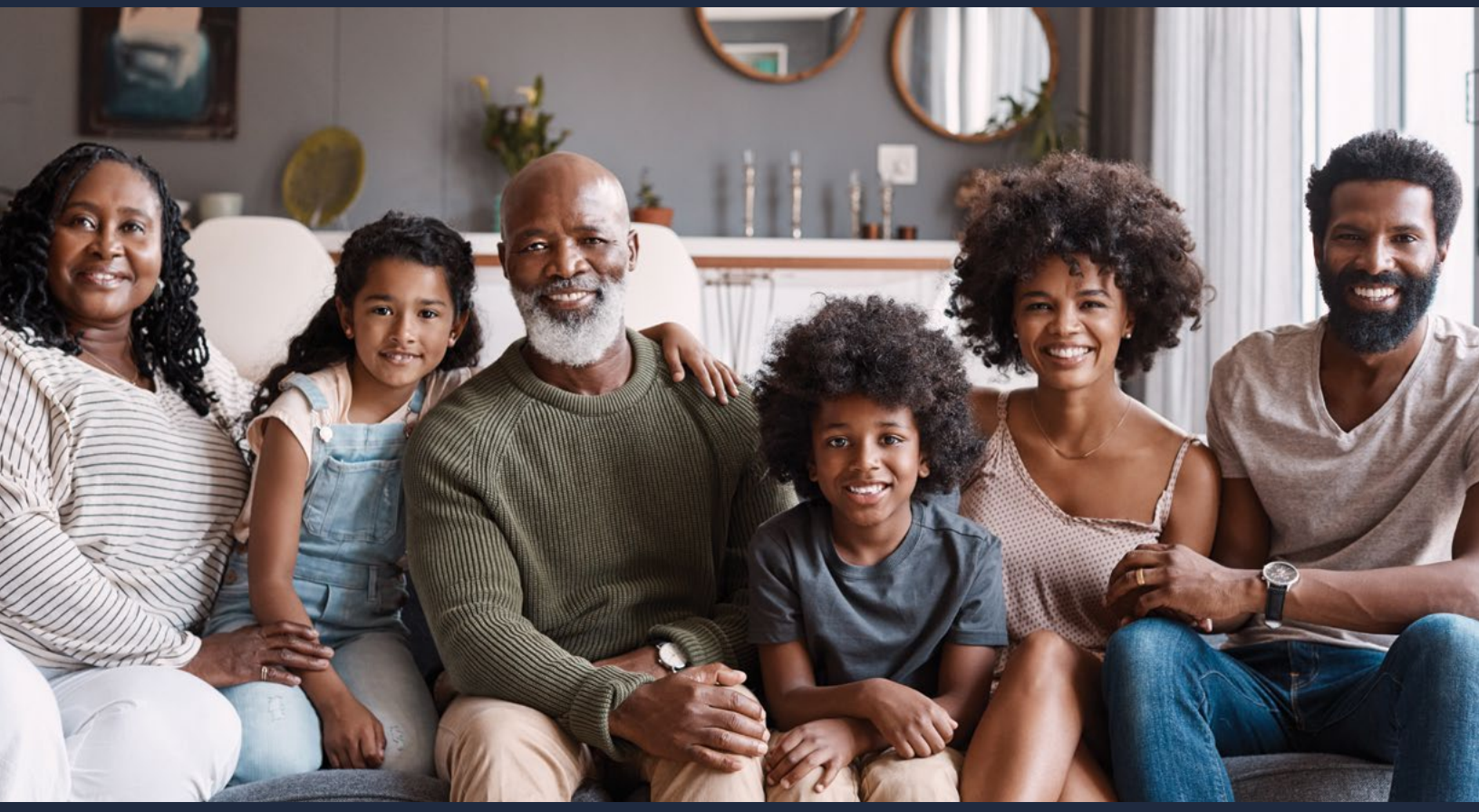
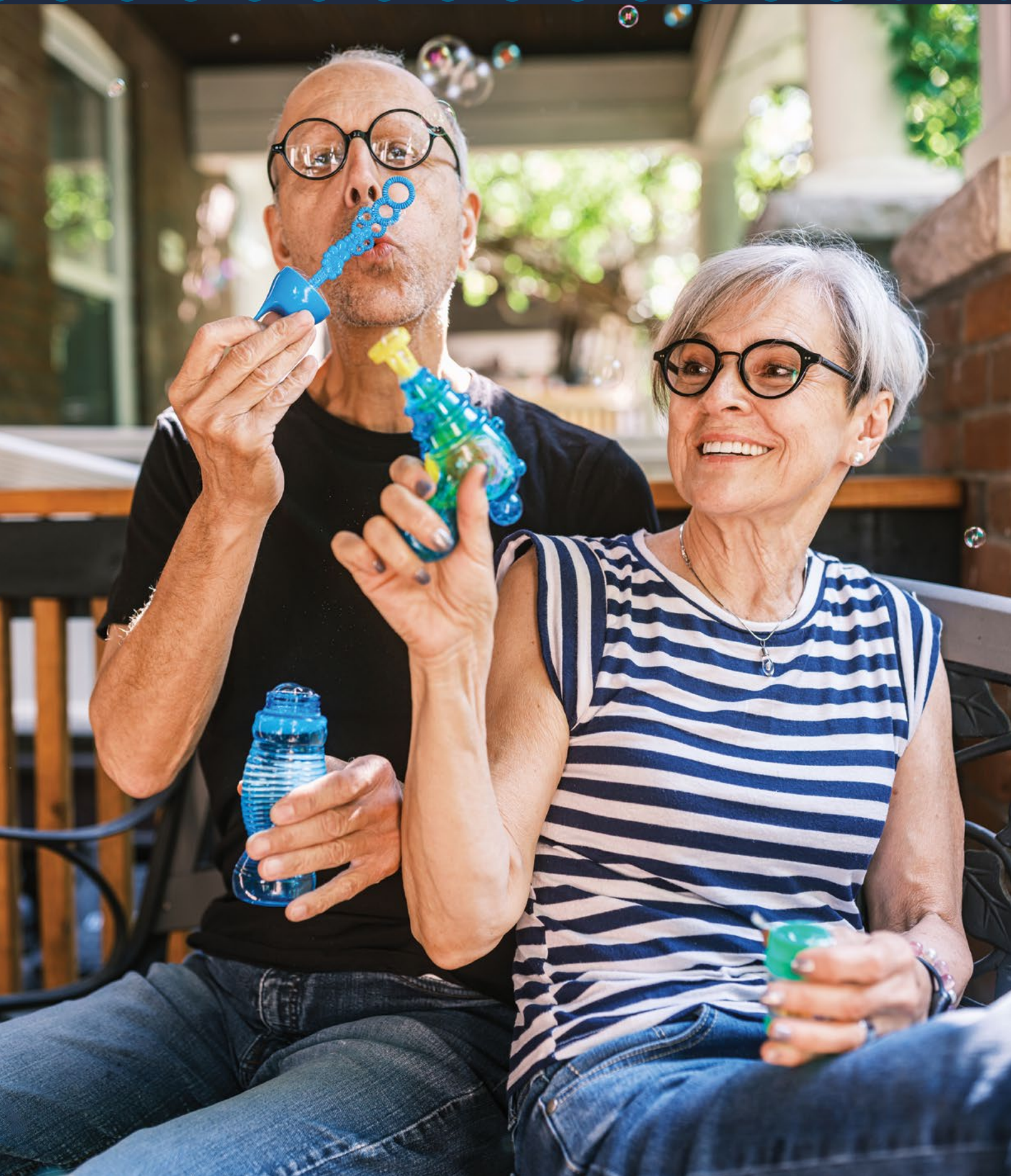
WAYNE COUNTY MICHIGAN
EXECUTIVE
WARREN C. EVANS
SERVING 43 COMMUNITIES

Wayne County Benefits Guide 2026



Executive Retirees



Contents

Introduction/Welcome

Your Wayne County benefit plan includes medical and prescription drugs, optical reimbursement, voluntary dental and vision options, and life insurance. This booklet contains information about the medical and prescription drug plans and optical reimbursement.

During open enrollment, you have the following options:

- Change to a different medical/prescription drug plan
- Add or remove dependents
- Waive medical/prescription drug coverage for the upcoming plan year that starts January 1

Once open enrollment closes, your selections are binding and cannot be changed, modified, or canceled unless you have a qualifying life event (e.g. marriage, divorce, childbirth, loss of coverage).

Voluntary dental and vision plans

Voluntary dental and vision plans are available at the Retiree's sole cost. Enrollment in these plans is managed by TMR & Associates. Questions should be directed to **313-963-1135**.

Life insurance and beneficiary information

To verify your life insurance and update your beneficiary information, contact the Benefits Division at **313-224-5157** or **benefits@waynecounty.com**.

Eligibility and Enrollment

Medicare eligibility

If you are currently eligible for Medicare but not enrolled, you MUST enroll in both Medicare Part A and Part B during the 2026 Medicare general enrollment period. The general enrollment period happens every year January 1–March 31. Your Medicare coverage will start the month after you sign up.

Once you receive a copy of your Medicare card, send a copy to the Wayne County Benefits Division at **benefits@waynecounty.com** to ensure enrollment in the Medicare Advantage plan that most closely mirrors your current commercial plan.

Dependent eligibility

Eligible dependents include:

- A spouse of the opposite or same sex to whom you are legally married and were legally married to as of the date of retirement
- A dependent child regardless of student or marital status until the end of the birth year in which they reach age 26
- Your unmarried child who is totally and permanently disabled, dependent on you for support, and unable to self-sustain employment

Enrollment Checklist

- ☐ Review your plan options as presented in this guide.
- ☐ If making a change, be sure to return the enclosed form to the Benefits Division no later than October 20, 2025.
  - Be sure to have your spouse's and children's dates of birth and Social Security numbers handy if you're planning to enroll them for coverage.
  - Add or opt out of coverage for yourself and/or your dependents.
  - Update beneficiaries, if necessary.
- ☐ If you or a family member is eligible for Medicare but is not currently on a Medicare Advantage plan, **you must take action**.
  - Be sure to send a copy of your Medicare card with the completed enrollment form to the Benefits Division.
  - **You must also complete and return the Blue Cross Medicare Advantage application for the desired plan, that was sent directly from Blue Cross.**
- ☐ Return completed Wayne County Open Enrollment Plan Election Form to the Benefits Division at **benefits@waynecounty.com**.

Important notes

- **If you do nothing, your medical and prescription drug plan will remain the same.**
- If you are eligible for Medicare but do not enroll in Medicare Part A and Part B, you may be dropped from the Wayne County Retiree health plan.
- Unless you experience a qualifying life event (e.g., marriage, divorce, childbirth, loss of coverage), your next opportunity to enroll or make changes to your current coverage will be during annual open enrollment in the fall.

Looking for a form?

To find forms to enroll, file an insurance claim, designate a life insurance beneficiary, and more, visit the Benefit Forms & Information page on the Wayne County website at **waynecounty.com/departments/phr/benefit-forms-information.aspx**.

Pre-Medicare Retiree Medical And Prescription Drug Coverage

Wayne County offers four medical plan options for pre-Medicare retirees administered by Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) of Michigan. All the plans:

- Offer no-cost preventive care (annual checkups and routine tests)
- Provide prescription drug coverage
- Protect you financially with an out-of-pocket maximum that limits how much you'll pay for eligible medical expenses in a year

How the pre-Medicare plans compare

- The provider network for two plans—**Blue Care Network HDHP HMO (Focus)** and **Blue Care Network non-HDHP HMO (Focus Co-Pay)**—is the narrowest, with fewer primary care doctor options than the other plans. You have access to the same number of specialists and hospitals as the **Blue Care Network HDHP HMO (Full Panel)**.
- The **BCBSM Simply Blue PPO HDHP** plan covers care you receive from out-of-network providers. (**Note:** You'll also pay more for that care.) You can also see specialists without a referral on this plan.

Three plans—**Blue Care Network HDHP HMO (Full Panel)**, **Blue Care Network HDHP HMO (Focus)**, and **Blue Care Network non-HDHP HMO (Focus Co-Pay)**—provide care through health maintenance organizations (HMOs).

- When you're covered by an HMO, you must select an in-network primary care doctor to oversee your care and authorize any referrals for specialty care or other medical services.
- These plans don't cover out-of-network care, unless it's an emergency.

Three of the four plans—**BCBSM Simply Blue PPO HDHP**, **Blue Care Network HDHP HMO (Full Panel)**, and **Blue Care Network HDHP HMO (Focus)**—are high-deductible health plans (HDHPs).

- These plans allow you to open and contribute to a Health Savings Account (HSA). If you are enrolled in Medicare, you are not eligible for an HSA.
- This money is yours to use now or in the future to cover eligible medical expenses, including the cost of care until you meet your deductible, coinsurance, and other eligible healthcare expenses. Learn about the advantages of an HSA on **page 14**.

Don't miss out on healthy lifestyle discounts

Did you know the County offers a variety of wellness discounts to support your healthy lifestyle? Learn how you can pay less for gym memberships, fitness classes, weight-loss programs, and other healthy activities. Contact BCBSM/BCN to learn more.

Pre-Medicare plans at a glance

	BCBSM Simply Blue PPO HDHP	Blue Care Network HDHP HMO (Full Panel)	Blue Care Network HDHP HMO (Focus)	Blue Care Network Non-HDHP HMO (Focus Co-Pay)
HSA-compatible	✓	✓	✓	
Out-of-network coverage	✓	Emergencies only	Emergencies only	Emergencies only
Referrals required		✓	✓	✓
Primary care doctor required		✓	✓	✓

Blue Cross protects your health AND wealth

As a Blue Cross member, you can cash in on discounts! Find a list of discount offers when you log in or register at **bcbsm.com > Member Discounts with Blue365®**. Just show your ID card at participating retailers or use an offer code online. You can also access discount codes with the Blue Cross mobile app.

Monthly health care rates

Tier	BCBSM Simply Blue PPO HDHP	Blue Care Network HDHP HMO (Full Panel)	Blue Care Network HDHP HMO (Focus)	Blue Care Network non-HDHP HMO (Focus Co-Pay)
Retiree only	$160.76	$100.18	$84.37	$84.37
Retiree + 1	$385.81	$241.36	$202.49	$202.49
Family	$482.27	$301.86	$253.10	$253.10

Diabetes support program for pre-Medicare retirees

Regardless of the medical plan you choose, if you or your covered dependents are living with diabetes, you'll have access to specialized support offered through Teladoc Health. At no cost to you, this program offers remote glucose monitoring and round-the-clock support, alerts, and personalized insights into your results and condition.

Teladoc Health participants receive the following tools:

- A welcome kit, including Teladoc Health's connected glucose meter, a lancing device, test strips, and lancets—plus a carrying case
- Unlimited test strips and lancets shipped directly to you
- Online access to blood glucose readings, along with graphs and insights
- Coaching by a Teladoc Health diabetes educator or an OptumRx representative via phone or text message

Get started: Text "GO WAYNECOUNTY" to 85240 to learn more and join. You can also join by visiting **join.livongo.com/WAYNECOUNTY/register** or calling **800-945-4355** and using registration code WAYNECOUNTY.

Pre-Medicare retiree medical coverage highlights

Review the table below to see how the plans compare, then select the plan that's right for you and the dependents you're covering.

For more details, review the Summary of Benefits and Coverage (SBC) at **waynecountymi.gov/Government/Departments/PersonnelHuman-Resources/Benefits/Benefit-Forms-Information**.

	BCBSM Simply Blue PPO HDHP	Blue Care Network HDHP HMO (Full Panel)	Blue Care Network HDHP HMO (Focus)	Blue Care Network non-HDHP HMO (Focus Co-Pay)
Annual deductible (individual/two or more family members)	**In-network:** $1,700/$3,400 **Out-of-network:** $3,400/$6,800	$1,700/$3,400	$1,700/$3,400	$1,700/$3,400
Coinsurance[1]	**In-network:** 20% **Out-of-network:** 40%	20%	20%	20%
Annual out-of-pocket maximum (individual/two or more family members)	**In-network:** $2,300/$4,600 **Out-of-network:** $4,600/$9,200	$2,300/$4,600	$2,300/$4,600	$2,300/$4,600
Preventive care (Annual physical, well-baby visits, routine immunizations, routine lab tests)	$0	$0	$0	$0
Office visit (Primary care doctor or specialist, lab tests, X-rays)	20%[1]	20%[1]	20%[1]	$30 copay $50 copay (specialist)
Lab tests/X-rays	20%[1]	20%[1]	20%[1]	20%
Emergency/Urgent care	20%[1]	20%[1]	20%[1]	**Emergency:** $250 copay **Urgent care:** $50 copay
Mental health and substance abuse—outpatient	20%[1]	20%[1]	20%[1]	$30 copay
Inpatient hospital care	20%[1]	20%[1]	20%[1]	20%[1]
Physical, speech, and occupational therapy (Up to 60 outpatient visits per year)	20%[1]	20%[1]	20%[1]	$50 copay

[1] After annual deductible; for approved amount for most covered services.

Pre-Medicare prescription drug coverage

Your prescription drug benefit is included with your medical coverage. You can use any retail pharmacy to fill your prescription. For medications you take regularly, you'll typically pay less and get more when you order by mail.

Drug type	BCBSM Simply Blue PPO HDHP	Blue Care Network HDHP HMO (Full Panel)	Blue Care Network HDHP HMO (Focus)	Blue Care Network non-HDHP HMO (Focus Co-Pay)
Retail—up to 30-day supply				
Generic—preferred	$10 copay after deductible	$10 copay after deductible	$4 copay after deductible	$4 copay
Generic—non-preferred	$10 copay after deductible	$10 copay after deductible	$15 copay after deductible	$10 copay
Brand name—formulary	$35 copay after deductible	$35 copay after deductible	$40 copay after deductible	$35 copay
Brand name—non-formulary	$50 copay after deductible	$50 copay after deductible	$80 copay after deductible	$70 copay
Specialty—preferred	$50 copay after deductible	$50 copay after deductible	20% coinsurance after deductible ($200 max)	$100 copay
Specialty—non-preferred	$50 copay after deductible	$50 copay after deductible	20% coinsurance after deductible ($300 max)	$100 copay
Mail order (90-day supply)	2x cost of 30-day supply after deductible	2x cost of 30-day supply after deductible	2x cost of 30-day supply after deductible	2x cost of 30-day supply
Drug formularies	BCBSM Custom Select Formulary	BCN Custom Formulary	BCN Custom Select Formulary	BCN Custom Select Formulary

Order by mail and pay less

Taking maintenance medication? You'll get more for less when you order by mail through OptumRx Home Delivery. To see if you can fill up to a 90-day supply of your medicine, visit **bcbsm.com/pharmacy > Find the forms you need > Mail order drug forms.** You can also call the customer service number on the back of your member ID card.

Medicare-Eligible Retiree Medical and Prescription Drug Coverage

Medicare-eligible retiree medical and prescription coverage

Medicare-eligible retirees have three Medicare Advantage plans available:

- BCBSM Medicare Advantage $1,650 PPO
- BCN Medicare Advantage $1,650 HMO-POS
- BCN Medicare Advantage $1,650 HMO-POS

Wayne County requires that its retirees and eligible dependents enroll in Medicare Part A & B as soon as they become eligible. **Failure to enroll in Medicare Part A & B will result in the loss of your Wayne County medical and prescription drug benefits.** Additionally, you may be subject to **permanent premium penalties** from the Centers of Medicare & Medicaid Services (CMS). Most people become eligible for Medicare at age 65, but you could become eligible sooner if you are disabled. It is crucial to act promptly upon receiving information from the Social Security Administration regarding your eligibility. If you do not receive this information, it is your responsibility to contact them immediately. **Timely enrollment in Medicare is essential to ensure that you continue to receive your Wayne County medical and prescription drug benefits without interruption.**

Once you are enrolled in Medicare Part A & B, you must send a copy of your Medicare ID card to the Wayne County Benefits Division so that we can ensure that you are enrolled in the proper medical and prescription drug plans. BCBSM members are moved into the BCBSM Medicare Advantage Plan, and BCN members are moved into the BCN Medicare Advantage Plan.

IMPORTANT:

If your current coverage includes both Medicare and non-Medicare eligible members, all members must be covered by the same insurance carrier. For example, if a Medicare-eligible member selects a BCN Medicare Advantage plan, all remaining members must be enrolled in a BCN plan. If, during the open enrollment election process, you do not select the same insurance carrier for all members (Medicare and non-Medicare), we will default the non-Medicare members into the corresponding non-Medicare plan with the insurance carrier chosen by the Medicare eligible member regardless of any other election to the contrary.

You should not enroll in another Medicare Advantage or Medicare Advantage Part D program if you are enrolled in one of the Wayne County health insurance plans, because Medicare does not allow you to enroll in two Medicare Advantage plans at the same time. Enrolling in another plan will terminate your coverage under the Wayne County-sponsored medical and prescription drug coverage. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans” are a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A & B benefits. If you join a Medicare Advantage Plan, you still have Medicare. You will receive your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan and not Original Medicare. In all types of Medicare Advantage Plans, you are always covered for emergency and urgently needed care.

Medicare Advantage Plans may offer extra coverage, like health and wellness programs. All plans offered by Wayne County include Medicare prescription drug coverage (Part D).

You must continue to pay your Part B premium, even when enrolled in a Medicare Advantage Plan.

Medicare Advantage plans at a glance

	BCBSM Medicare Advantage $1,650 PPO	BCN Medicare Advantage $1,650 HMO-POS	BCN Medicare Advantage $1,650 HMO-POS
Out-of-network coverage	✓	Emergencies only	Emergencies only
Referrals required		✓	✓
Primary care doctor required		✓	✓

Don't miss out on healthy lifestyle discounts

Did you know the County offers a variety of wellness discounts to support your healthy lifestyle? Learn how you can pay less for gym memberships, fitness classes, weight-loss programs, and other healthy activities. Contact BCBSM/BCN to learn more about the Blue365 discount program and Silver Sneakers program.

Diabetes support program for Medicare-eligible retirees

Regardless of the medical plan you choose, if you or your covered dependents are living with diabetes, you'll have access to specialized support offered through Teladoc Health. At no cost to you, this program offers remote glucose monitoring and round-the-clock support, alerts, and personalized insights into your results and condition.

Teladoc Health participants receive the following tools:

- A welcome kit, including Teladoc Health's connected glucose meter, a lancing device, test strips, and lancets—plus a carrying case
- Unlimited test strips and lancets shipped directly to you
- Online access to blood glucose readings, along with graphs and insights
- Coaching by a Teladoc Health diabetes educator or an OptumRx representative via phone or text message

Get started: Visit **join.livongo.com/BCBSM-MA/register** or call **800-945-4355** and use registration code **BCBSM-MA**.

Medicare-eligible retiree medical and prescription coverage highlights

Medicare Advantage benefit comparison chart **waynecountymi.gov/Government/Departments/PersonnelHuman-Resources/Benefits/Health-Benefit-Comparisons**

	BCBSM Medicare Advantage $1,650 PPO	BCN Medicare Advantage $1,650 HMO-POS	BCN Medicare Advantage $1,650 HMO-POS
Annual deductible	$1,650	$1,650	$1,650
Coinsurance[1]	20%	20%	20% for DME services
Annual out-of-pocket maximum	$2,300	$2,300	$2,300
Preventive care (Annual physical, mammogram, colorectal cancer screenings, routine immunizations, routine lab tests)	$0	$0	$0
Office visit (Primary care doctor or specialist)	20%[1]	$30 copay	$30 copay
Lab tests/X-rays	20%[1]	20%[1]	20%[1]
Emergency room	$75 copay	$75 copay	$90 copay
Mental health and substance abuse—outpatient	20%[1]	$0	$0
Inpatient hospital care	20%[1]	20%[1]	$0[1]
Outpatient physical, speech, and occupational therapy for rehabilitation	20%[1]	$30 copay[1]	$40 copay

Prescription Drugs	Preferred/Standard copays—up to 31-day supply	Preferred/Standard copays—up to 31-day supply	Preferred/Standard copays—up to 31-day supply
Tier 1—preferred generic	$4/$10	$2/$10	$5/$10
Tier 2—generic	$4/$10	$2/$10	$5/$10
Tier 3—preferred brand	$25/$35	$15/$20	$25/$30
Tier 4—non-preferred	$40/$50	$30/$40	$55/$60
Tier 5—specialty	$40/$50	$30/$40	$95/$100
Mail order (up to 90-day supply)	2x copay	2x copay	2x copay

1 After annual deductible; for approved amount for most covered services.

Optical Reimbursement

You are automatically eligible to receive a reimbursement of up to $75 per retiree and covered dependent during the two-year policy period beginning October 1 of every odd-numbered year and ending September 30 of the next odd-numbered year.

Please Note:

As a reminder, Heritage Vision Plans handles the Optical Reimbursement program. Retirees covered under the Optical Reimbursement program should submit their claims to Heritage Vision Plans. Once received, claims will be reviewed and processed by Heritage Vision Plans for reimbursement, and Heritage Vision Plans will send reimbursement directly to you.

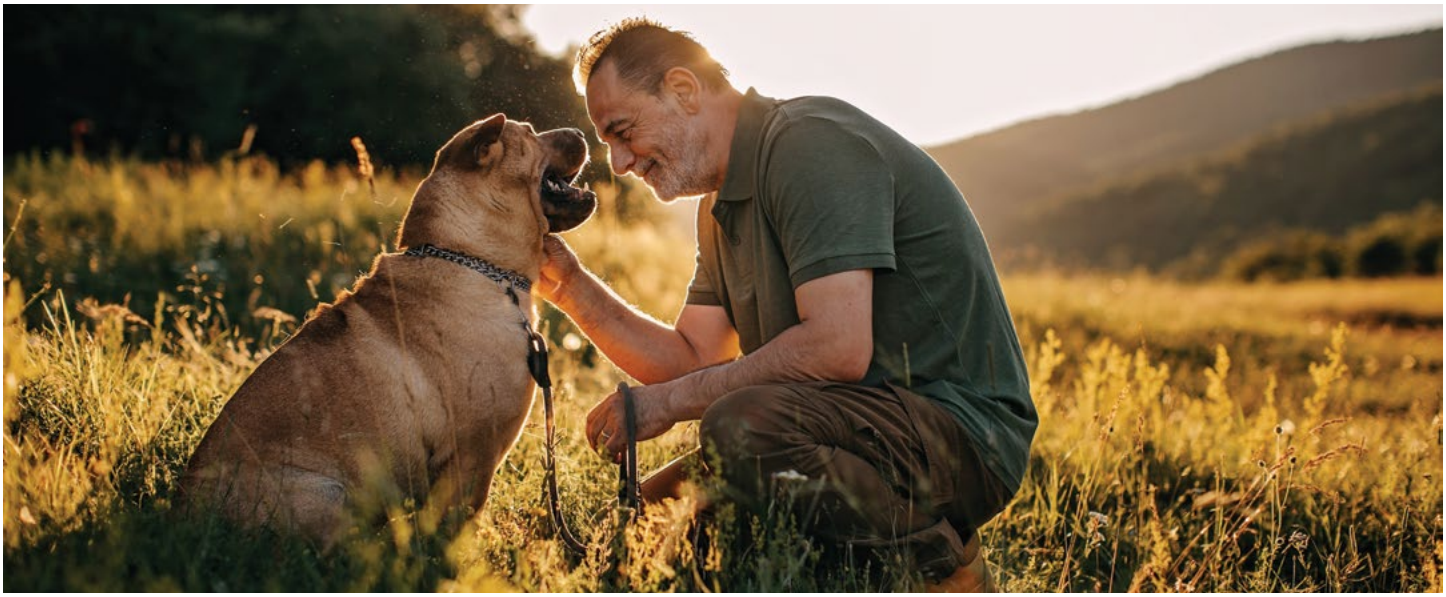
Those in the Optical Reimbursement program are also eligible for discounts at Heritage Vision retail optical locations and will have the ability to use the reimbursement amount directly at point of purchase at these stores without having to pay out-of-pocket first.

Looking for a Heritage Vision Retail location?

Visit **heritagevisionplans.com** (no login required).

Voluntary Dental and Vision Plans

Voluntary dental and vision plans are available at the Retiree's sole cost. Enrollment in these plans is managed by TMR & Associates. Questions should be directed to 313-963-1135.



Health Savings Account

A Health Savings Account (HSA) is a savings account that's paired with a high-deductible health plan (HDHP). You can contribute to a HSA and use this money to pay eligible out-of-pocket medical, dental, and vision expenses for yourself and your family members—even if you're not covering them on your health plan. You can find a full list of HSA-eligible expenses on the IRS website at **irs.gov/forms-pubs/about-publication-502**.

You can open a HSA at a bank, credit union, or other financial institution that offers HSAs.

Using your HSA

When you open a HSA, the financial institution may send you a debit card that you can use to pay for eligible expenses. Alternatively, you can pay out of pocket and submit a request for reimbursement.

A few things to know about HSAs

- There's a limit to how much you can save every year. For 2026, you can contribute up to $4,400 if you have individual medical coverage; if you're covering others, too, the limit is $8,750. If you're 55 of older, you can save an additional $1,000.
- You can start, stop, or change your contributions at any time.
- The money in your HSA is yours to use forever. You can use it to pay for current medical expenses or save it for future use.
- Depending on your financial institution, the money in your HSA may earn interest, and you may have the option to invest it once it reaches a certain balance.
- **If you are enrolled in Medicare, you are not eligible for an HSA.**

Four ways you save on taxes with an HSA

1. Your contributions are subtracted from your taxable income, and, therefore, you pay no taxes on them.
2. You pay no taxes on interest earned as your HSA balance grows.
3. You pay no taxes on HSA investment income.
4. You pay no taxes on money you withdraw to pay for eligible healthcare expenses.

Contacts and Mobile Apps

Wayne County Benefits Division

313-224-5157 (phone)
313-967-1228 (fax)
benefits@waynecounty.com

Medical plans

Blue Care Network

800-662-6667
bcbsm.com

Blue Care Network Advantage

800-450-3680
bcbsm.com

Blue Cross Blue Shield of Michigan

877-790-2583
bcbsm.com

Blue Cross Blue Shield of Michigan Medicare Plus Blue

877-241-2583
bcbsm.com

Optical Reimbursement Plan

Heritage Vision Plans

800-252-2053
heritagevisionplans.com

Mail claims to:
Heritage Vision Plans, Inc.
Attention: Claim Processing
One Woodward Avenue, Suite 2020
Detroit, MI 48226

Fax claims to: **313-863-1189**

Email claims to: **eligibility@heritagevisionplans.com**

Voluntary dental and vision plans

TMR & Associates

313-963-1135

Centers for Medicare and Medicaid Services

800-633-4227
TTY: 877-486-2048
cms.gov

Social Security Administration

800-772-1213
TTY: 800-325-0778
ssa.gov

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