



# SOM Employee Benefits Open Enrollment

• Part 2 •

Nov. 2, 2020—Nov. 24, 2020

# Contents

## **BOE Information**

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<a href="#">Introducing BOE Part 2</a> .....	1
<a href="#">BOE Dates to Know</a> .....	2
<a href="#">How To Enroll in Benefits</a> .....	2
<a href="#">What's New for BOE Part 2</a> .....	3-4
<a href="#">Other Eligible Adult Individuals (OEAI)</a> ...	5
<a href="#">Eligibility Guidelines</a> .....	6-7
<a href="#">Required Documents</a> .....	8-9
<a href="#">MI HR Contact Information</a> .....	10
<a href="#">Frequently Asked Questions</a> .....	11-14
<a href="#">Understanding Health Plan</a>	
<a href="#">Deductible Costs</a> .....	15
<a href="#">Insurance Carrier Information</a> .....	16-17
<a href="#">HIPAA Exclusion Notice</a> .....	18
<a href="#">Special Enrollment Rights</a> .....	18





# Introducing Benefits Open Enrollment Part 2

This year, Insurance Open Enrollment (IOE) is becoming **Benefits Open Enrollment!** This change is happening because all benefit plans will be moving to the same plan year based on the calendar year beginning January 1, 2021. To facilitate this transition, there are **two open enrollment periods in 2020**.

BOE Part 1 concluded August 18, 2020. **BOE Part 2** will take place from **November 2, 2020 through November 24, 2020**. Benefit elections made during BOE Part 2 will be effective from **January 1, 2021 through December 31, 2021**.

In addition to consolidating to a calendar-year plan year, Flexible Spending Account (FSA) Open Enrollment is now combined with enrollment in insurance benefits during BOE Part 2. This creates a single, comprehensive open enrollment for state insurance and FSA benefits each fall moving forward, with all benefit elections effective the following January 1.

During BOE Part 2, a new health insurance option will be offered: **The State High Deductible Health Plan\* (HDHP) with Health Savings Account\* (HSA)**. An HDHP is a health insurance plan with lower biweekly premiums and a higher deductible. Automatically included with the State HDHP is an HSA with an annual employer contribution. An HSA is a tax-advantaged account to which individuals covered under an HDHP can contribute to pay eligible health, prescription, dental, and vision expenses not covered by insurance (e.g., deductibles, copays, and coinsurance). The State HDHP's health and behavioral health/substance abuse benefits will be administered by Blue Cross Blue Shield of Michigan (BCBSM), the prescription drug benefits will be administered by OptumRx, and the HSA will be administered by HealthEquity.

Employees who elect to enroll in the new State HDHP with HSA option can also enroll in a new **Limited Purpose Health Care FSA (LPHC FSA)**. The LPHC FSA is compatible with an HDHP and only covers eligible dental and vision expenses unless the HDHP deductible is met. If the HDHP deductible is met, employees may provide proof to WageWorks in order to use their Health Care FSA for eligible medical expenses for the remainder of that calendar year.

The Employee Benefits Division's website, [www.mi.gov/BOE](http://www.mi.gov/BOE), will have all the usual open enrollment information you have come to expect, plus information on the changes happening in 2020 and beyond!

**\*Note:** MSPTA-represented (T01) employees and Other Eligible Adult Individuals (OEAs) and their dependents are not eligible for this benefit.

# BOE Dates to Know

## BOE Part 1

**Coverage Effective Date:** October 4, 2020

**Coverage Period:** October 4, 2020 through December 31, 2020

## BOE Part 2

**Enrollment Period:** November 2, 2020 through November 24, 2020

**Documentation Deadline:** December 1, 2020

**Coverage Effective Date:** January 1, 2021

**Coverage Period:** January 1, 2021 through December 31, 2021

## How to Enroll in Benefits

### Online:

Visit the HR Gateway page at [www.mi.gov/selfserv](http://www.mi.gov/selfserv) and log in to HR Self-Service. Click the “Bookmarks” button in the top-left corner, and hover over “Benefits Open Enrollment” in the drop-down menu. From there, you can choose to start the process of adding new dependents to your benefits or begin the enrollment process.



### Over the Phone:

Need help from an HR professional who is trained to help guide you through Benefits Open Enrollment? Call the MI HR Service Center, Monday through Friday, 8:00 a.m. to 5:00 p.m., at **877-766-6447**.



## What's New for BOE Part 2

### **New: State High Deductible Health Plan\* with Health Savings Account\***

The State High Deductible Health Plan (HDHP) with Health Savings Account (HSA) provides a different way for employees to cover health care costs while still being able to access the entire BCBSM PPO network. An HDHP offers a lower biweekly premium in exchange for higher deductibles and out-of-pocket limits. Identified standard preventive services are covered at 100%, but most other services have a 20% in-network coinsurance after meeting the deductible.

Enrollment in the State HDHP will also provide access to an HSA, which is a tax-advantaged savings account that can be used to pay only [eligible](#) health, prescription, dental, and vision-related expenses incurred for services not covered by insurance (e.g., deductibles, copays, and coinsurance).

The state will make an annual HSA contribution of \$750 for an eligible individual employee enrolled in the State HDHP or \$1,500 for an eligible employee who enrolls with one or more eligible dependents in the State HDHP,\* effective January 1. This contribution will be prorated for employees who enroll mid-year. Employees can also make [pre-tax HSA contributions](#) by payroll deductions. The HSA balance belongs to the employee and can be carried over from year to year. You keep what you don't spend on medical expenses, even if you retire or leave state employment. Earnings on an HSA fund balance are tax-free, and you can withdraw your money tax-free anytime, as long as you use it for qualified medical expenses for yourself or your tax dependents.

You're eligible for an HSA if:

- You enroll in the State HDHP and have no other non-HDHP health care coverage, including coverage through your spouse or any other person.
- You are not claimed as a dependent on another person's tax return.

The State HDHP with HSA allows saving for future expenses, but you should review plan materials carefully to understand the advantages and risks associated with the plan.

- [CY2021 Health Plan Comparison Chart](#)
- [Health Insurance Plan Comparison Scenarios](#)
- [State HDHP with HSA Benefit Booklet](#)
- [State HDHP with HSA Benefits-at-a-Glance](#)
- [HSA Member Brochure](#)
- [HSA FAQs](#)

**\*Note:** MSPTA-represented (T01) employees and Other Eligible Adult Individuals (OEAls) and their dependents are not eligible for this benefit.

# What's New for BOE Part 2: Continued

## **New: Limited Purpose Health Care FSA (LPHC FSA)**

Federal tax law does not allow employees covered by a traditional General Purpose Health Care FSA to participate in an HSA, but they can enroll in an LPHC FSA that can generally be used for only dental and vision [eligible expenses](#). If the HDHP deductible is met, however, employees can also provide proof to WageWorks that their deductible has been met and transition to a Health Care FSA for the remainder of that plan year if they want to cover eligible health and prescription expenses too. Employees who enroll in the State HDHP with HSA during BOE and who also enroll in a Health Care FSA will automatically be enrolled in the LPHC FSA.

## **Insurance Rates Remain Effective Through 2021**

Insurance rates are unchanged between the BOE Part 1 and BOE Part 2 coverage periods. Insurance rates effective October 4, 2020 are locked-in with carriers and will remain in effect through December 31, 2021.

## **Deductibles Effective January 1, 2021**

As communicated during BOE Part 1, employees will pay no more in deductibles during the combined 15-month coverage period for BOE Parts 1 and 2 than they would during a traditional 12-month plan year. As a result, HMO deductibles were waived for the BOE Part 1 coverage period of October 4, 2020 through December 31, 2020. HMO deductibles will be reinstated on January 1, 2021 to \$125 per individual and \$250 per family for the BOE Part 2 coverage period of January 1, 2021 through December 31, 2021.

Deductibles for the State Health Plan PPO (SHP PPO) were not impacted by the combined 15-month coverage period and will continue to reset effective January 1. Any amount accumulated toward the in-network deductible for dates of service during the BOE Part 1 coverage period (October through December) will be applied to the in-network deductible for calendar year 2021.

## **SHP PPO Behavioral Health/Substance Use Benefit\***

Effective January 1, 2021, the SHP PPO is amended to remove the \$3,500 calendar-year maximum for outpatient chemical-dependence treatment.

**\*Note:** MSPTA-represented (T01) employees are excluded from this change.

# Other Eligible Adult Individuals (OEAI)

## Enrolling an OEAI and an OEAI's Dependent Children

If you wish to enroll an OEAI in your health insurance, you may enroll via [HR Self-Service](#) ([www.mi.gov/selfserv](http://www.mi.gov/selfserv)) or by calling the MI HR Service Center.\* After enrollment you must submit the following documents to the MI HR Service Center\* by **December 1, 2020** to complete OEAI enrollment or added dependents will not be enrolled:

- [Enrollment Application and Affidavit \(CS-1833\)](#)
- Copy of age verification that the OEAI is 18 or older:
  - birth certificate,
  - passport,
  - driver's license, or
  - other governmental document indicating date of birth
- Documents establishing joint residence for the past 12 months (e.g., bank statement, utility bills, etc.). In addition, required documentation must be submitted to maintain enrollment of an OEAI's dependent.

OEAI and OEAI dependent coverage will not take effect if documentation is not received by the MI HR Service Center\* by **December 1, 2020**.

## Tax Implications

In accordance with IRS regulations, State of Michigan employees are responsible for paying taxes associated with the fair-market value of enrolling an OEAI and the OEAI's dependents. Additional information on [OEAI tax implications](#) is available on the Employee Benefits Division web site at [www.mi.gov/BOE](http://www.mi.gov/BOE).

## Termination of Benefits

When criteria for enrollment are no longer met, you must notify the MI HR Service Center\* within 14 calendar days. Coverage will end effective the date that [OEAI eligibility criteria](#) are no longer met.

### Documentation

\*Auditor General and Judicial employees should submit all supporting documentation to their agency HR office.

### OEAI Bargaining Group Eligibility

OEAI's are eligible to be added to health plans\* for all represented and non-represented (NERE) bargaining groups except:  
**MSPTA and Legislative**

**\*Note:** OEAI's are excluded from enrollment in the State High Deductible Health Plan with HSA.



# Eligibility Guidelines

## Eligible Dependents

Eligible dependents may be enrolled in your health, dental, vision, and dependent life insurance plans.\* Children by birth or legal adoption and stepchildren 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 26.

Children for whom the employee has legal guardianship or provides 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.

Married or divorced state employees carrying independent enrollments may cover their children in either parent's plan, as long as each child is only covered once. If both employees elect to carry the children and cannot come to an agreement on which parent will cancel elections, the parent who covered the children first during employment with the State of Michigan will be allowed to cover the dependent children.

For a grandchild to be eligible, the parent of the grandchild must be a covered dependent for whom you provide at least 50% financial support and, if the parent of the grandchild is from 19 up to their 25th birthday, a student as well.

**\*Note:** OEAs and their dependents can only be enrolled in health insurance and are excluded from enrollment in the State HDHP with HSA.

## Dependent Life Insurance

Eligible dependents can include your spouse and unmarried children from the age of 14 days up to their 23rd birthday if you provide at least 50% of their support. Your spouse who is not a state employee or state retiree is also eligible.

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 Guidelines

## Eligibility Exclusions

If you and your spouse are both covered by state active or retiree group insurance plans, you may maintain separate coverage through your individual plans or enroll in one plan with one spouse 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 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 the age limits outlined in the Eligibility Guidelines 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.

## 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

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 email, 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. Copies of documentation must be **received** by email, fax, or mail by the MI HR Service Center by **December 1, 2020** or dependents will not be added to coverage.

## Life Events

To add or change eligible dependents due to a midyear life event (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, Vision, and Life 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, if from 19 up to their 25th birthday, a student as well as demonstrated by both:
    - ◆ [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, etc.)
- **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*

Required Documents for Health, Dental, and Vision Coverage continued on next page...

# Required Documentation

## Required Documents for Health, Dental, Vision, and Life Coverage: Continued

- **Loss of Coverage (for mid-year enrollment)**
  - ◆ *Document Detailing Loss of Coverage* from employer or insurance carrier specifying the benefits for which coverage has been lost (e.g., health, vision, dental), the date the coverage was lost, and the individuals who lost coverage
- **Spouse**
  - ◆ *Marriage Certificate*
- **Stepchild**
  - ◆ *Birth Certificate* (Hospital verifications are not accepted.)
  - ◆ *Marriage Certificate*

## Required Documents for OEAI 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.

**Note:** OEAI's are excluded from enrollment in life, dental, vision, and the State High Deductible Plan with HSA coverage.

# MI HR Contact Information

## MI HR Service Center Contact Information

Phone: 877-766-6447

Email: [MCSC-MIHR-Docs@michigan.gov](mailto:MCSC-MIHR-Docs@michigan.gov)

Fax: 517-241-5892

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

### Documentation Reminder!

Copies of supporting documentation for newly added dependents must be **received** by email, fax, or mail by the MI HR Service Center by **December 1, 2020**.



**\*Note:** Auditor General and Judicial employees should submit all supporting documentation to their agency HR office by December 1, 2020.





# Frequently Asked Questions

## Do I need to participate in BOE Part 2?

If you wish to enroll in either a Health Care or Dependent Care FSA for the 2021 plan year, you must enroll during BOE Part 2; FSA enrollments **do not** roll over from year to year. However, if you do not make any changes to your health, vision, dental, life insurance, or disability insurance during BOE Part 2, coverage and covered dependents will remain the same for those plans. You are strongly encouraged to review your elections to ensure you and your eligible dependents have the necessary coverage for the BOE Part 2 coverage period of January 1, 2021 through December 31, 2021.

## How is BOE Part 2 different from BOE Part 1?

BOE Part 2 will be the first annual Benefits Open Enrollment that includes the combined enrollments of flexible spending accounts and insurance benefits.

BOE Part 2 will offer employees the chance to enroll in the new State HDHP with HSA. Employees who enroll in the State HDHP with HSA and would like to enroll in a Health Care FSA can only enroll in the new Limited Purpose Health Care FSA (LPHC FSA) for dental and vision [eligible expenses](#).

Additionally, BOE Part 2 will be the first time the insurance benefits coverage period for all the plans will be based on the calendar year from January 1 through December 31. Annual accruals such as deductibles, out-of-pocket maximums, and visit limitations for certain benefits (e.g., chiropractic, physical and occupational therapy, etc.) will reset on the first day of each coverage period, January 1.

After BOE Part 2 ends, outside of a qualifying life event, your next opportunity to enroll or change your elections will be BOE in the fall of 2021 with a benefit coverage period of January 1, 2022 through December 31, 2022.

# Frequently Asked Questions

## What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum (OOPM) is the limit to the total dollar amount you could be required to pay for in-network covered services during the plan year. In-network deductibles, fixed-dollar copays, prescription drug copays, and coinsurance all apply towards the annual OOPM.

Once this maximum amount is reached, you will not pay any additional coinsurance, deductibles, or fixed dollar copays for in-network covered services for the remainder of the plan year.

The individual OOPM applies to any one family member and the family OOPM is the collective amount that could be paid by any combination of family members. There are separate OOPMs for in and out-of-network services. In-network OOPM amounts are below. See the [CY2021 Health Plan Comparison Chart](#) for other details.

- SHP PPO & HMO in-network: \$2,000 individual / \$4,000 family
- State HDHP in-network: \$4,000 individual / \$8,000 family

Certain charges cannot be used to meet your annual OOPM:

- Out-of-network coinsurance, deductibles, or fixed dollar copays
- Charges for non-covered services or treatments
- Charges in excess of the approved amount the plan pays for a benefit
- Bi-weekly premiums

## How does coinsurance work?

Coinsurance is your share of the costs of a covered health care service, calculated as a percentage, after your annual deductible is met. For example, for in-network services, if you have met your annual deductible and then have surgery, the insurance plan will pay a percentage of the allowed amount for the surgery and you will pay the remaining percentage as coinsurance. All in-network coinsurance charges apply toward the annual in-network OOPM that limits the amount you can be required to pay for services during a plan year.

# Frequently Asked Questions

## How does a deductible work?

A deductible is the specified amount you must pay during each plan year for services before your insurance plan begins to pay. The deductible does not apply to all services. Services under the SHP PPO and HMOs such as in-network office visits, consultations, and urgent care visits only require a copay at the time of service. In-network preventive services under the SHP PPO, HMOs, and the State HDHP do not require any copay or deductible. Refer to the [CY2021 Health Plan Comparison Chart](#) or individual plan summaries at [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) for a list of covered in-network services after the deductible.

Your deductible amount will vary based on whether you are enrolled in an HMO, the SHP PPO, or the State HDHP. For the SHP PPO and HMOs, the individual deductible in-network (\$400 for the SHP PPO and \$125 for an HMO) is the maximum amount that applies to any one family member. The family deductible (\$800 for the SHP PPO and \$250 for an HMO) is the combined maximum deductible amount that applies to any combination of family members for in-network services. One family member is not required to reach the individual deductible before that family deductible can be met. And one family member cannot contribute in excess of the maximum amount of the individual deductible toward the family deductible.

For the State HDHP, the individual deductible (\$1,500) only applies to employee-only coverage. The State HDHP family deductible (\$3,000) applies to the coverage of employee plus the spouse or other dependents. The applicable deductible must be fulfilled before services are paid by the plan. Any member of the family or combination of family members may fulfill the entire family deductible.

The SHP PPO and State HDHP have separate deductible calculations for in-network and out-of-network services. The amounts above are for in-network services.

# Frequently Asked Questions

## What other insurance terms should I know?

In addition to out-of-pocket maximum, coinsurance, and deductibles described earlier, other terms are important to understanding insurance benefits.

**Premium:** The amount paid each pay period for enrollment in insurance benefits. The employee and the state both pay a share for most plans.

**In-Network/Out-of-Network:** Each insurance carrier has a network of providers. If you obtain services from one of these providers you will generally pay less for services covered under your plan.

A list of network providers can be found on each carrier's website. This carrier information can be located on the [Insurance Plans](#) page of the Employee Benefits Division website.

Out-of-network providers will cost you more, or might not be covered at all, depending on your carrier.

**Copay:** A copay is a fixed dollar amount an employee may be required to pay when receiving services. These most commonly apply to office visits or prescriptions and are generally paid when services are rendered or prescriptions are received.

**Formulary (Drug List):** A formulary is a list of generic and brand-name prescription drugs covered by your health plan. It is divided into tiers that correspond to amounts within the plan's copay structure. The SHP PPO and State HDHP both include prescription drug coverage administered by OptumRx and use the same formulary.

Each HMO plan includes its own prescription drug formulary. Prescription drug copays are the same for all plans, but under the State HDHP, non-preventive medications are subject to the plan deductible being met before copays apply.



# Understanding Health Plan Deductible Costs

## Health Maintenance Organization (HMO) Deductible Example:

Jacob receives services on February 18, 2021 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. Because the HMO deductible (\$125 per individual/\$250 per family) is reinstated 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 services on February 18, 2021 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 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 member cost share of \$415 (\$400 deductible + 10% coinsurance of \$15 on the \$150 balance).

## State High Deductible Health Plan with HSA Example:

Jacob received a \$750 annual employer contribution into his HSA with his first paycheck of 2021.\* He receives services on February 18, 2021 for a benefit that is covered 80% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to BCBSM for an allowed amount of \$550. Jacob has not accrued any medical expenses yet for 2021 towards his \$1,500 deductible. BCBSM will not make any payment to the provider since the balance of the bill is less than the deductible amount. The provider will send a bill to Jacob for his member cost share of \$550. Jacob issues payment to the provider for \$550 from the HSA that was opened with his State HDHP enrollment.

\*Additional employee elected contributions can be deposited after the HSA is active.

# Insurance Carrier Information



**State Health Plan PPO  
Catastrophic Health Plan  
State High Deductible Health Plan (HDHP)**

**Blue Cross Blue Shield of Michigan (BCBSM)**

Phone: 800-843-4876

[www.bcbsm.com/som](http://www.bcbsm.com/som)



**Prescription Drug Administrator: State Health Plan PPO  
Prescription Drug Administrator: State HDHP**

**OptumRx**

**Active Employees & Non-Medicare Retirees**

Phone: 866-633-6433

**OptumRx: Medicare-Eligible Retirees**

Phone: 866-635-5941

[www.optumrx.com/som](http://www.optumrx.com/som)



**HSA Administrator for the State HDHP with HSA**

**HealthEquity**

Phone: 877-284-9840

Log in at [www.bcbsm.com/som](http://www.bcbsm.com/som) to manage your HSA from HE.



**State Dental Plan  
Preventive Dental Plan**

**Delta Dental Plan of Michigan**

Phone: 800-524-0150

[www.deltadentalmi.com/som](http://www.deltadentalmi.com/som)



**State Vision Plan**

**EyeMed**

Phone: 833-279-4355

[www.eyemedvisioncare.com/som](http://www.eyemedvisioncare.com/som)



**State Long Term Disability (LTD) Plan**

**Sedgwick**

Phone: 800-324-9901

# Insurance Carrier Information



## Health Maintenance Organization (HMO)

### Blue Care Network

Phone: 800-662-6667

[www.bcbsm.com/som](http://www.bcbsm.com/som)



## Health Maintenance Organization (HMO)

### Health Alliance Plan (HAP)

Phone: 800-422-4641

[www.hap.org](http://www.hap.org)



## Health Maintenance Organization (HMO)

### McLaren Health Plan

Phone: 888-327-0671

[www.mclarenhealthplan.org](http://www.mclarenhealthplan.org)



## Health Maintenance Organization (HMO)

### Physicians Health Plan (PHP)

Phone: 800-832-9186 or

Phone: 517-364-8500

[www.phpmichigan.com](http://www.phpmichigan.com)



## Health Maintenance Organization (HMO)

### Priority Health

Phone: 800-446-5674

[www.priority-health.com/som](http://www.priority-health.com/som)



## MSPTA-Represented Employees Only COPS Health Trust Plans

### COPS Health Trust

Phone: 800-225-9674 or

Phone: 248-524-0454

[www.copstrust.com](http://www.copstrust.com)

# HIPAA Exemption Notice

Group health plans sponsored by state and local governmental employers must generally comply with federal law requirements in title XXVII of the Public Health Service Act. However, these employers that sponsor health plans are permitted by federal law to elect to exempt a plan from these requirements for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy.

The State of Michigan has elected to exempt the State Health Plan PPO and the State High Deductible Health Plan with HSA from the requirements of protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan. The exemption from these federal requirements will continue to be in effect for the period of plan coverage beginning January 1, 2021 and ending December 31, 2021. The election may be renewed for subsequent plan years.

As required by state law (MCL 550.544), notice is provided that, as a rider under your health coverage, elective abortion is included and may be used by a covered dependent without notice to the employee.

## 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 life 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 info, [contact the MI HR Service Center](#).

### For Questions about HIPAA Exemption:

Contact the Employee Benefits Division at:  
**800-505-5011**

### HIPAA Privacy Notice

The HIPAA Notice of Privacy Practices for the benefit plans is available on the Civil Service Commission web site at:  
[http://www.michigan.gov/documents/HIPAA\\_Plans\\_Privacy\\_Notice\\_61312\\_7.pdf](http://www.michigan.gov/documents/HIPAA_Plans_Privacy_Notice_61312_7.pdf)



# Rates

Visit the Employee Benefits Division's website to view insurance benefit rates:

[https://www.michigan.gov/mdcs/0,4614,7-147-22854\\_6649---,00.html](https://www.michigan.gov/mdcs/0,4614,7-147-22854_6649---,00.html)