

State of Michigan  
Employee

# 18-19 Benefits Summary Brochure



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# From the Employee Benefits Division:

State of Michigan Classified Employees<sup>1</sup> are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long term disability insurance, flexible spending accounts, and more. Enrollment must be completed **and** required documentation must be provided within the **first 31 days** of hire by contacting the MI HR Service Center. Coverage will be effective the first day of the pay-period after an eligible employee contacts the MI HR Service Center and completes enrollment. Life Insurance is the only exception, as life coverage begins the first day of an eligible employee's employment.



**Employees wishing to participate in the State of Michigan's health, dental, vision, employee life and dependent life, long term disability (LTD), and/or flexible spending account benefits must enroll and provide documentation to MI HR within 31 days of their hire date.**

If an eligible employee elects not to enroll in benefits within the first 31 days of hire, the next opportunity to enroll will be during the annual Insurance Open Enrollment period and the annual Flexible Spending Open Enrollment period, which take place separately in the summer and fall, or, if they experience a life event such as marriage, birth of a child, loss of coverage, etc.

To complete enrollment, all new eligible employees must contact the [MI HR Service Center](#). Please note that Legislative, Judicial, and Auditor General employees should contact their agency HR Office to complete enrollment.

<sup>1</sup> Non-career employees are not eligible for these benefits, but may be eligible for retirement benefits.

## Your Benefits To-Do List:

- Review this booklet for basic information.
- Go to [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) and select the "New Employee" tab to review benefit options.
- Contact the MI HR Service Center<sup>2</sup> toll-free at 877-766-6447 to enroll in eligible insurances. Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except on State holidays.
- Mail or fax dependent eligibility documentation to the [MI HR Service Center](#), if applicable. Eligibility guidelines and required documentation can be found in this booklet, and online at [www.mi.gov/docs4ebd](http://www.mi.gov/docs4ebd).



<sup>2</sup> Legislative, Judicial, and Auditor General employees should contact their agency HR Office for assistance.

# Important Notice

This booklet is a summary of benefits provided to State of Michigan Employees<sup>3</sup> and is not an agreement between any employee and the State of Michigan. More complete details on benefits are found in the official documents, such as the Civil Service Rules and Regulations, collective bargaining agreements, departmental work rules, and contracts with various benefit providers. If this booklet and an official document differ, the official document governs.

The State Health Plan (SHP) PPO, Catastrophic Health Plan, and Health Maintenance Organizations (HMO) plan designs apply to employees in the following units: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

SHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%.

HMO Premium: The State will pay up to 85% of the HMO total Premium, capped at the dollar amount which the State pays for the same coverage under the SHP PPO, with enrolled employees paying the remainder.

<sup>3</sup> Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

## HIPAA (Health Insurance Portability & Accountability Act)

The Employee Benefits Division of the Civil Service Commission currently administers the following self-insured group health plans for State employees and retirees on behalf of the State of Michigan:

- State Health Plan PPO (BCBSM/Magellan)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (EyeMed)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (WageWorks<sup>®</sup>)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Enrolled individuals' rights under HIPAA are outlined in the [Privacy Notice](#) available on the Civil Service Commission Employee Benefits Division website, [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

## COBRA (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees. This may include separation, leave of absence, layoff, or reduction of hours. This can also impact an employee's spouse and dependent children in the event of divorce or death of an employee, and also dependent children who no longer qualify for benefits due to the State of Michigan Dependent Eligibility Guidelines.

Under COBRA, if an employee, a spouse, or dependent should lose eligibility for State employee group health, dental, or vision insurances, they may be eligible to continue these coverages for a period of time by paying the full premium directly to the State of Michigan. This full premium will include the amount previously paid as the employee's share, plus the State's share, and, in some cases, an additional 2% service fee.

Employees may also be eligible to continue life insurance coverage at no cost to the employee or enrolled dependents if the employee is on a leave of absence or layoff from State service. Visit [www.mi.gov/cobra](http://www.mi.gov/cobra) for additional details.

## Who Can Enroll?

Employees may choose to enroll their spouse and/or eligible dependents in their health, dental, vision, and life insurance plans as a new employee, during the annual Insurance Open Enrollment period, or as the result of a life event. Any time a spouse or dependent is added to an insurance plan, the employee must submit dependent eligibility documentation within 31 days of the event. For more eligibility information, visit [www.mi.gov/docs4ebd](http://www.mi.gov/docs4ebd).

## Special Enrollment Rights

If an employee declines enrollment for themselves or their dependents (including spouse/OEAI) because of other health insurance or group health plan coverage, that employee may be able to enroll themselves and their dependents in the State group plan if the employee or dependents lose eligibility for that other coverage (or if the employer stops contributing towards the other coverage). However, the employee must contact the MI HR Service Center<sup>5</sup> to request enrollment within 31 days after the employee, spouse/OEAI, or dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or CHIP (Children's Health Insurance Program) and (2) those who lose coverage under Medicaid or CHIP because they are no longer eligible (not because of non-payment). The deadline for these two enrollments is 60 days after eligibility or termination.

To request special enrollment or obtain more information, contact the [MI HR Service Center](#)<sup>5</sup> at 877-766-6447.

## Dual Eligibility

If an employee, their spouse, or dependent are currently working for the State of Michigan and are both covered by State Group Insurance Plans (retiree or active), they may:

- ◆ Maintain separate coverage through individual plans, **OR**
- ◆ Enroll in one plan with one listed as a dependent.

If married employees choose to maintain separate coverage, children can only be listed on one plan, not both. This applies even if the employees are divorced.

## Insurance Cards

Identification cards will be issued directly from individual [insurance carriers](#), when applicable. In the event that additional or duplicate cards are needed, please contact the insurance carrier directly.

## Life Events

[Life Event Changes](#) must be reported by calling the [MI HR Service Center](#)<sup>5</sup> within 31 days of the event. These allow you to make corresponding changes to benefits outside of an open enrollment period. All life events require substantiation documentation to be provided to the MI HR Service Center within 31 days of the event. Life event examples include: marriage, birth, adoption, divorce, loss or gain of coverage, etc. **Contact the MI HR Service Center as soon as the qualifying life event occurs; do not wait until you have official documentation.**

Immediately notify the MI HR Service Center to cancel dependent coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of divorce.

<sup>5</sup>Legislative, Judicial, and Auditor General employees should contact their agency HR Office for assistance.

## LTD (State Long Term Disability)

The State Long Term Disability (LTD) Plan provides income when an eligible enrolled employee becomes totally disabled as defined in the [LTD Plan Booklet](#) and is unable to work. (See plan for details on pre-existing conditions.)

During an approved LTD absence, full-time employees receive approximately 66-2/3% (0.6667) of their monthly basic earnings, subject to a monthly maximum. These employees are also entitled to the health insurance premium coverage (the “LTD Rider”) during an approved LTD absence. The LTD Rider covers State-sponsored health insurance premiums only. The LTD Rider does not cover vision, dental, or other insurance premiums. Under the LTD Rider, the State will pay both the State’s and the employee’s share (COBRA premium) of the State-sponsored health plan or HMO premiums for a period of up to six months per claim.

The State pays a portion of the total premium for employees enrolled in this plan. The employee portion of the premium is calculated on an individual basis, based on sick leave balance, union representation, and pay rate/salary. To find your approximate bi-weekly premium, use the [LTD Insurance Estimator](#).

New employees can enroll within 31 days of hire. If employees do not enroll within the first 31 days of employment the next opportunity is during the annual Insurance Open Enrollment period, held each summer. Enrollment due to a Life Event is not permitted for LTD.

Review the [LTD Plan Summary](#) for coverage effective dates and other information.

## FSAs (Flexible Spending Accounts)

Employees may choose to enroll in Dependent Care and/or Health Care FSAs.

The FSA program allows employees to pay for eligible dependent care and eligible out-of-pocket medical expenses with pre-tax dollars, making those expenses more affordable. FSAs are convenient and easy to use. With a little up-front planning, employees will see significant tax savings while paying for a wide array of out-of-pocket health and dependent care expenses. To learn more, visit [www.mi.gov/fsa](http://www.mi.gov/fsa).

## Other Benefit Programs

### Qualified Transportation Fringe Benefits

The program allows employees to pay for eligible parking expenses and vanpool ridership fees ([MichiVan](#) only) with pre-tax dollars via payroll deduction. Generally, this program is not for use by employees who park in a State-owned or -leased lot/ramp.

### Voluntary Benefits—Benefits for Life

[Benefits for Life](#) is an employee-paid optional coverage program. The Benefits for Life offerings do not replace the State group benefit plans. Instead, the program offers additional insurance with premiums payable through payroll deduction. Optional coverage plans available for purchase are:

- Accident Insurance
- Accidental Death & Dismemberment (AD&D)<sup>6</sup>
- Auto & Home Insurance<sup>6</sup>
- Critical Illness Insurance
- Discount Plan (FREE)
- Legal Plan
- Supplemental Term Life
- Universal Life Insurance
- Long-Term Care Insurance

<sup>6</sup>These benefits may be enrolled in year-round.

# Health Care Options

The following is a brief description of the health insurance benefits offered to State of Michigan employees. Additional [health plan information](#) can be found at the Employee Benefits Division website, [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits). You may elect one of the following health insurance plans:

## State Health Plan

### (Preferred Provider Organization - PPO)

The State Health Plan PPO is administered by Blue Cross Blue Shield of Michigan (BCBSM).

- The State pays 80% of the premium for full-time employees.
- This plan provides health benefits using providers and facilities that are in-network, meaning the providers and facilities have agreed to accept a discounted fee from BCBSM for services rendered.
- Provider network covers all 83 Michigan counties.
- There are deductible requirements.
- Office visit and prescription drug copays are required.
- There is a 10% co-insurance for most services.
- An emergency room copay will be required if the member is not “admitted” to the hospital.
- Retail pharmacy and mail-order prescription medications are administered by OptumRx.
- Mental health and substance abuse treatment services are administered by Magellan Behavioral Health.



## HMO Plans

### (Health Maintenance Organizations)

An HMO is a managed-care plan that provides medical care through its network of physicians, pharmacies, contracted hospitals, and medical care suppliers in a particular service area.

- The State will pay 85% of the total premium up to the amount paid for the same coverage code under the State Health Plan PPO.
- There are deductible requirements.
- Office visit and prescription drug copays are required.
- Members choose a primary care physician who will provide care and make referrals from within the network.
- Eligibility for enrollment is based on an employee’s residential zip code. To find available HMOs, use the [HMO Zip Code Tool](#).

## Catastrophic Health Plan

Administered by Blue Cross Blue Shield of Michigan (BCBSM), this is a hospitalization-only plan intended as an option for those employees who have coverage elsewhere. This plan does not cover prescription drug charges, office visit charges, medical equipment, psychiatric services, or other major medical services.

- **Benefits under this plan are payable only after members have utilized covered expenses equal to one month’s basic salary** (deductible requirement). The family deductible (two or more members) is equal to 1-1/2 month’s basic salary.
- **This plan will become your primary coverage**; all deductibles will need to be met before any other coverage can be utilized.
- The State will cover 100% of the premium cost for full-time employees. Enrolled employees will receive a \$50 rebate bi-weekly for being enrolled in this plan.

# Dental and Vision Options

The following is a brief description of the dental and vision insurance benefits offered to State of Michigan employees. Additional [plan information](#) can be found at the Employee Benefits Division website, [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

## State Dental Plan

The State Dental Plan is administered by Delta Dental.

- The State will pay 95% of the premium for full-time employees.
- This plan covers preventive services (exams and cleanings) at 100% of the “usual, customary, and reasonable charge.”
- X-rays, oral surgery, extractions, restoratives, periodontics, endodontics, dental implants, orthodontics, and sealants for children and prosthodontics (including repairs) are all covered under this plan\*.
- Occlusal guards covered 100% in-network every five years

**\*Note:** Review the [Dental Comparison Chart](#) to see the levels of coverage offered for the services listed above.

## Preventive Dental Plan

The Preventive Dental Plan is administered by Delta Dental of Michigan. **This plan is intended for employees who have dental coverage elsewhere.**

- The Preventive Dental Plan covers diagnostic exams, x-rays as required, and cleanings to the same extent as the State Dental Plan.
- **No other services are covered.**
- The State will pay 100% of the premium for full-time employees who will also receive a \$100 lump rebate annually (pro-rated for mid-year enrollment).



## DMO Plan

(Dental Maintenance Organization)

This is a managed-care dental plan that provides all necessary dental care and services.

**All dental care must be provided at [Midwestern Dental care centers](#) by [Midwestern Dental dentists](#).**

An employee’s residential [zip code](#) will determine eligibility to enroll in the DMO.

- The State will pay 100% of the premium for full-time employees.
- There are no member copays required for any covered dental care received at a dental center, except for an orthodontics copay for adults (age 19 and older).
- There are no benefit maximums.

## State Vision Plan

The State offers one vision plan administered by EyeMed.

The State Vision Plan covers routine vision examinations and glaucoma testing once every 12 months, and corrective lenses and eyeglass frames once every 24 months, unless your prescription changes.

- The State pays 100% of the premium for full-time employees.
- There is a copay for exams, lenses, and frames.





# Life Insurance

The following is a brief description of the employee and dependent life insurance benefits offered to State of Michigan employees. Additional [plan information](#) can be found at the Employee Benefits Division website, [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

## Employee Life

Employee Life Insurance is administered by Minnesota Life. Employees may select one of the following life insurance plans:

### State Life Insurance 2x Plan

The State will cover 100% of the premium cost of the State Life Insurance Plan. This is the traditional group life insurance plan that pays designated beneficiaries a non-taxable death benefit equal to two times the employee's basic annual salary rounded up to the next \$1,000, up to a maximum of \$200,000.

### Reduced Benefit Life Insurance 1x Plan

The State will cover 100% of the premium cost of the State Life Insurance Plan. The Reduced Benefit Life Insurance Plan pays designated beneficiaries a non-taxable death benefit equal to 100% of the employee's basic annual salary up to a maximum of \$50,000. Enrolled employees will receive a bi-weekly rebate for selecting this reduced life insurance option.

**NOTE:** Both of the life insurance options above include an accidental duty death benefit. This benefit is in addition to the maximum benefit offered from the plans listed above. Review the [Life Insurance Certificate](#) for additional details.

## Dependent Life

Employees have the option of enrolling a legal spouse and eligible children in one of the following Dependent Life Insurance plans administered by Minnesota Life:

- **Option 1:** Spouse \$1,500 AND Child(ren) \$1,000 each
- **Option 2:** Spouse \$5,000 AND Child(ren) \$2,500 each
- **Option 3:** Spouse \$10,000 AND Child(ren) \$5,000 each
- **Option 4:** Spouse \$25,000 AND Child(ren) \$10,000 each
- **Option 5:** Child(ren) only \$10,000 each
- **Option 6:** Spouse \$50,000 AND Child(ren) \$15,000 each
- **Option 7:** Child(ren) only \$15,000 each

**Dependent Child Eligibility:** Unmarried children between the ages of 14 days up to their 23rd birthday. Ages of 19 up to their 23rd birthday are not required to maintain student status to be enrolled.

The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

## Beneficiary Changes

Beneficiary designation for final compensation and life insurance can be completed online in the employee's HR Self-Service account at [www.mi.gov/selfserv](http://www.mi.gov/selfserv). 401k/457 Plan beneficiary designations can be added or changed online at [www.stateofmi.voya.com](http://www.stateofmi.voya.com); select a plan and look under Personal Information. A paper beneficiary form is only required if you are married and you wish to name someone other than your spouse as your primary beneficiary in the 401K Plan. These forms can be printed from your HR Self-Service account. The beneficiary forms for the 401(k) Defined Contribution and 457 Plans should be mailed to the address on the form. The Accidental Duty Death form should be sent to your HR Office.

# Enrolling in Benefits

Contact the MI HR Service Center to enroll within the **first 31 days of hire**. The next opportunity to obtain benefits will be during the annual Insurance Open Enrollment if enrollment is not completed within the first 31 days, or, due to a qualifying life event. Additional benefit information can be found at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits).

## MI HR Service Center

The MI HR Service Center has a staff of State of Michigan HR employees who are there to enroll employees in benefits, as well as answer benefit questions. The MI HR Service Center is available at 877-766-6447 from 8:00 a.m. to 5:00 p.m., Monday through Friday, except State holidays.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days of the date of hire or qualifying life event. **Do not wait to obtain documentation to enroll in benefits.** See [Required Documentation](#) for a list of acceptable documents.

**Note: Auditor General, Legislative, and Judicial employees should enroll for benefits by contacting their agency HR Office.**

## HR Self-Service

[HR Self-Service](#) is a web-based tool designed to provide employees with access to update personnel information and view earning statements and leave balances. All new State employees will be provided access to HR Self-Service.

HR Self-Service allows employees to update information such as home address, home phone, emergency contacts, email address, beneficiaries, tax withholdings, and direct deposit. During special enrollment periods, employees can complete Insurance Open Enrollment (IOE), Flexible Spending Account (FSA) Open Enrollment, and make contributions during the State Employees Charitable Campaign (SECC).

## HR Self-Service Access

Upon hire, a new employee's HR Office will enter their information into the State's human resources management system. One day after their information is entered, their HR Self-Service account access is created. They can expect the following correspondence:

- A notification of their newly-created HR Self-Service account and username.
- The following business day, a temporary pin and activation instructions are sent.
- Employees **with** a State of Michigan email address on file will receive correspondence via email.
- Employees **without** a State of Michigan email address on file will receive correspondence to the home address on file.

Once the employee receives their new password, it takes up to 30 minutes to activate.

For assistance with account activation or logging in, please contact the MI HR Service Center at 877-766-6447.



## Contact MI HR

**Phone:**  
Toll Free: 877-766-6447  
Fax: 517-241-5892

**Mailing Address:**  
P.O. Box 30002  
Lansing, MI 48909

**Hours of Operation:**  
8:00 a.m. to 5:00 p.m.  
Monday through Friday

# What Retirement Plan are You in?

State of Michigan employees may be enrolled in retirement plans based on the employee's date of hire; certain plans were only made available to employees who were hired prior to a certain point in time. Further, choices made during P.A 487 of 1996 or P.A. 264 of 2011 may also dictate plan participation. Review the information below to find your plan then visit the Office of Retirement Services website ([www.mi.gov/ors](http://www.mi.gov/ors)) for a more detailed look at your retirement plan.

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You're a member of the **Defined Benefit (DB)** plan if you were hired before March 31, 1997, and you:

- Elected the DB Classified plan under P.A. 264 of 2011.
  - Elected the DB 30 plan under P.A. 264 of 2011 and you have not yet reached 30 years of service.
- 

You're a participant in the **Defined Contribution (DC) with Subsidized Retiree Insurance** plan if you:

- Were newly hired by the State of Michigan on or after March 31, 1997.
  - Began your State employment under the DB plan and chose to transfer to the DC plan under P.A. 487 of 1996. (You retain the DB insurance Subsidy.)
    - Review your 401K/457 account with [Voya Financial™](#)
- 

You're a member of the **DB plan AND a participant in the DC** plan if you:

- Elected the DB 30 plan under P.A. 264 of 2011 and you have reached 30 years of service.
  - Elected the DB/DC Blend plan under P.A. 264 of 2011, and thus became a DC plan participant April 1, 2012.
    - Review your 401K/457 account with [Voya Financial™](#)
  - Began your State employment under the DB plan, left, and then returned to State employment on or after January 1, 2012, and before January 1, 2014.
- 

You're a participant in the **Defined Contribution (DC) with Personal Healthcare Fund** if you:

- Were newly hired by the State of Michigan on or after December 31, 2011.
  - Contact [Voya Financial™](#) in regards to plan details.
- Elected the Personal Healthcare Fund under P.A. 264 of 2011.
  - Contact [Voya Financial™](#) in regards to plan details.
  - Contact the [Office of Retirement Services](#) in regards to your Lump Sum payout.

# Eligibility Guidelines—Part 1 of 2

## Eligible Dependents

Eligible dependents may be enrolled in your health, dental, vision, and dependent life insurance plans (OEAI and their dependents may only be enrolled in health insurance plans). Dependents include your spouse, and any of your children meeting the following age criteria:

- **Health:** Dependent children are eligible, regardless of marital status, until the end of the month in which they turn 26 years old.
- **Vision and Dental:** Unmarried dependent children are eligible until the day before their 19th birthday. Coverage eligibility may be extended from age 19 until the day before their 25th birthday if the dependent meets the criteria outlined in the Student Eligibility guidelines.
- **Dependent Life:** Unmarried dependent children are eligible from age 14 days up to the day before their 23rd birthday.

Your dependent children must be one of the following:

- Child by birth or legal adoption. For legal adoption, a child is eligible for coverage from the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child.
- Step-child that lives with you at least 50% of the time and for whom your spouse provides at least 50% of their support is eligible to receive health, dental, and vision coverage. All step-children are eligible for health coverage regardless of residence and support.
- Legal guardianship or foster child placed in your home by a state agency or the court. Eligibility will terminate either on the day before the stated expiration date on the court documentation or on the day before their 18th birthday, whichever occurs first. Grandchild – the parent of the grandchild must be a covered dependent, AND if the parent of the grandchild is between the ages of 19 up to their 25th birthday, must be a student as well.

**Note:** State-employed married or divorced employees carrying independent enrollments may cover their children in either parent's insurance plan, as long as each child is only covered once. If employees cannot agree which parent will cover the child(ren), the parent who has covered the child(ren) first during their employment with the State of Michigan will cover the dependent child(ren).

## Student Eligibility

To enroll or continue enrollment in dental and vision plans (health coverage continues automatically until the end of the month in which the dependent turns 26), a dependent must be your child by birth, legal adoption, or a step-child from the age of 19 up to their 25th birthday meeting the following criteria:

- Enrolled and regularly attending an accredited educational institution (may have a lapse in attendance for only one term or semester (winter, spring/summer, or fall) per calendar year to be considered regularly attending); AND
- You provide at least 50% of their support; AND
- Unmarried.

## Adult Children (Health Only)

Eligible children from the age of 19 up to their 26th birthday may be enrolled in your health coverage regardless of marital status, student status, or dependency upon you for support. Coverage does not extend to dental or vision plans or to their spouse or children.

To be eligible for health coverage, a dependent must be a child by birth or legal adoption, a step-child, or a dependent of an Other Eligible Adult Individual (OEAI). Coverage will terminate at the end of the month in which the dependent turns 26.

# Eligibility Guidelines—Part 2 of 2

## Dependent Life Insurance

Eligible dependents can include your spouse and unmarried children from the age of 14 days up to their 23rd birthday for whom you provide at least 50% of their support. These dependents are not required to be enrolled in school. Your spouse is also eligible if they are not a state employee or state retiree.

As a state employee or retiree, you are automatically enrolled in life insurance. If this coverage is maintained, you are not eligible to be covered as a spouse or dependent on another employee or retiree dependent life insurance plan.

## Eligibility Exclusions

If you and your retiree or active spouse are both covered by state group insurance plans, you may maintain separate coverage through your individual plans or enroll in one plan with one of you listed as a dependent. If you choose to maintain separate coverage, your children can only be listed as a dependent on one plan. This applies even if you are divorced.

An employee's spouse, OEAI, and dependents are not eligible for coverage if he or she is in the armed forces. Individuals who are called to active military duty are eligible for coverage under TRICARE, effective the date of active duty orders.

## Continuing Coverage for Incapacitated Children

Your child who is unmarried and unable to sustain employment because of a developmental or physical disability can continue enrollment in health, dental, vision, and dependent life insurance beyond normal age limits if all the following conditions establishing incapacitated status are met:

- Your child became incapacitated before reaching the age limit for the coverage (19 for dental and vision, 23 for dependent life, and the end of the month of turning 26 for health).
- You have submitted documentation verifying your child's incapacity within 31 days after the child reaches the age limit for termination of the coverage.
- Your child continues to be incapacitated and chiefly dependent on you for support and maintenance.
- Your coverage does not terminate for any other reason.

Providing documentation before an incapacitated child turns 19 is recommended to ensure continuing eligibility for all plans.

## Canceling Coverage

Immediately notify the MI HR Service Center to cancel your dependent's coverage when he or she no longer meets the definition of an eligible individual. Ex-spouses are not eligible and must be removed from coverage effective the date of the divorce.

# Required Documentation—Part 1 of 2

The documents listed in this section are acceptable proof of dependent, adult child, and OEAI eligibility for insurance coverage. Documents must be provided to the MI HR Service Center by fax or mail. Contact information is provided at the end of this section. Legible copies are required for each type of document. Please do not provide originals; documents will not be returned.

**Life Events:** To add or change eligible dependents due to a life event (such as marriage, birth, divorce, etc.), call the MI HR Service Center as soon as possible, but **no later than 31 days following the life event**. Do not wait until you have the official documentation to contact the MI HR Service Center.

## Required Documents for Health, Dental, and Vision Coverage

- **Adopted Child**
  - ◆ *Adoption Papers* or sworn statement with the date of placement
- **Biological Child**
  - ◆ *Birth Certificate* (hospital verifications are not accepted)
- **Foster Child**
  - ◆ *Court Document* placing the child in the employee's home for foster care
- **Grandchild**
  - ◆ *Birth Certificate* (hospital verifications are not accepted)
  - Note:** For a grandchild to be eligible, the grandchild's parent must be a covered dependent AND, from 19 up to their 25th birthday, a student as well
- **Incapacitated Child**
  - ◆ *Birth Certificate* (hospital verifications are not accepted)
  - ◆ *Verification Documentation* that the child's condition was provided to the insurance carrier before the child reached the usual age limit for coverage
- **Legal Guardianship**
  - ◆ *Court-Ordered Letters of Guardianship*
- **Loss of Coverage**
  - ◆ *Document Detailing Loss of Coverage* from employer or insurance provider specifying the benefit(s) for which coverage has been lost (e.g., health, vision, dental) and individuals covered
- **Spouse**
  - ◆ *Marriage Certificate*
- **Step Child**
  - ◆ *Birth Certificate* (hospital verifications are not accepted)
  - ◆ *Marriage Certificate*
  - ◆ *Legal Document Specifying Physical Custody* (e.g., divorce decree stamped by court that identifies custody agreement) **OR** [Verification of Step-Child Eligibility Form \(CS-1847\)](#)
  - Note:** A step-child in which an employee's spouse is required to provide at least 50% support, and resides with you 50% of the time is eligible for health, dental, and vision coverage. A step-child is eligible for health coverage regardless of residence and support. Coverage will terminate at the end of the month in which the dependent turns 26. Once a step-child reaches the age of 19 up to their 25th birthday, refer to the appropriate student column above for instruction.
- **Student (Age 19 to 25)**
  - ◆ [Student Verification of Eligibility \(CS-1830\)](#) and school records proving attendance
  - ◆ *Birth Certificate* (hospital verifications are not accepted)

# Required Documentation—Part 2 of 2

## Required Documents for Health-Only Coverage

- **Adult Child (Age 19 to 26)**
  - ◆ *Birth Certificate* (hospital verifications are not accepted)
- **OEAI (Other Eligible Adult Individual)**
  - ◆ [OEAI Enrollment Application & Affidavit \(CS-1833\)](#)
  - ◆ *Joint Residency Documentation* establishing shared residency for the past 12 months (e.g., bank statement, utility bill, lease agreement, etc.)
  - ◆ *Proof of Age* (birth certificate, passport, driver's license, or other governmental document)
- **OEAI Dependent**
  - ◆ [OEAI Enrollment Application & Affidavit \(CS-1833\)](#)

And any of the four documents below establishing the relationship between the OEAI and the OEAI dependents you wish to enroll:

- ◆ *Birth Certificate* (hospital verifications are not accepted)
- ◆ *Adoption Papers* or sworn statement with the date of placement
- ◆ *Court Document* placing the child in the employee's home for foster care
- ◆ *Court-Ordered Letters of Guardianship*

**Note:** Dependent children of an OEAI may enroll in health insurance only up to their 26th birthday with a CS-1833 and the same required documentation that applies to equivalent dependent children of employees. Coverage will terminate at the end of the month in which the dependent turns 26.

## Required Documents for Removal from Insurance

- **Gain of Coverage**
  - ◆ *Document Detailing Gain of Coverage* from employer or insurance provider, specifying the benefit(s) for which coverage has been gained (e.g., health, vision, dental) and individuals covered
- **Spouse and Dependent (Due to Death)**
  - ◆ *Death Certificate*
- **Spouse and Step-Child (Due to Divorce)**
  - ◆ *Divorce Decree* (first and last page stamped by the court)

## MI HR Service Center Contact Information

If you have questions on documentation requirements, contact the MI HR Service Center at **877-766-6447**.

**Fax:**

517-241-5892

**Mailing Address:**

MI HR Service Center

P.O. Box 30002

Lansing, MI 48909

**Note:** Legislative, Judicial, and Auditor General must submit the required documentation to their respective Human Resource Office.

# Provider Information

## State Health Plan PPO

<p><b>STATE HEALTH PLAN PPO</b>          BCBSM State of Michigan Service Center          800-843-4876  <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>	<p><b>PRESCRIPTION DRUG PROGRAM</b>          OptumRx  <b>Active Employees and Non-Medicare Retirees</b>          866-633-6433  <b>Medicare Eligible Retirees</b>          866-635-5941  <a href="http://www.optumrx.com/SOM">www.optumrx.com/SOM</a></p>
<p><b>MENTAL HEALTH/          SUBSTANCE ABUSE SERVICES</b>          Magellan Behavioral of Michigan          866-503-3158  <a href="http://www.magellanassist.com">www.magellanassist.com</a></p>	<p><b>STATE CATASTROPHIC HEALTH PLAN</b>          BCBSM State of Michigan Service Center          800-843-4876  <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>
<p><b>STATE DENTAL and          PREVENTIVE DENTAL PLAN</b>          Delta Dental Plan of Michigan          800-524-0150  <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></p>	<p><b>DENTAL MAINTENANCE ORGANIZATION (DMO)</b>          Midwestern Dental Plans, Inc.          800-544-6374  <a href="http://www.midwesterndental.com">www.midwesterndental.com</a></p>
<p><b>STATE VISION PLAN</b>          EyeMed          833-279-4355  <a href="http://www.eyemedvisioncare.com/som">www.eyemedvisioncare.com/som</a></p>	<p><b>STATE LONG TERM DISABILITY (LTD) PLAN</b>          York Risk Services Group          800-324-9901</p>

## Health Maintenance Organizations (HMOs)

<p><b>Blue Care Network (BCN)</b>          800-662-6667  <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>	<p><b>McLaren Health Plan</b>          888-327-0671  <a href="http://www.mclarenhealthplan.org">www.mclarenhealthplan.org</a></p>
<p><b>Health Alliance Plan (HAP)</b>          800-422-4641  <a href="http://www.hap.org">www.hap.org</a></p>	<p><b>Physicians Health Plan (PHP)</b>          517-364-8500 or 800-832-9186  <a href="http://www.phpsom.com">www.phpsom.com</a></p>
<p><b>Priority Health</b>          800-446-5674  <a href="http://www.priorityhealth.com/som">www.priorityhealth.com/som</a></p>	<p><b>UnitedHealthcare</b>          844-554-5499  <a href="http://www.miemployee.welcometouhc.com">www.miemployee.welcometouhc.com</a></p>



# Understanding SHP PPO Costs

## Example of Deductibles, Co-Insurance, and Out-of-Pocket Max

(All examples are in-network services.)



### Example 1: Total Cost of an X-Ray

A State employee and her family are enrolled in the State Health Plan PPO. When the plan year started in October, the employee received an X-ray. According to the plan, this is an after-deductible service with a co-insurance of 10%. What would she pay for this service?

#### Employee Cost

**\$400**—Annual Individual Deductible + **10%** Co-Insurance

#### Plan Cost

**90%** of the remaining cost after the annual individual deductible is met.

**Note:** If an employee's spouse or dependent never receive deductible-applicable services during the plan year, only the individual deductible of \$400 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not; only the individual deductible would apply.



### Example 2: Total Cost of a Surgery

The same State employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service with a co-insurance of 10%. What would they pay for this service?

#### Employee Cost

**\$800**—Annual Family Deductible + **10%** Co-Insurance

#### Plan Cost

**90%** of the remaining cost after the annual individual deductible is met.

**Note:** If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$400 would need to be met. In this case, since both the employee and spouse received deductible-applicable services, the entire \$800 family deductible would need to be met before the plan paid for the spouse's surgery.



### Example 3: Total Cost of a Surgery

During the plan year, the same State employee has paid the \$2,000 out-of-pocket annual maximum for her **individual** deductibles, co-insurance, and prescription copays and now needs a surgery. What would she pay for this service?

#### Employee Cost

**\$0**

#### Plan Cost

**100%** The plan will pay the total approved amount for this surgery as she paid the annual maximum amount for out-of-pocket expenses for the plan year.

# Understanding HMO Costs

## Example of Deductibles and Out-of-Pocket Max

(All examples are in-network services. HMOs do not carry co-insurance.)



### Example 1: Total Cost of an X-Ray

A State employee and her family are enrolled in an HMO. When the plan year started in October, the employee received an X-ray (in-network). According to the plan, this is an after-deductible service. What would she pay for this service?

#### Employee Cost

**\$125**

Annual Individual Deductible

#### Plan Cost

**100%** of the remaining cost after the annual individual deductible is met.

**Note:** If the employee's spouse or dependents never receive deductible-applicable services during the plan year, only the individual deductible of \$125 would need to be met. The same is true if a dependent or spouse seeks deductible-applicable services and the employee does not; only the individual annual deductible would apply.



### Example 2: Total Cost of a Surgery

The same State employee's spouse needed surgery shortly after. According to the plan, surgery (in-network) is an after-deductible service. What would they pay for this service?

#### Employee Cost

**\$250**

Annual Family Deductible

#### Plan Cost

**100%** of the remaining cost after the annual family deductible is met.

**Note:** If a spouse (or dependent) was the only individual to receive deductible-applicable services during the plan year, only the annual individual deductible of \$125 would need to be met. In this case, as both the employee and spouse received deductible-applicable services, the entire \$250 annual family deductible would need to be met before the plan paid for services.



### Example 3: Total Cost of a Surgery

During the plan year, the same State employee has paid the \$2,000 out-of-pocket annual maximum for her **individual** deductibles and prescription copays and now needs a surgery. What would she pay for this service?

#### Employee Cost

**\$0**

#### Plan Cost

**100%** The plan will pay the total approved amount for this surgery as she paid the annual maximum amount for out-of-pocket expenses for the plan year.

## 2018-2019 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%) <sup>1</sup> BCN, HAP, McLaren, PHP, Priority Health, UnitedHealthcare
	In-Network	Out-of-Network	In-Network
<b>Preventive Services</b>			
Health maintenance exam	100%, 1 per year	Not Covered	100%
Annual gynecological exam	100%, 1 per year	Not Covered	100%
Pap smear screening - laboratory services only <sup>2</sup>	100%, 1 per year	Not Covered	100%
Well-baby and child care	Covered 100%	Not Covered	100%
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Not Covered	100%
Childhood Immunization	Covered 100% through age 16	Covered 80%	100%
Fecal occult blood screening <sup>2</sup>	Covered 100%	Not Covered	100%
Flexible sigmoidoscopy <sup>2</sup>	Covered 100%	Not Covered	100%
Colonoscopy <sup>2</sup>	Covered 100%	80% after deductible	100%
Prostate specific antigen screening <sup>2</sup>	100%, 1 per year	Not Covered	100%
Mammography <sup>2</sup>	Covered 100%	80% after deductible	100%

<sup>1</sup>The State will pay up to 85% of the applicable HMO

<sup>2</sup>American Cancer Society guidelines apply.

<b>Physician Office Services</b>			
Office visits, consultations, and urgent care visits	\$20 copay (deductible not applicable)	Covered 80% after deductible	\$20 copay (deductible not applicable)
Tele-Medicine	\$20 copay (deductible not applicable)	Covered 80% after deductible	\$20 copay (deductible not applicable)
Outpatient and home visits	Covered 90% after deductible	Covered 80% after deductible	\$20 copay (deductible not applicable)
<b>Emergency Medical Care<sup>3</sup></b>			
Hospital emergency room for medical emergency or accidental injury	\$200 copay (Waived if admitted as inpatient)		\$200 copay (Waived if admitted as inpatient)
Ambulance services - medically necessary	90% after deductible		100% after deductible

<sup>3</sup>Emergency room and Physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

<b>Diagnostic Services</b>			
Laboratory and pathology tests			100%
Diagnostic tests and x-rays	90% after deductible	80% after deductible	100% after deductible
Radiation therapy			
<b>Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)</b>			
Prenatal care	100%		Covered 100%
Postnatal care		80% after deductible	\$20 copay
Delivery and nursery care <sup>4</sup>	90% after deductible		100% after deductible

<sup>4</sup>Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan

<b>Hospital Care</b>			
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies	90% after deductible, unlimited days	80% after deductible, unlimited days	100% after deductible, unlimited days
Inpatient consultations	90% after deductible	80% after deductible	100% after deductible
Chemotherapy			
<b>Alternative to Hospital Care</b>			
Skilled nursing care up to 120 days per confinement	90% after deductible		100% after deductible
Hospice care	100% (Limited to the lifetime dollar maximum that is adjusted annually by the State)		100% after deductible
Home health care	90% after deductible, unlimited visits		Check with your HMO
<b>Surgical Services</b>			
Surgery - includes related surgical services	90% after deductible		100% after deductible
Male vasectomy		80% after deductible	100% after deductible
Female voluntary female sterilization	100%		100%
<b>Human Organ Transplants</b>			
Liver, heart, lung, pancreas, and other specified organ transplants	100% in designated facilities only. Up to \$1 million lifetime maximum for each organ transplant.		100% after deductible in designated facilities
Bone marrow-specific criteria apply	100% after deductible in designated facilities		100% after deductible in designated facilities
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible	100% after deductible subject to medical criteria

## 2018-2019 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%) <sup>1</sup> BCN, HAP, McLaren, PHP, Priority Health, UnitedHealthcare
	In-Network	Out-of-Network	In-Network
<b>Other Services</b>			
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.
Allergy injections	90% after deductible	80% after deductible	100%
Acupuncture	80% after deductible if performed by or under the supervision of a M.D. or D.O.		Check with your HMO
Rabies treatment after initial emergency room visit	90% after deductible	80% after deductible	Office visit - \$20 copay. Injections covered 100%
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment	90% after deductible	80% after deductible	100% after deductible
Chiropractic/spinal manipulation	\$20 copay - Up to 24 visits per calendar year	80% after deductible - Up to 24 visits per calendar year	Check with your HMO
Durable medical equipment	100%	80% of approved amount	Check with your HMO
Prosthetic and orthotic appliances - <i>Support Program</i>			
Private duty nursing	Covered 80% after deductible		Check with your HMO
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		Check with your HMO
Hearing Care Exam	\$20 copay for office visit	80% after deductible	Check with your HMO
<b>Mental Health/Substance Abuse</b>			
Mental Health Benefit - Inpatient	100% up to 365 days per year <sup>5</sup>	Covered 50% up to 365 days per year	Check with your HMO; Inpatient services subject to deductible
Mental Health Benefit - Outpatient	As necessary 90% of network rates 10% copay	As necessary 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% <sup>6</sup> Halfway House 100%	Covered 50% <sup>7</sup> Halfway House 50%	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year 90% of network rates. 10% copay <sup>7</sup>	\$3,500 per calendar year 50% of network rates	Check with your HMO
<sup>5</sup> Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days. <sup>6</sup> Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days. <sup>7</sup> \$3,500 per calendar year limitation pertains to services for chemical dependency only.			
<b>Outpatient Physical, Speech, and Occupational Therapy (Combined maximum of 90 visits per calendar year)</b>			
Outpatient Physical, speech, and occupational therapy - facility and clinic services	90% after deductible	90% after deductible	\$20 copay
Outpatient physical therapy - physician's office		80% after deductible	
<b>Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs</b>			
Deductible <sup>8</sup>	\$400/member & \$800/family	\$800/member & \$1,600/family	\$125/member & \$250/family
Co-insurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health/substance abuse	n/a
Out-Of-Pocket Maximum <sup>9</sup>	\$2,000/member & \$4,000/family	\$3,000/member & \$6,000/family	\$2,000/member & \$4,000/family
Prescription Drug copays	Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120		Retail-\$10/\$30/\$60 Mail Order-\$20/\$60/\$120

<sup>8</sup>Deductible amounts for the SHP PPO renew annually each January with the start of the new plan year. Deductible amounts for the HMOs renew annually each October with the start of the new plan year.

<sup>9</sup>In-network deductibles, in-network fixed-dollar copayments, in-network prescription drug copayments, and in-network co-insurance all apply toward the out-of-pocket maximum.

# SOM 18-19 Employee Benefits Summary Brochure



## **Employee Benefits Division Website**

[www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits)

## **MI HR Self-Service & MI HR Information**

[www.michigan.gov/selfserv](http://www.michigan.gov/selfserv)

## **MI HR Service Center**

Phone: 877-766-6447

Fax: 517-241-5892

## **Hours of Operation**

8:00 a.m. to 5:00 p.m.

Monday through Friday

## **Mailing Address:**

P.O. Box 30002

Lansing, MI 48909

Updated: 10/18