

THE POOL

Western Michigan
Health Insurance

2024

LifeWays Benefit Guide





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.

Contents

About Your Benefits	4
Medical Coverage	6
Prescription Drug Coverage	9
Dental Coverage	10
Vision Coverage	11
Spending Accounts	12
Life and Disability Insurance	14
Additional Benefits	16
Coverage Costs	18
Contact Information	19

About Your Benefits

At LifeWays, 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 LifeWays benefits. If you have any questions, reach out to Megan Woods at 517.780.3368 or megan.woods@lifewaysmi.org.

Eligibility and Enrollment

You are eligible to participate in LifeWays's benefits if you are a full-time employee working at least 30 hours or more 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 enroll. Life and Disability coverage begins the date of hire, while all other benefits begin on the first of the month following date of hire.

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 notify the HR team and make the change. Keep in mind, the change you make must be directly related to the event.



What will it cost?

LifeWays is committed to offering you comprehensive benefits at a fair cost. View page 11 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 three medical plans through Blue Cross Blue Shield of Michigan – two traditional plans and one HDHP plan. See the table below for an overview of coverages and charges for each plan.

	HDHP - ACA Plan		CB PPO Plan 4	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$3,000 / \$6,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance	20% after deductible	40% after deductible	0% after deductible	20% after deductible
Out-of-pocket Maximum <i>(Individual/family)</i>	\$6,350 / \$12,700 \$6,550 per member in family plan	\$12,700 / \$25,400	\$3,000 / \$6,000	\$4,000 / \$8,000
Preventive Care	0%	Not Covered	0%	Not Covered
Office Visits Telemedicine Primary Care Urgent Care Specialist	20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible	\$20 copay \$20 copay \$20 copay* \$20 copay	80% after deductible 80% after deductible 80% after deductible 80% after deductible
Emergency Room	20% after deductible	20% after deductible	\$50 copay (copay waived if admitted or for an accidental injury)	

*For physician UC. Facility UC is 100% after deductible

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

(Continued)

	PPO Select 8	
	In-Network	Out-of-Network
Deductible	\$250 / \$500	\$500 / \$1,000
Coinsurance	0% after deductible	20% after deductible
Out-of-pocket Maximum <i>(Individual/family)</i>	\$2,250 / \$4,500	\$2,500 / \$5,000
Preventive Care	0%	Not Covered
Office Visits		
Telemedicine	\$20 copay	20% after deductible
Primary Care	\$20 copay	20% after deductible
Urgent Care	0% after deductible	20% after deductible
Specialist	\$20 copay	20% after deductible
Emergency Room	\$50 copay (Copay waived if admitted or for an accidental injury)	

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

Four 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.

The **traditional plans** have 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.

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.

	Traditional Plans: CB Plan 4, Select Plan 8	HDHP Plan: ACA Plan
Contribution cost for coverage	Highest	Lowest
Annual Deductible	Lowest	Highest
Annual Out-of-Pocket Maximum	Lowest	Highest
Using the Plan	Pay more with each paycheck and less when you need care	Pay less with each paycheck and more when you need care
Spending Account Options	Health care FSA Dependent care FSA	Health savings account Dependent care FSA



Telemedicine



Getting to the doctor when you're sick is never easy. That's why LifeWays 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 three of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	HDHP - ACA Plan	CB PPO Plan 4	PPO Select 8
	In Network	In Network	In Network
Deductible	\$3,000/\$6,000	N/A	N/A
Retail (30-day Supply)	Generic: \$10 copay Preferred brand : \$40 copay Non-preferred brand: \$80 copay Specialty: \$10/\$40/\$80 copay	Generic: \$10 copay Brand Drugs: \$40 copay Specialty: \$10/\$40 copay	Generic: \$10 copay Brand Drugs: \$40 copay Specialty: \$10/\$40 copay
Mail order (90-day Supply)	Generic: \$20 copay Preferred brand: \$80 copay Non-preferred brand: \$160 copay Specialty: \$20/\$80/\$160 copay	Generic: \$20 copay Brand Drugs: \$80 copay Specialty Drugs: \$80 copay	Generic: \$20 copay Brand Drugs: \$80 copay Specialty Drugs: \$80 copay

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 BCBSM's mail-order pharmacy. If you have questions about home delivery for specialty medications, please call at (866) 515-1355 or visit the website at bcbsm.com/pharmacy.



Dental Coverage



LifeWays offers two dental plans through Delta Dental of Michigan. Review the chart below for the amount you will pay for the dental service listed.

	Dental Base Plan		Dental Buy-Up Plan	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible (Individual/Family)	PPO: \$0 / \$0 Premier: \$0 / \$0	PPO: \$0 / \$0 Premier: \$0 / \$0	PPO: \$0 / \$0 Premier: \$0 / \$0	PPO: \$0 / \$0 Premier: \$0 / \$0
Annual Maximum (Per Person)	\$1,000	\$1,000	\$1,500	\$1,500
Preventive Care (Routine Cleaning and X-rays)	75%	75%	100%	100%
Basic Services (Fillings, Basic Root Canals)	50%	50%	80%	80%
Major Services (Extractions, Crowns)	50%	50%	50%	50%
Orthodontia (Children up to age 18)	50%	50%	50%	50%
Orthodontia Lifetime Maximum (Per Person)	\$1,000	\$1,000	\$1,000	\$1,000



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

LifeWays’s vision plan through EyeMed 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.

	Base Vision Plan		Buy-Up Vision Plan	
	In Network	Out of Network	In Network	Out of Network
Eye Exam (Once every 12 months)	\$0 copay	\$40 allowance	\$0 copay	\$40 allowance
Lenses (Once every 12 months)				
Single Vision	\$0 copay	\$30 allowance	\$0 copay	\$30 allowance
Bifocal	\$0 copay	\$50 allowance	\$0 copay	\$50 allowance
Trifocal	\$0 copay	\$70 allowance	\$0 copay	\$70 allowance
Lenticular	\$0 copay	\$70 allowance	\$0 copay	\$70 allowance
Frames (Once every 12 months)	\$130; 20% off balance over \$130	Up to \$91 allowance	\$200; 20% off balance over \$200	Up to \$140 allowance
Contact Lenses (Once every 12 months)				
Conventional	\$130 allowance*	Up to \$130	\$200 allowance*	Up to \$200
Disposable	\$130 allowance**	Up to \$130	\$200 allowance**	Up to \$200
Medically Necessary	Covered in full	Up to \$210	Covered in full	Up to \$210

*(15% off remaining balance)

** (100% off remaining balance)

Finding in-network Ophthalmologists

Find an in-network eye doctor by visiting www.eyemed.com or calling 866.804.0982.



Spending Accounts

Paying for Health Care

LifeWays 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 Care Flexible Spending Account (FSA)	Health Savings Account (HSA)
What medical plan can I choose?	Traditional PPO (Select 8, CB Plan 4)	HDHP ACA 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?	All of the funds you elect for the year are available January 1	Funds are available as you contribute to the account
Can I roll over funds each year?	You are allowed to rollover up to \$610 from your account at the end of the year. <i>*May be updated for 2024</i>	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
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 \$3,050 in 2023 <i>*May be updated for 2024</i>	\$4,150 for individual coverage or \$8,300 for family coverage in 2024
Can I change my contributions throughout the year?	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	Yes, you can log on to https://my.healthequity.com to change your per-paycheck contributions at any time

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 http://my.healthequity.com)
How much can I contribute each year?	Between \$500 and \$5,000 in 2023 <i>*May be updated for 2024</i>

Important Note

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

LifeWays provides basic life and accidental death and dismemberment (AD&D) insurance through Mutual Of Omaha at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

	How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-paid benefit)
Life	Your beneficiaries receive this benefit if you pass away	1 times annual salary to a maximum of \$50,000, plus \$150,000, with a minimum of \$10,000	You: Increments of \$10,000 up to \$250,000 Your spouse: Increments of \$5,000 up to \$125,000 Your child(ren): Increments of \$1,000 up to \$10,000
AD&D	You (or your beneficiaries) receive this benefit if you pass away or are seriously injured in an accident	1 times annual salary to a maximum of \$50,000, plus \$150,000, with a minimum of \$10,000	You: Increments of \$10,000 up to \$250,000 Your spouse: Increments of \$5,000 up to \$125,000 Your child(ren): Increments of \$1,000 up to \$10,000



Keep your beneficiaries up to date

You must 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

LifeWays also provides disability insurance through Mutual Of Omaha. 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 \$600 per week. Benefits begin after 14 calendar days of absence from work and continue for up to 24 weeks.	Company
Long-term Disability	You receive 70% 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

Voluntary Critical Illness Insurance



Quick View

When a major illness is diagnosed, there can be several expenses that aren't covered by your regular medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid directly to you to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illness	Provisions
<p>\$10,000 or \$20,000</p>	<p>Invasive Cancer Heart Attack Stroke</p>	<p>Guarantee Issue No Pre-existing Condition Waiting period</p>
		<p>Different Illness Diagnosis: <i>6 month separation</i></p>
<p>Spouse benefit at 100%</p> <p>Child(ren) benefit at 50% To age 26 No additional premium</p>	<p>Major Organ Transplant 100% transplant list</p>	<p>Same Illness Diagnosis: <i>6 month separation</i></p>
	<p>Kidney Failure</p>	<p>Portable at same rate</p>
	<p>Skin Cancer \$1000 Once per calendar year</p>	<p>No maximum number of pay outs</p>

Bi-Weekly Deductions (24 of 26 Pay Periods)

Attained Age	\$10,000 Children benefit: \$5,000		\$20,000 Children benefit: \$10,000	
	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
	18-25	\$1.26	\$2.52	\$2.52
26-30	\$1.96	\$3.92	\$3.92	\$7.84
31-35	\$2.75	\$5.51	\$5.51	\$11.01
36-40	\$3.82	\$7.65	\$7.65	\$15.29
41-45	\$5.23	\$10.46	\$10.46	\$20.91
46-50	\$7.13	\$14.26	\$14.26	\$28.51
51-55	\$11.45	\$22.91	\$22.91	\$45.81
56-60	\$14.01	\$28.02	\$28.02	\$56.03
61-65	\$23.15	\$46.29	\$46.29	\$92.58
66+	\$37.34	\$74.68	\$74.68	\$149.35

Eligible child(ren) are automatically covered to the age of 26 with no premium charged

IMPORTANT - This document is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language presides.

Voluntary Accident Insurance



Quick View

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount		Benefit and Amount		Provisions	
Urgent Care: \$150		Physical Therapy: \$25 (10)		Off the job Over 40 named Benefits No limit on the number of accidents 20% Organized Athletic Activity Rider Portable at the same rate	
Crutches: \$100		Laceration: up to \$600			
X-Ray: \$50		Concussion: \$150			
Follow up Treatment: \$50 (3)		Hospital Admission: \$1,000			
Fractures/Dislocations: up to \$8,000 / \$3,500		Hospital Confinement: \$200 (365 days)			
*Fracture Schedule			*Dislocation Schedule		
Coccyx/Rib/Finger/Toe		\$320	Finger/Toe		\$140
Vertebral Processes/Sacrum		\$800	Elbow		\$350
Facial Bones (except teeth)		\$1,200	Wrist		\$437
Upper Arm/Upper Jaw/Skull (Simple)		\$1,400	Lower Jaw		\$525
Lower Jaw/Shoulder Blade/Collar Bone		\$1,600	Hand		\$612
Forearm/Hand/Wrist/Foot/ Ankle/Kneecap		\$2,000	Foot/Ankle		\$700
Leg		\$2,400	Shoulder		\$875
Skull (Depressed)		\$3,000	Knee		\$1,137
Pelvis		\$3,200	Hip		\$1,750
Vertebrae/Sternum		\$3,600			
Hip/Thigh		\$4,000			
*Open reduction fractures/dislocations will pay at 200% of the listed amount					
Bi-Weekly Deductions (24 of 26 Pay Periods)					
Employee		Employee & Spouse		Employee & Children	
\$3.96		\$6.94		\$10.62	
				Family	
				\$13.60	

IMPORTANT - This document is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language presides.



Voluntary Hospital Indemnity Insurance



Quick View

The cost of a hospital stay can be financially difficult if money is tight and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name		Amount	
Initial Hospital Confinement (24 hrs)		\$1,000 (once per sickness or accident per calendar year)	
Daily Hospital Confinement		\$150 (up to 31 days)	
ICU Supplemental Confinement (daily) (pays in addition to daily confinement)		\$150 (up to 10 days)	
Intermediate ICU (pays in addition to daily confinement)		\$75 (up to 10 days)	
Provisions			
Guarantee Issue?		Yes	
Pre-existing Condition Waiting Period?		No	
Pre-existing pregnancy covered?		Yes	
Mental and Nervous Disorders covered?		Yes	
Drug and Alcohol Addiction covered?		Yes	
Portable?		Yes	
Bi-Weekly Deductions (24 of 26 Pay Periods)			
Employee: \$8.23	Employee + Spouse: \$16.52	Employee + Child(ren): \$13.17	Family: \$21.46

IMPORTANT - This document is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

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: WMHIP

Omada

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

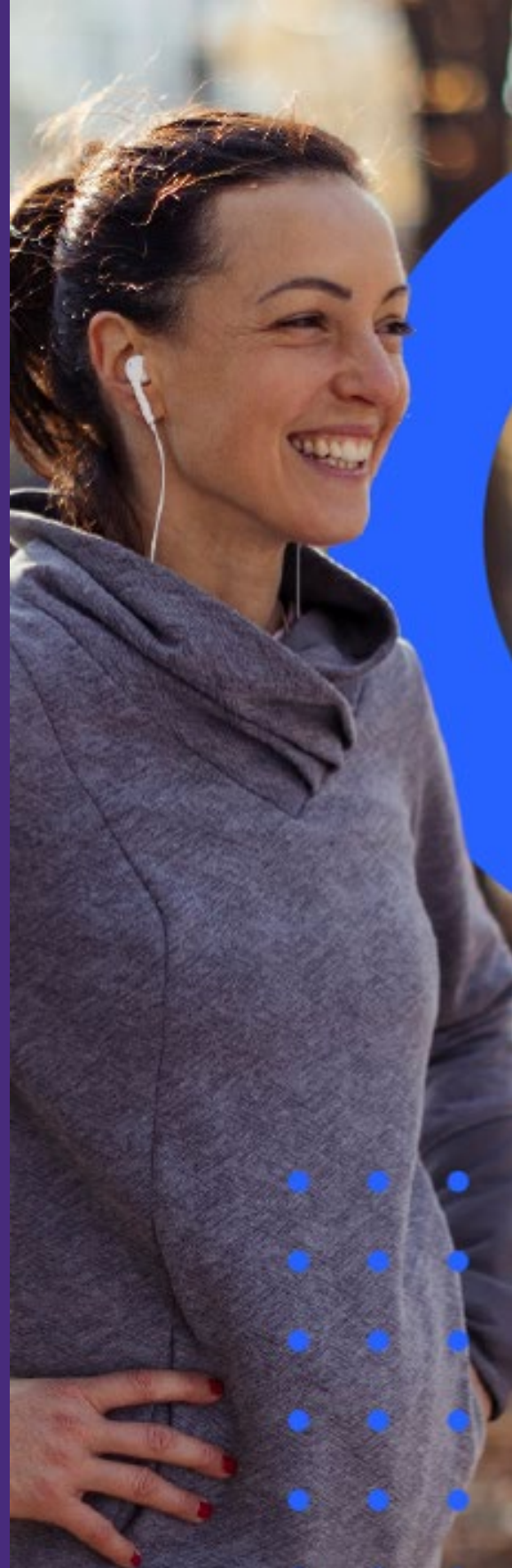


2nd.MD

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 coverage

Coverage Tier	HDHP ACA Plan	CB PPO Plan 4	PPO Select 8
Single	\$0	\$37.04	\$55.64
2 Person	\$19.29	\$176.43	\$220.58
Family	\$0.70	\$195.53	\$251.20

Per-paycheck cost for Dental coverage

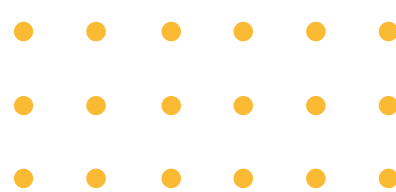
Coverage Tier	Dental Base Plan	Dental Buy-Up Plan
Single	\$0	\$7.48
2 Person	\$0	\$13.76
Family	\$0	\$24.06

Per-paycheck cost for Vision coverage

Coverage Tier	Base Vision Plan	Buy-Up Vision Plan
Single	\$0	\$1.78
2 Person	\$0	\$3.38
Family	\$0	\$4.95

Voluntary Life and AD&D: Rates are dependent upon age and coverage amount, see HR for details

Contact Information



Benefit	Vendor	Phone	Website / Email
Medical	Blue Cross Blue Shield of Michigan	877.752.1233	www.bcbsm.com
Rx	Optum Rx and AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
Dental	Delta Dental	800.524.0149	https://www.DeltaDentalMI.com
Vision	EyeMed	866.804.0982	eyemed.com
Health Savings Account, Flexible Spending Account	HealthEquity	866.346.5800 877.924.3967	https://my.healthequity.com
Life and AD&D, Disability, Vol Life and AD&D, FMLA	Mutual Of Omaha	800.877.5176	www.mutualofomaha.com
Critical Illness, Accident, Hospital Indemnity	Aflac	210.757.4273	Michaela_castro@ajg.com

LifeWays HR Team

The Human Resources Department at LifeWays is available for questions about your employer-sponsored health, welfare and insurance benefits. Visit the office to talk about your eligibility, enrollment or your current benefits.

- Phone: 517-780-3368
- Email: megan.woods@lifewaysmi.org
- Hours: Monday - Friday, 8 a.m. - 4 p.m.





THE POOL

Western Michigan Health Insurance

This benefit summary was prepared
by



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.