



WESTERN MICHIGAN UNIVERSITY
Human Resources

Faculty (AAUP)

Police Officers (POA) Staff

Staff Compensation System:
Non-Bargaining Exempt Staff

Staff Compensation System:
Non-Bargaining Nonexempt Staff

Know Your Benefits: 2021 Health Care Benefits Guide





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Your WMU Health Benefits

No matter what life throws at you, your WMU health benefits are designed to keep you and your family healthy and to sustain you when you're not. Take a look at the programs and incentives that support your physical, financial and emotional health, including fully covered preventive care (annual checkups, immunizations, tests and screenings) and dental cleanings.

You can find additional benefits information on the Human Resources webpage at wmich.edu/hr. Select your **Employee Group**, then select **Benefit details**.

Eligibility and Enrollment

As a full-time employee, you and your family are eligible for the health benefits described in this guide. You have the opportunity to enroll in benefits (or make changes to existing coverage if you have it):

- As a new employee
- During the annual Open Enrollment period (typically in the fall)
- When you experience a qualifying life event
- As a newly benefits-eligible employee

Your benefit elections take effect the day you begin work; unless you make changes, they'll roll over from year to year, with one exception: To make pretax contributions to a health care flexible spending account (FSA) or a dependent care FSA, you must make an election each year during annual Open Enrollment.

Enrolling as a new or newly benefits-eligible employee

You have 30 days from your start date to elect—or waive—health benefits for the current calendar year. Your elections will remain in effect through December 31, unless you experience a qualifying life event and make changes to your coverage.

You'll find additional information on the Human Resources webpage at wmich.edu/hr. Select your **Employee Group**, then select **Benefits enrollment information for new employees**.

When you're ready to enroll, visit wmich.edu/hr/forms, and select **Benefit Enrollment and Changes**. Complete the appropriate form(s), then **submit them to Human Resources within 30 days**.

Qualifying Life Events

Outside of annual open enrollment, you can make changes to your current benefit elections only if you experience a qualifying life event. These include losing other coverage, getting married or divorced, and having a baby or adopting a child. A change in childcare arrangements is also considered a qualifying life event and allows you to make changes to your Dependent Care FSA.

To make mid-year enrollment changes after a qualifying life event, visit wmich.edu/hr/forms, and select **Benefit Enrollment and Changes**. Complete the appropriate form(s), then **submit them to Human Resources within 31 days of the event**.



New Hire Checklist

- Read this Health Care Benefits Guide to learn about the health care benefits available to you. Choose the ones that are the best fit for you (and your family).
 - » To find additional plan information and forms, visit the Human Resources webpage at wmich.edu/hr. Select your **Employee Group**, then select **Benefit details**.
- Complete a [Health Insurance Enrollment and Change Form](#) to enroll in a health plan, and, if relevant, review the dependent eligibility criteria. To add a designated eligible individual to the health plan, also complete the [designated eligible individual enrollment form](#). Gather the supporting documentation you'll need to submit with the applicable forms.
- Enroll in a health care FSA and/or dependent care FSA for 2021 by completing and submitting a [BASIC Flex Enrollment Form](#).
- Complete and submit [enrollment forms](#)—along with any required supporting documentation—to [Human Resources](#) by mail, fax or email within 30 days of your start date.

If you don't enroll

- You and your dependents will not have WMU health benefits in 2021.
- Unless you experience a qualifying life event (loss of coverage, marriage, divorce, adding to your family, etc.), you will need to wait until the next Open Enrollment period to make changes to your benefits that take effect January 2022.

For additional information contact [Human Resources](#).



Western Wellness

Your well-being matters—to you, your family and to WMU! That’s why we created Western Wellness, a consortium of services and resources to help you maintain and improve your health. And if better health isn’t reward enough, when you participate in the Western Wellness program, you’re eligible for the wellness incentive—a reduction in your health plan contributions (\$240 for 2021). Here’s how it works:

- To be eligible for the wellness incentive, you need to complete an annual health risk assessment, a biometric screening and a coaching session.
- Upon completion of these steps, you’ll receive the premium reduction on each paycheck for 2021, beginning the next quarter.
- If you complete the wellness incentive by the end of 2021, you’ll receive the wellness incentive in 2022.
- To retain the incentive year after year, you’ll need to complete the program requirements every calendar year.

For details, visit wmich.edu/wellness.



Medical Plans Overview

When you elect either the Blue Cross Blue Shield of Michigan (BCBSM) Community Blue PPO plan or the Blue Care Network (BCN) Healthy Blue Living HMO plan, you'll automatically be enrolled in the dental and vision plans. Both medical plans include prescription drug coverage and preventive care at no additional cost to you. And each plan uses a specific network of providers and facilities to offer the highest-quality care at the lowest rates.

How the plans compare

Community Blue PPO

- Provider choice—stay in-network or use an out-of-network provider or facility. And you don't need a referral to see a specialist.
- You'll pay more out of pocket if you use an out-of-network provider, and some services may not be covered.
- Higher payroll deductions.
- Includes 24/7/365 virtual care through Blue Cross Online VisitsSM.
- Sindecuse Health Center is in-network, including preferred pricing at Sindecuse Pharmacy. For some services, you'll be billed for up to only 50% of the in-network plan deductible.
- WMU Unified Clinics provide services to you and your family. Plan coverage and costs vary by service.
- Nationwide coverage through BCBS PPO networks.

Healthy Blue Living HMO

- Wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements.
- In-network coverage only, through the Blue Care Network (BCN) for Michigan providers.
- You must designate a primary care provider (PCP) to coordinate your care and have a visit with your PCP within 90 days of your coverage start date.
- Lower payroll deductions.
- You must have a referral from your PCP to see most specialists, or the visit will not be covered.
- Although you may fill prescriptions at the Sindecuse Pharmacy, medical services at Sindecuse Health Center are not covered.
- If you travel out of state, emergency room visits are covered at the in-network rate.



Community Blue PPO

The PPO offers set copays for some services, like doctor's visits and prescriptions. For other services, such as diagnostic tests and hospital stays, you must first meet your annual deductible. Then, the plan will pay 90% of expenses, and you'll pay 10% coinsurance—up to an annual cap. If you contribute pretax dollars to a health care flexible spending account (FSA), you can use this money to cover eligible out-of-pocket health expenses.

To locate a provider, visit bcbsm.com and select **Find a Doctor**. For your plan, select **Community Blue PPO**.

[Learn more about the Community Blue PPO plan.](#)

Don't want to leave home for care?

You don't have to. The Community Blue PPO plan offers virtual medical and mental health visits to you and your covered dependents through **Blue Cross Online Visits**. See a certified health professional, 24/7/365—wherever you are—using your smartphone, tablet or computer. If you need medication, the doctor can send a prescription directly to your pharmacy. You'll pay no copay for a medical visit; for behavioral care, you'll pay a \$30 copay.

You can get help for conditions including cough, sinus infection, sore throat, bronchitis, fever, diarrhea, pink eye, cold, flu, headache, weight concerns, smoking cessation, depression, anxiety, grief and insomnia.

To get started, visit bcbsmonlinevisits.com, add the app to your smartphone or tablet, or call **(844) 606-1608**.



Healthy Blue Living HMO

The Healthy Blue Living HMO is a wellness-focused plan that rewards members with lower out-of-pocket costs when they commit to work toward and maintain specific wellness requirements. The plan offers two benefit levels: enhanced and standard. Your out-of-pocket costs will be lower at the enhanced benefit level. You're automatically enrolled at the enhanced level, but you'll need to meet Healthy Blue Living HMO wellness requirements within 90 days to continue to qualify for enhanced benefits.

If you're a current participant, you'll begin the next calendar year at your previous benefit level. Example: You end 2021 at the standard level, so you'll start 2022 with standard-level coverage. If you meet the enhanced-level qualifications within 90 days, your move to enhanced-benefit-level benefits will be retroactive to Jan. 1.

The HMO plan offers only in-network coverage through the BCBSM Blue Care Network. You must [choose a primary care provider](#) to coordinate your care, including referrals to specialists.

If you travel out of state, emergency room visits are covered at the in-network rate. Nonemergency care is covered at the in-network rate if you go to a BlueCard provider/facility. If you go out of state specifically to receive care, you must call your PCP beforehand to get required authorizations and arrange for coordinated care.

Qualifying for enhanced benefits with Healthy Blue Living requirements

Within 90 days:

- **Visit your primary care physician (PCP)** in time for the doctor to submit your health qualification form electronically.*
- **Take an interactive health assessment;** log in as a member at bcbsm.com.

If you don't meet the tobacco use or weight targets, take the following steps.

Within 120 days:

- If you're a tobacco user, enroll in the **BCN tobacco-cessation program**. You must continue to participate until you stop using tobacco.
- If you have a body mass index (BMI) of 30 or more, join a **BCN weight-management program**.** You must participate until your BMI falls below 30.***

Qualifying for standard benefits

If you don't meet the requirements for enhanced benefits, everyone on your plan will move to the standard level 91 days after the start of your plan year. You'll stay at that level through the rest of the calendar year.

[Learn more about the Healthy Blue Living HMO plan.](#)

* You can submit qualification forms from office visits up to 180 days before the plan year begins (i.e., from office visits July 1–Dec. 31 of the previous year) if you are currently on the HMO plan.

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

*** If you want to switch weight-management programs within the 120-day time frame, call BCN customer service.



What you pay for medical care

Compare your costs under the Community Blue PPO and the Healthy Blue Living HMO's two benefit levels. To understand the basics, start with this [overview](#).

	Community Blue PPO		Healthy Blue Living HMO	
	In-Network	Out-of-Network	Enhanced Benefit*	Standard Benefit
Deductible	\$800 individual \$1,600 family	\$1,600 individual \$3,200 family	\$400 individual \$800 family	\$1,000 individual \$2,000 family
Coinsurance	10% after deductible (50% for select services)	30% after deductible (50% for select services)	0% after deductible (50% for select services)	30% after deductible (50% for select services)
Out-of-Pocket Maximum	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family	\$1,400 individual \$2,800 family	\$2,800 individual \$5,600 family

	Community Blue PPO (In-Network)	Healthy Blue Living HMO	
		Enhanced Benefit*	Standard Benefit
Preventive care	\$0	\$0	\$0
Primary care provider	\$30 copay	\$20 copay	\$30 copay
Blue Cross Online Visits	\$0 copay (medical) \$30 copay (behavioral care)	N/A	N/A
Specialist	\$40 copay	\$30 copay	\$40 copay after deductible
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 admitted to the hospital)	\$150 copay after deductible	\$150 copay after deductible
Hospital services	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Diagnostic testing (X-ray, labs, etc.)	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Advanced imaging** (MRI, CT/PET Scan, etc.)	10% coinsurance after deductible	\$0 after deductible	30% coinsurance after deductible
Outpatient physical therapy, speech therapy, occupational therapy (for rehab)	10% coinsurance after deductible (combined 60-visit maximum per member per calendar year)	\$30 copay after deductible (within 60 consecutive days per calendar year)	\$40 copay after deductible (within 60 consecutive days per calendar year)
Outpatient mental health care	10% coinsurance after deductible (\$30 copay for Blue Cross Online Visits)	\$20 copay	\$30 copay

* If Healthy Blue Living wellness requirements are met.

** Prior authorization required.

For coverage details, review the Community Blue PPO plan Benefits at a Glance and the Healthy Blue Living HMO plan Benefits at a Glance. You'll find additional information on the [Human Resources website](#) at wmich.edu/hr. Select your **Employee Group**, then select **Benefit Details**.



Prescription Drugs

Prescription drug coverage is included with your medical plan. What you pay depends on your plan coverage, the medication type, fill quantity and where you fill the prescription. In addition to your plan's retail and mail-order pharmacy options, you can also fill your prescriptions at Sindecuse Pharmacy. You'll receive preferred pricing there when you're a Community Blue PPO plan member.

What you pay

Community Blue PPO

(In-network pharmacy)

	30-Day Retail	90-Day Mail Order	90-Day Retail
Tier 1 (generic)	\$10 copay*	\$20 copay*	\$25 copay*
Tier 2 (preferred brand)	\$40 copay	\$80 copay	\$100 copay
Tier 3 (non-preferred brand)	\$80 copay	\$160 copay	\$200 copay
Tier 4 (preferred specialty)**	15% coinsurance, up to a maximum of \$150		
Tier 5 (non-preferred specialty)**	25% coinsurance, up to a maximum of \$300		

* If the price of the drug is less than the copay, you'll pay the lower amount.

** Specialty drugs are limited to a 15- or 30-day supply. [Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.](#)

Healthy Blue Living HMO

(In-network pharmacy)

	Enhanced Benefit*			Standard Benefit		
	30-Day Retail	90-Day Mail Order	90-Day Retail	30-Day Retail	90-Day Mail Order	90-Day Retail
Tier 1 (generic)	\$10 copay**	\$20 copay**	\$20 copay**	\$20 copay**	\$40 copay**	\$40 copay**
Tier 2 (preferred brand)	\$40 copay	\$80 copay	\$80 copay	\$60 copay	\$120 copay	\$120 copay
Tier 3 (non-preferred brand)	\$80 copay	\$160 copay	\$160 copay	\$80 copay	\$160 copay	\$160 copay
Tier 4 (preferred specialty)***	20% coinsurance, up to a maximum of \$100			20% coinsurance, up to a maximum of \$450		
Tier 5 (non-preferred specialty)***	20% coinsurance, up to a maximum of \$200			20% coinsurance, up to a maximum of \$600		

* If Healthy Blue Living wellness requirements are met.

** If the price of the drug is less than the copay, you'll pay the lower amount.

*** Specialty drugs are limited to a 15- or 30-day supply. [Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.](#)



Sindicuse Pharmacy Preferred Pricing

Community Blue PPO	30-Day Fill	90-Day Fill
Tier 1 (generic)	\$10 copay*	\$22.50 copay*
Tier 2 (preferred brand)	\$30 copay	\$67.50 copay
Tier 3 (non-preferred brand)	\$60 copay	\$135 copay
Tier 4 (preferred specialty)**	15% coinsurance, up to a maximum of \$120	
Tier 5 (non-preferred specialty)**	25% coinsurance, up to a maximum of \$240	

* If the price of the drug is less than the copay, you'll pay the lower amount.

** Specialty drugs are limited to a 15- or 30-day supply. Learn more about special coverage and mail order through AllianceRx Walgreens Prime delivery.

Refill maintenance meds by mail and pay less

Save time—and money—when you fill a 90-day prescription using Express Scripts mail-order pharmacy. Depending on the medication, you could pay less than you would if you filled the same prescription at a retail pharmacy. To get started, visit [Express Scripts](#).

Special circumstances for some drugs

To ensure you're receiving the most appropriate and cost-effective therapy, certain prescription drugs require [prior authorization](#) or step therapy before they're covered. Step therapy involves trying less expensive options before the brand-name drug will be covered. [View the step therapy overview and drug list](#).



Dental Plan

Dental coverage is included when you're enrolled in the Community Blue PPO or Healthy Living HMO Medical Plan. The Blue Dental PPO plan offers both in- and out-of-network coverage, but you'll always pay less when you use a dentist in the BCBSM Blue Care Network.

Tip: Have your Blue Cross member ID card handy when you make your appointment. Use your 9-digit enrollee ID on the front of your card if you need to verify coverage.

To find a PPO network dentist in your area or to confirm if your regular dentist is in-network, visit mibluedentist.com.

What you pay for care

	Individual	Family
Deductible	\$30	\$60
Class I—Preventive* Oral exams, cleanings, X-rays	\$0, no deductible	
Class II—Basic* Fillings, extractions	10% coinsurance after deductible	
Class III—Major* Crowns, bridges, dentures	50% coinsurance after deductible	
Class IV—Orthodontia** Braces, appliances	40% coinsurance, no deductible	

* \$2,500 annual benefit maximum per member.

** \$2,500 lifetime benefit maximum per member.

For details, including what you'll pay for out-of-network dental care, review the [Benefits at a Glance](#) on the [Human Resources website](#) at wmich.edu/hr. Also, you or your provider can call the number on your ID card, **(800) 826-8152**, from 8 a.m. to 6 p.m., Monday through Friday.

Vision Plan

Vision coverage is included when you're enrolled in the Community Blue PPO or Healthy Living HMO Medical Plan. As a member of the Vision plan, you receive a 20% discount on services through the Vision Service Plan (VSP) network.

When you see a VSP provider for an eye exam, you'll pay only a \$10 copay. And if you need glasses, you have a \$400 allowance for prescription lenses and frames and/or contact lenses, with no copay. You can use this benefit once every 24 months. Other limitations and exclusions may apply. To choose a VSP provider, visit vsp.com.

For details, review the [Benefits at a Glance](#) on the [Human Resources website](#) at wmich.edu/hr.



Pretax Payroll Deduction Amounts

Following are your pretax contributions per pay period for medical, prescription drug, dental and vision coverage in 2021. To earn or maintain the wellness incentive rate reduction, you must complete the Western Wellness program requirements.

	Individual	2-Person	Family
26 Pay Periods			
Community Blue PPO Plan	\$55.40	\$171.76	\$254.41
With Wellness Incentive	\$46.17	\$162.53	\$245.18
Healthy Blue Living HMO Plan	\$37.37	\$115.04	\$172.70
With Wellness Incentive	\$28.14	\$105.81	\$163.47
24 Pay Periods			
Community Blue PPO Plan	\$60.02	\$186.07	\$275.61
With Wellness Incentive	\$50.02	\$176.07	\$265.61
Healthy Blue Living HMO Plan	\$40.49	\$124.62	\$187.09
With Wellness Incentive	\$30.49	\$114.62	\$177.09
18 Pay Periods			
Community Blue PPO Plan	\$80.03	\$248.09	\$367.48
With Wellness Incentive	\$66.70	\$234.76	\$354.15
Healthy Blue Living HMO Plan	\$53.98	\$166.16	\$249.46
With Wellness Incentive	\$40.65	\$152.83	\$236.13



Flexible Spending Accounts

Your paycheck goes further when you set aside pretax dollars in a health care flexible spending account (FSA) or a dependent care FSA. That's because you don't pay federal or state income taxes on your contributions. BASIC is the administrator for both FSAs.

When you have an eligible expense, submit a claim for reimbursement through your BASIC account or with the BASIC mobile app. You'll be reimbursed via your BASIC MyCash account. You can access those funds in three ways:

- Swipe your BASIC card at any merchant that accepts Mastercard.
- Make a withdrawal at an ATM (with a PIN), using your BASIC card.
- Transfer funds to a personal bank account online or with the BASIC mobile app.

Health care FSA

You can contribute up to \$2,700 for 2021 and be reimbursed for IRS-approved health care expenses not covered by your medical, dental or vision plan. The full amount will be available for you to use on Jan. 1, 2021. Plan carefully; you may carry over up to \$550 in unused funds to 2022, but you'll forfeit any amount over that. You have until March 31, 2022, to submit 2021 expenses for reimbursement.

Dependent care FSA

You can contribute up to \$5,000 a year to cover eligible day care for children and qualified elders (or \$2,500 if married and filing a separate tax return), so you and your spouse can work. Just like a bank account, you can use only what is currently available in your account. Your annual contribution is divided and deposited into your FSA each pay period. You can then submit claims to reimburse yourself for dependent care expenses that you pay out of pocket. Be sure to budget carefully for 2021; you'll forfeit any contributions you don't spend by Dec. 31, 2021.

To contribute to an FSA in 2021, complete a [BASIC Flex FSA enrollment form](#), and submit it within 30 days. FSA elections do not carry over from one year to the next. You can access your [FSA online](#) or through the BASIC mobile app.

24/7 Support When You Need It

Employee Assistance Program

That's what the Employee Assistance Program is all about. HelpNet's licensed counselors offer you and members of your household no-cost, confidential, short-term counseling for a range of issues. They can help with marital and family concerns, addiction, grief and loss, relationships, stress, anxiety, legal and financial issues, and depression. They can also provide referrals to child care and adult care providers.

Just call **(800) 969-6162**, or visit the [EAP website](#) > **Work Life Login** (Username: cowboy).



WESTERN MICHIGAN UNIVERSITY Human Resources

Call or email to schedule an appointment at the HR Service Center: Mondays, Wednesdays and Fridays, 10 a.m.-2 p.m.

(269) 387-3620
(269) 387-3441 (fax)
Email: hr-hris@wmich.edu
Website: wmich.edu/hr

Mailing address:
1903 W. Michigan Ave.
Kalamazoo, MI 49008-5217
Location:
1270 Seibert Administration Building

Contacts

BASIC

Flexible spending accounts

(800) 372-3539
Website: cda.basiconline.com

Blue Cross and Blue Shield of Michigan

Medical plans

PPO (BCBSM):

(877) 671-2583

HMO (BCN):

(800) 662-6667

Website: bcbsm.com

Blue Cross and Blue Shield of Michigan

Dental plan

(877) 671-2583

Website : mibluedentist.com

Blue Cross and Blue Shield of Michigan Online Visits

PPO medical plan members only

(844) 606-1608

Website: bcbsmonlinevisits.com

Express Scripts

Mail order prescription drugs—
PPO and HMO medical plans

(800) 282-2881

Website: express-scripts.com

HelpNet

Employee Assistance Program

(800) 969-6162

Website: helpnetep.com

Holtyn & Associates

Wellness program and assessments

(269) 377-0198

Website: holtynwellness.com

Sindecuse Health Center

PPO medical plan members: Medical, pharmacy,
sports medicine, physical therapy, massage therapy,
nutrition counseling

HMO plan members: Pharmacy

(269) 387-3287

Website: wmich.edu/healthcenter



The Standard

Life and disability insurance

(888) 937-4783

Website: standard.com

TIAA

Retirement savings, tax-deferred savings

(800) 842-2776

Website: tiaa.org/wmich

WMU Student Recreation Center

University Recreation

(269) 387-4732

Website: wmich.edu/rec

Unified Clinics

College of Health and Human Services

Specialty Clinics

(269) 387-7000

Website: wmich.edu/unifiedclinics

Location:

1000 Oakland Drive

Kalamazoo, MI 49008-5361

WMU Western Wellness

Health and wellness services and resources

(269) 387-3762

Website: wmich.edu/wellness

West Hills Athletic Club

(269) 387-0410

Website: westhillsathletic.com

Location:

2001 South 11th St.

Kalamazoo, MI 49009-5448

There's an App for That

Download these mobile apps now, so you can access your benefits on your mobile device—wherever you are, whenever you need to.



BASIC Benefits App

[App Store](#)

[Google Play](#)



Express Scripts

[App Store](#)

[Google Play](#)



Blue Cross Blue Shield of Michigan

[App Store](#)

[Google Play](#)



VSP

[App Store](#)

[Google Play](#)



BCBSM Online Visits

[App Store](#)

[Google Play](#)



Notices

You can review the following notices at wmich.edu/hr/benefits-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, visit wmich.edu/hr, and select your employee group to see the individual benefit summaries, contracts or policies.



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January 2021