You have **31** days from your date of hire to submit your enrollment forms for eligible benefits. If you fail to complete, 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.
Healthcare Benefits - Premiums

Bargaining Unit Faculty

- Medical, dental and vision are bundled together
- Premiums are based on:
  - annualized salary
  - plan selection and
  - # of dependents covered
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
## 2018 Plan Comparison - In-Network Services

<table>
<thead>
<tr>
<th>In Network</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</strong></td>
<td>10% after Deductible</td>
<td>20% after Deductible</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Facility Services</strong></td>
<td></td>
<td></td>
<td></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 $200 waived if admitted</td>
<td>$200 $200 waived if admitted</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>$8 / $25 / $40</td>
<td>$8 / $25 / $40</td>
<td>0% after Deductible</td>
</tr>
<tr>
<td>Retail Rx 30-day supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail-Order Rx 90-day supply</td>
<td>$12 / 10%, Min $22 / 10%, Min $60</td>
<td>$12 / 10%, Min $22 / 10%, Min $60</td>
<td>0% after Deductible</td>
</tr>
</tbody>
</table>
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></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>
You can use Castlight to:

**Save on the care you need** – Find doctors, hospitals, medical services, and prescriptions. Compare them by cost and quality
You can use Castlight to:

**Understand your plan**—See simple descriptions of your medical plan and what’s covered.
You can use Castlight to:

**Review past expenses**—Learn where you are in your deductible phase, and how much you paid and why, so you can plan for the year ahead.
Make smart choices—Receive personalized recommendations based on your past care and in-network options.
You can use Castlight to:

**Check your HSA balance**—If you are enrolled in the HDHP with an HSA, plan information as well as HSA balances are in one location.
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

## 2018 Employer Contributions

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

*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

- Account with Fifth Third Bank
  - Account MUST be established online at 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 = $3,450
    - Employee plus 1 or more dependents = $6,900
    - Employees 55 or older may add an additional $1,000 to the above amounts
Health Savings Account

- 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>Employee and spouse (if applicable); receive $50 at 100, 200 and 300 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.
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
FSA - 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 2018: $2,650 per year

FSA Administrator: MycafeteriaPlan
Website: www.MyCafeteriaPlan.com
Phone: (937) 865-6543
FSA – 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
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](http://www.wright.edu/hr/forms)

FSA Administrator: MycafeteriaPlan
Website: [www.MyCafeteriaPlan.com](http://www.MyCafeteriaPlan.com)
Phone: (937) 865-6543
Delta Dental – Dental Insurance

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

Provider List located at www.deltadentaloh.com

Delta Dental Insurance Card:
- Print your card at www.deltadentaloh.com or
- Provide your dentist with WSU’s group number #07344
Vision Service Plan (VSP) — Vision Insurance

Coverage:
- 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
TruHearing – Hearing Aid Discount Program

VSP Vision Care members can save up to 60% on the latest brand-name hearing aids

- Dependents & extended family members are eligible

TruHearing also provides member with:

- 3 provider visits for fitting and adjustments
- A 45-day trial
- 3-year manufacturer warranty for repairs and one-time loss & damage replacement
- 48 free batteries per hearing aid
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
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** **AAUP ONLY**
  - 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
  - Dependent Life
  - Bereavement
  - Dental
  - Fee Remission
  - FMLA
  - Vision
  - Sick Leave
  - 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](http://www.wright.edu/hr/forms)
   - City of Dayton Domestic Partner Registry is accepted in lieu of having the WSU affidavit notarized

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.