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). You are also eligible to contribute to the Tax-Deferred Savings Plan. Eligibility is dependent on holding a temporary staff appointment with the University in one of two ways:

» Regular work schedule is for 30 hours or more per week with coverage effective when the work schedule begins and your supervisor notifies the University Human Resources Benefits staff.

» Variable work schedule averaging 30 hours or more per week during the 12 month “look-back period” of approximately mid-October to mid-October. Coverage is effective January 1 of the next calendar year.

Review this guide to learn more about your benefits coverage and visit wmich.edu/hr/openenrollment. Choose ACA Eligible as your employee group and follow the prompts. Refer to Actions to Take section of this guide for health plan enrollment instructions and deadlines.

Your enrollment in health care benefits is contingent upon employment with the University as of January 1, 2019. If you take no action during open enrollment, we will consider that a waiver of health care benefits. The elections made during this enrollment period will be effective on January 1, 2019 and remain in effect through December 31, 2019, assuming you remain eligible.

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 for details.

Making Changes to Your Benefits

A qualifying life event (a change in your situation, such as getting married, having a baby, 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 31 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 31-day window, you will not be able to make changes until the next Open Enrollment period.

2019 Health Plan Monthly Rates

The rates listed in this chart reflect your monthly payment for medical and prescription drug coverage. You will be billed monthly by the University.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual</th>
<th>2-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO Plan</td>
<td>$99.17</td>
<td>$329.08</td>
<td>$474.54</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$64.01</td>
<td>$212.36</td>
<td>$306.38</td>
</tr>
</tbody>
</table>
### Health Plan Summary Comparison

<table>
<thead>
<tr>
<th></th>
<th>Community Blue PPO</th>
<th>Healthy Blue Living HMO&lt;sup&gt;^&lt;/sup&gt;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Family</td>
<td>Individual</td>
</tr>
<tr>
<td><strong>In-Network Deductible</strong></td>
<td>$700* ($600)</td>
<td>$1,400* ($1,200)</td>
<td>$400</td>
</tr>
<tr>
<td><strong>In-Network Coinsurance</strong></td>
<td>10% after deductible</td>
<td>(50% for select services)</td>
<td>0% after deductible</td>
</tr>
<tr>
<td><strong>In-Network Out-of-Pocket Maximum</strong></td>
<td>$1,600 ($1,500)</td>
<td>$3,200 ($3,000)</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

#### You Pay...

<table>
<thead>
<tr>
<th>Service</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Blue Cross Online Visits&lt;sup&gt;**&lt;/sup&gt; (for health care)</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>$0, no deductible / coinsurance</td>
<td>12 visits per calendar year</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150 copay</td>
<td>(waived if you are admitted to the hospital)</td>
</tr>
<tr>
<td>Hospital services</td>
<td>The full amount until the deductible is met, then 10% coinsurance</td>
<td>The full amount until the deductible is met, then $0</td>
</tr>
<tr>
<td>Diagnostic testing (x-ray, labs, etc.)</td>
<td>The full amount until the deductible is met, then 10% coinsurance</td>
<td>The full amount until the deductible is met, then $0</td>
</tr>
<tr>
<td>Advanced imaging&lt;sup&gt;*&lt;/sup&gt; (MRI, CT/PET Scan, etc.)</td>
<td>The full amount until the deductible is met, then 10% coinsurance</td>
<td>The full amount until the deductible is met, then $0</td>
</tr>
<tr>
<td>Outpatient physical, speech, or occupational therapy (provided for rehabilitation)</td>
<td>The full amount until the deductible is met, then 10% coinsurance</td>
<td>The full amount until the deductible is met, then $30 copay</td>
</tr>
<tr>
<td>Outpatient mental health care</td>
<td>The full amount until the deductible is met, then 10% coinsurance ($30 copay for Online Visits)</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

#### 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>

---

<sup>*</sup>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.

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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.**

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

<sup>^</sup>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-staff for more details.
## Prescription Drug Summary Comparison

<table>
<thead>
<tr>
<th>Prescription Drugs – In-network pharmacy</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>Healthy Blue Living HMO Standard Benefit Level You Pay…</th>
</tr>
</thead>
<tbody>
<tr>
<td></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 (2.5x)</td>
</tr>
<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>

### Sindecuse Pharmacy - Preferred Pricing

| Copay for a Tier 1 (generic) Rx         | $10*                                    | $22.50*                                                                          |
| Copay for a Tier 2 (preferred brand) Rx | $30                                     | $67.50                                                                           |
| Copay for a Tier 3 (non-preferred brand) Rx | $60                                     | $135.00                                                                          |
| Copay for a Tier 4 (preferred specialty) Rx** | 15% to a max of $120                    |                                                                                  |
| Copay for a Tier 5 (non-preferred specialty) Rx** | 25% to a max of $240                    |                                                                                  |

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

### 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. Your Healthy Blue Living plan has two levels: **enhanced** and **standard**.

You automatically have the enhanced level for **90 days** when you first enroll. This means lower out-of-pocket costs. To continue at the enhanced level, you must **complete steps 1 and 2** within the first **90 days** and **step 3** within the first **120 days** of your plan year.

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.

*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.

### 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.

### 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.
The information in this guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.

Government Notices

Every year the government issues important notices. It is our job to make sure you receive them. Please visit wmich.edu/hr/openenrollment to review the following notices:

- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
- Women’s Health and Cancer Rights Act (WHCRA) of 1998
- Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- 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

Contact Information

877-671-2583 (BCBSM)  
800-662-6667 (BCN)  
bcbsm.com

800-282-2881  
express-scripts.com

844-606-1608  
bcbsmonlinevisits.com

269-387-3287  
wmich.edu/healthcenter

269-387-3762  
wmich.edu/wellness

269-387-4732  
wmich.edu/rec  
Location: Student Recreation Center

269-387-7000  
wmi.ch.edu/unifiedclinics  
1000 Oakland Drive  
Kalamazoo, MI 49008-5361

269-387-0410  
westhillsathletic.com  
2001 South 11th Street  
Kalamazoo, MI 49009-5448

800-969-6162  
helpneteap.com

800-842-2776  
tiaa.org/wmich

269-387-3620  
Fax: 269-387-3441  
wmi.ch.edu/hr  
hr-ben@wmich.edu  
Mailing:  
1903 W Michigan Ave, Kalamazoo, MI 49008-5217  
Location:  
1300 Seibert Administration Building

Get the App

Designed by Acrisure Benefits Group - 2018
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.