

2023 Employee Medical Benefit Guide

HENRY FORD COLLEGE
(EXEMPT)



Medical Coverage

You have a choice of two medical plans through WMHIP (Blue Cross Blue Shield of Michigan plans). Review the chart below for the amount you will pay for the medical service listed.

Terms to Know

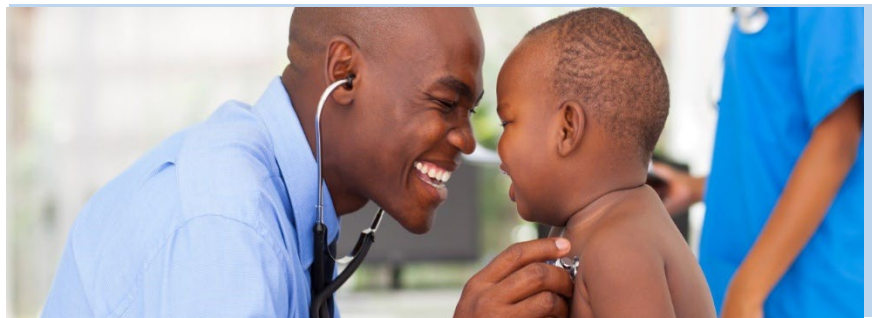
- **Preferred Provider Organization (PPO)** health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. In-network providers typically provide services at a lower negotiated rate. You pay less if you use providers that belong to the plan's network.
- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay a portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Durable Medical Equipment (DME)** Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
- **Specialist** A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Finding In-network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies.

Log on to:

[BCBS Find a Doctor](#)



2023 Medical Plans

Blue Cross Blue Shield Plans through The Pool



	Simply Blue PPO	Simply Blue HDHP
Deductible	\$250/\$500	\$2,000/\$4,000
Coinsurance	100%	80%
Out of Pocket Max	\$2,250/\$4,500	\$3,000/\$6,000
Emergency Room	\$150 copay	80% after Deductible
Office Visit	\$20 copay PCP, \$40 Specialist, \$60 Urgent Care	80% after Deductible
BCBS Online Visits via App	\$20 copay	80% after Deductible
Physical, Speech, and Occupational Therapy	100% after Deductible (limited to 30 visits)	80% after Deductible (limited to 30 visits)
Preventative Care	Covered at 100%	Covered at 100%
Chiropractic	\$30 copay (limited to 12 visits)	Covered at 80% after deductible (limited to 12 visits)
Drug Card	\$20/\$40/\$80 2x Mail Order	\$20/\$40/\$80 after Deductible 2x Mail Order
Hearing Aids	Covered up to \$1500 (single) and \$2542 (Binaural) every 36 months	

Comparing Plan Options



The main difference between a PPO and a HDHP with HSA is how and when you pay for your health care

Traditional PPO

- Higher cost per paycheck
- Lower deductible
- Typical visits paid for with copays

VS.

HDHP with HSA

- Lower cost per pay period
- Higher deductible
- You pay all expenses until the deductible is met
- You can budget for out-of-pocket expenses by funding an HSA



Medical Coverage

Health Plans Benefits at a Glance (BAAG's)

The BAAG is a snapshot of a health plan's costs, benefits, covered healthcare services, and other features that are important to consumers. The BAAGs explain health plans' unique features like cost sharing rules and include significant limits and exceptions to coverage in easy-to-understand terms.

How the Health Plans Work

All health plans use the BC/BS PPO network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations.

High Deductible Health Plan:

The way you pay for care is different with each plan. With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. The full family deductible must be met under a two person or family contract before benefits are paid for any person on the contract.

Once you meet the annual deductible, the plan pays for 80% of covered medical claims until your Calendar Out-of-Pocket Maximum is reached. Beyond that, the plan covers 100% of covered medical claims for the rest of the year. You will only have your prescription copays. Your paycheck deductions for this plan are lower than the traditional PPO.

The PPO health plans have 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.



Blue Cross Online VisitsSM

Getting to the doctor when you're sick is never easy. That's why BCBS of Michigan offers Blue Cross Online VisitsSM. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week. To get started, visit [bcbsonlinevisits.com](https://www.bcbsonlinevisits.com) and register with your member ID number (found on the back of your medical ID card).



Prescription Drug Coverage

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

	Simply Blue PPO	Simply Blue High Deductible Health Plan
Retail (30-day Supply)		
Generic	\$20 copay	\$20 copay after deductible
Preferred	\$40 copay	\$40 copay after deductible
Non-preferred Specialty	\$80 copay	\$80 copay after deductible
Mail-order (90-day Supply)		
Generic	\$40 copay	\$40 copay after deductible
Preferred	\$80 copay	\$80 copay after deductible
Non-preferred Specialty	\$160 copay	\$160 copay after deductible

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

OptumRx 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 OptumRx mail-order pharmacy. You can register for mail-order pharmacy by logging on to your BCBS member account at www.bcbsm.com.





Paying for Health Care

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

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 Care Savings Account (HSA)

An HSA is a handy way to save for medical expenses and reduce your taxable income. The HSA pairs with the High Deductible Health Plan. A health savings account (HSA) allows you to pay for you and your dependents' healthcare expenses and build up savings to cover any future medical expenses – even into your retirement.

Money drawn from this account for medical expenses, is not taxed. Different from an FSA, funds that aren't used in this account roll over and accumulate year-to-year.

You can contribute up to the IRS max and can you change the contributions per pay period to meet their financial needs. The HSA is yours to keep, this means even if you should leave the College, the savings account is yours to take with you!

Here's some advantages of having an HSA:

- **It's tax free.** HSA contributions aren't taxed and as long as it's used for qualified medical expenses, that's tax free too. You can also invest in an HSA to help it grow – and that's not taxed either!
- **It rolls over.** You don't have to use it or lose it – your amount rolls over every year and even follows you if you switch jobs. You can carry on building an HSA until you retire.
- **It puts you in control of your healthcare choices.** You can use an HSA to pay for eligible healthcare Expenses like prescriptions, eyeglasses or contacts, dental work, doctor's visits, and more.



Paying for Health Care

Are there any exclusions?

You can open an HSA if you're:

- Enrolled in a qualifying high-deductible health plan
- Not a dependent on someone else's tax return
- Not already enrolled in another healthcare plan that isn't an HSA-qualified plan
- Not enrolled in Medicare

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



	Health Savings Account (HSA)
What medical plan can I choose?	Simply Blue HDHP only
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?	With your Health Equity debit card; you can also submit claims for reimbursement to your account.
How much can I contribute each year?	\$3,850 for individual coverage or \$7,750 for family coverage (this total includes company funding) in 2023.
Can I change my contributions throughout the year?	Yes, you can complete the appropriate H.S.A. 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.



Coverage Costs

Monthly Cost for Medical Health Plans

Employee monthly health benefit costs

	Simply Blue PPO	Simply Blue HDHP
	Monthly Cost	Monthly Cost
Employee Only	\$131.59	\$7.93
Double (Employee + 1)	\$302.67	\$19.04
Family (Employee + 2 or more)	\$342.13	\$23.80



Contact Information

Benefit	Vendor	Phone	Website or Email
Medical	Blue Cross Blue Shield of Michigan	877-752-1233	https://www.bcbsm.com/
Prescription	Blue Cross Blue Shield of Michigan/Optum RX	877-790-2583	https://www.bcbsm.com/
Health Savings Account	Health Equity Health Savings Account	866-346-5800	https://healthequity.com/learn/hsa/

Henry Ford College Human Resources

The Office of Human Resources is available to help answer your benefit questions. Talk to your HR Benefits representative about your eligibility, enrollment or your current benefits.

Phone: (313) 845-9692

Email: twebster@hfcc.edu





Legal Notices

Annual Notices

Important information regarding:

[Medicare Part D](#)

[Notice of Exchange \(Marketplaces\) to Employees](#)

[HIPAA Privacy Notice](#)

[Special Enrollment Rights](#)

[Women's Health and Cancer](#)

[Healthcare Reform](#)





More Resources

Online Benefit Resources:

An online member account lets you choose what's best for you.

You get the tools, information and support under one secure online account to understand your plan — how it works and what it covers — and make more informed choices about your care.

Activating your account is easy.

Go to bcbsm.com/register.



Look what you can easily do using your online member account:

CHECK YOUR BALANCES AND BENEFITS

Look up your plan's benefits and keep up to date on your deductible, coinsurance and out-of-pocket balances. Your balances are pulled in easily understandable charts.

MONITOR CLAIMS AND EXPLANATION OF BENEFITS STATEMENTS

Keep them under one well-protected account. Track how much we pay and how much you pay for health care services. Get emails and alerts as soon as your explanation of benefits statements are posted to your account.

SEARCH FOR DOCTORS, HOSPITALS AND SPECIALISTS

Save time choosing or changing your primary care provider. Look up doctors and places within your plan's network and see which are accepting new patients. Compare quality, office hours, hospital affiliations and other information.

COMPARE COSTS FOR HEALTH CARE SERVICES

Look up estimated costs for a wide range of health care services.* You'll be ready to talk with your primary care provider about options for affordable care.

MANAGE YOUR PHARMACY BENEFITS

If you have our pharmacy coverage, use your account to compare prescription costs based on your plan's deductible, coinsurance and copayment. Locate a nearby pharmacy and enroll in our mail delivery service for a 90-day supply of your daily medicines.

FIND PEACE OF MIND WITH QUALITY HOSPITAL CARE

Feel good knowing you're receiving the best of care. Find hospitals that meet national quality standards.

*Cost estimates for certain services are available for most non-Medicare members.

CARRY YOUR ID CARD SAFELY

Your virtual member ID card is always at your fingertips. If you need more plastic cards for adult family members on your plan, order them using your secured account.

STAY HEALTHY

Get online health and well-being resources, register for Blue Cross Virtual Well-BeingSM weekly, live webinars and meditations and access behavioral and mental health resources.

GET ANSWERS FAST WITH 24/7 PERSONAL SUPPORT

Ask MIBlue Virtual AssistantSM, an interactive, automated chat feature, to direct you on finding care, getting balances, choosing a doctor and more.

CHECK YOUR PRIOR AUTHORIZATIONS AND REFERRALS

Know when your referral or prior authorization is approved, if required by your plan, before you schedule an appointment. Receive an email as soon as a new, approved or denied referral or prior authorization is posted to your account.**

USE YOUR MEMBER DISCOUNTS

Save on gym memberships, fitness gear, weight loss programs and more with Blue365.[®]

**Not all approval and denial letters are handled by Blue Cross Blue Shield of Michigan or Blue Care Network. Letters distributed by a vendor other than Care Advance aren't available through your account.

Blue365 is brought to you by the Blue Cross Blue Shield Association, an association of independent, locally operated Blue Cross and Blue Shield plans. Value-added items and services are not a part of your insurance benefits and are not covered under contracts with Medicare or any other applicable federal health care program. For complete terms and conditions see www.blue365deals.com/terms-use.

Review coverage and plan information

View deductible, coinsurance, and out-of-pocket cost balances

View and share your virtual ID card using text or email

Go to bcbsm.com/register, download the BCBSM app, or Text REGISTER to 222764

Download on the App Store

GET IT ON Google Play



More Resources



Blue Cross Online Visits™



Virtual care that's always there

Convenient and affordable medical and behavioral health care you can trust

With Blue Cross Online VisitsSM, you and everyone on your health care plan can get virtual medical and behavioral health care on your smartphone, tablet or computer.

Blue Cross Online Visits are included with your Blue Cross health care plan.

MEDICAL

Have a virtual visit with a U.S. board-certified doctor or nurse practitioner for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. And, it's easy to find providers who specialize in children with the *Children's Medical* feature.

Medical visits are available 24/7, anywhere in the U.S., when your primary care provider isn't available. You don't need an appointment and the average wait time to see a provider is five minutes. Prescriptions, if needed, can be sent to your preferred pharmacy.

BEHAVIORAL HEALTH

Through the *Therapy* and *Psychiatry* options, you can connect with a licensed therapist or U.S. board-certified psychiatrist when you're dealing with stressful situations or issues such as grief, anxiety or depression.

An appointment is needed for virtual behavioral health visits. Many providers offer extended hours, including nights and weekends.

Start a visit or sign up today

Download the BCBSM Online VisitsSM app
or visit bcbsmonlinevisits.com

Family members ages 18 and older will need to create their own accounts. When updating or creating your account, choose your plan name and enter your enrollee ID so your coverage is applied correctly. Call 1-844-606-1608 with any questions about your account.

Remember to follow up with your primary care provider. Your plan may have copayments, deductibles and out-of-pocket costs.



Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.





Value Added Programs

Omada

We are excited to announce that the Western Michigan Health Insurance Pool is offering Omada®, a digital lifestyle program for eligible employees and their family members that can help you lose weight, feel fantastic, and develop long-term healthy habits. Omada helps people at risk for type 2 diabetes or heart disease build sustainable habits that improve their health.

See if you're eligible for Omada: <https://go.omadahealth.com/wmhip>

Livongo

Livongo for Diabetes, a new health benefit being offered at no cost to you. Livongo makes living with diabetes easier by providing you with a connected meter, unlimited strips, and coaching. The program is offered to you and your family members with diabetes covered under the WMHIP medical plan.

To Learn More or Join Livongo: <https://join.Livongo.com/WMHIP/register> or call 1.800.945.4355 and use registration code "WMHIP"

Virta - Join the diabetes reversal movement

We're excited to announce our new partnership with diabetes reversal leader, Virta. Start your journey toward better health today! The Pool fully covers the cost of Virta (valued at over \$3,000) for you and your eligible family members with type 2 diabetes. Check your eligibility on the Virta website: <https://virtahealth.com/join/thepoolmi>

2nd.MD

2nd.MD is a revolutionary online resource that connects consumers with the nation's leading medical specialists for second opinions. 2nd.MD is a free, confidential service that provides expert medical opinion services for individuals facing a healthcare concern. www.2ndMD/wmhip 1.866.841.2575



This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.