Wright State University
2017 Open Enrollment Meetings
Overview

- WSU Healthcare Guiding Principles
- living WELL Employee Wellness Program
- Benefit Cost/Spend
- Open Enrollment Review
- What’s Staying the Same & What’s Changing/New?
- 2017 Healthcare Benefits
- Claims Examples
- Castlight
- Other Benefits
- Online Enrollment
WSU Healthcare Guiding Principles

OFFER competitive healthcare benefits to retain and recruit top talent

PROMOTE behaviors that will support a healthy workforce through wellness initiatives

MANAGE the university’s healthcare costs in an effective manner that aligns with industry standards and best practices

EVALUATE complexities to safeguard administrative efficiencies

ENSURE that healthcare benefits are affordable and accessible to benefit eligible employees
New Wellness Program Director: Doug Newton

Goals of living WELL Employee Wellness Program

- Improve and maintain our health & well-being
- Enhance our vitality and productivity
- Facilitate engagement in health behaviors as part of a healthy lifestyle and effective use of health care benefits
- Help reduce health care costs for all
- Create a culture of wellness

General Approach

- Awareness: Understand health risks and needs, and related solutions
- Motivation: Discover passions in life and their relation to health
- Skills: Build efficacy and mastery in relation to setting and achieving health behavior goals
- Opportunity: Access to programs and environmental support of health behaviors
- Evaluation: De-identified, aggregate data to develop programs and evaluate success

Current Programs

- Fall Wellness Challenges: Financial Well-being, Guided Meditation, and Tai Chi Easy
- Weight Watchers, Meditation, Group Lifestyle Balance
- Employee Health & Wellness Center 111 Medical Sciences

Coming Soon

- 2017 program enrollment starting January & February. Information coming in December.
- Includes completing Personal Health Assessment and Biometrics
2018 Tobacco Considerations

- WSU is working towards a Tobacco Free Campus

- Wellness sponsored programs in support of tobacco cessation.

- The use of tobacco is one of the leading preventable health risks worldwide.

- WSU recognizes the costs associated with treating tobacco related health conditions.
### Fiscal Year 2016 Benefit Budget

<table>
<thead>
<tr>
<th>Category</th>
<th>FY16 Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>$25 million</td>
</tr>
<tr>
<td>Retirement</td>
<td>$27 million</td>
</tr>
<tr>
<td>Other Benefits</td>
<td>$8 million</td>
</tr>
<tr>
<td>( Medicare, dental, fee remission, life, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Benefit expenses are 19.34% of the unrestricted budget.

Consistent with Wright State’s initiatives of validating and reducing expenses, HR is tasked with containing the ever-rising increase of medical expenses.
<table>
<thead>
<tr>
<th>Year</th>
<th>Employee Cost Share</th>
<th>WSU Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13.9%</td>
<td>86.1%</td>
</tr>
<tr>
<td>2014</td>
<td>15.5%</td>
<td>84.5%</td>
</tr>
<tr>
<td>2015</td>
<td>15.9%</td>
<td>84.1%</td>
</tr>
<tr>
<td>2016 (est.)</td>
<td>16% - 17%</td>
<td>84% - 83%</td>
</tr>
<tr>
<td>Target*</td>
<td>20%</td>
<td>80%</td>
</tr>
</tbody>
</table>

*Wright State has been moving gradually toward this targeted employee 20% cost share.*
Open Enrollment Review

- **Open Enrollment**
  - The time of year our benefit programs renew and when you can change your enrollment by adding or deleting dependents or changing medical plans.

- **Qualifying Event (QE)**
  - The only other opportunity to make changes to your benefit plan elections

- **QE Examples**
  - Birth
  - Adoption
  - Marriage
  - Divorce
  - Legal separation
  - Loss of coverage
  - Death

- Legislation requires you to notify HR of a qualifying event within **30 days** of the event to provide special enrollment privileges.
What’s Staying the Same?

- Healthcare providers and networks
  - Medical - Anthem
  - Dental - Delta Dental (plan design unchanged)
  - Vision - VSP (plan design unchanged)

- 3 medical plan offerings
  - PPO 90/10
  - PPO 80/20
  - HDHP with Health Savings Account

- Flex Spending Accounts - MyCafeteriaPlan
  - Healthcare
  - Dependent Day Care

- Other enrollments
  - Supplemental life insurance – enroll, increase, decrease or terminate
  - Short Term Disability – enroll or terminate

- Online enrollment
  - Positive enrollment
  - $50 Late enrollment fee
What’s Changing/New for Staff & NBUF?  

- Medical plan design – Staff & NBUF
  - PPO Plans – Specialty Copay, Deductibles, Out-of-Pocket Maximum
  - HDHP – Co-insurance, Out-of-Pocket Maximum

- **New ID cards will be issued due to plan design changes**

- Health Savings Account (HSA) employer contribution

- IRS increased HSA contribution Limit (single)

- Premiums (medical, dental and vision)

- Castlight

**AAUP**

- *Based on current contract there are no benefit changes for 2017.*
- *Premiums are changing for 2017.*
- *New ID cards if you are making a benefit or election change.*
- *Castlight*
PPO Plans - How it Works?

Copays
Flat dollar amount paid for services
- Primary Care Physician
- Specialist
- Urgent Care
- Emergency Room
- Pharmacy

Deductible
First dollar amount on co-insurance services

Co-insurance
Percentage paid for services
- Inpatient
- Outpatient
- Durable Medical Equip.
- Labs
- Ambulance

Out of pocket maximum
PPO Plan Changes – Staff & NBUF

<table>
<thead>
<tr>
<th></th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>2016</td>
<td>2016</td>
</tr>
<tr>
<td>Specialty Copay</td>
<td>$25</td>
<td>$30</td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual:</td>
<td>$125</td>
<td>$250</td>
</tr>
<tr>
<td>Family:</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>Individual: $1,000</td>
<td>Single: $1,500</td>
</tr>
<tr>
<td></td>
<td>Family: $2,000</td>
<td>Family: $3,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2017</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>AAUP: Per your CBA, your medical plan design remains unchanged.</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To provide consistency between all three medical plans, both PPO plans will transition to non-embedded deductibles and out-of-pocket maximums (OOPM) like the HDHP.

- **What this means?**
  - If you select Employee only coverage, you will utilize the **single** deductible and **single** out-of-pocket maximums in all three plans.
  - Those who elect Employee + 1 or Employee + 2 or more will utilize the **family** deductible and **family** out-of-pocket maximums in all three plans.

### Staff & NBUF

<table>
<thead>
<tr>
<th>Deductibles &amp; OOPM</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO 90/10</td>
<td>Embedded</td>
<td>Non-Embedded</td>
</tr>
<tr>
<td>PPO 80/20</td>
<td>Embedded</td>
<td>Non-Embedded</td>
</tr>
<tr>
<td>HDHP</td>
<td>Non-Embedded</td>
<td>Non-Embedded</td>
</tr>
</tbody>
</table>

*AAUP: Per your CBA, your medical plan design remains unchanged.*
### HDHP Plan Changes – Staff & NBUF

<table>
<thead>
<tr>
<th>HDHP</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>2016</td>
<td>2017</td>
</tr>
<tr>
<td>Deductible</td>
<td>Single: $2,000</td>
<td>Single: $2,000</td>
</tr>
<tr>
<td></td>
<td>Family: $4,000</td>
<td>Family: $4,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Out-of-Pocket Max</td>
<td>Single: $2,000</td>
<td>Single: $3,000</td>
</tr>
<tr>
<td></td>
<td>Family: $4,000</td>
<td>Family: $6,000</td>
</tr>
</tbody>
</table>

- **Deductible amounts will remain unchanged**
  - Single: $2,000
  - Family: $4,000

- **Out-of-Pocket Max increases through the introduction of co-insurance (10%)**
  - **How it works?**
    - Once the deductible is met, enrollees will pay 10% of the expenses until the out-of-pocket maximum is met.

*AAUP: Per your CBA, your medical plan design remains unchanged*
HDHP – How it Works?

**Staff & NBUF Example: High Deductible**

- **Employee only**
  - Deductible: $2,000
  - Co-insurance: 10% after deductible
  - Out of pocket maximum: $3,000

- **Employee + 1**
  - Deductible: $4,000
  - Co-insurance: 10% after deductible
  - Out of pocket maximum: $6,000

- **Employee + 2 or more**
  - Deductible: $4,000
  - Co-insurance: 10% after deductible
  - Out of pocket maximum: $6,000

**AAUP: Per your CBA, your medical plan design remains unchanged**
Wright State has been lowering their contribution to your HSA to align our benefits with industry standards and best practices, which typically are in the 25% to 33% range.

We will gradually decrease our contribution 5% per year, landing on a 35% contribution amount in Year 2019.

Wright State’s Contribution to your Health Savings Account Staff & Non-Bargaining Unit Faculty

<table>
<thead>
<tr>
<th>Coverage</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$900</td>
<td>$800</td>
<td>$700</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$1,800</td>
<td>$1,600</td>
<td>$1,400</td>
</tr>
<tr>
<td>Employee + 2 or more</td>
<td>$1,800</td>
<td>$1,600</td>
<td>$1,400</td>
</tr>
<tr>
<td>Percent of Deductible</td>
<td>45%</td>
<td>40%</td>
<td>35%</td>
</tr>
</tbody>
</table>

AAUP: Wright State’s contributions to your HSA in 2017 remains unchanged.
Health Savings Account (HSA)

*IRS Guidelines apply to AAUP, Staff & NBUF

Provider: 5/3 Bank

**Employer Contributions**
- Automatically deposited into your HSA on a quarterly basis

**Employee Contributions**
- Deducted from your paycheck on a pre-tax basis

**Anthem Healthy Rewards**

**2017 IRS Maximum Contributions**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$3,350</td>
<td>$3,400</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$6,750</td>
<td>$6,750</td>
<td></td>
</tr>
<tr>
<td>Catch-Up (age 55+)</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
</tbody>
</table>
## Claim Examples – Staff & NBUF

### Claim #1 (Patient #1 with Employee+1 Coverage)

<table>
<thead>
<tr>
<th>Claim Information</th>
<th>Plan Component</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery Services</td>
<td>Copay</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$2,790 (allowed amount &amp; average cost)</td>
<td>Deductible</td>
<td>$500</td>
<td>$900</td>
<td>$2,790</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$229 (10% of $2,290)</td>
<td>$378 (20% of $1,890)</td>
<td>$0</td>
</tr>
<tr>
<td>Patient Total</td>
<td></td>
<td>$729</td>
<td>$1,278</td>
<td>$2,790</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td></td>
<td>$2,061</td>
<td>$1,512</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Claim #2 (Patient #2 with Employee+1 Coverage)

<table>
<thead>
<tr>
<th>Claim Information</th>
<th>Plan Component</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Surgery</td>
<td>Copay</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$17,300 (allowed amount &amp; average cost)</td>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$1,210 (remaining Family Ded)</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$1,730 (10% of $17,300)</td>
<td>$3,460 (20% of $17,300)</td>
<td>$1,690 (10% of $16,090)</td>
</tr>
<tr>
<td>Patient Total</td>
<td></td>
<td>$1,730</td>
<td>$3,460</td>
<td>$2,819</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td></td>
<td>$15,570</td>
<td>$13,840</td>
<td>$14,481</td>
</tr>
</tbody>
</table>

### Total for 2 Claims

<table>
<thead>
<tr>
<th></th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Total</td>
<td>$2,459</td>
<td>$4,738</td>
<td>$5,609*</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td>$17,631</td>
<td>$15,352</td>
<td>$14,481</td>
</tr>
</tbody>
</table>

*WSU provides Health Savings Account money to help cover this deductible.*
### Claim #1 (Patient #1 with Employee+1 Coverage)

<table>
<thead>
<tr>
<th>Claim Information</th>
<th>Plan Component</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Surgery Services</td>
<td>Copay</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$2,790 (allowed amount &amp; average cost)</td>
<td>Deductible</td>
<td>$125</td>
<td>$250</td>
<td>$2,790</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$266.50 (10% of $2,665)</td>
<td>$508 (20% of $2,540)</td>
<td>$0</td>
</tr>
<tr>
<td>Patient Total</td>
<td></td>
<td>$391.50</td>
<td>$758</td>
<td>$2,790</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td></td>
<td>$2,398.50</td>
<td>$2,032</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Claim #2 (Patient #2 with Employee+1 Coverage)

<table>
<thead>
<tr>
<th>Claim Information</th>
<th>Plan Component</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
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<tbody>
<tr>
<td>Inpatient Surgery</td>
<td>Copay</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$17,300 (allowed amount &amp; average cost)</td>
<td>Deductible</td>
<td>$125</td>
<td>$250</td>
<td>$1,210 (remaining Family Ded)</td>
</tr>
<tr>
<td></td>
<td>Coinsurance</td>
<td>$875 (OOP limit of $1,000)</td>
<td>$1,500 (OOP limit of $1,750)</td>
<td>$0</td>
</tr>
<tr>
<td>Patient Total</td>
<td></td>
<td>$1,000</td>
<td>$1,750</td>
<td>$1,210</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td></td>
<td>$16,300</td>
<td>$15,550</td>
<td>$16,900</td>
</tr>
</tbody>
</table>

### Total for 2 Claims

<table>
<thead>
<tr>
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<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Total</td>
<td>$1,392</td>
<td>$2,508</td>
<td>$4,000*</td>
</tr>
<tr>
<td>WSU Plan Total</td>
<td>$18,698</td>
<td>$17,582</td>
<td>$16,900</td>
</tr>
</tbody>
</table>

*WSU provides Health Savings Account money to help cover this deductible.*
No Changes

<table>
<thead>
<tr>
<th>PPO Retail – Max of 30 day supply</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Formulary Drug</td>
<td>$10</td>
</tr>
<tr>
<td>Brand-name Formulary Drug</td>
<td>20% with a $50 max</td>
</tr>
<tr>
<td>Drug Non-Formulary</td>
<td>40% with a $80 max</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO Mail Order - up to 90-day supply</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$25</td>
</tr>
<tr>
<td>Brand-name Formulary Drug</td>
<td>20% with a $125 max</td>
</tr>
<tr>
<td>Drug Non-Formulary</td>
<td>40% with a $200 max</td>
</tr>
</tbody>
</table>

*HDHP members pays 100% of Anthem negotiated amount for Rx up to the deductible and then pays 10% of the Rx cost until the out-of-pocket is met.

*Working with your doctor, replacement of formulary and non-formulary drugs with generic will save both employee and Wright State.
*AAUP: Per your CBA, your pharmacy coverage remains unchanged

<table>
<thead>
<tr>
<th>PPO Retail – Max of 30 day supply</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Formulary Drug</td>
<td>$8</td>
</tr>
<tr>
<td>Brand-name Formulary Drug</td>
<td>$25</td>
</tr>
<tr>
<td>Drug Non-Formulary</td>
<td>$40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PPO Mail Order – Up to 90-day supply</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$12</td>
</tr>
<tr>
<td>Brand-name Formulary Drug</td>
<td>10% of cost (minimum of $22)</td>
</tr>
<tr>
<td>Drug Non-Formulary</td>
<td>10% of cost (minimum of $60)</td>
</tr>
</tbody>
</table>

HDHP members pays 100% of Anthem negotiated amount for Rx up to the deductible/out-of-pocket maximum.

*Working with your doctor, replacement of formulary and non-formulary drugs with generic will save both employee and Wright State.
PPO Plans Example:

Abilify *(aripiprazole)* - used in treatment of Depression

<table>
<thead>
<tr>
<th># of Rx filled annually for Abilify = 181</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Employee:</td>
</tr>
<tr>
<td>Each Rx:</td>
</tr>
<tr>
<td>Total Rx:</td>
</tr>
<tr>
<td>WSU:</td>
</tr>
<tr>
<td>Each Rx:</td>
</tr>
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<tr>
<td>Each Rx:</td>
</tr>
<tr>
<td>Total Rx:</td>
</tr>
</tbody>
</table>

What if?

- Savings if **all** members move to Generic: $185,887
- Savings if **50%** members move to Generic: $92,944

Notes: Drug selection is a personal discussion between you and your physician.
PPO Plans Example:

**Abilify** (*aripiprazole*) - used in treatment of Depression

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<th># of Rx filled annually for Abilify = 181</th>
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<tbody>
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<tr>
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<tr>
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<tr>
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<tr>
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</table>

**What if?**

Savings if all members move to Generic: $185,887

Savings if 50% members move to Generic: $92,944

Notes: Drug selection is a personal discussion between you and your physician.
Castlight- Make the most out of your health plan

- Understand your benefits
- Manage your costs
- Find care
- Mobile App

Find your prescriptions in Castlight

Visit www.mycastlight.com/wrightstate
It takes two steps to get started:

www.mycastlight.com/wrightstate
Castlight – Tools & Resources

Find the care you need, based on good reviews and affordable prices.

1. Type what you're looking for — a doctor's name or specialty, lab test, hospital, condition — it all works.

2. See results by quality, cost, and location.

Lopez, Justine D., MD
Family Medicine
Star Network | In-Network
277 N Jackson Ave
San Jose, CA 95116 (21 mi)
Estimate price: $30
You pay 100%

3. Compare options and make the best choice for you and your family.

4. Search from anywhere with the Castlight mobile app.
Anthem Resources & Programs

LiveHealth Online

24/7 NurseLine

Future Moms

Condition Care / Complex Care

Mobile App

Special Offers
Family & Home
Fitness & Health
Vision, Hearing & Dental
Tax Saving Accounts

FSA
Healthcare
Enrolled in PPO Plans or waived coverage

Health Savings Account
Must enroll in HDHP

FSA
Dependent Day Care
Open to anyone
Available for Employees on the PPO Plans or who waived healthcare coverage

- Employees who elect the HDHP **cannot** participate in the Healthcare FSA

Contributions are made from 1/1/17– 12/31/17

The following list contains many, but not limited to all, qualified medical expenses for which FSA dollars can be used:

- Ambulance service
- Artificial limbs and teeth
- Body scan
- Chiropractor
- COBRA premiums
- Contact lenses and supplies
- Diagnostic services
- Eye exams
- Eyeglasses
- Hospital services
- Long term care premiums
- Orthodontia
- Prescription medications
- Psychiatric care
- Special education
- Therapy
- Transplants
- X-rays

**Reminders:**

- Money in your account is immediately available in January.
- $500 account balance carryover to next plan year.
- Healthcare reimbursements are processed weekly by myCafeteriaPlan.
Dependent Daycare FSA Details

- Account that you can allocate pre-tax dollars for eligible dependent daycare expenses incurred during the 2017 plan year.

- Money is **NOT** available up-front like the healthcare FSA, the money is available **AS** you fund the account.

- Daycare for dependents under the age of 13 and living in your household for more than 50% of the year
  - Care for your spouse and/or your dependents who, for physical or mental reasons, cannot care for themselves
  - After school program fees, except for over night activities
  - Contributions are made on a per pay basis from 1/1/17 – 12/31/17

- **Use or lose benefit**
The following list contains many, but not limited to all, qualified medical expenses for which HSA dollars can be used:

- Annual physical exams
- Ambulance service
- Artificial limbs and teeth
- Body scan
- Chiropractor
- COBRA premiums
- Contact lenses and supplies
- Diagnostic services
- Eye exams
- Eyeglasses
- Hospital services
- Long term care insurance premiums
- Orthodontia
- Prescription medications
- Psychiatric care
- Special education
- Therapy
- Transplants
- X-rays

HSA dollars cannot be used on over-the-counter drug expenses unless you have a doctor’s prescription.
In accordance with IRS guidelines, the following will make you ineligible for HSA:

- An **employee** who is enrolled in Medicare
- Any employee who is currently receiving VA/TriCare benefits
- Contributions cannot be made to an HSA account if the individual can be claimed as a dependent on another person’s tax return
- Any **employee** (or employee’s spouse) who is currently enrolled in a Healthcare Flexible Spending Account.

⭐ **In Step 5 of the Online Enrollment, you will be prompted to certify your eligibility for a HSA.**
What happens If I Misuse My HSA?

- Employees are individually responsible for account management.
- IRS audits and penalties
- 20% excise tax
- Income taxes applied
Wright State believes it is important for you to take the time to understand your healthcare options and select the coverage that best suits your needs and budget.

- **Online Open Enrollment**
  - All benefit eligible employees **MUST** elect to continue, change, enroll or waive coverage
  - Online system available via **WINGS Express** from **Oct. 28 through Nov. 14**
  - $50 Late Enrollment Fee if election is after **Nov 14**.

- **Your online election is a 5 Step Process:**
  - **Step 1:** View & print your current 2016 benefits
  - **Step 2:** Verify and/or add new dependents *(enter/verify SSNs)*
  - **Step 3:** Choose your 2017 healthcare elections or Waive coverage
  - **Step 4:** Link your dependents to your 2017 healthcare elections
  - **Step 5:** Submit & print your 2017 Benefits Summary
    - HDHP participants will be prompted to certify your eligibility for a HSA
    - Review your elections and confirm they are correct
    - If correct, click the “SUBMIT” button to finalize your elections
    - **You will receive a confirmation email, please save for your records**
Paper Enrollment

- **Supplemental Life Insurance**
  - For Employees
    - Term Life or Group Universal Life
    - Guarantee issue of 1 times your annual base pay (during Open Enrollment ONLY)
  - For Dependents
    - Dependent Life
    - Spouse/Registered Domestic Partner or Child
  - During open enrollment you can enroll, increase, decrease or terminate coverage
  - Paperwork available on HR website and must be submitted no later than **Nov 14**.
  - No paperwork is required to continue existing coverage

- **Short-Term Disability**
  - During open enrollment you can enroll or terminate coverage
  - If enrolling:
    - A medical questionnaire must be completed and submitted to UNUM by **Nov 14**.
    - An enrollment form must be completed and submitted to HR by **Nov 14**.
  - No paperwork is required to continue existing coverage
What if I Have Questions

HORAN’s Engagement Team
Phone: 1-844-694-6726
or
engagement@horanassoc.com

- Questions regarding 2017 Plan Options
- Benefit/Coverage questions
- Claims
  - Calls to insurance carrier or physician will require:
    - Date of Birth
    - Social Security Number or Insurance ID
    - Date of Service
    - HIPAA release form
Questions?