



Wayne County Benefits Guide 2025



Legislative Retirees



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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 2025 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 December 6, 2024.
 - 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 three 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

All three medical plans use a network of doctors and hospitals to provide care at rates they've negotiated with Wayne County.

- The **Blue Cross Community Blue** plan is a PPO plan and will cover care you receive from in-network and out-of-network providers. (Note: You'll pay more if you go out-of-network.)
- The **BCBSM Simply Blue PPO HDHP** covers care you receive from in-network and out-of-network providers. (Note: You'll pay more if you go out-of-network.) This plan is a high-deductible health plan, which allows you to open and contribute pretax dollars to a Health Savings Account (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.
- The **Blue Care Network HMO** provides care through a health maintenance organization (HMO).
 - When you're covered by an HMO, you must select a primary care doctor to oversee your care and authorize any referrals for specialty care or other medical services.
 - The HMO plan doesn't cover out-of-network care.

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 HMO	Blue Cross Community Blue PPO
HSA-compatible	✓		
Out-of-network option	✓		✓
Primary care doctor required		✓	

Monthly health care rates

Medicare Retirees

- If you and all your covered dependents are Medicare-eligible, you currently do not pay a monthly contribution toward the cost of your health care plan.
- If you and/or a dependent are not Medicare-eligible, then the applicable monthly contribution rate based upon your labor agreement/benefits plan will apply.

Pre-Medicare Retirees

- If you or any one of your covered dependents is not Medicare-eligible, you are required to pay a monthly contribution toward the cost of your health care plan.
- If your contribution has not yet reached the maximum retiree monthly contribution rate according to those same terms, your monthly contribution rate is subject to change each year up to a maximum increase of 10% each year based on the change in the insurance carrier's annual renewal rates.
- The monthly retiree contribution rate is assessed according to the terms of the applicable labor agreement/benefit plan.

Blended retiree rate: Some retirees contribute toward the cost of their retiree health care based on a composite calculation. If this applies to you and if your contribution has not yet reached the maximum retiree monthly contribution rate, you will pay 10% of the average monthly rate for each month in which there is at least one person covered who is not yet Medicare eligible. The 2025 blended rate is \$231.21 per month.

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](https://www.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.

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 waynecounty.com/departments/phr/benefit-details.aspx.

	BCBSM Simply Blue PPO HDHP		Blue Care Network HMO	Blue Cross Community Blue PPO	
	In-network	Out-of-network	In-network only	In-network	Out-of-network
Annual deductible (individual/two or more family members)	\$1,650/\$3,300	\$3,300/\$6,600	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
Coinsurance¹	10%	30%	50%	20%	40%
Annual out-of-pocket maximum (individual/two or more family members)	\$2,300/\$4,600	\$4,600/\$9,200	\$6,600/\$13,200	\$2,000/\$4,000	\$4,000/\$8,000
Preventive care (Annual physical, well-baby visits, routine immunizations, routine lab tests)	\$0	Not covered	\$0	\$0	Not covered
Office visit (Primary care doctor or specialist)	10% ¹	30% ¹	\$30 copay	\$30 copay	40% ¹
Lab tests/X-rays	10% ¹	30% ¹	\$0 ¹	20% ¹	40% ¹
Emergency room	10% ¹	30% ¹	\$100 copay ¹	\$100 copay	
Urgent care	10% ¹	30% ¹	\$30 copay	\$30 copay	40% ¹
Mental health and substance abuse—outpatient	10% ¹	30% ¹	\$30 copay ¹	50% ¹	50% ¹
Inpatient hospital care	10% ¹	30% ¹	\$0 ¹	20% ¹	40% ¹
Physical, speech, and occupational therapy for rehabilitation (Up to 60 outpatient visits per year)	10% ¹	30% ¹	\$30 copay ¹	20% ¹	40% ¹

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 HMO	Blue Cross Community Blue PPO
Retail—up to 30-day supply			
Generic	\$10 copay after deductible	\$10 copay	\$10 copay
Brand name—formulary	\$35 copay after deductible	\$35 copay	\$35 copay
Brand name—non-formulary	\$50 copay after deductible	\$50 copay	\$50 copay
Specialty	\$50 copay after deductible	\$50 copay	20% coinsurance
Mail order (90-day supply)	2x cost of 30-day supply after deductible	2x cost of 30-day supply	2x cost of 30-day supply
Drug formularies	BCBSM Custom Formulary	BCN Custom Formulary	BCBSM Custom 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](https://www.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.

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 Livongo, by 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.

Livongo participants receive the following tools:

- A welcome kit, including Livongo'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 Livongo 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.

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
- BCBSM Medicare Advantage \$500 PPO
- BCN Medicare Advantage \$500 HMO-POS

Wayne County requires that its retirees enroll for Medicare Part A & B when eligible. Most people become eligible at age 65 but you could become eligible sooner if disabled. You should receive information from the Social Security Administration when you become eligible for Medicare; however, if you do not, it is your responsibility to contact them. Failure to enroll in Medicare Part A & B will compromise your eligibility for Wayne County medical and prescription drug benefits and/or subject you to permanent premium penalties from the Center of Medicare and Medicaid Services (CMS).

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 an **individual** 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 an individual 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	BCBSM Medicare Advantage \$500 PPO	BCN Medicare Advantage \$500 HMO-POS
Out-of-network coverage	✓	✓	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 Livongo, by 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.

Livongo participants receive the following tools:

- A welcome kit, including Livongo'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 Livongo 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

Review the table below to see how the plans compare. For more details, review the evidence of coverage documents online at bcbsm.com/medicare.

	BCBSM Medicare Advantage \$1,650 PPO	BCBSM Medicare Advantage \$500 PPO	BCN Medicare Advantage \$500 HMO-POS
Annual deductible	\$1,650	\$500	\$500
Coinsurance¹	10%	20%	None
Annual out-of-pocket maximum	\$2,300	\$2,000	\$6,700
Preventive care (Annual physical, mammogram, colorectal cancer screenings, routine immunizations, routine lab tests)	\$0	\$0	\$0
Office visit (Primary care doctor or specialist)	10% ¹	\$30 copay	Primary care doctor: \$30 copay Specialist: \$30 copay ¹
Lab tests/X-rays	10% ¹	20% ¹	\$0 ¹
Emergency room	\$75 copay	\$75 copay	\$75 copay
Mental health and substance abuse—outpatient	10% ¹	20% ¹	\$0
Inpatient hospital care	10% ¹	20% ¹	\$0 ¹
Outpatient physical, speech, and occupational therapy for rehabilitation	10% ¹	20% ¹	\$30 copay ¹

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	\$4/\$10	\$3/\$10
Tier 2—generic	\$4/\$10	\$4/\$10	\$3/\$10
Tier 3—preferred brand	\$25/\$35	\$25/\$35	\$30/\$35
Tier 4—non-preferred	\$40/\$50	\$40/\$50	\$40/\$50
Tier 5—specialty	\$40/\$50	\$40/\$50	\$40/\$50
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.

**Looking for a
Heritage Vision
Retail location?**

Visit
heritagevisionplans.com
(no login required).

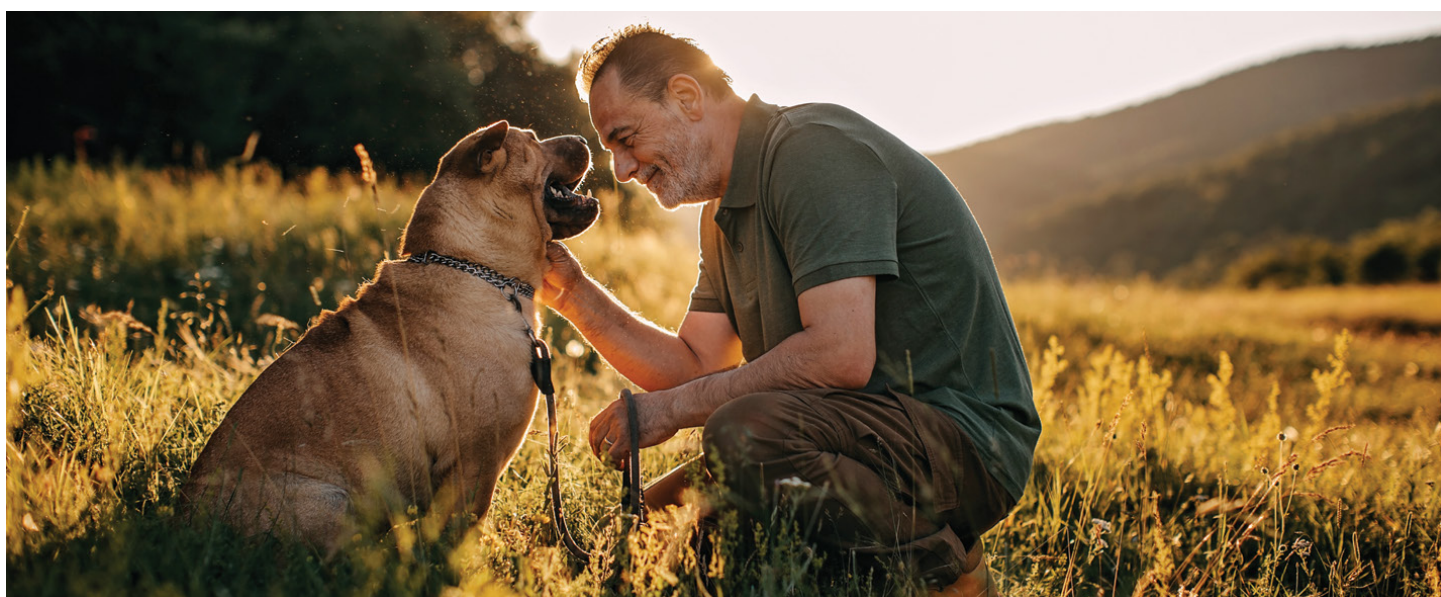
Please Note:

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.

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](https://www.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 2025, you can contribute up to \$4,300 if you have individual medical coverage; if you're covering others, too, the limit is \$8,550. If you're 55 or older, you can save an extra \$1,000 a year.
- 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

