

**THE POOL**

Western Michigan Health Insurance

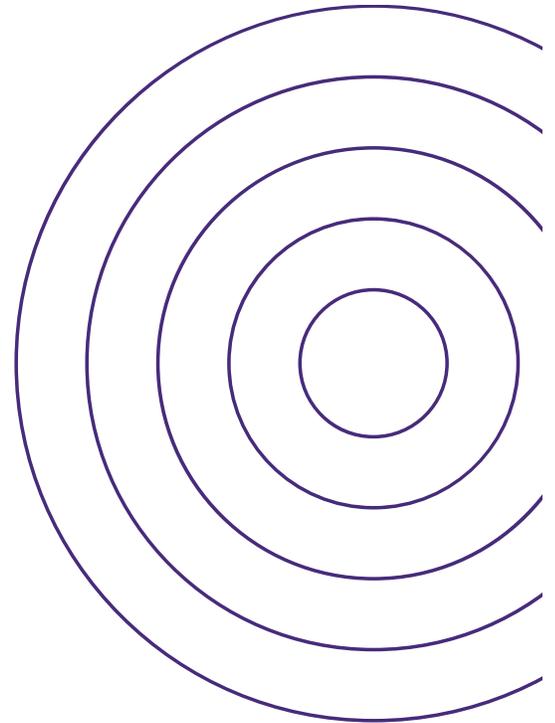
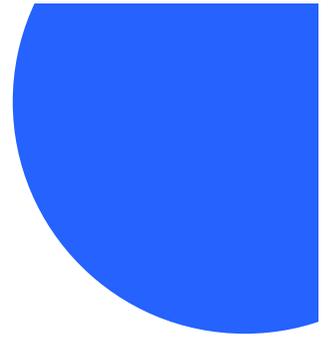
# 2025 Benefits Guide

Kalamazoo RESA

*Administrators*



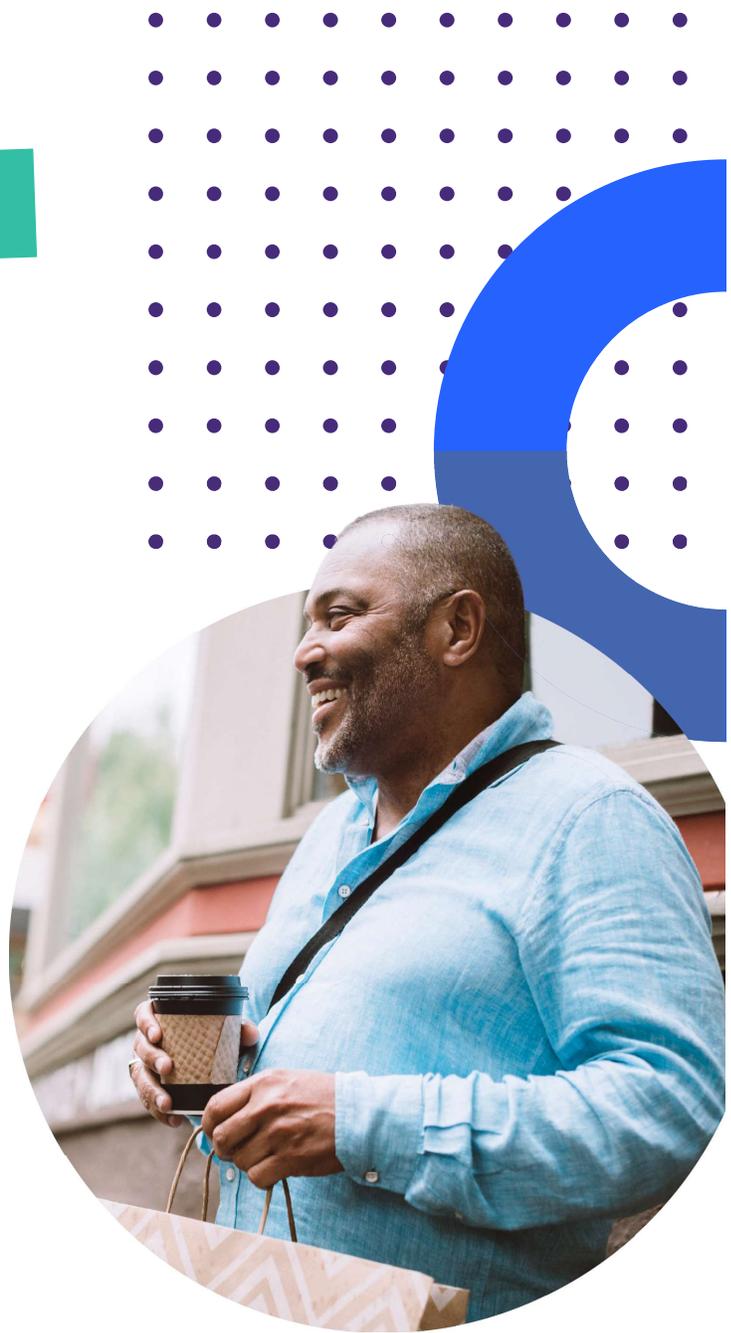
**KALAMAZOO RESA**  
INSPIRING EDUCATIONAL EXCELLENCE



**If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Refer to your legal notices packet for more details.**

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# About Your Benefits

At Kalamazoo RESA, 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 Kalamazoo RESA benefits. If you have any questions, please reach out to Sara Farrell at 269.250.9217, [sara.farrell@kresa.org](mailto:sara.farrell@kresa.org) or Pam Rife at 269.250.9218, [pam.rife@kresa.org](mailto:pam.rife@kresa.org)

## Eligibility and Enrollment

You are eligible to participate in Kalamazoo RESA's benefits if you are a full-time employee working at least 30 hours per week. If you enroll in benefits, you may also cover your:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to log in to [www.plansource.com](http://www.plansource.com) and enroll. Your benefits begin 30 days from the Date of Hire (DOH).

## 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](http://www.plansource.com) and make the change. Keep in mind, the change you make must be directly related to the event.



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# 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.

# Medical Coverage



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

FORMER PLAN NAME	PPO Low Deductible		*NEW*		HSA High Deductible	
2025 PLAN NAME	VALUE 250 092		VALUE 1000 188		VALUE HSA LEVEL 098/099	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$250 / \$500	\$500 / \$1,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,650 / \$3,300	\$3,300 / \$6,600
<b>Coinsurance</b>	10%	30%*	10%	30%*	20%	40%*
<b>Coinsurance Maximum</b> <i>Individual/family</i>	\$1,000 / \$2,000	N/A	\$2,500 / \$5,000	N/A	N/A	N/A
<b>Out-of-pocket Maximum</b> <i>Individual/family</i>	\$2,500 / \$5,000	\$2,500 / \$5,000	\$4,500 / \$9,000	\$4,500 / \$9,000	\$2,650 / \$5,300	\$4,800 / \$9,600
<b>Preventive Care</b>	FREE	Not Covered	FREE	Not Covered	FREE	Not Covered
<b>Office Visits</b> BCBS Online Visits Primary Care Specialist Urgent Care	\$20 copay \$20 copay \$40 copay \$60 copay	Not covered 30% after ded 30% after ded 30% after ded	10% after ded \$30 copay \$50 copay \$60 copay	Not covered 30% after ded 30% after ded 30% after ded	20% after ded 20% after ded 20% after ded 20% after ded	Not covered 40% after ded 40% after ded 40% after ded
<b>Emergency Room</b>	\$150 copay (waived if admitted)		\$150 copay (waived if admitted)		20% after deductible	

\*Note: Services without a network are covered at the in-network level.



## Finding providers in-network

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

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# Medical Coverage

## How the Plans Work

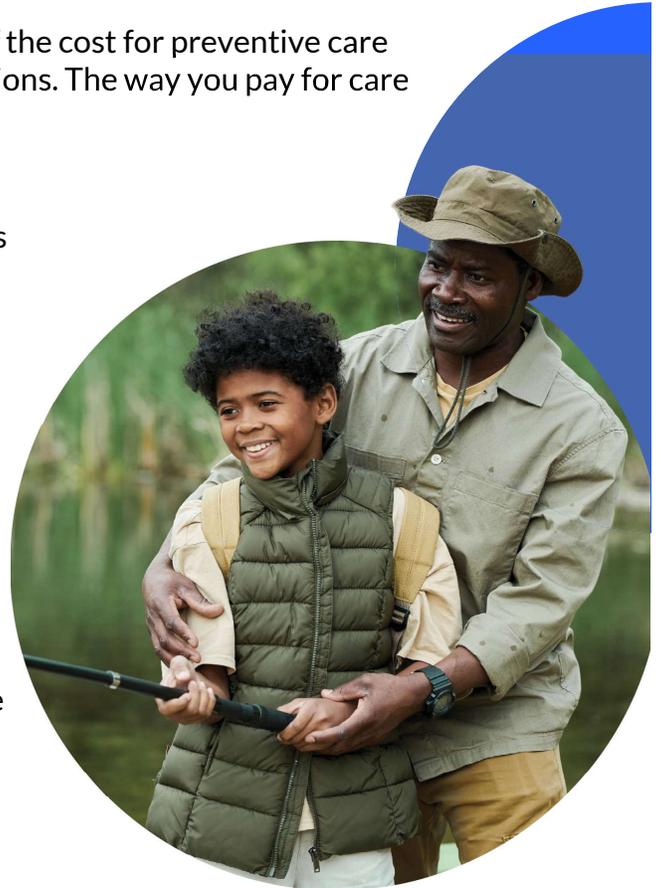
All plans use the BCBSM network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

### PPO - VALUE 250 092, VALUE 1000 188

The two PPO 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 maximums. These plans have higher paycheck deductions than the HDHP.

### HDHP - VALUE HSA LEVEL 098/099

With the VALUE HSA LEVEL 098/099, 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 plans.



	HDHP (VALUE HSA LEVEL 098/099)	PPOs (VALUE 250 092, VALUE 1000 188)
<b>Per-paycheck cost for coverage</b>	Lower	Higher
<b>Annual Deductible</b>	Higher	Lower
<b>Annual Out-of-Pocket Maximum</b>	Higher	Lower
<b>Using the Plan</b>	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
<b>Spending Account Options</b>	Health savings account Dependent care FSA	Health care FSA Dependent care FSA



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# Prescription Drug Coverage

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

	VALUE 250 092	VALUE 1000 188	VALUE HSA LEVEL 098/099
	In Network	In Network	In Network
<b>Deductible</b>	N/A	N/A	\$1,650 / \$3,300
<b>Retail (30-day Supply)</b>			
Generic	\$10 copay	\$20 copay	\$20 after deductible
Preferred	\$40 copay	\$40 copay	\$40 after deductible
Non-preferred	\$80 copay	\$80 copay	\$80 after deductible
Specialty Preferred	\$40 copay	\$40 copay	\$40 after deductible
Specialty Non-Preferred	\$80 copay	\$80 copay	\$80 after deductible
<b>Mail order (90-day Supply)</b>			
Generic	\$20 copay	\$40 copay	\$20 after deductible
Preferred	\$80 copay	\$80 copay	\$80 after deductible
Non-preferred	\$160 copay	\$160 copay	\$160 after deductible
Specialty Preferred	\$80 copay	\$80 copay	\$80 after deductible
Specialty Non-Preferred	\$160 copay	\$160 copay	\$160 after deductible

\*Out of Network reimbursed at 75% of approved amount, less the member's copay

## 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](http://alliancerxwp.com).

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# Dental Coverage



Kalamazoo RESA offers dental coverage through Delta Dental of Michigan. See the table below for an overview of dental plans and charges for each plan.

	Delta Dental PPO™ and Premier® Dentist	Nonparticipating Dentist*
<b>Annual Deductible</b> (Individual/Family)	None	None
<b>Annual Maximum</b> (Per Person)	\$1,000	\$1,000
<b>Preventive Care</b> (Diagnostic and Preventive Services, Emergency Palliative Treatment, Sealants, Brush Biopsy, Radiographs_	75%	75%
<b>Basic Services</b> (Minor Restorative Services, Endodontic Services, Periodontic Services, Oral Surgery Services, Major Restorative Services, Other Basic Services, Relines and Repairs)	75%	75%
<b>Major Services</b> (Bridges, Implants, Dentures, and Crowns over Implants)	50%	50%
<b>Orthodontia</b> (Braces, Through age 18 and under)	50%	50%
<b>Orthodontia Lifetime Maximum</b> (Per Person)	\$1,500	\$1,500

\*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.



## Finding dentists in-network

You'll pay less for services when you use a dentist in the Delta Dental of Michigan network. Find an in-network dentist by visiting [www.DeltaDentalMI.com](http://www.DeltaDentalMI.com) or calling 800-524-0149.

# Vision Coverage



Kalamazoo RESA is transitioning from EyeMed to National Vision Administrators (NVA) effective January 1, 2025. Vision coverage through NVA covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	Vision Plan	
	Participating Provider	Non-Participating Provider
<b>Eye Exam</b> (Once every Calendar Year)	Covered 100%	Reimbursed Amount up to \$40
<b>Lenses</b> (Once every Calendar Year)		
Single Vision	\$10 copay	\$30 allowance
Bifocal	\$10 copay	\$50 allowance
Trifocal	\$10 copay	\$70 allowance
Lenticular	\$10 copay	\$70 allowance
Progressive Tier 1	Covered 100%	N/A
Tier 2/Tier3/Tier 4	\$20/\$30/\$45 copay	N/A
<b>Frames</b> (Once every Calendar Year)	Up to \$150 allowance (20% off remaining balance)	Up to \$105
<b>Contact Lenses</b> (Once every Calendar Year)	In lieu of lenses	In lieu of lenses
Fit/Follow Up Standard Daily	\$20 copay	Up to \$20
Standard Extended	\$30 copay	Up to \$30
Specialty	\$50 copay	Up to \$50
Elective	Up to \$150 retail (15% discount [conventional] or 10% discount [disposable] off remaining balance)	Up to \$150
Medically Necessary	Covered in full	Up to \$210

## Finding ophthalmologists in-network



Verify your current provider participates with NVA or find an alternative in-network eye doctor by visiting [www.e-nva.com](http://www.e-nva.com) or calling 800-672-7723.

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# Spending Accounts



## Paying for Health Care

Kalamazoo RESA 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)	Health Care Flexible Spending Account (FSA)
<b>What medical plan can I choose?</b>	VALUE HSA LEVEL 098/099	VALUE 250 092, VALUE 1000 188
<b>What expenses are eligible?</b>	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
<b>When can I use the funds?</b>	Funds are available as you contribute to the account	All funds you elect for the year are available January 1
<b>Can I roll over funds each year?</b>	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	With your HealthEquity debit card (you can also submit claims for reimbursement online at <a href="http://www.my.healthequity.com">www.my.healthequity.com</a> )	
<b>How much can I contribute each year?</b>	\$4,300 for individual coverage or \$8,550 for family coverage in 2025	Between \$100 and \$3,300 in 2025
<b>Can I change my contributions throughout the year?</b>	Yes, you can communicate your change to the district for adjustments to your per-paycheck contributions during the year	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

**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. Learn more at [www.my.healthequity.com](http://www.my.healthequity.com).



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# Spending Accounts (Cont'd)



## Paying for Dependent Care

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
<b>What is it?</b>	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elder care expenses while you and your spouse work full time.
<b>What medical plan can I choose?</b>	No Restrictions
<b>Why should I consider it?</b>	You can lower your taxable income to save some money while you take care of your daycare expenses.
<b>What expenses are eligible?</b>	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
<b>When can I use the funds?</b>	Funds are available as you contribute to the account
<b>Can I roll over funds each year?</b>	No, you will lose any funds remaining in your account at the end of the year
<b>How do I pay for eligible expenses?</b>	With your HealthEquity debit card (you can also submit claims for reimbursement online at <a href="http://www.my.healthequity.com">www.my.healthequity.com</a> )
<b>How much can I contribute each year?</b>	Between \$500 and \$5,000 in 2025

### Important Note

Both the healthcare and dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year

# Health Equity HSA

## Accessing your HSA information

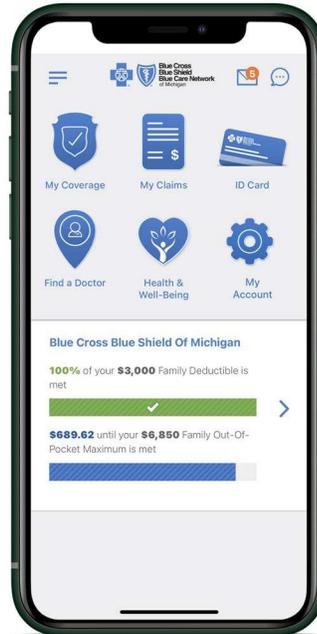
You can see your HealthEquity HSA account information through you BCBSM member account, the HealthEquity portal, or both.

### BCBSM

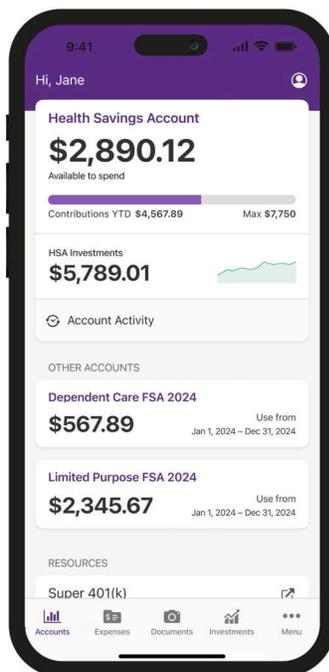
#### Member account and app

Your Blue Cross member account will automatically link to your HealthEquity HSA account.

- Check your account balances
- Coverage information
- Deposits and withdrawals



Health  
Equity



### HealthEquity

#### Member account and app

Register your account directly through HealthEquity to get more information.

- On-the-go access and history
- Photo documentation
- Send payments and reimbursements
- Manage debit card transactions
- Initiate claims and view their status

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# Life, AD&D and Disability Insurance

## Life and AD&D Insurance

Kalamazoo RESA provides basic life and accidental death and dismemberment (AD&D) insurance through NIS at no cost to eligible employees.

	How it Works	Basic Life and AD&D (Company Paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	5 times your annual salary (rounded to the next higher \$1,000) up to \$250,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	5 times your annual salary (rounded to the next higher \$1,000) up to \$250,000

### Keep your beneficiaries up to date

You must log on to [www.plansource.com](http://www.plansource.com) to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person’s information updated so your benefit is paid according to your wishes.

## Disability Insurance

Kalamazoo RESA also provides disability insurance through NIS. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it works	Who Pays
Short-term Disability	You receive 60% of your income up to \$1,200 per week. Benefits begin after 0 (7 if due to disease) calendar days of absence from work and continue for up to 90 days.	Employee
Long-term Disability	You receive 60% of your income up to \$12,000 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security retirement age.	Company



# Group Term Life and AD&D

## Supplemental Coverage

Kalamazoo RESA offers a supplemental life insurance plan with Madison National Life. This benefit is voluntary, meaning it is 100% employee paid. Employees must apply for this benefit within the annual open enrollment period to enroll and evidence of insurability will be required for elected amounts exceeding \$20,000. Supplemental AD&D can also be purchased at an equal amount to the supplemental life coverage elected. Interested employees should contact HR for enrollment details.

	How it Works	Notes
<b>Supplemental Life</b>	Your beneficiaries receive this benefit if the insured passes away	Can elect coverage for yourself, your spouse, or your dependent children. Employee coverage must be elected for spouse or dependents to be eligible for coverage.
<b>Supplemental AD&amp;D</b>	The insured (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	It is not required to elect Supplemental AD&D coverage with Supplemental Life coverage. Those electing coverage are only eligible for the equivalent amount in Supplemental Life that has been elected.

## Who can be Covered:

**You**—Can be purchased in \$10,000 increments to a maximum of \$500,000, not to exceed 5 times your annual salary.

**Spouse**—Can be purchased in \$5,000 increments to a maximum of \$250,000, not to exceed 50% of Employee Supplemental Life.

**Dependents**--\$250 benefit for children 14 days to 6 months. Can be purchased in \$2,500 increments to \$10,000 for ages 6 months to limiting age.

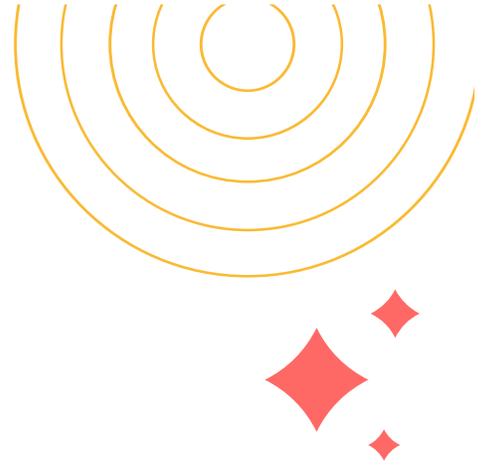


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# Pool Benefits

Being a member of The Pool gives you and your family have access free 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

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

## 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.



### MSK & Pain Support

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.



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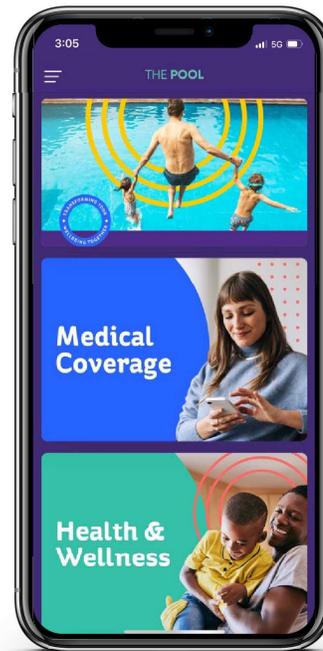
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# The Pool App

Access to your health benefits, all in one place.

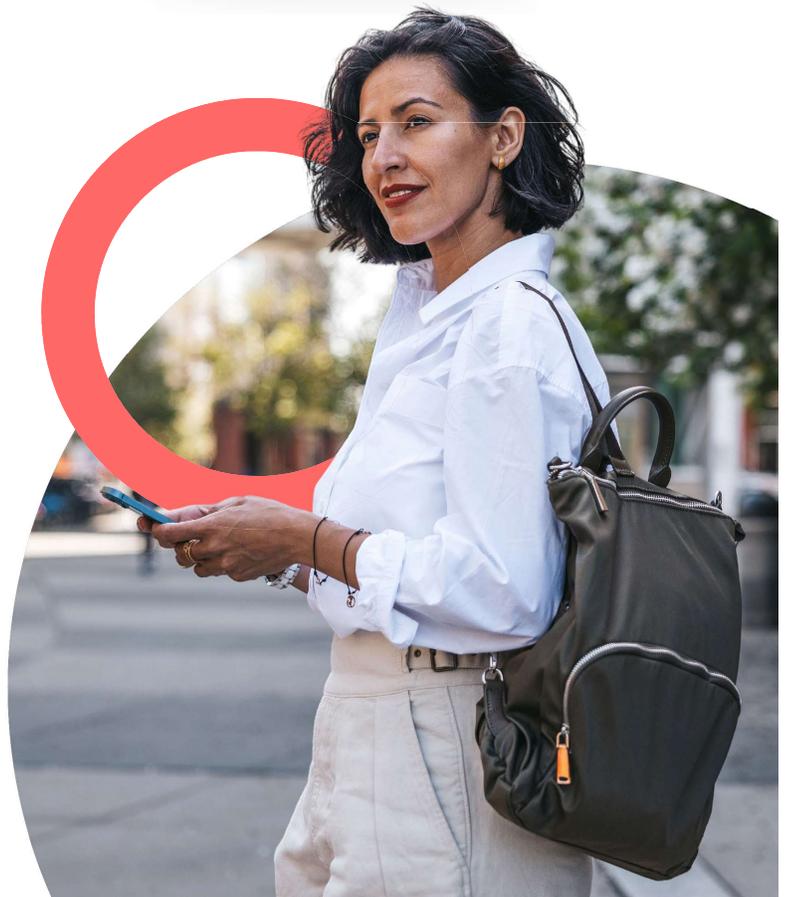
The app houses information on:

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



**Ready to download?**

Search "The Pool by WMHIP" in your app store



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# Coverage Costs

Below is an overview of your benefit coverage costs

## Per-paycheck cost for medical dental, and vision coverage

### Grade 13 & up or hired before 7/1/2013

Coverage Tier	VALUE 250 092	VALUE 1000 188	VALUE HSA LEVEL 098/099	Dental Plan	Vision Plan
Single	\$125.00	\$75.00	\$0.00	\$0.00	\$0.00
2 Person	\$160.00	\$100.00	\$0.00	\$0.00	\$0.00
Family	\$230.00	\$130.00	\$0.00	\$0.00	\$0.00

## Cash in lieu

Employees who have alternate health coverage may opt out of KRESA's plans and receive \$350 for each eligible month that they waive (pay outs occur in June and December). Employees must sign a certified statement and provide verification of alternate coverage.

**Note:** Projected coverage costs are calculated for employees on a 24-pay period schedule. Those on a 21-pay period schedule may notice slightly different contribution rates when making selections in PlanSource due to proration.

# Contact Information



Benefit	Vendor	Phone	Website / Email
<b>Medical</b>	Blue Cross/Blue Shield of Michigan	855.811.2223	bcbsm.com
<b>Rx</b>	Optum Rx & AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
<b>Dental</b>	Delta Dental of Michigan	800.524.0149	www.DeltaDentalMI.com
<b>Vision</b>	National Vision Administration	800.672.7723	www.e-nva.com
<b>Health Savings Account</b>	HealthEquity	866.346.5800	www.myhealthequity.com
<b>Flexible Spending Account</b>	HealthEquity	877.924.3967	www.myhealthequity.com
<b>Life and AD&amp;D</b>	NIS	800.356.9601	Talk to KRESA Benefits Team
<b>Disability</b>			

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

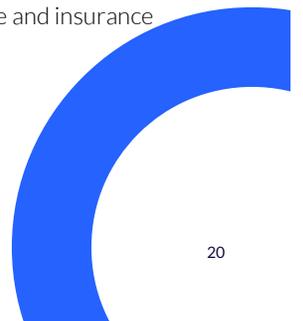
## Kalamazoo RESA Benefits

The Kalamazoo RESA Benefit Team is available for questions about your company-sponsored health, welfare and insurance benefits. Visit the office to talk about your eligibility, enrollment or your current benefits.

- Phone: 269-250-9217 and 269-250-9218
- Email: [sara.farrell@kresa.org](mailto:sara.farrell@kresa.org) and [pam.rife@kresa.org](mailto:pam.rife@kresa.org)
- Hours: Monday - Thursday, 7:30 a.m. – 4:30 p.m.  
Friday: 7:30 a.m. – 3:30 p.m.

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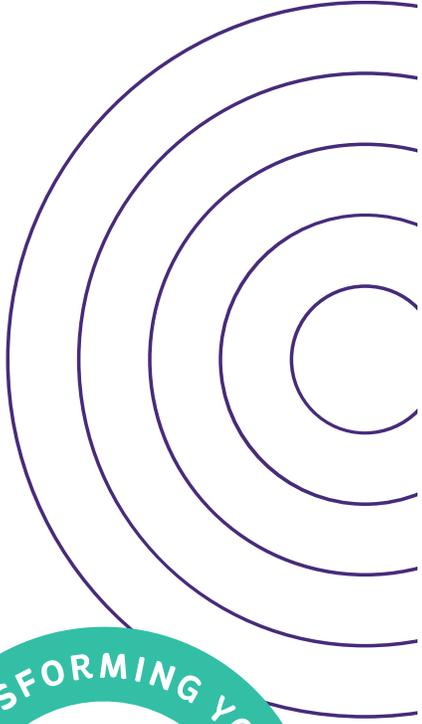


# Notes

# Notes



**Thank you.**



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