Know Your Benefits
Staff Compensation System: Non-Bargaining Nonexempt Staff - Police Sergeants and Lieutenants

2020 Health Care Benefits Guide

Community Blue PPO Plan or Healthy Blue Living HMO Plan
Please review this guide for a brief overview of health plan benefits to determine whether you want to elect or waive coverage. The guide will help you compare health plans. Payroll deduction amounts 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/forms for details.

New Hire Benefit Elections
The elections made during the first 30 days of employment as a benefits-eligible employee are effective on the date of hire or first day eligible and remain in effect through December 31, 2020.

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.

Actions to Take for New Hires

If you want to elect or waive your health plan coverage:
Complete a Health Insurance Enrollment and Change form. Please use the PPO or HMO enrollment 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 a Flexible Spending Account (FSA) election:
Complete a BASIC Flex Enrollment form.

Note: You may roll over up to $500 of Health Care FSA funds, consider that and the $2,700 Health Care Account maximum when planning how much to contribute for 2020.

All forms must be submitted to HR within 30 days of eligibility or a qualifying life event.

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

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/health-staff.
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 $400 deductible instead of $800.
» 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

|                         | Community Blue PPO                      | Healthy Blue Living HMO           | Standard/Benefit Level
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></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</td>
<td>Family</td>
<td>If HBL wellness requirements are met</td>
</tr>
<tr>
<td>In-Network Deductible</td>
<td>$800</td>
<td>$1,600</td>
<td>$400</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>$1,700</td>
<td>$3,400</td>
<td>$1,400</td>
</tr>
</tbody>
</table>

### Preventive Care
- **Health Plan**: Community Blue PPO
  - **Cost**: $0
- **Health Plan**: Healthy Blue Living HMO
  - **Cost**: $0
- **Health Plan**: Standard/Benefit Level
  - **Cost**: $0

### Primary Care Provider
- **Community Blue PPO**: $30 copay
- **Healthy Blue Living HMO**: $20 copay
- **Standard/Benefit Level**: $30 copay

### Blue Cross Online Visits℠ (for health care)
- **Community Blue PPO**: $0
- **Healthy Blue Living HMO**: N/A
- **Standard/Benefit Level**: N/A

### Specialist
- **Community Blue PPO**: $40 copay
- **Healthy Blue Living HMO**: $30 copay
- **Standard/Benefit Level**: Deductible, then $40 copay

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

### Urgent Care
- **Community Blue PPO**: $50 copay
- **Healthy Blue Living HMO**: $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**: Deductible, then $150 copay
- **Standard/Benefit Level**: Deductible, then $150 copay

### Hospital Services
- **Community Blue PPO**: Deductible, then 10% coinsurance
- **Healthy Blue Living HMO**: Deductible, then 0
- **Standard/Benefit Level**: Deductible, then 30% coinsurance

### Diagnostic Testing (x-ray, labs, etc.)
- **Community Blue PPO**: Deductible, then 10% coinsurance
- **Healthy Blue Living HMO**: Deductible, then 0
- **Standard/Benefit Level**: Deductible, then 30% coinsurance

### Advanced Imaging* (MRI, CT/PET Scan, etc.)
- **Community Blue PPO**: Deductible, then 10% coinsurance
- **Healthy Blue Living HMO**: Deductible, then 0
- **Standard/Benefit Level**: Deductible, then 30% coinsurance

### Outpatient Physical, Speech, or Occupational Therapy (provided for rehabilitation)
- **Community Blue PPO**: Deductible, then 10% coinsurance
- **Healthy Blue Living HMO**: Deductible, then $30 copay
- **Standard/Benefit Level**: Deductible, then $40 copay

### Outpatient Mental Health Care
- **Community Blue PPO**: Deductible, then 10% coinsurance ($30 copay for Online Visits)
- **Healthy Blue Living HMO**: $20 copay
- **Standard/Benefit Level**: $30 copay

### Out-of-Network Coverage
<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,600</td>
<td>$3,200</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>$3,400</td>
<td>$6,800</td>
</tr>
</tbody>
</table>

*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).

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](http://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</th>
<th>Healthy Blue Living HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Coverage</strong></td>
<td></td>
<td><strong>Enhanced/Benefit Level</strong></td>
</tr>
<tr>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>You Pay…</td>
<td>You Pay…</td>
</tr>
<tr>
<td></td>
<td>30 day retail</td>
<td>30 day retail</td>
</tr>
<tr>
<td></td>
<td>90 day mail order</td>
<td>90 day mail order</td>
</tr>
<tr>
<td></td>
<td>(2x)</td>
<td>(2x)</td>
</tr>
<tr>
<td></td>
<td>90 day retail (2.5x)</td>
<td>90 day retail (2.5x)</td>
</tr>
<tr>
<td><strong>Copay for a Tier 1</strong> (generic) Rx</td>
<td>$10*</td>
<td>$10*</td>
</tr>
<tr>
<td></td>
<td>$20*</td>
<td>$20*</td>
</tr>
<tr>
<td></td>
<td>$25*</td>
<td>$20*</td>
</tr>
<tr>
<td><strong>Copay for a Tier 2</strong> (preferred brand) Rx</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td></td>
<td>$80</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Copay for a Tier 3</strong> (non-preferred brand) Rx</td>
<td>$80</td>
<td>$80</td>
</tr>
<tr>
<td></td>
<td>$160</td>
<td>$160</td>
</tr>
<tr>
<td></td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Copay for a Tier 4</strong> (preferred specialty) Rx**</td>
<td>15% to a max of $150</td>
<td>20% to a max of $100</td>
</tr>
<tr>
<td><strong>Copay for a Tier 5</strong> (non-preferred specialty) Rx**</td>
<td>25% to a max of $300</td>
<td>20% to a max of $200</td>
</tr>
</tbody>
</table>

**Sindicuse 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.

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 found at mibluedentist.com.

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

**Class I – Preventive**
- Oral exam, cleanings, x-rays, etc.
- $0, no deductible

**Class II – Basic**
- Fillings, extractions, etc.
- Deductible, then 10%

**Class III – Major**
- Crowns, bridges, dentures, etc.
- Deductible, 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.

### Vision Plan Highlights

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

<table>
<thead>
<tr>
<th>When you use the VSP network...</th>
<th>You Pay...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Lenses, Frames and Contact Lenses</strong> (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.

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.
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](http://wmich.edu/wellness) to access your health risk assessment and schedule your session with Holtyn & Associates or your primary care provider.

If you complete the program requirements during 2020, you will receive the wellness incentive during calendar year 2020 and 2021. To maintain your participation status, you must complete program requirements every calendar year.

[wmich.edu/wellness](http://wmich.edu/wellness)

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### 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, 2019. If you end 2019 in the standard level and meet the requirements within 90 days, you will be moved to the enhanced level retroactively to January 1st.

**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](http://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***.

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*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.

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**Within 120 Days:**

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

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### 2020 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.

#### 26 Pay Periods

<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>$52.96</td>
<td>$164.21</td>
<td>$243.21</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$43.73</td>
<td>$154.98</td>
<td>$233.98</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$35.72</td>
<td>$109.97</td>
<td>$165.07</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$26.49</td>
<td>$100.74</td>
<td>$155.84</td>
</tr>
</tbody>
</table>

#### 18 Pay Periods

<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>$76.50</td>
<td>$237.19</td>
<td>$351.31</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$63.17</td>
<td>$223.86</td>
<td>$337.98</td>
</tr>
<tr>
<td>Healthy Blue Living HMO Plan</td>
<td>$51.60</td>
<td>$158.85</td>
<td>$238.44</td>
</tr>
<tr>
<td>With wellness incentive</td>
<td>$38.27</td>
<td>$145.52</td>
<td>$225.11</td>
</tr>
</tbody>
</table>
BCSM / 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 Blue 365. This program offers access to health and wellness deals exclusive to BCBSM members. Get discounts on fitness devices and equipment, medication management app, gym memberships, hearing aids, travel online personal training, nutrition and meal delivery services, and personal care. From bcbsm.com, log in or register, then click Member Discount with Blue365 at the bottom of your home page. From the Blue Cross app, log in or register, then select Discounts from the drop-down menu.

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

Employee Assistance Program (EAP) I 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:

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

Need assistance?

Call 800-969-6162 anytime.

Visit helpneteap.com and click on work life login.

Username: cowboy
Password: employee
Flexible Spending Accounts (FSAs) | BASIC

FSA elections must be renewed each year during Open Enrollment.

What You Need to Know

» A Flexible Spending Account (FSA) is a special account that you put money into that you use to pay for certain out-of-pocket health care and dependent care costs. You don’t pay taxes on the funds set aside.

» The money that you contribute to your FSA is deducted from each paycheck before taxes are taken out, lowering your taxable income and saving you money on taxes.

» The total amount of your pledge is divided by the number of pay periods remaining in the year and deducted each pay period.

» The amount you pledge can only be increased or decreased during the calendar year if you have a qualifying life event. If a qualifying life event occurs, the increase or decrease must correlate with the event. An example would be a change in childcare arrangements, which would allow you to make changes to your Dependent Care FSA pledge.

» You should retain all receipts in case there is a claim discrepancy or in the event that you are audited. You submit claims and receipts through the BASIC member portal to get reimbursed.

There are two types of FSA’s, each with their own unique set of rules:

**Health Care FSA**

- You may contribute up to **$2,700** for the calendar year.
- The entire FSA pledged amount is available for you to use immediately.
- You are allowed to roll over up to **$500** from one calendar year to the next. The “use it or lose it” rule applies to any remaining funds over $500.
- Funds can be used to pay for a variety of health care, dental, and vision products and services for you, your spouse, and your children (as defined by the IRS). The money you pay out-of-pocket toward deductibles, copays, and coinsurance for medical, prescription drug, dental, and vision services are eligible for reimbursement.
- Refer to the FSA guide for assistance with estimating eligible expenses and other information at wmich.edu/hr/forms/enrollment.

**Dependent Care FSA**

- You may contribute up to **$5,000** (or $2,500 if you are married and file separate taxes) for the calendar year.
- Unlike the medical care flex account, you can only use what is currently available in your account.
- 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 by the end of the calendar year.
- Funds can be used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare, if both you and your spouse are working.

Notices

Please visit wmich.edu/hr to review these notices:

» Notice of Special Enrollment Rights
» Notice of Patient Protection
» Newborn’s 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 (Staff Compensation System – Nonexempt Staff).
## Contacts

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>877-671-2583 (BCBSM) - PPO</td>
<td>Medical, Prescription Drug, Dental, Vision</td>
</tr>
<tr>
<td>800-662-6667 (BCN) - HMO</td>
<td></td>
</tr>
<tr>
<td>bcbsm.com</td>
<td></td>
</tr>
<tr>
<td>800-282-2881</td>
<td>Mail order prescription drugs – PPO and HMO</td>
</tr>
<tr>
<td>express-scripts.com</td>
<td></td>
</tr>
<tr>
<td>844-606-1608</td>
<td>Blue Cross Online Visits - PPO</td>
</tr>
<tr>
<td>bcbsmonlinevisits.com</td>
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<tr>
<td>877-671-2583</td>
<td>Dental Network – PPO and HMO</td>
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<tr>
<td>mibluedentist.com</td>
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<tr>
<td>800-877-7195</td>
<td>Vision Network – PPO and HMO</td>
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<tr>
<td>vsp.com</td>
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<tr>
<td>269-387-3287</td>
<td>Medical, Pharmacy, Sports Medicine, Physical Therapy, Massage Therapy, Nutrition Counseling - PPO</td>
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<tr>
<td>wmich.edu/healthcenter</td>
<td>Pharmacy - HMO</td>
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<tr>
<td>269-387-3762</td>
<td>Consortium of Health &amp; Wellness Services and Resources</td>
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<tr>
<td>wmich.edu/wellness</td>
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<tr>
<td>269-377-0198</td>
<td>Wellness Program and Assessments</td>
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<tr>
<td>holtynhp.com</td>
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<tr>
<td>269-387-4732</td>
<td>University Recreation</td>
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<tr>
<td>wmich.edu/rec</td>
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<tr>
<td>Location: Student Recreation Center</td>
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<tr>
<td>269-387-7000</td>
<td>Specialty Clinics</td>
</tr>
<tr>
<td>wmich.edu/unifiedclinics</td>
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<tr>
<td>1000 Oakland Drive</td>
<td>West Hills Athletic Club</td>
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<tr>
<td>Kalamazoo, MI 49008-5361</td>
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<tr>
<td>269-387-0410</td>
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<tr>
<td>westhillsathletic.com</td>
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<tr>
<td>2001 South 11th Street</td>
<td></td>
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<tr>
<td>Kalamazoo, MI 49009-5448</td>
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<tr>
<td>800-969-6162</td>
<td>Employee Assistance Program</td>
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<td>helpneteap.com</td>
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<td>800-444-1922 ext. 1</td>
<td>Flexible Spending Accounts</td>
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<td>basiconline.com</td>
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<td>888-937-4783</td>
<td>Life and Disability Insurance</td>
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<td>standard.com</td>
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<tr>
<td>800-842-2776</td>
<td>Retirement Savings, Tax-Deferred Savings</td>
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<td>tiaa.org/wmich</td>
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<tr>
<td>269-387-3620</td>
<td>WMU Human Resources</td>
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<tr>
<td>Fax: 269-387-3441</td>
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<tr>
<td>wmich.edu/hr</td>
<td>This guide is available at wmich.edu/hr/benefits-staff.</td>
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<td><a href="mailto:hr-ben@wmich.edu">hr-ben@wmich.edu</a></td>
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</tbody>
</table>

Mailing:
1903 W Michigan Ave, Kalamazoo, MI 49008-5217

Location:
1270 Seibert Administration Building

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