Welcome!

Wright State University

New Employee Orientation
WSU Healthcare Benefits

You have **30** days from your hire date to submit your enrollment forms for eligible healthcare benefits. If you fail to submit forms, you will be unable to enroll or make changes (outside of a qualifying life event) until the next annual open enrollment period.
Key Terms

**Premium:** The amount you pay out of your paycheck to be enrolled in the plan.

**Copay:** Flat fees paid for services that include office visits, ER, Urgent Care and Pharmacy.

**Deductible:** A set amount that you pay before your plan starts paying for certain covered services.

**Co-insurance:** You and the plan share the cost of covered services after you have met your deductible.

**Out-of Pocket Maximum:** The most you pay for covered health services each year. This maximum includes your deductible, coinsurance and copays. This does not include your premium or contributions to any spending accounts.
<table>
<thead>
<tr>
<th>Staff and Non-Bargaining Unit Faculty</th>
<th>Bargaining Unit Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medical, dental and vision are elected individually</td>
<td>• Medical, dental and vision are bundled together</td>
</tr>
<tr>
<td>• Medical premiums are based on:</td>
<td>• Premiums are based on:</td>
</tr>
<tr>
<td>✓ annualized salary</td>
<td>✓ annualized salary</td>
</tr>
<tr>
<td>✓ plan selection and</td>
<td>✓ plan selection and</td>
</tr>
<tr>
<td>✓ # of dependents covered</td>
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</tr>
<tr>
<td>• Dental and vision premiums are based on the number of dependents covered</td>
<td></td>
</tr>
</tbody>
</table>
WSU Medical Plans

3 medical plans to choose from

1. PPO 90/10
2. PPO 80/20
3. HDHP with Health Savings Account

Medical Anthem www.anthem.com
## Plan Comparison

### In-Network Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual - $125</td>
<td>Individual - $250</td>
<td>Individual - $2000</td>
</tr>
<tr>
<td></td>
<td>Family - $250</td>
<td>Family - $500</td>
<td>Family - $4000</td>
</tr>
<tr>
<td><strong>Out of Pocket Max</strong></td>
<td>Individual - $1000</td>
<td>Individual - $1750</td>
<td>Individual - $2000</td>
</tr>
<tr>
<td></td>
<td>Family - $2000</td>
<td>Family - $3500</td>
<td>Family - $4000</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>Primary - $15</td>
<td>Primary - $20</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td></td>
<td>Specialist - $25</td>
<td>Specialist - $30</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient/Outpatient Facility</strong></td>
<td>10% after Deductible</td>
<td>20% after Deductible</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40</td>
<td>$40</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$200 waived if admitted</td>
<td>$200 waived if admitted</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs Retail Rx</strong></td>
<td>$8 / $25 / $40</td>
<td>$8 / $25 / $40</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Mail-Order Rx Mail-Order</strong></td>
<td>$12 / 10%, min $22 /</td>
<td>$12 / 10%, min $22 /</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td></td>
<td>10%, min $60</td>
<td>10%, min $60</td>
<td></td>
</tr>
</tbody>
</table>

*For WSU Employees: Wright Care charges office copay amounts*
Preventative Care Services

- Annual Physicals
- Mammograms
- Pelvic Exams
- Colonoscopy
- PAP Tests
- PSA Tests
- Immunizations *(age appropriate)*
- Lab work associated with above exams

<table>
<thead>
<tr>
<th>Plan</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Cost Share</td>
<td>No Cost Share</td>
<td>No Cost Share</td>
<td>No Cost Share</td>
</tr>
</tbody>
</table>
What’s a Health Savings Account?

A tax-advantaged medical savings account available to employees who are enrolled in a high-deductible health plan (HDHP).

HSA funds can be used to pay for qualified medical expenses, including dental and vision.
**Health Savings Account**
**2015 Employer Contributions**

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Staff and Non-Bargaining Unit Faculty</th>
<th>Bargaining Unit Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$1,100</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$2,200</td>
<td>$2,000</td>
</tr>
<tr>
<td>Employee + 2 or &gt;</td>
<td>$2,200</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

*Please Note: The above amounts are prorated for start dates after January 1st*

WSU Employer contributions are deposited quarterly:
- January
- April
- July
- October
Health Savings Account with HDHP

- Account with Fifth Third Bank
  - Account MUST be established online at [www.53hsa.com](http://www.53hsa.com) using employer code FTB-8649
  - Monthly service fees waived for WSU employees
  - Debit Card – Free
  - Checks – $30

- Employee contributions may be made through payroll deduction
  - IRS maximum annual contribution *including employer contribution*:
    - Employee Only = $3,500
    - Employee plus 1 or more dependents = $6,650
    - Employees 55 or older may add an additional $1,000 to the above amounts
Health Savings Account with HDHP

- Only Anthem covered medical and pharmacy expenses apply toward the plan deductible - **not** dental or vision

- Dollars remaining at the end of the calendar year roll over for the next years use

- HSA dollars stay with you should you leave the University’s employment and can be:
  - Transferred to your new employer’s HSA vendor
  - Used for qualifying healthcare expenses including Medicare premiums
  - Used for any expenses after age 65
    - non-medical expenditures may be subject to taxation
Health Savings Account

Ineligible Employees:

- Covered by VA and TriCare Benefits
- Covered by Medicare Health Benefits
- Covered by a Non-High Deductible Plan (PPO or HMO)
- Covered by a current HealthCare Flexible Spending Account (employee or spouse)
- Being claimed as the tax dependent by another person
- On a J-1 Visa
HDHP Healthy Rewards

Earn extra money in your Health Savings Account for the following:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Anthem Healthy Rewards Program</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>$150</td>
<td>Enroll in Healthy Lifestyles Online</td>
<td>Each adult family member; receive $50 at 3,000, 5,000 and 10,000 point milestones</td>
</tr>
<tr>
<td>$100</td>
<td>Enroll in a ConditionCare</td>
<td>One condition per year for each adult family member</td>
</tr>
<tr>
<td>$200</td>
<td>Graduate from ConditionCare</td>
<td>One condition per year for each adult family member</td>
</tr>
<tr>
<td>$200</td>
<td>Future Mom’s Maternity Management Program</td>
<td>Each adult family member; receive $100 initial enrollment, $50 interim, and $50 postpartum</td>
</tr>
</tbody>
</table>

These dollars count towards the annual combined maximum contributions to your HSA.
Delta Dental
Dental Insurance

Types of Dentists:
- Preferred
- Premier
- Out-of-Network

Provider List located at [www.deltadentaloh.com](http://www.deltadentaloh.com)

Delta Dental Insurance Card:
- Print your card at [www.deltadentaloh.com](http://www.deltadentaloh.com) or
- Provide your dentist with WSU’s group number #07433
Vison Service Plan (VSP)
Vision Insurance

Coverage:
- Calendar year benefits
- Exams and lenses every year
- Frames every other year

Provider List located at www.vsp.com

VSP Insurance Card:
- Print your card at www.vsp.com or
- Give your provider WSU’s group number #12140245
Who is eligible?

- **Spouse or Registered Domestic Partner**
  - Same or opposite sex

- **Children (Birth through age 25)**
  - This includes children of your registered domestic partner.

- **Older Adult Children (Age 26 and 27)**
  - Ohio House Bill 1 allows eligibility for older adult children age 26 and up to the end of the month they turn age 28.

Additional charges apply for registered domestic partners and older adult children.
Domestic Partner Benefits

- Available to same and opposite sex partners and his/her eligible dependent(s)

- Eligible benefits for approved domestic partners include:
  - Medical
  - Dental
  - Vision
  - Dependent Life
  - Fee Remission
  - Sick Leave
  - Bereavement
  - FMLA
  - Parental Leave

- Income tax liability accrues to employee for the value of healthcare and fee remission benefits received by domestic partner
Domestic Partner Benefits
Criteria

1. Employee and partner must meet eligibility criteria including:
   A. Have been partners and share a residence for at least 6 months
   B. Are jointly responsible for necessities of life
   C. Have joint ownership or lease of a residence

2. Complete Domestic Partnership Affidavit - available at www.wright.edu/hr/forms

3. Submit 2 pieces of supporting documentation dated within last sixty (60) days establishing current relationship status such as:
   A. joint household bill
   B. joint bank/credit account
   C. joint mortgage/lease
   D. insurance policies
   E. documentation dated within the last sixty (60) days establishing current common residency.
Horan & Associates
Assistance with Healthcare Claims

1-800-544-8306

- Will solve claims issues with our medical, dental and vision carriers
- Call provider customer service 1st and then Horan if claim issue is not resolved
- No Charge to employee
What’s a Flexible Spending Account (FSA)?

Allows you to set aside money out of your paycheck to pay for eligible expenses on a pre-tax basis (exempt from federal and state taxes).

There are two types of FSAs available:

- Healthcare
- Dependent care
Flexible Spending Account
Healthcare

- Medical, dental, and vision costs that are not reimbursed by a healthcare insurance plan for you, your spouse, and your eligible children.

- Contributions
  - Min: $120 per year
  - Max: $2,550 per year

FSA Administrator: MycafeteriaPlan
Website: www.MyCafeteriaPlan.com
Phone: (937) 865-6543
Flexible Spending Account

Dependent Care

- Dependent care is defined as expenses for:
  - Children who are your federal income tax dependents
  - Children under the age of 13 or
  - A physically and/or mentally disabled dependent who lives with you at least eight hours per day

- Contributions
  - Min: $10 per month
  - Max: $5,000 per year

FSA Administrator: MycafeteriaPlan
Website: [www.MyCafeteriaPlan.com](http://www.MyCafeteriaPlan.com)
Phone: (937) 865-6543
Flexible Spending Account

- If enrolled in HDHP, you are eligible for Dependent Care FSA only. The HSA covers medical expenses.
- Must enroll annually
- Calendar year expenses only
- $500 maximum annual roll over for healthcare expenses
- Reimbursement Account
- FSA Claim Form - www.wright.edu/hr/forms

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