Affordable Care Act (ACA) Eligible Staff

You are eligible for medical and prescription drug benefits offered by the University because you qualify as a full-time employee under the Affordable Care Act (ACA). Your enrollment in health care benefits is contingent upon employment with the University as of January 1, 2018. If you take no action during open enrollment, we will consider that a waiver of health care benefits. The elections made during this enrollment period will be effective on January 1, 2018 and remain in effect through December 31, 2018, assuming you remain eligible.

Please review this guide and attend an employee meeting (schedule on page 6) to learn more about what changes have been made to the current Community Blue PPO plan as well as prescription drug changes under the Healthy Blue Living HMO plan.

Eligibility
The Health Insurance Enrollment and Change form defines eligibility for coverage and lists required documentation to be submitted with the enrollment form. Employees enrolling a designated eligible individual (DEI) must also complete and submit the DEI enrollment form, along with supporting tax documentation. Visit wmich.edu/hr/openenrollment for details.

Making Changes to Your Benefits
A qualifying life event (a change in your situation, such as getting married, having a baby, or job change) is the only condition that can make you eligible for a special enrollment period to elect or make changes to your benefits outside of Open Enrollment.

When a qualifying life event occurs, you have 30 days from the date of the event to report the change and submit supporting documents to Human Resources. If you do not report the event within the 30 day window, you will not be able to make changes until the next Open Enrollment period.

The charts in this guide provide an overview of some basic services. For complete coverage details, please see official plan documents at wmich.edu/hr/openenrollment.

2018 Open Enrollment | November 6 – 30

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Actions to Take During Open Enrollment

Decide whether to enroll and which health plan is right for you

Some important things to consider:
  » You may choose between a PPO and a HMO Plan.
  » The HMO plan has lower monthly rates.
  » There are differences in coverage.
  » The HMO plan is wellness-focused and offers two benefit levels based on participation.
  » The HMO plan requires the designation of a Primary Care Provider (PCP) to coordinate all of your services.
  » If you elect the HMO plan, you may use the Sindecuse Pharmacy; however, medical services at Sindecuse Health Center are not covered.

Submit completed form

In order to have coverage in 2018, you must complete and submit a Health Insurance Enrollment and Change Form.

Note: you must designate a Primary Care Provider (PCP) on this form if you elect the HMO plan.

All forms must be submitted to HR by 5 p.m. on Thursday, November 30, 2017.

Forms are available in the HR office or at wmich.edu/hr/openenrollment.

2018 Health Plan Monthly Rates

The rates listed in this chart reflect your monthly payment for medical and prescription drug coverage. You will be billed monthly by the University.

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO Plan</td>
<td>$98.79</td>
<td>$337.18</td>
<td>$486.24</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$78.71</td>
<td>$268.62</td>
<td>$387.46</td>
</tr>
</tbody>
</table>
## Health Plan Summary Comparison

<table>
<thead>
<tr>
<th>Community Blue PPO</th>
<th>Healthy Blue Living (HBL) HMO</th>
<th>Out-of-Network Coverage</th>
</tr>
</thead>
</table>
| **In-Network Coverage** | **Enhanced Benefit Level** If HBL wellness requirements are met | **Standard Benefit Level**
| Individual | Family | Individual | Family | Individual | Family |
| **In-Network Deductible** | Amount you pay for certain covered medical services before your plan starts to pay. | | | |
| $600 ($400)* | $1,200 ($800)* | $400 | $800 | $1,000 | $2,000 |
| **In-Network Coinsurance** | Percentage or portion you owe after you've paid your deductible. | | | |
| 10% (0%) after deductible (50% for select services) | 0% after deductible (50% for select services) | 30% after deductible (50% for select services) |
| **In-Network Out-of-Pocket Maximum** | Maximum dollar amount you pay for covered services in deductibles, copays and coinsurance amounts for covered medical services, including prescription drug copays, during a calendar year. | | | |
| $1,500 ($1,400) | $3,000 ($2,800) | $1,400 | $2,800 | $2,800 | $5,600 |

### You Pay...

| If you get preventive care | $0 ($0) | $0 | $0 |
| If you visit a primary care provider | $30 ($35) | $20 | $30 |
| If you have Blue Cross Online VisitsSM | $0 (N/A) | N/A | N/A |
| If you see a specialist | $40 ($35) | $30 | The full amount until the deductible is met, then $40 |
| If you go to a chiropractor | $0, no deductible/coinsurance ($0) 12 (24) visits per calendar year | $30 30 visits per calendar year | $40 30 visits per calendar year |
| If you go to urgent care | $50 ($35) | $35 | $50 |
| If you go to the emergency room | $150 ($150) (waived if you are admitted to the hospital) | The full amount until the deductible is met, then $150 | The full amount until the deductible is met, then $150 |
| If you have hospital services | The full amount until the deductible is met, then 10% (0%) | The full amount until the deductible is met, then 0% | The full amount until the deductible is met, then 30% |
| If you have diagnostic testing | (x-ray, labs, etc.) The full amount until the deductible is met, then 10% (0%) | The full amount until the deductible is met, then 0% | The full amount until the deductible is met, then 30% |
| If you have advanced imaging | (MRI, CT/PET Scan, etc.) The full amount until the deductible is met, then 10% (0%) | The full amount until the deductible is met, then 0% | The full amount until the deductible is met, then 30% |
| If you have outpatient physical, speech and occupational therapy | (provided for rehabilitation) The full amount until the deductible is met, then 10% (0%) 60 visits per calendar year | The full amount until the deductible is met, then $30 60 consecutive days per calendar year | The full amount until the deductible is met, then $40 60 consecutive days per calendar year |

### Out-of-Network Coverage

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,200 ($800)</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30% (25%) after deductible (50% for select services)</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,000 ($2,800)</td>
</tr>
</tbody>
</table>

*Community Blue PPO

**Sindecuse Health Center Costs**

If you receive health care services at Sindecuse, your deductible is 50% of the in-network plan deductible.

---

This is a partial overview of coverage; see BCBSM Community Blue PPO or BCN Healthy Blue Living HMO Benefits-at-a-Glance documents at wmich.edu/hr for more details.
## Prescription Drug Summary Comparison

<table>
<thead>
<tr>
<th>Prescription Drugs – In-network pharmacy</th>
<th>Community Blue PPO In-Network Coverage</th>
<th>Healthy Blue Living (HBL) HMO Enhanced Benefit Level if HBL wellness requirements are met</th>
<th>Standard Benefit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Pay…</td>
<td>You Pay…</td>
<td>You Pay…</td>
</tr>
<tr>
<td></td>
<td>30 day retail 90 day mail order 90 day retail</td>
<td>30 day retail 90 day mail order 90 day retail</td>
<td>30 day retail 90 day mail order 90 day retail</td>
</tr>
<tr>
<td>For a Tier 1 (generic) Rx</td>
<td>$10 ($15) 2x (N/A) 2.5x</td>
<td>$10 ($15) 2x 2x 2x</td>
<td>$20 2x 2x</td>
</tr>
<tr>
<td>For a Tier 2 (preferred brand) Rx</td>
<td>$40 ($35) 2x (N/A) 2.5x</td>
<td>$40 ($35) 2x 2x 2x</td>
<td>$60 2x 2x</td>
</tr>
<tr>
<td>For a Tier 3 (non-preferred brand) Rx</td>
<td>$80 ($60) 2x (N/A) 2.5x</td>
<td>$80 ($60) 2x 2x 2x</td>
<td>$80 2x 2x</td>
</tr>
<tr>
<td>For a Tier 4 (preferred specialty) Rx*</td>
<td>15% to a max of $150 (N/A)</td>
<td>20% to a max of $100 ($85)</td>
<td>20% to a max of $450</td>
</tr>
<tr>
<td>For a Tier 5 (non-preferred specialty) Rx*</td>
<td>25% to a max of $300 (N/A)</td>
<td>20% to a max of $200 ($85)</td>
<td>20% to a max of $600</td>
</tr>
</tbody>
</table>

**Sindecuse Pharmacy - Preferred Pricing**

| For a Tier 1 (generic) Rx              | $10 2.25x (1.25x)                      |                                                                                   |                     |
| For a Tier 2 (preferred brand) Rx      | $30 2.25x (1.25x)                      |                                                                                   |                     |
| For a Tier 3 (non-preferred brand) Rx  | $60 ($40) 2.25x (1.25x)                |                                                                                   |                     |
| For a Tier 4 (preferred specialty) Rx* | 15% to a max of $120 (N/A)             |                                                                                   |                     |
| For a Tier 5 (non-preferred specialty) Rx* | 25% to a max of $240 (N/A)          |                                                                                   |                     |

Prior Authorization / Step Therapy may apply to certain prescriptions; it requires BCBSM/BCN approval before select prescription drugs are covered. Drugs requiring PA/ST can be found at BCBSM.com/pharmacy.

### Did you know?

If you use diabetic medication and diabetic medical supplies, Rx copays are waived with Sindecuse and other in-network pharmacy providers.

*Specialty drugs are limited to a 15 or 30 day supply.

### Community Blue PPO | 2018 Prescription Drug Changes

- **Mail Order** is now available for Rx Tiers 1, 2, and 3 and offers a 90 day supply for 2 times the amount of the 30 day retail supply. Visit wmich.edu/hr.

- **Specialty drugs** are now covered at separate copays under Tiers 4 and 5. To see if your prescription drug now falls into one of these tiers, visit wmich.edu/hr.

- **Erectile Dysfunctional (ED) prescription** medications are limited to 9 doses per month.

### Healthy Blue Living HMO Wellness Requirements

To earn the **Enhanced benefit level** under the BCN Healthy Blue Living HMO plan, you must complete the program requirements within the stated timeframes. Other covered family members are not required to participate.

- **Within the first 90 DAYS of plan year**
  - Schedule an appointment with your PCP and have him or her complete and electronically submit your **BCN Qualification Form** on time.
  - Take an interactive **health assessment** that’s easy to complete by logging in as a member at bcbsm.com.

- **Within the first 120 DAYS of plan year**
  - If your qualification form shows you use tobacco, enroll in BCN **tobacco-cessation program**. Program participation is required until you stop using tobacco.
  - With a body mass index (BMI) of 30 or more – confirmed through your qualification form - join a BCN-sponsored **weight-management program**. Program participation is required until your BMI falls below 30.

If you enroll in the HMO plan, you will automatically begin with the **Enhanced** benefit level. If you do not complete the wellness requirements within the time frames, you will move to the **Standard** benefit level on the 91st day of the plan year and remain there for the rest of the year. (Note: Standard benefit level on pages 2 and 3.)
Attend an Open Enrollment meeting to learn more!

Check out one of the following 2018 Benefits Open Enrollment meetings to gain more information about new health plan coverages.

**Wednesday, November 1**
Benefits & Wellness Expo
9:30 AM | 1:30 PM
Bernhard Center
Room 210

**Monday, November 6**
Open Enrollment Meeting
1:30 PM | 3:30 PM
Fetzer Center
Kirsch Auditorium
(live streamed)

**Tuesday, November 14**
Open Enrollment Meeting
8:30 AM | 10:30 AM
Fetzer Center
Kirsch Auditorium

**Thursday, November 30**
Open Enrollment Meeting
9:30 AM
Fetzer Center
Kirsch Auditorium
(retiree focused)

The Open Enrollment Meetings on **November 6** will be live streamed and a filmed version will be posted online for viewing. Access both at [wmich.edu/hr/openenrollment](http://wmich.edu/hr/openenrollment).

**New in 2018 for those on the Community Blue PPO plan!**

You can now get quality health care anytime, anywhere through **Blue Cross Online Visits** at no cost! Using your smart phone, tablet, or computer you can have a face-to-face consultation with an in-network, U.S. board-certified doctor in your state from the comfort of home or wherever you are. If the doctor recommends a prescription, they’ll send it to a pharmacy near you. The best part is - you pay $0 and avoid the wait! **Look for more information on Blue Cross Online Visits** beginning in 2018!

**Government Notices**

Every year the government issues important notices. It is our job to make sure you receive them. Please visit [wmich.edu/hr/openenrollment](http://wmich.edu/hr/openenrollment) to review the following notices:

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
- Women’s Health and Cancer Rights Act (WHCRA) of 1998
- Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- COBRA Continuation of Coverage
- Notice Regarding Wellness Program
- Summary of Benefits and Coverage for Medical and Prescription Drug
- Summary of Benefits and Coverage for Employee Assistance Program

The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.
Important Notice from Western Michigan 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 Western Michigan University 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. Western Michigan University has determined that the prescription drug coverage offered by the University 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) 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 Western Michigan University coverage will be affected. Medicare eligible individuals enrolled in health insurance through Western Michigan University are covered by the University’s prescription drug plan. A summary of benefits is available at www.wmich.edu/hr or by contacting Human Resources. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Western Michigan University prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Western Michigan 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. In addition, you may have to wait until the following October to join.

More Information about This Notice or Your Current Prescription Drug Coverage...

Contact Human Resources for further information at (269) 387-3620. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Western Michigan University changes. You also may request a copy of this notice at any time.

More 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’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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 1, 2017
Name of Entity/ Sender: Western Michigan University
Contact Position/Office: Human Resources
Address: 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5217
Phone Number: (269) 387-3620

CMSG Form 10182-CC

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850