Community Blue PPO Plan Changes
Changes have been made to the Community Blue PPO Plan. Please review this guide to determine whether you want to elect coverage, change health plans, change who is covered, or enroll in a Flexible Spending Account, all effective January 1, 2019. Payroll deduction amount changes are on page 4.

Eligibility
The Health Insurance Enrollment and Change form defines eligibility for coverage and lists required documentation to be submitted with the enrollment form. Employees enrolling a designated eligible individual (DEI) must also complete and submit the DEI enrollment form, along with supporting tax documentation. Visit wmich.edu/hr/openenrollment for details.

2019 Benefit Elections
The elections made during this Open Enrollment period will be effective on January 1, 2019 and remain in effect through December 31, 2019. Payroll deduction changes begin with the first paycheck issued in January 2019. See page 4 for 2019 health plan employee contribution amounts. Open Enrollment is also a good time to update your address and life insurance beneficiary designations.

Making Changes to Your Benefits
A qualifying life event (a change in your situation, such as getting married, having a baby, switching childcare, or job change) is the only condition that can make you eligible for a special enrollment period to elect or make changes to your benefits outside of Open Enrollment.

When a qualifying life event occurs, you have 30 days from the date of the event to report the change and submit supporting documents to Human Resources. If you do not report the event within the 30 day window, you will not be able to make changes until the next Open Enrollment period.

The charts in this guide provide an overview of some basic services. For complete coverage details, please see official plan documents at wmich.edu/hr/openenrollment.

Actions to Take During Open Enrollment
If you want to change health plans or if you need to add, drop, or change dependent or other information:
Complete a Health Insurance Enrollment and Change form.
Note: If you elect the HMO medical plan option for the first time, you must designate a Primary Care Provider (PCP) on this form.

If you plan to enroll in or renew a Flexible Spending Account (FSA) election:
Complete a BASIC Flex Enrollment form.
Note: If you are rolling over unused funds from your Health Care FSA (up to $500), consider that and the new $2,650 Health Care Account maximum when planning how much to contribute for 2019.

If you do not wish to make any changes to your current benefits:
No action is needed. Your current benefit elections (except for FSA) will carry over into 2019.

All forms must be submitted to HR by 5 p.m. on Friday, November 16, 2018.
Forms are available in the HR office or at wmich.edu/hr/forms.
What You Need to Know About the Medical Plans

There are two health care plans to choose from; one is a (preferred provider organization) PPO plan through Blue Cross Blue Shield of Michigan (BCBSM) and the other is a wellness-based (health maintenance organization) HMO plan through Blue Care Network (BCN). Both of these plans use a specific network of physicians, hospitals and other health care professionals to give you the highest quality care. The difference between them is the way you interact with those networks.

For the Community Blue PPO plan, you should know…

» You can go to any health care professional you choose without a referral – in-network or out-of-network. If you choose to go out-of-network, you’ll have higher out-of-pocket costs, and not all services may be covered.

» To locate a provider, go to bcbsm.com and click on Find a Doctor. Select Community Blue PPO as your plan.

» There are BCBS PPO networks nationwide.

» Sindecuse Health Center, including the pharmacy, is in-network. See wmich.edu/healthcenter for more information.

» Sindecuse preferred pricing for prescription drugs is only available through the PPO plan.

» Copays and coinsurance will apply to most services at Sindecuse, just like any other provider.

» For certain health care services at Sindecuse, you will only be billed for up to 50 percent of the in-network plan deductible. For example, if you have not met your deductible and you get durable medical equipment at Sindecuse, you would only be billed up to a $350 deductible instead of $700.

» WMU Unified Clinics provides services to you and your family. Plan coverage and costs vary depending on the service. See wmich.edu/unifiedclinics for more information.

For the Healthy Blue Living HMO plan, you should know…

» It is a wellness-focused plan and offers two benefit levels, Enhanced and Standard. To qualify for the Enhanced benefit level, you must meet the Healthy Blue Living wellness requirements outlined on page 4.

» You must designate a Primary Care Provider (PCP) to coordinate all of your services. To locate a PCP, visit bcbsm.com and click on Find a Doctor. Schedule an appointment to meet with your PCP within 90 days of when your coverage begins.

» The HMO plan covers services performed solely by in-network BCN providers.

» In order to seek care from a specialty provider, you must have a referral from your PCP. One exception is that women don’t need a referral to see an OB/GYN in their network for routine services such as Pap tests, annual well-woman visits and obstetrical care.

For example, if you get a skin rash, you wouldn’t go straight to a dermatologist. You would first go to your PCP, who would examine you. Your PCP may give you a referral to a trusted dermatologist in your network.

» If you go out of state:
  - And require an ER visit – emergency services are covered as in-network, no matter where you are.
  - And become ill – go to the nearest BlueCard provider/facility and the in-network cost share would apply.
  - Specifically for care - you must call your PCP before you travel to arrange for coordinated care and required authorizations.

» You may use the Sindecuse Pharmacy (preferred pricing does not apply); however, medical services at Sindecuse Health Center are not covered under the HMO plan.
# Health Plan Summary Comparison

<table>
<thead>
<tr>
<th></th>
<th><strong>Community Blue PPO</strong></th>
<th><strong>Healthy Blue Living HMO</strong></th>
<th><strong>Standard Benefit Level</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Deductible</strong></td>
<td>$700* ($600)</td>
<td>$400</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>In-Network Coinsurance</strong></td>
<td>10% after deductible (50% for select services)</td>
<td>0% after deductible (50% for select services)</td>
<td>30% after deductible (50% for select services)</td>
</tr>
<tr>
<td><strong>In-Network Out-of-Pocket Maximum</strong></td>
<td>$1,600 ($1,500)</td>
<td>$1,400</td>
<td>$2,800</td>
</tr>
</tbody>
</table>

## Preventive care
- **Community Blue PPO**: $0
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $0
  - Standard Benefit Level: $0

## Primary care provider
- **Community Blue PPO**: $30 copay
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $20 copay
  - Standard Benefit Level: $30 copay

## Blue Cross Online Visits™
- **Community Blue PPO**: $0
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: N/A
  - Standard Benefit Level: N/A

## Specialist
- **Community Blue PPO**: $40 copay
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $30 copay
  - Standard Benefit Level: The full amount until the deductible is met, then $40 copay

## Chiropractor
- **Community Blue PPO**: $0, no deductible / coinsurance
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $30 copay
  - Standard Benefit Level: $40 copay

## Urgent care
- **Community Blue PPO**: $50 copay
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $35 copay
  - Standard Benefit Level: $50 copay

## Emergency room
- **Community Blue PPO**: $150 copay (waived if you are admitted to the hospital)
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: The full amount until the deductible is met, then $150 copay
  - Standard Benefit Level: The full amount until the deductible is met, then $150 copay

## Hospital services
- **Community Blue PPO**: The full amount until the deductible is met, then 10% coinsurance
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: The full amount until the deductible is met, then 0%
  - Standard Benefit Level: The full amount until the deductible is met, then 30% coinsurance

## Diagnostic testing
- **Community Blue PPO**: The full amount until the deductible is met, then 10% coinsurance
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: The full amount until the deductible is met, then 0%
  - Standard Benefit Level: The full amount until the deductible is met, then 30% coinsurance

## Advanced imaging*
- **Community Blue PPO**: The full amount until the deductible is met, then 10% coinsurance
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: The full amount until the deductible is met, then 0%
  - Standard Benefit Level: The full amount until the deductible is met, then 30% coinsurance

## Outpatient physical, speech, or occupational therapy
- **Community Blue PPO**: The full amount until the deductible is met, then 10% coinsurance
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: The full amount until the deductible is met, then $30 copay
  - Standard Benefit Level: The full amount until the deductible is met, then $40 copay

## Outpatient mental health care
- **Community Blue PPO**: The full amount until the deductible is met, then 10% coinsurance ($30 copay for Online Visits)
- **Healthy Blue Living HMO**:
  - Enhanced Benefit Level: $20 copay
  - Standard Benefit Level: $30 copay**

### Out-of-Network Coverage

<table>
<thead>
<tr>
<th></th>
<th><strong>Community Blue PPO</strong></th>
<th><strong>Healthy Blue Living HMO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$1,400 ($1,200)</td>
<td>$1,400</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></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>$3,200 ($3,000)</td>
<td>$2,800</td>
</tr>
</tbody>
</table>

*Community Blue PPO Sindecuse Health Center Costs*

For certain health care services at Sindecuse, you will only be billed for up to 50 percent of the in-network plan deductible. Deductible and coinsurance do not apply to physical therapy, x-rays and some lab tests.

**Prior authorization is required. A list of services that require approval before they are provided is available online at [bcbsm.com/importantinfo](http://bcbsm.com/importantinfo).**

**New in 2019, outpatient mental healthcare no longer applies to the deductible on the BCN Healthy Blue Living plan.**

This is a partial overview of coverage; see BCBSM Community Blue PPO or BCN Healthy Blue Living HMO Benefits-at-a-Glance documents at [wmich.edu/hr/health-faculty](http://wmich.edu/hr/health-faculty) for more details.
## Prescription Drug Summary Comparison

**Community Blue PPO**
- **In-Network Coverage**

<table>
<thead>
<tr>
<th>Prescription Drugs - In-network pharmacy</th>
<th>30 day retail</th>
<th>90 day mail order (2x)</th>
<th>90 day retail (2.5x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay for a Tier 1 (generic) Rx</td>
<td>$10*</td>
<td>$20*</td>
<td>$25*</td>
</tr>
<tr>
<td>Copay for a Tier 2 (preferred brand) Rx</td>
<td>$40</td>
<td>$80</td>
<td>$100</td>
</tr>
<tr>
<td>Copay for a Tier 3 (non-preferred brand) Rx</td>
<td>$80</td>
<td>$160</td>
<td>$200</td>
</tr>
<tr>
<td>Copay for a Tier 4 (preferred specialty) Rx**</td>
<td>15% to a max of $150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copay for a Tier 5 (non-preferred specialty) Rx**</td>
<td>25% to a max of $300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Healthy Blue Living HMO**
- **Enhanced Benefit Level**

If HBL wellness requirements are met

<table>
<thead>
<tr>
<th>Prescription Drugs - In-network pharmacy</th>
<th>30 day retail</th>
<th>90 day mail order (2x)</th>
<th>90 day retail (2x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay for a Tier 1 (generic) Rx</td>
<td>$10*</td>
<td>$20*</td>
<td>$20*</td>
</tr>
<tr>
<td>Copay for a Tier 2 (preferred brand) Rx</td>
<td>$40</td>
<td>$80</td>
<td>$80</td>
</tr>
<tr>
<td>Copay for a Tier 3 (non-preferred brand) Rx</td>
<td>$80</td>
<td>$160</td>
<td>$160</td>
</tr>
<tr>
<td>Copay for a Tier 4 (preferred specialty) Rx**</td>
<td>20% to a max of $100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copay for a Tier 5 (non-preferred specialty) Rx**</td>
<td>20% to a max of $200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sindecuse Pharmacy - Preferred Pricing**

<table>
<thead>
<tr>
<th>Prescription Drugs - In-network pharmacy</th>
<th>30 day retail</th>
<th>90 day Retail (2.25x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay for a Tier 1 (generic) Rx</td>
<td>$10*</td>
<td>$22.50*</td>
</tr>
<tr>
<td>Copay for a Tier 2 (preferred brand) Rx</td>
<td>$30</td>
<td>$67.50</td>
</tr>
<tr>
<td>Copay for a Tier 3 (non-preferred brand) Rx</td>
<td>$60</td>
<td>$135.00</td>
</tr>
<tr>
<td>Copay for a Tier 4 (preferred specialty) Rx**</td>
<td>15% to a max of $120</td>
<td></td>
</tr>
<tr>
<td>Copay for a Tier 5 (non-preferred specialty) Rx**</td>
<td>25% to a max of $240</td>
<td></td>
</tr>
</tbody>
</table>

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**Prior Authorization (PA) / Step Therapy (ST)**

PA/ST requires BCBSM/BCN approval before select prescription drugs are covered. This helps to ensure that members receive the most appropriate and cost-effective therapy.

Drugs requiring PA/ST can be found in the Custom Drug List online at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

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**Dental Plan Highlights**

BCBSM/BCN uses the Dental Network of America (DNoA) network.

<table>
<thead>
<tr>
<th>Deductible (applies to Class II and III services)</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30</td>
<td>$60</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class</th>
<th>Preventive Services</th>
<th>You Pay...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class I – Preventive</td>
<td>Oral exam, cleanings, x-rays, etc.</td>
<td>$0; deductible waived</td>
</tr>
<tr>
<td>Class II – Basic</td>
<td>Fillings, extractions, etc.</td>
<td>The full amount until the deductible is met, then 10%</td>
</tr>
<tr>
<td>Class III – Major</td>
<td>Crowns, bridges, dentures, etc.</td>
<td>The full amount until the deductible is met, then 50%</td>
</tr>
<tr>
<td>Class IV – Orthodontia</td>
<td>Braces, appliances, etc.</td>
<td>40%, no deductible</td>
</tr>
</tbody>
</table>

**Vision Plan Highlights**

BCBSM/BCN uses the Vision Service Plan (VSP) network.

When you use the VSP network...

<table>
<thead>
<tr>
<th>Item</th>
<th>You Pay...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses, Frames and Contact Lenses (or any combination thereof)</td>
<td>$0 copay, $400 total allowance</td>
</tr>
</tbody>
</table>

Frequency of exam and materials is limited to once every 24 months.

Services received with a VSP provider are discounted 20%. Limitations and exclusions may apply.

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*Actual price is charged if less than copay. **Specialty drugs are limited to a 15 or 30 day supply.

If you use a specialty drug, go to [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy), then click on What are Specialty Drugs to learn more about special coverage and mail order through Walgreen’s Specialty Pharmacy.

**Mail order from the Express Scripts Pharmacy** is a convenient way to fill your maintenance medications – those prescription drugs you take regularly to treat ongoing conditions. For information on home delivery, visit [express-scripts.com](http://express-scripts.com) and create an account. You can also access information from your member site at [bcbsm.com](http://bcbsm.com).

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For complete coverage information, please refer to the Benefits-at-a-Glance at [wmich.edu/hr/health-faculty](http://wmich.edu/hr/health-faculty).
Western Wellness

WMU’s Western Wellness program was designed to help you take charge of your health by providing resources that you can use to assess your current health, identify risk factors and make positive lifestyle changes.

Complete the annual wellness assessment and receive the wellness incentive (see charts to the right for rate structure), which is a reduction in your health plan contributions each pay period throughout the calendar year.

There are three easy steps:

1. Online health risk assessment
2. Biometric screening
3. Health coaching session

Go to wmich.edu/wellness to access your health risk assessment and schedule your session with Holtyn & Associates, Sindecuse Health Center, or your primary care provider.

If you complete the program requirements by the end of 2018, you will receive the wellness incentive during calendar year 2019. To maintain your participation status, you must complete program requirements every calendar year.

wmich.edu/wellness

Healthy Blue Living HMO Wellness Requirements

Healthy Blue Living rewards members with lower out-of-pocket costs for committing to work toward certain health targets. The Healthy Blue Living plan has two levels: enhanced and standard.

**Enhanced level**
You automatically have the enhanced level for 90 days when you first enroll. To continue at the enhanced level, you must complete steps 1 and 2 within the first 90 days and steps 3 and 4 (if applicable) within the first 120 days of the calendar year.

**Current participants:** you will begin the calendar year with the same status that you have as of December 31, 2018. If you end 2018 in the standard level and meet the requirements within 90 days, you will be moved to the enhanced level retroactively to January 1st.

**Standard level**
If you don’t meet the requirements, everyone covered on your plan will move to the standard level 91 days after the start of your plan year. You’ll have the standard level through the rest of the calendar year.

Within 90 Days:

**Step 1:** See your primary care physician (PCP) in time for the doctor to submit your BCN Qualification Form*.

**Step 2:** Take an interactive health assessment by logging in as a member at bcbsm.com.

If you don’t meet the target for tobacco use or weight:

Within 120 Days:

**Step 3:** If a tobacco user, enroll in the BCN tobacco-cessation program. Program participation is required until you stop using tobacco.

**Step 4:** With a body mass index of 30 or more, join a BCN weight-management program**. Program participation is required until your body mass index falls below 30***.

*Qualification forms from office visits that occurred up to 180 days before the plan year begins are accepted.

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

***If you wish to switch weight-management programs within the 120 day timeframe, call BCN customer service to initiate a change.

Keep Track Online
Log in to your member account at bcbsm.com to learn more about the Healthy Blue Living program requirements and to keep track of your steps.

2019 Health Plan Pretax Payroll Deduction Amounts

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

**24 Pay Periods**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO Plan</td>
<td>$55.75</td>
<td>$181.59</td>
<td>$271.02</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$45.75</td>
<td>$171.59</td>
<td>$261.02</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$38.17</td>
<td>$123.23</td>
<td>$186.94</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$28.17</td>
<td>$113.23</td>
<td>$176.94</td>
</tr>
</tbody>
</table>

**18 Pay Periods**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO Plan</td>
<td>$74.33</td>
<td>$242.12</td>
<td>$361.35</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$61.00</td>
<td>$228.79</td>
<td>$348.02</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$50.89</td>
<td>$164.31</td>
<td>$249.25</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$37.56</td>
<td>$150.98</td>
<td>$235.92</td>
</tr>
</tbody>
</table>
BCBSM / BCN Member Perks

» Stay healthy using BCBSM online tools. Your online account will give you unlimited access to health care resources and discounts. Register at bcbsm.com using your enrollee ID, name and date of birth. Be sure to download the mobile app for the same great information on the go!

» Members receive great deals with Blue365. This program offers access to health and wellness deals exclusive to BCBSM members. Visit blue365deals.com for more information.

For those on the Community Blue PPO plan:

» You can get quality care anytime, anywhere through Blue Cross Online Visits℠. Using your smart phone, tablet or computer, you can have a face-to-face consultation with a certified health care professional from the comfort of your home or wherever you are. Online Visits offers both medical and behavioral health care. If the doctor recommends a prescription, they’ll send it to a pharmacy near you. Avoid the wait and get care at an affordable cost:

Medical Health Care I $0 copay
Behavioral Health Care I $30 copay

See a doctor right away for non-emergency medical issues or schedule a visit to talk with a therapist or psychiatrist. Commonly treated conditions include:

- Cough
- Sinus infection
- Sore throat
- Bronchitis
- Vomiting
- Diarrhea
- Fever
- Pink eye
- Cold
- Flu
- Headache
- Weight concerns
- Smoking cessation
- Depression
- Anxiety
- Grief
- Insomnia

Everyone covered on your health care plan can use it, including your spouse and child(ren).

Create an account with Blue Cross Online Visits℠

Mobile I download the BCBSM Online Visits℠ app • Web I bcbsmonlinevisits.com • Call I 844-606-1608

Flexible Spending Accounts (FSAs) | BASIC

FSA elections must be renewed each year during Open Enrollment.

Health Care FSA
The health care FSA lets you receive reimbursement with pretax dollars for certain IRS-approved medical care expenses not covered by your insurance plan. The annual maximum amount you may contribute to the health care FSA is $2,650 for the 2019 calendar year. The full amount you elect is available for use as of January 1, 2019. You may carry over up to $500 of unused funds into the 2020 calendar year. The “use it or lose it” rule applies to any remaining funds over $500.

Dependent Care FSA
The dependent care FSA lets you use pretax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders so that you and your spouse can work. The annual maximum amount you may contribute to the dependent care FSA is $5,000 (or $2,500 if married and filing income taxes separately) for the 2019 calendar year. Just like a typical bank account, you can only use what is currently available in your account. The annual amount you elect is divided and deposited with each pay period. The “use it or lose it” rule applies to this account, so you will want to be sure you only contribute the amount you know you will use during the 2019 calendar year.
Employee Assistance Program (EAP) | HelpNet

This convenient, professional, and confidential service is provided to you and your household members at no cost. Participants receive personal short-term counseling. All counselors are Master’s level, state licensed professionals with extensive experience in dealing with:

Marital and family issues • Addictions • Child care • Grief and loss
Relationships • Aging parents • Legal and financial concerns
Stress, anxiety and depression • Life enrichment techniques

Need assistance?
Call 800-969-6162 anytime.
Visit helpneteap.com and click on work life login.
Username: cowboy
Password: employee

WMU Faculty and Staff
BENEFITS / WELLNESS

EXPO
OCT 24 | 9AM – 3:30PM
BERN哈RD CENTER | EAST BALLROOM

PRIZE DRAWINGS | GIVEAWAYS | FLU SHOTS | CONTINUING EDUCATION INFO | FOOD SAMPLES
RECIPES | CHAIR MASSAGE | CONSULTATIONS | SCREENINGS

For more information, visit wmich.edu/hr/benefits-expo

Notices
Please visit wmich.edu/hr to review these notices:
» Notice of Special Enrollment Rights
» Notice of Patient Protection
» Newborns’ Act Disclosure
» Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
» Women’s Health and Cancer Rights Act (WHCRA) of 1998
» Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)
» COBRA Continuation of Coverage
» Notice Regarding Wellness Program
» Summary of Benefits and Coverage for Medical and Prescription Drug
» Summary of Benefits and Coverage for Employee Assistance Program

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, see the individual benefit summaries, contracts or policies at: wmich.edu/hr and select your employee group (AAUP Faculty).
Get the App

### Contacts

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBSM (Medical, Prescription Drug, Dental, Vision)</td>
<td>877-671-2583 (BCBSM) 800-662-6667 (BCN) bcbsm.com</td>
<td>-</td>
</tr>
<tr>
<td>Mail order prescription drugs</td>
<td>800-282-2881 express-scripts.com</td>
<td>-</td>
</tr>
<tr>
<td>Blue Cross Online Visits</td>
<td>844-606-1608 bcbsonlinevisits.com</td>
<td>-</td>
</tr>
<tr>
<td>Dental Network</td>
<td>630-691-1133 dnao.com</td>
<td>-</td>
</tr>
<tr>
<td>Vision Network</td>
<td>800-877-7195 vsp.com</td>
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<tr>
<td>Sindecuse Health Center</td>
<td>269-387-3287 wmich.edu/healthcenter</td>
<td>Medical, Pharmacy, Wellness Programs, Assessments</td>
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<tr>
<td>Western Wellness</td>
<td>269-387-3762 wmich.edu/wellness</td>
<td>Consortium of Health &amp; Wellness Services and Resources</td>
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<td>Health Center</td>
<td>269-377-0198 holtynhpc.com</td>
<td>Wellness Program and Assessments</td>
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<tr>
<td>University Recreation</td>
<td>269-387-4732 wmich.edu/rec</td>
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<tr>
<td>Specialty Clinics</td>
<td>269-387-7000 wmich.edu/unifiedclinics</td>
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<tr>
<td>West Hills Athletic Club</td>
<td>269-387-0410 westhillsathletic.com</td>
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<tr>
<td>Employee Assistance Program</td>
<td>800-969-6162 helpneteap.com</td>
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<tr>
<td>Flexible Spending Accounts</td>
<td>800-444-1922 ext. 1 basiconline.com</td>
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<tr>
<td>Life and Disability Insurance</td>
<td>888-937-4783 standard.com</td>
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<tr>
<td>Retirement Savings, Tax-Deferred Savings</td>
<td>800-842-2776 tiaa.org/wmich</td>
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<tr>
<td>WMU Human Resources</td>
<td>269-387-3620 Fax: 269-387-3441</td>
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<td></td>
<td>wmich.edu/hr <a href="mailto:hr-ben@wmich.edu">hr-ben@wmich.edu</a></td>
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<tr>
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<td>Mailing: 1903 W Michigan Ave, Kalamazoo, MI 49008-5217</td>
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<td>Location: 1300 Seibert Administration Building</td>
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