



WESTERN MICHIGAN UNIVERSITY

Human Resources

Know Your Benefits

Staff Compensation System: Non-Bargaining Exempt Staff

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.

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.

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.

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			
	In-Network Coverage		<i>Enhanced</i> Benefit Level <small>If HBL wellness requirements are met</small>		<i>Standard</i> Benefit Level	
	Individual	Family	Individual	Family	Individual	Family
In-Network Deductible	\$800	\$1,600	\$400	\$800	\$1,000	\$2,000
In-Network Coinsurance	10% after deductible (50% for select services)		0% after deductible (50% for select services)		30% after deductible (50% for select services)	
In-Network Out-of-Pocket Maximum	\$1,700	\$3,400	\$1,400	\$2,800	\$2,800	\$5,600

	You Pay...	You Pay...	You Pay...
Preventive care	\$0	\$0	\$0
Primary care provider	\$30 copay	\$20 copay	\$30 copay
Blue Cross Online VisitsSM (for health care)	\$0	N/A	N/A
Specialist	\$40 copay	\$30 copay	Deductible, then \$40 copay
Chiropractor	\$0, no deductible / coinsurance 12 visits per calendar year	\$30 copay 30 visits per calendar year	\$40 copay 30 visits per calendar year
Urgent care	\$50 copay	\$35 copay	\$50 copay
Emergency room	\$150 copay (waived if you are admitted to the hospital)	Deductible, then \$150 copay	Deductible, then \$150 copay
Hospital services	Deductible, then 10% coinsurance	Deductible, then \$0	Deductible, then 30% coinsurance
Diagnostic testing (x-ray, labs, etc.)	Deductible, then 10% coinsurance	Deductible, then \$0	Deductible, then 30% coinsurance
Advanced imaging* (MRI, CT/PET Scan, etc.)	Deductible, then 10% coinsurance	Deductible, then \$0	Deductible, then 30% coinsurance
Outpatient physical, speech, or occupational therapy (provided for rehabilitation)	Deductible, then 10% coinsurance 60 visits combined per calendar year	Deductible, then \$30 copay Within 60 consecutive days per calendar year	Deductible, then \$40 copay Within 60 consecutive days per calendar year
Outpatient mental health care	Deductible, then 10% coinsurance (\$30 copay for Online Visits)	\$20 copay	\$30 copay

	Out-of-Network Coverage	
	Individual	Family
Deductible	\$1,600	\$3,200
Coinsurance	30% after deductible (50% for select services)	
Out-of-Pocket Maximum	\$3,400	\$6,800

Community Blue PPO Sincuse Health Center Costs
For certain health care services at Sincuse, 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.

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

Prescription Drugs – In-network pharmacy	Community Blue PPO In-Network Coverage			Healthy Blue Living HMO					
	You Pay...			Enhanced Benefit Level If HBL wellness requirements are met			Standard Benefit Level		
	30 day retail	90 day mail order (2x)	90 day retail (2.5x)	30 day retail	90 day mail order (2x)	90 day retail (2x)	30 day retail	90 day mail order (2x)	90 day retail (2x)
Copay for a Tier 1 (generic) Rx	\$10*	\$20*	\$25*	\$10*	\$20*	\$20*	\$20*	\$40*	\$40*
Copay for a Tier 2 (preferred brand) Rx	\$40	\$80	\$100	\$40	\$80	\$80	\$60	\$120	\$120
Copay for a Tier 3 (non-preferred brand) Rx	\$80	\$160	\$200	\$80	\$160	\$160	\$80	\$160	\$160
Copay for a Tier 4 (preferred specialty) Rx**	15% to a max of \$150			20% to a max of \$100			20% to a max of \$450		
Copay for a Tier 5 (non-preferred specialty) Rx**	25% to a max of \$300			20% to a max of \$200			20% to a max of \$600		

Sindicuse Pharmacy - Preferred Pricing	30 day retail	90 day Retail (2.25x)
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	

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.

*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.

Deductible (applies to Class II and III services)	Individual	Family
	\$30	\$60

You Pay...

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.

When you use the VSP network... You Pay...

Exam	\$10 copay
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.



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 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

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.

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.

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.

24 Pay Periods	Individual	2-Person	Family
Community Blue PPO Plan	\$57.38	\$177.89	\$263.48
With wellness incentive	\$47.38	\$167.89	\$253.48

Healthy Blue Living HMO Plan	\$38.70	\$119.14	\$178.83
With wellness incentive	\$28.70	\$109.14	\$168.83

18 Pay Periods	Individual	2-Person	Family
Community Blue PPO Plan	\$76.50	\$237.19	\$351.31
With wellness incentive	\$63.17	\$223.86	\$337.98

Healthy Blue Living HMO Plan	\$51.60	\$158.85	\$238.44
With wellness incentive	\$38.27	\$145.52	\$225.11

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 **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.

Additional BCBSM tools are a click away; just log in to bcbsm.com and choose the Health and Well-Being tab

- » My Health Assistant
- » Symptom Checker
- » My Pregnancy Assistant
- » The Daily VictorySM and Weigh Today apps
- » Recipes
- » Personal Health Record
- » Health Trackers
- » Medical Encyclopedia
- » Message Board Exchanges

For those on the **Community Blue PPO plan**:

- » You can get quality care anytime, anywhere through **Blue Cross Online VisitsSM**. 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 | \$0 copay

Behavioral Health Care | \$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 VisitsSM

Mobile | download the **BCBSM Online VisitsSM app** • **Web** | bcbsmonlinevisits.com • **Call** | 844-606-1608

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:

- 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
- » 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 (Staff Compensation System – Exempt Staff).

Contacts | Just a call or click away...

Get the App



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

» Medical, Prescription Drug, Dental, Vision



800-282-2881
 express-scripts.com

» Mail order prescription drugs – PPO and HMO



844-606-1608
 bcbsmonlinevisits.com

» Blue Cross Online Visits - PPO



877-671-2583
 mibluedentist.com

» Dental Network – PPO and HMO



800-877-7195
 vsp.com

» Vision Network – PPO and HMO



269-387-3287
 wmich.edu/healthcenter

» Medical, Pharmacy, Sports Medicine, Physical Therapy,
 Massage Therapy, Nutrition Counseling - PPO
 » Pharmacy - HMO



269-387-3762
 wmich.edu/wellness

» Consortium of Health & Wellness Services and
 Resources



269-377-0198
 holbynhpc.com

» Wellness Program and Assessments



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

» University Recreation



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

» Specialty Clinics



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

» West Hills Athletic Club



800-969-6162
 helpneteap.com

» Employee Assistance Program



800-444-1922 ext. 1
 basiconline.com

» Flexible Spending Accounts



888-937-4783
 standard.com

» Life and Disability Insurance



800-842-2776
 tiaa.org/wmich

» Retirement Savings, Tax-Deferred Savings



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

» WMU Human Resources

This guide is available at wmich.edu/hr/benefits-staff.

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

Location:
 1270 Seibert Administration Building