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 51-52.
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Address: 5700 Cass Ave., Suite 3638, Detroit, Michigan 48202
Telephone: (313) 577-3000
Email: askhr@wayne.edu
Fax: (313) 577-0637
Hours: 8:30 a.m. - 5:00 p.m. M-F

Always have your 9-digit Banner ID ready when contacting us!
This number can be found on your One Card.

The Benefits Directory on page 29 provides phone numbers and websites you may need!

We recommend that you do not send health information or your Social Security Number in emails!
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. Enrollment in benefit plans is not automatic.

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.

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

- Medical Benefits
- Dental Benefits
- Vision Benefits
- Family Medical Leave Act (FMLA) & COBRA
- Life Insurance
- Long-Term Disability
- Flexible Spending Accounts
- Wellness Programs
- Retirement Savings Plans
- Tuition Assistance Programs
- Voluntary Benefits
  - Home and Auto Insurance
  - Long Term Care
- Medical Benefits
- Dental Benefits
- Vision Benefits
- Family Medical Leave Act (FMLA) & COBRA
- Life Insurance
- Long-Term Disability
- Flexible Spending Accounts

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.

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 is located on our website at http://hr.wayne.edu.

To your well-being,

Benefits & Wellness
Eligibility

Employee Eligibility
In general, you are eligible for medical, dental, vision, 403(b), and life insurance benefits provided by the University if you are in a benefits-eligible E-class and your appointment is 50% or greater. Employees represented by the Building Trades, part-time faculty, temporary employees and students are not benefit-eligible at Wayne State University. Eligible part-time faculty may enroll in dental and vision plans at 100% of the cost to the employee. Enrollment in any of the benefit plans in NOT automatic.

Dependent Eligibility
You can enroll your eligible dependents in medical, dental, vision, and dependent life insurance benefits.

- Legal spouse (There is no dual coverage for WSU employees married to WSU employees).
- Other Eligible Person (OEP):
  - 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.
    - 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:
  - Coverage for children can only be provided by one WSU employee (when both parents are employed by WSU).
  - Children by birth or adoption until the end of the month in which they reach the age of 26.
  - Children by legal guardianship.

For a list of required supporting documentation needed to enroll dependents, see page 31.
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:
  - Principally supported by you for at least six consecutive months (9 months for BCBS).
  - Related to you by blood or marriage.
  - Claimed as your dependents on your most recent income tax return.

- Unmarried disabled dependent children who:
  - Became disabled before reaching age 19, and are incapable of self-sustaining employment by reason of mental or physical handicap.
  - Have reached the end of the month in which they turned 26.
  - Are dependent on you for support and maintenance.

- Your sponsored dependent (Blue Care Network and Total Health Care only), defined as:
  - An adult, age 26 or older.
  - Dependent on your financial support.
  - Claimed on your most recent tax-return.
  - Resides with you permanently.

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.
- Children and their descendants.
- Parents, grandparents and in-laws.

For a list of required supporting documentation needed to enroll dependents, see page 31.
Enrollment

If You’re a New Employee
Enrollment in benefit plans is NOT automatic. Enrollment requires that you submit the appropriate forms within 30 days of your date of hire to ensure you are enrolled in the plan of your choice. Coverage will go into effect the 1st of the month following your hire date. If you’re hired on the 1st of the month, it will go into effect that day. If you fail to enroll within 30 days of your hire date, you may only elect HAP or BCBS as a late entrant and coverage will be effective the 1st of the month following 90 days from the date your enrollment forms are received and you will pay premiums on a post-tax basis. Always remember to include the appropriate documentation when enrolling dependents to prevent delay in the activation of their benefits.

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 Event.

If You Are an Employee with More Than 30 Days of Service
You have two options to enroll or make changes:

1) During a Life Status Change Event (as defined by Section 125 of the Internal Revenue Code). You have 30 days from the date of marriage, divorce, birth, adoption, loss of other coverage, etc., to add or terminate a dependent or make changes to your plan. Documentation must be provided during a Life Status Change Event (see page 31 for accepted documents).

2) During the Annual Open Enrollment Period (October/November, with or without a qualifying Life Status Change Event). Open Enrollment changes go into effect the following January 1. Documentation is required to support all dependents added during Open Enrollment (see page 31 for accepted documents). During Open Enrollment you may utilize our online system, or submit forms to the HR Service Center. Changes must be made by the specified deadlines.

Important note: 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 your health care provider, claim payments could be reduced or you may incur greater out of pocket costs until the information is provided.

Interlocking Enrollments – Medical and Dental

Full Interlocking Enrollment applies to the following employee groups: AAUP, GEOC, and Non-Represented.

- Medical, dental, and vision enrollment levels must be the same for each plan (enrollment levels are single, two-person, 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 is elected, the employee may elect subsidized dental.

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.

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.
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 deductions for 9-month employees.

Deductions are based on your effective date of coverage and are collected on a prepaid and pre-tax basis (in most cases). Any applicable retroactive employee contributions will be collected from the next available check. 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. 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 nine 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 standard 9-month deductions for the duration of the academic year.

If a new 9-month employee begins on January 1, we take the standard plus additional deductions to pay for summer coverage. It could be a sizeable deduction, but this allows for the employee to have health insurance through August 31st of the year the deductions were paid.
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 changes to your plan. All notifications must be submitted on the appropriate forms within 30 days to the HR Service Center. You should keep copies of all submitted forms as well as all official University notices for your records.

To monitor your coverage and deductions, check your Benefits Statement and Pay Stub via Academica’s ‘Employee Self Service’ section.

### 12-Month Payroll Deductions for 2019

<table>
<thead>
<tr>
<th>Pay Number</th>
<th>Deduction Pay Date</th>
<th>Medical Coverage Paid For</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>12/27/2018</td>
<td>1st Half of January</td>
</tr>
<tr>
<td>01</td>
<td>1/09/2019</td>
<td>2nd Half of January</td>
</tr>
<tr>
<td>02</td>
<td>1/23/2019</td>
<td>1st Half of February</td>
</tr>
<tr>
<td>03</td>
<td>2/06/2019</td>
<td>2nd Half of February</td>
</tr>
<tr>
<td>04</td>
<td>2/20/2019</td>
<td>1st Half of March</td>
</tr>
<tr>
<td>05</td>
<td>3/06/2019</td>
<td>2nd Half of March</td>
</tr>
<tr>
<td>06</td>
<td>3/20/2019</td>
<td>1st Half of April</td>
</tr>
<tr>
<td>07</td>
<td>4/03/2019</td>
<td>2nd Half of April</td>
</tr>
<tr>
<td>08</td>
<td>4/17/2019</td>
<td>1st Half of May</td>
</tr>
<tr>
<td>09</td>
<td>5/01/2019</td>
<td>No medical deduction or Cash In Lieu payment</td>
</tr>
<tr>
<td>10</td>
<td>5/15/2019</td>
<td>2nd Half of May</td>
</tr>
<tr>
<td>11</td>
<td>5/29/2019</td>
<td>1st Half of June</td>
</tr>
<tr>
<td>12</td>
<td>6/12/2019</td>
<td>2nd Half of June</td>
</tr>
<tr>
<td>13</td>
<td>6/26/2019</td>
<td>1st Half of July</td>
</tr>
<tr>
<td>14</td>
<td>7/10/2019</td>
<td>2nd Half of July</td>
</tr>
<tr>
<td>15</td>
<td>7/24/2019</td>
<td>1st Half of August</td>
</tr>
<tr>
<td>16</td>
<td>8/07/2019</td>
<td>2nd Half of August</td>
</tr>
<tr>
<td>17</td>
<td>8/21/2019</td>
<td>1st Half of September</td>
</tr>
<tr>
<td>18</td>
<td>9/04/2019</td>
<td>2nd Half of September</td>
</tr>
<tr>
<td>19</td>
<td>9/18/2019</td>
<td>1st Half of October</td>
</tr>
<tr>
<td>20</td>
<td>10/02/2019</td>
<td>2nd Half of October</td>
</tr>
<tr>
<td>21</td>
<td>10/16/2019</td>
<td>1st Half of November</td>
</tr>
<tr>
<td>22</td>
<td>10/30/2019</td>
<td>2nd Half of November</td>
</tr>
<tr>
<td>23</td>
<td>11/13/2019</td>
<td>1st Half of December</td>
</tr>
<tr>
<td>24</td>
<td>11/27/2019</td>
<td>2nd Half of December</td>
</tr>
<tr>
<td>25</td>
<td>12/11/2019</td>
<td>No medical deduction or Cash In Lieu payment</td>
</tr>
<tr>
<td>26</td>
<td>12/25/2019</td>
<td>1st Half of January (2019 Plan Year)</td>
</tr>
</tbody>
</table>
Medical Insurance

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).
• 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.

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 Organization (PPO)
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 12-15
Health Maintenance Organizations (HMO)

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 29 for a listing of HMO telephone numbers and websites.

Important

HMO participating providers are always subject to change. Before enrolling in an HMO, contact your doctor and hospital to confirm participation. See the Benefits Directory on page 29 for a listing of carrier telephone numbers and websites.

Claim Forms

You do not have to file claims in an HMO.

Locations

The green box below 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

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, and for an extended period, 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 three-month supply of your medication for the cost of one. Please Note: Total Health Care offers a three-month supply of your medication for the cost of two.

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 on page 29).

For more information on how retail prescription drugs are covered, see the Comparison of Medical Benefits on pages 14-15.
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.

How To Enroll
• Complete the Cash In Lieu of Medical Form on page 39.
• 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 form and documentation just as if you were enrolling in medical benefits. Same deadlines apply.

You must certify that you and your tax family will have minimum essential coverage for the entire plan year. Your “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.

How Cash In Lieu is Paid
The benefit is paid each pay except on the two “no-deduct” pays each year. Your pay stub will show a negative $50 (negative $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 taxes will increase because the $50 payment is subject to FICA, federal, state, and city tax. 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.
## Comparison of Medical Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Health Alliance Plan In-Network Only</th>
<th>Blue Care Network In-Network Only</th>
<th>Total Health Care In-Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Medical Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Visits: In person Telemedicine/Online Visits</strong></td>
<td>$20 Copay</td>
<td>$20 Copay</td>
<td>$20 Copay</td>
</tr>
<tr>
<td></td>
<td>$20 Copay</td>
<td>$30 Copay</td>
<td>$0 Copay</td>
</tr>
<tr>
<td><strong>Preventive Services — Routine Physical, Well-Baby Care, Pediatric Exams, Childhood Immunizations</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Emergency Room Services</strong></td>
<td>$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.</td>
<td>$100 copay (waived if admitted) Covers life-threatening or accidental medical emergencies. Must notify health plan within 48 hours of admission.</td>
<td>$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.</td>
</tr>
<tr>
<td><strong>Laboratory, Pathology and Radiology (X-Ray) Services</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Allergy Testing and Injections</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>$20 Copay</td>
</tr>
<tr>
<td><strong>Outpatient Physical, Speech and Occupational Therapy</strong></td>
<td>Covered in full (up to 60 combined visits per year)</td>
<td>Office visit copay applies (up to 60 visits per medical episode per year)</td>
<td>Covered in full (up to 45 visits per year)</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Covered in full for approved equipment</td>
<td>Covered in full</td>
<td>Covered in full for approved equipment</td>
</tr>
<tr>
<td><strong>Chiropractic Services/Spinal Manipulation</strong></td>
<td>Not covered</td>
<td>Office visit copay applies (referral required)</td>
<td>Office visit copay applies (up to 20 visits per year)</td>
</tr>
<tr>
<td><strong>Reproductive Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pre-Natal Care</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Delivery and Routine Nursery Care</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Infertility Services</strong></td>
<td>Covered with limitations</td>
<td>Covered with limitations</td>
<td>Covered with limitations</td>
</tr>
<tr>
<td><strong>Voluntary Sterilization</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>

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.
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

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

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

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

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Traditional BCBSM</th>
<th>Community Blue PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Care</td>
<td>Plan pays 90% after deductible</td>
<td>Covered in full (approved facilities)</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td>Plan pays 90% after deductible</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$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.</td>
<td>$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.</td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>Covered — contact carrier for details</td>
<td>Covered — contact carrier for details</td>
</tr>
<tr>
<td>Eyeglasses and Contact Lenses</td>
<td>Covered following cataract or intra-coular surgery, accidental injury, or certain non-routine diagnoses. Plan pays 90% after deductible.</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Not covered</td>
<td>Covered (one hearing aid every 36 months)</td>
</tr>
<tr>
<td>Skilled Nursing Care Facility (excluding custodial care)</td>
<td>Not covered</td>
<td>Covered in full (120 days per calendar year)</td>
</tr>
<tr>
<td>Deductibles, Copays, and Limitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$100 per individual $200 maximum per family</td>
<td>No deductible</td>
</tr>
<tr>
<td>Annual Coinsurance Maximum</td>
<td>$500 per individual $1,000 per family</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (includes deductible, coinsurance &amp; copays)</td>
<td>$600 per individual $1,200 per family</td>
<td>$600 per individual $1,200 per family</td>
</tr>
<tr>
<td>Hospital Precertification</td>
<td>Required — Provider responsibility</td>
<td>Required — Provider responsibility</td>
</tr>
</tbody>
</table>

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, enrolled 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 dental provider’s office staff. Your eligibility and covered services can be verified by the provider’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 PPO (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”

Stay in Network and Save Money

<table>
<thead>
<tr>
<th>Delta Dental Networks</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 8,300 Delta Dental PPOSM access points</td>
</tr>
<tr>
<td></td>
<td>• 13,100 Delta Dental Premier® access points</td>
</tr>
<tr>
<td></td>
<td>• Dentists file claims for enrollee</td>
</tr>
<tr>
<td></td>
<td>• No balance billing on covered services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Delta Dental Premier</th>
<th>Out-of-Network Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• No network discounts</td>
</tr>
<tr>
<td></td>
<td>• May need to file own claim</td>
</tr>
<tr>
<td></td>
<td>• May be balance billed</td>
</tr>
</tbody>
</table>

Michigan network statistics: Delta Dental, August 2018
Dental Insurance Continued

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.* The benefit year runs January 1 through December 31.

### Summary of Dental Plan Benefits For Group# 7544-0001, 0011, 2011, 2211

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

* 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.

### Additional Information:

- **Maximum Payment** - $1,500 per person total per benefit year on all services except orthodontics. $1,000 per person total per lifetime on orthodontic services.
- **Deductible** - $50 deductible per person total per benefit year limited to a maximum deductible of $150 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, and orthodontic services.
- 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 2019 calendar year.

Vision Plan Features
Both plan options feature 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, 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 instructions on how to register and access EyeMed information, please visit: http://hr.wayne.edu/tcw/health-welfare/vision-plan.

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.

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>Basic Plan</th>
<th>Enhanced Buy-Up Plan</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam with dilation as necessary</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td>Retinal Imaging Benefits</td>
<td>Up to $39</td>
<td>Up to $39</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact Lens Fit and Follow-up:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard</td>
<td>Up to $40</td>
<td>$0 copay, paid-in-full fit and two follow-up visits</td>
<td>N/A / $40</td>
</tr>
<tr>
<td>Premium</td>
<td>10% off retail</td>
<td>$0 copay, 10% retail price, then apply $40 allowance</td>
<td>N/A / $40</td>
</tr>
<tr>
<td>Frames</td>
<td>$0 Copay, $115 Allowance; 20% off balance over $115</td>
<td>$0 Copay, $150 Allowance; 20% off balance over $150</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Standard Plastic Lenses:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$10 Copay</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Standard Progressive</td>
<td>$55 Copay</td>
<td>$10 Copay</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Premium Progressive</td>
<td>$55 Copay, 80% of charge less $120 allowance</td>
<td>$10 Copay, 80% of charge less $120 allowance</td>
<td>Up to $55</td>
</tr>
<tr>
<td>Lens Options: (paid by the member and added to the base price of the lens):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UV Treatment</td>
<td>$15 Copay</td>
<td>$0 Copay</td>
<td>N/A / $5</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15 Copay</td>
<td>$0 Copay</td>
<td>N/A / $5</td>
</tr>
<tr>
<td>Standard Plastic Scratch Coating</td>
<td>$0 Copay</td>
<td>$0 Copay</td>
<td>Up to $7</td>
</tr>
<tr>
<td>Standard Polycarbonate-Adults</td>
<td>$35 Copay</td>
<td>$0 Copay</td>
<td>Up to $7</td>
</tr>
<tr>
<td>Standard Polycarbonate- Kids under 19</td>
<td>$35 Copay</td>
<td>$0 Copay</td>
<td>Up to $7</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45 Copay</td>
<td>$0 Copay</td>
<td>N/A / $5</td>
</tr>
<tr>
<td>Polarized</td>
<td>20% off retail price</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail price</td>
<td>20% off retail price</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact Lenses (allowance covers materials only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional</td>
<td>$0 Copay, $115 Allowance; 15% off balance over $115</td>
<td>$0 Copay, $150 Allowance; 15% off balance over $150</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Disposables</td>
<td>$0 Copay, $115 Allowance plus balance over $115</td>
<td>$0 Copay, $150 Allowance plus balance over $150</td>
<td>Up to $100</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Copay, Paid in Full</td>
<td>$0 Copay, Paid in Full</td>
<td>Up to $200</td>
</tr>
<tr>
<td>LASIK and PRK Vision Correction Procedures</td>
<td>15% off retail price or 5% off promotional pricing</td>
<td>15% off retail price or 5% off promotional pricing</td>
<td>N/A</td>
</tr>
<tr>
<td>Amplifon Hearing Health Care</td>
<td>40% discount off hearing exams and a low price guarantee on discounted hearing aids</td>
<td>40% discount off hearing exams and a low price guarantee on discounted hearing aids</td>
<td>N/A</td>
</tr>
<tr>
<td>Additional Pairs Benefit</td>
<td>40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Frequency:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>Once every calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once every calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plastic Lenses or Contact Lenses</td>
<td>Once every calendar year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FMLA

The Family and Medical Leave Act (FMLA) of 1993 is a federal law which helps employees balance their work responsibilities with their family and medical needs. The Act sets national standards for employers when providing leave for such purposes.

**Reasons for taking 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.

Any time you are absent from work with an FMLA qualifying event:
- Contact your Supervisor, Business Manager, or Designated Representative
- Call 1-877-GO2-FMLA (1-877-462-3652), log onto www.fmlasource.com to start your leave process.
- You will need your Access ID (e.g. zz1222)

To learn more about the Family Medical Leave Act visit: [https://hr.wayne.edu/tcw/loa-fmla/fmla](https://hr.wayne.edu/tcw/loa-fmla/fmla)

To contact FMLASource visit: [https://www.fmlasource.com/FMLAWeb/login/login.xhtml](https://www.fmlasource.com/FMLAWeb/login/login.xhtml) or call 1-877-GO2-FMLA (1-877-462-3652).

COBRA

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. Arcadia is now WSU’s COBRA Third Party Administrator.

Changes in your employment status that affect your benefits coverage:
- A change in Your appointment to less than 50%
- Layoff
- Leave of absence or absence without pay
- Termination of employment

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.

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 cancelled 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.

For more information, please visit [https://hr.wayne.edu/tcw/health-welfare/cobra-benefits](https://hr.wayne.edu/tcw/health-welfare/cobra-benefits).
Life Insurance and Accidental Death & Dismemberment

Basic and Supplemental Coverage
WSU provides eligible employees with group term life insurance equal to one times salary with Sun Life. United here! Local #24 Janitors receive $25,000, not one times salary. Our life insurance policy includes accidental death and dismemberment (AD&D) benefits. These policies come with portability and conversion options upon termination of employment.

Basic life insurance is paid by WSU and there is no cost to the employee. 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 with evidence of insurability.

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 (basic and supplemental coverage is effective upon carrier approval) if submitted after the deadline. 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 additional 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 on page 35. 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.
• the basic plus four times your salary (subject to a $1,000,000 maximum).

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.
Long Term Disability Insurance (LTD)
Wayne State University provides LTD coverage to eligible employees at no cost. Your LTD coverage provides a monthly income benefit equal to a percentage of your monthly base wage. Benefits begin the first of the month coincident with or next following 180 days of being disabled from your 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 a long-term disability claim or if you have questions regarding this benefit, contact the HR Service Center at (313) 577-3000.

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 letterhead) and mail to: Wayne State University, HR Service Center, 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.
Flexible Spending Accounts (FSA)

Flexible Spending Accounts 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 day care expenses.

<table>
<thead>
<tr>
<th>Health Care Reimbursement Account</th>
<th>Dependent Care Reimbursement Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advantages of Both</td>
<td>In general, eligible health-related expenses not covered by a health plan</td>
</tr>
<tr>
<td>• Pay for eligible, out-of-pocket expenses with pre-tax dollars</td>
<td>In general, eligible day care expenses that allow you (and your spouse if you are married) to work or attend school full-time</td>
</tr>
<tr>
<td>• Reduce your taxable income</td>
<td>Examples include care you must pay for:</td>
</tr>
<tr>
<td>• Increase your take home pay</td>
<td>• Child day care for children under age 13</td>
</tr>
<tr>
<td></td>
<td>• Adult dependent day care</td>
</tr>
<tr>
<td></td>
<td>• Dependent day care centers</td>
</tr>
<tr>
<td></td>
<td>• Preschool expenses</td>
</tr>
<tr>
<td>What’s Covered</td>
<td>Restrictions</td>
</tr>
<tr>
<td>Examples include:</td>
<td>Medical expenses that are not deductible under Internal Revenue Code Section 213(d) may not be reimbursed</td>
</tr>
<tr>
<td>• Out-of-pocket costs</td>
<td>Over-the-counter drugs not prescribed by a physician</td>
</tr>
<tr>
<td>• Deductibles and copays</td>
<td>Expenses reimbursed for dependents under this plan may not be claimed as a federal tax credit on your tax return</td>
</tr>
<tr>
<td>• Health care expenses not covered by your plan and approved by the IRS</td>
<td></td>
</tr>
<tr>
<td>• Eye glasses, contact lenses, braces for children, and hearing aids</td>
<td></td>
</tr>
<tr>
<td>Eligible Expenses</td>
<td>Maximum Annual Election</td>
</tr>
<tr>
<td>Examples include:</td>
<td>$2,650 maximum (two eligible spouses may each elect the maximum amount)</td>
</tr>
<tr>
<td></td>
<td>$5,000 maximum per household</td>
</tr>
<tr>
<td></td>
<td>$2,500 (if married filing a separate tax return)</td>
</tr>
</tbody>
</table>

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 (IIAS) installed. It is important to note that purchases made with your card on or after January 1, 2019 will access funds from your 2019 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 – 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.

Who is Eligible?
You must be in an eligible employee classification (benefit-eligible employees who normally work 20+ hours per week or 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.

403(b) Retirement Savings Plan Overview
Employee Contributions:
• Start any time after date of hire
• 1% of salary minimum, in increments of 1%

University Contributions:
• Begin when employee contributions begin
• 2% match for every 1% of employee contributions, to a maximum of 10%
• Must be age 26
• Vested after 2 years of service

Maximums Allowed in 2019
Employee Contributions:
$19,000 ($25,000 if 50+). Note: this includes employee contributions to plans sponsored by other employers, but does not include University Contributions.

University Contributions:
$28,000

To Waive Vesting Requirement
To waive the 2 years of service for vesting requirement, we will count past service (within 3 years prior to your WSU hire date) where you worked at least 50% time or 20 hours per week as a subsidized benefits eligible employee at an institution of higher learning, K-12, or non-profit associated 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: 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.

Step 2: Complete Salary Reduction Agreement (page 43) – You must complete this paper form to authorize payroll deduction.

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 contribute an additional $19,000 ($25,000 if 50+) for 2019.

No early withdrawal penalty! The IRS does not impose the 10% penalty if you withdraw your funds before you are age 59½; however, you may only make withdrawals from the 457(b) Plan after you terminate your employment with WSU.

The 457(b) plan offers the same TIAA and Fidelity Investments as the 403(b) plan. Start saving any time after your hire date!
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:
Per Year beginning the fall term:
  • The greater of 2 courses or 6 credits per term, and
  • The greater of 1 course or 4 credits per term.
For Fractional-time Employees:
Per Year beginning the fall term:
  • The greater of 1 course or 4 credits per term, for 3 terms.

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.

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

Reduced Tuition for Spouse/Child
The Reduced Tuition for Spouse/Child Program pays 50% of the cost of tuition for an eligible spouse or child(ren). 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.
**Wellness Warriors**

*We are all born to succeed!* Becoming a Wellness Warrior can put you on a path to health and wellness to become **Warrior Strong**.

**What is Warrior Strong?** It’s the kind of strength that keeps you moving forward when you’d rather turn back. The strength to never settle for the way things are, but to strive for the way things ought to be. And to know that to get where you want to go, you might have to make your own path.

**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 to start the next year off right! The program runs mid-January to mid-December.

**The Physician Qualification Form (PQF)** Did you visit your doctor after July 2018 for an annual physical? As an alternative to the onsite health screen, you may use the results from your 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 at wellness@wayne.edu. For more information, please visit: [http://wellness.wayne.edu](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**

**Flu Shot Clinics:** Each fall we provide flu shot clinics across campus. For more information, please visit: [http://hr.wayne.edu/tcw/wellness/flushots](http://hr.wayne.edu/tcw/wellness/flushots)

**Lactation Support Rooms:** Rooms are provided across campus. For more information, please visit [https://hr.wayne.edu/tcw/wellness/lactation-support](https://hr.wayne.edu/tcw/wellness/lactation-support)
Life Advisor Employee Assistance Program

We are pleased to offer a free and confidential employee assistance program with Ulliance. Ulliance Life Advisors can help you explore your unique work-life balance needs and identify the right services to support you. Immediate telephonic support is available, or you can schedule to see a local Ulliance EAP therapist at no charge to you or covered dependents.

- Face-to-face or phone sessions with a licensed counselor close to work or home.
- Short term, solution-focused support for work-life issues such as stress, substance use, grief/loss and overwhelming emotions.

Coaching Services

- Telephonic sessions with a counselor.
- Support and motivation to achieve a work-life goal such as education, career advancement, financial or savings goals, or self-improvement goals such as weight loss.

Support for Your Family

- Couples and family counseling services.
- Counseling and crisis support for your spouse and dependent children.

Work-Life Materials and Referrals

- Books and CDs on a wide variety of work-life topics mailed directly to your home at no cost to you.
- Referrals to free and low-cost resources related to financial concerns, legal issues, day care, elder care, and pet care.

Life Enhancement Resource Center

- Anytime access to articles, resources, healthy-living tips, as well as our orientation videos.

Voice Your Concern Line

A confidential way for you to share your concerns with your organization about safety, harassment, theft, waste, discrimination, etc.

1-800-757-4077

We are Social!
Follow Ulliance for real-time information, articles, tips and inspiration for living a healthy and balanced life.

hr.wayne.edu
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.

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:
  - Waived deductible if your vehicle is vandalized on WSU property or while using it for WSU-related events.
  - Waived deductible if your vehicle is damaged from a collision while driving it for WSU business.
  - Up to $2,500 coverage for personal education materials or WSU property that is stolen or damaged while in your vehicle.

Universal Life Insurance with Long Term Care (LTC)
WSU is pleased to offer you the opportunity to purchase Trustmark Universal Life Insurance with Long Term Care. This program combines life insurance, cash value and LTC all in one policy, on an employee-paid basis. It is available to benefits-eligible employees and their family members.

This program 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.

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 75.
# Benefits Directory

<table>
<thead>
<tr>
<th><strong>Customer Service Contacts</strong></th>
<th><strong>Phone</strong></th>
<th><strong>Web</strong></th>
</tr>
</thead>
</table>
| **HR Service Center**        | 313-577-3000 | Web: hr.wayne.edu  
Email: askhr@wayne.edu  
Fax: 313-577-0637 |

| **Medical** | | |
| Health Alliance Plan HMO | 800-422-4641 | www.hap.org |
| Prescription Mail Order (Pharmacy Advantage) | 800-456-2112 | www.hap.org/prescriptions/delivery.php |
| Total Health Care HMO | 800-826-2862 | www.thcmi.com |
| Prescription Mail Order (Envision Rx Options) | 844-222-5584 | www.envisionpharmacies.com |
| Blue Care Network HMO | 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.enroll eyemed.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 | www.netbenefits.com/wayne stateuniversity  
800-642-7131 (Individual Counseling) |
| TIAA | 800-842-2252 | www.tiaa.org/wayne  
800-842-2044 (Individual Counseling) |

| **Wellness** | | |
| Wellness Warriors Program | 313-577-3000 | wellness.wayne.edu  
Ulliance888-699-3554 (Wellness) | | http://wsu.lifeadvisorwellness.com  
800-448-8326 (Life Advisor EAP) | www.lifeadvisoreap.com/MemberLogin.aspx  
Campus Health Center | 313-577-5041 | health.wayne.edu |

| **Voluntary Benefits** | | |
Trustmark - Long Term Care Insurance | 800-918-8877 | www.trustmarkcompanies.com/ |
Forms

The following forms have been included for your use. Be sure to include the necessary supporting documentation in regards to your dependents (see next page) when making any changes to your medical/dental/vision benefits.

• **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.

• **457(b) Retirement Plan Salary Reduction Agreement** – Use this form to adjust your payroll contribution into your 457(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.

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Security Alert!!!

How to keep your personal information secured and safeguarded:

- Do not send forms containing SSN via email.
- Fax is secure!
- Be wise about Wi-Fi – don’t use public Wi-Fi for confidential transactions.

Please return completed forms to:

**HR Service Center**

5700 Cass Ave., Suite 3638
Detroit, MI 48202
Fax: 313-577-0637
## Your Dependent’s Supporting Documentation Requirements

When sending in forms, be sure to include the following documentation:

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Spouse*</td>
<td>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 2019 only – a copy of marriage certificate is required.</td>
</tr>
<tr>
<td>Other Eligible Person (OEP); age 26 or older</td>
<td>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.</td>
</tr>
<tr>
<td>Children of Employee or Spouse by Birth or Adoption</td>
<td>Birth Certificate or adoption paperwork verifying you or your spouse as the parent.</td>
</tr>
<tr>
<td>Unmarried disabled dependent children</td>
<td>Birth certificate verifying you or your spouse as the child’s parent and proof of continued incapacitation of child.</td>
</tr>
<tr>
<td>Children of Employee or Spouse under legal guardianship</td>
<td>A copy of court documents verifying guardianship by employee or legal spouse.</td>
</tr>
<tr>
<td>Principally Supported Children (not employees children by birth or marriage) through the end of the year they reach age 19</td>
<td>Page 1 of the most current year’s Income Tax Form 1040 listing dependent as a deduction (please mark out any financial information).</td>
</tr>
</tbody>
</table>

### Children 26 and Older

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried disabled dependent children</td>
<td>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)</td>
</tr>
</tbody>
</table>

### Other Dependents

<table>
<thead>
<tr>
<th>Dependent Type</th>
<th>Supporting Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsored Dependent; age 26 or older</td>
<td>Page 1 of the most current year’s Income Tax Form 1040, listing dependent as a deduction (please mark out any financial information). Please note: only Blue Care Network and Total Health Care allow Sponsored Dependents to be covered.</td>
</tr>
</tbody>
</table>

* 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 and/or the Life Status Change/Benefit Plan Termination Form. Dependents will not be enrolled or terminated if supporting documents are not included.
Employee Benefit Enrollment/Change Form

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

Employee Name (Last, First) Please print
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 supporting documentation)

Pre and Post Tax Medical Deductions: Check Only One
☐ I elect PRE-TAX deductions (Default) (3/A)
☐ I elect POST-TAX deductions (4/B)

Medical Insurance: Check Only One (See rate schedules for plan costs.)
☐ Total Health Care HMO (BTA/BTB)
☐ Health Alliance Plan HMO (BCA/BCB)
☐ Blue Care Network HMO (BBC/BBC)
☐ Waive Medical Coverage
☐ Community Blue PPO (BEA/BEH)
☐ Blue Cross Blue Shield (BAA/BAB)
☐ Cash In Lieu of Medical (BCML) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.

For rate schedule and medical plan descriptions: http://hr.wayne.edu/tcw/health-welfare/med-insurance

Vision Coverage: Check Only One
☐ Basic (BVS)
☐ Enhanced Buy-Up (BVE)

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.

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/tcw/forms

Dental Coverage: Check Only One
☐ Delta Dental (BG3/BGA)
☐ Waive Dental Coverage (BG9)

Life/AD&D Insurance (BL5/A/3/4/D) (for eligible employee groups)

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.

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

*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 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.

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

http://hr.wayne.edu 2019 Plan Year
Basic and Supplemental Life / AD&D
Enrollment/Change Form

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

EMPLOYEE INFORMATION

Name
Address
Date of Birth
Gender
F M
Date of Hire
Banner ID
Soc Sec Number

EMPLOYEE COVERAGE – ENROLLMENT INFORMATION

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

REQUESTED AMOUNT

SUPPLEMENTAL LIFE/AD&D (Coverage in addition to Basic Life)

☒ Basic Life/AD&D only
☒ 1x annual salary – Supplemental Life/AD&D
☒ 2x annual salary – Supplemental Life/AD&D
☒ 3x annual salary – Supplemental Life/AD&D
☒ 4x annual salary – Supplemental Life/AD&D

☐ 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.

REQUESTED AMOUNT

SUPPLEMENTAL LIFE/AD&D (Coverage in addition to Basic Life)

☒ Basic Life/AD&D only
☒ 1x annual salary – Supplemental Life/AD&D
☒ 2x annual salary – Supplemental Life/AD&D
☒ 3x annual salary – Supplemental Life/AD&D
☒ 4x annual salary – Supplemental Life/AD&D

☐ 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.

For estimated supplemental cost: https://hr.wayne.edu/tcw/health-welfare/life-rates

DEPENDENT COVERAGE – ENROLLMENT INFORMATION

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

REQUESTED AMOUNT

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.

☒ Not electing dependent coverage
☒ $20,000 Spouse/Domestic Partner/Other Eligible Person and $10,000 Per Child (Other Eligible Person eligibility as determined by WSU)
☒ $20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)
☒ $10,000 Per Dependent Child Only (to age 26 per WSU eligibility rules)

☐ Not electing dependent coverage
☒ $20,000 Spouse/Domestic Partner/Other Eligible Person and $10,000 Per Child (Other Eligible Person eligibility as determined by WSU)
☒ $20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)
☒ $10,000 Per Dependent Child Only (to age 26 per WSU eligibility rules)

12-MONTH EMPLOYEE COST PER PAY

9-MONTH EMPLOYEE COST PER PAY

Not electing dependent coverage
$ 0.00 $ 0.00

$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

$20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)
$ 1.50 $ 2.00

$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 the HR Service Center when my dependent(s) become ineligible.

Life Insurance options not available to all employee groups.

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

http://hr.wayne.edu

2019 Plan Year
Life Status Change/Benefit Plan Termination Form

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

Submit Within 30 days of the life status change

Employee Name (Last, First) Please print
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
- Birth or adoption of a child
- Death of a dependent
- Change in employment status of you or your spouse resulting in loss or gain of coverage
- Change in eligibility status of your dependent child
- Judgment, decree or order
- Medicare entitlement
- Unpaid Leave of Absence
- Change in eligibility status of your dependent child
- Medicare entitlement
- 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 required supporting 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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Social Security Number (Required)</th>
<th>DOB (M/D/Y)</th>
<th>Relation Code*</th>
<th>Reason for Termination of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 HR Service Center 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

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

http://hr.wayne.edu

2019 Plan Year
Cash In Lieu of Medical Form
For benefit-eligible classifications only

Employee Name (Last, First) Please print

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 9-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 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. I understand "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 only.

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

http://hr.wayne.edu

2019 Plan Year
Flexible Spending Account Application

Employee Name (Last, First) Please print

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  □ New Hire  □ Open Enrollment

<table>
<thead>
<tr>
<th>Health Care Reimbursement Account</th>
<th>Dependent Care Reimbursement Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allows you and your eligible dependents to save tax dollars on health care expenses.</td>
<td>Allows you to save tax dollars on dependent day care expenses.</td>
</tr>
<tr>
<td>Minimum Annual Election</td>
<td>$130</td>
</tr>
<tr>
<td>Maximum Annual Election</td>
<td>$2,650</td>
</tr>
<tr>
<td>Your Annual Election</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$208</td>
</tr>
<tr>
<td></td>
<td>The lesser of:</td>
</tr>
<tr>
<td></td>
<td>$5,000 for married individuals filing a joint return or for unmarried individuals.</td>
</tr>
<tr>
<td></td>
<td>$2,500 for married individuals filing separately.</td>
</tr>
<tr>
<td></td>
<td>Your earned income.</td>
</tr>
<tr>
<td></td>
<td>Your spouse's earned income.</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

- 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, Email: askhr@wayne.edu

http://hr.wayne.edu  2019 Plan Year
403(b) Retirement Plan
Salary Reduction Agreement

Name (Last, First, Middle Initial) Please Print: 

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 (Complete all questions)

I have completed the On-Line Enrollment with:  □ TIAA  □ Fidelity

My Date of Hire is ____________ (MM/DD/YYYY) I am a rehire:  □ Yes  □ No

My Date of Birth is ____________ (MM/DD/YYYY) I am age 26 or older:  □ Yes  □ No

I will be sending proof for the Waiver of Service Requirement:  □ Yes  □ Not Applicable

Section 2: Employee Contribution Election (Complete all blanks)

I elect to make Employee Contributions (in whole percentages only to each carrier) 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

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.

Indicate a percentage of your salary below:

________% to TIAA

Section 3: University Contribution Election (Complete all blanks)

I understand that University Contributions will start when I start Employee Contributions and attain age 26. University Contributions will be vested after I have 2 years of service. The University will contribute 2% for every 1% I contribute, up to 10%.

□ Default Option: I elect to have my University Contributions allocated in the same proportion as my Employee Contributions.

□ I elect to manually allocate University Contributions in the following proportions (in whole percentages only to each carrier):

________% to TIAA

________% to Fidelity Investments

________% Total (up to 10%)

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 the HR Service Center. 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

http://hr.wayne.edu

2019 Plan Year
SECTION 1

NEW ENROLLMENT: I have completed the Enrollment with:

☐ TIAA
☐ Fidelity Investments

CHANGE TO EXISTING ENROLLMENT

SECTION 2: EMPLOYEE CONTRIBUTION ELECTION

I elect to make Employee Contributions (in whole percentages only to each carrier) to the following Investment Carriers. I understand that these contributions are fully vested at all times.

Indicate a percentage of your annual salary below:

% to TIAA
% to Fidelity Investments
%. Total

AGREEMENT

I understand and agree to the following terms and conditions:

• This Salary Deferral Agreement affects contributions from my pay checks on dates after this Agreement is received by the HR Service Center and will not be retroactive.

• Contributions will be effective on the first pay date of the next month after the form is received by the HR Service Center.

• The amount by which my WSU earnings may be reduced is subject to limitations in Sections 402(g) and 415 of the Internal Revenue code. For employees age 50 and over, this amount will include any additional catch-up contributions permitted under IRC 414(v).

• This 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 Agreement shall be legally binding while my employment continues; however, either party may terminate or otherwise modify this Agreement.

• The University may lower or cancel my contributions to keep my contributions within the limits of the Internal Revenue Code.
# Employee Tuition Assistance Application

**Employee Name (Last, First)** Please print

<table>
<thead>
<tr>
<th>Banner ID</th>
<th>Access ID</th>
<th>Age 60+?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Work Phone</th>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year:________</th>
<th>Term: □ Fall □ Winter □ Spring/Summer</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Number - Subject</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**HOW TO APPLY:** Submit this form AFTER completion of the Registration Process. This form must be submitted to the HR Service Center 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 Application.** For further program details see our website: https://wayne.edu/tcw/tuition-assistance/employee

**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.

**HR Use Only:**

<table>
<thead>
<tr>
<th>Employee Class</th>
<th>Appoint Percent</th>
<th>Date of Hire</th>
<th>Credit Hours</th>
<th>Level</th>
<th>College</th>
<th>Residence</th>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employee Signature**

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

http://hr.wayne.edu 2019 Plan Year
Spouse/Child Tuition Benefit Application

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

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name (Last, First, Middle Initial)</td>
<td>Birth Date: (mm/dd/yy):</td>
</tr>
<tr>
<td>Relationship (check one):</td>
<td>WSU Banner ID:</td>
</tr>
<tr>
<td>☐ Spouse</td>
<td>☐ Child – Less Than Age 26</td>
</tr>
<tr>
<td>☐ Other Eligible Person (OEP)</td>
<td>☐ Child of OEP – Less Than Age 26</td>
</tr>
<tr>
<td>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?</td>
<td>TOTAL Credit Hours Requested for Tuition Benefit:</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First, Middle Initial)</td>
<td>WSU Banner ID</td>
</tr>
<tr>
<td>Employed in School, College Or Division</td>
<td>Job Title</td>
</tr>
<tr>
<td></td>
<td>E-Mail address Or access ID</td>
</tr>
</tbody>
</table>

HOW TO APPLY: Submit this form AFTER completion of the registration process. This form must be submitted to the HR Service Center 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 Application. For further program details see our website: https://wayne.edu/tcw/tuition-assistance/spouse-child

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://isops.wayne.edu/payroll/tuition-assistance-tax.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:
<table>
<thead>
<tr>
<th>Employee Class</th>
<th>Appoint Percent</th>
<th>Date of Hire</th>
<th>Benefit Eligible</th>
<th>Credit Hours</th>
<th>Level</th>
<th>College</th>
<th>Residence</th>
<th>Class</th>
<th>Benefit Amount</th>
</tr>
</thead>
</table>

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

http://hr.wayne.edu  2019 Plan Year
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 benefit-eligible employees effective January 1, 2019. 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.

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 HR Service Center 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:

- 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.
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 HR Service Center 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.
• 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.
- 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 cost 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.
- 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:
• What information you want to limit.
• Whether you want to limit our use, disclosure, or both.
• 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 HR Service Center. 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 HR Service Center 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 HR Service Center 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.
- 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 on page 58.

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.
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.
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 July 31, 2018. 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-MyARHIP (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

**FLORIDA – Medicaid**
Website: http://flmedicaidtplrecovery.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/issa/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/hawki
Phone: 1-800-257-8563

**KANSAS – Medicaid**
Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**
Website: http://chfs.ky.gov
Phone: 1-800-635-2570

**LOUISIANA – Medicaid**
Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

**MAINE – Medicaid**
Website: http://www.maine.gov/dhhs/ofiph/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/
MINNESOTA – Medicaid
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: [http://dhcfp.nv.gov](http://dhcfp.nv.gov)
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: [http://www.dhhs.nh.gov/ombp/nhhpp/](http://www.dhhs.nh.gov/ombp/nhhpp/)
Phone: 1-603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP
Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)
Medicaid Phone: 1-609-631-2392
CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: [http://www.nyhealth.gov/health_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: [https://dma.ncdhhs.gov/](https://dma.ncdhhs.gov/)
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid
Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: [http://http://www.insureoklahoma.org](http://www.insureoklahoma.org)
Phone: 1-888-365-3742

OREGON – Medicaid
Website: [http://healthcare.oregon.gov/Pages/index.aspx](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](http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm)
Phone: 1-800-692-7462

RHOODE ISLAND – Medicaid
Website: [http://www.eohhs.ri.gov](http://www.eohhs.ri.gov)
Phone: 1-855-697-4347

SOUTH CAROLINA – Medicaid
Website: [http://www.scdhhs.gov](http://www.scdhhs.gov)
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: [http://dss.sd.gov](http://dss.sd.gov)
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: [https://www.gethipptexas.com/](https://www.gethipptexas.com/)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: [https://medicaid.utah.gov/](https://medicaid.utah.gov/)
CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)
Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: [http://www.coverva.org/programs/premium_assistance.cfm](http://www.coverva.org/programs/premium_assistance.cfm)
Medicaid Phone: 1-800-432-5924
CHIP Website: [http://www.coverva.org/programs_premium_assistance.cfm](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](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/](http://mywvhipp.com/)
Phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid
Website: [https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf](https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf)
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
Telephone: 1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, 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](http://www.dol.gov/agencies/ebsa)
  Phone: 1-866-444-EBSA (3272)

  Phone: 1-877-267-2323, Menu Option 4, Extension 61565
Frequently Asked Questions

Medical, Dental, Vision and Life Insurance

Is enrollment automatic?

No. Employees in benefit-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 29.

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
• 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 Arcadia. 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 ID 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 29.

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
• 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 Ave., 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 and Community Blue – 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. 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.
BENEFITS MOBILE APP
EMPLOYEE HANDBOOK

ACCESS YOUR BENEFITS ANYTIME, ANYWHERE

Access your benefits on the go 24/7 with the Benefits Mobile App by Discovery Benefits. Our free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without ever needing to call in.

The Benefits Mobile App keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log in to our secure app to get answers to those questions and so many more — wherever and whenever you want.

WITH OUR BENEFITS MOBILE APP, YOU CAN:

- GET INSTANT NOTIFICATIONS ON THE STATUS OF YOUR CLAIMS.
- FILE A CLAIM AND UPLOAD DOCUMENTATION IN SECONDS USING YOUR PHONE’S CAMERA.
- SCAN AN ITEM’S BAR CODE WITH YOUR PHONE’S CAMERA TO DETERMINE IF IT’S AN IRS CODE SECTION 213(D) ELIGIBLE EXPENSE.
- REPORT A CARD AS LOST OR STOLEN.
- LOG IN WITH YOUR FINGERPRINT.
- CHECK YOUR BALANCE AND VIEW ACCOUNT ACTIVITY.
- EASILY MOVE FUNDS FROM YOUR HSA INTO YOUR BANK ACCOUNT TO COVER ELIGIBLE EXPENSES.
- VIEW CURRENT HSA INVESTMENTS BALANCE, RECENT ACTIVITY AND RATE OF RETURN.
- RESET LOGIN CREDENTIALS.
- SECURITY ON THE GO OUR MOBILE APPS USE SECURE ENCRYPTION AND WON’T STORE PICTURES ON YOUR PHONE, KEEPING YOUR DOCUMENTATION SAFE AND SECURE.

DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS

RESOURCES

www.DiscoveryBenefits.com

www.DiscoveryBenefits.com/mobileappvideo
Manage your health care plan anytime, anywhere with our mobile app

Our mobile app provides the tools and features to help you access information and make informed decisions from the convenience of your smartphone. From seeing where you stand with your deductible and out-of-pocket balances, to reviewing service claims, to finding the best doctor or place to go for treatment — count on our mobile app to give you the information you need — when and where you need it.

These are just some of the app’s features:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>View claims and EOBs</td>
<td>See what providers charged and why before you pay. Quickly filter and search claims by time frame, member, service type or provider.</td>
</tr>
<tr>
<td>Benefit details</td>
<td>See what your plan covers so you’re more informed when you need care.</td>
</tr>
<tr>
<td>Deductible and out-of-pocket balances</td>
<td>Know how much you’ve paid toward your balances.</td>
</tr>
<tr>
<td>Access to pharmacy and drug information</td>
<td>Look up drug prices, see coverage warnings and find lower cost alternatives.</td>
</tr>
<tr>
<td>Find a Doctor</td>
<td>Find a doctor or hospital in your network.1 Search by location, specialties, quality recognitions and extended office hours. Get GPS-enabled directions to get there fast.</td>
</tr>
<tr>
<td>Compare cost estimates</td>
<td>Compare cost information for health care services to keep your health and budget in check.2</td>
</tr>
<tr>
<td>ID card</td>
<td>Show your ID card to your doctor, so they have the information they need to look up your coverage.</td>
</tr>
<tr>
<td>Blue Cross® Health &amp; Wellness, powered by WebMD®</td>
<td>Keep your personal health information in one place, set health goals, track your health measures and find credible health information from WebMD.</td>
</tr>
</tbody>
</table>

1Always call providers before visits to confirm they’re in-network.  
2Cost estimates are available to most non-Medicare members.  

LEARN MORE TODAY AT BCBSM.COM/APP.
Help is at Your Fingertips with Our Mobile Apps

**HAP OnTheGo app**
With HAP’s OnTheGo mobile app, you can review your deductible and claims history, find a doctor, check health reminders and search for prescriptions. You can also access your ID card, check symptoms, manage health conditions, find a doctor and more.

To gain secure access to the app:
1. Download the app.
2. Enter your HAP ID number.
3. Enter your four-digit year of birth (####).

**Amwell: Doctor Visits 24/7 app**
With the Amwell app, you can talk to licensed, board-certified doctors who are available 24/7 for live, secure online visits.

Download the app, click Sign Up and enter your information. When prompted for a service key, use: HAPmi.

**Wellness at Your Side™ app**
The Wellness at Your Side app from WebMD gives you a fast, easy way to access your HAP iStrive® for Better Health account.

Once you download the app, click on Use your Connection Code instead. Enter “istrive.” When asked for username and password, click on Use your Single Sign-On. When it connects to the hap.org login screen, log in with your username and password. Your hap.org username is generally your HAP ID number.

**HAP Member Discounts app**
With our HAP Member Discounts, you get savings on health and wellness-related activities and services. You’ll also get a mobile alert when you’re near an eligible discount.

You’ll need our member-exclusive access code. To get it, log in to hap.org and click on HAP Member Discounts.

**Assist America app**
Assist America offers global emergency medical services if you’re ill or injured while traveling more than 100 miles from home, or while in a foreign country.

Log in to hap.org. Go to Quick Links and click on Assist America. You’ll see the link to log in to get your exclusive HAP access code.

You can download these apps in Apple’s app store or Google’s Play app store.
The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search or toothbrush timer without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

» **Coverage and claims information**

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family’s coverage in one spot.

» **Dental Care Cost Estimator**

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» **Dentist search**

It’s easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like ‘language spoken’ and ‘specialty.’ After you choose a dentist, you can save the contact information and get directions.

» **Mobile ID card**

There’s no longer a need to carry a paper ID card. Simply show the dentist’s office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Passbook or Google Wallet.

» **Toothbrush timer**

Keep up with your oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.

Get started
Delta Dental’s free app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.

Log in for secure access
Delta Dental subscribers can log in using the username and password used to log in to www.deltadental.com. If you haven’t registered for an account yet, you can do so within the app. If you’ve forgotten your username or password, you can also retrieve these within the app. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.
Using your vision benefits with the EyeMed Members App is as easy as 1-2-3

1. Get started
   - Download the EyeMed Members App in the App Store or Google Play
   - Learn about your benefits
   - Search thousands of eye doctors in your network

2. See an eye doctor
   - Schedule an eye exam straight from your phone or tablet
   - Get turn-by-turn directions to your eye doctor
   - Shake to view your ID card

3. Use the tools and extras
   - Create reminders to schedule an exam or reorder contact lenses
   - Save your prescription info
   - Check out exclusive member deals and discounts

SEE THE GOOD STUFF
Download the EyeMed Members App from the App Store or Google Play today.
So Many Ways to Get Great Health Care

**Personal service**
HAP has a dedicated team of personal service coordinators to help you use your health care plan.

**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/wsu.