



WESTERN MICHIGAN UNIVERSITY
Human Resources

Temporary Employees—Affordable
Care Act (ACA)-Eligible Staff

Revised December 12, 2023

2024 Benefits Guide





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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, 2024. 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, 2024, and will remain in effect through Dec. 31, 2024, assuming you remain eligible.

You must enroll every calendar year to maintain health plan coverage under the Affordable Care Act.

Qualifying life events

Outside of annual Open Enrollment, you can make changes to your current benefit elections only if you experience a qualifying life event. These include losing other coverage, getting married or divorced, and having a baby or adopting a child.

To make midyear enrollment changes after a qualifying life event, visit wmich.edu/hr/forms, and select **Benefit Enrollment and Changes**. Complete the appropriate form(s), then **submit them to the Human Resources Service Center within 31 days of the event**.

Open Enrollment is Oct. 30-Nov. 17, 2023

Open Enrollment is your once-a-year opportunity to make changes to your benefits. Outside of experiencing a qualifying life event, 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 2024. If you've experienced significant changes in the past year, a different plan could be a better fit for you going forward.



Benefits Enrollment Checklist

- Review this Benefits Guide to learn about the health care benefits available to you. Choose the ones that are the best fit for you (and your family).
 - To find additional plan information, visit the Human Resources webpage at wmich.edu/hr. Select your **Employee Group**, and then select **Benefit Details**.
 - Forms are available on the Human Resources webpage at wmich.edu/hr/forms/enrollment.
- Complete a [Health Insurance Enrollment and Change Form](#) to enroll in a health plan and review the dependent eligibility criteria, if relevant. 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 forms](#)—along with any required supporting documentation—to [the Human Resources Service Center](#) by mail or fax:
 - **Qualifying life event:** within 31 days of the qualifying life event
 - **Open Enrollment:** by Friday, Nov. 17

For additional information, contact [the Human Resources Service Center](#).



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. 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. 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 VisitsSM.
- Sindecuse Health Center is in-network. Deductibles, coinsurance and copays 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 to maintain the enhanced benefit level. Additional requirements are outlined in the Healthy Blue Living HMO section starting on [page 5](#).
- 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 **PPO Plans**.

[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 \$25 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.

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.

[Learn more about the Healthy Blue Living HMO plan.](#)

Healthy Blue Living HMO plan changes for 2024

The following benefit changes are effective January 1, 2024.

Enhanced benefit level

- Deductibles are increasing from \$400 to \$700 for individuals and \$800 to \$1,400 for family coverage.
- Out-of-pocket maximums are increasing from \$1,400 to \$1,700 for individuals and from \$2,800 to \$3,400 for family coverage.
- Coinsurance for most covered services is increasing from 0% to 10%.
- Primary care provider and outpatient mental health care copays are increasing from \$20 to \$25; specialist copays are increasing from \$30 to \$40 and are now subject to the annual deductible. Urgent care copays are increasing from \$35 to \$40.

Standard benefit level

- Deductibles are increasing from \$1,000 to \$1,600 for individuals and \$2,000 to \$3,200 for family coverage.
- Out-of-pocket maximums are increasing from \$2,800 to \$3,400 for individuals and \$5,600 to \$6,800 for family coverage.
- Primary care provider and outpatient mental health care copays are increasing from \$30 to \$35; specialist copays are increasing from \$40 to \$65 (after deductible). Urgent care copays are increasing from \$50 to \$65.

Qualifying for enhanced benefits with Healthy Blue Living

If you're **enrolling for the first time**, 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 2023 at the standard level, so you'll start 2024 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.



Enhanced benefit level 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.***

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.

* 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	\$700 individual \$1,400 family	\$1,600 individual \$3,200 family
Coinsurance	10% after deductible (50% for select services)	30% after deductible (50% for select services)	10% 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	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family

	Community Blue PPO (In-Network)	Healthy Blue Living HMO	
		Enhanced Benefit*	Standard Benefit
Preventive Care	\$0	\$0	\$0
Primary Care Provider	\$25 copay	\$25 copay	\$35 copay
Blue Cross Online Visits / BCN PCP and Referral Physician	\$25 copay	\$25 copay	\$35 copay
Specialist	\$40 copay	\$40 copay after deductible	\$65 copay after deductible
Chiropractor	\$0, no deductible/coinsurance (12 visits per calendar year)	\$40 copay after deductible (30 visits per calendar year)	\$65 copay after deductible (30 visits per calendar year)
Urgent Care	\$40 copay	\$40 copay	\$65 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	10% coinsurance after deductible	30% coinsurance after deductible
Diagnostic Testing (X-ray, Outpatient facility visits)	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Laboratory and Pathology	10% coinsurance after deductible	\$0	\$0
Advanced Imaging** (MRI, CT or PET scan, etc.)	10% coinsurance after deductible	10% coinsurance 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)	\$40 copay after deductible (within 60 consecutive days per calendar year)	\$65 copay after deductible (within 60 consecutive days per calendar year)
Outpatient Mental Health Care	10% coinsurance after deductible (\$25 copay for Blue Cross Online Visits)	\$25 copay	\$35 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**, select **Benefit Details**, then select **Health Care Benefits**.



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.

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.



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).

Livongo diabetes program with BCBSM and BCN

WMU offers a diabetes management program through 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), unlimited free supplies, and a personalized experience. Livongo is 100% covered by WMU, and you will receive a welcome kit, onboarding information and supplies when you sign up. Enroll by calling **(800) 945-4355** or visiting join.livongo.com/WMU (registration code: BCBSM).

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).



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.

	Individual	2-Person	Family
Monthly			
Community Blue PPO Plan	\$126.80	\$380.40	\$547.78
Healthy Blue Living HMO Plan	\$82.63	\$247.90	\$356.97



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

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/WMU

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](#)



OptumRx

[App Store](#)

[Google Play](#)



**BCBSM
Online
Visits**

[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
- No Surprises Act
- 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 and 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, select your employee group, and then select benefit details, to see the individual benefit summaries, contracts or policies.



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