

THE POOL

Transforming Your
Wellbeing Together

2026 Benefits Guide

LifeWays

2025-26



LifeWays

TRANSFORMING YOUR
WELLBEING TOGETHER

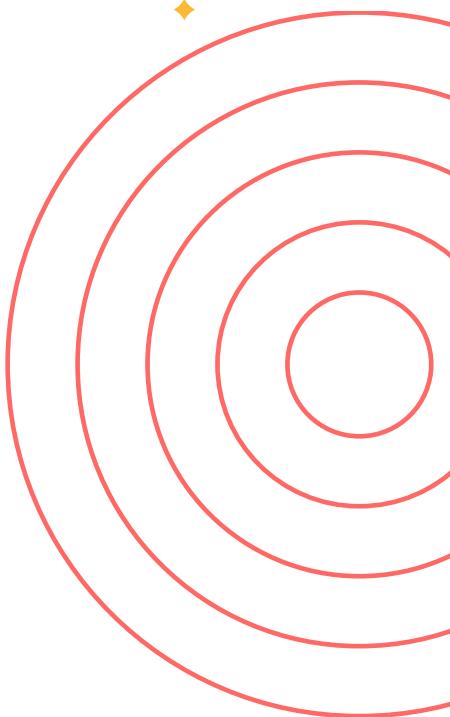


Table of contents

About Your Benefits	3
Medical Coverage	5
Prescription Drug Coverage	7
Dental Coverage	8
Vision Coverage	9
Spending Accounts	10
Life, AD&D and Disability Insurance	11
Additional Benefits	12
Coverage Costs	17
Contact Information	18



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

If you're eligible to participate in Lifeways' benefits if you are a full-time employee working at least 30 hours 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 on your hire date, while all other benefits begin on the first day of the month following your hire date.

Making Changes to Your Benefits

Each year, you can 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 your 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 make the change. Keep in mind, the change you make must be directly related to the event.



Common Health Insurance Terms



Below are a few helpful insurance terms to know before looking through your coverage options.

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.

Network

The health facilities and providers your medical plan is contracted with to provide services, typically at a lower, negotiated rate.

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.

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.

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.

Medical Coverage



See the table below for an overview of coverage options and charges for each plan. Costs for each of the plan options are provided on page 17.

	ENHANCED 250 061		VALUE 500 146	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$250 / \$500	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance	10%	20%	10%	30%
Coinsurance Maximum (Individual/family)	\$1,750 / \$3,500	N/A	\$1,000 / \$2,000	N/A
Out-of-pocket Maximum (Individual/family)	\$2,500 / \$5,000	\$2,500 / \$5,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Preventive Care	FREE	Not Covered	FREE	Not Covered
Office Visits				
BCBSM Online	\$20 copay	Not covered	\$20 copay	Not covered
Primary Care	\$20 copay	20% after ded	\$20 copay	30% after ded
Specialist	\$20 copay	20% after ded	\$40 copay	30% after ded
Urgent Care	\$20 copay	20% after ded	\$60 copay	30% after ded
Emergency Room	\$50 copay (waived if admitted) then 10% after deductible		\$50 copay (waived if admitted)	



Finding providers in-network

You'll save the most money who 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

See the table below for an overview of coverage options and charges for each plan. Costs for each of the plan options are provided on page 17.

VALUE 1000 188		
	In-Network	Out-of-Network
Deductible	\$1,000 / \$2,000	\$2,000 / \$4,000
Coinsurance	10%	30%
Coinsurance Maximum (Individual/family)	\$2,500 / \$5,000	N/A
Out-of-pocket Maximum (Individual/family)	\$4,500 / \$9,000	\$4,500 / \$9,000
Preventive Care	FREE	Not Covered
Office Visits		
BCBSM Online	\$30 copay	Not covered
Primary Care	\$30 copay	30% after ded
Specialist	\$50 copay	30% after ded
Urgent Care	\$60 copay	30% after ded
Emergency Room	\$150 copay (waived if admitted)	



Finding providers in-network

You'll save the most money who you choose in-network doctors, hospitals, and pharmacies. Log onto www.BCBSM.com and use the Find a Doctor tool when searching for care.

Prescription Drug Coverage

Prescription drug coverage through Blue Cross Blue Shield of Michigan is included with all medical plans. Review the chart below for the coverages at each prescription tier. Costs for each of the plan options are provided on page 17.

	ENHANCED 250 061	VALUE 500 146	VALUE 1000 188
	In Network	In Network	In Network
Retail (30-day)	Generic	\$10 copay	\$20 copay
	Preferred	\$40 copay	\$40 copay
	Non-preferred	\$40 copay	\$40 copay
	Specialty Preferred	\$80 copay	\$80 copay
	Spec Non-preferred	\$80 copay	\$80 copay
		20% (min \$40, max \$80)	20% (min \$60, max \$100)
Mail order (90-day)	Generic	\$20 copay	\$40 copay
	Preferred	\$80 copay	\$80 copay
	Non-preferred	\$80 copay	\$80 copay
	Specialty Preferred	\$160 copay	\$160 copay
	Spec Non-preferred	\$160 copay	\$160 copay
		20% (min \$80, max \$160)	20% (min \$120, max \$200)
		20% (min \$120, max \$200)	20% (min \$120, max \$200)

Note: Prescriptions and refills obtained from a non-network pharmacy are reimbursed at 75% of the approved amount, less the member's 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

BCBSM 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 AllianceRx Walgreens Pharmacy at 1-866-515-1355 or visit the website at alliancerxwp.com.



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. Costs for each of the plan options are provided on page 17.

	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			
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 dentists in-network

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' vision plans 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. Costs for each of the plan options are provided on page 17.

	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 Ophthalmologists in-network

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

Spending Accounts

Paying for Health Care

LifeWays offers the ability to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses as well as an option for eligible child or elderly care expenses..

Health Care Flexible Spending Account (FSA)	
What medical plan can I choose?	Any
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 funds you elect for the year are available January 1
Can I roll over funds each year?	No, beyond the 2026 IRS allowed balance of \$680, you will lose any additional 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 www.my.healthequity.com)
How much can I contribute each year?	Between \$120 and \$3,400 in 2026
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
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 elderly 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 www.my.healthequity.com)
How much can I contribute each year?	Between \$120 and \$7,500 in 2026

Important Note: With the changes to the plan offerings this year, HSA contributions are no longer allowed.

THE POOL

Western Michigan Health Insurance

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)	Voluntary Life and AD&D (Employee Paid)
Life	Your beneficiaries receive this benefit if you pass away	1 times your annual salary (rounded to the next higher \$1,000) up to \$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 your annual salary (rounded to the next higher \$1,000) up to \$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. 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.

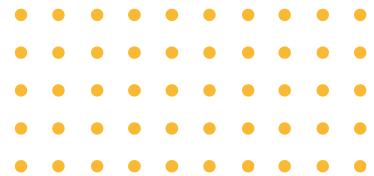
Choose a Benefit Amount	Covered Illness	Provisions
\$10,000 or \$20,000	Invasive Cancer Heart Attack Stroke Major Organ Transplant 100% transplant list Kidney Failure Skin Cancer \$1000 Once per calendar year	Guarantee Issue No Pre-existing Condition Waiting period
Spouse benefit at 100% Child(ren) benefit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

Bi-Weekly Deductions (24 of 26 Pay Periods)

	\$10,000	\$20,000		
	Children benefit: \$5,000	Children benefit: \$10,000		
Attained Age	Employee Only	Employee + Spouse	Employee Only	Employee + Spouse
18-25	\$1.26	\$2.52	\$2.52	\$5.04
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
Crutches: \$100	Laceration: up to \$600	Over 40 named Benefits
	Concussion: \$150	No limit on the number of accidents
X-Ray: \$50	Hospital Admission: \$1,000	20% Organized Athletic Activity Rider
Follow up Treatment: \$50 (3)		
Fractures/Dislocations: up to \$8,000 / \$3,500	Hospital Confinement: \$200 (365 days)	Portable at the same rate

*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		

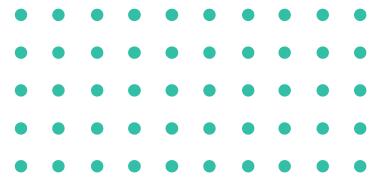
*Open reduction fractures/dislocations will pay at 200% of the listed amount

Bi-Weekly Deductions (24 of 26 Pay Periods)

Employee	Employee & Spouse	Employee & Children	Family
\$3.96	\$6.94	\$10.62	\$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 presides.

Pool Benefits

Being a member of The Pool gives you and your family have access free benefits and programs, at no cost to you.

Diabetes Support and Prevention



Diabetes Prevention

Build sustainable habits to improve your health and lose weight with access to interactive, digital lifestyle programs; professional health coaches; and more. You and/or family members are eligible if at risk for Type 2 diabetes.

omadahealth.com/thepool



Diabetes Management

Receive a smart glucose meter, unlimited strips and lancets, and have access to expert coaches who provide advice on diet, lifestyle, and more. Available to those diagnosed with Type 1 or Type 2 diabetes.

teladochealth.com/join/thepool



Diabetes Reversal

If you or a family member have been diagnosed with Diabetes, Virta helps you lower blood glucose levels, lose weight, and reduce your need for medication by making meaningful changes to your diet.

go.virta.com/thepoolmi

Pool Benefits

Being a member of The Pool gives you and your family have access free benefits and programs, at no cost to you.

Other Value Adds



Virtual Second Opinions

Receive a second opinion on a diagnosis, scheduled surgery, or treatment plan from a top national specialist, all from the comfort of your home.

2nd.md/thepool



Muscle & Joint Pain Relief

If you're struggling with back, joint, or muscle pain, Hinge Health is a virtual exercise therapy program proven to reduce or even eliminate pain.

[Hingehealth.com/thepool](https://hingehealth.com/thepool)

Maternity & Postpartum Support

Virtual, 24/7 support with things like creating your birth plan, breast and bottle feeding, navigating infant sleep, returning to work, managing your mental health, and more.

mavenclinic.com/join/takecare



Coverage Costs

Below is an overview of your benefit coverage costs

Per-paycheck cost for medical, dental, and vision coverages

Coverage Tier	ENHANCED 250 061	VALUE 500 146	VALUE 1000 188
Employee only	\$89.14	\$51.00	\$13.35
Employee + 1	\$253.07	\$167.25	\$82.55
Family	\$273.65	\$166.84	\$61.44

Coverage Tier	Dental Base Plan	Dental Buy Up Plan
Employee only	\$0	\$7.48
Employee + 1	\$0	\$13.76
Family	\$0	\$24.06

Coverage Tier	Vision Base Plan	Vision Buy Up Plan
Employee only	\$0	\$1.78
Employee + 1	\$0	\$3.38
Family	\$0	\$4.95

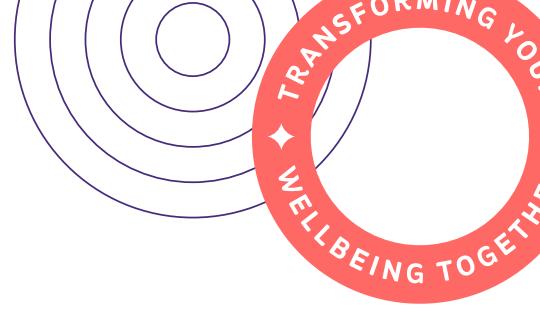
Voluntary Life and AD&D: Rates are dependent upon age and coverage amount, see HR for details

Contact Information

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.



Benefit	Vendor	Phone	Website / Email
Medical	Blue Cross/Blue Shield of Michigan	877.752.1233	bcbsm.com
Rx	OptumRx and AllianceRx Walgreens Pharmacy	866.515.1355	alliancerxwp.com
Dental	Delta Dental	800.524.0149	deltadentalmi.com
Vision	EyeMed	866.804.0982	eyemed.com
Flexible Savings Account	HealthEquity	877.924.3967	My.healthequity.com
Life, AD&D	Mutual of Omaha	800.877.5176	mutualofomaha.com
Disability, FMLA	Reach out to the LifeWays HR Team		
Critical Illness, Accident, Hospital Indemnity	Aflac	210.757.4273	Michaela_Castro@ajg.com

Benefit	Website / Email	Other
Omada	Omadahealth.com/wmhip	
Teladoc Health	Teladochealth.com/join/wmhip	Text: "GO WMHIP" to 85250 Call: 800-945-4355 and use registration code WMHIP
Virta	Virtahealth.com/join/thepoolmi	
2nd.MD	2nd.md/thepool	Call 1.866.841.2575
Hinge Health	Hingehealth.com/thepool	

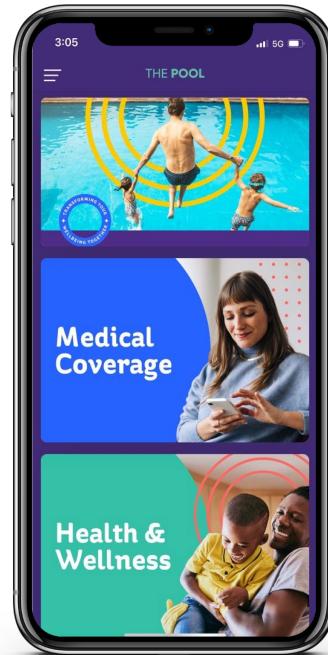


The Pool App

Access to your health benefits, all in one place.

The app houses information on:

- Your medical benefits
- Free Pool programs and resources
- Important health reminders throughout the year
- And more!



Ready to download?

Search “The Pool by WMHIP” in your app store or scan the QR code below:



THE POOL

Western Michigan Health Insurance

Thank you.

20
years
of supporting
members

