



2024 Benefits Guide





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Benefits Enrollment Checklist

- Review this Benefits Guide to learn what's changing for 2024.
- Complete a [Health Insurance Enrollment and Change Form](#) 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 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

Contact Human Resources to update your address and life insurance beneficiaries, if applicable. For additional information, contact [the Human Resources Service Center](#).

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.

If you don't enroll:

- You and your covered dependents will have the same medical, dental and vision benefits you had in 2023.
- If you waived coverage for a spouse or dependent in 2023, they will not have coverage in 2024.

Your elections take effect Jan. 1, 2024.



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.

Community Blue PPO plan highlights

- 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.
- 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.

Livongo diabetes program with BCBSM

WMU offers a diabetes management program through BCBSM 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).



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**.



What you pay for medical care

To understand the basics, start with this [overview](#).

	Community Blue PPO	
	In-Network	Out-of-Network
Deductible	\$900 individual \$1,800 family	\$1,800 individual \$3,600 family
Coinsurance	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

	Community Blue PPO (In-Network)
Preventive Care	\$0
Primary Care Provider	\$25 copay
Blue Cross Online Visits / BCN PCP and Referral Physician	\$25 copay
Specialist	\$40 copay
Chiropractor	\$0, no deductible/coinsurance (12 visits per calendar year)
Urgent Care	\$40 copay
Emergency Room	\$150 copay (waived if admitted to the hospital)
Hospital Services	10% coinsurance after deductible
Diagnostic Testing (X-ray, labs, etc.)	10% coinsurance after deductible
Advanced Imaging* (MRI, CT or PET scan, etc.)	10% 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)
Outpatient Mental Health Care	10% coinsurance after deductible (\$25 copay for Blue Cross Online Visits)

* Prior authorization required

For coverage details, review the Community Blue PPO plan Benefits at a Glance 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	\$100 copay
Tier 3 (non-preferred brand)	\$80 copay	\$160 copay	\$180	\$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.](#)



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 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 nine-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, use the online [Find a Dentist Tool](#).

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 Benefits at a Glance on the HR website at wmich.edu/hr. Choose your **Employee Group**, select **Benefit Details**, then select **Health Care Benefits**. 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 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. 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 Benefits at a Glance on the HR website at wmich.edu/hr. Choose your **Employee Group**, select **Benefit Details**, then select **Health Care Benefits**.



Health Plan Monthly Rates

Retiree

	Medicare Eligible	Non-Medicare Eligible
Retiree only	\$160.99	\$157.06
Retiree with one Medicare-eligible dependent	\$1,008.29	\$1,004.36
Retiree with one non-Medicare-eligible dependent	\$987.62	\$1,314.35
Retiree with two Medicare-eligible dependents	\$1,855.59	\$1,851.67
Retiree with two or more non-Medicare-eligible dependents	\$2,144.92	\$1,810.34
Retiree with one Medicare-and one non-Medicare-eligible dependent	\$1,834.93	\$2,161.66

Surviving Spouse

	Medicare Eligible	Non-Medicare Eligible
Surviving spouse only	\$506.26	\$493.92
Surviving spouse with one Medicare-eligible dependent	\$1,240.81	\$1,248.17
Surviving spouse with one non-Medicare-eligible dependent	\$1,248.17	\$1,475.64



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

(877) 671-2583

Website: bcbsm.com

Blue Cross Blue Shield of Michigan

Dental plan

(877) 671-2583

Website: bcbsm.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/WMU

Registration code: BCBSM

OptumRx

Mail-order prescription drugs

(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

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

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](#)



VSP

[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
- 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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Human Resources

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