pharmacy	313-831-2008	www.myuniversitypharmacy.com
Voluntary Benefits		
Liberty Mutual - Home & Auto Insurance	800-648-7944 Ext. 55109	www.libertymutual.com/wsu
Trustmark - Long Term Care Insurance	800-918-8877	http://www.trustmarkcompanies.com/

Forms

We have enclosed the necessary enrollment forms for medical, dental, and vision benefits, flexible spending accounts, life insurance and the 403(b) retirement savings plan, etc. or add tuition assistance, cash in lieu in this section. If you need additional forms, please visit our website.

- **Employee Benefit Enrollment/Change Form** - Use this form to enroll in a health plan, change health plans, or add a dependent.
- **Basic and Supplemental Life/AD&D Enrollment/Change Form** - Use this form to enroll in or make changes to your life insurance coverage, enroll your dependents in the dependent life insurance plan, and update your beneficiary (-ies).
- **Life Status Change/Benefit Plan Termination Form** – Use this form to notify the HR Service Center of Life Status Changes as described on the form.
- **Cash in Lieu Form** – Use this form to apply for cash in lieu of medical and/or dental insurance.
- **Flexible Spending Account Application** – Use this form to establish a flexible spending account.
- **403(b) Retirement Plan Salary Reduction Agreement** – Use this form to adjust your payroll contribution into your 403(b) Retirement Savings Plan.
- **Employee Tuition Assistance Application** – Use this form when applying for tuition assistance.
- **Spouse/Child Tuition Benefit Application** – Spouse/child of employees, use this form to apply for the dependent tuition benefit.

For all other forms, please visit:

<http://hr.wayne.edu/forms.php>

Please return completed forms to:
HR Service Center
5700 Cass Ave., Suite 3638
Detroit, MI 48202
Fax: 313-577-0637

Security Alert!!!

How to keep your personal information secured and safeguarded:

- Do not send forms containing SSN via email.
- Fax enrollment forms to our secured faxline (313) 577-0637
- Be wise about Wi-Fi – don't use for confidential transactions
- Mail all confidential/private documents in a secure envelope



Your Dependent’s Supporting Documentation Requirements

<i>Dependent Type</i>	<i>Supporting Documentation Required</i>
Legal Spouse*	Page 1 of the most current year’s Income Tax Form 1040 verifying marital status (please mark out any financial information). For dates of marriage in 2018 only – a copy of marriage certificate is required.
Other Eligible Person (OEP); age 26 or older	Proof of shared residence for 18 months (examples include: copy of lease/mortgage; financial documents; utility bill or other paperwork); and a copy of Driver’s License showing address same as WSU employee.
<i>Children Under Age 26</i>	
Children of Employee or Spouse by Birth or Adoption	Birth Certificate or adoption paperwork verifying you or your spouse as the parent.
Unmarried disabled dependent children	Birth certificate verifying you or your spouse as the child’s parent; and proof of continued incapacitation of child.
Children of Employee or Spouse under legal guardianship	A copy of court documents verifying guardianship by employee or legal spouse.
Principally Supported Children (not employees children by birth or marriage) through the end of the year they reach age 19	Page 1 of the most current year’s Income Tax Form 1040 listing dependent as a deduction (please mark out any financial information).
<i>Children 26 and Older</i>	
Unmarried disabled dependent children	Birth certificate verifying you or your spouse as the child’s parent; and proof of continued incapacitation of child (Contact HR Service Center for disabled dependent form)
<i>Other Dependents</i>	
Sponsored Dependent; age 26 or older	Page 1 of the most current year’s Income Tax Form 1040 listing dependent as a deduction (please mark out any financial information).
Senior Rider; age 65 or older	Page 1 of the most current year’s Income Tax Form 1040 listing dependent as a deduction (please mark out any financial information).

** If you are divorced or legally separated, your former spouse is ineligible for Wayne State University’s Medical Plan coverage on your medical plan.*

All applicable forms must be attached to the Benefits Enrollment/Change Form. Dependents will not be enrolled if supporting documents are not included.



Employee Benefit Enrollment/Change Form

Security Alert: Do not send this form via E-mail

Department Use Only:

Employee Name (Last, First) <i>Please print</i>	Banner ID	Social Security No.	Date of Birth
Street Address	City	State	Zip
Date of Hire	Work Phone	Home Phone	Email/Access ID

Please check one: New Hire Enrollment Open Enrollment Change Life Status Change (must supply Life Status Change form and proof of eligibility)

<p>Pre and Post Tax Medical Deductions Check Only One <input type="checkbox"/> I elect PRE-TAX deductions (Default) (3/A) <input type="checkbox"/> I elect POST-TAX deductions (4/B)</p> <p>Medical Insurance Check Only One (See rate schedules for plan costs.)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Total Health Care HMO (BTA/BTB)</td> <td><input type="checkbox"/> Community Blue PPO (BEA/BEB)</td> </tr> <tr> <td><input type="checkbox"/> Health Alliance Plan HMO (BCA/BCB)</td> <td><input type="checkbox"/> Blue Cross Blue Shield (BAA/BAB)</td> </tr> <tr> <td><input type="checkbox"/> Blue Care Network HMO (BBA/BBB)</td> <td><input type="checkbox"/> Cash In Lieu of Medical (BCM/L) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Waive Medical Coverage</td> </tr> </table> <p style="text-align: center;">For rate schedule and medical plan descriptions: http://hr.wayne.edu/health-welfare/med-insurance.php</p> <p>Vision Coverage: Check Only One <input type="checkbox"/> Basic (BVS) <input type="checkbox"/> Enhanced Buy-Up (BVE)</p> <p>Note that Basic vision insurance is bundled with medical insurance for all eligible groups. If you elect medical and are eligible, you will receive Basic vision coverage unless you elect Enhanced Buy-Up.</p> <p>Voluntary Vision Coverage: Non-Medical Plan Participants Only For those electing Cash In Lieu of Medical coverage, complete the Voluntary Vision Plan Enrollment Form to elect a voluntary vision plan. www.wayne.edu/hr/forms.php</p> <p>Dental Coverage Check Only One</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Delta Dental (BG3/BGA)</td> </tr> <tr> <td><input type="checkbox"/> Waive Dental Coverage (BG9)</td> </tr> </table> <p>Life/AD&D Insurance (BL5/A/3/4/D) (for eligible employee groups) The Basic and Supplemental Life/AD&D Enrollment/Change Form is on the back of this form.</p>	<input type="checkbox"/> Total Health Care HMO (BTA/BTB)	<input type="checkbox"/> Community Blue PPO (BEA/BEB)	<input type="checkbox"/> Health Alliance Plan HMO (BCA/BCB)	<input type="checkbox"/> Blue Cross Blue Shield (BAA/BAB)	<input type="checkbox"/> Blue Care Network HMO (BBA/BBB)	<input type="checkbox"/> Cash In Lieu of Medical (BCM/L) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.	<input type="checkbox"/> Waive Medical Coverage		<input type="checkbox"/> Delta Dental (BG3/BGA)	<input type="checkbox"/> Waive Dental Coverage (BG9)	<p style="text-align: center;">Department Use Only</p> <p>Eff Date: _____</p> <p>DOH: _____</p> <p>E Class: _____</p> <p>Med: _____</p> <p>Dental: _____</p> <p>Vision: _____</p> <p>Life: _____</p> <p>LTD: _____</p> <p>Sup Life: _____</p> <p>Dep Life: _____</p>
<input type="checkbox"/> Total Health Care HMO (BTA/BTB)	<input type="checkbox"/> Community Blue PPO (BEA/BEB)										
<input type="checkbox"/> Health Alliance Plan HMO (BCA/BCB)	<input type="checkbox"/> Blue Cross Blue Shield (BAA/BAB)										
<input type="checkbox"/> Blue Care Network HMO (BBA/BBB)	<input type="checkbox"/> Cash In Lieu of Medical (BCM/L) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.										
<input type="checkbox"/> Waive Medical Coverage											
<input type="checkbox"/> Delta Dental (BG3/BGA)											
<input type="checkbox"/> Waive Dental Coverage (BG9)											

Membership Information: Please provide requested information for self and each dependent you wish to enroll. If you are enrolling in a HMO plan (HAP, BCN, THC), you MUST select a Primary Care Physician and add to the table below for yourself and each dependent. The University reserves the right to request additional documentation to verify eligibility of all dependents. Valid social security numbers and required documentation must be submitted for all dependents being added to the plans.

Last Name	First Name	Social Security Number (Required)	Sex (M/F)	DOB (M/D/Y)	Relation Code*	Required Documentation (attach)	Primary Care Physician Name & ID # If HMO, must complete	Office Use
(Self)					S	N/A		
(Spouse/OEP)						1040/Other		
(Child)						Birth Certificate		
(Child)						Birth Certificate		
(Child)						Birth Certificate		

***Relation Code:** S=Employee, M=Spouse, C=Child, R=Senior Rider, O=Sponsored Dependent, H=Disabled Dependent, O=Other Eligible Person
 The information listed above is correct to the best of my knowledge. I authorize bi-weekly deductions, if appropriate, for insurance based on the current rates and any future rate increases. I certify that the names above are legal and eligible dependents. I understand that falsely certifying eligibility requirements in any respect could result in disciplinary action, that the University may request additional eligibility evidence, that I will be liable for all expenditures for coverage and benefits plus any administrative expenditure and that I must notify the HR Service Center immediately when a dependent becomes ineligible. I authorize release of the information listed above to the insurance plan I have selected for the purpose of obtaining coverage. The information will be provided to the insurance plan in electronic format. I have provided required documentation to support proof of dependency.

Employee Signature	Date
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Phone: 313-577-3000, Fax: 313-577-0637



Basic and Supplemental Life / AD&D Enrollment/Change Form



Security Alert: Do not send this form via E-mail

EMPLOYEE INFORMATION

Name		Soc Sec Number		
Address				
Date of Birth	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Hire	Banner ID	

EMPLOYEE COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Supplemental coverage Change beneficiary designation

REQUESTED AMOUNT	SUPPLEMENTAL LIFE/ AD&D (Coverage in addition to Basic Life)			
<input type="checkbox"/> Basic Life/AD&D only No cost to employee	<input type="checkbox"/> 1x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 2x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 3x annual salary – Supplemental Life/AD&D	<input type="checkbox"/> 4x annual salary – Supplemental Life/AD&D

¹ You may need to provide evidence of good health that is satisfactory to Sun Life before the coverage can become effective. This does not apply to coverage on children.

See worksheet Page to estimate supplemental cost

DEPENDENT COVERAGE – ENROLLMENT INFORMATION

Type of Enrollment (check one): Initial Enrollment Change in coverage¹ Cancel Dependent coverage

REQUESTED AMOUNT <i>An active employee may not be insured as both an employee and dependent. A child may not be insured by more than one employee of WSU.</i>	12-MONTH EMPLOYEE COST PER PAY	9-MONTH EMPLOYEE COST PER PAY
<input type="checkbox"/> Not electing dependent coverage	\$ 0.00	\$ 0.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person and \$10,000 Per Child (Other Eligible Person eligibility as determined by WSU)	\$ 2.25	\$ 3.00
<input type="checkbox"/> \$20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)	\$ 1.50	\$ 2.00
<input type="checkbox"/> \$10,000 Per Dependent Child Only (to age 26 per WSU eligibility rules)	\$ 0.75	\$1.00

BENEFICIARY DESIGNATION

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. If you need assistance, contact your benefits administrator or your own legal counsel. If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example “33% to Mary Jones, Mother and 67% to Edith Jones, Wife.” If a Trust is named, please indicate the date the Trust was established.

The beneficiary for Life/AD&D insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise, the estate of the spouse and children, subject to policy provisions.

Full Name	Address	Soc Sec Number	Relationship	Date of Birth	%
Primary					
Contingent					

I understand that if I decline Supplemental Life coverage when initially eligible, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Sun Life Financial and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy and I must notify WSU when my dependent(s) become ineligible.

Life Insurance options not available to all employee groups. See Benefits Handbook for eligibility information.

Employee Signature	Date
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Phone: 313-577-3000, Fax: 313-577-0637



Life Status Change/Benefit Plan Termination Form

**Submit Within
30 days of the
life status change**

*You MUST attach this form and proof of the life status change to a completed
Employee Benefit Enrollment/Change Form to add dependents*

Security Alert: Do not send this form via E-mail

Employee Name (Last, First) <i>Please print</i>	Banner ID	Social Security No.	Date of Birth
Street Address	City	State	Zip
Date of Hire	Work Phone	Home Phone	Email/Access ID

You can change the level of coverage under your medical/vision/dental/life (plans are interlocking enrollments) plans during the year **only** if you experience a change in your family status. The Internal Revenue Code defines a Life Status Change as one of the following:

- Marriage, divorce, or other eligible person
- Change in eligibility status of your dependent child
- Birth or adoption of a child
- Judgment, decree or order
- Death of a dependent
- Medicare entitlement
- Change in employment status of you or your spouse resulting in loss or gain of coverage
- Unpaid Leave of Absence

Internal Revenue Code Section 125 requires that your benefit change must be consistent with the Life Status Change. Your Life Status Change MUST be reported within 30 DAYS of the event. Your new election will be effective the first of the month. The addition of a child due to birth or adoption will be effective as of the date of birth or adoption if the Life Status Change is reported within 30 days. Marriages and other eligible people will be effective as of the date of marriage or successfully meeting OEP requirements when reported prior to the life event. If you fail to report a Life Status Change within 30 days of the event, you cannot make any changes in your coverage until the next annual Open Enrollment or next qualifying event.

You must also provide proof of the Life Status Change such as a proof of new coverage, a letter from a previous employer indicating termination of coverage, a copy of the birth certificate for the birth of a child, marriage certificate, etc. This form along with supporting documentation must be submitted within 30 days of the event. The chart on page 30 of the Active Employee Benefits Handbook lists supporting documentation required for each qualifying event. Documentation must be sent along with this form.

Description of Event (check one of the above descriptions): Date of Event: _____

Use the table below for terminations. If enrolling a dependent in coverage, skip this section and submit a Benefit/Enrollment Change Form (Page 31)

Last Name	First Name	Social Security Number (Required)	DOB (M/D/Y)	Relation Code*	Reason for Termination of Coverage
Self)					

*Relation Code: S=Employee, M=Spouse, C=Child, R=Senior Rider, O=Sponsored Dependent, H=Disabled Dependent, O=Other Eligible Person
Office Use Only: () SCOV () BCOV () SELG

Authorization: I understand that falsely certifying eligibility requirements in any respect could result in disciplinary action, that the University may request additional eligibility evidence, that I will be liable for all expenditures for coverage and benefits plus any administrative expenditure and that I must notify the Total Compensation and Wellness Department immediately when a dependent becomes ineligible. I certify that the information provided is true and correct. I authorize the University to change my benefit enrollments and to adjust my payroll deduction in accordance with the changes I have requested.

Employee Signature	Date
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Phone: 313-577-3000, Fax: 313-577-0637



Cash In Lieu of Medical Form

For benefit eligible classifications only

Department Use Only:

Cash: _____ -01 LTD: _____ Eff Date: _____

Dental: _____ Sup Life: _____ DOH: _____

Life _____ Dep Life: _____ E-Class: _____

Employee Name (Last, First) <i>Please print</i>	Banner ID	Access ID	Date of Birth
Street Address	City	State	Zip
Date of Hire	Work Phone	Home Phone	Email

Please check each box if you would like to:

- Enroll in Life Insurance (attach Basic and Supplemental Life/AD&D Enrollment/Change form)
- Enroll in Dental (attach Employee Benefit Enrollment/Change Form)
- Enroll in Voluntary Vision (attach Voluntary Vision Plan Enrollment Form)

Please read each of the following statements and check each box:

- I certify that I am covered by another health plan and have attached (an official document) verification of my coverage offered through:

Insured's Name: _____

Insured's Employer: _____

Medical Plan (See attached Proof of coverage): _____

(Plan listed is not a WSU Medical Plan)

- I understand this verification must be provided by the employer providing my insurance and must indicate that I am currently covered. **An ID card is insufficient proof of coverage*. Without proof of coverage, this form cannot be processed.**
- I understand that, by exercising the election to receive biweekly payments, I will receive no benefits or coverage from any Wayne State University group medical plan. If I wish to enroll in any of Wayne State University's group medical plans at a later date, I will be subject to that plan's enrollment rules. If I am added as a dependent to a WSU plan at a later date, I will notify WSU to terminate the cash benefit.
- I understand that under no circumstances will the cash benefit be made retroactive.
- I understand that if I am a nine-month employee and elect to enroll in any Wayne State University group medical plan mid-year, I will owe the University for pre-payment of the cash benefit made to me for the summer months.
- I understand that my eligibility for cash is subject to an annual recertification process.
- I understand by electing cash in lieu, I am not eligible for subsidized dental or bundled vision (AAUP, Non-Rep, or GEOC ONLY). I have the option to elect voluntary coverage.
- I certify that I am covered by another non-WSU medical and/or dental plan(s). I certify that I will maintain coverage in this medical and/or dental insurance plan(s) on an ongoing basis and I agree to notify the HR Service Center within 30 days if I lose coverage under the medical and/or dental insurance plan(s).
- I certify that my tax family will have Minimum Essential Coverage for the entire plan year. "Tax family" includes myself and all other individuals for whom I reasonably expect to claim a personal exemption deduction for the taxable year covered by the opt-out time period. I understand "Minimum Essential Coverage" does not include coverage purchased in the individual market, whether or not obtained through the Marketplace.

*An identification card is acceptable for Canadian citizens under OHIP coverage.

Employee Signature	Date
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Phone: 313-577-3000, Fax: 313-577-0637



Flexible Spending Account Application

Department Use Only

Employee Name (Last, First) <i>Please print</i>	Banner ID	Date of Birth	
Street Address	City	State	Zip
Date of Hire	Job Title/Union Affiliation	Day Phone	Email Address

Check one: 12-Month Employee 9-Month Deferred Employee 9-Month Employee

	Health Care Reimbursement Account	Dependent Care Reimbursement Account
	Allows you and your eligible dependents to save tax dollars on health care expenses.	Allows you to save tax dollars on dependent day care expenses.
Minimum Annual Election	\$130	\$208
Maximum Annual Election	\$2,600	The lesser of: <ul style="list-style-type: none"> ▪ \$5,000 for married individuals filing a joint return or for unmarried individuals; ▪ \$2,500 for married individuals filing separately; ▪ Your earned income; or ▪ Your spouse's earned income
Your Annual Election	\$	\$

- I authorize my employer to reduce my pay on a per-pay-period basis for the annual amount elected.
- I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a qualifying event as defined by Internal Revenue Code Section 125 and submit my request within 30 days of that event.
- I am aware of the plan's forfeiture provision and that any amount remaining in my account beyond the defined deadline I will lose.
- I understand that Social Security and Medicare taxes are not being withheld on the amount of the reduction under this election.
- If my employment terminates, only medical expenses incurred through my period of coverage as defined in the Plan can be considered for reimbursement.
- When using the Debit Card, I agree to use the card for eligible expenses only and will submit all itemized receipts.
- Further, I authorize the release of any information necessary to substantiate claims submitted against my Flexible Spending Account.

Employee Signature	Date

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637

Security Alert: do not send via E-mail



403(b) Retirement Plan Salary Reduction Agreement

Name <i>Please Print</i> (Last, First, Middle Initial):	
Banner ID No:	E-mail Address:

Choose One: New Enrollment (Complete Sections 1-3) Change to Existing Elections (Complete section 2 and 3 only)

Section 1 New Enrollment (Please complete all questions)

I have completed the On-Line Enrollment with:	<input type="checkbox"/> TIAA	<input type="checkbox"/> Fidelity
My Date of Hire is _____ (MM/DD/YYYY)	I am a rehire:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My Date of Birth is _____ (MM/DD/YYYY)	I am age 26 or older :	<input type="checkbox"/> Yes <input type="checkbox"/> No
I will be sending proof for the Waiver of Service Requirement:	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable

Section 2 Employee Contribution Election (Complete all blanks)

<p>I elect to make Employee Contributions (in whole percentages only) to the BASE PLAN for the following Investment Carriers. I understand that these contributions WILL be matched by University Contributions and are fully vested at all times. (Indicate a percentage of your annual salary below.) _____ % to TIAA _____ % to Fidelity Investments _____ % TOTAL</p>
<p>I elect to make additional Employee Contributions (in whole percentages only) to the SUPPLEMENTAL PLAN at TIAA. I understand that these contributions WILL NOT be matched by University Contributions and are fully vested at all times. _____ % to TIAA</p>

Section 3 University Contribution Election (Complete all blanks)

<p><input type="checkbox"/> Default Option: I elect to have my University Contributions allocated in the same proportion as my employee contributions. I understand that these contributions WILL BE vested after I have 2 Years of Service. The University will match up to 10%.</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> I elect to manually allocate University Contributions in the following proportions: _____ % to TIAA _____ % to Fidelity Investments</p>
--

AGREEMENT - I understand and agree to the following terms and conditions:

This Salary Reduction Agreement affects contributions from my pay checks on dates after this Agreement is received by Benefits and Wellness. I understand that contributions will not be retroactive. I understand my Employee Contributions are subject to limitations in Sections 402(g) and 415 of the Internal Revenue Code (IRC). For employees age 50 and over, this amount will include any additional catch-up contributions permitted under IRC 414(v). The University may lower or cancel my contributions to keep my contributions within the limits of the IRC. This Salary Reduction Agreement will remain in effect until I complete a new agreement or until it is determined that this salary reduction will cause me to exceed the plan limits on contributions. This Salary Reduction Agreement shall be legally binding while my employment continues; however, either party may terminate or otherwise modify this Agreement.

Employee Signature

Date

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu



Employee Tuition Assistance Application

Employee Name (Last, First) <i>Please print</i>	Banner ID	Access ID	Age 60+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title	Work Phone	Date of Hire	

I am a graduate student, actively engaged in teaching or research and enrolled in a degree-seeking graduate program? Yes No

Year: _____ Term: Fall Winter Spring/Summer
 Revised Application (change to originally submitted application)

Course Number - Subject	Credit Hours

HOW TO APPLY: Submit this form AFTER completion of the Registration Process. This form must be submitted to Benefits and Wellness no later than 10 business days after the Last Day for Tuition Cancellation for the term for which benefits are requested. If the number of courses or credits changes, send a new application form, marked REVISED. For further program details see our website: <https://wayne.edu/hr/tuition-assistance/index.php>

SUMMARY OF PROGRAM RULES:

- **ELIGIBLE EMPLOYEE** - An employee must be an Eligible Employee with a hire date on or before the last day of the Open Registration Period for the term for which benefits are requested.
- **REASONS FOR FORFEITURE OF BENEFIT** - The employee must remain on the WSU payroll until the end of the term for which benefits are requested, or benefits will be forfeited. The employee is required to successfully complete the courses. The employee must earn a passing grade for undergraduate courses of "D" or better and for graduate courses of "C" or better, or benefits will be forfeited. Benefits will be forfeited if the employee drops, withdraws, or takes an incomplete.
- **TAXATION OF BENEFIT** - * Graduate level courses may be subject to income tax. Certain graduate students classified as research assistants who are actively engaged in teaching AND research will be exempt from taxation on graduate coursework.
- **OTHER** - The Tuition Benefit is calculated on tuition, omnibus fee and registration fee. The student is responsible for all other charges.
- The student must abide by all rules established by the Registrar or Student Accounts Receivable.

EMPLOYEE CERTIFICATION:

By typing or signing my name below, I certify that I am an Eligible Employee of Wayne State University and that the above information is complete and accurate and I am familiar with the eligibility and forfeiture requirement.

EMPLOYEE PROMISSORY NOTE:

In consideration for being allowed to register and attend classes at Wayne State University pursuant to the University's Tuition Assistance Benefit Program during the Year _____ Term _____, I, _____, in the event I fail to satisfy any of the requirements for Employee Tuition Assistance Benefits, promise to pay to Wayne State University, upon demand, a sum equivalent to the tuition benefit. I authorize Wayne State University to collect this sum from any amounts due to me from Wayne State University including, but not limited to, compensation in the form of salary and/or wage payments up to the maximum amount allowed by union contract, University policy and other applicable law, until the entire amount of my obligation has been satisfied. By typing or signing my name below, I certify that I have read and understand this agreement and agree to be bound by its terms.

Employee Signature	Date
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HR Use Only:

Employee Class	Appoint Percent	Date of Hire	Credit Hours	Level	College	Residence	Class	Benefit Amount

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu



Spouse/Child Tuition Benefit Application

Year: _____ Term: Fall Winter Spring/Summer
 Revised Application (change to originally submitted application)

STUDENT INFORMATION

Student Name (Last, First, Middle Initial)	Birth Date: (mm/dd/yy):	WSU Banner ID:	<input type="checkbox"/> YES Age 60+ <input type="checkbox"/> NO
Relationship (check one): <i>University may request proof of eligibility</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child – Less Than Age 26 <input type="checkbox"/> Other Eligible Person (OEP) <input type="checkbox"/> Child of OEP – Less Than Age 26		Is the student claimed as a dependent on the employee’s 1040 for the calendar year containing the term for which the tuition benefit is requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL Credit Hours Requested for Tuition Benefit:

EMPLOYEE INFORMATION

Name (Last, First, Middle Initial)	WSU Banner ID		
Employed in School, College Or Division	Job Title	E-Mail address Or access ID	

HOW TO APPLY: Submit this form AFTER completion of the Registration Process. This form must be submitted to TCW no later than 10 business days after the Last Day for Tuition Cancellation for the term for which benefits are requested. If the number of courses or credits changes, send a new application form, marked REVISED. For further program details see our website: <https://wayne.edu/hr/tuition-assistance/index.php>

SUMMARY OF PROGRAM RULES:

- **ELIGIBLE EMPLOYEE** - An employee must be an Eligible Employee with a hire date on or before the last day of the Open Registration Period for the term for which benefits are requested.
- **ELIGIBLE SPOUSE/OEP** - A Spouse or Other Eligible Person status must be met as of the first day of classes for the term for which benefits are requested. **ELIGIBLE CHILD** - A child is eligible if he/she is the child or stepchild of an Eligible Employee (or of his/her Spouse/Other Eligible Person) AND is less than 26 years as of the first day of classes for the term for which benefits are requested.
- **REASONS FOR FORFEITURE OF BENEFIT** - If the employee does not remain on the WSU payroll until the end of the term for which benefits are requested, the Spouse/Child Tuition Benefit is not forfeited; however, no future Tuition Benefits will be paid by WSU. For certain groups of Eligible Employees, the enrolled Spouse/Child must earn a passing grade for undergraduate courses of “D” or better and for graduate courses of “C” or better, or benefits will be forfeited. See your union contract.
- **TAXATION OF BENEFIT** - Graduate level courses, undergraduate level courses of OEP or Child of OEP and coursework of a person who is not qualified as the Eligible Employee’s tax dependent will be subject to income tax. For definition of tax dependent see <https://wayne.edu/hr/tuition-assistance/index.php>
- **OTHER** – The Tuition Benefit is calculated on tuition only (no fees); the student is responsible for all other charges. The Tuition Benefit is not available for Spouse/Child for coursework in the MD, JD or PharmD programs. The employee and student must abide by all rules of the Registrar or Student Accounts Receivable.

EMPLOYEE CERTIFICATION: By typing or signing my name below, I certify that I am an Eligible Employee of Wayne State University and that the above information is complete and accurate and I am familiar with the eligibility and forfeiture requirements.

If I am a part-time faculty member, I will be teaching _____ credits this term.

Employee’s Signature (e-signature) Date

SPOUSE/CHILD PROMISSORY NOTE: In consideration for being allowed to register and attend classes at Wayne State University pursuant to the University’s Reduced Tuition Benefit Program during the Year _____ Term _____, I, _____, in the event I fail to satisfy any of the requirements for Reduced Tuition Benefits, promise to pay to Wayne State University, upon demand, a sum equivalent to the tuition benefit. By typing or signing my name below, I certify that I have read and understand this agreement and agree to be bound by its terms.

Spouse/Child’s Signature (e-signature) Date

HR USE ONLY:

Employee Class	Appoint Percent	Date of Hire	Benefit Eligible	Credit Hours	Level	College	Residence	Class	Benefit Amount

Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu

Legal Notices

Providing False Information

Employees who submit false information intended to provide health care coverage for alleged dependents not eligible for such coverage may be subject to discipline up to and including discharge. Such employee will also be held financially responsible for all claims filed, and will be required to reimburse the University for any payments made on behalf of or for the benefit of an ineligible person claimed as a dependent.

Disclaimer

This booklet is intended as a convenient summary of the benefits for active benefits eligible employees effective January 1, 2018. This booklet does not cover all provisions, limitations and exclusions. It is not intended to and does not create an express implied contract of employment. It does not contain any promises by the University and the University is not legally or otherwise bound by it. Wayne State University reserves the right to amend, modify, or terminate these Plans at any time and in any manner.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under each of the University-sponsored medical plans.

Creditable Coverage Notice (Medicare Part D)

If you are age 65 or older or Medicare eligible due to end-stage renal disease or due to other disability, please read this notice carefully. This notice has important information about your current prescription drug coverage with Wayne State University and prescription drug coverage available for people with Medicare.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Wayne State University has determined that the prescription drug coverage included in the WSU medical insurance plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and, therefore, is considered Creditable Coverage.

Because you currently have creditable prescription drug coverage through a WSU medical insurance plan as a covered employee or spouse, you do not need to enroll in Medicare prescription drug coverage at this time.

Please be aware if you drop or lose your WSU medical insurance coverage and don't enroll in Medicare prescription drug coverage after your WSU coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage (e.g. considered creditable coverage), your monthly premium for a Medicare prescription drug plan will go up at least 1% per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19 percent higher than what most other people pay.

You'll have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until the following October to enroll.

If You Become a WSU Retiree, What Are Your Options Under the WSU Medical Insurance Plan?

1. You can elect to continue your WSU medical insurance coverage and NOT enroll in Medicare Part D.

Since WSU medical insurance coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can elect to keep your WSU coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage. Each year from October 15 through December 7, you will have the opportunity to enroll in a Medicare prescription drug plan. However, if you lose your current creditable prescription drug coverage, you will also be eligible for a two-month Special Enrollment Period to join a Medicare prescription drug plan. (Please note you cannot have both WSU medical insurance and a Medicare prescription drug plan. The WSU medical insurance plans do not coordinate with the Medicare prescription drug plans.)

2. You can choose not to continue your WSU coverage AND enroll in alternative medical and prescription coverage (e.g., a Medigap plan and a Medicare prescription drug plan, or a Medicare Advantage plan).

If you decide to enroll in a Medicare prescription drug plan, you and your eligible dependents will not be eligible for WSU medical insurance coverage. You will want to consider a Medigap or Medicare Advantage plan to replace your WSU coverage. If your spouse is not enrolled in Medicare, you will need to purchase alternative coverage (e.g., individual coverage) for your spouse.

If you choose not to continue WSU retiree coverage you may re-enroll in WSU coverage during our annual retiree open enrollment in November/December with coverage effective January 1. However, you MUST disenroll from any Medicare prescription drug plan. WSU medical insurance plans do not coordinate with Medicare prescription drug plans. Coverage will not be available through Wayne State University for your spouse alone.

For more information about this notice or your current coverage: If you would like more information about this notice or your current coverage, contact the department of Benefits & Wellness at (313) 577-3000. You may receive a Creditable Coverage Notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may also request a copy from the department of Benefits & Wellness.

For more information about your options under Medicare prescription drug coverage: More detailed information about Medicare plans that offer prescription drug coverage will be available in the “Medicare & You” handbook. You may receive a copy of the handbook in the mail from Medicare. If not, you can request a copy by calling Medicare at 1-800-633-4227. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov for personalized help
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). **Remember:** Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Your Rights & Responsibilities Under the Family & Medical Leave Act

FMLA requires covered employers to provide unpaid, job protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year and for 1,250 hours over the previous 12 months, work at a site with at least 50 employees within 75 miles, and have leave time available.

Reasons for taking leave:

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave:

- To care for the employee’s child after birth, or placement for adoption or foster care;
- To care for the employee’s spouse, son, daughter, or parent who has a serious health condition;
- To address certain qualifying exigencies arising from an employee’s spouse, son, daughter, or parent on active duty or call to active duty in the National Guard or Reserves in support of a contingency operation;
- For incapacity due to pregnancy, prenatal medical care, or post-partum recovery;
- For a serious health condition that makes the employee unable to perform his or her job.

Qualifying exigencies may include attending certain military events, arranging for alternative child-care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post deployment reintegration briefings.

FMLA requires covered employers to provide a special leave entitlement of up to 26 weeks of unpaid, job-protected leave to care for a covered servicemember during a single, 12-month period. A covered servicemember is a current member of the Armed Forces (including Guard and Reserves), who has a serious injury or illness incurred in the line of active duty that may render the servicemember medically unfit to perform his/her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Use of Leave

An employee does not need to use this leave entitlement in one block. When medically necessary, leave may be taken on an intermittent or reduced-schedule basis. Employees must make reasonable efforts to schedule leave for planned medical treatment so as to not unduly disrupt the employer’s operations.

Definition of a Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Benefits and Protections:

While on FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA cannot result in the loss of any employment benefit that accrued prior to the start of the employee’s leave.

Substitution of paid leave for unpaid leave:

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

Employee Responsibilities

Employee must provide 30-days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedure.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health-care provider, or the circumstances supporting the need for military family leave. Employees must also inform their employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees may also be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If the employee is eligible, the notice must specify any additional information required along with a copy of this notice. If the employee is not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or related to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information

Please contact the nearest office of the Wage and Hour Division, listed in most telephone directories under US Government – Department of Labor, or contact your human resource department.

Notice of Privacy Practices

This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully. If you have any questions about this notice, please contact the department of Benefits & Wellness at (313) 577-3000.

Who Will Follow This Notice

This notice describes the medical information practices of Wayne State University group health plan (the “Plan”) and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment (as described in applicable regulations). We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: underwriting, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; arranging for medical review, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and general Plan administrative activities.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan maintained by Wayne State University for purposes of facilitating claims payments under that plan. In addition, medical information may be disclosed to Wayne State University personnel solely for purposes of administering benefits under the Plan.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the department of Benefits & Wellness. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to request a change for as long as the information is kept by or for the Plan.

To request a change, your request must be made in writing and submitted to the department of Benefits & Wellness. In addition, you must provide a reason that supports your request.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to change information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the change;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list of accounting of disclosures, you must submit your request in writing to the department of Benefits & Wellness. Your request must state a time period which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first accounting you request within a 12 month period will be free. For additional requests, we may charge you for the costs of providing the accounting. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request.

To request restrictions, you must make your request in writing. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the department of Benefits & Wellness. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

We have the right to deny these requests.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, <http://hr.wayne.edu>

To obtain a paper copy of this notice, contact the department of Benefits & Wellness at 313-577-3000.

Changes to This Notice

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the department of Benefits & Wellness at (313) 577-3000. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, contact the department of Benefits & Wellness.

The Children's Health Insurance Program Reauthorization Act of 2009 added the following two special enrollment opportunities:

- The employee's or dependent's Medicaid or CHIP (Children's Health Insurance Program) coverage is terminated as a result of loss of eligibility; or
- The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

It is your responsibility to notify the department of Benefits & Wellness within 60 days of the loss of Medicaid or CHIP coverage, or within 60 days of when eligibility for premium assistance under Medicaid or CHIP is determined. More information on CHIP is provided later in this document

Coverage Under Michigan's Abortion Insurance Opt-Out Act

Fully insured plans in Michigan can no longer cover elective abortion unless a group rider is purchased. In order to maintain our current coverage under the Blue Care Network and Total Health Care HMOs, elective abortions will be included as a rider. This rider applies to all plan participants enrolled in the Blue Care Network and Total Health Care HMOs and cannot be declined on an individual basis. Your covered dependents may use this coverage without notice to you.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days** of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: www.myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidplrecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid:
Website: <http://www.indianamedicaid.com>
Phone: 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 1-603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022, ext.15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Telephone: 1-307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

- U.S. Dept. of Labor, Employee Benefits Security Administration: <http://www.dol.gov/agencies/ebsa>
Phone: 1-866-444-EBSA (3272)
- U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services: <http://www.cms.hhs.gov/>
Phone: 1-877-267-2323, Menu Option 4, Extension 61

Frequently Asked Questions

Medical, Dental, Vision and Life Insurance

Is enrollment automatic?

No. Employees in benefits eligible jobs, must enroll in medical, vision and dental within 30 days from the date of hire. If employees miss the 30 day enrollment period, changes can be made during the annual Open Enrollment period (held during October/ November). Any changes made during Open Enrollment will go into effect January 1st of the following year.

How long can I keep my children as dependents on my insurance?

Children may remain on the insurance plan without having to provide proof of dependency or student status until age 26. The child may stay on the insurance coverage through the end of the month of their 26th birthday. Supporting documentation is required for all dependent coverage.

After enrollment, will I receive ID cards for my medical, dental and vision plan enrollments?

The medical plans mail ID cards after the effective date of coverage to the employee's home address as it appears on the Banner mailing address. Medical ID cards are issued within 10 business days after your form has been submitted to the HR Service Center for processing. ID cards are not issued for dental (the dentist will submit your social security number to verify your coverage) and Eye Med will issue an ID card for vision (the vision provider will use your Banner ID for identification purposes).

If I did not receive or lost my insurance card(s), what do I do?

Contact the medical carrier to request a new card and verify your mailing address on file with the medical carrier. For a list of carrier contact numbers and websites, see the Benefits Directory on page 30.

How can I review my coverage and covered dependents online?

Approximately 3-5 business days after your enrollment forms have been submitted to the HR Service Center for processing, Log in to Academica.

- Select Employee Resources tab
- Select Employee Self-Service
- Select Benefits and Deductions
- Select Benefits Statement

When should I add my newborn baby to my health insurance coverage?

The HR Service Center requires employees celebrating the birth of a child to complete the enrollment forms within 30 days after the birth of the child. The effective date of coverage will be retroactive to the beginning of the month in which the child is born and premiums will be due accordingly. Failure to submit the enrollment form within the regulations deadline will result in the dependent not being added to the benefit plan.

Can I keep my health insurance coverage after I terminate from the University?

Yes. COBRA federal law allows you to continue health, dental and vision coverage for up to 18 months following termination. COBRA Election forms will be mailed to your mailing address on file, by Automated Benefit Services. COBRA elections must be submitted within 60 days of receipt of the election form with no gap in coverage.

How do I see my Primary Care Physician (PCP) or have prescriptions filled before I get my I.D. card?

Contact the medical carrier for your group number and identification number. For a list of contact numbers see the Benefits Directory provided on page 30.

I called my medical/dental/vision/ company and they are stating that I do not have coverage. What do I need to do?

Review your paycheck to ensure premiums have been deducted for the coverage and review your Benefits Statement. Please contact the HR Service Center for assistance (313) 577-3000, have your nine digit Banner ID on your One Card available when you call.

Other General Inquiries/Changes**How do I process an address change?**

Log in to Academica.

- Select Employee Resources tab
- Select Employee Self-Service
- Select View Personal Info
- Select Update Address and Phone

How do I obtain proof of employment and salary information?

This service is available anytime, anywhere – available 24 hours a day, 7 days a week, if your employment is after 2003.

Option a) visit the work number website www.theworknumber.com, Option b) call 1 (800) 367-2884, use employer code 12436.

If your employment is before 2003 call the HR Service Center (313) 577-3000 or send an e-mail request to askhr@wayne.edu.

How do I apply for other jobs at WSU?

All job applications are submitted online via www.jobs.wayne.edu, this is where you will also go to check the status of any job you may have applied for.

How do I process a name change?

You must complete a signed affidavit and bring the document along with valid picture ID (One Card or Driver's License) and a signed social security card containing your new name, to the HR Service Center, 5700 Cass, Suite 3638, Detroit, Michigan 48202.

Glossary

403(b) – A retirement investment plan for employees in which a contributor defers taxation on contributions until after withdrawal. Under a traditional 403(b), an employee places a portion of his/her pre-tax income into a 403(b) account and allows it to be invested. Taxation is deferred until withdrawal from the account, generally after retirement. Enrollment in the 403(b) is not automatic, you must elect to enroll.

Beneficiary – The person (or entity) who you want to receive any life insurance (or retirement) benefits which are payable in the event of your death.

COBRA – Under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), employers of 20 or more employees are required to include a coverage continuation provision in their group medical benefit plans. This provision gives an employee whose employment is terminated for any reason other than gross misconduct the right to continue coverage for up to 18 months. The continued coverage must be elected within the COBRA election period, is paid for by the employee, who may be charged no more than 102 percent of the group premium rate.

Copayment (Copay) – A flat fee that you pay for some services, at the time you receive treatment, such as a one-time per visit charge at the doctor's office or your prescription drugs.

Deductible – Depending on your plan, you may be required to pay all healthcare plan costs until you meet a certain payment amount known as the "deductible." Once you have paid those costs, or "once you have met the deductible," then the plan will begin paying benefits in accordance to the plan provisions. (Applies to Blue Cross Blue Shield, Community Blue – Out of Network and DMC Out of Network).

Family and Medical Leave Act (FMLA) – A Federal law that guarantees up to 12 weeks of job protected leave for certain employees when they need to take time off due to serious illness or disability, to have or adopt a child, or to care for another family member (See WSU specific policy) When on leave under FMLA, you can continue coverage under your job-based plan.

Flexible Spending Accounts (FSA) – Accounts regulated by IRS Section 125. Allows you to reduce your salary and pay on a pre-tax basis for unreimbursed healthcare expenses for you and your dependent(s) (i.e. deductibles, copays, dental and vision expenses) and/or dependent day care expenses (i.e. care for a child, elderly parent or disabled spouse).

Inpatient – Person who receives medical, dental or other health-related services while lodged in a hospital or other healthcare institution for at least one night.

Life Insurance – Specified amount of money to be paid to the insured's designated beneficiaries upon death of the insured.

Long-Term Disability (LTD) – Provides partial income protection against income loss due to illness or injury. Benefits are payable after six months of disability.

Outpatient – Person who receives medical, dental or other health-related services in a hospital or other healthcare institution but who is not lodged there.

Personal Care Physician (PCP) – An affiliated physician, who has agreed to coordinate the medical care of members. A personal care physician may practice in the area of family practice, internal medicine or pediatrics.

Prescription Drugs

Formulary – A plan approved list of prescription drugs and their appropriate dosages felt to be the most useful and cost effective for patient care.

Tiers – prescription drugs in the formulary are grouped into different “tiers.” Your drug copay will vary, depending on the tier. For example, our tiers are as follows:

Tier 1: Generic drugs

Tier 2: Preferred brand drugs

Tier 3: Non-preferred brand drugs

Generic Drug – A drug with the same active ingredients and equivalent composition as its brand name counter-part. Generally, it is exactly the same as a brand-name drug and is allowed to be produced after the brand-name drug’s patent has expired. The lowest copay amount is applied when generic drugs are elected.

Preferred Brand Name Drugs - This tier includes preferred, brand-name drugs that don’t have a generic equivalent. These drugs are more expensive than generics and members pay a higher prescription drug copay for them.

Non-Preferred Brand Name Drugs - This tier includes brand-name drugs for which there is either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay the highest prescription drug copay for these drugs.

Preventive Care – Healthcare which emphasizes prevention, early detection and early treatment, thereby reducing the costs of healthcare in the long run. Preventive care includes regular medical check-ups, screening tests, and vaccinations.

Urgent Care Center – Facility that provides care and treatment for problems that are not life-threatening, but require attention over the short term. Generally services that are an urgent medical condition that is not life threatening, but may require prompt attention. Sprained ankles, most burns, and minor wounds requiring stitches are typical examples of urgent conditions which could be handled by an urgent care center.

This is Wayne State University

Wayne State has been an innovative urban center of higher learning since 1868, when a group of civil war doctors envisioned a better world through better medicine. Since our founding as the Detroit Medical College, we've grown to become one of the 50 largest public universities in the United States, offering more than 380 degree and certificate programs through 13 schools and colleges.

- One of the nation's 50 largest public universities, with Michigan's most diverse student body.
- More than 340 degree and certificate programs in 13 schools and colleges.
- Annual research expenditures of nearly \$214 million.
- More than 400 student organizations.
- More than \$338 million in financial aid was awarded in 2015; lowest undergraduate resident tuition of Michigan's three research universities.
- Affiliations with more than 100 institutions worldwide.
- Classified as "doctoral university: highest research activity" by the Carnegie Classification of Institutions of Higher Education.
- Wayne State is a partner with Michigan State University and the University of Michigan in the University Research Corridor, helping create a vibrant state economy.
- Wayne State's swimming and diving teams have swept the Great Lakes Intercollegiate Athletic Conference (GLIAC) Swimming and Diving Championships four years in a row.
- More than 1,600 students study at the School of Medicine, which boasts a residency match rate above the national average.
- More than 1,150 new jobs created through TechTown, Wayne State's research park and business incubator, between 2007 and 2013.
- The Hilberry Theatre is the nation's first and longest-running university graduate repertory theatre.
- Seventh-largest Detroit employer.
- Alumni of the College of Fine, Performing and Communication Arts include a Pulitzer Prize-winning journalist and recipients of and nominees for the Grammy, Emmy, Tony, Golden Globe, Obie, Screen Actors Guild and Caldecott awards.
- A leader in green technology, the College of Engineering was first in the nation to launch an electric-drive vehicle engineering program and offer an alternative energy technology master's program.
- Home to the only National Institutes of Health branch dedicated to the study of premature birth and infant mortality. Since locating to Detroit in 2002, the Perinatology Research Branch (PRB) has produced lifesaving research, cared for more than 20,000 at-risk mothers, contributed more than \$350 million to Michigan's economy, and employed more than 130 physicians, researchers and staff members.
- Study abroad opportunities in 29 countries on five continents.
- One of only six Michigan universities selected for the Woodrow Wilson Teaching Fellowship program, designed to address a significant shortage of math and science teachers.
- Seventy-five percent of WSU's 260,000 alumni live in Michigan, providing leadership for the state's economic renewal.
- About 30 percent of Michigan's practicing physicians — and more than 40 percent of practicing physicians in Wayne, Oakland and Macomb counties — received all or part of their medical training at Wayne State University.
- Seventy-five percent of Wayne State Law School graduates live and work in Michigan.



My Health Care Notes:

A series of horizontal lines for writing notes.



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Personal service

Only HAP assigns a dedicated member of our award-winning Customer Service team to help you with your health care needs.

Network of top hospitals

Choose from Beaumont, Detroit Medical Center, Henry Ford Health System, University of Michigan and more.

24/7 online doctor visits

Get care when and where you need it with doctor visits from your phone or computer.

Cost comparisons

We take some of the worry out of health care with an easy-to-use online tool that estimates costs and compares facilities.

Help meeting your health goals

Health care isn't just for emergencies. Our digital wellness manager, Balanced Living magazine, wellness events, member discounts and other services can help you make every day a healthy day.



For more information,
visit hap.org/ws.

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