

THE POOL

Western Michigan
Health Insurance

2024 Kalamazoo RESA Employee Benefit Guide

All Full Time Employees



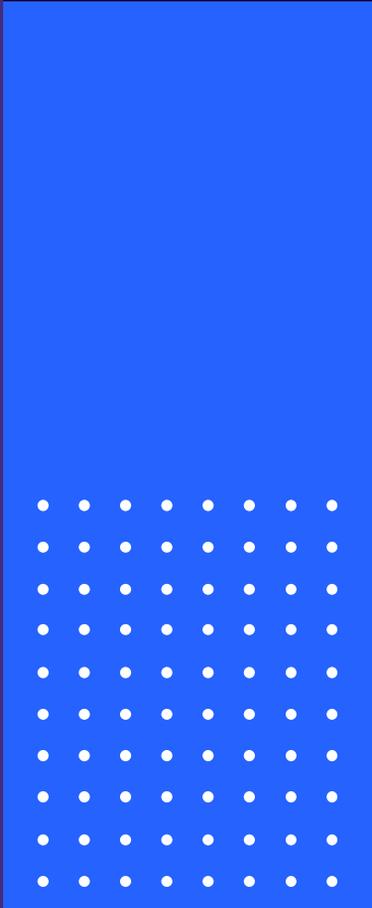


If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Refer to your legal notices packet for more details.



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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 Pam Rife at 269.250.9218 or 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 on to www.plansource.com and enroll. Your benefits begin 30 days from the Date of Hire (DOH).

Making Changes to Your Benefits

Each year, you have the opportunity to 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 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.



What will it cost?

Kalamazoo RESA is committed to offering you comprehensive benefits at a fair cost. View page 19 for more information about your costs for coverage.

Common Health Insurance Terms to Know



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.

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.

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.

Network

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

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.

Medical Coverage

You have a choice between two medical plans through Blue Cross/Blue Shield of Michigan – the PPO and HSA Plan. See the table below for an overview of coverages and charges for each plan.

	BCBS – PPO Low Deductible		BCBS – HSA High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible <i>(Individual/family)</i>	\$250 / \$500	\$500 / \$1,000	\$1,600 / \$3,200	\$3,200 / \$6,400
Coinsurance	10%	30%*	20%	40%*
Coinsurance Maximum <i>(Individual/family)</i>	10% up to maximum of \$1,000 / \$2,000	30%*	N/A	N/A
Out-of-pocket Maximum <i>(Individual/family)</i>	\$2,500 / \$5,000	\$2,500 / \$5,000	\$2,400 / \$4,800	\$4,700 / \$9,400
Preventive Care	0%	Not covered	0%	Not covered
Office Visits				
Telemedicine	PCP / Specialist: \$20 / \$40 copay	30% after deductible	20% after deductible	40% after deductible
Primary Care	\$20 copay	30% after deductible	20% after deductible	40% after deductible
Urgent Care	\$60 copay	30% after deductible	20% after deductible	40% after deductible
Specialist	\$40 copay	30% after deductible	20% after deductible	40% after deductible
Emergency Room	\$150 copay (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 and use the Find a Doctor tool when searching for care.



Medical Coverage

How the Plans Work

Both plans use the Blue Cross/Blue Shield of Michigan 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.

With the **HDHP**, 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.

The **PPO 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	PPO Plan
Per-paycheck cost for coverage	Lowest	Highest
Annual Deductible	Highest	Lowest
Annual Out-of-Pocket Maximum	Highest	Lowest
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



Telemedicine

Getting to the doctor when you're sick is never easy. That's why Kalamazoo RESA offers telemedicine through Blue Cross Blue Shield of MI. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat. Call BCBSM at (877) 752-1233 if you have a minor physical condition like a cold or fever. To get started, visit www.bcbsm.com and register with your BCBSM member ID number (found on the back of your medical ID card).



Prescription Drug Coverage

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

	BCBS – PPO Low Deductible	BCBS – HSA High Deductible
	In Network	In Network
Deductible	N/A	\$1,600 / \$3,200
Retail (30-day Supply)		
Generic Drugs	\$10 copay	\$20 copay after deductible
Preferred Brand Drugs	\$40 copay	\$40 copay after deductible
Non-Preferred Brand Drugs	\$80 copay	\$80 copay after deductible
Retail and Mail-Order (30-day Supply)		
Specialty Drugs	\$10 / \$40 / \$80 copay	\$20 / \$40 / \$80 copay after deductible
Mail order (90-day Supply)		
Generic Drugs	\$20 copay	\$40 copay after deductible
Preferred Brand Drugs	\$80 copay	\$80 copay after deductible
Non-Preferred Brand Drugs	\$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

Blue Cross/Blue Shield of Michigan 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 Blue Cross/Blue Shield of Michigan's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call Alliance Rx Walgreens Pharmacy at 1-866-515-1355 or visit the website at alliancerxwp.com.



Dental Coverage

Kalamazoo RESA offers dental coverage through Delta Dental of Michigan. Review the chart below for the amount you will pay for the dental service listed.

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

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 or calling 800.524.0149.

Vision Coverage

Kalamazoo RESA's vision coverage through EyeMed Vision Care 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	
	In Network	Out of Network
Eye Exam (Once every 12 months)	\$0 copay	Up to \$40
Lenses (Once every 12 months)		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard	\$10 copay	Up to \$88
Frames (Once every 12 months)	\$150 allowance plus 20% off balance	Up to \$105
Contact Lenses (Once every 12 months)		
Conventional	\$150 allowance plus 15% off balance	Up to \$150
Disposable	\$150 allowance	Up to \$150
Medically Necessary	Covered in full	Up to \$210

Finding in-network Ophthalmologists

Find an in-network eye doctor by visiting www.eyemed.com or calling 866.939.3633.



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)
What medical plan can I choose?	High Deductible Plan	Low Deductible Plan
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	All of the funds you elect for the year are available January 1
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)	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at https://my.healthequity.com/)	
How much can I contribute each year?	\$4,150 for individual coverage or \$8,300 for family coverage in 2024	Between \$100 and \$3,050 in 2023 <i>*May be updated for 2024</i>
Can I change my contributions throughout the year?	Yes, you can log on to https://my.healthequity.com to change your per-paycheck contributions at any time	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 <https://my.healthequity.com>.

Spending Accounts

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
What is it?	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
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at https://my.healthequity.com)
How much can I contribute each year?	Between \$500 and \$5,000 in 2023 *May be updated for 2024

Important Note

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



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	\$20,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	\$20,000



Keep your beneficiaries up to date

You must log on to 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 for the Benefit
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 \$6,000 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 amount equal to the supplemental Life coverage elected.

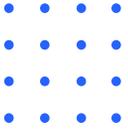
Who can be covered:

- **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 ages 6 months to limiting age.



	How it Works	Notes
Supp Life	Beneficiaries receive this benefit if insured passes away	Can elect coverage for yourself, your spouse or your dependent children, but employee coverage must be elected for spouse or dependents to be eligible for coverage.
Supp AD&D	Insured (or beneficiaries) receive this benefit if insured passes away or is 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.

Additional Benefits



1.

Virta

Make meaningful changes to your diet with this new diabetes reversal program. If you or a family member have been diagnosed with type 2 diabetes, Virta can help you lower blood glucose levels, lose weight, and reduce your need for medication entirely.

2.

Livongo

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle, and more to help make living with diabetes easier.

3.

Omada

Build sustainable habits to improve your health and lose weight with access to interactive, digital lifestyle programs, professional health coaches, and small community groups. Available to those at risk of type 2 diabetes or heart disease.

4.

2nd.MD

Schedule a virtual consult with specialists at top national institutions for a second opinion on diagnoses, upcoming surgeries, chronic conditions or pain, and more.

5.

New!

Hinge Health

This virtual exercise therapy clinic is proven to reduce back, joint, and muscle pain. Hinge gives you the tools to conquer your pain, recover from injuries, prepare for or even avoid surgery, and stay healthy and pain free.

Get Started

Virta

Visit virtahealth.com/join/thepoolmi
or scan this code with your smart phone:



Livongo

Text "GO WMHIP" to 85240 to learn
more and join, visit
Join.Livongo.com/WMHIP/register
or call 800-945-4355 and use
registration code: **WHMIP**

Omada

Visit omadahealth.com/wmhip to find
out if you're eligible or scan this code
with your smart phone:

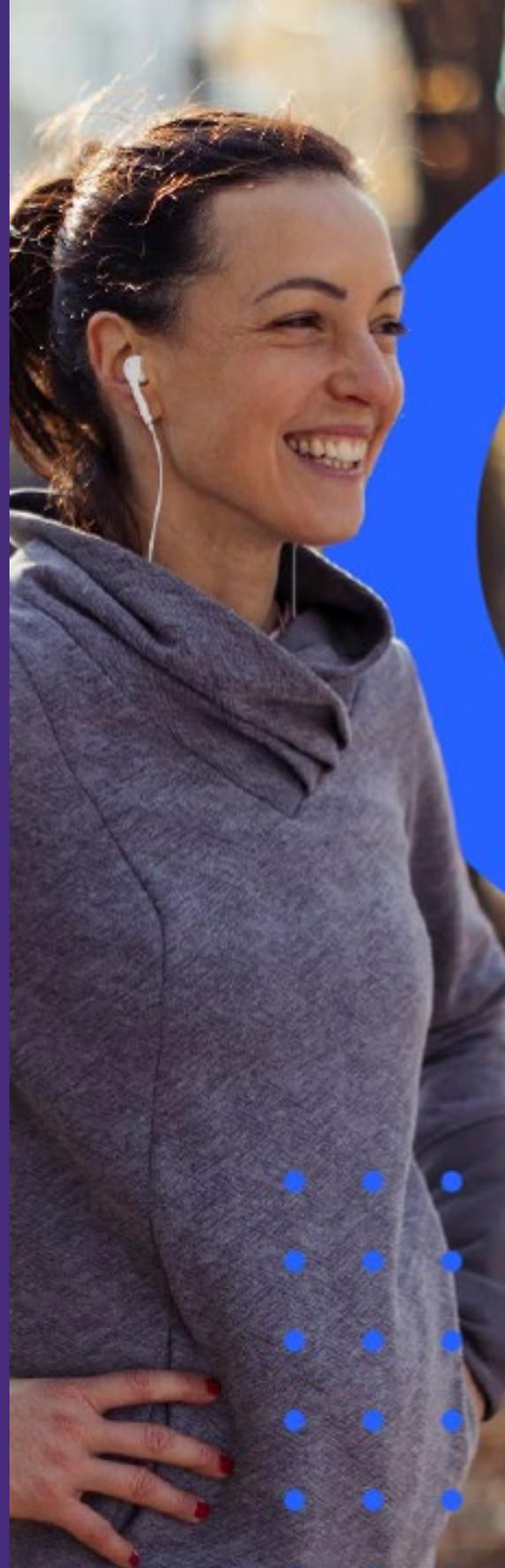


2nd.MD

Visit www.2nd.MD/wmhip
or call 1.866.841.2575

Hinge Health

Visit hingehealth.com/thepool
or scan this code with your smart phone:



Coverage Costs

Below is an overview of your benefit coverage costs.



Per-paycheck cost for Medical, Dental, and Vision coverage

Coverage Tier Grade 12 & under and hired after 7/1/2013	BCBS - HSA High Deductible	BCBS - PPO Low Deductible	Dental Plan	Vision Plan
Single	\$0	\$75.00	\$0	\$0
2 Person	\$417.66	\$549.86	\$12.51	\$0
Family	\$596.67	\$753.38	\$37.17	\$0

Coverage Tier Grade 13 & up or hired before 7/1/2013	BCBS - HSA High Deductible	BCBS - PPO Low Deductible	Dental Plan	Vision Plan
Single	\$0	\$75.00	\$0	\$0
2 Person	\$0	\$100.00	\$0	\$0
Family	\$0	\$130.00	\$0	\$0



Contact Information



Benefit	Vendor	Phone	Website / Email
Medical	Blue Cross/Blue Shield of Michigan	877.752.1233	www.bcbsm.com
Rx	OptumRx and AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
Dental	Delta Dental of Michigan	800.524.0149	www.DeltaDentalMI.com
Vision	EyeMed Vision Care	866.939.3633	www.eyemed.com
Health Savings Account	HealthEquity	866.346.5800	www.myhealthequity.com
Flexible Spending Account	HealthEquity	877.924.3967	www.myhealthequity.com
Life and AD&D	NIS	800.356.9601	Talk to KRESA benefits team
Disability	NIS	800.356.9601	Talk to KRESA benefits team

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: 269-250-9218
- Email: pam.rife@kresa.org
- Hours: Monday - Thursday, 7:30 a.m. – 4:30 p.m.
Friday: 7:30 a.m. – 3:30 p.m.



Notes

Notes



This benefit summary was prepared by

THE POOL
Western Michigan Health Insurance



Gallagher

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.