Know Your Benefits
COBRA Participants – AAUP Faculty, POA, Non-Bargaining Exempt and Nonexempt Staff

2019 Open Enrollment | November 12 – 30

Submitting Completed Forms

If you do not wish to make any changes to your current coverage:

No action is needed. Your current COBRA elections will carry over into 2019. However, please note that the Community Blue PPO medical plan changes listed inside will take effect January 1, 2019.

If you want to change health plans or 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, you must designate a Primary Care Provider (PCP) on this form.

All forms must be submitted to HR by 5 p.m. on Friday, November 30, 2018.

Forms are available in the HR office or at wmich.edu/hr/forms.

Contact Information

Medical, Prescription Drug, Dental, Vision
877-671-2583
bcbsm.com

Mail order prescription drugs
800-282-2881
express-scripts.com

Blue Cross Online Visits
844-606-1608
bcbsmonlinevisits.com

Dental Network
630-691-1133
dnoa.com

Vision Network
800-877-7195
vsp.com

Specialty Clinics
269-387-7000
wmich.edu/unifiedclinics
1000 Oakland Drive
Kalamazoo, MI 49008-5361

Employee Assistance Program
800-969-6162
helpneteap.com

WMU Human Resources
269-387-3620
Fax: 269-387-3441
wmich.edu/hr
hr-ben@wmich.edu

Mailing:
1903 W Michigan Ave,
Kalamazoo, MI 49008-5217
Location:
1300 Seibert Administration Building

Get the app:

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.
### Health Plan Summary Comparison

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO</th>
<th>Healthy Blue Living HMO</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Coverage</td>
<td>Enhanced Benefit Level</td>
<td>Standard Benefit Level</td>
</tr>
<tr>
<td></td>
<td>Individual Family</td>
<td>If HBL wellness requirements are met</td>
<td>Individual Family</td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$700 ($600)</td>
<td>$400 $800</td>
<td>$1,000 $2,000</td>
</tr>
<tr>
<td>In-Network Coinsurance</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>In-Network Out-of-Pocket Maximum</td>
<td>$1,600 ($1,500)</td>
<td>$1,400</td>
<td>$2,800</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$2,000 $5,600</td>
<td></td>
</tr>
</tbody>
</table>

### You Pay...

|                      | Preventive care | Primary care provider | Blue Cross Online Visits℠ (for health care) | Specialist | Chiropractor | Urgent care | Emergency room | Hospital services | Diagnostic testing | Advanced imaging* (MRI, CT/PET Scan, etc.) | Outpatient physical, speech, or occupational therapy (provided for rehabilitation) | Outpatient mental health care | Out-of-Network Coverage |
|----------------------|-----------------|-----------------------|---------------------------------------------|------------|-------------|-------------|----------------|------------------|----------------------------|---------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|-------------------------|
|                      | $0              | $30 copay             | $0                                          | $40 copay  | $0, no deductible / coinsurance 12 visits per calendar year | $50 copay  | $150 copay | The full amount until the deductible is met, then $150 copay | The full amount until the deductible is met, then $0 | The full amount until the deductible is met, then 10% coinsurance | The full amount until the deductible is met, then $30 copay 60 visits combined per calendar year | The full amount until the deductible is met, then $20 copay ($30 copay for Online Visits) | $1,400 ($1,200) | $2,800 ($2,400) |
|                      |                 |                       | N/A                                         | $30 copay  | $30 copay  | $35 copay  | The full amount until the deductible is met, then $150 copay | The full amount until the deductible is met, then $0 | The full amount until the deductible is met, then 10% coinsurance | The full amount until the deductible is met, then $30 copay 60 visits combined per calendar year | The full amount until the deductible is met, then $20 copay                     | $2,000 ($2,400) |

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|----------------------|-----------------|-----------------------|---------------------------------------------|------------|-------------|-------------|----------------|------------------|----------------------------|---------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------|-------------------------|
|                      | $0              | $30 copay             | $0                                          | $40 copay  | $0, no deductible / coinsurance 12 visits per calendar year | $50 copay  | $150 copay | The full amount until the deductible is met, then $150 copay | The full amount until the deductible is met, then $0 | The full amount until the deductible is met, then 10% coinsurance | The full amount until the deductible is met, then $30 copay 60 visits combined per calendar year | The full amount until the deductible is met, then $20 copay ($30 copay for Online Visits) | $1,400 ($1,200) | $2,800 ($2,400) |
|                      |                 |                       | N/A                                         | $30 copay  | $30 copay  | $35 copay  | The full amount until the deductible is met, then $150 copay | The full amount until the deductible is met, then $0 | The full amount until the deductible is met, then 10% coinsurance | The full amount until the deductible is met, then $30 copay 60 visits combined per calendar year | The full amount until the deductible is met, then $20 copay                     | $2,000 ($2,400) |

### Out-of-Network Coverage

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,400 ($1,200)</td>
<td>$2,800 ($2,400)</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30% after deductible (50% for select services)</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$3,200 ($3,000)</td>
<td>$6,400 ($6,000)</td>
</tr>
</tbody>
</table>

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*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.

^ Healthy Blue Living HMO is limited to Michigan providers, except emergencies.

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

### Prescription Drugs – In-network pharmacy

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO In-Network Coverage</th>
<th>Healthy Blue Living HMO Enhanced Benefit Level If HBL wellness requirements are met</th>
<th>Standard Benefit Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>You Pay...</td>
<td>You Pay...</td>
<td>You Pay...</td>
<td>You Pay...</td>
</tr>
<tr>
<td></td>
<td>30 day retail</td>
<td>90 day mail order (2x)</td>
<td>90 day retail (2x)</td>
</tr>
<tr>
<td></td>
<td>90 day retail (2x)</td>
<td></td>
<td>90 day retail (2x)</td>
</tr>
<tr>
<td>Copay for a Tier 1 (generic) Rx</td>
<td>$10 *</td>
<td>$10*</td>
<td>$20*</td>
</tr>
<tr>
<td></td>
<td>$20*</td>
<td>$20*</td>
<td>$40*</td>
</tr>
<tr>
<td>Copay for a Tier 2 (preferred brand) Rx</td>
<td>$40</td>
<td>$40</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td>$80</td>
<td>$80</td>
<td>$120</td>
</tr>
<tr>
<td>Copay for a Tier 3 (non-preferred brand) Rx</td>
<td>$80</td>
<td>$80</td>
<td>$160</td>
</tr>
<tr>
<td></td>
<td>$160</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>20% to a max of $100</td>
<td>20% to a max of $450</td>
</tr>
<tr>
<td></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>25% to a max of $300</td>
<td>20% to a max of $200</td>
<td>20% to a max of $600</td>
</tr>
<tr>
<td></td>
<td>20% to a max of $200</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sindecuse Pharmacy - Preferred Pricing

<table>
<thead>
<tr>
<th></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>

*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, 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 and create an account. You can also access information from your member site at bcbsm.com.

### 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>

You Pay...

- **Class I – Preventive**  
  Oral exam, cleanings, x-rays, etc.  
  $0; deductible waived

- **Class II – Basic**  
  Fillings, extractions, etc.  
  The full amount until the deductible is met, then 10%

- **Class III – Major**  
  Crowns, bridges, dentures, etc.  
  The full amount until the deductible is met, then 50%

- **Class IV – Orthodontia**  
  Braces, appliances, etc.  
  40%, no deductible

Annual Maximum for Class I, II, and III services - $2,500 per member.

Lifetime Maximum for Class IV services - $2,500 per member.

For complete coverage information, please refer to the Benefits-at-a-Glance at wmich.edu/hr/health-faculty or wmich.edu/hr/health-staff.

### Vision Plan Highlights

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

When you use the VSP network...

<table>
<thead>
<tr>
<th>You Pay...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
</tr>
<tr>
<td>$10 copay</td>
</tr>
</tbody>
</table>

| **Lenses, Frames and Contact Lenses** (or any combination thereof)       |
| $0 copay, $400 total allowance |

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.

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.
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.

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**2019 COBRA Monthly Rates**
The rates listed in this chart reflect your combined monthly cost for medical, prescription drug, dental, and vision insurance.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Blue PPO Plan</strong></td>
<td>$631.80</td>
<td>$1,487.73</td>
<td>$1,926.38</td>
</tr>
<tr>
<td><strong>Healthy Blue Living HMO Plan</strong></td>
<td>$432.59</td>
<td>$1,009.61</td>
<td>$1,328.75</td>
</tr>
</tbody>
</table>

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**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.

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**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

For assistance by phone, call 800-969-6162 anytime.
For online assistance, visit helpneteap.com and click on work life login. Username: cowboy, Password: employee.
Medicare Part D Notification

Important Notice from Western Michigan University About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Western Michigan University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Western Michigan University has determined that the prescription drug coverage offered by the University is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Western Michigan University coverage will be affected. Medicare eligible individuals enrolled in health insurance through Western Michigan University are covered by the University’s prescription drug plan. A summary of benefits is available at www.wmich.edu/hr or by contacting Human Resources. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current Western Michigan University prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Western Michigan University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…
Contact Human Resources for further information at (269) 387-3620. NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Western Michigan University changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2018
Name of Entity/ Sender: Western Michigan University
Contact Position/Office: Human Resources
Address: 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5217
Phone Number: (269) 387-3620

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.