

# PART-TIME FACULTY

## VOLUNTARY DENTAL & VISION INSURANCE PROGRAM

### SPECIAL ENROLLMENT PERIOD

Enroll: **August 23-September 3, 2021**

Welcome back! We are pleased to announce and assist with the Part Time Faculty special enrollment period for the Voluntary Dental & Vision Insurance Program. Enrollment is **not** automatic and you must submit your election annually. After the deadline, enrollments will not be permitted. Submit the *Part-Time Faculty Voluntary Dental & Vision Insurance Program 2021-2022 Enrollment Form* found at the end of this newsletter to enroll. Enrollment in the Voluntary Dental & Vision Insurance Program is subject to the following provisions:

- Coverage will remain in effect 9/1/2021 – 8/31/2022, subject to eligibility, IRS Section 125, and COBRA guidelines.
- Changes to coverage will only be allowed for qualifying Life Status Change Events per IRS Section 125 guidelines
- If the UPTF member does not teach at least one course in the Winter of 2022 semester, coverage will be canceled December 31, 2021. Any overpayment may be forfeited, and the university reserves the right to bill for outstanding payments due. The participant will have the option of continuing coverage via COBRA.
- Costs will be payroll deducted on a pre-tax basis over 14 pays, starting October 13, 2021 and ending May 11, 2022. Please note: rates may change as of January 1, 2022.

Coverage Level	Dental Plan Bi-weekly Cost	Basic Vision Plan Bi-weekly Cost	Enhanced Buy-Up Vision Plan Bi-weekly Cost
Single	\$25.26	\$7.26	\$12.80
2-Person	\$48.36	\$13.75	\$24.22
Family	\$84.92	\$20.23	\$35.65



HUMAN  
RESOURCES  
**Total Rewards**

SEND  
FORMS TO:

**HR Service Center**

5700 Cass Ave., Suite 3638

Detroit, MI 48202

Fax: 313-577-0637

Email: askhr@wayne.edu

**When emailing forms, be sure to use #SECURE in your subject line.**

PLEASE NOTE:

Coverage will remain in effect: 9/1/2021-8/31/2022. Your expected take home pay must equal or exceed 130% of all benefit deductions.

QUESTIONS?

**Phone:** 313-577-3000

**Email:** askhr@wayne.edu

**UPTF Benefits Webpage:**

<https://hr.wayne.edu/tcw/ot/her-benefits/parttime-faculty>



# ELIGIBILITY:

Benefits-eligible Part-Time Faculty as defined by Article XXIX of the collective bargaining agreement between Wayne State University and the Wayne State University Union of Part-Time Faculty AFT Local 477, AFL-CIO

## **Article XXIX VOLUNTARY DENTAL AND VISION INSURANCE**

A. Any represented Part-time Employee, who has completed two years of employment at WSU and 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. The eligible Employee will pay 100% of the premium and any associated administrative costs with pre-tax dollars. The University will deduct the monthly premiums from the Employee's salary and shall forward them to the insurance carrier.

B. All participants will pay the annual premium and associated administrative costs in 14 bi-weekly installments.

C. In the absence of an IRS recognized event, such as a marriage, divorce, birth of a child or reduction in force, an Employee who signs up for voluntary group indemnity health insurance must remain in the program for the entire twelve (12) month enrollment period.

D. Part-time Faculty Letters of Offer will include language mentioning the availability of this program.

### **To view agreement:**

[https://provost.wayne.edu/pdf/uptf\\_collective\\_bargaining\\_agreement2020-23\\_.pdf](https://provost.wayne.edu/pdf/uptf_collective_bargaining_agreement2020-23_.pdf)

# DEPENDENT ELIGIBILITY:

If you enroll in the Voluntary Dental & Vision Insurance Program, eligible dependents may also be enrolled. Eligible dependents are subject to the Wayne State University dependent eligibility guidelines.

**Please note:** Supporting documentation is required for all dependents and must be submitted with your enrollment form. For a list of dependent's supporting documentation requirements please visit: <https://hr.wayne.edu/tcw/health-welfare/dependent-supporting-documentation.pdf>

## **QUESTIONS?**

**Phone:** 313-577-3000

**Email:** [askhr@wayne.edu](mailto:askhr@wayne.edu)

# AT A GLANCE

## UPTF DENTAL INSURANCE

Your enrollment authorizes the deductions to be taken from your paycheck on a before-tax basis. **Total Rewards reserves the right to recover any underpayments by the employee or made through error or otherwise, by offsetting future payments or by invoicing the affected participant.**

The dental plan covers a wide range of medically necessary dental services regardless of whether you use a PPO Dentist a Premier Dentist or a Non-Participating Dentist. Coverage max: \$1,000/per eligible enrolled participant.

The dental plan through Delta Dental PPO (Point-of-Service) will save you more money and you'll receive higher levels of coverage when you visit a Delta Dental PPO dentist. Our 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 our PPO dentists, Delta Dental Premier Dentists agree to accept Delta Dental's fee determination as full payment for covered services.

Please note: ID cards are not issued by Delta Dental. To find a participating Delta Dental PPO or Premier dentist, please visit [www.deltadentalmi.com](http://www.deltadentalmi.com).

### **Delta Dental:**

Phone: 800-482-8915

Web: <https://www.deltadentalmi.com/>

---

## UPTF VISION INSURANCE

Your enrollment authorizes the deductions to be taken from your paycheck on a before-tax basis. **Total Rewards reserves the right to recover any underpayments by the employee or made through error or otherwise, by offsetting future payments or by invoicing the affected participant.**

You have the option between two plans: Basic Vision plan or Enhanced Buy-Up Vision plan. The Enhanced Buy-Up plan offers higher eyewear allowances and several lens options covered with no copay as part of the benefit.

The vision plans through EyeMed provide discounts through a national network of eye care professionals. Discounts for

eyewear are applied at the time of purchase, and all charges are handled directly between you and the provider. Present your Banner ID to the provider when you receive your eye care services.

Eyewear providers have no restrictions on frames, lenses, color, size or style. Charges for LASIK procedures are also discounted through participating providers.

### **EyeMed:**

Phone: 866-723-0514

Web: <https://eyemed.com/en-us>



## Part-Time Faculty Voluntary Dental & Vision Insurance Program 2021-2022 Enrollment Form

Eligible Part-Time Faculty (AFT Local 477, AFL-CIO)  
Special Enrollment Deadline – **September 3, 2021**

Office Use Only  
Effective Date (BGP- )  
(BVP- )

Employee Last Name (Please print)	First Name	Social Security Number	Banner ID
Street Address	City	State	Zip Code
Date of Hire	Phone	Date of Birth	Email/Access ID

**Eligibility:** Any represented Part-time Employee, who has completed two years of employment at WSU and has a reasonable expectation of employment in both the fall and winter semesters will be eligible.

### Enrollment:

**Vision** (Check one to enroll):     Basic Vision Plan     Enhanced Buy-Up Vision Plan  
**Dental** (Check to enroll):         Part Time Faculty Dental Group 5989-002

**Dependent Information:** List only eligible dependents that you are enrolling. All information for dependents such as Social Security Number, Date of Birth, and supporting documentation must be provided, otherwise they will not be enrolled. See dependent supporting documentation requirements: <https://hr.wayne.edu/tcw/health-welfare/dependent-supporting-documentation.pdf>

Last Name	First Name	Sex (M/F)	Date of Birth	Relation Code *	Social Security Number (Required)	Attach Required Dependent Supporting Documentation
				Self		N/A
						1040/Other
						Birth Certificate
						Birth Certificate

**\*Relation Code:** S=Employee, M=Spouse, C=Child, O=Sponsored Dependent, H=Disabled Dependent, P=Other Eligible Person

### Bi-Weekly Employee 2021 Deduction Rates:

Coverage Level	Dental Plan	Basic Vision Plan	Enhanced Buy-Up Vision Plan
Single	\$25.26	\$7.26	\$12.80
2-Person	\$48.36	\$13.75	\$24.22
Family	\$84.92	\$20.23	\$35.65

**Your Authorization** I hereby certify and understand: The above named dependent(s) meet the eligibility requirements of Wayne State University policy. I cannot cancel for a 12 month period based upon my enrollment date without a qualifying Section 125 Life Status Change event. The rates for these plans will be deducted from my paycheck (14 bi-weekly deductions, beginning 10/13/2021 and ending 5/11/2022) and I will be responsible for any retro premiums. Rates may change as of January 1, 2022. This form will not be accepted after September 3, 2021.

--	--

Employee Signature

Date

Attach required documentation and return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: [askhr@wayne.edu](mailto:askhr@wayne.edu) When emailing forms, **be sure to use #SECURE in your subject line.**