

January 1 – December 31, 2021

BENEFITS GUIDEBOOK



WAKE FOREST
UNIVERSITY

DISCLAIMER The information contained in this summary should in no way be construed as a promise or guarantee of employment or benefits. The University reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this Guidebook and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits may be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from Wake Forest University Human Resources.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your organization. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

AVAILABILITY OF SUMMARY HEALTH INFORMATION

As a faculty or staff member, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at hr.wfu.edu. A paper copy is also available by contacting Human Resources.

MEDICARE PART D – PRESCRIPTION DRUG INFORMATION:

If you (and/or your dependents) 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. Please see pages 42-43 for more details.

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REYNOLDA HOUSE BENEFITS

All benefits for Reynolda House staff that differ from Reynolda Campus are marked with this icon.

HIGHLIGHTS

January 1 – December 31, 2021 Benefits Package Summary



NEW INSURANCE CARDS

Those enrolled in the university's medical plan will receive new insurance cards for BlueCross BlueShield and OptumRx – cards will be mailed directly to your home. Begin using your new card January 1, 2021.

PRESCRIPTION HOME DELIVERY

The prescription drug plan is moving to a home delivery program for maintenance medications.

Prescriptions filled at a retail pharmacy will have an additional copay. Members can use OptumRx's mobile app or website to manage medications and the home delivery process.

PHARMACY PORTAL

The prescription drug plan is transitioning from the Select to the Premium Formulary and implementing Utilization Management programs. From October 19 through December 31, members will have access to a pharmacy portal to (1) verify prescription coverage and/or any requirements (i.e. prior authorization or step therapy) and (2) verify prescription cost.

OptumRx will be mailing letters to impacted members during open enrollment and will be making outbound calls to those members who have multiple prescriptions impacted. Members may call OptumRx at (844) 265-1875 with questions.

BEHAVIORAL HEALTH PRESCRIPTIONS

Behavioral health prescriptions that are impacted by the pharmacy changes will have a 12-month advance notice period. Impacted members will receive a letter from OptumRx, but are encouraged to begin working with their health care provider in early 2021.



WAKE PERKS

Local and national discounts are available, including free admittance to the newly renovated Wellbeing Center for benefits-eligible Reynolda Campus faculty and staff.



FLEXIBLE SPENDING ACCOUNTS

You may elect the full IRS annual limit of \$2,750 for health care and \$5,000 for dependent care.



ENROLLMENT

Benefits-eligible faculty and staff may complete benefit elections in their Workday inbox or through the Workday mobile app.

HOW TO ENROLL FOR BENEFITS USING

WORKDAY

Complete your benefit elections in Workday:

1. Go to your [Workday inbox](#).
2. Click on the [Open Enrollment Change](#) task.
3. Make your elections; progress through the screens by clicking [Continue](#).
4. Click [Submit](#).

Complete your benefit elections via Workday Mobile app:

1. Download and open the [Workday](#) app on your mobile device.
2. Sign in using wfu as your company ID (*only applies to a first time download*).
3. Enter the username and password for your Wake Forest Gmail account.
4. Complete the Google Two-Step Verification.
5. Go to your inbox, click [Open Enrollment Change](#), and [Let's Get Started](#).
6. To change benefits or dependent(s), click on the appropriate box and follow the prompts.
7. To submit your elections, click [View Summary, I accept \(checkbox\)](#), and [Submit](#).

**Employer paid benefits, life insurances, and the 529 College Savings Plans are view-only during open enrollment. To enroll in Aflac or Genworth Long-Term Care, contact the providers directly.*



FIVE WAYS TO THRIVE WITH YOUR
WAKE FOREST
BENEFITS



THRIVE

COMPREHENSIVE WELLBEING
AT WAKE FOREST UNIVERSITY





PHYSICAL



BCBSNC BlueConnect | Page 09

Explore online programs through BlueCross BlueShield's BlueConnect member services. Topics include Getting Active, Maintaining Healthy Weight, Sleeping Well, and more.



INTELLECTUAL



Tuition Concession | Page 20

Take your education to new heights with Wake Forest University's Tuition Concession program. As an eligible faculty or staff member, this benefit is available to you and your eligible spouse and dependent child(ren).



FINANCIAL



Retirement | Page 23

Plan for your financial future with Wake Forest University's Retirement Plan. As an eligible faculty or staff member, you may set aside money on a pre- and/or post-tax basis, with Wake Forest contributing after you meet additional eligibility criteria.



EMOTIONAL



Employee Assistance Program | Page 39

Find the help you need, when you need it, with the Employee Assistance Program. This free service gives you access to trained counselors who provide confidential professional assessments, referrals, and follow-up services across a variety of work/life areas.



OCCUPATIONAL



Professional Development Center | pdc.wfu.edu

Browse an online catalog of career-focused offerings through the Professional Development Center (PDC). The PDC offers a broad range of leadership classes and certifications.

ELIGIBILITY

Faculty, Staff, and Dependent Eligibility Requirements

COVERAGE EFFECTIVE DATE

Coverage begins the first of the month following or coincident with the date of employment. Faculty and staff have 30 days from the date of hire to elect benefits.

ELIGIBILITY

Colleague	Full-time Requirements (Hours worked per year)	Part-time Requirements (Hours worked per year)
Faculty	1,096 – 1,462 hours	1,000 – 1,095 hours
Staff and Post Docs	1,560 – 2,080 hours	1,000 – 1,559 hours
Reynolda House Staff	1,560 – 1,820 hours	1,000 – 1,559 hours
Dependent	Requirements	
Spouse	Faculty or staff's lawful spouse.	
Child(ren) up to age 26	Faculty or staff's child(ren) up to age 26, regardless of student status, marital status, employment status, and tax dependency.	
Child(ren) with mental or physical disability	Faculty or staff's child(ren) with a mental or physical disability, as defined by the medical, dental, and vision plans, regardless of age. <i>A dependent child who is either mentally or physically disabled and incapable of self-support may continue to be covered under the Plans regardless of age if the condition exists and coverage is in effect when the child reaches age 26. The disability must be medically certified by the child's doctor and may be verified annually by the Plans.</i>	

AFFORDABLE CARE ACT (ACA) ELIGIBILITY

If you are a part-time faculty or staff member, a temporary staff member, student, or retiree, and you have met the ACA definition of full-time employment, you may make elections/changes to your medical plan and/or dependent(s) during Annual Benefits Enrollment. Visit the Human Resources website for information about the hours requirement.

DEPENDENT ELIGIBILITY VERIFICATION

You will need to submit dependent verification documentation if you are adding a spouse and/or dependent child(ren) to your medical and/or dental plan(s) and have not previously submitted documentation. Wake Forest University reserves the right to engage an external audit firm to review dependent eligibility.

ENROLLMENT

Making Benefit Elections and Changes

The majority of your benefits may only be elected/changed during Annual Benefits Enrollment or if a qualifying event occurs. Other offerings may be elected/changed throughout the year.

ANNUAL BENEFITS ENROLLMENT

You have the opportunity to review your elections and make changes for the coming plan year during Annual Benefits Enrollment. Ensure that you submit your elections and documentation in Workday.

QUALIFYING EVENTS

Outside Annual Benefits Enrollment, you may only make changes to certain elections if you have a qualifying event. Generally, your changes will become effective on the date of your qualifying event (date of birth, marriage, etc.). You have 30 days to submit your request, make your elections, and upload documentation in Workday; otherwise, you must wait until the next Annual Benefits Enrollment period to make changes. Qualifying events include:

- Marriage
- Divorce, legal separation, or annulment
- Gain or loss of an eligible dependent for reasons such as birth, adoption, placement for adoption, or death
- Dependent satisfies or no longer satisfies eligibility requirements for reasons such as reaching the dependent age limit
- Change in spouse's employment affecting benefits eligibility
- Change in spouse's benefits coverage with another employer affecting benefits eligibility
- Change in faculty or staff work status affecting benefits eligibility
- Eligibility for enrollment in Medicare/Medicaid or Children's Health Insurance Plan (CHIP)
- Change in residence (applies only to Dependent Care Flexible Spending Account)

THROUGHOUT-THE-YEAR CHANGES

Wake Forest offers the following benefit plans that may be elected, changed, or canceled throughout the year:

- Voluntary accidental death and dismemberment
- Voluntary life insurance
- Voluntary dependent life insurance
- Long-term care insurance
- NC 529 College Savings Plan
- Retirement plan

New enrollments or increases to life insurance coverage amounts may require a medical history application.



MEDICAL

Plan through BlueCross BlueShield of North Carolina

Snapshot

Low Plan:
*lower premiums,
higher deductible*

High Plan:
*higher premiums,
lower deductible*

Provider

BlueCross
BlueShield of
North Carolina
(BCBSNC)

(877) 275-9787
bcbsnc.com

Plan number:
14163668

Resources

BlueConnect
(BCBS Member
Services)

BlueConnectNC.
com

MDLive
(888) 657-9982

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff, spouses, dependent child(ren), ACA eligible individuals and their dependents.*

*See page 06 for full eligibility requirements.

Wake Forest University offers two medical plan options to meet the diverse needs of eligible faculty, staff, and dependents:

- Low Plan: lower premiums, with a larger deductible and out-of-pocket maximum.
- High Plan: higher premiums, with a lower deductible and out-of-pocket maximum.

Both plans offer:

- BlueCross BlueShield of North Carolina (BCBSNC) medical coverage
- OptumRx prescription drug coverage (see pages 12-13)
- Carolina Behavioral Health Alliance (CBHA) behavioral health coverage (see page 14)

Wake Forest University offers the BlueCross BlueShield (BCBS) Blue Value network for North Carolina providers for both the High and Low plans. The Blue Value Network is a narrower network to drive utilization to high-quality providers offering deeper discounts. Services outside North Carolina will continue to be provided through the BCBS Blue Options PPO network.

NETWORK INFORMATION

Verify if a provider or a facility is in-network by following these steps:

1. Access the BCBS website.
2. Click *Find a Doctor* (top right screen; do not log into your account*).
3. Click *Individuals, Families & Groups*.
4. Go to "Choose a plan to search," select *Blue Value* in the drop-down box, and click *Search*.
5. Click *Find a Doctor or Facility*, and follow the prompts to narrow your search.

Members may still utilize out-of-network providers; however the out-of-network charges will apply (deductible, copayments, coinsurance, and out-of-pocket maximums).

PLAN YEAR

The plans run on a calendar year (January 1 - December 31), so the out-of-pocket maximum, deductible, and coinsurance resets each January and you must meet your deductible before the Plan will pay for certain covered services.

The Affordable Care Act (ACA) requires office copayments (office, urgent care, and emergency room visits) and prescription copayments to be applied to the out-of-pocket maximum. This excludes mental health/substance abuse out-of-pocket expenses.

SPOUSAL SURCHARGE

A spousal surcharge for both Reynolda Campus and Reynolda House will apply if your spouse has access to medical coverage through an outside employer but enrolls in the Wake Forest plan. The cost is \$75 per month for exempt faculty and staff, or \$34.62 per pay cycle for biweekly staff.

The surcharge will be waived if your spouse:

- Is not eligible as an employee for medical coverage through another employer,
- Works for an employer that does not offer medical benefits,
- Does not work,
- Is self-employed, or
- Is employed at Wake Forest University

The surcharge will apply if your spouse:

- Is eligible for medical coverage through another employer, but is covered on the Wake Forest medical plan, or
- Is eligible and enrolled for medical coverage through another employer, and is covered on the Wake Forest medical plan.

AUTISM BENEFITS

Autism benefits include Adaptive Behavioral Treatment (ABT) with an annual maximum of \$40,000 per member per year. ABT is covered under the medical plan, and will be administered through Carolina Behavioral Health Alliance.

TELEHEALTH SERVICES

Wake Forest University offers a telehealth and behavioral health option with MDLive through BlueCross and BlueShield of North Carolina for both medical plans. These secure video consults, at a \$10 copay, are a good option for minor health issues when you cannot see your regular doctor.

Skip the waiting room:

- Video consults available 24 hours a day, seven days a week (even holidays)
- Low wait times let you see a doctor within minutes
- No appointment required
- Pediatricians available
- Prescriptions may be sent electronically to your local pharmacy
- Can be used anywhere in the United States

MDLive's doctors can diagnose and treat many acute care, non-emergency medical and behavioral health issues, including, but not limited to:

- Acne
- Addiction
- Allergies
- Anxiety
- Asthma
- Bipolar Disorder
- Constipation
- Cough, cold and flu
- Depression
- Diarrhea
- Ear problems
- Eating disorder
- General medicine
- Grief and loss
- Headache
- Insect bite
- Joint aches and pains
- Nausea and vomiting
- Pink eye
- Rash
- Relationships
- Sinus problems
- Sore throat
- Stress
- Trauma and PTSD
- Urinary problems

HEALTH ADVOCACY SERVICES

Medical plan participants may take advantage of Health Advocacy Services to resolve health care, health insurance, or medical bill challenges. See **page 38**.

BCBS MEMBER SERVICES

BlueConnect is BCBSNC's personalized member services home page, providing an interactive way to manage your medical plan and your health.

To register:

- Access www.BlueConnectNC.com.
- Select "Register Now" under the Members section.
- Enter your BCBSNC member ID number.
- Answer the questions on the screen and set up a username and password.

Signing up for BlueConnect will enable you to:

- See how the Plan will cover a particular service.
- Review an explanation of benefits to understand what the Plan paid and what is your responsibility.
- Understand out-of-pocket expenses and see how much has been applied toward the annual deductible and coinsurance.
- Request a new ID card.
- Estimate health care costs through HealthNAV.
- Read information on the BlueCard Worldwide program that can be used when traveling outside the United States.
- Participate in many online wellness programs, including Getting Active, Healthy Thinking, Healthy Weight, Quitting Smoking, Sleeping Well, and Dealing with Lower Back Pain.
- Talk to a Nurse 24/7 through HealthLine Blue.
- Stay informed while on the go with mobile offerings.
- Enjoy rewards and discounts.

SUMMARY OF COVERED MEDICAL SERVICES

FEATURE	LOW PLAN		HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Services				
Office Visit	\$30 copayment	60% after deductible	\$30 copayment	70% after deductible
Eye Exam Visit	\$30 copayment	60% after deductible	\$30 copayment	70% after deductible
Specialist Office Visit	\$50 copayment	60% after deductible	\$50 copayment	70% after deductible
Telehealth Visit	\$10 copayment		\$10 copayment	
Preventative Care (Defined by the Affordable Care Act)				
Preventative Visit/Services	100% covered	60% after deductible	100% covered	70% after deductible
Mammograms and Colonoscopies (routine and diagnostic)	100% covered	60% after deductible	100% covered	70% after deductible
Maternity Care				
Initial Office Visit	\$30 copayment	60% after deductible	\$30 copayment	70% after deductible
Pregnancy and Prenatal Care	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Inpatient Hospital Services				
Inpatient Hospitalization	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Semi-Private Room and Board Including Services and Supplies	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Pre-Authorization of Services	Not required for in-network services	\$500 penalty if non-emergency admission is not certified	Not required for in-network services	\$500 penalty if non-emergency admission is not certified
Outpatient Services				
Outpatient Facility and Service Charges	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Emergency Room				
Emergency Room Visit (if not admitted)	\$200 copayment	\$200 copayment	\$200 copayment	\$200 copayment
Urgent Care Facility	\$50 copayment	\$50 copayment	\$50 copayment	\$50 copayment
Other Services And Supplies				
Durable Medical Equipment	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Diabetic Supplies	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Chiropractic Care	80% after deductible, \$1,000 limit per year	60% after deductible, \$1,000 limit per year	90% after deductible, \$1,000 limit per year	70% after deductible, \$1,000 limit per year
Therapy Services				
Physical and Occupational (40 visits max combined in- and out-of-network)	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Speech (20 visits maximum combined in- and out-of-network)	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Inpatient Care	80% after deductible	60% after deductible	90% after deductible	70% after deductible
Outpatient Care	\$30 copayment	60% after deductible	\$30 copayment	70% after deductible

*The information above is intended as a benefit summary only. It does not include all of the benefit provisions, limitations, and qualifications. If this information conflicts in any way with the contract, the contract will prevail. "Balance Billing" For Out-Of-Network Providers: The amount the Plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although the Plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not equal the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing, and the amount billed to you may be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers may be based on a number of schedules such as a percentage of reasonable and customary charges or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

ANNUAL DEDUCTIBLE, COINSURANCE, OUT-OF-POCKET MAXIMUMS, AND COPAYMENTS

FEATURE	LOW PLAN		HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$1,250	\$3,125	\$750	\$1,875
Family*	\$3,125	\$7,800	\$1,875	\$4,675
Coinsurance Coverage (after deductible, plan pays)	80%	60%	90%	70%
Out-of-Pocket Maximum (deductible, coinsurance, copayments; excludes Carolina Behavioral Health Alliance services, which require an additional \$1,000 out-of-pocket maximum)				
Individual	\$4,000	\$10,000	\$3,000	\$7,500
Family	\$10,000	\$25,000	\$7,500	\$18,750

*There is a family deductible and an individual deductible. When one family member meets the individual deductible amount, that individual's benefits will begin to pay at the coinsurance level. If two-person coverage is elected, the total family deductible will equal two times the individual deductible.

MEDICAL PLAN PREMIUMS (PRE-TAX)

ENROLLMENT TIER	LOW PLAN		HIGH PLAN	
	Monthly	Biweekly	Monthly	Biweekly
Full-Time (Pre-Tax)				
Employee Only	\$104	\$48	\$210	\$97
Employee and Spouse	\$329	\$152	\$563	\$260
Employee and Child	\$215	\$99	\$368	\$170
Employee and Children	\$287	\$132	\$490	\$226
Family	\$416	\$192	\$711	\$328
Part-Time (Pre-Tax)				
Employee Only	\$560.14	\$258.53	\$644.33	\$297.39
Employee and Spouse	\$1,288.33	\$594.61	\$1,481.97	\$683.99
Employee and Child	\$840.22	\$387.79	\$966.50	\$446.08
Employee and Children	\$1,120.29	\$517.06	\$1,288.67	\$594.77
Family	\$1,624.42	\$749.73	\$1,868.57	\$862.42

*The Employee Only Low Plan meets minimum value and affordability according to the Affordable Care Act (ACA) standards. ACA-eligible individuals have access to medical plan coverage at full-time premiums at Wake Forest University and Reynolda House.



PRESCRIPTION

Drug Plan through OptumRx

Snapshot

Pharmacy plan with retail mail order specialty pharmacy resources

Providers

OptumRx, Home Delivery and Specialty Services

(844) 265-1875
optumrx.com

Member login:

Enter the ID on the front of your ID card.

New users must create a one-time HealthSafe ID.

Plan number:
14163668

ELIGIBILITY: Must be enrolled in the medical plan.

If you have elected Wake Forest University medical coverage, you are automatically enrolled in the prescription drug plan at no additional cost.

OPTUMRX HOME DELIVERY

OptumRx Home Delivery is the Plan's Mail Order Program. This program provides cost savings, as well as expedited shipping and delivery tracking, easy ordering, and flexible payment options. Refill reminders can ensure members are never left without medication on-hand, and refills may be obtained by calling OptumRx or using their website or mobile app.

Effective January 1, 2021, the prescription drug plan will only cover a limited number of maintenance medication refills from a retail pharmacy. After the two allowed grace fills, if you do not move to the home delivery program, there will be an additional copay at the retail pharmacy.

Copays after two grace refills (30 day supply):

- Generics: Additional \$10 copay
- Preferred: Additional \$15 copay
- Non-Preferred: Additional \$15 copay

SPECIALTY MEDICATIONS

Specialty medications are used to treat chronic (long-term), life-threatening, and/or rare diseases, and they may:

- Be given by infusion or injection, or taken orally
- Cost more than traditional medications
- Have special storage and handling requirements

OPTUMRX SPECIALTY SERVICES

As the Plan's Specialty Pharmacy Provider, OptumRx embraces a holistic approach to complex and costly conditions such as Multiple Sclerosis, Auto-Immune Disorders, Hemophilia, Hepatitis C, Respiratory Syncytial Virus (RSV) Growth Disorders, Transplants, and Oral Oncology. Member support includes thorough education on illnesses, medication regimens, and side effect management, as well as awareness of community resources, copayment assistance programs, and more.

GENERIC MEDICATIONS

The U.S. Food and Drug Administration (FDA) requires a generic product to be the same as its brand equivalent in dosage, strength, intended use, safety and clinical results. Additionally, the manufacturer of the generic product is required to meet the same high standards for manufacturing practices.

PRESCRIPTION COPAYMENTS*

	Retail Pharmacies	OptumRx Home Delivery Mail Order
Supply (Days)	Up to 30	Up to 90 (maintenance medications only)
Tier		
Generic	\$15	\$37.50
Preferred	\$30	\$75
Non-Preferred	\$60	\$150
Specialty	10% copayment for up to a 30-day supply, with a minimum \$50 copayment and a maximum \$100 copayment	

*Prescription copayments are the same for both Low and High Plans

PREMIUM FORMULARY

Effective January 1, 2021, the prescription drug plan transitioned to the Premium Formulary. A formulary is a list of prescribed medications or other pharmacy care products chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. Tiers are the different cost levels you pay for a medication.

PRIOR AUTHORIZATION REQUIREMENT

There are some medications that have to be authorized by a doctor before you can get them because some medications are only effective and/or approved for some conditions. You, your pharmacist, or your doctor can start the prior authorization process by contacting OptumRx. OptumRx will work with your doctor to get the information needed for the review. Once a prior authorization form is submitted by your doctor, a review will be conducted within a few days and a determination letter will be sent to you and your doctor.

MEDICATION ADHERENCE PROGRAM

The voluntary Medication Adherence Program through OptumRx promotes medication adherence by connecting personally with members who take medication for diabetes, hypertension, and high cholesterol:

- Members who are new to therapy will receive letters with information about their disease state and medication. They will also be offered a clinical pharmacist consultation to talk through questions or concerns about the new medication.
- Members who are late to refill a prescription will receive an interactive voice response (IVR) phone call on the second and tenth days after their scheduled refill, along with an option to transfer to a pharmacy. OptumRx offers members an opportunity to talk with a clinical pharmacist about their medication's importance and how to take it consistently.

QUANTITY LIMITS

Certain medications have quantity limits for quality and safety reasons.

A quantity limit is a limit on the amount of medication that you can get at a time.

When a prescription is submitted to a pharmacy, the pharmacy will process the prescription. The

OptumRx online claims processing system will automatically screen the medication against established quantity limit rules. If the prescription does not exceed those limits, it can be filled as written. If the prescription is in excess of the quantity limits, a prior authorization must be submitted and approved before the quantity of medication can be dispensed.

STEP THERAPY

There are some medications that are more cost-effective in the initial steps in treatment. The step therapy program provides opportunity for you to save money by using clinically approved and cost effective medications as a first step. This allows you to try a less expensive medication before one that costs too much.

MANAGE YOUR MEDICATIONS ONLINE

Beginning January 1, 2021 and after, you can use OptumRx's mobile app or website to help manage your medications. You'll be able to find a network pharmacy, check medication coverage, track home delivery orders and much more. Watch for helpful information from OptumRx throughout the year for any medication and associated action you may need to take.

OPTUMRX PREFERRED NETWORK PROGRAM

The Preferred Pharmacy Network program ensures member access to retail pharmacies and offers copayment savings. Preferred retail pharmacies include, but are not limited to:

- Harris Teeter
- Kroger
- Publix
- Rite Aid
- Sam's
- Walgreens
- Walmart

Non-preferred pharmacies will apply a \$5 additional copayment. Non-preferred pharmacies include, but are not limited to:

- CVS
- Novant Health
- Target

Contact OptumRx with any questions regarding the network status of your pharmacy.



BEHAVIORAL

Health Plan through Carolina Behavioral Health Alliance

Snapshot

Confidential assessment and service for mental health and substance abuse issues

Provider

Carolina Behavioral Health Alliance (CBHA)
(800) 475-7900
cbhallc.com

ELIGIBILITY: Must be enrolled in the medical plan.

If you have elected Wake Forest University medical coverage, you are automatically enrolled in a behavioral health plan at no additional cost.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE

Coverage for behavioral health and substance abuse services is coordinated through Carolina Behavioral Health Alliance (CBHA). Participants or covered family members seeking professional help or information on mental health or substance abuse issues may contact CBHA for a confidential assessment and service. A CBHA-licensed clinical case manager can direct them to an in-network provider and help ensure the most appropriate level of care is delivered timely, efficiently, and effectively.

PRIOR AUTHORIZATION

Inpatient treatment, partial hospitalization, and intensive outpatient programs require prior authorization by CBHA before receiving treatment. The participant or the treating provider may call CBHA for authorization. Outpatient services requiring prior authorization include:

- Psychological testing
- Electroconvulsive therapy
- Home visits by a behavioral health provider

The behavioral health plan has a separate \$1,000 out-of-pocket maximum for both in- and out-of-network providers. The out-of-pocket maximum includes office visit copayments and all coinsurance amounts associated with mental health and substance abuse services coordinated through CBHA.

Additional online services include:

- Provider search
- Alcohol, opiates, and depression assessments
- Information on support groups and other community resources
- Informative articles

ADAPTIVE BEHAVIORAL TREATMENT

The behavioral health plan includes coverage for Adaptive Behavioral Treatment (ABT). Members can access ABT services by calling CBHA at (800) 475-7900. A clinician will help determine the type of services needed, the diagnosis, treatment planning, or therapy, and will direct the member to an in-network provider who can assist with these services.

Benefits payable under ABT services are limited to \$40,000 per member per year.

SUMMARY OF COVERED SERVICES*

FEATURE	LOW PLAN		HIGH PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Care	100% covered	60% covered	100% covered	70% covered
Outpatient Care	\$30 copayment	60% covered	\$30 copayment	70% covered

*The information above is intended as a benefit summary only. It does not include all of the benefit provisions, limitations, and qualifications. If this information conflicts in any way with the contract, the contract will prevail. Any services rendered under the CBHA benefit do not apply toward the BCBSNC annual deductible, coinsurance, or out-of-pocket maximum.



VISION

Plan through Superior Vision

Snapshot

Provides coverage for lenses, frames, and contact lenses

Provider

Superior Vision
(800) 507-3800
superiorvision.com

Plan number:
27743

Hearing Healthcare Services

(888) 494-1272
superiorvision.
yourhearing.com

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff, spouses, and dependent child(ren).

Wake Forest offers benefits-eligible faculty, staff, and dependents a voluntary vision plan that provides coverage for lenses, frames, and contact lenses through Superior Vision. Eye exam coverage is available through the medical plan. Faculty and staff who elect this plan pay the full premium cost through a pre-tax payroll deduction.

You do not need to have Wake Forest medical coverage to enroll. After you elect to participate, you will receive an ID card, and you may request a new copy by contacting Superior Vision.

HEARING HEALTHCARE SERVICES

Superior Vision provides a hearing discount program through a national network of credentialed professionals, offering quality care and savings of up to 40% off premium hearing aids.

DISCOUNTS

When utilizing network providers additional discounts may be available on expenses over the plan allowances and for some non-covered items.

VISION PLAN PREMIUMS (PRE-TAX)

ENROLLMENT TIER	Monthly	Biweekly
Employee Only	\$6.18	\$2.85
Employee and One Dependent	\$11.96	\$5.52
Family	\$17.58	\$8.12

SUMMARY OF COVERED SERVICES*

FEATURE	In-Network	Out-of-Network
Materials Copayment: Every 12 months Applies to lenses and/or frames (not contact lenses)	\$15	\$15
Contact Lens Fitting Exam Copayment	\$35	Not Covered
Standard Lenses Benefit (per pair) Single vision Bifocal Trifocal Lenticular	Covered in full	Up to \$34 Up to \$48 Up to \$64 Up to \$88
Contact Lens Allowance: In lieu of glasses Medically necessary Cosmetic	Covered in full Up to \$120	Up to \$210 Up to \$100
Frames Benefit: Every 24 months	Up to \$150	Up to \$77

*Members are responsible for charges above the allowances shown above. Discounts are available for the purchase of additional eyewear and contact lenses.



DENTAL

Plan through MetLife

Snapshot

Low Plan:
*lower premiums,
basic coverage*

High Plan:
*higher premiums,
additional
coverage*

Provider

MetLife
(800) 438-6388
metlife.com/
mybenefits

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff, spouses, and dependent child(ren).

Wake Forest University offers all eligible faculty and staff two dental plan options through MetLife:

- Low Plan: lower premiums, basic coverage
- High Plan: higher premiums, additional coverage

These options provide different levels of coverage to meet the varying needs of benefits-eligible faculty and staff members and their eligible dependents. Both plans cover preventive and basic services, but only the High Plan offers coverage for major services and orthodontia.

The plans, benefits, deductibles, and out-of-pocket maximums run on a calendar year (January 1 – December 31).

HEALTH CARE FLEXIBLE SPENDING

If you elect a Health Care Flexible Spending Account, you may use it to pay for most dental services, but documentation will be required to substantiate the claim. See **page 18**.

IDENTIFICATION CARDS

To access your dental identification cards, register at metlife.com/mybenefits from a computer or directly through the MetLife mobile app. Once registered, you may print ID cards, view claims, view plan summary information, get estimates, and more.

HOW DO I FIND A PARTICIPATING DENTIST?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members.

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-GET-MET8 (1-800-438-6388) to have a list faxed or mailed to you.

MAY I CHOOSE A NON-PARTICIPATING DENTIST?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher. Non-participating provider claims will process up to Reasonable & Customary fees with balance billing possible over that level.

HOW ARE CLAIMS PROCESSED?

Dentists may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-GET-MET8 (1-800-438-6388).

DENTAL PLAN PREMIUMS

ENROLLMENT TIER	LOW PLAN		HIGH PLAN	
	Monthly	Biweekly	Monthly	Biweekly
Full-Time (Pre-Tax)				
Employee Only	\$17	\$8	\$32	\$15
Employee and Spouse	\$36	\$17	\$65	\$30
Employee and Child	\$30	\$14	\$52	\$24
Employee and Children	\$39	\$18	\$67	\$31
Family	\$56	\$26	\$101	\$47
Part-Time (Pre-Tax)				
Employee Only	\$25.32	\$11.69	\$45.83	\$21.15
Employee and Spouse	\$53.41	\$24.65	\$95.40	\$44.03
Employee and Child	\$43.03	\$19.86	\$76.15	\$35.15
Employee and Children	\$57.55	\$26.56	\$98.75	\$45.58
Family	\$82.26	\$37.97	\$146.21	\$67.48

SUMMARY OF COVERED SERVICES

PLAN FEATURE	LOW PLAN	HIGH PLAN
Annual Deductible Individual Family <small>*If two-person coverage is elected, the total "family" deductible will not exceed two times the individual deductible.</small>	\$50 \$150	\$50 \$150
Annual Benefit Maximum Per Person <small>Type A, B, and C services count toward the annual benefit maximum.</small>	\$500	\$1,500
Type A: Preventative Services <small>Oral exams: Twice per calendar year Cleanings and scaling of teeth: Twice per calendar year Full-mouth x-rays: Once per 36-month period</small>	100% of reasonable and customary fees, up to the annual benefit maximum; Deductible does not apply	
Type B: Basic Services <small>Fillings, extractions, root canal therapy, and periodontal treatment</small>	80% of reasonable and customary fees, up to the annual benefit maximum; Subject to the individual deductible	
Type C: Major Services <small>Inlays, Onlays, Crowns, and Periodontal surgical services</small>	Not covered	50% of reasonable and customary fees, up to the annual benefit maximum; Subject to the individual deductible
Type D: Orthodontics <small>Appliance therapy</small>		50%, up to a \$1,500 lifetime benefit maximum per person



Snapshot

Health Care FSA:
for eligible health care expenses not covered by the medical, dental, and vision plans

Dependent Care FSA:
for eligible dependent care expenses such as child care and adult day care

Provider

McGriff Insurance Services

(800) 930-2441

flexcard@mcgriffinsurance.com

flexclaims@mcgriffinsurance.com

Plan number:
WKFU2138

FLEXIBLE SPENDING

Accounts through McGriff Insurance Services

ELIGIBILITY: Full-time faculty and staff, spouses, and dependent child(ren).

You may use Flexible Spending Accounts (FSAs) to set aside money through pre-tax payroll deductions to cover qualified health care and dependent care expenses. Wake Forest University offers two types of FSAs:

- Health Care FSA
- Dependent Care FSA

You must re-elect FSAs each year or they will automatically terminate. These accounts run on a calendar year (January 1 - December 31).

HEALTH CARE FSA

The Health Care FSA allows you to set aside pre-tax money to pay for eligible health care expenses that are not covered by the medical, dental, and vision plans.

Eligible expenses include:

- Office visit and prescription drug copayments
- Deductibles and coinsurance
- Insulin and diabetic supplies
- Braces and other orthodontic expenses
- Prescription glasses and non-prescription reading glasses
- Hearing aids
- LASIK/laser eye surgery
- Medical equipment (wheelchair, crutches, braces)
- Prosthetics and artificial limbs
- Acupuncture
- Dentures
- First aid supplies
- Feminine care products including tampons, pads, and liners
- Over-the-counter medications

Ineligible expenses include:

- Health care premium deductions
- COBRA premiums
- Prescription drugs for cosmetic purposes
- Cosmetic surgery for non-medical conditions
- Funeral expenses
- Diet foods or nutritional supplements
- Illegal operations or treatments
- Maternity clothes
- Non-prescription safety glasses
- Teeth whitening

- Vitamins to improve overall health
- Deodorants

Visit the McGriff Insurance Services website for a complete list of eligible and ineligible expenses.

HEALTH CARE FSA CARRY OVER

Unused Health Care FSA funds, up to \$550, will automatically carry over to the next year (funds exceeding \$550 at the end of the plan year will be forfeited). You are not required to re-elect the FSA in order to carry over the \$550 into the next plan year. If you do not re-elect the Health Care FSA, the carry over amount will remain in your account until it is exhausted. If you re-elect the Health Care FSA and you have a carry over amount, your carry over will be exhausted first, and then your annual election will be used.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside pre-tax money to pay for eligible dependent care expenses. This FSA is specifically for:

- Child care expenses for children up to age 13
- Adult day care expenses for dependents claimed on income taxes and who are mentally or physically unable to care for themselves

Eligible expenses include:

- Before- and after-school programs
- Nursery and preschool tuition
- Summer day camp (when the primary purpose is custodial care)
- Au pairs
- Sick child center
- Expenses incurred while a parent seeks employment

Dependent care benefits elected under an FSA plan offset the federal tax credit for dependent care allowable on federal income tax returns. If married, both spouses must work or attend school full-time to use this benefit. Only the amount that has been deducted year-to-date from pay may be submitted for expense reimbursement. You will be responsible for paying taxes on the amount that exceeds the IRS calendar year limit of \$5,000. If you experience a dependent care qualifying event, you may be eligible to

MAXIMUM CONTRIBUTION LEVELS

Health Care FSA	\$2,750 limit per faculty or staff member
Dependent Care FSA	\$5,000 limit per household

There is no minimum amount for either plan. Participants may set aside any amount up to the annual plan limit.

change your election outside Annual Benefits Enrollment. The Dependent Care FSA is not eligible for a carry over.

PLAN DETAILS

During Annual Benefits Enrollment, you may elect the amount you forecast for eligible health care or dependent care expenses for the coming plan year. The elected amount is divided into equal increments and withheld on a pre-tax basis from each paycheck. The annual election is available after the first payroll contribution for health care expenses. You may submit claims until March 31 for health care and dependent care expenses incurred during the previous plan year. All new participants will receive two debit cards at no cost. If you were previously enrolled in an FSA, you will need to keep your current debit card for future use; a new card will not be issued. If your debit card is lost or stolen, contact the provider directly. A fee will apply.

McGriff will reimburse you via check or direct deposit if the debit card is not used and you have submitted a reimbursement form with acceptable supporting documentation. Claims may be submitted until March 31 for expenses incurred during the previous plan year.

MOBILE APP

The Benefit Access Mobile App lets you easily and securely manage your flexible spending and health savings account on your smartphone. You can view account balances, submit health care account claims, and upload pictures of your receipts anytime, anywhere on any iPhone, Android or tablet device. Just download the Care Plus Benefit Access App for Android or iPhone (also compatible with iPad® and iPod touch®) and log in using the same password you use to access the McGriff Insurance Services website.

DOCUMENTATION AND SUSPENSION

Documentation may be required to verify that the expenses are eligible if McGriff is not able to auto-substantiate the debit card purchase. A charge may not be auto-substantiated if it is:

- Not an exact match (or multiple) of the medical plan copayment,
- From a non-approved merchant (i.e., IAS merchants such as Walgreens or CVS), or
- Not reoccurring (an expense will be classified as reoccurring after it has been substantiated three times)

If the charge cannot be auto-substantiated, McGriff will send up to three letters or emails requesting documentation. You will be required to email the documentation to flexcard@mcgriffinsurance.com. Per Internal Revenue Service (IRS) standards, it must include:

- Name of provider
- Name of patient
- Date of service
- Name of service
- Cost
- Insurance payment
- Patient's financial responsibility

The debit card may be suspended if you do not provide documentation which includes the information listed above.

It may also be suspended if the card was used to pay for:

- An ineligible item
- An expense that was incurred before the plan year
- An expense that has not yet been incurred
- More than the actual expense

If one of the above occurs, you must “pay back” the ineligible amount to the FSA. This may be done one of three ways:

- The medical provider may credit the amount of the ineligible expense back to the account.
- You may send “off-setting” or “substitute” receipts.
- You may send a check to McGriff in the amount of the overpayment.



EDUCATION

Tuition Concession

Snapshot

Tuition reduction at Wake Forest University (faculty, staff, dependent children, and spouses) and other institutions (faculty, staff, and dependent children)

Provider

Wake Forest University
Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

Wake Forest University offers tuition reduction benefits for eligible faculty, staff, dependent children, and spouses.

The faculty or staff member's anniversary date will determine if the first eligible semester will be Fall or Spring of a given year. If the eligibility requirement will be satisfied on or before October 1, the benefit is available for the coinciding Fall semester. If the eligibility requirement will be satisfied on or before February 1, the benefit is available for the coinciding Spring semester. Summer is not included as the first eligible semester.

TUITION CONCESSION FOR FACULTY AND STAFF

ELIGIBILITY: Faculty or staff with two years of full-time continuous service.

If you attend Wake Forest University:

- Full tuition reduction applies for part-time undergraduate study in the College or the School of Business.
- Full tuition reduction applies for part-time study in the Graduate School of Arts and Sciences.
- All graduate level coursework is taxable. The first \$5,250 of incurred education assistance will be excluded from gross pay each calendar year and therefore that amount will not be taxed. Any education assistance that exceeds \$5,250 in a calendar year will be taxed to the employee in the semester the education assistance is requested.
- There is a maximum of two courses per semester, with approval by the manager or Department Head and Human Resources.
- The course or program does not need to relate directly to your job responsibilities.
- You may audit classes, with approval by the manager or Department Head, Human Resources, and the Dean of the individual College/School.

Tuition concession benefits for faculty and staff do not apply to graduate study in the Wake Forest University School of Business, School of Law, School of Medicine, or School of Divinity. Additionally, they do not apply to courses requiring individual instruction.

If you attend another institution:

- The 2019/2020 academic year limit is \$5,495.26, or \$2,747.63 per semester, for tuition and academic fees. The benefit applies to undergraduate study only.
- There is a maximum of two courses per semester, with approval by the manager or Department Head and Human Resources.
- Online courses are eligible.
- You must maintain at least a 2.0 GPA.
- The course or degree program must directly relate to your job responsibilities.

Tuition concession benefits at other institutions do not apply if you already hold an undergraduate degree. Additionally, they do not apply to graduate study or courses requiring individual instruction.

TUITION CONCESSION FOR DEPENDENT CHILDREN

ELIGIBILITY: Dependents of faculty or staff with:

- Five years* of full-time continuous service if hired on or after January 1, 2014, or
- Three years of full-time continuous service, if hired before January 1, 2014.

*If you worked at an accredited higher education institution at least two years immediately preceding employment at Wake Forest University, you may be eligible to reduce the waiting period to three years.

The Tuition Concession program applies to dependents who:

- Are your biological children, legally adopted children, or stepchildren.
- Are less than 26 years of age and substantially dependent upon you.
- Do not already hold an undergraduate degree.
- Meet the admissions requirements.

If the dependent attends Wake Forest University:

- Wake Forest pays 80% of tuition and academic fees, if you were hired on or after January 1, 2014.
- Wake Forest pays 94% of tuition and academic fees, if you were hired before January 1, 2014.
- The benefit applies to undergraduate study only.
- There is a maximum of eight semesters per dependent, and 24 semesters per faculty or staff member.
- A \$100 fee per credit hour applies for summer session enrollment.

If the dependent attends another institution:

- Wake Forest pays up to 19% of Wake Forest tuition and fees toward the cost to attend the other institution.
- The benefit may apply to associate and baccalaureate degree programs (including those offered at qualified technical schools and community colleges).
- There is a maximum of eight semesters per dependent, and 24 semesters per faculty or staff member.

🏠 Reynolda House staff are only eligible for the dependent tuition concession benefit and it is taxable to the employee.

Tuition concession benefits have taxable implications for dependent children that are not substantially dependent on you; see the “Tuition Reduction Benefits for Dependent Children” policy for details.

TUITION CONCESSION FOR SPOUSES

ELIGIBILITY: Legally married to a full-time faculty or staff member (benefit is available immediately upon hire).

If the spouse attends Wake Forest University:

- 0-9 years of service: Wake Forest pays 50% of the tuition charged, up to the balance remaining after tuition-designated scholarships have been applied.
- 10 or more years of service: Wake Forest pays 66 2/3% of the tuition charged, up to the balance remaining after tuition-designated scholarships have been applied.
- The benefit applies to undergraduate study or study in the Graduate School of Arts and Sciences.
- Undergraduate tuition reduction is tax-free.
- Graduate tuition is taxable income to you.
- The spouse may audit classes with approval by the Dean of the individual College/Schools.

Tuition concession benefits for spouses do not apply to other institutions.



EDUCATION

Student Debt Counseling and NC 529 College Savings

Snapshot

Assistance with program eligibility that could reduce student debt

Provider

Fiducius
getfiducius.com
(513) 645-5400

Snapshot

Plan to help save for college for a child, grandchild, yourself, etc.

Provider

College Foundation Inc.*
(800) 600-3453
cfnc.org/savings
Employer Code:
02429

STUDENT DEBT COUNSELING PROGRAM

ELIGIBILITY: All full-time benefits-eligible faculty and staff.

Fiducius offers Student Loan Financial Planning by understanding your goals and finances, identifying the best option to solve student loan issues, and to provide a personalized Student Loan Financial Wellness Plan.

NC 529 COLLEGE SAVINGS PLAN

ELIGIBILITY: All faculty and staff.

North Carolina's National College Savings Program enables you to set aside money for qualified higher education expenses at Wake Forest University or other institutions. These expenses include:

- Tuition and fees
- Room and board
- Books, supplies, and equipment required for enrollment

You may open an account for yourself or a person of any age, including a newborn. Other relatives, friends, and certain organizations also may open an account and save for an individual's college education. There is a low minimum opening contribution required, and you may make additional monthly or occasional contributions. If there are assets left in your account when your beneficiary has completed college, you may designate a new related beneficiary of the account.

Investment Options:

A variety of investment options cover a range of strategies, from conservative to aggressive. You may select a mix to meet your own investment objectives, time remaining until college, and tolerance for risk. The Internal Revenue Service (IRS) allows you to adjust your current investment mix once each calendar year or if the beneficiary of your account changes. You may update how your future contributions will be invested at any time.

Tax Advantages:

As a North Carolina taxpayer, you may qualify for a tax deduction for contributions to the 529 Plan. There are no federal taxes on earnings, and there are no state taxes on earnings for North Carolina taxpayers. Withdrawals used for qualified higher education expenses are exempt from both North Carolina and federal income taxes. If you are a resident of a state other than North Carolina, consult a tax advisor.

The earnings portion of withdrawals not used for qualified higher education expenses is subject to federal income tax, a 10% federal penalty tax, and state and local income taxes. The availability of tax benefits may be contingent on meeting other requirements.

*Authorized by the General Assembly of the State of North Carolina; established and maintained by the North Carolina State Education Assistance Authority.



Snapshot

Offers immediate faculty/staff contributions, and Wake Forest contributions after meeting eligibility criteria

Provider

TIAA
(800) 842-2776
tiaa.org

RETIREMENT

Plan through TIAA

The Wake Forest University 403(b) Retirement Plan offers multiple ways to plan for your financial future.

Contact TIAA directly to enroll in the retirement plan, select your investments, and establish beneficiaries.

FACULTY/STAFF CONTRIBUTIONS

ELIGIBILITY: Full- and part-time faculty and staff immediately upon hire.

You may set aside money from your pay on a pre- and/or post-tax basis immediately upon employment. Post-tax contributions are available through the Roth option.

Limits on voluntary contributions are imposed by the Internal Revenue Service (IRS) annually. The 2019 limit is \$19,000 for those age 50 and younger and \$25,000 for those age 50 and older. Contributions may be changed in each pay cycle.

WAKE FOREST CONTRIBUTIONS

ELIGIBILITY: Full- and part-time faculty and staff who work at least 1,000 hours per year for two* years without a break in service.

After you have met the eligibility criteria, Wake Forest will contribute to the retirement plan as follows:

- 5% of regular salary, if greater than two, but less than or equal to five years of service
- 7.5% of regular salary if greater than five, but less than or equal to 10 years of service
- 10% of regular salary, if greater than 10 years of service

PRIOR SERVICE CREDIT

*Faculty and staff employed at another higher education institution or nonprofit research organization for two years immediately preceding employment at Wake Forest University (1,000 hours per year) may be eligible for employer contributions without a waiting period.

* Faculty and staff employed at a museum for two years immediately preceding employment at Reynolda House (1,000 hours per year) may be eligible for employer contributions without a waiting period.

AUTO-ENROLLMENT

All new hires/rehires will be auto-enrolled into the Plan through TIAA at 5% of their eligible compensation.

If you opt out within 30 days of your hire/rehire date, no contributions will be made. If you opt out after 30 days, the update will apply to the next payroll; any existing contributions will remain in your Retirement Plan account.

ADVICE SESSIONS

One-on-one advice sessions provide information about investment tools and resources available to help achieve your financial goals. Schedule a session with a Financial Consultant at no cost to you by contacting TIAA directly.



LEGAL

Legal Plan through ARAG Legal

Snapshot

UltimateAdvisor Base (Low)
Lower premium, access to basic resources

UltimateAdvisor Base (High)
Higher premium, access to additional resources

Provider

ARAG Legal
(800) 247-4184
araglegalcenter.com
Access Code: 10780wfu
Plan Number: 10780001

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff.

Wake Forest University offers two legal plans:

- UltimateAdvisor Base (Low)
- UltimateAdvisor Base (High)

Legal insurance provides assistance with a wide range of situations such as dealing with traffic tickets, resolving warranty issues, buying a home, and creating a will.

You will receive legal advice and representation that is 100% paid-in-full for most covered legal matters when you work with a credentialed ARAG Network Attorney.

LEGAL PLAN PREMIUMS (POST-TAX)

UltimateAdvisor Base (Low)		UltimateAdvisor Base (High)	
Monthly	Biweekly	Monthly	Biweekly
\$18.25	\$8.42	\$22	\$10.15

LEGAL PLAN COMPARISON

Telephone/Online Benefits	UltimateAdvisor/Low	Ultimate Advisor Plus/High
DIY Docs	✓	✓
Education Center	✓	✓
ID Theft Legal Advice & Representation	✓	✓
ID Theft Prevention/Recovery Tools & Resources	✓	✓
ID Theft Restoration (Case Management)	✓	✓
Legal Hotline	✓	✓
Standard Immigration Assistance	✓	✓
Reduced Fees	✓	✓
Caregiving Services		
Advice	N/A	✓
Annual Checkup	N/A	✓
CareScout Services	N/A	✓
Financial Education and Counseling Services		
Financial Wellness Hotline including Debt Management	N/A	✓
Financial Tools and Resources Online	N/A	✓
Expanded ID Theft Protection		
ID Theft Restoration (Full Service)	N/A	✓
ID Theft - Child Monitoring	N/A	✓
ID Theft - Lost Wallet	N/A	✓
ID Theft Insurance (\$1,000,000)	N/A	✓
ID Theft - Credit Monitoring	N/A	✓
ID Theft - Internet Surveillance of Personal Information	N/A	✓

LEGAL PLAN COMPARISON (CONT.)

Tax Services	UltimateAdvisor/Low	UltimateAdvisor Plus/High
Tips for state or federal filing of personal taxes	N/A	✓
Explanation of tax law changes	N/A	✓
Research on complex personal tax matters	N/A	✓
Advice regarding IRS Audits and notifications	N/A	✓
Review of last year's personal tax return	N/A	✓
Personal tax return preparation for only \$50	N/A	✓
In-Office Benefits		
Building Codes (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Social Security/Veterans/Medicare	100% Paid-in-Full	100% Paid-in-Full
Zoning and Variances (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Easement (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
School Administrative Hearings	100% Paid-in-Full	100% Paid-in-Full
Contested and Uncontested Adoption	100% Paid-in-Full	100% Paid-in-Full
Bankruptcy	100% Paid-in-Full	100% Paid-in-Full
Elder Law	100% Paid-in-Full	100% Paid-in-Full
Defense of Civil Damage Claims	100% Paid-in-Full	100% Paid-in-Full
Consumer Protection	100% Paid-in-Full	100% Paid-in-Full
Insurance Disputes	100% Paid-in-Full	100% Paid-in-Full
Defense of Debt Collection	100% Paid-in-Full	100% Paid-in-Full
Mechanic's Lien	100% Paid-in-Full	100% Paid-in-Full
Student Loan Debt Collection	100% Paid-in-Full	100% Paid-in-Full
Foreclosure (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Defense of Garnishment	100% Paid-in-Full	100% Paid-in-Full
Criminal Misdemeanor Defense	100% Paid-in-Full	100% Paid-in-Full
Uncontested/Contested Divorce	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 20 hours per insured event. Additional hours billed by Network Attorney at ARAG's Reduced Fee	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 20 hours per insured event. Additional hours billed by Network Attorney at ARAG's Reduced Fee
Protection from Domestic Violence (Insured & Named Insured)	100% Paid-in-Full	100% Paid-in-Full
Restraining Order - Insured and Named Insured	100% Paid-in-Full	100% Paid-in-Full
Driving Privilege Protection & Restoration (Excl. DWI-Related)	100% Paid-in-Full	100% Paid-in-Full
Minor Traffic - (Excluding DWI-Related)	100% Paid-in-Full	100% Paid-in-Full
Estate Administration & Estate Closing - 9 Hours	100% Paid-in-Full	100% Paid-in-Full
Uncontested/Contested Guardianship and Conservatorship	100% Paid-in-Full	100% Paid-in-Full
Habeas Corpus Proceedings	100% Paid-in-Full	100% Paid-in-Full
Mental Incompetency or Infirmary Proceedings	100% Paid-in-Full	100% Paid-in-Full
IRS Collection Defense	100% Paid-in-Full	100% Paid-in-Full
IRS Audit Protection	100% Paid-in-Full	100% Paid-in-Full
Juvenile Court	100% Paid-in-Full	100% Paid-in-Full

Parental Responsibilities	100% Paid-in-Full	100% Paid-in-Full
Name Change	100% Paid-in-Full	100% Paid-in-Full
Neighbor Disputes (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Real Estate Disputes (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Tenant Matters	100% Paid-in-Full	100% Paid-in-Full
Personal Property Protection	100% Paid-in-Full	100% Paid-in-Full
Purchase/Sale of Real Estate (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Document Preparation and Review	100% Paid-in-Full	100% Paid-in-Full
Refinancing (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
Home Equity Loan (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
General in Office Services	Discount Only	Paid-in-Full up to 4 hours per family per policy year. Additional hours billed by Network Attorney at ARAG's Reduced Fee.
Uncontested/Contested Alimony, Child Support, Child Custody and Child Visitation Modification Defense	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Uncontested/Contested Alimony, Child Custody and Child Visitation Enforcement	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Uncontested/Contested Child Support Enforcement	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Uncontested/Contested Alimony and Child Support Modification	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Uncontested/Contested Child Custody/Child Support Agreement	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Uncontested/Contested Child Custody and Child Visitation Modification	Discount Only	Uncontested - 100% Paid-in-Full Contested - Paid-in-Full up to 8 hours per insured event Additional hours billed by Network Attorney at ARAG's Reduced Fee
Prenuptial Agreements	100% Paid-in-Full	100% Paid-in-Full
Small Claims Court	100% Paid-in-Full	100% Paid-in-Full
Revocable and Irrevocable Trusts	100% Paid-in-Full	100% Paid-in-Full
Wills and Durable Power of Attorney	100% Paid-in-Full	100% Paid-in-Full
Credit Records Correction	100% Paid-in-Full	100% Paid-in-Full
Property Tax (Primary & Secondary Residence)	100% Paid-in-Full	100% Paid-in-Full
State and Local Tax Audit	100% Paid-in-Full	100% Paid-in-Full
State and Local Tax Collection Defense	100% Paid-in-Full	100% Paid-in-Full



DISABILITY

Short-term, Long-term, and Workers' Compensation

Snapshot

Protection against loss of income during prolonged illness or injury

Provider

Cigna
(Long-Term Disability)
cigna.com

Wake Forest University
Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

Environmental Health and Safety
(336) 758-3427
wfuehs@wfu.edu
ehs.wfu.edu

Wake Forest University offers short-term disability, long-term disability, and Workers' Compensation to protect against financial hardships due to illness or injury.

Disability is defined as an absence or inability to perform one's occupation due to illness or injury.

SHORT-TERM DISABILITY

ELIGIBILITY:* Full-time staff who:

- Are budgeted to work 1,560 or more hours per year (1,400 if hired before July 1, 2013), and
- Have completed at least one year of regular full-time employment prior to an absence.

Short-term disability provides salary continuation at 60% of base pay during periods of prolonged illness or injury. "Prolonged" refers to more than five consecutive workdays, since the initial five days are intended to be covered by Paid Time Off (PTO), Sick Leave Reserve (if applicable), or leave without pay. Once you have determined that you will be out of work beyond these initial five days, contact Human Resources.

At the onset of an approved short-term disability leave, the University will continue salary based on the following schedule:

- 6th – 130th work day: Salary continuation at 60% of base pay.
- 131st work day: Begin long-term disability, if eligible.

*If you are a full-time faculty member budgeted to work 1,096 hours or more, a plan is available. Contact Human Resources for details.

You are responsible for informing the University of your return-to-work status. A basic principle of any disability plan is to return the individual to active employment as quickly as possible, and to provide a level of salary remuneration that will encourage a return to a full schedule.

A doctor's certification will be required prior to the approval of short-term disability and upon your return to work. The doctor may place you on a light duty restriction or an abbreviated schedule.

See the "Short-Term Disability" policy for more information.

LONG-TERM DISABILITY

ELIGIBILITY: Full-time faculty and staff are eligible the first of the month following or coincident with their date of hire.

Long-term disability provides a benefit equivalent to 60% of your pre-disability earnings, up to a \$10,000 per month maximum. Partial disability benefits are available.

This benefit may start as of the first day of the month following the end of a six-month elimination period.

Documentation should be filed approximately 45 days prior to the end of the long-term disability period, to ensure the timely receipt of benefits from the insurance carrier. No benefit will be paid if the disability is caused or contributed to by intentionally self-inflicted injury, war, or a pre-existing condition (an accident or injury that occurred one full year prior to the eligibility date).

WORKERS' COMPENSATION

ELIGIBILITY: Part- and full-time faculty and staff, and working students.

All Wake Forest University faculty, staff, and working students are covered under the North Carolina Workers' Compensation Act. In accordance with the Act, no compensation will be paid for the first seven calendar days of disability resulting from a compensable injury. If the compensable injury results in a disability lasting more than 21 days, however, compensation will be paid from the date of disability.

All on-the-job injuries, regardless of severity, must be reported to, and recorded by, the employee's supervisor immediately after the injury or as soon thereafter as practicable, by submitting a First Report of Incident online to PMA Companies, the University's Workers' Compensation provider. All zeros should be entered as the injured employee's Social Security Number. Please include askHR@wfu.edu along with your email address to receive an email confirmation. Please call PMA Customer Service at (888) 476-2669 if you need assistance completing the online form.

The supervisor or departmental representative must advise Human Resources (336-758-4700) and the Environmental Health and Safety Office (336-758-3427) of all on-the-job injuries. North Carolina law requires that these injuries be reported to the N.C. Industrial Commission within five days.

An employee who reports an on-the-job injury, and seeks professional medical treatment resulting in his/her absence for the remainder of that work day or shift, will be paid as if he/she/they had worked the full day or shift at his/her/their regular rate of pay. Ongoing medical care requiring time away from work during regular work hours will be regarded as time worked. This medical care must be authorized by Human Resources and the employee must notify his/her supervisor of the treatment schedule.

You must provide your supervisor or Department Head with written medical permission to return to work if you have suffered a compensable injury. The

situation must be reviewed with Human Resources if there are any questions about your ability to return to work.

TREATMENT FACILITIES

If injured at work, the preferred treatment facilities are:

Novant Health GoHealth Urgent Care
7811 North Point Blvd.
Winston-Salem, NC 27106
Monday – Friday (8:00 a.m. – 8:00 p.m.)
Saturday – Sunday (9:00 a.m. – 5:00 p.m.)
(336) 281-5965

FastMed Urgent Care
5701 University Avenue
Winston-Salem, NC 27105
Monday – Friday (8:00 a.m. – 8:00 p.m.)
Saturday – Sunday (8:00 a.m. – 5:00 p.m.)
(336) 714-4616

Novant Health GoHealth Urgent Care
50-C Miller Street
Winston-Salem, NC 27104
Monday – Friday (8:00 a.m. – 8:00 p.m.)
Saturday – Sunday (9:00 a.m. – 5:00 p.m.)
(336) 310-5535

WFBH Occupational Medicine – Winston East
2295 E. 14th Street, Suite 300
Winston-Salem, NC 27104
Monday – Friday (7:30 a.m. – 4:30 p.m.)



SUPPLEMENTAL

Insurance Plans through Aflac

Snapshot

Insurance designed to supplement medical insurance

Provider

Aflac
 (800) 992-3522
 aflac.com
 Local contact:
 Travis Black
 (336) 996-2217
 Plan number:
 HK989

Wake Forest University offers the following insurance plans through Aflac:

- Accident Plan
- Specified Health Event Plan
- Cancer Plan

These plans may help you pay additional out-of-pocket expenses including:

- Deductible and copayments
- Loss of income if the healthy spouse must leave work to care for the recuperating spouse
- Incident-related costs such as travel expenses to and from medical centers, childcare, and extra household help
- Everyday living expenses.

ACCIDENT PLAN

ELIGIBILITY: Full-time faculty and staff, ages 18-75.

The Accident Plan benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job. Aflac will send monetary benefits directly to you, and you will decide the best way to spend them. You will receive benefit expenses that may not be fully covered by your major medical insurance.

SPECIFIED HEALTH EVENT PLAN

ELIGIBILITY: Full-time faculty and staff, ages 18-64.

The Specified Health Event Plan pays a first-occurrence benefit, hospital confinement benefits, and continuing care benefits for heart attack, coronary artery bypass surgery, stroke, end-stage renal failure, major human organ transplant, major third degree burns, coma, and paralysis.

CANCER PLAN

ELIGIBILITY: Full-time faculty and staff, ages 18-75.

The Cancer Plan may help protect your income and savings from expenses that are not covered by your medical plan. These may include out-of-pocket medical expenses, out-of-network specialists, experimental cancer treatment, travel and lodging when treatment is far from home, child care, and household help.

ACCIDENT PLAN PREMIUMS (PRE-TAX)

Enrollment Tier	Monthly	Biweekly
Employee	\$17.29	\$7.98
Employee and Spouse	\$24.57	\$11.34
One-Parent Family	\$29.25	\$13.50
Two-Parent Family	\$38.22	\$17.64

SPECIFIC HEALTH EVENT PLAN PREMIUMS (PRE-TAX)

Enrollment Tier	Your Age	Monthly	Biweekly
Employee	18-35	\$11.70	\$5.40
	36-45	\$18.85	\$8.70
	46-55	\$25.35	\$11.70
	56-64	\$32.89	\$15.18
Employee and Spouse	18-35	\$18.07	\$8.34
	36-45	\$30.94	\$14.28
	46-55	\$43.68	\$20.16
	56-64	\$60.32	\$27.84
One-Parent Family	18-35	\$12.87	\$5.94
	36-45	\$19.63	\$9.06
	46-55	\$26.13	\$12.06
	56-64	\$33.80	\$15.60
Two-Parent Family	18-35	\$20.28	\$9.36
	36-45	\$33.54	\$15.48
	46-55	\$46.67	\$21.54
	56-64	\$63.96	\$29.52

CANCER PLAN PREMIUMS (PRE-TAX)

Enrollment Tier	Monthly	Biweekly
Employee	\$38.48	\$17.76
Employee and Spouse	\$68.64	\$31.68
One-Parent Family	\$38.48	\$17.76
Two-Parent Family	\$68.64	\$31.68



SUPPLEMENTAL

Basic Life and AD&D Insurance through Cigna

Snapshot

Automatic, University-paid, basic life and AD&D insurance

Provider

Cigna
(800) 732-1603
(866) 799-2725
cigna.com

Plan numbers:
FLX962854 (Life)
OK964514
(AD&D)

ELIGIBILITY: Full-time faculty and staff are eligible on the first of the month following their date of hire.

Wake Forest offers a plan which provides a benefit if your death or accidental dismemberment occurs while you are employed at the University. You will not pay a premium since Wake Forest covers the full cost of this plan, but you will be taxed if coverage exceeds \$50,000.

COVERAGE

Life insurance coverage is based on the following calculation:

- If your salary is less than \$50,000: 1.5x salary rounded up to the next highest thousand, capped at \$50,000 of coverage.
- If your salary is \$50,000 or more: 1x salary rounded up to the next highest thousand, capped at \$100,000 coverage.

If you are terminally ill, a living benefit option allows you to receive part of your benefit during your life.

If your death is ruled accidental, the value of the policy is doubled. Coverage is continued if you are totally disabled before reaching age 65, with a waiver of the premium until age 70. Coverage reduces to 65% at age 70, reduces to 50% at age 75, and terminates at retirement or termination of employment. You may continue coverage by paying the required premium if you leave the University.

Premiums paid by the University for life insurance greater than \$50,000 are reported as imputed income and taxable to the faculty or staff member.



Snapshot

Voluntary, faculty- and staff-paid basic life, dependent life, and AD&D insurance for faculty, staff, and dependents

Provider

Cigna

(800) 732-1603
(866) 799-2725
cigna.com

Plan numbers:
FLX962854 (Life)
OK964514
(Accident)

SUPPLEMENTAL

Voluntary Life, Dependent Life, and AD&D Insurance through Cigna

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff.

Wake Forest University offers voluntary life and Accidental Death and Dismemberment (AD&D) coverage, up to your retirement or termination of employment. You may convert coverage to an individual policy if requested within 31 days of your employment end date.

VOLUNTARY LIFE INSURANCE

The voluntary life insurance plan is a group term life plan that covers you in the event of your death. You may elect one to five times your annual salary, up to \$500,000 of coverage. This benefit has an automatic increase feature based on your salary.

You will have 30 days to elect coverage during your new hire period. If you make this election during your new hire period, coverage may be the lesser of three times your base salary or \$400,000 without providing a Medical History Statement form.

If you make this election after your new hire period, you must complete a Medical History Statement form and submit it to the provider for all coverage amounts. The provider will evaluate the application and contact you regarding their decision.

Consider the following coverage details:

- Reduction formula: Benefits reduce to 65% at age 70 and 50% at age 75.
- Living benefit option: Available if you have a life expectancy of 12 months or less.
- Premium waiver: If you are disabled prior to reaching age 65 while covered, premiums may be waived. If approved, the waiver continues to age 70.
- Portability: Allows you to maintain your coverage on a direct billed basis after it would normally terminate.

VOLUNTARY DEPENDENT LIFE INSURANCE

The voluntary dependent life insurance plan is a group term life plan that covers a spouse and/or dependent child(ren) in the event of their death.

You may elect this coverage at any point during the year. If you are within your 30 day new hire period, you may purchase coverage for your spouse with no medical underwriting. If you make this election outside your new hire period, all coverage will be subject to medical underwriting. If your spouse is also a faculty or staff member, you may not elect the voluntary spousal coverage.

Coverage for a dependent child(ren) does not require medical underwriting at any time. You may cover a dependent child through 26 years of age.

VOLUNTARY AD&D

Voluntary AD&D pays a benefit, based upon a schedule, in the event of death, dismemberment, or permanent total disability as the result of an accident.

You may elect up to 10 times your annual salary, up to \$500,000, in \$10,000 increments. You may elect this coverage during your new hire period or at any point during the year. A Medical History Statement form is not required.

Consider the following coverage details:

- If your family consists of a spouse only, the spouse is covered at 60% of your elected coverage amount, up to \$300,000.
- If your family consists of child(ren) only, the child(ren) are covered at 20% of your elected coverage amount for each child, up to \$25,000 for each child.
- If your family consists of a spouse and child(ren), the spouse is covered at 50% of your elected coverage amount, up to \$250,000; the child(ren) are covered at 15% of your elected coverage amount, up to \$25,000 for each child. This benefit does not have an automatic increase feature based on your salary.

VOLUNTARY LIFE INSURANCE PREMIUMS (POST-TAX)

Age Bands	Monthly	Biweekly
	(Rate per \$1,000 of coverage)	
Less than 25	\$0.06	\$0.03
25–29	\$0.07	\$0.03
30–34	\$0.09	\$0.04
35–39	\$0.10	\$0.05
40–44	\$0.11	\$0.05
45–49	\$0.17	\$0.08
50–54	\$0.25	\$0.12
55–59	\$0.47	\$0.22
60–64	\$0.73	\$0.34
65–69	\$1.40	\$0.65
70–74	\$2.27	\$1.05
75 and older	\$3.40	\$1.57

VOLUNTARY DEPENDENT LIFE INSURANCE PREMIUMS (POST-TAX)

Options	Benefit	Monthly	Biweekly
Option 1: Spouse and child(ren)	\$25,000/\$10,000	\$5.25	\$2.42
Option 2: Spouse and child(ren)	\$10,000/\$25,000	\$2.25	\$1.04
Option 3: Spouse	\$25,000	\$4.05	\$1.87
Option 4: Child(ren)	\$10,000	\$1.20	\$0.55
Option 5: Spouse	\$10,000	\$1.65	\$0.76
Option 6: Child(ren)	\$5,000	\$0.60	\$0.28

VOLUNTARY AD&D INSURANCE PREMIUMS (POST-TAX)

Options	Monthly	Biweekly
	(Rate per \$1,000 of coverage)	
Employee Only	\$0.02	\$0.00923
Employee and Family	\$0.04	\$0.01847



Snapshot

Voluntary Whole Life Insurance plan with a Long-Term Care Rider

Provider

Unum
(800) 635-5597
www.unum.com

SUPPLEMENTAL

Whole Life Insurance through Unum

ELIGIBILITY: Full-time benefits-eligible faculty and staff.

WHOLE LIFE INSURANCE

The benefits of Wake Forest University's permanent life insurance plan include:

- The cost will not increase with age.
- The benefit coverage amount does not change.
- The policy earns interest or a cash value at a guaranteed rate of 4.5%.
- You may borrow from the cash value.
- It has a living benefit that allows an early payout of the death benefit, if certain criteria are met.
- You may be able to use the death benefit to pay for long-term care.

HOW TO ENROLL

Login to Workday, click the Benefits worklet, under External Link, click Unum Voluntary Benefits Enrollment.

WHEN CAN I GET COVERAGE?

You	You can purchase \$10,000, \$25,000, \$50,000 or \$75,000 of coverage for yourself. Health questions are not required for any of the available amounts up to \$75,000.
Your Spouse: Individual Coverage	Available for your spouse, ages 15 - 80, even if you don't purchase coverage for yourself . If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$10,000, \$25,000, \$50,000 or \$75,000 of coverage for your spouse. Spouse amounts up to \$25,000 are available on a guaranteed issue basis.
Your Children: Individual Coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$10,000 or \$15,000 if coverage for each child. Health questions are not required for any of the available amounts up to \$25,000.



Snapshot

Covers expenses for services received at home, in the community, or in a nursing facility

Provider

Genworth
(800) 416-3624
genworth.com
Group ID: wake
Access code:
groupltc

SUPPLEMENTAL

Group Long-term Care Insurance through Genworth

ELIGIBILITY: Full-time faculty and staff may apply at any time, along with their:

- Spouses
- Parents, parents-in-law, step parents, step parents-in-law
- Grandparents, grandparents-in-law, step grandparents, step grandparents-in-law
- Adult children (18 years of age or older)
- Siblings and their spouses (brothers- and sisters-in-law)

Wake Forest University provides group long-term care insurance at competitive group rates.

There is no age limit for you to apply, but your family members must be under age 76. If you are in your 30-day new hire period, you and your spouse have access to the underwriting concessions.

Coverage under this program is portable, so it can move with you if you change jobs, retire, or leave the University.

AGE-BASED PREMIUMS

Long-term care insurance is age-based, with premiums determined during the application process.

Premiums are on a post-tax basis and are paid directly to Genworth through direct billing.

FORM AND ELIGIBILITY REQUIREMENTS

Form	Population	Age
Guarantee Issue	New hires	Up to and including age 65, during eligibility window
Short Form: Four-question form; height/weight parameters; medical records may be requested	New hires	66 – 69, during eligibility window
	Spouses of new hires	Up to and including age 65, during eligibility window
Long Form: Full medical underwriting; medical records requested	Eligible faculty, staff, and new hires	Over 69, during initial enrollment
	Spouses	Over 65, during initial enrollment
	All other applicants	All ages



Snapshot

Non-exempt staff accrue PTO on a biweekly basis

Exempt staff accrue PTO on a monthly basis, and have immediate access to PTO upon hire

Provider

Wake Forest University
Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

Resources

workday.wfu.edu

TIME OFF

Paid Time Off (PTO) and Holidays

PAID TIME OFF

ELIGIBILITY: Full- and part-time benefits-eligible staff.

The University maintains a Paid Time Off (PTO) program to provide staff the opportunity to take time away from work without loss of compensation. This is an inclusive time off program, intended for use in connection with:

- Vacations
- Non-work related short-term injuries and illnesses of five days or less
- Personal business
- Family care
- Other needs requiring time off from work

Non-exempt staff accrue PTO on a biweekly basis based on their scheduled weekly hours. Exempt staff accrue PTO on a monthly basis, but have immediate access to it upon hire (pro-rated, depending on hire date), or January 1 of each calendar year. Staff who are budgeted to work less than 1,000 hours per year are not eligible. Wake Forest Fellows are eligible for up to two weeks of Paid Time Off.

Reynolda House staff who are budgeted to work less than 1,560 hours per year are not eligible. Graylyn staff and Z. Smith Reynolds Librarians observe separate PTO schedules; refer to the Paid Time Off policy.

The University manages PTO electronically for all staff through Workday. Across all departments, all staff paid monthly should use the system to request PTO. Staff paid biweekly use Workday to record hours worked, as well as PTO. Additionally, the system provides managers with a convenient way to click to approve requests.

HOLIDAYS

ELIGIBILITY: Full- and part-time benefits-eligible staff; does not include:

- Staff on leave of absence
- Temporary employees

Wake Forest University observes the following holidays: New Year's Day, Martin Luther King Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Winter Holiday.

Graylyn observes a separate holiday schedule.

NON-EXEMPT PTO ALLOWANCE

Years of Service	Hourly Accrual	Annual Accrual per Budgeted Hours		
		1,820 Hours	1,950 Hours	2,080 Hours
Less than 3	.0769 hours	140 hours	150 hours	160 hours
3 or more, but less than 10	.0962 hours	175 hours	187.5 hours	200 hours
10 or more, but less than 20	.1154 hours	210 hours	225 hours	240 hours
20 or more	.1346 hours	245 hours	262.5 hours	280 hours

EXEMPT PTO ALLOWANCE

Years of Service	Weeks/Days Per Year	Annual Accrual per Budgeted Hours		
		1,820 Hours	1,950 Hours	2,080 Hours
Less than 5	5/25	175 hours	187.5 hours	200 hours
5 or more, but less than 10	6/30	210 hours	225 hours	240 hours
10 or more	7/35	245 hours	262.5 hours	280 hours



Snapshot

Up to eight weeks of paid leave following the birth or adoption of a child

Provider

Wake Forest University
Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

TIME OFF

Parental Leave (Staff)

ELIGIBILITY: Staff who:

- Are employed full-time (regularly scheduled to work 1,560 or more hours per year or 1,400 if hired before July 1, 2013)
- Have at least one year of regular full-time service at the time the birth or adoption occurs or is scheduled to occur
- Gives birth to or parents a newborn, or adopts* a child
- Have primary responsibility (responsibility for over 50% of the care) for the child immediately following the birth or adoption

Wake Forest University offers eight weeks of base salary continuation for the birthing parent and six weeks for the non-birthing/adoptive parent. The parental leave allows for the healthy recovery of the birthing parent, bonding with the adopted child and/or a period of family adjustment.

Contact Human Resources for questions about faculty leave.

*You will also be required to use any accrued Sick Leave Reserve (if applicable and authorized).

*Leave is available only in cases of formal adoption; it is not available in any other case, including but not limited to legal guardianship or foster care. A parent adopting a child of a new spouse is not eligible.



Snapshot

Up to 12 weeks of unpaid leave for family and medical reasons

Provider

Wake Forest University
Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

TIME OFF

Family and Medical Leave (FML)

ELIGIBILITY: Full- and part-time benefits-eligible faculty and staff.

Full- and part-time faculty and staff are eligible for up to 12 weeks of unpaid Family and Medical Leave (FML) during a 12-month period if they have:

- Worked for Wake Forest for at least 12 months and
- Worked for Wake Forest at least 1,250 hours during the 12-month period immediately preceding the start of the leave.

You may use FML if:

- Your serious health condition prevents you from performing one or more of your essential job functions.
- You are caring for a parent, spouse, or child with a serious health condition.
- You are caring for your child after birth, or placement for adoption or foster care in the your home, providing you take the leave within 12 months of the child's introduction to the family.
- A qualifying exigency (as defined by federal regulation) arises out of the fact that your spouse, son, daughter, or parent is on active duty (or has been notified of an impending call, order to active duty or deployment to a foreign country) in the Armed Forces, as a full-time member or member of a reserve component, in support of a contingency operation. This leave applies only to families of members of the National Guard, reserves, and certain retired members of the military (not to families of active members of the regular armed services).

You may take up to 26 weeks of leave during a single 12-month period to care for a covered service member, including a veteran, when you are the spouse, son, daughter, parent, or next of kin of the covered service member.

The duration of FML, and whether it is paid or unpaid, depends on your individual situation. You will be required to use any accrued Sick Leave Reserve (if applicable and authorized) and Paid Time Off (PTO), minus five days of PTO if you wish to retain it. All paid leaves run concurrently (including Workers' Compensation Leave, Short-Term Disability, and Parental Leave), and do not extend the time you are entitled to under the Family and Medical Leave Act (FMLA). Staff will continue to accrue PTO during paid leave, but will not accrue PTO during unpaid leave.

RETURNING FROM LEAVE

If returning from leave for a serious health condition, you must provide the appropriate manager or Department Head with a certificate from a health care provider documenting your ability to perform the essential job functions.

You will be reinstated to the same or equivalent position, with equivalent pay, benefits, and other terms and conditions of employment. Failure to return to work in a timely fashion may result in termination of employment. This does not apply if your position would have otherwise been terminated (i.e., a reduction-in-force), had you not taken FML.



CARE

Health Advocacy Services through Cigna

Snapshot

Services to help resolve health care, health insurance, or medical bill challenges

Provider

Cigna

(800) 732-1603
or (866) 799-2725
cigna.com

ELIGIBILITY: Full-time faculty and staff covered under the Basic Life Plan, and their eligible family members (spouse, dependent children, parents, and parents-in-law).

Wake Forest University offers Health Advocacy Services through Cigna, the University's Basic Life Plan provider. These services are provided by experienced clinicians and insurance professionals.

CLINICAL SERVICES

These services help:

- Identify physicians, hospitals, dentists, and related health care providers.
- Research questions about diagnoses, treatments, and available support systems.
- With rare or complex medical conditions to identify top institutions or specialized programs.
- With prescription drug issues.
- Coordinate hospice, home care, and other services for terminally ill individuals.
- Provide information and resources about medical terms, tests, medications, and treatments.

SENIOR CARE AND SPECIAL NEEDS SERVICES

These services locate:

- Elder care facilities, group homes, nursing homes, and adult day care.
- Homemakers, home health aides, private duty nurses, and rehabilitation services.
- Local physicians who make house calls for people who cannot easily get to the doctor's office.

ADMINISTRATIVE SUPPORT SERVICES

These services assist with:

- Benefits, coverage, eligibility, claims, and related paperwork.
- Pre-authorization and pre-determination process.
- Denials and incorrectly applied provider coding of deductibles and copayments.
- Resolving questions about whether services are condition-specific or related to preventive care.
- Understanding the process for obtaining coverage for medical equipment, devices, and supplies.
- The review and appeals process.

FINANCIAL SUPPORT SERVICES

These services provide:

- Assistance regarding current benefit costs and the cost of alternative approaches.
- Comparative cost estimates for the service in question.
- Negotiations of fees with health care providers prior to services to reduce out-of-pocket costs.
- Reviews of questionable bills to catch duplicate or erroneous charges.

MEDICAL BILL SAVER™ SERVICES

These services offer:

- Negotiations of discounts with health service providers for non-covered medical bills that are more than \$400, helping to reduce out-of-pocket costs.
- Written summaries of the outcome of the negotiations.
- Secure written provider sign-offs on the terms and conditions that are negotiated.
- Education to clarify the overall health plan and how to maximize benefits and savings.



CARE

Additional Resources

Providers

Employee Assistance Program

2000 W First Street, Winston-Salem, NC 27104
(336) 716-5493

HELPS

(336) 758-5853
hes.wfu.edu/helps

Elder Care Choices
(336) 748-2171
ecc.seniorservicesinc.org
(Community Programs tab)

Child Care Resource Center
(336) 245-4900
childcareresourcecenter.org

Professional Development Center
(336) 758-2732
pdc.wfu.edu

Human Resources
(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

Wake Forest University promotes a healthy work-life balance, with help from the following programs.

EMPLOYEE ASSISTANCE PROGRAM

ELIGIBILITY: Full-time faculty and staff, and their immediate family members.

The Employee Assistance Program (EAP) is a confidential, free resource with trained counselors who provide:

- Professional assessment, referral, and follow-up services for personal/emotional concerns
- Workplace problem identification and consultation
- Access to the behavioral health system

The EAP provides assistance with life challenges including:

- Family and marital problems
- Emotional and mental distress, such as anxiety, grief, and depression
- Alcohol and other drug abuse
- Financial concerns
- Stress at home or work
- Other personal concerns

H.E.L.P.S.

ELIGIBILITY: Full-time faculty and staff.

The Healthy Exercise and Lifestyle Programs (HELPS) offer 12 weeks of professionally supervised chronic disease prevention education. These programs are designed to develop active lifestyles through exercise.

WEIGHT MANAGEMENT PROGRAM

ELIGIBILITY: Full-time faculty and staff.

A six-month weight management program will go beyond healthy lifestyle modification, with a laser focus on weight loss. The program will offer a combination of weight loss strategies and techniques to help individuals reach their goals.

ELDER CARE CHOICES

ELIGIBILITY: Full-time faculty and staff.

The Elder Care Choices program provides resources to help manage work and family responsibilities when caring for elderly relatives. Program counselors are available for confidential consultations and will research services and care resources for anywhere in the United States.

CHILD CARE RESOURCE CENTER

ELIGIBILITY: Full-time faculty and staff.

The Child Care Resource Center helps identify child care services for children age birth to middle school. This program provides telephone referrals and written information on providers who meet all applicable state and local standards. Referrals will include the following details:

- Name of the contact person
- Description of the type of care provided
- Eligibility requirements
- Ages of children served
- Vacancies
- Hours and days open
- Licensing status
- Affiliation and accreditation
- Availability of services for children with special needs
- Availability of other services, such as drop-in and sick care, transportation, bilingual services, meals, etc.
- Financial arrangements, including fees and subsidies

LACTATION ROOMS

ELIGIBILITY: All faculty and staff.

Lactation rooms are available across campus to support nursing mothers returning to work. Each room offers a clean, secure, and private space, and most rooms are equipped with comfortable seating, a table, and ample electrical outlets near the chair. Some rooms also contain refrigerators and a sink. Visit Deacon Space via WIN to register for a room, or contact Human Resources for help finding a location.



Snapshot

Local and national discount offerings available to the Wake Forest community

Provider

Wake Forest University
Financial Services
(336) 758-8289
procure@wfu.edu
hr.wfu.edu/
benefits/wake-perks

WAKE PERKS

Faculty and Staff Discount Program

ELIGIBILITY: Faculty and staff with a valid Deacon OneCard.

Wake Forest University partners with suppliers to provide a variety of products and services to you at discounted rates.

CAR RENTALS

Car rental services such as Enterprise Rent-a-Car and Modern Toyota Rental Car offer discounted fees.

CELL PHONES

Verizon offers discounted cell phone plans.

COMPUTERS AND ELECTRONICS

Wake Forest is an Authorized Apple Service Provider. You may purchase products for personal use and receive an educational discount. Purchases from the Apple Educational Site benefit the University.

You may purchase Lenovo products for personal and professional use through the WFU Lenovo website at “friends and family” pricing.

ENTERTAINMENT

You are eligible for select discounts at entertainment venues such as The Grand Movie Theater, Wet 'n' Wild Emerald Pointe Water Park, Reynolda House, and Carowinds by showing a valid Deacon OneCard at the time of your purchase.

FOOD

Discounts at local establishments such as Graylyn International Conference Center by showing a valid Deacon OneCard at the time of your purchase.

HOTELS AND LODGING

Discounted rates are available at Graylyn International Conference Center.

MERCHANDISE

You are eligible for discounts at the Deacon Shop (Reynolda Campus and Hanes Mall locations).

RELOCATION, MOVING, AND STORAGE

Wake Forest has partnered with various relocation services to provide moving and storage options at discounted rates. Providers include local and national transportation services and local self storage.

WELLBEING CENTER

The University's Wellbeing Center offers cardio and weight equipment, dedicated functional training space, personal and group training, activity courts, a climbing and bouldering wall, a pool and whirlpool, a comfortable lounge and meeting spaces, and much more. Admittance to the center is free for Reynolda Campus benefits-eligible faculty and staff. All other WFU employees have the option to purchase a Wellbeing Center membership through Campus Recreation. The spouses and live-in partners of benefits-eligible faculty and staff, as well as dependent children ages 18-26, are also eligible for membership. For more information, visit go.wfu.edu/memberships.

Wake Forest University provides this discount information solely as a convenience and does not evaluate, endorse, or warrant the products and services offered by the suppliers. Wake Forest University and our business partners have the right to discontinue the partnership at anytime.

Visit hr.wfu.edu/benefits/wake-perks for the most up-to-date information regarding Wake Perks.

COBRA RATES

Continuation of Health Coverage

Snapshot

Continued medical, dental, vision, and Flexible Spending Account benefits for up to 18 months

Provider

McGriff Insurance Services
(800) 930-2441
Plan number: WKFU2138

ELIGIBILITY: Faculty and staff who experience a COBRA qualifying event.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) benefit provision provides continuation of group health coverage that otherwise might be terminated.

EXTENDING YOUR HEALTH COVERAGE

If you leave Wake Forest, your medical, dental, and/or vision benefits will last through the end of the month in which you terminate.* You will be responsible for the full premium payment (plus a 2% service charge). Additionally, you will receive instructions for continuing your existing coverage for up to 18 months through COBRA. McGriff Insurance Services will send these instructions approximately 14 days after your termination date.

FLEXIBLE SPENDING CONTRIBUTIONS

You have the right to make after-tax Flexible Spending Account contributions (plus a 2% service charge) after your employment ends. This COBRA continuation maintains your annual election amount for the remainder of the year.

COBRA QUALIFYING EVENTS

Qualifying events include: termination, retirement, Medicare entitlement, loss of dependent status, death of employee, divorce, reduced hours, and leave of absence.

*Life and Disability coverage ends on the termination date.

COBRA RATES

The monthly COBRA rates for continued medical, dental, and vision coverage are provided below.

MEDICAL PLAN	Low Plan	High Plan
Employee Only	\$571.35	\$657.22
Employee and Spouse	\$1,314.10	\$1,511.61
Employee and Child	\$857.02	\$985.83
Employee and Children	\$1,142.69	\$1,314.44
Family	\$1,656.90	\$1,905.94

DENTAL PLAN	Low Plan	High Plan
Employee Only	\$25.83	\$46.75
Employee and Spouse	\$54.48	\$97.31
Employee and Child	\$43.89	\$77.67
Employee and Children	\$58.70	\$100.73
Family	\$83.91	\$149.13

VISION PLAN	
Employee Only	\$6.30
Employee and Dependent	\$12.20
Family	\$17.93

MEDICARE

Prescription Drug Coverage and Medicare

Medicare

(800) 633-4227
TTY: (877) 486-
2048
medicare.gov

Social Security

(800) 722-1213
TTY: (800) 325-
0778
socialsecurity.gov

IMPORTANT NOTICE FROM WAKE FOREST UNIVERSITY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Wake Forest University Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. Wake Forest University has determined that the prescription drug coverage offered by the Wake Forest University Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7; however, if you

lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Wake Forest University coverage will not be affected. If current faculty and staff decide to join a Medicare drug plan and drop your current Wake Forest University coverage, be aware that you and your dependents will not be able to get this coverage back until the next annual benefits enrollment period, unless you experience a qualifying event. Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Wake Forest University Health Plan.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Wake Forest University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. Additionally, you may have to wait until the following October to join.

SUMMARY OF OPTIONS FOR MEDICARE-ELIGIBLE FACULTY, STAFF, AND RETIREES (AND/OR DEPENDENTS)

Medical and prescription drug coverage are offered as a package under the Wake Forest University Health Plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Wake Forest University Health Plan and do not elect Medicare D coverage.

Impact: Your claims continue to be paid by the Wake Forest University Health Plan.

2. Continue medical and prescription drug coverage under the Wake Forest University Health Plan and elect Medicare D coverage.

Impact: As an active faculty member, staff member, or retiree under age 65 who is not eligible for Medicare (or dependent of an active faculty or staff member), the Wake Forest University Health Plan continues to pay primary on your claims (pays before Medicare D).

3. Drop the Wake Forest University Health Plan coverage and elect Medicare Part D coverage.

Impact: Medicare is your primary coverage.

ADDITIONAL INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Refer to the contact information listed on the right side of this page.

Note: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through Wake Forest University changes. You also may request a copy of this notice at any time.

ADDITIONAL 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 may receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

ADDITIONAL INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of a 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.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY 800-325-0778) for information about this extra help.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date

October 2020

Name of Entity/Sender

Wake Forest University

Contact

Human Resources

Address

1834 Wake Forest Road,
Winston Salem, NC
27106

Phone Number

(336) 758-4700

Email

askHR@wfu.edu

HIPAA

Notice of Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Rights

North Carolina Medicaid

(919) 855-4100
<https://medicaid.ncdhhs.gov>

Health Insurance Marketplace

healthcare.gov

State Child Health Plan (SCHIP)

(877) 543-7669
insurekidsnow.gov

Human Resources

(336) 758-4700
askHR@wfu.edu
hr.wfu.edu

LOSS OF OTHER COVERAGE

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

NEW DEPENDENT AS A RESULT OF MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR ADOPTION

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/or your dependent(s). To be eligible for this special enrollment opportunity, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

MEDICAID COVERAGE

The Wake Forest University Health Plan will allow a faculty member, staff member, or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

Termination of Medicaid or Chip Coverage

If the faculty member, staff member, or dependent is covered under a Medicaid plan or under a State Child Health Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

Eligibility for Premium Assistance Under Medicaid or CHIP

If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity, you must request coverage under the group health plan within 60 days after the date the faculty member, staff member, or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Wake Forest University Human Resources.

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).

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Employee
Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

Or

Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT
The Women's Health and Cancer Rights Act requires group health

plans that provide coverage for mastectomy to provide coverage for certain reconstructive service. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year.

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed
- Surgery/reconstruction of the breast to produce a symmetrical appearance
- Prostheses
- Treatment for physical complications during all stages of mastectomy, including lymphedemas

Additionally, the Plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements
- Offer inducements to the health care provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law

However, the Plan may apply deductibles, coinsurance, and copayments consistent with other coverage provided by the Plan.

KNOW YOUR COBRA NOTIFICATION RESPONSIBILITIES

It is your responsibility to notify Human Resources within **30 days** if you get divorced or have a dependent that is no longer eligible for coverage under the terms of the Summary Plan Document (SPD). Your dependents have continuation rights for group health plan coverage under the federal law known as COBRA. If you fail to notify Human Resources within the required time, your dependents may be left with no coverage. Please see your General COBRA Notice or your group health plan summary plan description for additional information. Removing ineligible dependents from your coverage within the allowed timeframe can minimize the premiums you pay.

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

Wake Forest University is committed to the privacy of your health information. The administrators of the Wake Forest Plan use strict privacy standards to protect your health information from unauthorized use or disclosure. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources at askHR@wfu.edu or (336) 758-4700.

CONTACT

Benefit Providers

BEHAVIORAL HEALTH

Carolina Behavioral Health Alliance (CBHA)
www.cbhallc.com
(800) 475-7900
Plan number: 14163668

CHILD CARE REFERRALS

Child Care Resource Center
www.childcareresourcecenter.org
(336) 245-4900, (800) 937-7610

COLLEGE SAVINGS

North Carolina 529 Plan
www.cfnc.org/savings
(800) 600-3453

DENTAL

MetLife
www.metlife.com/mybenefits
(800) 438-6388
Group Number: 315564

ELDER CARE

Elder Care Choices
ecc.seniorservicesinc.org
(336) 748-2171

EMPLOYEE ASSISTANCE PROGRAM (EAP)

(336) 716-5493

FLEXIBLE SPENDING ACCOUNTS

McGriff Insurance Services
www.mcgriffinsurance.com/products/employee-benefits/shdr.html
(800) 930-2441
Plan number: WKFU2138

HEALTH ADVOCACY SERVICES

Cigna
www.cigna.com
(866) 799-2725

LEGAL

ARAG Group
www.araglegalcenter.com
service@araggroup.com
(800) 247-4184
Access code: 10780wfu
Plan number: 10780001

LIFE INSURANCE

Cigna
Basic Life and AD&D
www.cigna.com
(800) 732-1603 or (866) 799-2725
Plan numbers:

- *FLX962854 (Life)*
- *OK964514 (Accident)*

LONG-TERM CARE

Genworth
www.genworth.com
(800) 416-3624
Group ID: wake
Access code: groupltc

MEDICAL

BlueCross BlueShield of North Carolina (BCBSNC)
www.bcbsnc.com
(877) 275-9787
Plan number: 14163668

MDLive

(888) 657-9982

PRESCRIPTION DRUG

OptumRX, Home Delivery and Specialty Services
www.optumrx.com
(844) 265-1875
Member login: Enter the ID on the front of your ID card.
New users must create a tone-time HealthSafe ID.
Plan number: 14163668

RETIREMENT

TIAA
www.tiaa.com
(800) 842-2776

**STUDENT DEBT
COUNSELING PROGRAM**

Fiducius
getfiducius.com
(513) 645-5400

SUPPLEMENTAL INSURANCE

Aflac
www.aflac.com
(800) 992-3522
Local contact: Travis Black
(336) 996-2217
Plan number: HK989

VISION

Superior Vision
www.superiorvision.com
(800) 507-3800
Plan number: 27743

Hearing Healthcare
(888) 494-1272
superiorvision.yourhearing.com

WHOLE LIFE INSURANCE

Unum
www.unum.com
(800) 635-5597



WAKE FOREST
UNIVERSITY

Human Resources

1834 Wake Forest Road, Winston-Salem, NC 27106

(336) 758-4700 | askHR@wfu.edu | hr.wfu.edu



@WFUtalent