

PTF ANNUAL ENROLLMENT

8/19-9/1

EyeMed &
DeltaDental
Coverage:
9/1/24 - 8/31/25

Deadline:
SEPT. 1

2 Rates & Eligibility
3 Enrollment

PART-TIME FACULTY

24-25 Voluntary Dental and/or Vision

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Deadline:
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Human Resources is pleased to announce the annual Part-time Faculty enrollment period for the Voluntary Dental and/or Vision Insurance Program. Enrollment is **NOT** automatic - **you must enroll each year**. Enrollment will not be permitted after the deadline. Keep in mind:

- Changes to coverage will only be allowed for qualifying Life Events
- If you do not teach at least one course in the winter of 2025, coverage will be cancelled December 31, 2024

Rates & Deductions

Your enrollment authorizes 14 deductions to be taken from your bi-weekly paychecks on a pre-tax basis starting 10/9/24 and ending 5/7/25. The university reserves the right to collect outstanding payments due by offsetting future payments or invoicing the affected participant. Any overpayments may be forfeited. [View the payroll calendar](#)

Eligibility

Any represented Part-time employee who has a reasonable expectation of employment in both the fall and winter semesters will be eligible to enroll in the Voluntary Dental and/or Vision Insurance Program.

Dependents

Eligible dependents are subject to the Wayne State University dependent eligibility guidelines. Documentation is required for all dependents and must be submitted with your enrollment. [Learn more.](#)

Bi-Weekly Rates

	Dental	Basic Vision	Enhanced Vision
Single	\$29.62	\$7.25	\$12.79
2-Person	\$56.70	\$13.73	\$24.21
Family	\$99.58	\$20.21	\$35.62

Dental Insurance

Delta Dental PPO covers routine cleanings and other services annually using a nationwide network of dentists. Diagnostic and preventative services are covered at 100%. Each enrolled family member has a \$1,000 coverage maximum per Benefit Year for eligible services. [Summary of Delta Dental Benefits.](#)

Visit www.deltadentalmi.com for participating dentists.

Vision Insurance

Part-time faculty can select between two EyeMed vision plan options: **Basic** or **Enhanced**, to best meet their vision needs. The enhanced plan offers higher eyewear allowances and several lens options with no copay. EyeMed provides a nationwide network of eye care professionals using the "Select Network".

[Summary of EyeMed Vision Benefits.](#)

Visit www.eyemed.com for participating EyeMed providers.

Learn more on our PTF benefits website: <https://hr.wayne.edu/tcw/other-benefits/parttime-faculty>

Click to Enroll
8/19 - 9/1

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Enrollment Instructions

Click to Enroll
8/19 - 9/1



Log in to the [Businessolver site](#) to explore and learn about your benefits. You'll find lots of helpful information in the Reference Center. The calendar at the top of the Home page lets you know how many days you have to enroll.

Start Your Enrollment



Click the Start Here button to review your personal information and add or edit any dependents you wish to cover. You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage. You will be required to provide documentation to prove your relationship to each dependent. Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

Enroll in Coverage

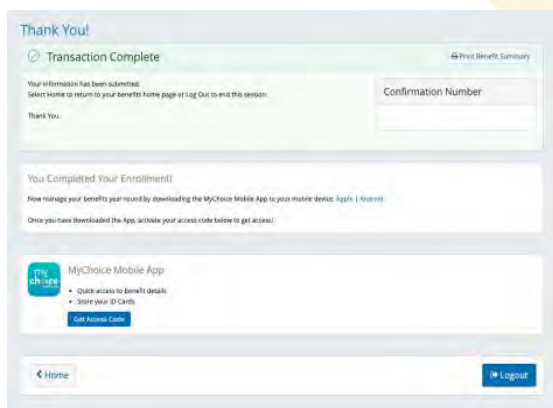
Use the Next and Back buttons to review and elect options available to you. Choose or decline coverage for each option, and select which family members you want to cover.

Review & Finalize

Make sure your personal information, elections and dependents are accurate. To finish, click I Agree. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

After You Enroll

Return to the Home page to check for any additional tasks needed to complete your enrollment, view or download your Benefit Summary, and download the MyChoice Mobile App. Log in anytime you want to learn more about your benefits!



Download the
MyChoice App!



To enroll by phone:

888-907-1433

8 a.m. - 8 p.m. (Mon - Fri)