

THE POOL

Western Michigan Health Insurance

2026 Benefits Guide

Henry Ford College

Group: Local 71



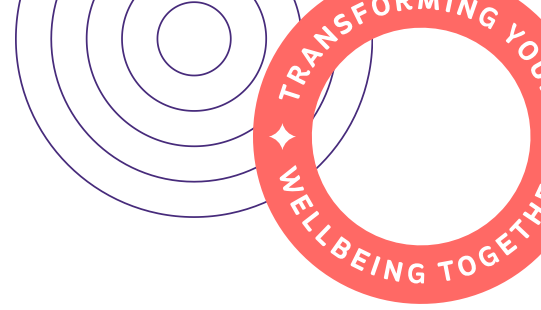
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Table of contents

Contact Information	3
About Your Benefits	4
Coverage Costs	6
Medical Coverage	7
Prescription Drug Coverage	9
Spending Accounts	10
Pool Benefits	11



Contact Information



Benefit	Vendor	Phone	Website / Email
Medical	Blue Cross/Blue Shield of Michigan OptumRx	855.811.2223	bcbsm.com
Rx	Optum Rx & AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
Health Savings Account	Health Equity	866.346.5800	www.healthequity.com

Benefit	Website / Email	Other
Omada	Omadahealth.com/wmhip	N/A
Teladoc Health	Teladochealth.com/join/wmhip	Text: "GO WMHIP" to 85250 Call: 800-945-4355 and use registration code WMHIP
Virta	Virtahealth.com/join/thepoolmi	N/A
2nd.MD	2nd.md/thepool	Call 1.866.841.2575
Hinge Health	Hingehealth.com/thepool	N/A

About Your Benefits

At Henry Ford College, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your Henry Ford College benefits. If you have any questions, feel free to reach out to Jennifer Chapman at 313.845.6498 or jlchapman4@hfcc.edu.

Waiving Health Coverage and Cash in lieu

Employees that are enrolled in other medical coverage and do not need to elect Henry Ford College group health plan, may choose to waive HFC's medical health coverage. Employees waiving health coverage must provide proof of other health coverage to the Office of Human Resources within 30 days of enrollment.

Employees that waive health coverage continue to be eligible to enroll in HFC dental and vision plans.

Please Note: Employees are required to provide proof of other health insurance coverage annually.

Cash in lieu amounts are paid in December each year:

Single or 2 Person: \$1,600

Family: \$2,000

Making Changes to Your Benefits

Each year, you can make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in your employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the event to log on to www.plansource.com and make the change. Keep in mind, the change you make must be directly related to the event.



Common Health Insurance Terms



Below are a few helpful insurance terms to know before looking through your coverage options.

Deductible

The amount you pay out of pocket for health care services before your plan begins to pay a portion.

Copay

A set dollar amount you pay for a covered health service, typically at the time of receiving the service.

Network

The health facilities and providers your medical plan is contracted with to provide services, typically at a lower, negotiated rate.

Coinsurance

Your share of the costs of covered health care services after you reach your deductible.

Example: Your plan shows 20% coinsurance for a covered service. If the service costs \$100, you pay \$20.

Preventive Care

An annual, routine or physical checkup. Preventive care includes immunizations, lab tests, screenings, and other services intended to prevent illnesses. This is 100% covered by your health plan.

Out-of-Pocket Maximum

The most you'll have to pay for health care services before your plan begins to pay for 100% of covered costs.

Coverage Costs

Below is an overview of your benefit coverage costs

Monthly cost for medical coverage

Coverage Tier	VALUE 250 091 (BCBSM Low Deductible Simply Blue PPO)	VALUE HSA 2000 153/154 (BCBSM HDHP Simply Blue)
	Monthly Cost	Monthly Cost
Employee only	\$255.37	\$69.47
Double (Employee + 1)	\$584.11	\$160.25
Family (Employee + 2 or more)	\$690.04	\$198.71

Medical Coverage

How the Plans Work

Both plans use the BCBSM network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

HDHP- VALUE HSA 2000 (BCBSM HDHP Simply Blue) :

With the VALUE HSA 2000 153/154, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

PPO- VALUE 250 (BCBSM Low Deductible Simply Blue PPO): The VALUE 250 091 plan has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.



	HDHP VALUE HSA 2000 153/154 (BCBSM HDHP Simply Blue)	PPO VALUE 250 091 (BCBSM Low Deductible Simply Blue PPO)
Per-paycheck cost for coverage	Lower	Higher
Annual Deductible	Higher	Lower
Annual Out-of- Pocket Maximum	Higher	Lower
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health savings account Dependent care FSA	Health care FSA Dependent care FSA



Medical Coverage



See the table below for an overview of coverage options and charges for each plan.

	VALUE 250 091 (BCBSM Low Deductible Simply Blue PPO)		VALUE HSA 2000 153/154 (BCBSM HDHP Simply Blue)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$250 / \$500	\$500 / \$1,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Coinsurance	100%	80%	80%	60%
Out-of-pocket Maximum (Individual/family)	\$2,250 / \$4,500	\$2,250 / \$4,500	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Care	FREE	NOT COVERED	FREE	NOT COVERED
Office Visits				
Telemedicine	\$20 PCP copay	80% after ded	80% after ded	60% after ded
Primary Care	\$20 PCP copay	80% after ded	80% after ded	60% after ded
Urgent Care	\$60 copay	80% after ded	80% after ded	60% after ded
Specialist	\$40 copay	80% after ded	80% after ded	60% after ded
Emergency Room	\$150 copay (waived if admitted)		80% after deductible	



Finding providers in-network

You'll save the most money when you choose in-network doctors, hospitals, and pharmacies. Log onto www.bcbsm.com and use the Find a Doctor tool when searching for care.

Prescription Drug Coverage

Prescription drug coverage through BCBSM is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	VALUE 250 091		VALUE HSA 2000 153/154	
	In Network	Out of Network	In Network	Out of Network
Deductible	N/A	N/A	\$2,000/\$4,000	\$2,000/\$4,000
Retail (30-day Supply)		Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay		Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's copay
Generic	\$20		\$10 copay after ded	
Preferred	\$40		20% after ded \$40 min	
Non-preferred	\$80		20% after ded \$60 min	
Specialty Preferred	\$40		20% after ded \$40 min	
Mail order (90-day Supply)				
Generic				
Preferred	\$20		\$20 copay after ded	
Non-preferred	\$80		20% after ded \$80 min	
Specialty Preferred	\$160		20% after ded \$120 min	
	\$80		20% after ded \$80 min	

Generic Drugs

Generic drugs are FDA-approved and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

Preferred Drugs

BCBSM regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

Specialty Drugs

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using BCBSM's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call AllianceRx Walgreens Pharmacy at 1-866-515-1355 or visit the website at alliancerxwp.com.

Spending Accounts

Paying for Health Care

Henry Ford College offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)
What medical plan can I choose?	VALUE HSA 2000 153/154 (BCBSM HDHP Simply Blue)
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
How do I pay for eligible expenses?	Your HSA card on qualified healthcare expenses
How much can I contribute each year?	\$4,400 for individual coverage or \$8,750 for family coverage in 2026
Can I change my contributions throughout the year?	Yes, you can complete the appropriate HSA form to change your per-paycheck contributions at any time

Note: If you are enrolled in Medicare, by law you are not allowed to contribute to an HSA.



What are the tax implications of an HSA?

Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31.

Pool Benefits

As a member of The Pool, you and your family have access to benefits and programs, at no cost to you.

Diabetes Support and Prevention



Diabetes Prevention

Build sustainable habits to improve your health and lose weight with access to interactive, digital lifestyle programs; professional health coaches; and more. You and/or family members are eligible if at risk for Type 2 Diabetes.



Diabetes Management

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle, and more.



Diabetes Reversal

If you or a family member have been diagnosed with Diabetes, Virta helps you lower blood glucose levels, lose weight, and reduce your need for medication by making meaningful changes to your diet.

Pool Benefits

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Other Value Adds



Virtual Second Opinions

Receive a second opinion on a diagnosis, scheduled surgery, or treatment plan from a top national specialist, all from the comfort of your home.

2nd.md/thepool



Muscle & Joint Pain Relief

If you're struggling with back, joint, or muscle pain, Hinge Health is a virtual exercise therapy program proven to reduce or even eliminate pain.

Hingehealth.com/thepool

Maternity & Postpartum Support

Virtual, 24/7 support with things like creating your birth plan, breast and bottle feeding, navigating infant sleep, returning to work, managing your mental health, and more.

mavendclinic.com/join/takecare

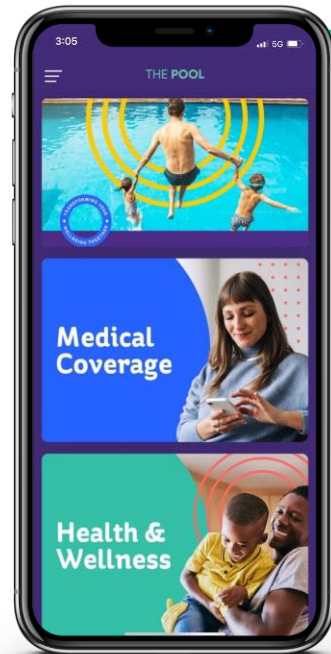


The Pool App

Access to your health benefits,
all in one place.

The app houses information on:

- Your medical benefits
- Free Pool programs and resources
- Important health reminders throughout the year
- And more!



THE
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Ready to download?

Search "The Pool by
WMHIP" in your app store
or scan the QR code below:



THE POOL

Western Michigan Health Insurance



Legal Notices

Annual Notices

Please find important information on the Pool’s Communication Hub

The Pool

The POOL’s Communication Hub





Thank you.



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