2022 Benefits Enrollment Guide
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Open Enrollment Checklist

- Read this Benefits Enrollment Guide to learn what’s new and changing for 2022.
- Visit the 2021 Benefits-Wellness Virtual Expo online, Nov. 1-19, at w mich.edu/hr/benefits-expo.
- Decide whether or not to enroll and which medical plan is right for you.
- Complete a Health Insurance Enrollment and Change Form to change health plans or to add, drop or change coverage for dependents. To add a designated eligible individual to the health plan, complete the designated eligible individual enrollment form. Gather the supporting documentation you’ll need to submit with it, as noted on the form.
- Complete and submit enrollment and change forms—along with any required supporting documentation—to Human Resources by mail, fax or email by Friday, Nov. 19.

For additional information, contact Human Resources.

If you don’t enroll

- You and your covered dependents will not have coverage in 2022.
- You must enroll every calendar year to maintain health plan coverage under the Affordable Care Act.
- Unless you experience a qualifying life event (marriage, divorce, adding to your family, etc.), you will need to wait until the next Open Enrollment period to make changes to your benefits that take effect January 2023.

Open Enrollment is Nov. 1-19

Open Enrollment is your once-a-year opportunity to make changes to your benefits. Outside of experiencing a qualifying life event, like getting married or expanding your family, it’s the only time you can add or drop coverage for yourself or a dependent, or change health plans.
Benefits Eligibility Under ACA

You are eligible for medical and prescription drug benefits offered by the University if you qualify as a full-time temporary employee under the Affordable Care Act (ACA). As a temporary employee, you are eligible for benefits under either of the following scenarios:

- Your regular work schedule is 30 hours or more per week. Coverage is effective when the work schedule begins and your supervisor notifies the University Human Resources Benefits staff.
- Your variable work schedule averages 30 hours or more per week during the 12-month look-back period (generally, mid-October of the current year to mid-October of the previous year). Coverage is effective as of Jan. 1 of the next calendar year.

Your enrollment in health care benefits is contingent upon employment with the University as of Jan. 1, 2022. If you take no action during Open Enrollment, the University will consider that a waiver of health care benefits. The election made during this enrollment period will be effective on Jan. 1, 2022, and remain in effect through Dec. 31, 2022, assuming you remain eligible.

Don’t Miss the Benefits-Wellness Expo

The Benefits-Wellness Expo is virtual for 2021—don’t miss it! You’ll get information in a variety of formats, including live and on-demand informational and fitness webinars, video clips, Chat with a Pro sessions with plan administrators, and prize drawings. Visit the Expo online, Nov. 1-19, at wmich.edu/hr/benefits-expo.
What's New for 2022

PPO health plan changes
There are some medical and prescription drug benefit changes in the Community Blue PPO plan.
- Increases to medical deductible and out-of-pocket maximum.
- Online visits (telemedicine) will now have a $30 copay.
- Urgent care will now have a $40 copay.
- Massage visits limited to nine visits per year.
- Erectile dysfunction (ED) drugs capped at six doses per month.

BCBSM and BCN are changing their prescription drug plan administrator to OptumRx
Community Blue PPO and Healthy Blue Living HMO plans will move to a new pharmacy administrator, OptumRx, effective Jan. 1, 2022, due to a change by BCBSM and BCN. You will notice an updated pharmacy section on the online member account at bcbsm.com and the mobile app starting Jan. 1. Additionally, OptumRx will be the new home-delivery pharmacy. If you or your covered dependents currently receive medications through the Express Scripts home-delivery pharmacy, your prescriptions with remaining refills will automatically transfer to OptumRx. Some situations will necessitate seeing your doctor for new prescriptions. Please note that your prescription drug benefits will not change.

New BCBSM and BCN ID cards
BCBSM and BCN are issuing new ID cards in November to everyone currently enrolled in WMU health plan coverage. The new ID card will list your 2022 deductibles and out-of-pocket maximums, along with the customer service contact information. It will also include new information needed to use your coverage at the pharmacy starting Jan. 1. Please continue to use your current ID card through Dec. 31, and begin using your new 2022 ID card on Jan. 1. Those who change health plans will receive another ID card in December that should be used in 2022, and the initial 2022 ID card should be destroyed.

Monthly health plan rates
Health plan rates will be adjusted. View your 2022 monthly health plan rates.
New programs for specialty or high-cost prescription drugs

If you are on the WMU health plan and you or a covered family member takes a specialty or high-cost prescription drug, WMU is implementing two new programs (PillarRx copay assistance and AllianceRx exclusive pharmacy network), which are designed to save you money without changing the drug prescribed. If you are affected by this, you will receive more information from BCBSM and BCN.

New Livongo Diabetes Program with BCBSM and BCN

WMU is pleased to add a diabetes management program offered by BCBSM and BCN and powered by Livongo. Livongo makes managing diabetes easier by removing barriers to diabetes management. Livongo offers advanced blood glucose meters, personalized coaching and support (by phone, text message or through the Livongo mobile app), and unlimited free supplies, and offers a personalized experience. Livongo is 100% covered by WMU, and you will receive a welcome kit, onboarding information and supplies when you sign up.
Medical Plans Overview

Both the Blue Cross Blue Shield of Michigan (BCBSM) Community Blue PPO and the Blue Care Network (BCN) Healthy Blue Living HMO medical plans include prescription drug coverage and preventive care at no additional cost to you. And each plan uses a specific network of providers and facilities to offer the highest-quality care at the lowest rates.

How the plans compare

Community Blue PPO
- Provider choice—stay in-network or use an out-of-network provider or facility. And you don’t need a referral to see a specialist.
- You’ll pay more out of pocket if you use an out-of-network provider, and some services may not be covered.
- Higher monthly rates.
- Includes 24/7/365 virtual care through Blue Cross Online Visits™.
- Sindecuse Health Center is in-network. For some services, you’ll be billed for up to only 50% of the in-network plan deductible. Copays and coinsurance apply.
- WMU Unified Clinics provide services to you and your family. Plan coverage and costs vary by service.
- Nationwide coverage through BCBS PPO networks.

Healthy Blue Living HMO
- Wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements.
- In-network coverage only, through the Blue Care Network (BCN) for Michigan providers.
- You must designate a primary care provider (PCP) to coordinate your care and have a visit with your PCP within 90 days of your coverage start date.
- Lower monthly rates.
- You must have a referral from your PCP to see most specialists, or the visit will not be covered.
- Although you may fill prescriptions at the Sindecuse pharmacy, medical services at Sindecuse Health Center are not covered.
- If you travel out of state, emergency room visits are covered at the in-network rate.
Community Blue PPO

The PPO offers set copays for some services, like doctor’s visits and prescriptions. For other services, such as diagnostic tests and hospital stays, you must first meet your annual deductible. Then, the plan will pay 90% of expenses, and you’ll pay 10% coinsurance—up to an annual cap.

To locate a provider, visit bcbsm.com and select Find a Doctor. For your plan, select Community Blue PPO.

Learn more about the Community Blue PPO plan.

Don’t want to leave home for care?

You don’t have to. The Community Blue PPO plan offers virtual medical and mental health visits to you and your covered dependents through Blue Cross Online Visits. See a certified health professional, 24/7/365—wherever you are—using your smartphone, tablet or computer. If you need medication, the doctor can send a prescription directly to your pharmacy. You’ll pay a $30 copay.

You can get help for conditions including cough, sinus infection, sore throat, bronchitis, fever, diarrhea, pink eye, cold, flu, headache, weight concerns, smoking cessation, depression, anxiety, grief and insomnia.

To get started, visit bcbsmonlinevisits.com, add the app to your smartphone or tablet, or call (844) 606-1608.
Healthy Blue Living HMO

The Healthy Blue Living HMO is a wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements. The plan offers two benefit levels: enhanced and standard. Your out-of-pocket costs will be lower at the enhanced benefit level. You’re automatically enrolled at the enhanced level, but you’ll need to meet Healthy Blue Living HMO wellness requirements within 90 days to continue to qualify for enhanced benefits.

If you’re a current participant, you’ll begin the next calendar year at your previous benefit level. Example: You end 2021 at the standard level, so you’ll start 2022 with standard-level coverage. If you meet the enhanced-level qualifications within 90 days, your move to enhanced-benefit-level benefits will be retroactive to Jan. 1.

The HMO plan offers only in-network coverage through the BCBSM Blue Care Network. You must choose a primary care provider to coordinate your care, including referrals to specialists.

If you travel out of state, emergency room visits are covered at the in-network rate. Nonemergency care is covered at the in-network rate if you go to a BlueCard provider or facility. If you go out of state specifically to receive care, you must call your PCP beforehand to get required authorizations and arrange for coordinated care.

Qualifying for enhanced benefits with Healthy Blue Living requirements

Within 90 days:

- Visit your primary care physician (PCP) in time for the doctor to submit your health qualification form electronically.*
- Take an interactive health assessment; log in as a member at bcbsm.com.

If you don’t meet the tobacco-use or weight targets, take the following steps.

Within 120 days:

- If you’re a tobacco user, enroll in the BCN tobacco-cessation program. You must continue to participate until you stop using tobacco.
- If you have a body mass index (BMI) of 30 or more, join a BCN weight-management program.** You must participate until your BMI falls below 30.***

Qualifying for standard benefits

If you don’t meet the requirements for enhanced benefits, everyone on your plan will move to the standard level 91 days after the start of your plan year. You’ll stay at that level through the rest of the calendar year.

Learn more about the Healthy Blue Living HMO plan.

* You can submit qualification forms from office visits up to 180 days before the plan year begins (i.e., office visits from July 1 to Dec. 31 of the previous year) if you are currently on the HMO plan.

** Consult with your BCN PCP before starting a regular exercise or weight-management program.

*** If you want to switch weight-management programs within the 120-day time frame, call BCN customer service.
### What you pay for medical care

Compare your costs under the Community Blue PPO and the Healthy Blue Living HMO’s two benefit levels. To understand the basics, start with this overview.

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$900</td>
<td>$1,800</td>
</tr>
<tr>
<td>Family</td>
<td>$1,800</td>
<td>$3,600</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>10% after deductible (50% for select services)</td>
<td>30% after deductible (50% for select services)</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>30% after deductible (50% for select services)</td>
<td>0% after deductible (50% for select services)</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$2,000 family</td>
<td>$4,000 family</td>
</tr>
<tr>
<td></td>
<td>$4,000 individual</td>
<td>$1,400 individual</td>
</tr>
<tr>
<td></td>
<td>$8,000 family</td>
<td>$2,800 family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO (In-Network)</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Blue Cross Online Visits / BCN PCP and Referral Physician</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$0, no deductible/coinsurance (12 visits per calendar year)</td>
<td>$30 copay (30 visits per calendar year)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay (waived if admitted to the hospital)</td>
<td>$150 copay after deductible</td>
</tr>
<tr>
<td>Hospital Services</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Diagnostic Testing</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Advanced Imaging**</td>
<td>10% coinsurance after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td>Outpatient Physical Therapy, Speech Therapy, Occupational Therapy (for rehab)</td>
<td>10% coinsurance after deductible (combined 60-visit maximum per member per calendar year)</td>
<td>$30 copay after deductible (within 60 consecutive days per calendar year)</td>
</tr>
<tr>
<td>Outpatient Mental Health Care</td>
<td>10% coinsurance after deductible ($30 copay for Blue Cross Online Visits)</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

* If Healthy Blue Living wellness requirements are met
** Prior authorization required

For coverage details, review the Community Blue PPO plan Benefits at a Glance and the Healthy Blue Living HMO plan Benefits at a Glance. You’ll find both documents on the HR website at wmich.edu/hr. Choose your Employee Group, then select Benefit Details.
Prescription Drugs

Prescription drug coverage is included with your medical plan. What you pay depends on your plan coverage, the medication type, fill quantity and where you fill the prescription. In addition to your plan’s retail and mail-order pharmacy options, you can also fill your prescriptions at the Sindecuse pharmacy. You’ll receive preferred pricing there when you’re a Community Blue PPO plan member.

What you pay

Community Blue PPO
(In-network pharmacy and Sindecuse pharmacy)

<table>
<thead>
<tr>
<th>Tier</th>
<th>30-Day Retail</th>
<th>90-Day Mail Order</th>
<th>90-Day Sindecuse</th>
<th>90-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic)</td>
<td>$10 copay*</td>
<td>$20 copay*</td>
<td>$22.50</td>
<td>$25 copay*</td>
</tr>
<tr>
<td>Tier 2 (preferred brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$90.00</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td>$80 copay</td>
<td>$160 copay</td>
<td>$180.00</td>
<td>$200 copay</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty)**</td>
<td>15% coinsurance, up to a maximum of $150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty)**</td>
<td>25% coinsurance, up to a maximum of $300</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If the price of the drug is less than the copay, you’ll pay the lower amount.
** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.

Healthy Blue Living HMO
(In-network pharmacy and Sindecuse pharmacy)

<table>
<thead>
<tr>
<th>Tier</th>
<th>30-Day Retail</th>
<th>90-Day Mail Order</th>
<th>90-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (generic)</td>
<td>$10 copay**</td>
<td>$20 copay**</td>
<td>$20 copay**</td>
</tr>
<tr>
<td>Tier 2 (preferred brand)</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Tier 3 (non-preferred brand)</td>
<td>$80 copay</td>
<td>$160 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Tier 4 (preferred specialty)***</td>
<td>20% coinsurance, up to a maximum of $100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5 (non-preferred specialty)***</td>
<td>20% coinsurance, up to a maximum of $200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If Healthy Blue Living wellness requirements are met.
** If the price of the drug is less than the copay, you’ll pay the lower amount.
*** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.
Refill maintenance meds by mail, and pay less

Save time—and money—when you fill a 90-day prescription using OptumRx mail-order pharmacy. Depending on the medication, you could pay less than you would if you filled the same prescription at a retail pharmacy. To get started, visit bcbsm.com.

Special circumstances for some drugs

To ensure you’re receiving the most appropriate and cost-effective therapy, certain prescription drugs require prior authorization or step therapy before they’re covered. Step therapy involves trying less expensive options before the brand-name drug will be covered. View the step therapy overview and drug list.

PillarRx copay assistance program

If you are on the WMU health plan and you or a covered family member takes a specialty or high-cost prescription drug, the PillarRx copay assistance program through BCBSM and BCN is designed to save you money, without changing the drug prescribed. This program will help you locate and take advantage of manufacturer copay assistance programs that significantly lower out-of-pocket costs for certain expensive medications. If you currently take one or more medications included in the PillarRx Drug List, you will receive introductory information in the mail and then a phone call from PillarRx to enroll you, explain how the program works and explain what to expect at the pharmacy. Once enrolled, PillarRx sends all the information needed for your discount to your pharmacy.

AllianceRx

Some specialty drugs must use our exclusive pharmacy network administered by AllianceRx. Specialty drugs are prescription medications that require special handling, administration or monitoring. BCBSM and BCN offer mail-order service, retail specialty network pharmacies and support programs through AllianceRx Walgreens Prime, an independent company that provides specialty pharmacy services for BCBSM and BCN members. For the most up-to-date list, please see the Specialty Drug Program Rx Benefit Member Guide on bcbsm.com, or call the Customer Service phone number on the back of your health plan member ID card.
Monthly Health Plan Rates

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

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO Plan</td>
<td>$118.55</td>
<td>$355.64</td>
<td>$512.12</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$77.18</td>
<td>$231.53</td>
<td>$333.40</td>
</tr>
</tbody>
</table>

24/7 Support When You Need It

That’s what the Employee Assistance Program is all about. HelpNet’s licensed counselors offer you and members of your household no-cost, confidential, short-term counseling for a range of issues. They can help with marital and family concerns, addiction, grief and loss, relationships, stress, anxiety, legal and financial issues, and depression. They can also provide referrals to child care and adult care providers.

Just call (800) 969-6162, or visit the EAP website > Work Life Login (Username: cowboy).
The HR Service Center hours are Monday, Tuesday, Thursday and Friday, 8 a.m. to 5 p.m. and Wednesday, 9 a.m. to 5 p.m.

Mailing address:
1903 W. Michigan Ave.
Kalamazoo, MI 49008-5217

Location:
1270 Seibert Administration Building

Contacts

Blue Cross Blue Shield of Michigan
Medical plans
PPO (BCBSM):
(877) 671-2583
HMO (BCN):
(800) 662-6667
Website: bcbsm.com

Blue Cross Blue Shield of Michigan Online Visits
PPO medical plan members only
(844) 606-1608
Website: bcbsmonlinevisits.com

HelpNet
Employee Assistance Program
(800) 969-6162
Website: helpneteap.com

Livongo
Diabetes management program
(800) 945-4355
Website: join.livongo.com/BCBSM/hi
Registration code: BCBSM

OptumRx
Mail-order prescription drugs—
PPO and HMO medical plans
BCBSM members:
(855) 811-2223
BCN members:
(844) 642-9087
Website: bcbsm.com

Sindecuse Health Center
PPO medical plan members: Medical, pharmacy, sports medicine, physical therapy, massage therapy, nutrition counseling
HMO plan members: Pharmacy
(269) 387-3287
Website: wmich.edu/healthcenter

West Hills Athletic Club
(269) 387-0410
Website: westhillsathletic.com
Location:
2001 South 11th St.
Kalamazoo, MI 49009-5448
WMU Student Recreation Center
University Recreation
(269) 387-4732
Website: wmich.edu/rec

WMU Unified Clinics
College of Health and Human Services
Specialty Clinics
(269) 387-7000
Website: wmich.edu/unifiedclinics
Location:
1000 Oakland Drive
Kalamazoo, MI 49008-5361

WMU Western Wellness
Health and wellness services and resources
(269) 387-3762
Website: wmich.edu/wellness

There’s an App for That
Download these mobile apps now, so you can access your benefits on your mobile device—wherever you are, whenever you need to.

Blue Cross Blue Shield of Michigan
App Store
Google Play

Livongo
App Store
Google Play

BCBSM Online Visits
App Store
Google Play

OptumRx
App Store
Google Play
Notices

You can review the following notices at wmich.edu/hr/benefits-notices:

- COBRA Continuation of Coverage
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
- Michelle's Law
- Newborns' and Mothers' Health Protection Act
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Notice of Patient Protection
- Notice of Special Enrollment Rights
- Notice Regarding Wellness Program
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Protections From Disclosure of Medical Information
- Summary of Benefits and Coverage for Employee Assistance Program
- Summary of Benefits and Coverage for Medical and Prescription Drug
- Women's Health and Cancer Rights Act (WHCRA) of 1998

This guide is intended to be a summary of benefits offered and does not include complete coverage and policy details. In case of a discrepancy between the guide, the actual plan documents and policy statements, the actual plan documents and complete policy will prevail. For more information on what each benefit covers, visit wmich.edu/hr, and select your employee group to see the individual benefit summaries, contracts or policies.