

2020-2021 State of Michigan Employee



Benefits Summary Brochure

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From the Employee Benefits Division:

State of Michigan Classified Employees¹ are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long term disability insurance, Flexible Spending Accounts (FSAs), 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 following pay-period after an eligible employee contacts the MI HR Service Center and completes enrollment. Life Insurance is the only exception, as life insurance 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 Benefits Open Enrollment period, which includes insurance benefit and FSA enrollment, 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 Auditor General and Judicial employees should contact their agency HR office to complete enrollment.

¹ 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 and select the "New Employee" tab to review benefit options.
- Contact the MI HR Service Center² 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, fax, or email dependent eligibility documentation to the [MI HR Service Center](#), if applicable. Eligibility guidelines, required documentation, and MI HR contact information can be found in this booklet and online at www.mi.gov/docs4ebd.



² Auditor General and Judicial employees should contact their agency HR office for assistance.

Important Notice

This booklet is a summary of benefits provided to State of Michigan Employees³ 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.

³Non-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/OptumRx)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (EyeMed)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (WageWorks[®])

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.

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.

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 Benefits Open Enrollment period, or as the result of a qualifying 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.

Special Enrollment Rights

If you decline to enroll because you have other health coverage, and you or your dependent loses eligibility for the other coverage or the employer stops contributing towards the coverage, you may be able to enroll in this plan.

You may also be able to enroll in the plan, or add new dependents to the plan, because of marriage, birth, adoption, or placement for adoption. You must request enrollment within 31 days after the qualifying event.

Special enrollment is also available to (1) those who become eligible for premium assistance under Medicaid or the Children's Health Insurance Program (CHIP) 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](#)⁵ 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](#)⁵ within 31 days of the event. These allow you to make corresponding changes to benefits outside of an open enrollment period. All qualifying life events require substantiation documentation to be provided to the MI HR Service Center within 31 days of the event. Qualifying 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.

⁵Auditor General and Judicial employees should contact their agency HR office for assistance.

Long Term Disability (LTD)

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 Benefits 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.

Other Benefit Programs

Qualified Transportation Fringe Benefits (QTFB)

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)⁶
- Auto & Home Insurance⁶
- Critical Illness Insurance
- Discount Plan (FREE)
- Legal Plan
- Supplemental Term Life
- Universal Life Insurance
- Long-Term Care Insurance

⁶These 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. 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 preventive care, 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 EBD website, 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).

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.

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. 401k/457 Plan beneficiary designations can be added or changed online at 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 Benefits 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.

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 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 Benefits Open Enrollment (BOE), where insurance benefits and Flexible Spending Accounts (FSAs) may be changed or enrolled in.

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) for a more detailed look at your retirement plan.

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

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). Children by birth, legal adoption, or step-children are eligible for dependent life insurance until the day before their 23rd birthday, and eligible for health, dental, and vision insurance through the last day of the month in which they turn age 26.

Children the employee has legal guardianship of or foster care (placed in your home by a state agency or court) are eligible for health, dental, vision, and dependent life insurance until the day before their 18th birthday, unless the placement expires prior to that date.

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 children, the parent who has covered the children first during their employment with the State of Michigan will cover the dependent children.

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. Your spouse is also eligible if they are not a state employee or state retiree.

As a state employee, 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 on active duty. Those individuals 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 (age 23 for dependent life insurance and the end of the month in which they turn age 26 for health, dental and vision).
- 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 is unmarried and continues to be incapacitated and chiefly dependent on you for support and maintenance.
- Your coverage does not terminate for any other reason.

Required Documentation—Part 1 of 2

The documents listed in this section are acceptable proof of dependent 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 qualifying 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)
 - ◆ *Documentation* proving you provide at least 50% support to the parent of the grandchild (e.g., copy of most recent federal 1040 form filed showing the grandchild's parent was claimed as a dependent)
 - ◆ **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 as demonstrated by
 - ◆ [Student Verification of Eligibility Form \(CS-1830\)](#)
 - ◆ *School Records* proving the grandchild's parent is regularly attending an accredited educational institution (e.g., class schedule, transcript)
- **Incapacitated Child**
 - ◆ *Birth Certificate* (hospital verifications are not accepted)
 - ◆ *Verification Documentation* that the child's condition was confirmed by 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*

Required Documentation—Part 2 of 2

Required Documents for Health-Only Coverage

- **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:

Phone: 877-766-6447 | **Fax:** 517-241-5892

Email (Documentation Only): MCSC-MIHR-Docs@michigan.gov

Mailing Address:

MI HR Service Center
P.O. Box 30002
Lansing, MI 48909

Note: Auditor General and Judicial employees must submit the required documentation to their respective HR office.

Provider Information

State Health Plan PPO & Catastrophic Health Plan

State Health Plan PPO (SHP PPO) BCBSM State of Michigan 800-843-4876 www.bcbsm.com/som	Prescription Drug (SHP PPO) OptumRx 866-633-6433 www.optumrx.com/som
Behavior Health/ Substance Abuse (SHP PPO) BCBSM State of Michigan 866-503-3158 www.magellanassist.com	State Catastrophic Health Plan BCBSM State of Michigan 800-843-4876 www.bcbsm.com/som

Health Maintenance Organizations (HMOs)

Blue Care Network (BCN) 800-662-6667 www.bcbsm.com/som	McLaren Health Plan 888-327-0671 www.mclarenhealthplan.org
Health Alliance Plan (HAP) 800-422-4641 www.hap.org	Physicians Health Plan (PHP) 517-364-8500 or 800-832-9186 www.phpsom.com
Priority Health 800-446-5674 www.priorityhealth.com/som	

Dental, Vision, & Long Term Disability (LTD) Insurance

STATE DENTAL and PREVENTIVE DENTAL PLAN Delta Dental Plan of Michigan 800-524-0150 www.deltadentalmi.com	STATE LONG TERM DISABILITY (LTD) PLAN York. 800-324-9901
STATE VISION PLAN EyeMed 833-279-4355 www.eyemedvisioncare.com/som	

Understanding Health Plan Deductible Costs

October 1, 2020–December 31, 2021

Health Maintenance Organization (HMO) Deductible Example:

Jacob receives in-network services on November 18, 2020 for a benefit that is covered 100% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to the HMO carrier for an allowed amount of \$550. As a result of the in-deductible deductible waiver for the BOE Part 1 coverage period, the HMO carrier will issue payment to the provider for 100% of the allowed charges (\$550) and Jacob's in-network member cost share will be \$0.

Jacob receives the same in-network services again on February 18, 2021. The provider submits a claim to the HMO carrier for an allowed amount of \$550. Because the HMO in-network deductible (\$125 per individual/\$250 per family) is in effect for the BOE Part 2 coverage period, the HMO carrier will issue payment to the provider for \$425 and the provider will send a bill to Jacob for his member cost share of \$125.

State Health Plan PPO Deductible Example:

Jacob receives in-network services on November 18, 2020 for a benefit that is covered 90% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to BCBSM for an allowed amount of \$550. BCBSM verifies that Jacob's in-network deductible accrual for the coverage period is currently \$0. BCBSM will subtract the deductible (\$400) from the allowed amount and send payment to the provider for 90% of the remaining balance (\$135). The provider will send a bill to Jacob for his in-network member cost share of \$415 (deductible + 10% co-insurance).

Jacob receives the same in-network services on February 18, 2021. The provider submits a claim to BCBSM for an allowed amount of \$550. BCBSM verifies that Jacob's current in-network deductible accrual for the coverage period is \$400 due to the services received on November 18, 2020 and 4th quarter carryover. BCBSM will send payment to the provider for 90% of the allowed amount (\$495). The provider will send a bill to Jacob for his member cost share of \$55.

2020-2021 Comparison of PPO & HMO Plans

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

¹ The State will pay up to 85% of the applicable HMO total premium, capped at the dollar amount which the State pays for the same coverage code under the SHP-PPO.

² Patient Protection and Affordable Care Act (PPACA) guidelines apply.

Physician Office Services			
Office visits, consultations, and urgent care visits	\$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	
Telemedicine ³	\$10 copay (deductible not applicable) ³	Not Covered	\$10 copay (deductible not applicable)

³ \$10 copay for Telemedicine applies to both Medical and Behavioral Health (if available through the carrier). \$20 telemedicine copay applies for MSPTA, bargaining unit T01.

Emergency Medical Care⁴			
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

⁴ Emergency room and Physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

Diagnostic Services			
Laboratory and pathology tests			Covered 100%
Diagnostic tests and x-rays	90% after deductible	80% after deductible	100% after deductible
Radiation therapy			
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)			
Prenatal care	100%		Covered 100%
Postnatal care	90% after deductible	80% after deductible	\$20 copay
Delivery and nursery care ⁵			100% after deductible

⁵ Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan.

	In-Network	Out-of-Network	In-Network
Hospital Care			
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			
Chemotherapy	90% after deductible	80% after deductible	100% after deductible
Alternative to Hospital Care			
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)		
Home health care	90% after deductible, unlimited visits		Check with your HMO
Surgical Services			
Surgery - includes related surgical services	90% after deductible	80% after deductible	100% after deductible
Male vasectomy			Covered 100%
Female voluntary female sterilization	100%		
Human Organ and Tissue Transplants			
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		
Kidney, cornea, and skin	90% after deductible in designated facilities	80% after deductible	100% after deductible subject to medical criteria

2020-2021 Comparison of PPO & HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		HMO (85%) ¹ BCN, HAP, McLaren, PHP, Priority Health
	In-Network	Out-of-Network	In-Network
Other Services			
Allergy testing and therapy (non-injection)	90% after deductible	80% after deductible	100% after deductible.
Allergy injections			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			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	
Prosthetic and orthotic appliances - <i>Support Program</i>			
Private duty nursing	Covered 80% after deductible		
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth).		
Hearing Care Exam	\$20 copay for office visit	80% after deductible	
Behavioral Health/Substance Abuse			
Behavioral Health Benefit - Inpatient	100% up to 365 days per year ⁶	Covered 50% up to 365 days per year ⁶	Check with your HMO; Inpatient services subject to deductible
Behavioral Health Benefit - Outpatient	As necessary, 90% of network rates	As necessary, 50% of network rates	Check with your HMO
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100% ⁷ Halfway House 100%	Covered 50% ⁷ Halfway House 50%	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Outpatient	\$3,500 per calendar year ⁸ 90% of network rates	\$3,500 per calendar year ⁸ 50% of network rates	Check with your HMO
Outpatient Physical, Speech, and Occupational Therapy (Combined maximum of 90 visits per calendar year)			
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	
Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs			
Deductible ⁹	\$400/member & \$800/family	\$800/member & \$1,600/family	\$0/member & \$0/family
Coinsurance	10% for most services 20% for acupuncture and private duty nursing	20% for most services 50% for behavioral health/substance abuse	n/a
Out-Of-Pocket Maximum ¹⁰	\$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

⁶ Inpatient days may be utilized for partial day hospitalization (PHP) at 2:1 ratio. One inpatient day equals two PHP days.

⁷ 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.

⁸ \$3,500 per calendar year limitation pertains to services for chemical dependency only.

⁹ Employees will pay no more towards their deductible for the combined fifteen (15) month period between October 4, 2020 to December 31, 2021 than they would have paid for one (12 month period) plan year. The State Health Plan PPO in-network deductible will apply a fourth-quarter carryover and HMOs will waive the deductible from 10/04/20 - 12/31/20.

¹⁰ In-network deductibles, in-network fixed-dollar copayments, in-network prescription drug copayments, and in-network coinsurance all apply toward the out-of-pocket maximum.

2020-2021 State Employee

Benefits Summary Brochure



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Employee Benefits Division Website

www.michigan.gov/employeebenefits