

## **Health Insurance**

The College provides a Health Maintenance Organization (HMO) plan and a Preferred Provider Organization (PPO) plan. Employees maintaining health coverage through another plan outside of WCC may elect to “opt out” of health coverage and receive a cash rebate.

The health insurance plan year is effective January 1<sup>st</sup> through December 31<sup>st</sup>. Enrollment is done a time of hire (effective the first of the month following hire) or during the annual Open Enrollment period. Enrollment elections can only be made once each year, unless a qualifying “family status” change occurs. An employee with a qualifying family status change may elect or change their benefit within 30 days of the qualifying event.

WCC does not have a pre-existing condition exclusion clause on any of its medical insurance contracts.

### **Health Maintenance Organization (HMO)**

An HMO sets guidelines on how physicians can operate:

- Members receive health care services from their primary care physicians
- If specialized care is needed, the member will be referred by their primary care physician to a specialist
- Most services are pre-paid and no claim forms are needed
- There is no deductible; however, a member must see an HMO contracted physician or hospital/facility for the service to be covered.
- Blue Care Network is the current HMO provider for the College
- See the HMO and PPO Comparison Chart for a quick view of covered services and the BCN HMO Coverage Certificate for a detailed list of services provided and covered. Both are available on the benefits website, under Health Insurance Information

### **Preferred Provider Organization (PPO)**

A PPO is designed to supply health care services at a discounted cost by providing incentives to use designated health care providers, but also provides coverage for providers outside the network:

- Members can “self refer” themselves to doctors and specialists of their choice, inside and outside the network
- A deductible is applied to most services performed
- The plan is ideal for members with dependents outside of the state or coverage area
- Blue Cross Blue Shield of Michigan is the current PPO provider for the College
- See the HMO and PPO Comparison Chart for a quick view of covered services and the BCBS Health Coverage Certificate for a detailed list of services provided and covered. Both are available on the benefits website, under Health Insurance Information

### **Coverage Level & Employee Cost:**

Both plans offer three different levels of coverage:

- Single Coverage (employee only)
  - Double Coverage ( employee + one dependent)
  - Family Coverage (employee + 2 or more dependents)
- See information below for dependent eligibility*

An employee is required to pay a monthly co-premium. This is a pre-tax deduction, applied to each pay, for 24 pay periods per year. Contact the Office of Human Resource Management for co-premium amounts.

## **Dependent Eligibility**

Employees may provide full coverage for family dependents including:

- Wife or husband
- Unmarried children until the end of the year in which they reach age 19 or to any age if they are “totally and permanently” disabled, either by a physical or mental condition prior to age 19
  - Eligible children include:
    - children by birth
    - legal adoption
    - legal guardianship (while they are a dependent and in the member’s custody)
    - a spouse’s child while they are residing as members of the household
- Any non-dependent children for whom medical coverage is required per a Qualified Medical Child Support Order (QMCSO)

## **Coverage for Young Adults age 19-25**

Young adults, after the end of the year in which they reach age 19, may be added to/continued on the employee’s contract if they are:

- Unmarried
- Dependent on the member for more than half their support as defined by the IRS
- Resided with the member on a permanent basis

A tax liability for dependents age 19-25 who are not full-time college students or considered totally and permanently disabled may be applicable.

Medical benefits for these dependents are exactly the same as the member’s.

Coverage may be continued until the end of the year in which they reach age 25. The employee must submit a Declaration of Intent form for each year in which they wish to maintain coverage. The form is available on the Benefits website, under Health Insurance Forms.

## **Coverage for Sponsored Dependents**

Dependents that are related by blood or marriage and reside in the member’s household may be eligible for coverage if:

- They are dependent on the member for more than half support and reported as such on the member’s most recent income tax return.

The employee pays the full additional premium cost for each dependent.

Appropriate documentation establishing dependent eligibility may be required.

## **Medicare Eligible Employees and Dependents**

WCC’s health plans include prescription drug coverage which exceeds the coverage provided under Medicare Part D. Therefore, WCC’s prescription drug coverage is considered ‘creditable coverage’ per Medicare Part D criteria.

## **COBRA**

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), dependents who lose their eligibility for benefit may continue group health insurance coverage for 18 to 36 months (if qualified) at their own expense. Contact the Office of Human Resource Management for further information.