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 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.

- Contact Human Resources to update your address and life insurance beneficiaries, if applicable.

- 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.

- If you recently received a new Medicare card number, send a copy of it to Human Resources.

For additional information, contact Human Resources.

If you don’t enroll

- You and your covered dependents will have the same medical, dental and vision benefits you had in 2021.

- If you waived health plan coverage for a spouse or dependent in 2021, they 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.

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.
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. If you make no changes to your current benefit elections, they’ll carry over to 2022. 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 coverage is changing 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 is changing their prescription drug plan administrator to OptumRx

The Community Blue PPO plan will move to a new pharmacy administrator, OptumRx, effective Jan. 1, 2022, due to a change by BCBSM. 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 ID cards

BCBSM is 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.

New Livongo Diabetes Program with BCBSM

WMU is pleased to add a diabetes management program offered by BCBSM 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.

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.
WMU Retiree Health Plan Overview

When you elect the Blue Cross Blue Shield of Michigan (BCBSM) Community Blue PPO plan, you’ll automatically be enrolled in the dental and vision plans. This plan includes prescription drug coverage and preventive care at no additional cost to you. It uses a specific network of providers and facilities to offer the highest-quality care at the lowest rates.

WMU retiree health plan and Medicare

Retirees and spouses who are eligible for Medicare and enrolled in the WMU retiree health plan must carry Medicare Parts A and B; the WMU retiree health plan is secondary coverage.

When you or your spouse first becomes eligible for Medicare—or if you receive a new Medicare number—be sure to send a copy of your Medicare card to Human Resources.

Community Blue PPO plan highlights

- 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.
- 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.
Community Blue PPO

The Community Blue 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.

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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.
What you pay for medical care

To understand the basics, start with this overview.

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

<table>
<thead>
<tr>
<th>Community Blue PPO</th>
<th>In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Primary Care Provider</strong></td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Blue Cross Online Visits</strong></td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>Chiropractor</strong></td>
<td>$0, no deductible/coinsurance (12 visits per calendar year)</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40 copay</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$150 copay (waived if admitted to the hospital)</td>
</tr>
<tr>
<td><strong>Hospital Services</strong></td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Diagnostic Testing</strong></td>
<td>(X-ray, labs, etc.) 10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Advanced Imaging</strong></td>
<td>(MRI, CT or PET scan, etc.) 10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Physical Therapy, Speech Therapy, Occupational Therapy (for rehab)</strong></td>
<td>10% coinsurance after deductible (combined 60-visit maximum per member per calendar year)</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health Care</strong></td>
<td>10% coinsurance after deductible ($30 copay for Blue Cross Online Visits)</td>
</tr>
</tbody>
</table>

* Prior authorization required

For coverage details, review the Community Blue PPO plan Benefits at a Glance on the HR website at [wmich.edu/hr](wmich.edu/hr). Choose your Employee Group, then select Health care insurance and coverage.
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.
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](http://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 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 offers mail-order service, retail specialty network pharmacies and support programs through AllianceRx Walgreens Prime, an independent company that provides specialty pharmacy services for BCBSM members. For the most up-to-date list, please see the Specialty Drug Program Rx Benefit Member Guide on [bcbsm.com](http://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 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

<table>
<thead>
<tr>
<th>Class I—Preventive*</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exams, cleanings, X-rays</td>
<td>$0, no deductible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class II—Basic*</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings, extractions</td>
<td>10% coinsurance after deductible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class III—Major*</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns, bridges, dentures</td>
<td>50% coinsurance after deductible</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class IV—Orthodontia**</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Braces, appliances</td>
<td>40% coinsurance, no deductible</td>
<td></td>
</tr>
</tbody>
</table>

* $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 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.
### Health Plan Monthly Rates

#### Retiree

<table>
<thead>
<tr>
<th></th>
<th>Medicare Eligible</th>
<th>Non-Medicare Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree only</td>
<td>$145.85</td>
<td>$142.68</td>
</tr>
<tr>
<td>Retiree with one Medicare-eligible dependent</td>
<td>$956.10</td>
<td>$952.93</td>
</tr>
<tr>
<td>Retiree with one non-Medicare-eligible dependent</td>
<td>$938.51</td>
<td>$1,252.41</td>
</tr>
<tr>
<td>Retiree with two Medicare-eligible dependents</td>
<td>$1,766.35</td>
<td>$1,763.18</td>
</tr>
<tr>
<td>Retiree with two or more non-Medicare-eligible dependents</td>
<td>$1,837.52</td>
<td>$1,728.01</td>
</tr>
<tr>
<td>Retiree with one Medicare- and one non-Medicare-eligible dependent</td>
<td>$1,748.76</td>
<td>$1,851.94</td>
</tr>
</tbody>
</table>

#### Surviving Spouse

<table>
<thead>
<tr>
<th></th>
<th>Medicare Eligible</th>
<th>Non-Medicare Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surviving spouse only</td>
<td>$453.08</td>
<td>$443.25</td>
</tr>
<tr>
<td>Surviving spouse with one Medicare-eligible dependent</td>
<td>$879.63</td>
<td>$1,025.87</td>
</tr>
<tr>
<td>Surviving spouse with one non-Medicare-eligible dependent</td>
<td>$1,025.87</td>
<td>$1,032.64</td>
</tr>
</tbody>
</table>
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

Blue Cross Blue Shield of Michigan
Medical plan
(877) 671-2583
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
(844) 606-1608
Website: bcbsmonlinevisits.com

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

OptumRx
Mail-order prescription
(855) 811-2223
Website: bcbsm.com

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

TIAA
Retirement savings, tax-deferred savings
(800) 842-2776
Website: tiaa.org/wmich
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.

**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: wmic.edu/rec

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

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**Blue Cross Blue Shield of Michigan**
App Store
Google Play

**BCBSM Online Visits**
App Store
Google Play

**Livongo**
App Store
Google Play

**OptumRx**
App Store
Google Play

**VSP**
App Store
Google Play
Notices

You can review the following notices at w mich.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 w mich.edu/hr, and select your employee group to see the individual benefit summaries, contracts or policies.