Welcome!

New Employee Orientation
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

Staff & Non-Bargaining Unit Faculty

- Medical, dental and vision are elected individually
- Medical premiums are based on:
  - annualized salary
  - plan selection and
  - # of dependents covered
- Dental and vision premiums are based on the number of dependents covered
2018 Medical Plans

2 medical plans to choose from

1. PPO 80/20
2. HDHP with Health Savings Account
## 2018 Plan Comparison

### In-Network Services

<table>
<thead>
<tr>
<th></th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Individual - $800</td>
<td>Individual - $2000</td>
</tr>
<tr>
<td></td>
<td>Family - $1600</td>
<td>Family - $4000</td>
</tr>
<tr>
<td><strong>Out of Pocket Max</strong></td>
<td>Individual - $4000</td>
<td>Individual - $3000</td>
</tr>
<tr>
<td></td>
<td>Family - $8000</td>
<td>Family - $6000</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>Primary - $20</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td></td>
<td>Specialist - $35</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient/Outpatient Facility Services</strong></td>
<td>20% after Deductible</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$200, waived if admitted</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td>In Network</td>
<td>PPO</td>
<td>HDHP</td>
</tr>
<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Rx 30-day supply</td>
<td>Tier 1: Generic: $10</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td></td>
<td>Tier 2: Brand Formulary: 20%, Max $50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3: Non Formulary: 40%, Max $80</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 4: Specialty: 25%, Max $200</td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail-Order Rx 90-day supply</td>
<td>Tier 1: Generic: $25</td>
<td>10% after Deductible</td>
</tr>
<tr>
<td></td>
<td>Tier 2: Brand Formulary: 20%, Max $125</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 3: Non Formulary: 40%, Max $200</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tier 4: Specialty: Not Available</td>
<td></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>
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</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
You can use Castlight to:

**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

## Employer Contributions

<table>
<thead>
<tr>
<th>Coverage Tier</th>
<th>Staff and Non-Bargaining Unit Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$500</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$1,000</td>
</tr>
<tr>
<td>Employee + 2 or &gt;</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

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

WSU Employer contributions are deposited semi-annually:
- January
- July
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
  - 2018 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
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.

- 2018 Contribution Limits
  - 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
- Children (Birth through age 25)