



WESTERN MICHIGAN UNIVERSITY
Human Resources

Dining Services, Facilities
Management and Other
(AFSCME) Staff

Revised November 16, 2021

2022 Benefits Enrollment Guide





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Open Enrollment Checklist

- Review your current benefits elections, and think about how your needs may be different next year.
 - Review your current benefit elections by logging in to [GOWMU](#), choose **Employee Self-Service**, then **Benefits Details**.
 - To find your 2022 plan information and forms, visit wmich.edu/hr/openenrollment, and select your **Employee Group**.
- 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 wmich.edu/hr/benefits-expo.
- 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.
- Enroll in a health care FSA and/or dependent care FSA for 2022 by completing and submitting an [HSA Bank FSA Enrollment form](#).
- Update your address and life insurance beneficiaries on **Employee Self-Service > Benefits Details** at [GOWMU](#). Update your 403(b) and 457(b) plan beneficiaries at [TIAA](#).
- 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 won't be able to contribute pretax dollars to a health care or dependent care flexible spending account (FSA).
- You and your covered dependents will have the same medical, dental and vision benefits you had in 2021.
- If you waived health plan coverage in 2021, you will not have coverage in 2022.
- 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

Despite so much changing around us, there's one constant you and your family can depend on: your WMU benefits.

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.

It's also an ideal time to take a second look at your current benefit elections and review all the options available to you for 2022. If you've experienced significant changes in the past year, a different plan could be a better fit for you going forward. Please verify that the address we have for you is current, and make any updates to your life insurance beneficiaries on **Employee Self-Service** at [GOWMU](#). Visit [TIAA](#) to update your 403(b) and 457(b) plan beneficiaries.

If you make no changes to your current benefit elections, they'll carry over to 2022, with one exception: To make pretax contributions to a health care flexible spending account (FSA) or a dependent care FSA in 2022, you must enroll.

Your elections take effect Jan. 1, 2022.

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

Your plan options and coverage are changing for 2022.

Flexible spending account (FSA) changes

- **New Administrator:** **HSA Bank** will be the new FSA administrator beginning Jan. 1, 2022. HSA Bank is a top-rated FSA administrator with over 20 years' experience and is based in Wisconsin. This change is expected to provide better communication, technology and resources, and an overall positive customer service experience. This administrator change will apply to health care and dependent care FSAs. As a reminder, FSA elections must be renewed each year during Open Enrollment.
 - For claims incurred in plan year 2021, submit claims for reimbursement to BASIC through March 31, 2022. Any unused funds from plan year 2021 will be transferred to HSA Bank in April 2022.
- **New debit card:** WMU is pleased to announce that a debit card will be available beginning Jan. 1, 2022. If you enroll in a health care and/or dependent care FSA for 2022, a debit card will be sent to you by HSA Bank.
- **FSA carryover:** Due to COVID relief legislation, the carryover amount will be unlimited for 2021 funds carried into plan year 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.



What's New for 2022 (continued)

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.

Payroll contributions

Payroll contributions will be adjusted. View your [2022 health plan payroll contributions](#).

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.



Benefits That Support Your Evolving Needs

No matter what life throws at you, your WMU benefits are designed to keep you and your family healthy and to sustain you when you're not. Take a look at the programs and incentives that support your physical, financial and emotional health, including fully covered preventive care (annual checkups, immunizations, tests and screenings) and dental cleanings.

Western Wellness

Your well-being matters—to you, your family and to WMU! That's why we created Western Wellness, a consortium of services and resources to help you maintain and improve your health. Western Wellness includes free classes and challenges offered by Holtyn & Associates, free membership at the Student Recreation Center with classes and personal training, and discounted membership at West Hills Athletic Club with classes and personal training. You will pay tax on taxable income value.

If better health isn't reward enough, when you participate in the Western Wellness program, you're eligible for the wellness incentive—a reduction in your health plan contributions (\$240 for 2022). Here's how it works:

To be eligible for the wellness incentive, you need to complete an annual health risk assessment, a biometric screening and a coaching session. If you complete the wellness incentive by the end of 2021, you'll receive the wellness incentive in 2022. To retain the incentive year after year, you'll need to complete the program requirements every calendar year.

For details, visit wmich.edu/wellness.



Medical Plans Overview

When you elect either the Blue Cross Blue Shield of Michigan (BCBSM) Community Blue PPO plan or the Blue Care Network (BCN) Healthy Blue Living HMO plan, you'll automatically be enrolled in the dental and vision plans. Both 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 payroll deductions.
- Includes 24/7/365 virtual care through Blue Cross Online VisitsSM.
- 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 payroll deductions.
- 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. If you contribute pretax dollars to a health care flexible spending account (FSA), you can use this money to cover eligible out-of-pocket health expenses.

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](#).

	Community Blue PPO		Healthy Blue Living HMO	
	In-Network	Out-of-Network	Enhanced Benefit*	Standard Benefit
Deductible	\$900 individual \$1,800 family	\$1,800 individual \$3,600 family	\$400 individual \$800 family	\$1,000 individual \$2,000 family
Coinsurance	10% after deductible (50% for select services)	30% after deductible (50% for select services)	0% after deductible (50% for select services)	30% after deductible (50% for select services)
Out-of-Pocket Maximum	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$1,400 individual \$2,800 family	\$2,800 individual \$5,600 family

	Community Blue PPO (In-Network)	Healthy Blue Living HMO	
		Enhanced Benefit*	Standard Benefit
Preventive Care	\$0	\$0	\$0
Primary Care Provider	\$30 copay	\$20 copay	\$30 copay
Blue Cross Online Visits / BCN PCP and Referral Physician	\$30 copay	\$20 copay	\$30 copay
Specialist	\$40 copay	\$30 copay	\$40 copay after deductible
Chiropractor	\$0, no deductible/coinsurance (12 visits per calendar year)	\$30 copay (30 visits per calendar year)	\$40 copay (30 visits per calendar year)
Urgent Care	\$40 copay	\$35 copay	\$50 copay
Emergency Room	\$150 copay (waived if admitted to the hospital)	\$150 copay after deductible	\$150 copay after deductible
Hospital Services	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Diagnostic Testing (X-ray, labs, etc.)	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Advanced Imaging** (MRI, CT or PET scan, etc.)	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Outpatient Physical Therapy, Speech Therapy, Occupational Therapy (for rehab)	10% coinsurance after deductible (combined 60-visit maximum per member per calendar year)	\$30 copay after deductible (within 60 consecutive days per calendar year)	\$40 copay after deductible (within 60 consecutive days per calendar year)
Outpatient Mental Health Care	10% coinsurance after deductible (\$30 copay for Blue Cross Online Visits)	\$20 copay	\$30 copay

* 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)

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

* 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)

	Enhanced Benefit*			Standard Benefit		
	30-Day Retail	90-Day Mail Order	90-Day Retail	30-Day Retail	90-Day Mail Order	90-Day Retail
Tier 1 (generic)	\$10 copay**	\$20 copay**	\$20 copay**	\$20 copay**	\$40 copay**	\$40 copay**
Tier 2 (preferred brand)	\$40 copay	\$80 copay	\$80 copay	\$60 copay	\$120 copay	\$120 copay
Tier 3 (non-preferred brand)	\$80 copay	\$160 copay	\$160 copay	\$80 copay	\$160 copay	\$160 copay
Tier 4 (preferred specialty)***	20% coinsurance, up to a maximum of \$100			20% coinsurance, up to a maximum of \$450		
Tier 5 (non-preferred specialty)***	20% coinsurance, up to a maximum of \$200			20% coinsurance, up to a maximum of \$600		

* 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.

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.

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.](#)

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.



Dental Plan

Dental coverage is included when you're enrolled in the Community Blue PPO or Healthy Blue Living HMO Medical Plan. The Blue Dental PPO plan offers both in- and out-of-network coverage, but you'll always pay less when you use a dentist in the BCBSM Blue Care Network.

Tip: Have your Blue Cross member ID card handy when you make your appointment. Use your 9-digit enrollee ID on the front of your card if you need to verify coverage.

To find a PPO network dentist in your area or to confirm whether your regular dentist is in-network, visit mibluedentist.com.

What you pay for care

	Individual	Family
Deductible	\$30	\$60
Class I—Preventive* Oral exams, cleanings, X-rays	\$0, no deductible	
Class II—Basic* Fillings, extractions	10% coinsurance after deductible	
Class III—Major* Crowns, bridges, dentures	50% coinsurance after deductible	
Class IV—Orthodontia** Braces, appliances	40% coinsurance, no deductible	

* \$2,500 annual benefit maximum per member

** \$2,500 lifetime benefit maximum per member

For details, including what you'll pay for out-of-network dental care, review the Benefits at a Glance on the HR website at wmich.edu/hr. Also, you or your provider can call the number on your ID card, **(888) 826-8152**, from 8 a.m. to 6 p.m., Monday through Friday.

Vision Plan

Vision coverage is included when you're enrolled in the Community Blue PPO or Healthy Blue Living HMO Medical Plan. As a member of the vision plan, you receive a 20% discount on services through the Vision Service Plan (VSP) network.

When you see a VSP provider for an eye exam, you'll pay only a \$10 copay. And if you need glasses, you have a \$400 allowance for prescription lenses and frames and/or contact lenses, with no copay. You can use this benefit once every 24 months. Other limitations and exclusions may apply. To choose a VSP provider, visit vsp.com.

For details, review the Benefits at a Glance on the HR website at wmich.edu/hr.



Pretax Payroll Deduction Amounts

Following are your pretax contributions per pay period for medical, prescription drug, dental and vision coverage. To earn or maintain the wellness incentive rate reduction, you must complete the Western Wellness program requirements.

	Individual	2-Person	Family
26 Pay Periods			
Community Blue PPO Plan	\$55.30	\$160.90	\$240.32
With Wellness Incentive	\$46.07	\$151.67	\$231.09
Healthy Blue Living HMO Plan	\$37.64	\$108.77	\$164.57
With Wellness Incentive	\$28.41	\$99.54	\$155.34
22 Pay Periods			
Community Blue PPO Plan	\$65.35	\$190.16	\$284.02
With Wellness Incentive	\$54.44	\$179.25	\$273.11
Healthy Blue Living HMO Plan	\$44.48	\$128.55	\$194.49
With Wellness Incentive	\$33.57	\$117.64	\$183.58
18 Pay Periods			
Community Blue PPO Plan	\$79.88	\$232.41	\$347.14
With Wellness Incentive	\$66.55	\$219.08	\$333.81
Healthy Blue Living HMO Plan	\$54.36	\$157.12	\$237.71
With Wellness Incentive	\$41.03	\$143.79	\$224.38

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).



Flexible Spending Accounts

Your paycheck goes further when you set aside pretax dollars in a health care flexible spending account (FSA) or a dependent care FSA. That's because you don't pay federal or state income taxes on your contributions. HSA Bank is the administrator for both FSAs beginning Jan. 1, 2022.

When you enroll in a health care and/or dependent care FSA for 2022, you will receive a debit card from HSA Bank. An advantage of an FSA debit card is that it allows you to access FSA funds directly when paying for eligible expenses without paying from personal funds and submitting a claim for reimbursement. Your debit card will be automatically activated the first time you use it. You may also submit claims through the HSA Bank member website, HSA Bank mobile app, and via mail or fax.

Health care FSA

You can contribute up to \$2,750 for 2022 and be reimbursed for IRS-approved health care expenses not covered by your medical, dental or vision plan. The full amount will be available for you to use on Jan. 1, 2022. For 2022, participants in the health care FSA will be allowed to carry over \$550 of unused funds into 2023.

Dependent care FSA

You can contribute up to \$5,000 a year to cover eligible day care for children and qualified elders (or \$2,500 if married and filing a separate tax return), so that you and your spouse can work. Just like a bank account, you can use only what is currently available in your account. Your annual contribution is evenly divided and deposited into your FSA each pay period. You can use your debit card to pay for services, or you can submit claims to reimburse yourself for dependent care expenses that you pay out of pocket. Be sure to budget carefully for 2022; you'll forfeit any contributions you don't spend by Dec. 31, 2022. There will not be dependent care FSA carryover from 2022 into 2023.

To contribute to an FSA in 2022, complete an [HSA Bank FSA enrollment form](#), and submit it by Nov. 19. FSA elections do not carry over from one year to the next. Beginning Jan. 1, you can access your FSA account at hsabank.com or through the HSA Bank mobile app.

Quick tips for submitting claims:

- For claims incurred in plan year 2021, submit claims for reimbursement to BASIC through March 31, 2022.
- Any unused funds from plan year 2021 will be transferred to HSA Bank in April 2022.
- For any claims incurred after Jan. 1, 2022, submit claims to HSA Bank for reimbursement.
- Additional information on submitting claims can be found in the HSA Bank FSA Guide.



WESTERN MICHIGAN UNIVERSITY Human Resources

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.

(269) 387-3620

(269) 387-3441 (fax)

Email: hr-hris@wmich.edu

Website: wmich.edu/hr

Mailing address:

1903 W. Michigan Ave.
Kalamazoo, MI 49008-5217

Location:

1270 Seibert Administration Building

Contacts

BASIC

(for 2021 claims through March 31, 2022)

Flexible spending accounts

(800) 372-3539

Website: cda.basiconline.com

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

Dental plan

(877) 671-2583

Website : mibluedentist.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: helpnet.eap.com

Holtyn & Associates

Wellness program and assessments

(269) 377-0198

Website: holtynwellness.com

HSA Bank

Flexible spending accounts

(855) 731-5213

Website: hsabank.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

The Standard

Life and disability insurance
(888) 937-4783

Website: standard.com

TIAA

Retirement savings, tax-deferred savings
(800) 842-2776

Website: tiaa.org/wmich

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.



BASIC
[App Store](#)
[Google Play](#)



BCBSM Online Visits
[App Store](#)
[Google Play](#)



OptumRx
[App Store](#)
[Google Play](#)



**Blue Cross
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HSA Bank
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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.



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Human Resources

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