



WAYNE STATE

Human Resources



Retiree, Surviving Spouse and Long-Term Disability Recipient Benefits Handbook

This booklet is intended as a convenient summary of the benefit plans for retirees, surviving spouses, and eligible LTD recipients, and is not meant to be a controlling legal document or contract. This booklet does not cover all provisions, limitations and exclusions. If any questions should arise, the legal plan documents, contracts and insurance policies will govern. Wayne State University reserves the right to amend, modify, or terminate these plans at any time and in any manner.



Total Rewards • Human Resources

Address: 5700 Cass Ave., Suite 3638, Detroit, Michigan 48202

Telephone: 313-577-3000 • Fax: 313-577-0637 • Email: askhr@wayne.edu

Hours: Weekdays, 8:30 a.m. - 5:00 p.m.

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Wayne State University – Warrior Strong

Our mission

We will create and advance knowledge, prepare a diverse student body to thrive, and positively impact local and global communities.

Our vision

We will be a pre-eminent, public, urban research university known for academic and research excellence, success across a diverse student body, and meaningful engagement in its urban community.

Our values

While our vision and mission show where we want to go, our values guide us on the way. They cut across organizational boundaries, bind us culturally, and permeate our strategic and tactical initiatives. They are the defining traits of the Wayne State community.

- Collaboration: When we work together, drawing upon various talents and perspectives, we achieve better results.
- Integrity: We keep our word, live up to our commitments and are accountable to ourselves and each other.
- Innovation: We are unafraid to try new things and learn by both failure and success.
- Excellence: We strive for the highest quality outcomes in everything we do.
- Diversity and Inclusion: We value all people and understand that their unique experiences, talents and perspectives make us a stronger organization and better people.

Welcome Retirees, Surviving Spouses and Long-Term Disability Recipients

Wayne State University is committed to your overall health and well-being. Our benefits are structured to provide high quality health care and financial protection for you and your family. Take a moment to invest in yourself and review the description of benefits available to you.

The Benefits Resource Directory on the following pages lists who you can contact and for what concern.

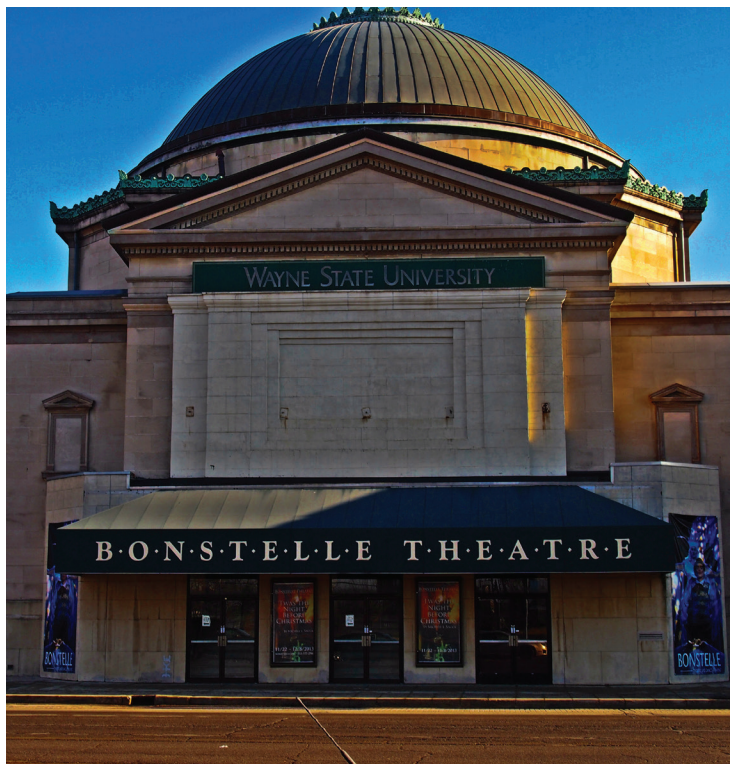
Please note: We refer to the benefits in this book as “retiree” medical, dental and vision benefits. Some of these benefits are also offered to surviving spouses and long-term disability recipients.

We urge you to keep this handbook and refer to it when you have questions about your benefits. In addition, this handbook and all benefits forms are located on our website at hr.wayne.edu/tcw.

Please always contact us if you have any questions or concerns about your benefits.

To your health,

Total Rewards



Important Note

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. For more information and your Creditable Coverage Notice, please see page 38.

Address and Beneficiary Changes

It is important to update your address and life insurance beneficiary information as life changes. **Please call the HR Service Center to update your address and/or beneficiary information.** Thank you!

Be sure to encrypt emails when sending personal information. When using your WSU email account, type “#SECURE” in the subject line to encrypt emails!

Benefits Resource Directory

Contact	Phone (hours) and Address	Website, Email and App (download free mobile apps listed below through the App Store or Google Play)
Wayne State University		
For general Human Resources and benefits questions: <ul style="list-style-type: none"> • Retiring • Eligibility to participate in a benefit plan • Enrolling and changing coverage in a benefit plan • Changing personal information (including dependent information) • Coverage costs 		
HR Service Center	313-577-3000 (Mon – Fri 8:30am – 5pm) fax: 313-577-0637 5700 Cass Ave., Suite 3638 Detroit, MI 48202	web: hr.wayne.edu/tcw email: askhr@wayne.edu
Medical, Dental and Vision For information about: <ul style="list-style-type: none"> • Participating providers • Covered and non-covered expenses • ID cards (for Medical and Vision) • Claims 		
Medical Plans		
Aetna Medicare Plan (PPO) Master Plan ID Numbers: Retiree: 0014316 LTD: 0003128	855-335-1407 (Mon – Fri 8am – 8pm) P.O. Box 7082 London, KY 40742	web: aetnaretireeplans.com app: Aetna Health
Blue Care Network (BCN) (HMO) Group Number: 00111308	800-662-6667 (Mon – Fri 8am – 5:30pm)	web: bcbsm.com app: BCBSM
Blue Cross Shield of Michigan (BCBS) Group Number: 007002779	877-354-2583 (Mon – Fri 8am – 5:30pm)	web: bcbsm.com app: BCBSM
Health Alliance Plan (HAP) (HMO) Group Number: 10000664	800-422-4641 (Mon – Fri 8am – 7pm)	web: hap.org app: HAP OnTheGo
Health Alliance Plan (HAP) Senior Plus (HMO) Group Number: 1000064	800-801-1770 October 1– March 31 (Sun – Sat 8am – 8pm) April 1– September 30 (Mon – Fri 8am – 8pm)	web: hap.org app: HAP OnTheGo

Contact	Phone (hours) and Address	Website, Email and App (download free mobile apps listed below through the App Store or Google Play)
Virtual Doctor Visits (visit a board-certified doctor via smartphone or computer 24/7)		
HAP (HMO) – American Well	844-733-3627 (24/7)	web: hap.amwell.com email: support@amwell.com app: Amwell: Doctor Visits 24/7 Service Key: HAPMi
Blue Care Network Blue Cross Blue Shield	844-606-1608 (24/7)	web: bcbsmonlinevisits.com app: BCBSM Online Visits
Home Delivery Pharmacy Service (free shipping, 90-day supply, licensed pharmacists)		
HAP and HAP Senior Plus – Pharmacy Advantage	800-456-2112 (Mon – Fri 8am – 6pm) After hours available	web: pharmacyadvantagerx.com app: HAP OnTheGo
Aetna – CVS Caremark	877-238-6211 (24/7)	web: aetna.com app: CVS Caremark
Blue Care Network – OptumRx	844-642-9087 (24/7)	
Blue Cross Blue Shield – OptumRx	855-811-2223 (24/7)	
Dental		
Delta Dental Group Number: 0005989	800-482-8915 (Mon – Fri 8am – 8pm)	web: deltadentalmi.com app: Delta Dental Mobile
Vision		
EyeMed Basic Group No.: 1035652-1001 Enhanced Group No.: 1035652-1002	866-939-3633 (every day, 7am – 11pm)	web: eyemed.com app: EyeMed Members
Monthly Billing and Payments		
For information about: <ul style="list-style-type: none"> • Aetna – Medical insurance enrollments, terminations and payments • Navia Benefit Solutions – Retiree, LTD & Surviving Spouse medical, dental and vision billing and payments (excluding Aetna) • Businessolver, Inc - COBRA medical, dental and vision enrollments, terminations, billing and payments 		
Aetna	855-335-1407 (Mon – Fri 8am – 8pm) P.O. Box 7082 London, KY 40742	web: aetnaretireeplans.com app: Aetna Health
Navia Benefit Solutions	877-920-9675 (Mon–Fri 7am–5pm PST) PO Box 3961 Seattle, WA 98124-3961	web: cobrapoint.benaissance.com
Businessolver, Inc.	888-907-1433	web: benefitsolver.com

Benefits Resource Directory

Contact	Phone (hours) and Address	Website, Email and App (download free mobile apps listed below through the App Store or Google Play)
Medicare and Social Security		
For information about: <ul style="list-style-type: none">• Medicare Eligibility• Enrolling in Medicare• Medicare Parts A, B & D		
Medicare	Helpline: 800-633-4227 Helpline TTY: 877-486-2048 Coordination of Benefits: 855-798-2627	web: medicare.gov
Michigan Medicaid Assistance Program	800-803-7174	web: michigan.gov.mdhhs
Social Security Administration	800-772-1213 TTY: 800-325-0778 (Mon – Fri 7am – 7pm)	web: socialsecurity.gov
Life Insurance, LTD and Retirement Savings Plans		
Life Insurance		
For: <ul style="list-style-type: none">• Enrollment• To file death claims• Coverage questions• Beneficiary designation		
HR Service Center	313-577-3000 (Mon – Fri 8:30am – 5pm) fax: 313-577-0637 5700 Cass Ave., Suite 3638 Detroit, MI 48202	web: hr.wayne.edu/tcw email: askhr@wayne.edu
For: <ul style="list-style-type: none">• Questions after a claim has been paid or denied• Conversion coverage administration• Portability coverage administration		
Sun Life Financial	800-247-6875 (Mon – Fri 8am – 8pm) One Sun Life Executive Park Wellesley Hills, MA 02481	web: sunlife.com/us email: usweb_general_information@sunlife.com app: Sun Life Benefit Tools

Contact	Phone (hours) and Address	Website, Email and App (download free mobile apps listed below through the App Store or Google Play)
Long-Term Disability (LTD)		
For: <ul style="list-style-type: none"> • Claim filing • Coverage questions 		
HR Service Center	313-577-3000 (Mon – Fri 8:30am – 5pm) fax: 313-577-0637 5700 Cass Ave., Suite 3638 Detroit, MI 48202	web: hr.wayne.edu/tcw email: askhr@wayne.edu
<ul style="list-style-type: none"> • After filing Claims 		
CIGNA	800-362-4462 888-842-4462 (Mon – Fri 7am – 5pm) PO Box 29221 Phoenix, AZ 85038-9221	web: mycigna.com app: MyCigna
Retirement Savings Plans		
For: <ul style="list-style-type: none"> • Individual counseling • What to do with your accounts after retiring 		
Fidelity Investments	800-343-0860 (Mon – Fri 8am – 12am) PO Box 770001 Cincinnati, OH 45277-0018 Overnight Mail 100 Crosby Parkway KC1E Covington, KY 41015	web: netbenefits.com/waynestateuniversity app: Fidelity Investments
Fidelity Investments 1-on-1 in-person counseling	800-642-7131 (Mon – Fri 8am – 12am)	web: fidelity.com/atwork/reservations
TIAA	800-842-2252 (Mon – Fri 8am – 10pm, Sat 9am – 6pm) PO Box 1268 Charlotte, NC 28201-1268 Overnight Mail 8500 Andrew Carnegie Blvd Charlotte, NC 28262	web: tiaa.org/wayne app: TIAA
TIAA 1-on-1 in-person counseling	800-732-8353 (Mon – Fri 8am – 10pm)	web: tiaa.org/wayne

Benefits Resource Directory

Contact	Phone (hours) and Address	Website, Email and App (download free mobile apps listed below through the App Store or Google Play)
Additional Retiree Benefits <ul style="list-style-type: none"> • Mort Harris Recreation & Fitness Center membership • Retiree OneCard • Free Parking • Continued Email Access • Senior Citizen Reduced Tuition (75% off tuition for age 60+) • Voluntary Benefits • Society of Active Retirees (SOAR) 		
On-Campus Retiree Benefits		
Mort Harris Recreation and Fitness Center	313-577-2348 (Mon – Fri 5:30am – 11pm, Sat – Sun 10am – 7pm) fax: 313-577-5843 5210 Gullen Mall, Detroit, MI 48202	web: rfc.wayne.edu email: campusrec@wayne.edu
OneCard/Parking Service Center	313-577-CARD (2273) (Mon – Fri 8:30am – 5pm) 42 W. Warren Avenue Suite 257, Detroit, Michigan 48202	web: onecard.wayne.edu email: onecard@wayne.edu
C&IT Help Desk	313-577-4357 (Mon – Fri 7:30am – 8pm) Student Center Building 5221 Gullen Mall, Suite 005, Detroit, MI 48202	web: tech.wayne.edu email: helpdesk@wayne.edu
Senior Citizen Reduced Tuition	Questions: Student Service Center 313-577-2100 (Mon – Thurs 8:30am – 4:30pm, Fri 8:45am – 4:30pm) The Welcome Center 42 W. Warren Ave., 1st Floor Lobby (Mon – Thurs 8:30am – 6:00pm, Fri 8:30am – 5:00pm) Send documents to: Records and Registration 5057 Woodward, 5th Floor, Detroit, 48202 Fax: 313-577-7870	web: wayne.edu/registrar/tuition email: studentservice@wayne.edu
Voluntary Benefits		
Liberty Mutual – Home & Auto Insurance	248-699-9917	web: libertymutual.com/wsua app: Liberty Mutual Mobile
Trustmark – Long-Term Care Insurance	800-918-8877 400 Field Drive, Lake Forest, IL 60045	web: trustmarksolutions.com/ email: customercare@trustmarksolutions.com
Other		
Society of Active Retirees (SOAR)	248-626-0296 (Mon – Thurs 9:30am – 3:00pm, Fri 9:30am – 1:00pm) c/o The Hawk Community Center 29995 W. 12 Mile Rd., Farmington Hills, MI 48334	web: soarexplore.com email: soarcontact@gmail.com

Retirement Summary

Retirees, the department of Total Rewards would like to thank you for your service, and is here to assist you with your transition into retirement and during retirement.

- Retirement Eligibility: To be considered a retiree from Wayne State University, you must meet the following criteria:
 - You must be age 55 or older, and
 - You must have at least 10 years of service or 5 or more years of university contributions into your 403(b) retirement savings account.
- When retiring:
 - You should send a copy of your Letter of Retirement to your supervisor or department chair and to the HR Service Center at least 2 weeks prior to your date of retirement.
 - Your Letter of Retirement should include your last day of employment. Your department will process your termination; however, sending the HR Service Center your Letter of Retirement ensures that you're set up in the system as a retiree and that you'll receive the benefits associated with retiring (group life insurance, free parking, email continuation, etc.).
 - Contact the HR Service Center to enroll in retiree medical, dental and/or vision insurance, to ensure your life insurance beneficiary(ies) are up to date, and to ensure you take advantage of all the other benefits available to you as a retiree.
- Current retirees:
 - Changes to your WSU benefits can be made following the guidelines on pages 14-15.
 - Be sure to contact the HR Service Center to keep your address and life insurance beneficiaries updated.



Surviving Spouse Summary

A surviving spouse is the spouse of a deceased retiree, long-term disability recipient or active employee (who was eligible for retirement as of the date of death). Retiree medical insurance is offered to surviving spouses. Surviving spouses of deceased active employees are eligible for retiree medical insurance or continuation of medical, dental and vision under COBRA. To be eligible for medical benefits, a surviving spouse must have been on a WSU medical plan as a dependent as of the date of death of the retiree, long-term disability recipient or active employee. **Retiree dental and vision insurance is not offered to surviving spouses.**

If you are the beneficiary of a WSU life insurance policy, refer to Life Insurance – How to File a Death Claim on page 32.

Long-Term Disability Summary

Eligible long-term disability (LTD) recipients may enroll in subsidized retiree medical insurance. These eligible LTD recipients are also eligible to enroll in the retiree dental and retiree vision plans at full retiree rates. In addition, LTD recipients are eligible for:

- Monthly disability income benefit up to $66\frac{2}{3}\%$ of your base salary, up to a maximum benefit as outlined in the Group Long-term Disability Insurance Certificate. This benefit will be paid by the university's long-term disability insurance carrier.
- If you were participating in the WSU 403(b) retirement savings plan at the start of your disability, the university's long-term disability insurance carrier will continue to contribute up to 15% of your last day of work salary to your retirement account.
- If you were enrolled in Basic and/or Supplemental Life Insurance as of your last day of work prior to your disability, WSU will continue to pay this benefit. Please note that this does not apply to Dependent Life Insurance. The spouse and/or child(ren) have the option of converting the dependent life insurance policy to a direct pay plan with Sun Life.

If you stop receiving the long-term disability insurance benefit for whatever reason, you may qualify to transition to retiree status if you met the criteria to retire as of your last day at work. Retiree benefits would then apply. Contact the HR Service Center if you need to transition to retiree status.



Medical, Dental and Vision Insurance

Eligibility

- Retiree
- Long-term disability recipient
- Surviving spouse
 - Eligible for retiree medical insurance, and
 - Only if they were enrolled as a dependent on the retiree, LTD recipient or active employee's WSU medical plan as of the date of death.

Dependent Eligibility

Eligible dependents include:

- Legal spouse
- Other Eligible Person (OEP) – If you do not already enroll a spouse for medical, dental or vision insurance benefits, you may enroll one other eligible person (OEP) if you and your OEP meet **all** the following requirements:
 - An adult, age 26 or older; and
 - Currently resides in the same residence as the employee and has done so for 18 continuous months prior to the individual's enrollment, other than as a tenant; and
 - Not a dependent of the employee as defined by the IRS; and
 - Not related by blood or marriage.
 - Not a spouse, child, grandchild, parent, grandparent, sibling, niece, nephew, aunt, uncle, cousin, landlord, renter, boarder or tenant of employee.
- Your children or the children of your spouse/OEP, defined as:
 - Children by birth or adoption (or placed in your home for final adoption).
 - Children by legal guardianship.
 - Stepchildren.
 - Under age 26.
- Principally supported children (Blue Cross Blue Shield and Blue Care Network only), defined as:
 - Not your child by birth or marriage until the end of the year in which they reach age 26.
 - Principally supported by you for at least six consecutive months (nine months for BCBS).
 - Related to you by blood or marriage.
 - Claimed as your dependents on your most recent income tax return.
- Unmarried disabled dependent children who:
 - Became disabled before reaching age 26, and are incapable of self-sustaining employment by reason of mental or physical handicap.
 - Have reached the end of the month in which they turned 26.
 - Are dependent on you for support and maintenance

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

Dependent documentation must be submitted as proof of eligibility for any dependents added to the medical, dental or vision insurance plans. Outside of the annual Open Enrollment period, you have 30 days from your date of retirement, LTD eligibility or a change in status to enroll dependents.

Ineligible Dependents

Please review the eligibility requirements described above. Ineligible dependents must be removed from your coverage within 30 days of becoming ineligible, and their last day of coverage will be as of the date they became ineligible (with exception of dependents turning 26 years old, in which coverage ends at the end of the month in which they turn 26). As a reminder, we have included a few examples of ineligible dependents:

- Anyone who is not your legal spouse or qualified other eligible person (OEP), as defined above.
- Dependents no longer covered by a court order.
- Dependent children over age 26 (coverage ends at the end of the month in which they turn 26).
- Parents, grandparents and in-laws.

Enrolling an ineligible dependent or continuing coverage for your dependent who no longer qualifies as an eligible dependent is considered by WSU to be evidence of fraud and intentional misrepresentation of material facts.

Proof substantiating dependent eligibility must be provided, when requested, which may include documents asked for during a Dependent Audit by a third-party administrator. Failure to provide the requested documents verifying proof of dependent eligibility in a timely manner may cause termination of your dependent's coverage, and you generally will not be able to reinstate coverage until the next annual Open Enrollment period.



Costs, Billing & Payments

The cost for medical, dental and vision insurance benefits for yourself and your eligible dependents is based on what benefits you elect, the level of coverage you elect, and, for medical, if you or your dependents are enrolled in Medicare Part A and Part B. All costs can be found here: hr.wayne.edu/tcw/health-welfare/medical-rates.

Billing and payments for medical, dental and vision insurance benefits are handled through WSU's billing agent, Navia Benefit Solutions. If you are a retiree or surviving spouse and enroll in the Aetna Medicare Plan (PPO), billing and payments are handled directly through Aetna. LTD recipients who enroll in the Aetna Medicare Plan (PPO) are billed by Navia Benefit Solutions.

It is your responsibility to make your monthly payment on time. Payments are due by the first of the month for the given month's coverage. You can elect to have automatic withdrawals made from your savings or checking account, or you can make a payment manually each month via the internet or mail. A payment due and not made by the first of the current month may result in coverage being cancelled retroactive to the last day of the month in which a payment was received. Payments not received within 45 days will result in cancellation of coverage. Re-enrollment will be subject to the guidelines outlined on page 13.

How to Enroll in, Change or Cancel Benefits

You can enroll in, change or cancel medical, dental or vision insurance benefits as a result of:

- Change in status or Open Enrollment

After your initial eligibility period for benefits, you can enroll or re-enroll only during the annual Open Enrollment period unless you have a change in status during the year.

Please note: All retiree benefits forms can be found at hr.wayne.edu/tcw.

Enrollment

- Newly eligible
 - Submit enrollment form(s) and supporting documentation within 30 days
- Change in status
 - Submit enrollment form(s) and supporting documentation within 30 days
- Open Enrollment
 - Submit enrollment form(s) and supporting documentation within the Open Enrollment period for changes to take effect the following January 1
- When COBRA is ending
 - You can enroll in a WSU retiree medical, dental or vision insurance plan if you were covered under COBRA and your COBRA is ending (excluding Surviving Spouses). Only retiree plans are available, which will result in a change of plans for you if you were enrolled in Priority Health or Community Blue under COBRA. Submit enrollment form(s) and supporting documentation within 30 days of COBRA ending.

For surviving spouses and LTD recipients: You must have been enrolled in an active employee WSU medical, dental or vision plan at the time of becoming a surviving spouse or LTD eligibility in order to enroll in a WSU retiree medical, dental or vision plan. **Surviving spouses are eligible for retiree medical only.**

Enrollment Changes

- Change in status
 - Submit enrollment form(s) and supporting documentation within 30 days
- Open Enrollment
 - Submit enrollment form(s) and supporting documentation within the Open Enrollment period for changes to take effect the following January 1

Other than during each year's annual Open Enrollment period, you can change your coverage election only if you experience a change in status for which you may be required or allowed to make changes to your coverage (see guidelines on pages 14-15). The coverage election must be consistent with your change in status (i.e. you cannot make a coverage change for financial reasons or because a provider stops participating in a network).



Enrolling in a WSU Medicare Advantage Plan (either HAP Senior Plus (HMO) or Aetna Medicare Plan (PPO)) is subject to Medicare special enrollment/annual Open Enrollment guidelines. If you plan to include your spouse as a dependent on your university medical insurance plan and he/she is under age 65, neither HAP Senior Plus (HMO) nor Aetna Medicare Plan (PPO) will be available to you until you are both Medicare eligible. Please visit [medicare.gov](https://www.medicare.gov) for information regarding Medicare enrollment.

A change in status may include:

- Your marriage, divorce, legal separation or annulment;
- Death of an eligible dependent;
- Addition of an eligible dependent through birth, adoption or placement for adoption;
- A Qualified Medical Child Support Order that requires you to provide medical coverage for a child; or
- You and/or your eligible dependents become eligible and enroll in or lose eligibility for Medicare or Medicaid.

See Start and End Dates of Coverage on pages 14-15.

Canceling Coverage

- Medical
 - You may cancel medical coverage at any time by submitting the retiree Medical Plan Election Form or written notice of termination. Cancellations cannot be made retroactively. Your coverage will end at the end of the month in which we receive your letter of termination or termination form.
 - To terminate Aetna Medicare Plan (PPO) coverage, you must communicate your intentions directly to Aetna and your disenrollment is subject to Aetna's termination date guidelines. This excludes long-term disability recipients.
- Dental and Vision
 - Retiree dental and vision coverage MUST continue for a 12-month period based on your enrollment date. If you cancel for any reason during the 12-month period you may not re-enroll until the first Open Enrollment period following 12 months from your coverage end date. In order to re-enroll you must first remit all back premiums for the 12-month period in which you canceled previously.

Payments are due by the first of the month for the given month's coverage. Payments not received within 45 days will result in cancellation of coverage.

Re-Enrolling

You can re-enroll in retiree medical, dental and vision plans during the annual Open Enrollment period with coverage effective the following January 1 or if you have a change in status as outlined on pages 14-15. For dental and vision, if you cancelled coverage for any reason before your initial 12-month period ended, you will not be able to re-enroll until the first Open Enrollment period following 12 months from your coverage end date. In order to re-enroll you must first remit all back premiums for the 12-month period in which you canceled previously.

Start and End Dates of Coverage

The following guidelines apply to retiree medical, dental and vision insurance benefits.

For the Following Event	Time Limit	When Coverage Change Is Effective	Documents Required*	Consequences of Missing the Time Limit
Enrolling as a newly eligible Retiree or LTD Recipient	30 days from date of retirement or LTD eligibility (must have been enrolled in an active employee WSU plan at the time of retirement or LTD eligibility)	Date following termination of active employee benefits	Enrollment form(s) and dependent supporting documentation	Enrollment not available until the next Open Enrollment period.
Enrolling as a newly eligible Surviving Spouse	30 days from date of death of retiree or active employee (must have been enrolled in WSU plan on date of death)	First of month following date of death	Enrollment form and copy of death certificate	Medical insurance is no longer available after initial enrollment eligibility period has passed.
Open Enrollment Changes	Within Open Enrollment period	January 1 of following year	Enrollment form(s) and dependent supporting documentation Medical Plan Termination Form if canceling coverage	To enroll or make changes, must wait for a change in status or next Open Enrollment period to enroll. Can cancel medical at any time.
Adding dependent due to marriage, OEP relationship, birth or adoption	30 days from date of marriage, OEP relationship, birth or adoption	First of month following date of marriage or OEP relationship. Date of birth or adoption.	Enrollment form(s) and dependent supporting documentation	Enrollment not available until the next Open Enrollment period.
Cancelling coverage	Anytime (not applicable to dental or vision)	End of month following receipt of notification by the HR Service Center	Signed notification or Medical Plan Termination Form.	Cancellation cannot be made retroactively. Premiums paid for current coverage will not be refunded.
Removing dependent due to divorce or termination of partnership	30 days from date of divorce or termination of partnership	End of month following date of divorce or termination of partnership	Medical Plan Termination Form and divorce decree	Cancellation cannot be made retroactively. Premiums paid for current coverage will not be refunded.

For the Following Event	Time Limit	When Coverage Change Is Effective	Documents Required	Consequences of Missing the Time Limit
Removing dependent due to dependent death	30 days from date of death	End of month following date of death	Medical Plan Termination Form and copy of death certificate	Cancellation cannot be made retroactively.
Removing dependent due to dependent's loss of eligibility	30 days from date of dependent's loss of eligibility	End of month following date of dependent's loss of eligibility	Medical Plan Termination Form and dependent supporting documentation	Premiums paid for current coverage will not be refunded.
Enrolling due to becoming Medicare eligible (turning age 65 or as a disabled person)	30 days from date of Medicare eligibility (Aetna and HAP Senior Plus: within 3 months from becoming Medicare eligible)	Effective date of Medicare coverage (Aetna and HAP Senior Plus: effective first of the month following receipt of required documents)	Enrollment form(s) and copy of Medicare card showing parts A & B	Enrollment not available until the next Open Enrollment period.
Enrolling in new plan due to moving out of coverage area of current plan	30 days from date of moving out of coverage area	First of month following date of moving out of coverage area	Enrollment form(s) and proof of change of address	Enrollment not available until the next Open Enrollment period.
Enrolling due to involuntary loss of non-WSU coverage	30 days from date of involuntary loss of non-WSU coverage	First of month following date of involuntary loss of non-WSU coverage	Enrollment form(s) and proof of involuntary loss of non-WSU coverage	Enrollment not available until the next Open Enrollment period.
Enrolling due to COBRA coverage ending	30 days from date of COBRA ending	Date following termination of COBRA coverage	Enrollment form(s) and dependent supporting documentation	Enrollment not available until the next Open Enrollment period.

All retiree benefits forms can be found at hr.wayne.edu/tcw.

Medical Plan Options

HAP Senior Plus (HMO)

The HAP Senior Plus (HMO), which is a Medicare Advantage plan, provides benefits offered by Medicare Parts A and B, plus additional enhanced benefits (more preventive services, eye and hearing exams and pharmacy benefits) in one plan. You must choose a HAP Senior Plus affiliated physician. You can enroll in HAP Senior Plus (HMO) if you are enrolled in Medicare Parts A and B and live in the service area. However, individuals with End-Stage Renal Disease are generally not eligible to enroll in HAP Senior Plus (HMO) unless they were members of HAP HMO and have been since their dialysis began.

If you select HAP Senior Plus (HMO), you only need to show your HAP Senior Plus ID card. You will not need to show your Medicare card when you obtain services.

Please note: HAP Senior Plus (HMO) is available only to individuals with Medicare (Parts A and B). For two-person HAP Senior Plus (HMO) contracts, each person must have Medicare Parts A and B and complete a HAP Senior Plus enrollment form. Enrollment is subject to Medicare special enrollment/Open Enrollment guidelines. For more information regarding Medicare, please visit [medicare.gov](https://www.medicare.gov).

Aetna Medicare Plan (PPO)

The Aetna Medicare Plan (PPO), a Medicare Advantage Plan, provides benefits offered by Medicare Parts A and B, plus additional enhanced benefits (more preventive services, eye and hearing exams, hearing aids and pharmacy benefits) in one plan. PPO members must ensure their provider will accept the PPO plan. Since the Aetna Medicare Plan (PPO) has an Extended Service Area, you won't pay a higher cost when receiving covered services from non-network providers. You will receive all covered services at the in-network cost — unlike typical PPO plans.

If you select Aetna Medicare Plan (PPO), you only need to show your Aetna Medicare Plan (PPO) ID card. You will not need to show your Medicare card when you obtain services.

Please note: Aetna Medicare Plan (PPO) is available only to individuals with Medicare (Parts A and B). For two-person Aetna Medicare Plan (PPO) contracts, each person must have Medicare Parts A and B and complete an Aetna Medicare Advantage Plan enrollment form. Enrollment is subject to Medicare special enrollment/Open Enrollment guidelines. For more information regarding Medicare, please visit [medicare.gov](https://www.medicare.gov).

Blue Cross Blue Shield – Traditional Fee-for-Service

This option may interest you if you want complete flexibility in choosing physicians. The Blue Cross Blue Shield of Michigan (BCBS) traditional coverage will differ depending on whether you are entitled to Medicare.

Home Delivery Pharmacy Service

Home delivery pharmacy service (mail order) is available with each of the medical plan options to save you time and money. Generally, you can obtain a three-month supply of your medication for the cost of one copay (may vary based on your medical plan and the medication prescribed). For names and contact information for the individual services, see the Benefits Resource Directory on page 2. For more information on how the cost of mail order prescription drugs compare to retail cost, see the Comparison of Medical Benefits on pages 20-21.

Individuals Entitled to Medicare:

There is no annual deductible. The BCBS supplemental coverage is designed to cover the Medicare Parts A and B deductibles and coinsurance. Coverage includes inpatient hospitalization, surgical fees, emergency care, and many outpatient procedures including diagnostic testing and prescription drugs. There is no coverage for office visits.

Individuals Not Entitled to Medicare:

After the \$100 per individual/\$200 per family annual deductible, most services are covered at 90%. BCBS traditional covers inpatient hospitalization, surgical fees, emergency care, and outpatient procedures including diagnostic testing, office visits and prescription drugs. There is no coverage for routine exams, immunizations or screening tests such as pap smears, mammograms or prostate cancer screenings.

Blue Care Network (HMO) and Health Alliance Plan (HMO)

HMOs offer broad coverage including preventive care, office visits and prescription drugs at a lower overall out-of-pocket cost. This coverage is coordinated with Medicare. You must choose an affiliated primary care physician to manage all of your medical care. Out-of-network care is not covered except in emergencies or with a written referral from your primary care physician and approval from the HMO. This is a major consideration if you live outside the HMO area.

Blue Care Network Coverage Area: All lower peninsula counties, except Schoolcraft

Health Alliance Plan Coverage Area: Arenac, Bay, Genesee, Hillsdale, Huron, Iosco, Jackson, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, Saginaw, Sanilac, Shiawassee, St. Clair, Tuscola, Washtenaw and Wayne Counties



Virtual Doctor Visits

Virtual doctor visits is a service provided by the following medical plan options:

- Blue Care Network HMO
- Blue Cross Blue Shield Traditional Fee-for-Service Plan
- Health Alliance Plan HMO

This service provides medical consultation via telephone or internet for minor illnesses such as cold/flu symptoms, allergies and ear infections. Virtual doctor visits are available 24 hours a day, seven days a week. Physicians who consult virtually can issue prescription drugs for a variety of immediate care items, and can call the prescription in to the pharmacy you choose for easy pickup. Virtual consultations cost about the same as an office visit, without the limitation of office hours and the inconvenience of travel time. See the Benefits Resource Directory on page 2 for contact information, and the Comparison of Medical Benefits on pages 18-23 for the cost of this service.

Comparison of Medical Benefits

Benefit	Blue Cross Blue Shield Without Medicare A & B	Blue Cross Blue Shield With Medicare A & B
Days of Care	Unlimited	365 Days
Room Type	Semi-private	Semi-private
Hospital Services	Pays 90% of approved amount after deductible; non-emergency services must be rendered in a participating hospital	Pays Medicare’s inpatient deductible coinsurance, extends inpatient days to 365 Pays Annual Part B deductible/coinsurance; non-emergency services must be rendered in a participating hospital
Surgery, Technical Surgical Assistance, Anesthesia, Medical Care	Pays 90% of approved amount after deductible	Pays Medicare deductible/coinsurance
Office Visits: In Person	Pays 90% after deductible	Not covered
Telemedicine/Virtual Visits	Pays 90% after deductible	Not covered
Routine Physical Examinations and Screenings	Not covered	Not covered
Eye Examinations	Covered for disease or injury of eye and following cataract surgery Pays 90% of approved amount after deductible	Routine eye exams not covered
Laboratory and Pathological Services	Pays 90% of approved amount after deductible excluding screening procedures such as Pap smears, prostrate screenings, etc.	Covered in full by Medicare
Radiological Services (X-rays)	Pays 90% of approved amount after deductible excluding miniature x-rays and screening procedures such as mammograms	Pays Medicare deductible/coinsurance
Allergy Testing and Injections	Pays 90% of approved amount after deductible	Testing: Covers Medicare deductible/ coinsurance Injections: Not covered
Outpatient Physical, Speech and Occupational Therapy	Pays 90% of approved amount after deductible	Pays Medicare deductible/coinsurance when services rendered in a Blue Cross approved facility (not covered in a doctor’s office)
Durable Medical Equipment & Supplies as prescribed by a physician	With doctor’s prescription pays 90% of approved amount after deductible	Pays Medicare deductible/coinsurance

This comparison of benefits is intended to be an easy-to-read summary and review – not a contract.
In the event of conflicting information, the plan documents will prevail.

Aetna Medicare Open SM Plan (PPO)	HAP (HMO)	HAP Senior Plus (HMO)	Blue Care Network (HMO)
Unlimited	Unlimited	Unlimited	Unlimited
Semi-private	Semi-private	Semi-private	Semi-private
Covered in full	Covered in full	Covered in full	Covered in full
Covered in full	Covered in full	Covered in full	Covered in full
\$15 copay	\$20 copay	\$10 copay	\$20 copay
\$15 copay	\$20 copay	Not covered	\$20 copay
Covered in full	Covered in full	Covered in full	Covered in full
Covered in full (one annual exam)	Covered in full	\$10 copay for each office visit	Not covered
\$15 copay	Covered in full	Covered in full	Covered in full
\$15 copay	Covered in full	Covered in full	Covered in full
\$15 copay	Covered in full	Covered in full	Covered in full
\$15 copay	Covers up to 60 combined visits per year	Covered in full	\$20 copay; 60 visits per episode per year
15% coinsurance	Covered for authorized equipment	Covered in full for authorized equipment	Covered in full

Comparison of Medical Benefits

Benefit	Blue Cross Blue Shield Without Medicare A & B	Blue Cross Blue Shield With Medicare A & B
Prescription Drugs Retail (1-month supply)	*\$10 copay	*\$10 copay
Home Delivery Pharmacy Service (3-month supply)	\$10 copay	\$10 copay
Outpatient Mental Health Care & Substance Abuse Treatment: In Person Telemedicine/Virtual Visits	Plan pays 90% after deductible Plan pays 90% after deductible	Pays Medicare deductible/coinsurance Not covered
Inpatient Mental Health Care & Substance Abuse Treatment	Pays 90% of reasonable charge after deductible has been met	Pays Medicare deductible/coinsurance
Eyeglasses and Contact Lenses	Pays 90% of reasonable charge after deductible has been met following cataract surgery, intraocular surgery, accidental injury or certain non-routine diagnoses	Pays Medicare deductible/coinsurance following cataract surgery, intraocular surgery, accidental injury or certain non-routine diagnoses
Hearing Test	Not covered	Not covered
Hearing Aids	Not covered	Not covered

* Please note the Prescription Drug Program is a PPO arrangement. Member pays only the copayment when prescription is filled at a network pharmacy. If a non-network pharmacy is used, member is responsible for 25% of approved charges in addition to copayment. Program also includes generic drug program requiring generic drug be dispensed (when available) unless doctor indicates “Dispense As Written” (DAW) on prescription.

Aetna Medicare Open SM Plan (PPO)	HAP (HMO)	HAP Senior Plus (HMO)	Blue Care Network (HMO)
Preferred Generic-Tier 1: \$2 Non-Preferred Generic-Tier 2: \$10 Preferred Brand-Tier 3: \$40 Non-Preferred Brand-Tier 4: \$75 Specialty Medications-Tier 5: 33% coinsurance Preferred Generic-Tier 1: \$4 Non-Preferred Generic-Tier 2: \$20 Preferred Brand-Tier 3: \$80 Non-Preferred Brand-Tier 4: \$150 Specialty Medications-Tier 5: 33% coinsurance; limited to 30-day supply	Generic: \$5 copay Brand: \$20 copay Non-Preferred Brand: \$45 Generic: \$5 copay Brand: \$20 copay Non-Preferred Brand: \$45 Specialty: limited to 30-day supply	Preferred Generic-Tier 1: \$5 Non-Preferred Generic-Tier 2: \$5 Preferred Brand-Tier 3: \$10 Non-Preferred Brand-Tier 4: \$10 Specialty Medications-Tier 5: \$10 Select Care Drugs-Tier 6: \$0 Preferred Generic-Tier 1: \$10 Non-Preferred Generic-Tier 2: \$10 Preferred Brand-Tier 3: \$25 Non-Preferred Brand-Tier 4: \$25 Specialty Medications-Tier 5: \$25	Generic: \$5 copay Brand: \$20 copay Non-Preferred Brand: \$45 Generic: \$5 copay Brand: \$20 copay Non-Preferred Brand: \$45
\$15 copay \$15 copay	\$20 copay Not covered	\$10 copay; covered according to Medicare guidelines Not covered	Without Medicare: \$20 copay With Medicare: covered in full
Covered in full	Covered in full	Covered in full according to Medicare guidelines	Covered in full
Covered following cataract surgery	Not covered (except following cataract or intraocular surgery according to plan guidelines)	Not covered (except following cataract or intraocular surgery according to plan guidelines)	Covered in full following cataract surgery or to replace an organic lens because of congenital absence; only the initial prescription is covered
Covered in full annually	\$20 copay	Covered in full	Covered in full every 36 months
Covered in full up to \$500 every 36 months	Covered for authorized conventional hearing aids	\$0-\$1575 copay per hearing aid	Covered in full: one hearing aid every 36 months

This comparison of benefits is intended to be an easy-to-read summary and review – not a contract. In the event of conflicting information, the plan documents will prevail.

Comparison of Medical Benefits

Benefit	Blue Cross Blue Shield Without Medicare A & B	Blue Cross Blue Shield With Medicare A & B
Emergency Services (Life-Threatening Medical Emergencies or Accidents ONLY)	Pays 90% of approved amount after deductible	Pays Medicare deductible/coinsurance
Skilled Nursing Care Facility	Not Covered	Pays Medicare daily coinsurance for 21st through 100th day.
Annual Deductibles	\$100 per person \$200 per family	\$0
Copays	10% unless otherwise noted, \$10 prescription copay	\$10 prescription copay
Annual Maximum Out-of-Pocket (includes deductible, coinsurance and copays)	10% coinsurance is limited to \$500 per person per year (\$1,000 per family) All cost sharing limited to \$600 individual, \$1,200 family	\$0
Lifetime Maximum Benefit	Unlimited	Unlimited
Hospital Pre-Certification	Required - physician responsibility	Required - physician responsibility

This comparison of benefits is intended to be an easy-to-read summary and review – not a contract. In the event of conflicting information, the plan documents will prevail.

Aetna Medicare Open SM Plan (PPO)	HAP (HMO)	HAP Senior Plus (HMO)	Blue Care Network (HMO)
Urgent Care Provider \$15 copay Emergency Room \$50 copay; (waived if admitted) Ambulance \$15 copay	\$100 copay; should notify primary care physician or health plan within 48 hours of admission	Covered in full; should notify primary care physician or health plan within 48 hours of admission	\$100 copay; must notify primary care physician or health plan within 48 hours of admission
Day 1-20: 100% Day 21-100: \$75 copay per day 100-day maximum per Medicare benefit period	Covered up to 730 days, renewable after 60 days, excludes custodial care	Covered up to 100 days per benefit period, excludes custodial care	With Medicare: 730 days per episode of illness, excludes custodial care Without Medicare: Covered in full up to 100 days per benefit period
\$0	\$0	\$0	\$0
\$15 office visit, urgent care, ambulance, outpatient MH/SA \$50 emergency room (waived if admitted) 15% coinsurance DME Prescriptions: five tiers. See “Prescription Drugs” on page 21	\$20 office visit, \$5 copay generic drugs, \$20 copay preferred brand-name drugs, \$45 copay non-preferred brand & specialty drugs	\$10 office visit, \$5 copay generic drugs, \$10 copay brand-name drugs	\$20 office visit, \$5 copay generic drugs, \$20 copay brand-name drugs except drugs for fertility treatment, \$45 copay non-preferred brand drugs
\$2,000 Copays accumulate towards annual out-of-pocket (excluding prescription copays)	\$6,350 individual \$12,700 family	\$6,700	With Medicare: \$7,150 individual; \$14,300 family Without Medicare: \$6,350 individual; \$12,700 family
Unlimited	Unlimited	Unlimited	Unlimited
Not Required	Required for each admission and emergency care in a nonparticipating hospital within 48 hours; check plan for details	Required for each admission, check plan for details	Required for emergency care in a nonparticipating hospital within 48 hours

Medicare

Medicare is the health insurance program sponsored by the federal government for persons age 65 and over (and for certain disabled persons). The following parts make up Medicare:

- Part A: Hospital insurance that covers reasonable and medically necessary inpatient hospitalization, some skilled nursing facility expenses and hospice care. It is financed by separate employee and company payroll taxes. Normally, the hospital accepts Medicare's payment and you will not pay additional fees other than any applicable deductible.
- Part B: Covers medically-necessary physician and surgeon services, outpatient hospital, home health service, diagnostic tests, some of the services of physical and occupational therapists and other medical benefits. The cost of this part of the Medicare program is paid by you.
- Part C: Medicare Advantage Plans are private health plans that replace your traditional Medicare coverage. If you join one of these plans, you generally get all your Medicare-covered health care and prescription drug coverage through the plan. In most Medicare Advantage plans, there are extra benefits and lower copayments than in the original Medicare plan. However, you may have to see doctors that belong to the plan or go to certain hospitals to get services. You must continue to pay the Medicare Part B premium if you elect a Medicare Advantage Plan. WSU has two Medicare Advantage Plans: Aetna Medicare Plan (PPO) and HAP Senior Plus (HMO).
- Part D: Provides prescription drug benefits. You choose the plan (provided by a private company) and you pay a monthly premium. If you have limited income and resources, you may qualify to get this coverage for little or no cost. Most plans will have a formulary, which is a list of drugs covered by the plan. This list must always meet Medicare's requirements, but it can change when plans get new information.



For More Information on Medicare

We encourage you to learn more about Medicare and your options by visiting [mymedicare.gov](https://www.mymedicare.gov). The 800-MEDICARE helpline is there for you 24 hours a day, including weekends. TTY users should call 877-486-2048.

Medicare becomes available on the first day of the month in which you reach age 65 — or the first day of the previous month if your birth date is the first of the month — whether you're retired, on LTD or still working. Medicare also becomes available after you have been receiving Social Security disability benefits for two years or if you have been diagnosed with end-stage renal disease.

Most people should enroll in Part A when they turn 65, even if they haven't retired yet and/or have health insurance from an employer. This is because most people pay Medicare taxes while they work so they **don't pay a monthly premium for Part A**. If you or your eligible dependent becomes eligible for Medicare, it's your responsibility to contact Medicare regarding eligibility and enrollment.

How WSU Retiree Medical Plans Interact with Medicare

When you or an eligible dependent becomes eligible for and enrolls in Medicare Parts A and B, you must provide a copy of your Medicare card within 30 calendar days to the HR Service Center. If the HR Service Center isn't notified within this 30-day period, any medical claims that were processed by the WSU plan without Medicare payment information may be reprocessed. If it is determined that the claim was overpaid, you may be required to reimburse the plan for any overpayment you received.

WSU retiree medical plans (HAP, Blue Care Network, and BCBS) are "secondary" to Medicare Parts A and B. This means Medicare pays benefits before the WSU plan pays. The WSU plan will only pay for services covered by Medicare after Medicare has paid their portion.

The Aetna Medicare Advantage Plan (PPO) and HAP Senior Plus (HMO) Plan replace traditional Medicare.

As soon as you or your covered dependent becomes eligible for Medicare, you or your covered dependent **MUST enroll in Medicare Parts A and B to be entitled to all of the benefits provided under your WSU plan.**

Important Note Regarding Medicare Part D: WSU Retiree prescription drug coverage cannot be coordinated with Medicare Part D prescription drug coverage (i.e. cannot pay on a secondary basis). If you currently have prescription drug coverage through a WSU retiree medical plan, you can choose not to enroll in Medicare Part D. WSU retiree coverage is considered "creditable coverage." Creditable coverage means the prescription drug coverage has been determined to be at least as good as Medicare prescription drug coverage. If you have creditable coverage and later decide to enroll in a Medicare prescription drug plan, you won't have to pay a penalty as long as you enroll within 63 days after your creditable coverage ends.

Dental Insurance

You may elect to enroll yourself and eligible dependents in the WSU retiree dental plan, offered by Delta Dental. The plan provides you and your family with coverage for regular dental checkups, preventive care and other services to keep your teeth and gums healthy. Provide your Social Security number when you receive dental services. Delta Dental does not issue ID cards.

Once you elect retiree dental insurance, coverage MUST remain in effect for 12 months, based on your enrollment date. Your coverage will be renewed annually automatically.

The following chart outlines a summary of coverages for each type of provider. The percentages below are applied to Delta Dental’s allowance for each service and it may vary due to the dentist’s network participation.* The benefit year runs January 1 through December 31.

Summary of Dental Plan Benefits For Group # 5989-0001

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventative			
Diagnostic and Preventive Services – exams, cleanings and fluoride	100%	80%	80%
Brush Biopsy – to detect oral cancer	100%	80%	80%
Bitewing Radiographs – bitewing X-rays	100%	80%	80%
Basic Services			
Space Maintainers – appliances to prevent tooth movement	60%	50%	50%
Emergency Palliative Treatment – to temporarily relieve pain	60%	50%	50%
All Other Radiographs – other X-rays	60%	50%	50%
Minor Restorative Services – fillings and crown repair	60%	50%	50%
Endodontic Services – root canals	60%	50%	50%
Periodontic Services – to treat gum disease	60%	50%	50%
Oral Surgery Services – extractions and dental surgery	60%	50%	50%
Other Basic Services – misc. services	60%	50%	50%
Relines and Repairs – to bridges, implants and dentures	60%	50%	50%
Major Services			
Major Restorative Services – crowns	40%	30%	30%
Prosthodontic Services – bridges, implants and dentures	40%	30%	30%

* 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 amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.



Please Note:

Your dependents may only enroll in retiree medical, dental and/or vision insurance coverage if you are enrolled.

Additional coverage information:

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people up to age 14.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Crowns, onlays and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.

Maximum Payment – \$1,200 per person total per Benefit Year on all services.

Deductible – \$50 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, brush biopsy and bitewing X-rays.

You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the annual Open Enrollment period that occurs at least 12 months from the date of termination. Plan changes are only allowed during annual Open Enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If a retiree or dependent terminates coverage prior to being covered for at least one full year, he or she must remit all back premiums for the first full year prior to re-enrolling.

Benefits will cease on the last day of the month in which the employee terminates coverage.

Vision Insurance

You may elect to enroll yourself and eligible dependents in vision insurance offered by EyeMed Vision Care. This program provides discounts through a national network of eye care professionals using the **SELECT** network.

The vision plan offers two options: the Basic Plan and Enhanced Buy-Up Plan. Each plan has annual allowed services and copays. Discounts for eyewear are received at the time of purchase, and all charges are handled directly between you and the discount provider. Provide your Banner ID when you receive eye care services. EyeMed does not issue ID cards.

Once you elect retiree vision insurance, coverage will remain in effect for 12 months based on your enrollment date. Your coverage will be renewed annually, automatically.



Vision Care Services	Basic Plan (Group # 1035652-1001)	Enhanced Buy-Up Plan (Group # 1035652-1002)	Basic/Enhanced
	In-Network	In-Network	Out-of-Network Reimbursement
Exam with dilation as necessary	\$10 copay	\$10 copay	Up to \$35
Retinal Imaging Benefits	Up to \$39	Up to \$39	N/A
Contact Lens Fit and Follow-Up:			
Standard	Up to \$40	\$0 copay, paid-in-full fit and two follow-up visits	N/A / \$40
Premium	10% off retail price	\$0 copay, 10% off retail price, then apply \$40 allowance	N/A / \$40
Frames	\$0 copay, \$115 allowance; 20% off balance over \$115	\$0 copay, \$150 allowance; 20% off balance over \$150	Up to \$45
Standard Plastic Lenses:			
Single Vision	\$10 copay	\$10 copay	Up to \$25
Bifocal	\$10 copay	\$10 copay	Up to \$40
Trifocal	\$10 copay	\$10 copay	Up to \$55
Lenticular	\$10 copay	\$10 copay	Up to \$55
Standard Progressive	\$55 copay	\$10 copay	Up to \$55
Premium Progressive	\$55 copay, 80% of charge less \$120 allowance	\$10 copay, 80% of charge less \$120 allowance	Up to \$55
Lens Options: (paid by the member and added to the base price of the lens):			
UV Treatment	\$15 copay	\$0 copay	N/A / \$5
Tint (Solid and Gradient)	\$15 copay	\$0 copay	N/A / \$5
Standard Plastic Scratch Coating	\$0 copay	\$0 copay	Up to \$5
Standard Polycarbonate - Adults	\$35 copay	\$0 copay	Up to \$5
Standard Polycarbonate - Kids under 19	\$35 copay	\$0 copay	Up to \$5
Standard Anti-Reflective Coating	\$45 copay	\$0 copay	N/A / \$5
Polarized	20% off retail price	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	20% off retail price	N/A
Contact Lenses (allowance covers materials only):			
Conventional	\$0 copay, \$115 allowance; 15% off balance over \$115	\$0 copay, \$150 allowance; 15% off balance over \$150	Up to \$100
Disposables	\$0 copay, \$115 allowance plus balance over \$115	\$0 copay, \$150 allowance plus balance over \$150	Up to \$100
Medically Necessary	\$0 copay, paid in full	\$0 copay, paid in full	Up to \$200
LASIK and PRK Vision Correction Procedures	15% off retail price or 5% off promotional pricing	15% off retail price or 5% off promotional pricing	N/A
Amplifon Hearing Health Care	40% discount off hearing exams and a low-price guarantee on discounted hearing aids	40% discount off hearing exams and a low-price guarantee on discounted hearing aids	N/A
Additional Pairs Benefit	40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used		N/A
Frequency: Exam Frames Standard Plastic Lenses or Contact Lenses		Once every calendar year Once every calendar year Once every calendar year	



COBRA

In the event of retirement, becoming LTD eligible or becoming a surviving spouse, your medical, dental and/or vision coverage under WSU's active-employee plan will end.

Retiring employees, surviving spouses of deceased active employees, and LTD recipients have the option to choose continuation of active-employee coverage under federal legislation known as COBRA.

COBRA information and enrollment material is sent out by the university's COBRA administrator, Businessolver, Inc. Your COBRA package will allow you to elect to continue the group health coverage you received on an active employee plan (as an employee yourself or as a spouse) for a specified period. Terms and conditions of COBRA enrollment will be outlined in your package. Time limits apply for enrollment. Questions regarding COBRA enrollment should be directed to Businessolver, Inc.

If you do elect COBRA, you may still elect retiree medical, dental and/or vision benefits during or upon termination of your COBRA period.

Important to note:

- If you will turn 65 during the COBRA period, you should enroll in Medicare Part B when eligible.
 - Your COBRA medical benefits will terminate. COBRA dental and vision benefits will continue.
 - You will be eligible for retiree medical benefits.
- If you are 65 or older, you should enroll in Medicare Part B when active employee benefits terminate to avoid penalties.
- If you have Medicare before you elect COBRA, Medicare will pay primary and COBRA will pay secondary.

You will be eligible for retiree benefits upon termination of COBRA (excluding surviving spouses). Enrollment forms must be received by the HR Service Center within 30 days of the COBRA termination.

COBRA rates are available online at wayne.edu/tcw/health-welfare/medical-rates.

For more information about COBRA, please visit: dol.gov/general/topic/health-plans/cobra.

Life Insurance

As a retiree, the university provides you with life insurance coverage at no cost to you. The amount is determined by your date of retirement. Eligible individuals who retired on or after July 1, 1968 have a \$2,500 policy. Participants who participated in an Early Retirement Incentive Program may have a \$25,000 policy.

Please note: You may convert a portion of the life insurance coverage you are losing as an active employee to an individual direct-pay plan. The conversion form is available from the HR Service Center or at wayne.edu/tcw/health-welfare/life-insurance. Time limits apply. If you have questions about the conversion procedure or the rates, please call Sun Life Financial at 800-247-6875.

Your Beneficiary(ies)

You must name a beneficiary (the person or persons designated to receive the life insurance benefits in the event of your death). You may name as many beneficiaries as you wish — including individual persons, your estate, a trust, church or charitable organizations. Please provide tax IDs for non-person designations.

- If you designate more than one beneficiary without identifying their respective shares, the beneficiaries will share equally.
- When designating your beneficiary(ies), provide the Social Security number and as much information as possible (e.g., full name, date of birth, current address).
- By law, benefits cannot be paid directly to a minor (anyone under age 18) or a legally incompetent person — benefits will be paid to the court-appointed guardian. In the absence of a court-appointed guardian, the Claims Administrator will hold the proceeds until the minor reaches age 18.
- If your marriage status changes (divorce, re-marriage, etc.), you may wish to make a new valid beneficiary designation. Advising the university of your status change does NOT change your beneficiary designation. If you named your spouse as your beneficiary prior to your divorce, your divorce does not automatically revoke your election. You must complete and submit the Retiree & LTD Life Insurance Beneficiary Designation Form.
- Unless you specify otherwise, the interest of any beneficiary who dies before you, at the same time as you, or within 24 hours of your death, will be paid as described below.

If You Don't Have a Beneficiary

The Claims Administrator may pay all or part of the benefits due in the following order:

- Your spouse, if alive;
- Your child(ren), if there is no surviving spouse;
- Your parent(s), if there is no surviving child;
- Your sibling(s), if there is no surviving parent; or
- Your estate, if there is no surviving sibling.

If you would like to update your life insurance beneficiary, please complete the Life Insurance Beneficiary Designation Form. All retiree benefits forms can be found at hr.wayne.edu/tcw.

How to File a Death Claim

The HR Service Center is the initial point of contact for all claim submissions under the WSU retiree life insurance plan. Your beneficiary will be provided a Claimant Package that must be completed and returned to the HR Service Center along with a copy of the death certificate.

Certified copies of the death certificates are required for claims of \$249,000 or greater and/or when issued outside of the U.S. Other documents (for example, a copy of trust or estate documents) may also be required, depending on your beneficiary designations. The claimant will be advised if additional documents are needed to support a claim.

A complete package, which includes the Employer Information and the Claimant Package, is required before the insurance company will process the claim.

When reporting the death to the HR Service Center, the following information regarding the deceased must be provided:

- Name
- Social Security number
- Date of death



Retirement Savings Plans

Retirees: Contact your 403(b) and/or 457(b) carrier to learn about your options as you retire. For instance, you can:

1. Leave your funds in the plan and take advantage of other services offered to participants
2. Rollover your account(s)
3. Take a cash withdrawal (subject to tax implications)
4. Start an annuity
5. Accept minimum distribution at age 70½

Long-Term Disability Recipients: If you were participating in the WSU 403(b) retirement savings plan on the date of disability, the LTD insurance carrier will continue to contribute up to 15% of your last day of work salary to your retirement account. This is known as the Monthly Annuity Contribution Benefit. For information on the distribution options available to you, please contact your 403(b) carrier. **Note:** Receiving a full distribution will terminate your retirement account and thereby stop your Monthly Annuity Contribution Benefit.

Other Retiree Benefits

Voluntary Benefits

Voluntary benefits you were previously enrolled in as an employee can be continued during retirement. If you have Liberty Mutual home and/or automobile insurance or long-term care insurance with John Hancock or Trustmark that was deducted from your payroll prior to retirement, please contact the respective company two to three weeks before your date of retirement to change to home billing.

Vacation and Illness Bank Payoffs

Employees in certain classifications are eligible for a payoff of their vacation days and one-half of their accumulated illness bank up to a maximum of 30 days' pay. Please refer to your labor contract or the non-represented employee personnel manual for details. The payoff is included in your last check as an active employee.

OneCard

A retiree OneCard provides continued access to the university library system, the Matthaei facilities, and any discounts that may be available for the university theatres and bookstore. The retiree OneCard also allows you to join the Mort Harris Recreation and Fitness Center or use the facilities on a daily basis. To apply for a retiree OneCard, please contact the OneCard/Parking Service Center (313-577-2273) after your date of retirement.

Free Parking

As a retiree, you are eligible for free university parking in Parking Structures 1-8, with the exception of structures 3 and 6. Have your retiree OneCard with you as you are entering the parking structures. If you have issues, contact the OneCard/Parking Service Center (313-577-2273).

AccessID

Your AccessID and email account will remain active after you retire or become a long-term disability recipient. You will continue to have access to Academica and your email. No action is required on your part if you have already been in touch with the HR Service Center with your Letter of Retirement. If you have issues, contact the C&IT helpdesk at 313-577-4357 or helpdesk@wayne.edu.

Educational Opportunities

Students 60 years of age or older on the first day of classes for the semester are entitled to a 75% reduction of the regular tuition rate. Students are responsible for the entire amount of the Registration Fee, Fitness Center Fee, Student Service Fees and any class-related fees. Eligible students must submit proof of age (e.g., copy of Michigan driver's license or birth certificate) to Records and Registration located at 5057 Woodward, 5th Floor, Detroit, 48202. The document can also be faxed to 313-577-7870. Please include name and AccessID number. If additional information is needed, contact the Student Service Center at 313-577-2100 or by email at studentservice@wayne.edu.

In addition, you may wish to enroll in SOAR (Society of Active Retirees) for a nominal fee. For more information, please call 248-626-0296 or visit SOAR's website at soarexplore.com.



Social Security

For information regarding Social Security Retirement benefits, you may drop by your local Social Security Administration office, call their toll-free number at 800-772-1213, or visit their website at ssa.gov.

Legal Notices

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 coinsurance applicable to other medical and surgical benefits provided under each of the university-sponsored medical plans.

Notice of Availability of Notice of Privacy Practices

The Wayne State University group health plan (the "Plan") maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, contact the HR Service Center at 313-577-3000.

HIPAA Notice of Special Enrollment Rights

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

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

To request special enrollment or obtain more information, contact the department of Total Rewards.

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

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

It is your responsibility to notify the department of Total Rewards 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 below.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**. If you live in one of the states listed on pages 36-37, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <https://www.dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

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

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 1-678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-768-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program
(KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIP.PPROGRAM@ky.com
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 1-617-886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

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

MONTANA – Medicaid

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

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 1-603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA - Medicaid

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

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP Medicaid

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

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 1-304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either: U.S. Dept. of Labor, Employee Benefits Security Administration: dol.gov/agencies/ebsa Phone: 866-444-EBSA (3272) or U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services: cms.hhs.gov Phone: 877-267-2323, Menu Option 4, Extension 61565

Creditable Coverage Notice (Medicare Part D)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Wayne State University and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

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 offered by the Wayne State University Health Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15 through December 7. Beneficiaries leaving employer/union coverage may be eligible for a two-month Special Enrollment Period to sign up for a Medicare prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you do decide to enroll in a Medicare prescription drug plan and drop your Wayne State University medical insurance coverage, be aware that surviving spouses and dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

You should also know that if you drop or lose your coverage with Wayne State University and don't enroll in Medicare prescription drug coverage within 63 continuous days after your current coverage ends, you may pay more (a penalty) to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium 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% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.



Remember: Keep this notice. If you enroll in one of the new 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.

As a WSU retiree, what are your options under the WSU medical insurance plan?

You can elect WSU retiree medical insurance coverage and NOT enroll in Medicare Part D.

Since WSU retiree 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.

You can choose not to elect WSU retiree 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.

A retiree who chooses not to elect WSU retiree coverage may re-enroll in WSU coverage during our annual retiree Open Enrollment in November/December with coverage effective the following January 1. Said retiree 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 prescription drug coverage...

Contact our office at 313-577-3000. **Note:** You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Wayne State University changes. You may also request a copy.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [socialsecurity.gov](https://www.socialsecurity.gov), or you can call them at 800-772-1213 (TTY 800-325-0778).

Total Rewards • Human Resources

Address: 5700 Cass Ave., Suite 3638, Detroit, Michigan 48202

Telephone: 313-577-3000 • **Fax:** 313-577-0637 • **Email:** askhr@wayne.edu

Web: hr.wayne.edu/tcw

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