



2026 Benefits Guide





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Eligibility and Enrollment

As a benefits-eligible WMU 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 or newly benefits-eligible employee
- When you experience a qualifying life event
- During the annual Open Enrollment period which is Oct. 27-Nov. 14, 2025, for calendar year 2026.

Enrolling as a new or newly benefits-eligible employee

Your benefit elections take effect the day you begin work. If you don't enroll within 31 days, you and your covered dependents will not have medical, dental and vision benefits in 2026, and you won't be able to contribute pretax dollars to a health care or dependent care flexible spending account (FSA).

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 child care arrangements is also considered a qualifying life event and allows you to make changes to your dependent care FSA.

To make midyear 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 the Human Resources Service Center within 31 days of the event**.

Open Enrollment is Oct. 27-Nov. 14, 2025

Open Enrollment is your once-a-year opportunity to make changes to your benefits. Outside of experiencing a qualifying life event, it's the only time you can add or drop coverage for yourself or a dependent or change health plans.

It's also an ideal time to take a second look at your current benefit elections and review all the options available to you for 2026. If you've experienced significant changes in the past year, a different plan could be a better fit for you going forward.

If you make no changes to your current benefit elections, they'll carry over to 2026, with one exception: To make pretax contributions to a health care FSA or a dependent care FSA in 2026, you must enroll. Your elections take effect Jan. 1, 2026.



Benefits Enrollment Checklist

- Review this 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, visit the Human Resources webpage at wmich.edu/hr. Select your **Employee Group**, and then select **Benefit Details**.
 - Forms are available on the Human Resources webpage at wmich.edu/hr/forms/enrollment.
- Complete a [Health insurance enrollment and change form](#) for the plan in which you are enrolling and review the dependent eligibility criteria, if relevant. To add a designated eligible individual to the health plan, complete the [designated eligible individual enrollment form](#). Gather the supporting documentation you'll need to submit with it, as noted on the form.
- Enroll in a health care FSA and/or dependent care FSA for 2026 by completing and submitting a [flexible spending account enrollment form](#).
- Complete and submit [enrollment forms](#)—along with any required supporting documentation—to [the Human Resources Service Center](#) by mail, fax, email or in person. The HR Service Center hours are Monday, Tuesday, Thursday and Friday from 8 a.m. to 5 p.m. and Wednesday from 9 a.m. to 5 p.m.
 - **New hires:** within 31 days of your start date
 - **Qualifying life event:** within 31 days of the qualifying life event
 - **Open Enrollment:** by Friday, Nov. 14, 2025

For additional information, contact [the Human Resources Service Center](#).



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. 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. 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 Virtual Care by Teladoc Health (formerly Blue Cross Online Visits).
- Sindecuse Health Center is in-network. Deductibles, coinsurance and copays apply.
- 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 to maintain the enhanced benefit level. Additional requirements are outlined in the Healthy Blue Living HMO section starting on [page 5](#).
- 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 **PPO Plans**.

[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 **Virtual Care by Teladoc Health** (formerly 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 a \$25 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 bcbsm.com/find-care/virtual-care, 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.

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 or 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.

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

Qualifying for enhanced benefits with Healthy Blue Living

If you're **enrolling for the first time as a new hire or switching to the Healthy Blue HMO during Open Enrollment**, you're automatically enrolled at the enhanced benefit level for the first 90 days. You'll need to meet the Healthy Blue Living HMO wellness requirements 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 2025 at the standard level, so you'll start 2026 with standard level coverage. If you meet the enhanced level qualifications within the first 90 days of the plan year, your move to enhanced benefit level benefits will be retroactive to Jan. 1.

Enhanced benefit level requirements (for employee only)

To qualify for the enhanced benefit level, you must complete steps 1 and 2 below within the first 90 days of the plan year (or your plan effective date):

1. Visit your primary care physician (PCP) in time for the doctor to submit your health qualification form electronically.*
2. 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 of the start of the plan year (or your plan effective date):

- 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.***

If you don't meet the requirements for enhanced benefits within the first 90 days of the plan year (or your plan effective date), everyone on your plan will move to the standard level for the rest of the calendar year.

* You can submit qualification forms from office visits up to 180 days before the plan year begins (i.e., office visits from July 1 to 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	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	\$800 individual \$1,600 family	\$1,700 individual \$3,400 family
Coinsurance	10% after deductible (50% for select services)	30% after deductible (50% for select services)	10% after deductible (50% for select services)	30% after deductible (50% for select services)
Out-of-Pocket Maximum	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family	\$1,700 individual \$3,400 family	\$3,400 individual \$6,800 family

	Community Blue PPO (In-Network)	Healthy Blue Living HMO	
		Enhanced Benefit*	Standard Benefit
Preventive Care	\$0	\$0	\$0
Primary Care Provider	\$25 copay	\$25 copay	\$35 copay
Blue Cross Virtual Care / BCN PCP and Referral Physician	\$25 copay	\$25 copay	\$35 copay
Specialist	\$40 copay	\$40 copay after deductible	\$65 copay after deductible
Chiropractor	\$0, no deductible/coinsurance (12 visits per calendar year)	\$40 copay after deductible (30 visits per calendar year)	\$65 copay after deductible (30 visits per calendar year)
Urgent Care	\$40 copay	\$40 copay after deductible	\$65 copay after deductible
Emergency Room	\$150 copay (waived if admitted to the hospital)	\$150 copay after deductible	\$150 copay after deductible
Hospital Services	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Diagnostic Testing (X-ray, outpatient facility visits)	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Laboratory and Pathology	10% coinsurance after deductible	\$0	\$0
Advanced Imaging** (MRI, CT or PET scan, etc.)	10% coinsurance after deductible	10% coinsurance 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)	\$40 copay after deductible (within 60 consecutive days per calendar year)	\$65 copay after deductible (within 60 consecutive days per calendar year)
Outpatient Mental Health Care	10% coinsurance after deductible (\$25 copay for Blue Cross Online Visits)	\$25 copay	\$35 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 both documents on the HR website at wmich.edu/hr. Choose your **Employee Group**, select **Benefit Details** and then select **Health Care Benefits**.



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 the Sindecuse pharmacy.

What you pay

Community Blue PPO

(In-network pharmacy and Sindecuse pharmacy)

	30-Day Retail	90-Day Mail Order	90-Day Sindecuse	90-Day Retail
Tier 1 (generic)	\$10 copay*	\$20 copay*	\$22.50 copay	\$25 copay*
Tier 2 (preferred brand)	\$40 copay	\$80 copay	\$90 copay	\$100 copay
Tier 3 (non-preferred brand)	\$80 copay	\$160 copay	\$180 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 and Sindecuse 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.](#)



Refill maintenance meds by mail and pay less

Save time—and money—when you fill a 90-day prescription using OptumRx 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 bcbsm.com.

PillarRx copay assistance program

If you are on one of the WMU health plans and you or a covered family member takes a specialty or high-cost prescription drug, the PillarRx copay assistance program through BCBSM and BCN is designed to save you money without changing the drug prescribed. This program will help you locate and take advantage of manufacturer copay assistance programs that significantly lower out-of-pocket costs for certain expensive medications. If you currently take one or more medications included in the PillarRx Drug List, you will receive introductory information in the mail and then a phone call from PillarRx to enroll you, explain how the program works and explain what to expect at the pharmacy. Once enrolled, PillarRx sends all the information needed for your discount to your pharmacy.

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.](#)

AllianceRx

Some specialty drugs must use our exclusive pharmacy network administered by AllianceRx. Specialty drugs are prescription medications that require special handling, administration or monitoring. BCBSM and BCN offer mail-order service, retail specialty network pharmacies and support programs through AllianceRx Walgreens Prime, an independent company that provides specialty pharmacy services for BCBSM and BCN members. For the most up-to-date list, please see the Specialty Drug Program Rx Benefit [Member Guide on bcbsm.com](#) or call the customer service phone number on the back of your health plan member ID card.



Dental Plan

Dental coverage is included when you're enrolled in the Community Blue PPO or Healthy Blue 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 nine-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 whether your regular dentist is in-network, use the online [Find a Dentist tool](#).

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 Benefits at a Glance on the HR website at wmich.edu/hr. Choose your **Employee Group**, select **Benefit Details** then select **Health Care Benefits**. Also, you or your provider can call the number on your ID card, **(888) 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 Blue 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.

What you pay for care

Eye exam	\$10 copay Once every 12 months
Prescription glasses (lenses and/or frames) or contact lenses	No copay; up to \$500 allowance every 24 months

If you go out-of-network, you will be responsible for the difference between the benefit maximum and the provider's charge.

When you see a VSP provider for an eye exam, you'll pay only a \$10 copay. You can get an eye exam once every 12 months. If you need glasses, you have a \$500 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 Benefits at a Glance on the HR website at wmich.edu/hr. Choose your **Employee Group**, select **Benefit Details** then select **Health Care Benefits**.

Manage your account and submit claim reimbursements online

For personalized information about your VSP vision plan and to ensure you pick an in-network doctor, create an account at vsp.com.

When you visit an in-network provider, no claim forms are needed. If you go out-of-network, you can submit a claim for reimbursement online from your VSP member account at vsp.com or by contacting VSP member services at (800) 877-7195 and requesting a claim/reimbursement form.



Benefits That Support Your Evolving Needs

No matter what life throws at you, your WMU 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.

Virtual health care programs through Teladoc Health

WMU offers several voluntary programs through BCBSM and BCN and powered by Teladoc Health. These programs are offered at no additional cost to you if you are enrolled in one of the WMU health plans and help you improve your health on your terms.

The programs include:

- **Diabetes prevention:** A team of expert coaches to help you reduce your risk of type 2 diabetes.
- **Diabetes management:** Personalized support to help you manage diabetes, including a connected blood glucose meter, unlimited strips and lancets, and real-time support for out-of-range readings.
- **Hypertension management:** Take control of your heart health and make managing your blood pressure easier with a connected blood pressure monitor and one-on-one support to help you meet your nutrition and activity goals.
- **Weight management:** Reach your goals with an interactive weight management program, including an app to log food and set goals, a smart scale that syncs to the app so that you can measure progress and access to one-on-one coaching from a team of expert coaches.

Hinge Health

If you are living with joint or muscle pain, Hinge Health can help you with a plan to overcome pain, recover from an injury, prepare for surgery and more. By connecting with a Hinge Health coach, you'll receive:

- Unlimited access to personalized exercises and stretches developed by a physical therapist
- Convenient exercise sessions you can do anytime, anywhere with the Hinge Health app
- Dedicated one-on-one support from a physical therapist and qualified health coach

This program is available at no additional cost to you and your eligible family members if you are enrolled in one of the WMU health plans.

Get started by visiting hingehealth.com or downloading the Hinge Health app. Click on **Enroll now** and search for Western Michigan University to get started.

Benefits That Support Your Evolving Needs is continued on the next page →



Benefits That Support Your Evolving Needs

24/7 support when you need it

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 bronsonhealth.com/helpnet > **Work Life Login** (Company code: BRONCO).

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. Western Wellness members may receive discounts on fees associated with some programs. In addition, the university sponsors various wellness events throughout the year that are open to all WMU employees. WMU benefits-eligible employees have access to both of its fitness centers, the Student Recreation Center and West Hills Athletic Club, as a taxable benefit.

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 2026).

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 beginning in the next quarter. To retain the incentive year after year, you'll need to complete the program requirements every calendar year.

For details, visit wmich.edu/wellness.



Pretax Payroll Deduction Amounts

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

	Individual	Two-Person	Family
26 Pay Periods			
Community Blue PPO Plan	\$68.60	\$203.06	\$300.01
With Wellness Incentive	\$59.37	\$193.83	\$290.78
Healthy Blue Living HMO Plan	\$46.57	\$136.98	\$204.85
With Wellness Incentive	\$37.34	\$127.75	\$195.62



Flexible Spending Accounts (FSAs)

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

When you enroll in a health care and/or dependent care FSA for the first time, you will receive a debit card from HSA Bank. An advantage of an FSA debit card is that it allows you to access FSA funds directly when paying for eligible expenses, without paying from personal funds and submitting a claim for reimbursement. Your debit card will be automatically activated the first time you use it. You may also submit claims through the HSA Bank member website, HSA Bank mobile app, and via mail or fax.

Health care FSA

You can contribute up to \$3,300 for 2026 and be reimbursed for IRS-approved health care expenses not covered by your medical, dental or vision plan. The full amount of your annual contribution is available for use starting January 1, with deductions evenly divided and deducted each pay period. You can carry over up to \$660 in unused health care FSA funds into the new plan year.

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 that 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 evenly divided and deposited into your FSA with deductions taken out evenly each pay period. Be sure to budget carefully; you'll forfeit any contributions you don't spend by Dec. 31. Dependent care FSA funds do not carry over from year to year.

To contribute to an FSA in 2026, complete an [HSA Bank FSA enrollment form](#). FSA elections do not carry over from one year to the next. You can access your FSA account at hsabank.com or through the HSA Bank mobile app.



WESTERN MICHIGAN UNIVERSITY

Human Resources

The HR Service Center hours are Monday, Tuesday, Thursday and Friday, 8 a.m. to 5 p.m. and Wednesday, 9 a.m. to 5 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

Blue Cross Blue Shield of Michigan

Medical plans

PPO (BCBSM):

(877) 671-2583

HMO (BCN):

(800) 662-6667

Website: bcbsm.com

Blue Cross Blue Shield of Michigan

Dental plan

(877) 671-2583

Website : bcbsm.com

Blue Cross Blue Shield of Michigan Virtual Care by Teladoc Health, formerly Blue Cross Online Visits

PPO medical plan members only

(844) 606-1608

Website: bcbsm.com/find-care/virtual-care/

HelpNet

Employee Assistance Program

(800) 969-6162

Website: bronsonhealth.com/helpnet

Hinge Health

Exercise therapy and physical therapy services to help with musculoskeletal (MSK) conditions

(855) 902-2777

Website: hingehealth.com

Email: help@hingehealth.com

Holtyn & Associates

Wellness program and assessments

(269) 377-0198

Website: holtynwellness.com

HSA Bank

Flexible spending accounts

(800) 357-6246

Website: hsabank.com

Email: askus@hsabank.com

Contacts are continued on the next page →



OptumRx

Mail-order prescription drugs—
PPO and HMO medical plans

BCBSM members:

(855) 811-2223

BCN members:

(844) 642-9087

Website: bcbsm.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

Teladoc Health

Diabetes prevention, diabetes management,
hypertension management, and weight
management programs.

(800) 835-2362

Website: TeladocHealth.com/Smile

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

Vision Service Plan (VSP)

Vision plan (for PPO and HMO members)

(800) 877-7195

Website: vsp.com

West Hills Athletic Club

(269) 387-0410

Website: westhillsathletic.com

Location:

2001 South 11th St.

Kalamazoo, MI 49009-5448

WMU Student Recreation Center

University Recreation

(269) 387-4732

Website: wmich.edu/rec

WMU 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



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.



**Blue Cross
Blue Shield
of Michigan**

[App Store](#)

[Google Play](#)



HSA Bank

[App Store](#)

[Google Play](#)



Teladoc Health

[App Store](#)

[Google Play](#)



Hinge Health

[App Store](#)

[Google Play](#)



OptumRx

[App Store](#)

[Google Play](#)



VSP

[App Store](#)

[Google Play](#)



Notices

You can review the following notices at wmich.edu/hr/benefits-notices:

- COBRA Continuation of Coverage
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notification of Privacy Practice
- Michelle's Law
- Newborns' and Mothers' Health Protection Act
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- No Surprises Act
- Notice of Patient Protection
- Notice of Special Enrollment Rights
- Notice Regarding Wellness Program
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
- Protections From Disclosure of Medical Information
- Summary of Benefits and Coverage for Employee Assistance Program
- Summary of Benefits and Coverage for Medical and Prescription Drug
- Women's Health and Cancer Rights Act (WHCRA) of 1998

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 and 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, select your employee group and then select benefit details to see the individual benefit summaries, contracts or policies.



WESTERN MICHIGAN UNIVERSITY
Human Resources

October 2025