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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 Total Compensation and Wellness Department (TCW). We believe the information found in this handbook will be valuable to you. General questions regarding these benefits are answered by the HR Employee Resource Center or by sending an email to askhr@wayne.edu.

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

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

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

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

To your well-being,
Total Compensation and Wellness Department

Grandfathered Health Plans (Lower Co Pay Plans Only)

Wayne State University believes our Lower Copay medical plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). Please note: The Higher Copay medical plans lost grandfathered status as of May 1, 2013. As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that our plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, including the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at askhr@wayne.edu. You may also contact the U.S. Department of Health and Human Services at http://www.healthcare.gov. This description of the University’s benefit programs 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 always govern.

For Medicare Part D information and Creditable Coverage Notice, please see pages 39-40.
Medical, Dental & Vision Plan Eligibility

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

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

Employees represented by the Building Trades, part-time faculty, temporary employees and students are not eligible for medical benefits offered by Wayne State University.

All 50% time or greater employees are eligible for coverage under the University’s medical, dental, and vision benefits beginning on the first day of the month coincident with or next following the date of hire. Enrollment in these plans is not automatic. Participation cannot begin without completion of the required enrollment forms, either during the Faculty/Staff Orientation, during the annual Open Enrollment Period (generally in late October/early November with choices in effect January 1) or within 30 days of a Life Status Change. Once enrolled, the Open Enrollment period is the only time you can make a change to your benefit elections or covered dependents without having to demonstrate an eligible Life Status Change. There is no Life Status Change restriction on making changes during Open Enrollment. However, documentation is required to support all dependents added to the plan.

Dependent Eligibility
You can enroll your eligible dependents in the medical benefits. Eligible dependents include your:

- Legal spouse. (There is no dual coverage for WSU employees married to WSU employees.)
  - OR -
- 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; and
    - The OEP is not related by blood or marriage.
  - This benefit is considered taxable income and subject to all applicable taxes. This benefit also covers the OEP’s IRS-defined dependent children. This benefit does not cover the employee’s relatives.

- Your children or the children of your spouse/OEP:
  - Coverage for children can only be provided by one WSU employee.
  - 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 supporting documentation needed for dependents, see page 30.

Dependent Eligibility continued on next page.
Dependent Eligibility Continued…

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

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

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

For a list of supporting documentation needed for dependents, see page 30.
Benefit Plan Enrollment

If you are a new employee:
Enrollment requires that you complete the appropriate forms (found on our website and in the back of this handbook) and return them to the Total Compensation and Wellness Department within 30 days of your date of hire, to insure you are enrolled in the plan of your choice. Refer to the Newly Hired Employee Benefit Checklist on our Web site for additional guidance http://wayne.edu/hr/health-welfare/new-hire-benefits-checklist.pdf.

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

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

To change your coverage during open enrollment, you may utilize our online system, or forms must be returned to the Total Compensation and Wellness Department by the specified deadlines.

Obtaining Services before you get your Benefit ID Cards
If you change medical plans during open enrollment or you are a new hire, contact your selected medical carrier to find out how to receive services if your medical card has not arrived by the date your benefits become effective. Until you receive your card, you may have to pay for services in full. Contact your medical plan to find out the reimbursement procedure (see Benefits Directory, page 28). Be sure to save all your receipts.

Contact Total Compensation and Wellness within 30 days if...
- you change your address (you may update your address online using Pipeline)
- your marital status changes
- you have a change in eligible dependents
- your spouse or dependent passes away
- you changed jobs at Wayne State University
- you change union affiliation or become non-represented due to a job change
- you are laid off
- you are placed on an unpaid Family and Medical Leave, Workers’ Compensation or Leave of Absence
- you elected to participate in the University’s Cash In-Lieu or opt out program and you lose your other medical coverage

When contacting Total Compensation and Wellness...
Please have your nine-digit Banner ID (Employee ID/Student ID) available for telephone conversations and include it in all correspondence. This ID can be found on your OneCard or paycheck stub in Pipeline/Academica.
Paying For Your Benefits

The University makes a significant investment in your medical benefits by paying a major share of the cost. You pay the remaining cost through automatic deductions from your pay. There are 24 medical and vision deductions for 12-month employees and 18 medical and vision deductions for 9-month employees. Medical deductions are based on your effective date and are collected on a prepaid basis. See calendar on page 7 for a timeline of payroll deductions. Any applicable retroactive employee contributions will be collected from the next available check. This will happen when you make your selections at the end of the enrollment period. Therefore, we recommend you make all benefit changes as quickly as possible.

Cost of Medical Benefits
Each plan has different contribution amounts. Please review the bi-weekly rate schedule prior to your selection. Rates are listed on a per-pay basis. The rate schedules are located on our Website at http://wayne.edu/hr/tcw/health-welfare/medical-rates.php. Individual employee groups may have different rate schedules. If you have a question about rates, please call the Total Compensation and Wellness Department at (313) 577-3000.

Imputed Income – Taxable Benefits
Medical 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 an 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 Total Compensation and Wellness department 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 31 of this handbook. When an option is not selected the default selection is pre-tax medical. Post-tax medical deductions may only be elected upon entry into a medical plan or during Open Enrollment.

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

If a new 9-month employee begins on January 1, we take the regular plus additional deductions to pay for summer coverage. It could be a sizeable deduction, but this allows for the employee to have medical insurance through the summer.
### Bi-Weekly 12-Month Payroll Deductions for 2015 Calendar Year

<table>
<thead>
<tr>
<th>Pay Number</th>
<th>Deduction Pay Date</th>
<th>Medical Coverage Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>12/31/14</td>
<td>1st Half of January</td>
</tr>
<tr>
<td>01</td>
<td>01/14/15</td>
<td>2nd Half of January</td>
</tr>
<tr>
<td>02</td>
<td>01/28/14</td>
<td>1st Half of February</td>
</tr>
<tr>
<td>03</td>
<td>02/11/15</td>
<td>2nd Half of February</td>
</tr>
<tr>
<td>04</td>
<td>02/25/15</td>
<td>1st Half of March</td>
</tr>
<tr>
<td>05</td>
<td>03/11/15</td>
<td>2nd Half of March</td>
</tr>
<tr>
<td>06</td>
<td>03/25/15</td>
<td>1st Half of April</td>
</tr>
<tr>
<td>07</td>
<td>04/08/15</td>
<td>2nd Half of April</td>
</tr>
<tr>
<td>08</td>
<td>04/22/15</td>
<td>1st Half of May</td>
</tr>
<tr>
<td>09</td>
<td>05/06/15</td>
<td><strong>No medical deduction or Cash In Lieu Payment</strong></td>
</tr>
<tr>
<td>10</td>
<td>05/20/15</td>
<td>2nd Half of May</td>
</tr>
<tr>
<td>11</td>
<td>06/03/15</td>
<td>1st Half of June</td>
</tr>
<tr>
<td>12</td>
<td>06/17/15</td>
<td>2nd Half of June</td>
</tr>
<tr>
<td>13</td>
<td>07/01/15</td>
<td>1st Half of July</td>
</tr>
<tr>
<td>14</td>
<td>07/15/15</td>
<td>2nd Half of July</td>
</tr>
<tr>
<td>15</td>
<td>07/29/15</td>
<td>1st Half of August</td>
</tr>
<tr>
<td>16</td>
<td>08/12/15</td>
<td>2nd Half of August</td>
</tr>
<tr>
<td>17</td>
<td>08/26/15</td>
<td>1st Half of September</td>
</tr>
<tr>
<td>18</td>
<td>09/09/15</td>
<td>2nd Half of September</td>
</tr>
<tr>
<td>19</td>
<td>09/23/15</td>
<td>1st Half of October</td>
</tr>
<tr>
<td>20</td>
<td>10/07/15</td>
<td>2nd Half of October</td>
</tr>
<tr>
<td>21</td>
<td>10/21/15</td>
<td>1st Half of November</td>
</tr>
<tr>
<td>22</td>
<td>11/04/15</td>
<td>2nd Half of November</td>
</tr>
<tr>
<td>23</td>
<td>11/18/15</td>
<td>1st Half of December</td>
</tr>
<tr>
<td>24</td>
<td>12/02/15</td>
<td>2nd Half of December</td>
</tr>
<tr>
<td>25</td>
<td>12/16/15</td>
<td><strong>No medical deduction or Cash In Lieu Payment</strong></td>
</tr>
<tr>
<td>26</td>
<td>12/30/15</td>
<td>1st Half of January (2016 Plan Year)</td>
</tr>
</tbody>
</table>

### Monitoring Payroll Deductions

The employee has a responsibility to periodically review their dependent 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 contributions made because the employee failed to provide proper notification of ineligibility of a dependent. All notifications must be submitted on the appropriate forms within 30 days to Total Compensation and Wellness. You should keep copies of all forms turned in as well as all official University notices.

To monitor your coverage, check your Benefits Statement by logging into Pipeline/Academica. Click ‘Employee’ tab, then click ‘Benefits and Deduction’ in the ‘Employee Self Service’ section.

To monitor your deductions, check your Pay Stub by logging into Pipeline/Academica. Click ‘Employee’ tab, then click ‘Pay Stub’ in the ‘Employee Self Service’ section.
Summary of Medical Options

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

Effective Date

Your effective date will be the first of the month coincident with or next following your date of hire if your application is received by the Total Compensation and Wellness Department within 30 days of your date of hire.

If you fail to apply within 30 days, you may only elect HAP or BCBS. Coverage will be effective the first of the month following 90 days from the date your enrollment forms are received by the Total Compensation and Wellness Department. You will pay premiums on a post-tax basis.

If your application is received by the Total Compensation and Wellness Department by the deadline for open enrollment, your effective date will be January 1.

Retroactive Coverage

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

No Coverage Option

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

Cash In-Lieu of Medical/Dental Benefits

If you wish to elect the Cash In-Lieu of Medical Benefits option, you must complete the waiver form in the back of this handbook and return it with proof that you are covered through another health plan. The required proof of other insurance must be attached to the Cash In-Lieu Election Form. You will not receive the cash benefit if you are covered under a Wayne State University health plan. The cash benefit will not be retroactive. See page 11 for more details.
Blue Cross Blue Shield Traditional
This option may interest you if you want complete flexibility in choosing physicians. Blue Cross Blue Shield Traditional (BCBS) covers inpatient hospitalization, surgical fees, emergency care, and many outpatient procedures including diagnostic office visits, and prescription drugs. An annual deductible and copays apply. Please see important note below regarding BCBS’s payment for services at non-participating hospitals, facilities and alternatives to hospital care providers.

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

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

Preferred Provider Organizations (PPOs)
You can enroll in one of two PPOs: Community Blue or DMC Care.

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 carrier’s coverage, see pages 12-15.
Health Maintenance Organizations (HMOs)
You can enroll in one of three HMOs: Blue Care Network, Health Alliance Plan, or Total Health Care.

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

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 Web site to review a current provider directory. See the Benefits Directory on page 28 for a listing of HMO telephone numbers and websites.

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

Health Alliance Plan
Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw and Wayne

Blue Care Network
All Lower Peninsula Counties

Total Health Care
Genesee, Macomb, Oakland and Wayne

Important
HMO participating providers are always subject to change. The carrier websites generally maintain a current listing of participating providers. However, before enrolling in an HMO, contact your doctor and hospital to confirm participation. See Benefits Directory for a listing of provider telephone numbers and Web sites on page 28.

Claim Forms
You do not have to file claims in an HMO.

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

Prescription Drug Information
Retail Prescription Drugs
For more information on how retail prescription drugs are covered, see Comparison of Medical Benefits on pages 14-15.

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

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

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

If you are eligible, you have the opportunity to decline medical 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 under a Wayne State University health plan. Stipend recipients do not qualify for the cash in-lieu of medical benefit.

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

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

How Cash In Lieu is Paid

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

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

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

The amount deducted for taxes depends on individual tax circumstances.

Items to Consider Before Declining Medical Coverage

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

Interlocking Enrollments – Medical and Dental

Full Interlocking Enrollment applies to the following employee groups:

AAUP, GEOC, Non-Represented

- Medical, dental, and vision enrollment levels must be the same for each plan (enrollment levels are single, two person, or family)
- If Cash In Lieu is elected, may elect dental at 100% of cost
- If no medical or Cash In Lieu coverage, 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.
<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>
<th>Traditional BCBSM</th>
<th>Community Blue PPO In-Network</th>
<th>Community Blue PPO Out-of-Network</th>
<th>DMC Care PPO In-Network</th>
<th>DMC Care PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Plan pays 90% after deductible (Nonemergency services must be rendered in a participating hospital)</td>
<td>Covered in full (Nonemergency services must be rendered in a participating hospital)</td>
<td>80% after out-of-network deductible (Nonemergency services must be rendered in a participating hospital)</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Medical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits</td>
<td>Low Copay Plan $10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>Plan pays 90% after deductible</td>
<td>$10 copay</td>
<td>80% after out-of-network deductible</td>
<td>$10 copay</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td></td>
<td>High Copay Plan $20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>Plan pays 90% after deductible</td>
<td>$20 copay</td>
<td>80% after out-of-network deductible</td>
<td>$20 copay</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Preventive Services- Routine Physical, Well-Baby Care, Pediatric Exams, Childhood Immunizations</td>
<td>Low Copay Plan $10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>Not covered</td>
<td>$10 copay</td>
<td>Not covered</td>
<td>$10 copay</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
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<td></td>
<td>High Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Not covered</td>
<td>Covered in full</td>
<td>Not covered</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>Low Copay Plan No copay</td>
<td>No copay</td>
<td>No Copay</td>
<td>Plan pays 90% after deductible (up to $1,000 deductible)</td>
<td>$100 copay (waived if admitted or for an accidental injury)</td>
<td>$100 copay (waived if admitted or for an accidental injury)</td>
<td>$100 copay (waived if admitted or for an accidental injury)</td>
<td>$100 copay (waived if admitted or for an accidental injury)</td>
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<tr>
<td></td>
<td>High Copay Plan $100 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$50 copay (waived if admitted or for an accidental injury)</td>
<td>$50 copay (waived if admitted or for an accidental injury)</td>
<td>$50 copay (waived if admitted or for an accidental injury)</td>
<td>$50 copay (waived if admitted or for an accidental injury)</td>
<td>$50 copay (waived if admitted or for an accidental injury)</td>
</tr>
<tr>
<td>Both Plans</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Laboratory, Pathology and Radiology (X-ray) Services</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Allergy Testing and Injections</td>
<td>Low Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>$10 copay</td>
<td>Plan pays 90% after deductible</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td></td>
<td>High Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>$20 copay</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Outpatient Physical, Speech and Occupational Therapy</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>
<td>Plan pays 90% after deductible</td>
<td>Covered in full (up to 60 visits per year)</td>
<td>Covered in full (up to 60 visits per year)</td>
<td>Covered in full (up to 60 visits per year)</td>
<td>Covered in full (up to 60 visits per year)</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductable</td>
</tr>
<tr>
<td>Chiropractic Services/Surgical Manipulation</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>
<td>Plan pays 90% after deductible (up to 24 visits per year)</td>
<td>Covered in full (up to 24 visits per year)</td>
<td>Covered in full (up to 24 visits per year)</td>
<td>Covered in full (up to $1,000 per year)</td>
<td>Covered in full (up to $1,000 per year)</td>
</tr>
<tr>
<td>Reproductive Care</td>
<td>Low Copay Plan $10 copay per visit</td>
<td>$10 copay per visit</td>
<td>Covered in full</td>
<td>Plan pays 90% after deductible</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td></td>
<td>High Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Delivery and Routine Nursery Care</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Plan pays 90% after deductible</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Infertility Services</td>
<td>Covered with limitations</td>
<td>Covered with limitations</td>
<td>Covered with limitations</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Covered with limitations</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Voluntary Sterilization</td>
<td>Low Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Not covered</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td></td>
<td>High Copay Plan Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>Covered in full</td>
<td>80% after out-of-network deductible</td>
<td>Covered in full</td>
<td>Pays 70% of DMC Care fee schedule after deductible</td>
</tr>
<tr>
<td>Benefit</td>
<td>Health Alliance In-Network Only</td>
<td>Blue Care Network In-Network Only</td>
<td>Total Health Care In-Network Only</td>
<td>Traditional BCBSM In-Network</td>
<td>Community Blue PPO In-Network</td>
<td>DMC Care PPO Out-of-Network</td>
<td>DMC Care PPO Out-of-Network</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------------------------</td>
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<td>-----------------------------</td>
<td>-------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>Plan pays 90% after deductible</td>
<td>Covered in full (approved facilities)</td>
<td>Covered in full (must be pre-authorized by Value Options)</td>
<td>Pays 70% of DMC Care fee schedule after deductible (must be pre-authorized by Value Options)</td>
<td></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>
<td>Plan pays 90% after deductible</td>
<td>Covered in full</td>
<td>Covered in full (must be pre-authorized by Value Options)</td>
<td>Pays 70% of DMC Care fee schedule after deductible (must be pre-authorized by Value Options)</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Copay Plan</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td>$5 generic drugs $10 brand name drugs</td>
<td></td>
</tr>
<tr>
<td>High Copay Plan</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td>$20 preferred brand drugs $45 non-preferred brand drugs (copay waived for generic oral contraceptives)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Plans</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>
<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>
<td>Limited to one month supply. Includes contraceptive medications. Mail order prescriptions (90-day supply) are available.</td>
<td></td>
</tr>
<tr>
<td>Other Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autism Spectrum Disorders</td>
<td>Covered – contact carrier for details</td>
<td>Covered – contact carrier for details</td>
<td>Covered – contact carrier for details</td>
<td>Covered – contact carrier for details</td>
<td>Not covered</td>
<td>Covered – contact carrier for details</td>
<td>Covered – contact carrier for details</td>
<td></td>
</tr>
<tr>
<td>Eyeglasses and Contact Lenses</td>
<td>Covered following cataract or intraocular surgery</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Covered following cataract or intraocular surgery</td>
<td>Not covered</td>
<td>Covered following cataract or intraocular surgery</td>
<td>Covered following cataract or intraocular surgery</td>
<td></td>
</tr>
<tr>
<td>Hearing Aids</td>
<td>Covered for authorized conventional hearing aids (one hearing aid every 36 months)</td>
<td>Covered (two hearing aids every 36 months)</td>
<td>Not covered</td>
<td>Covered (one hearing aid every 36 months)</td>
<td>Covered (one hearing aid every 36 months)</td>
<td>Covered (one hearing aid every 36 months)</td>
<td>Pays 70% of DMC Care fee schedule after deductible (one hearing aid every 36 months; up to $1,000)</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Care Facility</td>
<td>Covered in full (730 days, renewable after 60 days)</td>
<td>Covered in full (730 days per episode of illness)</td>
<td>Not covered</td>
<td>Covered in full (120 days per episode of illness)</td>
<td>Covered in full (120 days per year)</td>
<td>Covered in full (120 days per year)</td>
<td>Covered in full; requires pre-authorization (365 days per lifetime) Pays 70% of DMC Care fee schedule after deductible; requires pre-authorization</td>
<td></td>
</tr>
<tr>
<td>Deductibles, Copays and Limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>$100 per individual $200 maximum per family</td>
<td>No deductible</td>
<td>$250 per individual $500 per family</td>
<td>No deductible $500 per individual $1,000 per family</td>
<td></td>
</tr>
<tr>
<td>Annual prerequisite maximum</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$500 per individual $1,000 per family</td>
<td>N/A</td>
<td>$2,000 per individual $4,000 per family</td>
<td>N/A $1,500 per individual $1,500 per family</td>
<td></td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (includes deductible, coinsurance &amp; copay)</td>
<td>Low Copay Plan None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>High Copay Plan</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>
<td>$600 per individual $1,200 per family</td>
<td>$600 per individual $1,200 per family</td>
<td>$2,250 per individual $4,500 per family</td>
<td>Medical $5,000 per individual $10,000 per family</td>
<td></td>
</tr>
<tr>
<td>Hospital/Prescription</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>
<td>Required – Provider responsibility</td>
<td>Required – Provider responsibility</td>
<td>Required – Provider responsibility</td>
<td>Required – penalties for noncompliance apply</td>
<td></td>
</tr>
</tbody>
</table>

This Comparison of Medical Benefits contains a general outline of covered benefits and do 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.
Dental Insurance

All eligible employees are covered by a comprehensive dental insurance plan with the Delta Dental Plan of Michigan.

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 group number and employer name to the dentist's office staff. Your eligibility and covered services can be verified by the dentist's office prior to your visit.

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

Save money and stay in network with Delta Dental

With your Delta Dental 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. To find a participating Delta Dental PPO or Premier dentist, please visit www.deltadentalmi.com.

To register and access Delta Dental Information:
1. Log onto http://www.toolkitsonline.com
2. Select “Consumer Toolkit”
3. Select “Register Now”

<table>
<thead>
<tr>
<th>Delta Dental Networks</th>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Most significant network discounts with nearly 1,700 office locations in Michigan¹</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>
<tr>
<td>Delta Dental Premier</td>
<td>• Significant network discounts with more than 5,300 office locations in Michigan¹</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>
<tr>
<td>Out-of-Network</td>
<td>Out-of-Network dentist</td>
</tr>
<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>

¹ Michigan network statistics: Delta Dental of Michigan, April 2012
## Dental Insurance Continued

### Delta Dental PPO (Point-of-Service) Summary of Dental Plan Benefits

**Covered Services – Benefit Year January 1 through December 31**

<table>
<thead>
<tr>
<th>Class</th>
<th>PPO Dentist</th>
<th>Premier Dentist</th>
<th>Non-participating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays</td>
<td>Plan Pays*</td>
</tr>
<tr>
<td><strong>Class I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment - to temporarily relieve pain</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Radiographs - X-rays</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Class II</strong></td>
<td></td>
<td></td>
<td></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 and dentures</td>
<td>90%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Class III</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services - includes bridges, implants, and dentures</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Class IV</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Services - includes 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. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- 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. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are only 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 crowns are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

**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.
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, which is unchanged from previous years, 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 2015 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 and several other local eye care chains, as well as independent eye care providers.

For more information on the vision plan options see page19 or go to: www.wayne.edu/hr/tcw/health-welfare/vision-plan.php.

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. See Total Premium column on schedule below for rates.

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Basic Plan– Bi-Weekly Costs</th>
<th>Enhanced Buy-Up Plan– Bi-Weekly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Premium</td>
<td>WSU Cost</td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Month</td>
<td>$2.12</td>
<td>$1.06</td>
</tr>
<tr>
<td>9-Month</td>
<td>$2.84</td>
<td>$1.42</td>
</tr>
<tr>
<td>Two Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Month</td>
<td>$4.00</td>
<td>$2.00</td>
</tr>
<tr>
<td>9-Month</td>
<td>$5.34</td>
<td>$2.67</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-Month</td>
<td>$5.88</td>
<td>$2.94</td>
</tr>
<tr>
<td>9-Month</td>
<td>$7.84</td>
<td>$3.92</td>
</tr>
</tbody>
</table>

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](http://www.eyemedvisioncare.com) and choose the SELECT network from the provider locator dropdown box. You can also call the EyeMed Customer Care Center and request a list of providers at 1-866-299-1358 if you are not currently enrolled in vision benefits. Current EyeMed members can call 1-866-723-0514.

<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 $5</td>
</tr>
<tr>
<td>Standard Polycarbonate-Adults</td>
<td>$35 Copay</td>
<td>$0 Copay</td>
<td>Up to $5</td>
</tr>
<tr>
<td>Standard Polycarbonate-Kids under 19</td>
<td>$35 Copay</td>
<td>$0 Copay</td>
<td>Up to $5</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>
</tbody>
</table>

**Contact Lenses** (allowance covers materials only)

| Conventional | $0 Copay, $115 Allowance; 15% off balance over $115 | $0 Copay, $150 Allowance; 15% off balance over $150 | Up to $100 |
| Disposables | $0 Copay, $115 Allowance; 15% off balance over $115 | $0 Copay, $150 Allowance; 15% off balance over $150 | Up to $100 |
| Medically Necessary | $0 Copay, Paid in Full | $0 Copay, Paid in Full | Up to $200 |

**LASIK and PRK Vision Correction Procedures**

| 15% off retail price or 5% off promotional pricing | 15% off retail price or 5% off promotional pricing | N/A |

**Frequency:**

- **Exam**
  - Once every 12 months
- **Frames**
  - Once every 12 months
- **Standard Plastic Lenses or Contact Lenses**
  - Once every 12 months

For instructions on how to register and access EyeMed information, please visit: [https://wayne.edu/hr/tcw/health-welfare/vision-plan.php](https://wayne.edu/hr/tcw/health-welfare/vision-plan.php).
Changes in employment status that affect your benefits coverage:

A Change in Your Appointment
If your hours decrease to less than 50 percent, you become ineligible for University contributions toward medical, dental, and vision benefits. You can continue your medical, dental and vision coverage through COBRA and life insurance by paying the full premium. There is a two percent administrative fee applied to the COBRA benefits.

When your hours increase to 50 percent or greater, notify us within 30 days and you become eligible for subsidized benefits.

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

Leave of Absence or Absence Without Pay
The Total Compensation and Wellness Department may not be notified when you are taking a leave of absence. Remember to keep us informed and we, when appropriate, can help you arrange to continue your benefits. You can continue your medical, dental and vision coverage through COBRA and life insurance by paying the full premium. There is a two percent administrative fee applied to the COBRA benefits.

Questions regarding Leave of Absence without pay should be directed to Total Compensation and Wellness at (313) 577-3000 or email askhr@wayne.edu.

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

Termination of Employment

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

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

When you lose eligibility based on your employment status, the Total Compensation and Wellness Department and Automated Benefit Services will be aware of these changes and will automatically mail you an application for COBRA coverage. If you do not receive your COBRA information within 30 days, you should call Automated Benefit Services at 1-800-645-9978 immediately. Remember, you have 60 days from the later of date of the notice, or loss of coverage, to apply for COBRA coverage.

If your dependents lose coverage due to divorce or ineligibility, Automated Benefit Services will not know of these changes, and therefore, will not automatically mail out COBRA information. You must notify TCW within 30 days of the event so that your dependents do not lose their eligibility for COBRA continuation coverage.

It is important to check with Automated Benefit Services (ABS) prior to your employment status change event to arrange for the continuation of your benefits. ABS can provide you with an outline of your benefits and the cost of continuation coverage. Remember, ABS will automatically cancel your benefits unless the required premiums are paid by or before the due date. Once COBRA benefits are canceled because of nonpayment, they will not be reinstated.
Life Insurance and Accidental Death & Dismemberment (AD&D)

Basic and Supplemental Coverage
WSU provides eligible employees with group term life insurance equal to one times salary with The Standard. Our life insurance policy includes accidental death and dismemberment (AD&D) benefits. These policies come with portability and conversion options upon termination of employment. Life insurance coverage amounts start to decrease on a graduated scale beginning at age 70.

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

For new employees, if completed forms are received by TCW within 30 days of the date of hire, coverage begins on the date of hire. Otherwise, basic coverage begins on the first of the month following receipt of the completed form (supplemental coverage effective upon carrier approval).

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 dependent(s) over age 19. Once your dependents are no longer eligible you must notify us to terminate dependent coverage.

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

Beneficiary Designation
Please provide both primary and contingent beneficiaries. Contingent beneficiaries are payable if all primary beneficiaries have pre-deceased you.

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

Increasing Your Supplemental Life Insurance
By electing supplemental life, you can increase your insurance coverage to one of the following options:
- the basic plus one times your salary,
- the basic plus two times your salary,
- the basic plus three times your salary, or
- the basic plus four times your salary

The maximum available insurance option is the basic life insurance plus four times your salary in supplemental coverage up to plan maximums. 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. Both forms must be submitted to The Standard for review. If your request is approved by The Standard, the change takes effect on the date approved. You will receive confirmation of the approval from The Standard.

For forms, rates and more information, please visit:
http://www.wayne.edu/hr/tcw/health-welfare/life-insurance.php
Long Term Disability Insurance

Your LTD coverage provides a monthly income benefit equal to a percentage of your monthly base wage. Benefits begin first of the month coincident with or next following 180 days of being disabled from your own occupation. The benefit is offset by other income associated with your disability including but not limited to, Social Security Benefits and Worker’s Compensation.

To apply for the long-term disability benefit, contact Total Compensation and Wellness 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 letter head) and mail to: Wayne State University, Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI, 48202. The verification should give the following information:

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

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

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, The Standard contributes up to 15% of your last day of work salary to your retirement account.

For more information and plan documents, please visit:
http://wayne.edu/hr/tcw/health-welfare/longterm-disability.php
Flexible Spending Accounts

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

Health Care & Dependent Care Reimbursement Accounts

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

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

Debit Card

FSA participants receive a debit-style MasterCard that allows direct access to FSA funds for eligible health and dependent care expenses. You can use the card when you make eligible health care purchases from merchants who accept MasterCard. It is important to note that purchases made with your card on or after January 1, 2015 will access funds from your 2015 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. You must, however, upon request submit receipts to within 14 days of making your purchases.

Use It or Lose It!

FSAs are permitted under Section 125 and 129 of the Internal Revenue Code. IRS regulations require that any balance remaining at the end of the plan year be forfeited. However, the IRS allows a grace period for the Health Care Reimbursement Account – 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-CREF. Enrollment in the retirement savings plans is not automatic. Follow the steps below to begin saving for your future.

403(b) Retirement Savings Plan

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

Overview of the Plan

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

You are vested after 2 Years of Service

What is the maximum amount of Employee and University Contributions?
The maximum employee contribution for 2015 is limited to $17,500 ($23,000 if age 50 or older). This maximum includes Employee Contributions to plans sponsored by other employers, but does not include University contributions. For calendar year 2015, if you are making Employee contributions of 5% or more, then the University maximum matching contributions will be 10% of your eligible gross salary (up to a maximum salary of $255,000).

Waiver of Service Provision
To waive the 2 years of service requirement, we will count your prior service (during the 3 years prior to your date of hire with WSU) where you worked 50% or more time, as a regular employee or as a “medical intern”, “medical resident” or “medical fellow” or as a temporary employee for WSU that was at least 50% time. WSU will not count any prior service when you were employed as a “graduate student”, “graduate assistant”, “part-time faculty” or “volunteer faculty”.

You must submit to TCW a waiver letter from your previous employer (on letterhead stationery and signed by a representative of the employer) listing the following:
- Job title,
- Hire date, and
- Appointment % time
- Termination date,
- Appointment % time

Enrollment Steps

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

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

<table>
<thead>
<tr>
<th>TIAA CREF</th>
<th>Fidelity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Website:</td>
<td>Website:</td>
</tr>
<tr>
<td>Telephone 1-800-842-2776</td>
<td>Telephone: 1-800-343-0860</td>
</tr>
<tr>
<td>403(b) Base plan – Defined Contribution Plan</td>
<td>403(b) Plan No. 52864</td>
</tr>
<tr>
<td>Supplemental plan – TDA plan</td>
<td>457(b) Plan No. 84976</td>
</tr>
<tr>
<td>457(b) – Same as base plan</td>
<td>Access code: “wsubase”</td>
</tr>
</tbody>
</table>

457(b) Retirement Savings Plan

Double Your Retirement Savings! The employee contribution limit for the 457(b) plan is separate from the 403(b) plan, so you can defer an additional $17,500 in pre-tax dollars (or $23,000 if age 50 or older) for 2015.

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

Same Quality Investment Choices: The 457(b) Plan offers the same TIAA-CREF and Fidelity Investments as the current WSU 403(b) plan.
Tuition Assistance Programs

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

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

Course Limits:
For Full Time Employees:

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

For Fractional-time Employees:

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

Members of certain bargaining units are subject to different limits.

Benefit Forfeiture:

- The Employee must earn a passing grade or the benefit is forfeited. Undergraduate course “D” or better and Graduate course “C” or better
- The Employee must remain on the WSU payroll until the date the term ends for which benefits are requested or the benefit is forfeited.

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

“Spouse” means the legal Spouse or Other Eligible Person of an eligible employee as of the first day of classes 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 first day of classes for the term for which benefits are requested.

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

Benefit Forfeiture:

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

For more information and enrollment instructions, please visit: http://hr.wayne.edu/tcw/tuition-assistance/index.php

2015 Plan Year http://wayne.edu/hr/tcw
Wellness Warriors Program

Wayne State University supports employees making healthy lifestyle choices by creating a culture of wellness on campus. The Wellness Warriors Program is FREE for eligible WSU employees. The purpose of the Wellness Warriors Program is to improve the quality of life and the health status for the employees of Wayne State University. This will be accomplished by providing educational programs, services, and tools that assists individuals in accomplishing their wellness goals. Our program strives to help individuals be able to do what they want, when they want, how they want.

You Deserve to Stay Well!

The Wellness Warriors Program theme is "Employee Engagement - The Total You". We believe that wellness is multifaceted, and to be a successful worksite wellness program we should address every aspect of wellness for our most important component - YOU. To do so, the Wellness Warriors Program will provide the tools and resources for you to create a personalized wellness plan.

Enrollment

The program runs on the calendar year, from January 1-December 31. Enrollment takes place annually, in the late fall, to start the program January 1 of the following year. Enrollment is an annual election and you will need to re-enroll each year. If you are a newly hired employee, contact TCW to enroll at any time during the year.

As always, your health information is protected by privacy laws and is not shared with Wayne State University.

For more information and enrollment instructions, please visit: http://wellness.wayne.edu/overview.php

Program Highlights:

- An extra $75 in your paycheck for enrolling in the program
- Up to an additional $175 in incentives throughout the year
- Free Nutritional Consults from Strategic Wellness
- Free fitness services at the Mort Harris Recreation and Fitness Center
- Free health services at University Pharmacy
- Free unlimited telephonic wellness coaching with Ulliance Wellness Coaches
- A full calendar of educational and fitness events to attend each month
- Wellness Bucks Program – a way to earn points and prizes to keep you going
- Support from Wellness Champions, fellow WSU employees that are participating in the program
- Competitions, prizes and more...

Other Wellness Programs

A variety of wellness resources is available to all employees, including Weight Watchers @ Work, annual flu shot clinics, and the Life Advisor Employee Assistance Program provided by Ulliance. For information on these programs and other free wellness resources, please visit: http://www.wayne.edu/hr/tcw/wellness/index.php.
Voluntary Benefits

Home and Auto Insurance
Wayne State University offers a voluntary employee benefit program for auto and home insurance that could save employees time and money. This is possible through an exclusive discount from Liberty Mutual.

This program entitles you to a discount off Liberty Mutual’s already competitive auto and home insurance rates. Liberty Mutual offers additional discounts based on your college education, age, driving experience and auto equipment (such as anti-lock brakes and airbags).

With auto and home insurance from Liberty Mutual, you’ll also enjoy:

- Rates guaranteed for 12 months, not six as offered from some other companies
- Convenient payment plans, including payroll deduction, automatic checking account deduction and direct billing at home
- Round-the-clock claims service
- 24-Hour Emergency Roadside Assistance
- Optional Identity Fraud Expense Coverage for homeowners insurance
- 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

For more information, please visit: http://www.wayne.edu/hr/tcw/other-benefits/home-auto.php

Long Term Care Insurance
WSU is pleased to provide Long Term Care Insurance through Trustmark. This coverage is available on an employee-paid basis to active benefits eligible employees and their family members.

Most employees know about the kind of medical health insurance that pays doctor and hospital bills. Another kind of insurance helps pays for care in a nursing home or home health care. This is called Long Term Care Insurance.

Long Term Care Insurance covers assistance with activities of daily living - if you have a chronic illness or disability at any age that leaves you unable to care for yourself - in a nursing home, or in your own home. Further, of the 13 million people in the U.S. who will need Long Term Care, close to 40% are working-age adults, not the elderly. For seniors, these services are not typically covered by Medicare.

For more information, please visit: http://www.wayne.edu/hr/tcw/other-benefits/longterm-care.php
# Benefits Directory

<table>
<thead>
<tr>
<th>Provider</th>
<th>Phone</th>
<th>Web</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Compensation and Wellness</strong></td>
<td>313-577-3000</td>
<td>Web: <a href="http://wayne.edu/hr/tcw">http://wayne.edu/hr/tcw</a></td>
</tr>
<tr>
<td>Employee Benefits Statement</td>
<td></td>
<td>Email: <a href="mailto:askhr@wayne.edu">askhr@wayne.edu</a> Fax: 313-577-0637</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Alliance Plan HMO</td>
<td>800-422-4641</td>
<td><a href="http://www.hap.org">www.hap.org</a></td>
</tr>
<tr>
<td>Prescription Mail Order (Pharmacy Advantage)</td>
<td>800-456-2112</td>
<td><a href="http://www.hap.org/prescriptions/delivery.php">www.hap.org/prescriptions/delivery.php</a></td>
</tr>
<tr>
<td>Total Health Care HMO</td>
<td>800-826-2862</td>
<td><a href="http://www.thcmi.com">www.thcmi.com</a></td>
</tr>
<tr>
<td>Prescription Mail Order (Catermaran)</td>
<td>877-634-9202</td>
<td><a href="http://www.mymailpharmacy.com/catermaran">www.mymailpharmacy.com/catermaran</a></td>
</tr>
<tr>
<td>Blue Care Network HMO</td>
<td>800-662-6667</td>
<td><a href="http://www.bcbsm.com">www.bcbsm.com</a></td>
</tr>
<tr>
<td>Prescription Mail Order (Express Scripts)</td>
<td>800-778-0735</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>DMC Care PPO</td>
<td>800-543-0161</td>
<td><a href="http://www.dmc-care-WSU.com">www.dmc-care-WSU.com</a></td>
</tr>
<tr>
<td>Prescription Mail Order (CVS)</td>
<td>888-797-8903</td>
<td><a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Community Blue PPO</td>
<td>800-322-4447</td>
<td><a href="http://www.bcbsm.com">www.bcbsm.com</a></td>
</tr>
<tr>
<td>Prescription Mail Order (Express Scripts)</td>
<td>800-778-0735</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Michigan</td>
<td>800-322-4447</td>
<td><a href="http://www.bcbsm.com">www.bcbsm.com</a></td>
</tr>
<tr>
<td>Prescription Mail Order (Express Scripts)</td>
<td>800-778-0735</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>Automated Benefits Services</td>
<td>800-645-9978 (DMC Plan)</td>
<td><a href="http://www.abs-tpa.com">www.abs-tpa.com</a></td>
</tr>
<tr>
<td></td>
<td>586-693-4748 (COBRA)</td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EyeMed</td>
<td>866-939-3633</td>
<td><a href="http://www.enrollwitheyemed.com">www.enrollwitheyemed.com</a></td>
</tr>
<tr>
<td><strong>Dental</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800-482-8915</td>
<td><a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts</strong></td>
<td>866-451-3399</td>
<td><a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a></td>
</tr>
<tr>
<td><strong>Family Medical Leave (FMLA)</strong></td>
<td>877-462-3652</td>
<td><a href="http://www.fmlasource.com">www.fmlasource.com</a></td>
</tr>
<tr>
<td><strong>Life Insurance/Long Term Disability (LTD)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Standard</td>
<td>800-290-1445</td>
<td></td>
</tr>
<tr>
<td><strong>Retirement Savings Plans</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fidelity Investments</td>
<td>800-343-0860</td>
<td><a href="http://plan.fidelity.com/wayneuniversity">http://plan.fidelity.com/wayneuniversity</a></td>
</tr>
<tr>
<td></td>
<td>800-642-7131 (Individual Counseling)</td>
<td></td>
</tr>
<tr>
<td>TIAA-CREF</td>
<td>800-842-2776</td>
<td><a href="http://www.tiaa-cref.org/wayne">www.tiaa-cref.org/wayne</a></td>
</tr>
<tr>
<td></td>
<td>800-842-2044 (Individual Counseling)</td>
<td></td>
</tr>
<tr>
<td><strong>Wellness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness Warriors Program</td>
<td>313-577-3717 Option 3</td>
<td>wellness.wayne.edu</td>
</tr>
<tr>
<td>Ulliance</td>
<td>888-699-3554 (Wellness)</td>
<td><a href="http://www.welliance.com/wsu/wsu_services.htm">www.welliance.com/wsu/wsu_services.htm</a></td>
</tr>
<tr>
<td></td>
<td>800-448-8326 (Life Advisor EAP)</td>
<td><a href="http://www.team-eap.com">www.team-eap.com</a></td>
</tr>
<tr>
<td>University Pharmacy</td>
<td>313-831-2008</td>
<td>universityrx.wayne.edu</td>
</tr>
<tr>
<td><strong>Voluntary Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberty Mutual- Home &amp; Auto</td>
<td>800-648-7944</td>
<td><a href="http://www.libertymutual.com/lm/wsu">www.libertymutual.com/lm/wsu</a></td>
</tr>
<tr>
<td>Trustmark – Long Term Care</td>
<td>800-918-8877</td>
<td><a href="http://www.trustmarkins.com/internet/corporate/">www.trustmarkins.com/internet/corporate/</a></td>
</tr>
</tbody>
</table>
Forms

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

- **Employee Benefit Enrollment/Change Form** - Use this form to enroll in a health plan, change health plans, or add a dependent.

  **Basic and Supplemental Life/AD&D Enrollment/Change Form** - Use this form to enroll in or make changes to your life insurance coverage, enroll your dependents in the dependent life insurance plan, and update your beneficiary (-ies).

- **Supporting Documentation Requirements**

- **Life Status Change/Benefit Plan Termination Form** - Use this form to notify the Total Compensation and Wellness Department of Life Status Changes as described on the form.

- **Cash in Lieu Form** - Use this form to apply for cash in lieu of medical and/or dental insurance.

- **Flexible Spending Account Application** - Use this form to establish a flexible spending account.

- **403(b) Retirement Plan Salary Reduction Agreement** - Use this form to adjust your payroll contribution into your 403(b) Retirement Savings Plan.

- **Employee Tuition Assistance Application** - Use this form when applying for tuition assistance.

- **Spouse/Child Tuition Benefit Application** - Spouse/child of employees, use this form to apply for the dependent tuition benefit.

Please return completed forms to:

Total Compensation and Wellness
5700 Cass Ave., Suite 3638
Detroit, MI 48202
Fax: 313-577-0637

For all other forms, please visit:

http://wayne.edu/hr/tcw/forms.php
# Your Dependent’s Supporting Documentation Requirements

<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 2013 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 Under Age 26</td>
<td></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>
<tr>
<td>Children 26 and Older</td>
<td></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>Other Dependents</td>
<td></td>
</tr>
<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).</td>
</tr>
<tr>
<td>Senior Rider; age 65 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).</td>
</tr>
</tbody>
</table>

* If you are divorced or legally separated, your former spouse is ineligible for Wayne State University's Medical Plan coverage
Employee Benefit
Enrollment/Change Form

Must be completed in full. Incomplete forms will delay benefit processing. A valid Michigan or Ontario address is required.

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 Enrollment  □ Open Enrollment Change  □ Life Status Change (must supply Life Status Change form and proof of eligibility)

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 (BT3/4)(BT/A/B7)

☐ DMC Care PPO (BD3/4)(BDA/BD7)

☐ Health Alliance Plan HMO (BC3/4)(BCA/BCB)

☐ Community Blue PPO (BE3/4)(BEA/BEB)

☐ Blue Care Network HMO (BB3/4)(BBA/BBB)

☐ Blue Cross Blue Shield (BA1/4)(BAA/BAB)

☐ Waive Medical Coverage (BE9)

☐ Cash In Lieu of Medical (BCM/L) MUST submit Cash In Lieu of Medical Form and proof of other group coverage to receive cash benefit.

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

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 Participants Only

For those electing Cash In Lieu of Medical coverage, complete the Voluntary Vision Plan Enrollment Form to elect a voluntary vision plan. www.wayne.edu/hr/tcw/forms.php

Dental Coverage Check Only One

☐ Delta Dental (BG3/BGA)

☐ Waive Dental Coverage (BG9)

Life/AD&D Insurance (BL5/A/3/4/D)

The Basic and Supplemental Life/AD&D Enrollment/Change Form is on the back of this form.

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.

<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>Attach Required Documentation</th>
<th>Primary Care Physician Name &amp; ID #</th>
<th>Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/OEP</td>
<td></td>
<td>1040/Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td>Birth Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td>Birth Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td>Birth Certificate</td>
<td></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

The information listed above is correct to the best of my knowledge. I authorize bi-weekly deductions, if appropriate, for insurance based on the current rates and any future rate increases. I certify that the names above are legal and eligible dependents. I understand that falsely certifying eligibility requirements in any respect could result in disciplinary action, that the University may request additional eligibility evidence, that I will be liable for all expenditures for coverage and benefits plus any administrative expenditure and that I must notify the Total Compensation and Wellness Department immediately when a dependent becomes ineligible. I authorize release of the information listed above to the insurance plan I have selected for the purpose of obtaining coverage. The information will be provided to the insurance plan in electronic format. I have provided required documentation to support proof of dependency.

Employee Signature

Date

Please return to: Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637
**EMPLOYEE INFORMATION**

<table>
<thead>
<tr>
<th>Name</th>
<th>Soc Sec Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Gender</th>
<th>Date of Hire</th>
<th>Banner ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ F</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ M</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYEE COVERAGE – ENROLLMENT INFORMATION**

**REQUESTED AMOUNT**

- ☐ 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

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

**DEPENDENT COVERAGE – ENROLLMENT INFORMATION**

**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.

<table>
<thead>
<tr>
<th>Type of Enrollment (check one):</th>
<th>☐ Initial Enrollment</th>
<th>☐ Change in coverage1</th>
<th>☐ Cancel Dependent coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12-MONTH EMPLOYEE COST PER PAY</th>
<th>9-MONTH EMPLOYEE COST PER PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not electing dependent coverage</td>
<td>$ 0.00</td>
</tr>
<tr>
<td></td>
<td>$ 0.00</td>
</tr>
<tr>
<td>$20,000 Spouse/Domestic Partner/Other Eligible Person and $10,000 Per Child (Other Eligible Person eligibility as determined by WSU)</td>
<td>$ 2.25</td>
</tr>
<tr>
<td></td>
<td>$ 3.00</td>
</tr>
<tr>
<td>$20,000 Spouse/Domestic Partner/Other Eligible Person Only (Other Eligible Person eligibility as determined by WSU)</td>
<td>$ 1.50</td>
</tr>
<tr>
<td></td>
<td>$ 2.00</td>
</tr>
<tr>
<td>$10,000 Per Dependent Child Only (to age 25 per WSU eligibility rules)</td>
<td>$ 0.75</td>
</tr>
<tr>
<td></td>
<td>$ 1.00</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address</th>
<th>Soc Sec Number</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contingent</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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 The Standard and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages. I understand the benefit I have elected is limited to the maximum benefit available under the policy. I further understand that the Supplemental Life plan only covers eligible dependents as defined under the insurance policy and I must notify WSU when my dependant(s) become ineligible.

Signature  Date

Life Insurance options not available to all employee groups. See Benefits Handbook for eligibility information. Please return to Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637
Life Status Change/Benefit Plan
Termination Form

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

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 during the year only if you experience a change in your family status. The Internal Revenue Code defines a Life Status Change as:

- 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

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, adoption, or marriage will be effective as of the date of birth, adoption, or marriage 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. If you fail to report a Life Status Change within 30 days of the event, you cannot make any changes in your coverage until the next annual Open Enrollment or next qualifying event.

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

Description of Event (Select one of the above descriptions): ____________________ Date of Event: ____________

If enrolling a dependent in coverage, skip this section of form and submit a Benefit/Enrollment Change Form (Page 29)

<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>
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</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 Total Compensation and Wellness Department immediately when a dependent becomes ineligible. I certify that the information provided is true and correct. I authorize the University to change my benefit enrollments and to adjust my payroll deduction in accordance with the changes I have requested.

Employee Signature  Date

Please return to: Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637

Submit Within 30 days of the life status change
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 verification of my coverage offered through:

Spouse’s Name: __________________________
Spouse’s Employer: __________________________
Medical Plan (See attached proof of coverage): __________________________

☐ I understand this verification must indicate that I am currently covered.

☐ I understand this verification must be provided by the employer providing my insurance and must state 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.

☐ I understand that under no circumstances will the cash benefit be made retroactive.

☐ I understand that if I am a nine-month employee and elect to enroll in any Wayne State University group medical plan mid-year, I will owe the University for pre-payment of the cash benefit made to me for the summer months.

☐ I understand that my eligibility for cash may be subject to an annual recertification process.

☐ I understand by electing cash in lieu, I am not eligible for subsidized dental or bundled vision (AAUP, Non-Rep, or GEOC ONLY). I have the option to elect voluntary coverage.

☐ I certify that I am covered by another non-WSU medical and/or dental plan(s). I certify that I will maintain coverage in this medical and/or dental insurance plan(s) on an ongoing basis and I agree to notify TC&W within 30 days if I lose coverage under the medical and/or dental insurance plan(s).

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

Employee Signature
Date

Please return to: Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637
Flexible Spending Account Application

Employee Name (Last, First) Please print

Banner ID

Social Security Number

Date of Birth

Street Address

City

State

Zip

Date of Hire

Job Title/Union Affiliation

Home Phone

Email

Please check one: □ 12-Month or 9-Month Deferred Employees □ 9-Month Employees

You may elect to participate in either or both the health care reimbursement account and the dependent care reimbursement account.

Health Care Reimbursement Account

A Health Care FSA will allow you or an eligible dependent the option to save tax dollars on health care expenses. The minimum allowable annual deposit is $130 and the maximum is $2,500 for the plan year. Please elect your total annual and per pay period amounts below.

Open Enrollment

9-month employees please divide Total Annual Amount by 20  $ 

Per Pay Period Amount (MUST be rounded down to next penny)

$ 

Total Annual Amount (Maximum $2,500)

12-month employees or 9-Month Deferred Employees please divide Total Annual Amount by 26  

Per Pay Period Amount (MUST be rounded down to next penny)

New Hire (Mid-Year): Only fill in the total annual amount (maximum $2,500).

Dependent Care Reimbursement Account

A Dependent Care FSA will allow you to save tax dollars on dependent day care expenses. The minimum allowable annual deposit is $208, and the maximum is $5,000 for the plan year. Please elect your total annual and per pay period amounts below.

Open Enrollment

9-month employees please divide Total Annual Amount by 20  $ 

Per Pay Period Amount (MUST be rounded down to next penny)

$ 

Total Annual Amount (Maximum $5,000)

12-month employees or 9-Month Deferred Employees please divide Total Annual Amount by 26  

Per Pay Period Amount (MUST be rounded down to next penny)

New Hire (Mid-Year): Only fill in the total annual amount (maximum $5,000)

IMPORTANT: The amount you can deposit is limited to the lesser of your earned income or your spouse’s earned income and is not to exceed $5,000.

I elect to have the amount(s) stated above deducted from each pay for 20 pays if I’m employed nine-months or 26 pays if I’m employed 12-months of the year. I understand this election is binding for the 2015 plan year. I can only make midyear changes or enroll in a FSA if I experience a qualified status change as defined by the Internal Revenue Code.

Employee Signature

Date

Please return to: Total Compensation and Wellness, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637. Due to confidentiality concerns please do not send via email.

www.wayne.edu/hr/tcw
# 403(b) Retirement Plan Salary Reduction Agreement

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

<table>
<thead>
<tr>
<th>Banner ID No:</th>
<th>E-mail Address:</th>
</tr>
</thead>
</table>

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

## Section 1 New Enrollment (Please complete all questions)

- I have completed the On-Line Enrollment with:
  - [ ] TIAA-CREF
  - [ ] 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 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-CREF
    - ________% to Fidelity Investments
    - ________% TOTAL

- I elect to make additional **Employee Contributions** (in whole percentages only) to the **SUPPLEMENTAL PLAN** at TIAA-CREF. I understand that these contributions **WILL NOT** be matched by University Contributions and are fully vested at all times.

  - ________% to TIAA-CREF

## Section 3 University Contribution Election (Complete all blanks)

- [ ] Default Option: I elect to have my University Contributions allocated in the same proportion as my employee contributions. I understand that these contributions **WILL BE** vested after I have 2 Years of Service. The University will match up to 10%.

- [ ] I elect to manually allocate University Contributions in the following proportions:
  - ________% to TIAA-CREF
  - ________% to Fidelity Investments

**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 TCW. 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.

**Signature:**

**Date:**
Employee Tuition Assistance Application

Name (Last, First, Middle Initial)  WSU Banner:  REVISED  YES
Age 60+  YES

Employed in School, College Or Division  Job Title  E-mail address: Enter if you want to receive confirmation after the benefit is processed

Year: _____________  Term:  ☐ Fall  ☐ Winter  ☐ Spring/Summer
TOTAL Credit Hours Requested for Tuition Benefit:  ☐

Course Number - Subject  Credit Hours

-----

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

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 will be subject to income tax. Undergraduate level courses of OEP or Child of OEP will be subject to income tax. Coursework of a person who is not qualified as the Eligible Employee’s tax dependent will be subject to income tax. For definition of tax dependent see https://wayne.edu/hr/tcw/tuition-assistance/index.php
- OTHER - The Tuition Benefit is calculated on tuition, omnibus fee, fitness center 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 requirements.

__________________________________________________________
Employee’s Signature (e-signature)  Date

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

__________________________________________________________
Employee’s Signature (e-signature)  Date

TCW 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>
</table>

www.wayne.edu/hr/tcw  FAX FORM to 313-577-0637 or EMAIL to fp6399@wayne.edu
Spouse/Child Tuition Benefit Application

Student Information

<table>
<thead>
<tr>
<th>Year: ____________</th>
<th>Term:</th>
<th>☐ Fall</th>
<th>☐ Winter</th>
<th>☐ Spring/Summer</th>
</tr>
</thead>
</table>

Student Name (Last, First, Middle Initial) | Birth Date: (mm/dd/yy): | WSU Banner ID: | REVISIEd | ☐ YES | Age 60+ | ☐ YES |
|------------------------------------------|--------------------------|-----------------|---------|--------|---------|--------|

Relationship (check one): University may request proof of eligibility

☐ Spouse | ☐ Child – Less Than Age 26
☐ Other Eligible Person (OEP) | ☐ Child of OEP – Less Than Age 26

Is the student claimed as a dependent on the employee’s 1040 for the calendar year containing the term for which the tuition benefit is requested?

☐ Yes ☐ No

TOTAL Credit Hours Requested for Tuition Benefit:

Employee Information

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>WSU Banner ID</th>
</tr>
</thead>
</table>

Employed in School, College Or Division | Job Title | E-Mail address (if you want confirmation after the benefit is processed)

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. The student is required to successfully complete the courses. Benefits will be forfeited if the Spouse/Child drops, withdraws, or takes an incomplete. For certain groups of Eligible Employees, the enrolled Spouse/Child must earn a passing grade for undergraduate courses of “D” or better and for graduate courses of “C” or better, or benefits will be forfeited. See your union contract.
- TAXATION OF BENEFIT - Graduate level courses, undergraduate level courses of OEP or Child of OEP and coursework of a person who is not qualified as the Eligible Employee’s tax dependent will be subject to income tax. For definition of tax dependent see [https://wayne.edu/hr/tcw/tuition-assistance/index.php](https://wayne.edu/hr/tcw/tuition-assistance/index.php)
- OTHER – The Tuition Benefit is calculated on tuition only (no fees); the student is responsible for all other charges. The Tuition Benefit is not available for Spouse/Child for coursework in the MD, JD or PharmD programs. The employee and student must abide by all rules of the Registrar or Student Accounts Receivable.

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

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

Employee’s Signature (e-signature) | Date

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

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

Total Compensation and Wellness Use Only:

<table>
<thead>
<tr>
<th>Employee Class</th>
<th>Appointment 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>

38 FAX FORM to 313-577-0637 or EMAIL to fp6399@wayne.edu www.wayne.edu/hr/tcw
Legal Notices

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

Disclaimer
This booklet is intended as a convenient summary of the benefits for active benefits eligible employees effective January 1, 2015. 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.
Creditable Coverage Notice Continued

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

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

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

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

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

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

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

For more information about this notice or your current coverage: If you would like more information about this notice or your current coverage, contact the Total Compensation and Wellness Department 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 Total Compensation and Wellness Department.

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

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778)

Remember: Keep this notice. If you enroll in one of the plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show that you are not required to pay a higher premium amount.
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 Total Compensation & Wellness Department at (313) 577-3000.

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

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

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

We are required by law to:

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

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

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

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

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

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

Special Situations

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

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

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

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

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

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

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

Your Rights Regarding Medical Information About You

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

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

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

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to change the information. You have the right to request a change for as long as the information is kept by or for the Plan.
To request a change, your request must be made in writing and submitted to the Total Compensation & Wellness Department. In addition, you must provide a reason that supports your request.

We may deny your request for a change if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to change information that:
- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the change;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

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

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

We are not required to agree to your request.

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

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

To request confidential communications, you must make your request in writing to the Total Compensation & Wellness Department. 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 Web site, [www.wayne.edu/hr/tcw](http://www.wayne.edu/hr/tcw)

To obtain a paper copy of this notice, contact the Total Compensation & Wellness Department 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 web site. The notice will contain on the first page, in the top right-hand corner, the effective date.
Notice of Privacy Practices Continued

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 Total Compensation & Wellness Department 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 Total Compensation and Wellness Department.

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

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

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

Coverage Under Michigan’s Abortion Insurance Opt-Out Act

Fully insured plans in Michigan can no longer cover elective abortion unless a group rider is purchased. In order to maintain our current coverage under the Blue Care Network and Total Health Care HMOs, elective abortions will be included as a rider. This rider applies to all plan participants enrolled in the Blue Care Network and Total Health Care HMOs and cannot be declined on an individual basis.

Your covered dependents may use this coverage without notice to you.
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are 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 are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual 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, you can 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 are not 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, 2014. You should contact your state for further information on eligibility.
ALABAMA – Medicaid
Website: http://www.medicaid.alabama.gov
Phone: 1-855-692-5447

ALASKA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants
Phone (outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/
Medicaid Phone (in-state): 1-800-866-3513
Medicaid Phone (out-of-state): 1-800-221-3943

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

IDAHO – Medicaid
Medicaid Website: www.healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx
Medicaid Phone: 1-800-926-2588

INDIANA – Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

IOWA – Medicaid
Website: www.dhs.state.ia.us/hcip/
Phone: 1-888-346-9562

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

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

LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY: 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

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

MONTANA – Medicaid
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEVADA – Medicaid
Medicaid Website:  http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 1-603-271-5218

NEW JERSEY – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

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

NORTH CAROLINA – Medicaid and CHIP
Website: http://www.ncdhhs.gov/dma
Phone: 919-785-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

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

OREGON – Medicaid
Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

Pennsylvania – Medicaid
Website:  http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

Rhode Island – Medicaid
Website: www.ohhs.ri.gov
Phone: 401-462-5300

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

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

Texas – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

Utah – Medicaid and CHIP
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

Vermont– Medicaid
Website:  http://www.greenmountaincare.org/
Telephone: 1-800-250-8427

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

Washington – Medicaid
Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx
Phone:  1-800-562-3022, ext.15473

West Virginia – Medicaid
Website:  http://www.dhhr.wv.gov/bms/
Phone:  1-877-598-5820, HMS Third Party Liability

Wisconsin – Medicaid
Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 1-800-362-3002

Wyoming – Medicaid
Website: http://health.wyo.gov/healthcarefin/equalitycare
Telephone: 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

- U.S. Dept. of Labor, Employee Benefits Security Administration: www.dol.gov/ebsa
  Phone: 1-866-444-EBSA (3272)

- U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services: www.cms.hhs.gov
  Phone: 1-877-267-2323, menu option 4, extension 61565
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 for which you would be eligible in the event of your death.

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

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

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

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

Flexible Spending Accounts (FSA) – Accounts regulated by IRS Section 125. Allows you to reduce your salary and pay on a pre-tax basis for unreimbursed healthcare expenses for you and your dependents (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 Band 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 a 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.
Wherever you go, HAP goes with you.

The world is calling. Now it’s time to answer. When you join HAP, you can travel worry-free knowing HAP provides Assist America’s global emergency services whenever you are over 100 miles away from home. HAP’s partnership with Assist America makes your travels as smooth as possible, providing services like replacement of lost or forgotten prescriptions, luggage and document assistance, help finding the right hospital when in unfamiliar areas, and even identity theft protection for eligible members.

Health Plans for Everyone
Individual • Group • Medicare • Medicaid