

*State of Michigan*  
***Benefits Summary***

*For certain employees hired or rehired on or after April 1, 2010*

*Bargaining Units: MCO(C12), SEIU 517M(E42, H21, L32) AFSCME(U11),  
UAW(W22, W41), MSEA(A02, A31), NERE (Y00, Y23, Y50, Y51, Y98 & Y99)*

**Fiscal Year 2011-2012**



*As a State of Michigan classified employee\*, you are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long-term disability, flexible spending accounts, and more.*

*\*Non-career employees are not eligible for these benefits but may be eligible for*

*State of Michigan  
Civil Service Commission  
Employee Benefits Division*



### ***Important Notice:***

This booklet is a summary of benefits provided to State of Michigan employees<sup>1</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 New State Health Plan (NSHP) PPO and New HMO (NHMO) Plan Design for employees hired or rehired<sup>2</sup> on or after April 1, 2010, applies 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).

Note: This does not include MSPTA (T01).

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

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

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

<sup>2</sup>Employees returning from recall or otherwise returning to State employment where there has been no break in service will be eligible for enrollment in the plan in which they were previously enrolled. For example, an employee covered by the State Health Plan PPO (SHP) who is placed on layoff and then recalled may enroll in the SHP upon recall; an employee covered by the New State Health Plan PPO (NSHP) who is placed on layoff and then recalled may enroll in the NSHP upon recall. However, a former employee with a break in service who is rehired on or after April 1, 2010, is eligible only for the NSHP or the NHMO. A rehire is simply a HRMN transaction code used to prevent an employee from having duplicate HRMN ID numbers. This type of hire code is used when an applicant is hired who had previously been issued a HRMN ID. All hires having the rehire transaction code had a break in service.

## **State of Michigan**

MI HR Service Center

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

Toll Free: (877) 766-6447  
Lansing Area: (517) 335-0529  
Relay Center: 711  
Fax: 517-241-5892

Hours of operation:  
7:00 a.m. to 6:00 p.m. Monday through Friday  
(except on state holidays)

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)

Updated: August 2011

*Notes*

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# Welcome!

**If you would like to participate in the State of Michigan’s health, vision, dental, employee/dependent life, long-term disability (LTD) and flexible spending account benefits, you must enroll within 31 days of your hire date.**

Coverage will be effective on the first day of the bi-weekly payroll period following EITHER your first day of employment OR the date when the enrollment process is completed, whichever is later.

If you elect not to enroll for benefits within the first 31 days of hire, your next opportunity to enroll will be during the annual open enrollment period, which usually takes place in the month of August.

Throughout this benefits summary you will be instructed to contact the MI HR Service Center to enroll in your benefits selections. Please note that Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office to complete enrollment.

## Your Benefits Checklist

The checklist below will assist you with the benefit enrollment process.

- Review this booklet for basic information.
- Go to [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits) to review benefit options. Click the “New Employee” link from the left menu.
- Determine which insurances you would like to enroll in.
- Contact the MI HR Service Center\* toll free at (877) 766-6447 or (517) 335-0529 to enroll in your insurances. Hours are 7:00 a.m. to 6:00 p.m. Monday through Friday, except state holidays.
- Mail or fax dependent eligibility documentation to the MI HR

\* Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office for assistance.

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*Notes*

*General Benefits Information*

**Who can enroll?**

You may choose to enroll your spouse and/or eligible dependents in your health, dental, vision, and life insurance plans at the time you enroll as a new employee, during any annual open enrollment period, or as the result of a life event. Any time a spouse or dependent is added to your insurance, you must submit dependent eligibility documentation (see Pages 17-19) within 31 days of the event. For more information, visit the Employee Benefits Division website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits).

**Dual Eligibility**

If you and your spouse or dependent are currently working for the State of Michigan and are both covered by State Health Plans (retiree or active, including State-sponsored HMO options), you may:

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

If you choose to maintain separate coverage, your child or children can only be listed on one plan, not both. This applies even if you are divorced.

**Insurance Cards**

Identification cards will be issued directly from individual carriers, when applicable.

**Insurance Rates**

You can view insurance rates on the Department of Civil Service website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click on the “Insurance Rates” link from the left menu.

Employees hired after January 1, 2000, who are working part-time (less than 40 hours per pay period) may be required to pay one-half of their health, dental, and vision insurance premiums, based on the employee’s bargaining unit.

**General Benefits Information**

**Life Event Changes**

A marriage, birth, adoption, divorce, etc., can be entered either in your MI HR Self-Service account or by calling the MI HR Service Center\* for assistance. When children become ineligible, you should contact the MI HR Service Center to stop insurance coverage. Changes must be processed within 31 days of the life event and must be substantiated with appropriate documentation (see Pages 17-19).



**Beneficiary Changes**

Beneficiary designation for final compensation and life insurance can be completed online in your MI HR Self-Service account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv).

The 401(k) Defined Contribution and 457 Plans (ING), and Accidental Duty Death (Minnesota Life) carriers require an original signature to add or change beneficiaries. These forms can be printed from your MI 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.

For more information about MI HR Self-Service, see Page 15.



\* Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office for assistance.

**Civil Service Commission, Employee Benefits Division  
FY 2011-2012 GROUP INSURANCE PREMIUM RATES FOR LIFE INSURANCE  
ALL EMPLOYEES  
Effective October 2, 2011**

| PLAN NAME/CODE  | Option<br>(a) | BIWEEKLY        |              |
|---|---------------|-----------------|--------------|
|   |               | Employee<br>(b) | State<br>(c) |
| <b>LIFE INSURANCE PLANS</b>   |               |                 |              |
| <b>Dependent Life Options</b>   |               |                 |              |
| Spouse \$1,500 and/or Child(ren) \$1,000  | F             | \$ .20          | \$ 0         |
| Spouse \$5,000 and/or Child(ren) \$2,500  | G             | \$ .60          | \$ 0         |
| Spouse \$10,000 and/or Child(ren) \$5,000   | H             | \$ 1.20         | \$ 0         |
| Spouse \$25,000 and/or Child(ren) \$10,000  | K             | \$ 4.00         | \$ 0         |
| Child(ren) Only \$10,000  | L             | \$ .75          | \$ 0         |
| <b>Employee Life Options</b>  |               |                 |              |
| The Employee Only regular plan is 2 times your annual salary, up to a maximum of \$200,000. The State pays 100% of the premium for this plan.   |               |                 |              |
| The Employee Only reduced plan is 1 times your annual salary, up to a maximum of \$50,000. Employees enrolled in this plan will receive a biweekly rebate beginning October 13, 2011. |               |                 |              |

**Office of the State Employer, Employee Health Management  
FY 2011-2012 BIWEEKLY LONG TERM DISABILITY PREMIUM RATES—ALL EMPLOYEES  
Rates per \$100 of Earnings\*  
Effective October 2, 2011**

| PLAN NAME/CODE  | Status<br>(a) | Employee<br>(b) | State<br>(c) |
|---|---------------|-----------------|--------------|
| <b>All employees except those represented by bargaining units W22 and W41 (UAW)</b>   |               |                 |              |
| YIA0: Less than 184 hours sick leave  | Plan I        | \$ 2.08         | \$ .92       |
| YIA1: 184-527 hours sick leave  | Plan IIA      | \$ .53          | \$ .92       |
| YIA2: 528 hours or more sick leave  | Plan IIB      | \$ 0            | \$ .92       |
| YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave   | Plan IIC      | \$ 1.74         | \$ .92       |
| <b>Employees represented by bargaining units W22 and W41 (UAW)</b>  |               |                 |              |
| YIA0: Less than 184 hours sick leave  | Plan I        | \$ 2.13         | \$ .92       |
| YIA1: 184-527 hours sick leave  | Plan IIA      | \$ .58          | \$ .92       |
| YIA2: 528 hours or more sick leave  | Plan IIB      | \$ 0            | \$ .92       |
| YIA3: Reach Plan II (YIA1) but now less than 184 hours sick leave   | Plan IIC      | \$ 1.79         | \$ .92       |
| <b>Calculation of Employee Contribution:</b><br>Biweekly Contribution = Hourly Rate times 2088, divided by 26, divided by 100, times the Employee Rate per Plan (I, IIA, IIB, or IIC) |               |                 |              |

\*Benefits are subject to maximums in the LTD booklet.

Civil Service Commission, Employee Benefits Division

FY 2011-2012 GROUP INSURANCE PREMIUM RATES

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011

For Bargaining Units: MSEA (A02, A31), MCO (C12), AFSCME (U11)

| PLAN NAME/CODE   | Option <sup>2</sup> | BIWEEKLY |           | BIWEEKLY <sup>1</sup> |           |
|--|---------------------|----------|-----------|-----------------------|-----------|
|  |                     | Employee | State     | Part-time employees   |           |
|  |                     |          |           | Employee              | State     |
| (a)  | (b)                 | (c)      | (d)       | (e)                   |           |
| <b>New Hire McLaren Health Plan</b>  | 1                   | \$ 27.32 | \$ 154.81 | \$ 91.06              | \$ 91.06  |
|  | 2                   | \$ 54.64 | \$ 309.62 | \$ 182.13             | \$ 182.13 |
|  | 3                   | \$ 48.09 | \$ 272.49 | \$ 160.29             | \$ 160.29 |
|  | 4                   | \$ 75.40 | \$ 427.28 | \$ 251.34             | \$ 251.34 |
| <b>New Hire Physicians Health Plan of Mid-Michigan</b>   | 1                   | \$ 28.46 | \$ 161.25 | \$ 94.85              | \$ 94.85  |
|  | 2                   | \$ 56.91 | \$ 322.50 | \$ 189.71             | \$ 189.71 |
|  | 3                   | \$ 50.08 | \$ 283.80 | \$ 166.94             | \$ 166.94 |
|  | 4                   | \$ 78.54 | \$ 445.05 | \$ 261.79             | \$ 261.79 |
| <b>New Hire Priority Health Plan, West</b>   | 1                   | \$ 32.18 | \$ 182.38 | \$ 107.28             | \$ 107.28 |
|  | 2                   | \$ 64.37 | \$ 364.75 | \$ 214.56             | \$ 214.56 |
|  | 3                   | \$ 56.64 | \$ 320.98 | \$ 188.81             | \$ 188.81 |
|  | 4                   | \$ 88.83 | \$ 503.36 | \$ 296.09             | \$ 296.09 |
| <b>New Hire Priority Health Plan, East</b>   | 1                   | \$ 32.18 | \$ 182.38 | \$ 107.28             | \$ 107.28 |
|  | 2                   | \$ 64.37 | \$ 364.75 | \$ 214.56             | \$ 214.56 |
|  | 3                   | \$ 56.64 | \$ 320.98 | \$ 188.81             | \$ 188.81 |
|  | 4                   | \$ 88.83 | \$ 503.36 | \$ 296.09             | \$ 296.09 |
| <b>New Hire Priority Health Plan, South</b>  | 1                   | \$ 32.18 | \$ 182.38 | \$ 107.28             | \$ 107.28 |
|  | 2                   | \$ 64.37 | \$ 364.75 | \$ 214.56             | \$ 214.56 |
|  | 3                   | \$ 56.64 | \$ 320.98 | \$ 188.81             | \$ 188.81 |
|  | 4                   | \$ 88.83 | \$ 503.36 | \$ 296.09             | \$ 296.09 |
| <b>New Hire Total Health Care</b>  | 1                   | \$ 24.69 | \$ 139.88 | \$ 82.28              | \$ 82.28  |
|  | 2                   | \$ 56.78 | \$ 321.73 | \$ 189.25             | \$ 189.25 |
|  | 3                   | \$ 46.90 | \$ 265.78 | \$ 156.34             | \$ 156.34 |
|  | 4                   | \$ 66.65 | \$ 377.68 | \$ 222.16             | \$ 222.16 |
| <b>VISION PLANS</b>  |                     |          |           |                       |           |
| <b>State Vision Plan</b>   | 1                   | \$ 0     | \$ 2.80   | \$ 1.40               | \$ 1.40   |
|  | 2                   | \$ 0     | \$ 4.93   | \$ 2.46               | \$ 2.46   |
|  | 3                   | \$ 0     | \$ 6.02   | \$ 3.01               | \$ 3.01   |
|  | 4                   | \$ 0     | \$ 8.16   | \$ 4.08               | \$ 4.08   |
| <b>Decline Vision Insurance</b>  |                     | (n/a)    | (n/a)     | (n/a)                 | (n/a)     |
| <b>DENTAL PLANS</b>  |                     |          |           |                       |           |
| <b>State Dental Plan</b>   | 1                   | \$ 1.08  | \$ 20.48  | \$ 10.78              | \$ 10.78  |
|  | 2                   | \$ 1.97  | \$ 37.38  | \$ 19.67              | \$ 19.67  |
|  | 3                   | \$ 2.40  | \$ 45.52  | \$ 23.96              | \$ 23.96  |
|  | 4                   | \$ 3.28  | \$ 62.36  | \$ 32.82              | \$ 32.82  |
| <b>Preventive Dental Plan</b><br>Employees in the Preventive Dental plan will receive a \$100.00 lump sum payment on October 27, 2011. | 1                   | \$ 0     | \$ 2.99   | \$ 1.50               | \$ 1.50   |
|  | 2                   | \$ 0     | \$ 5.21   | \$ 2.61               | \$ 2.61   |
|  | 3                   | \$ 0     | \$ 5.21   | \$ 2.61               | \$ 2.61   |
|  | 4                   | \$ 0     | \$ 7.42   | \$ 3.71               | \$ 3.71   |
| <b>Midwestern Dental Plan (DMO)</b>  | 1                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 2                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 3                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 4                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
| <b>Decline Dental Insurance <sup>3</sup></b>   |                     | (n/a)    | (n/a)     | (n/a)                 | (n/a)     |

<sup>1</sup> Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

<sup>2</sup> Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

<sup>3</sup> Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

**Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your 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 nonpayment). 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 at (877) 766-6447 or (517) 335-0529. They are open from 7:00 a.m. until 6:00 p.m., Monday through Friday, except state holidays.



**General Benefits Information**

The following is a brief description of the various insurance benefits offered to State of Michigan employees. Complete details for each plan are available on the Civil Service Commission website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits).

**Health Care Options**

You may elect one of the following health insurance plans:

**New 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.
- You must pay office and prescription drug co-pays.
- A \$200 emergency room co-pay will be required if the member is not admitted to the hospital.
- Retail pharmacy and mail order prescription medications are administered by BCBSM.
- Mental health and substance abuse treatment services are administered by Magellan Behavioral Health.

**New Health Maintenance Organization (NHMO) Plans**

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 employer will pay 85% of the total premium up to the amount paid for the same coverage code under the New State Health Plan PPO.
- There are no deductible requirements.

Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click Open Enrollment Information.

| PLAN NAME/CODE   | Option <sup>2</sup> | BIWEEKLY  |           | BIWEEKLY <sup>1</sup> |           |
|--|---------------------|-----------|-----------|-----------------------|-----------|
|  |                     | Employee  | State     | Part-time employees   |           |
|  | (a)                 | (b)       | (c)       | Employee              | State     |
| <b>HEALTH PLANS</b>  |                     |           |           |                       |           |
| <b>New Hire State Health Plan PPO</b>                      | 1                   | \$ 48.65  | \$ 194.61 | \$ 121.63             | \$ 121.63 |
|  | 2                   | \$ 97.31  | \$ 389.24 | \$ 243.28             | \$ 243.28 |
|  | 3                   | \$ 85.63  | \$ 342.53 | \$ 214.08             | \$ 214.08 |
|  | 4                   | \$ 134.29 | \$ 537.15 | \$ 335.72             | \$ 335.72 |
| Employee or Spouse with Medicare (State pays 100%)         |                     | \$ 0      | \$ 194.61 | \$ 0                  | \$ 0      |
| <b>Catastrophic Health Plan</b>                            | 1                   | \$ 0      | \$ 15.81  | \$ 7.91               | \$ 7.91   |
| Employees in the Catastrophic Health Plan will receive a   | 2                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
| \$50 rebate with each paycheck beginning October 13, 2011. | 3                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
|  | 4                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
| <b>Decline Health Insurance Coverage <sup>3</sup></b>      | (n/a)               | (n/a)     | (n/a)     | (n/a)                 | (n/a)     |
| <b>New Hire Blue Care Network, Mid-Michigan</b>            | 1                   | \$ 40.93  | \$ 194.61 | \$ 117.77             | \$ 117.77 |
|  | 2                   | \$ 81.85  | \$ 389.24 | \$ 235.55             | \$ 235.55 |
|  | 3                   | \$ 72.03  | \$ 342.53 | \$ 207.28             | \$ 207.28 |
|  | 4                   | \$ 112.96 | \$ 537.15 | \$ 325.05             | \$ 325.05 |
| <b>New Hire Blue Care Network, East Michigan</b>           | 1                   | \$ 41.03  | \$ 194.61 | \$ 117.82             | \$ 117.82 |
|  | 2                   | \$ 82.05  | \$ 389.24 | \$ 235.64             | \$ 235.64 |
|  | 3                   | \$ 72.20  | \$ 342.53 | \$ 207.37             | \$ 207.37 |
|  | 4                   | \$ 113.23 | \$ 537.15 | \$ 325.19             | \$ 325.19 |
| <b>New Hire Blue Care Network, Great Lakes West</b>        | 1                   | \$ 46.96  | \$ 194.61 | \$ 120.79             | \$ 120.79 |
|  | 2                   | \$ 93.90  | \$ 389.24 | \$ 241.57             | \$ 241.57 |
|  | 3                   | \$ 82.63  | \$ 342.53 | \$ 212.58             | \$ 212.58 |
|  | 4                   | \$ 129.59 | \$ 537.15 | \$ 333.37             | \$ 333.37 |
| <b>New Hire Blue Care Network, Southeast Michigan</b>      | 1                   | \$ 38.57  | \$ 194.61 | \$ 116.59             | \$ 116.59 |
|  | 2                   | \$ 77.12  | \$ 389.24 | \$ 233.18             | \$ 233.18 |
|  | 3                   | \$ 67.87  | \$ 342.53 | \$ 205.20             | \$ 205.20 |
|  | 4                   | \$ 106.42 | \$ 537.15 | \$ 321.79             | \$ 321.79 |
| <b>New Hire Grand Valley Health Plan</b>                   | 1                   | \$ 33.84  | \$ 191.76 | \$ 112.80             | \$ 112.80 |
|  | 2                   | \$ 67.68  | \$ 383.52 | \$ 225.60             | \$ 225.60 |
|  | 3                   | \$ 59.56  | \$ 337.50 | \$ 198.53             | \$ 198.53 |
|  | 4                   | \$ 93.40  | \$ 529.26 | \$ 311.33             | \$ 311.33 |
| <b>New Hire Health Alliance Plan</b>                       | 1                   | \$ 30.80  | \$ 174.51 | \$ 102.65             | \$ 102.65 |
|  | 2                   | \$ 61.86  | \$ 350.52 | \$ 206.19             | \$ 206.19 |
|  | 3                   | \$ 54.40  | \$ 308.28 | \$ 181.34             | \$ 181.34 |
|  | 4                   | \$ 85.46  | \$ 484.28 | \$ 284.87             | \$ 284.87 |
| <b>New Hire HealthPlus of Michigan</b>                     | 1                   | \$ 38.48  | \$ 194.61 | \$ 116.55             | \$ 116.55 |
|  | 2                   | \$ 76.95  | \$ 389.24 | \$ 233.09             | \$ 233.09 |
|  | 3                   | \$ 67.71  | \$ 342.53 | \$ 205.12             | \$ 205.12 |
|  | 4                   | \$ 106.19 | \$ 537.15 | \$ 321.67             | \$ 321.67 |

<sup>1</sup> Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

<sup>2</sup> Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

<sup>3</sup> Employees who opt out of health coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

Civil Service Commission, Employee Benefits Division

FY 2011-2012 GROUP INSURANCE PREMIUM RATES

FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

| PLAN NAME/CODE   | Option <sup>2</sup> | BIWEEKLY |           | BIWEEKLY <sup>1</sup> |           |
|--|---------------------|----------|-----------|-----------------------|-----------|
|  |                     | Employee | State     | Part-time employees   |           |
|  |                     | (a)      | (b)       | (c)                   | Employee  |
| <b>New Hire McLaren Health Plan</b>  | 1                   | \$ 27.46 | \$ 155.58 | \$ 91.52              | \$ 91.52  |
| This HMO is not authorized to accept employees in bargaining units W22 and W41 (UAW) as new members.                   | 2                   | \$ 54.91 | \$ 311.17 | \$ 183.04             | \$ 183.04 |
|  | 3                   | \$ 48.33 | \$ 273.85 | \$ 161.09             | \$ 161.09 |
|  | 4                   | \$ 75.78 | \$ 429.42 | \$ 252.60             | \$ 252.60 |
| <b>New Hire Physicians Health Plan of Mid-Michigan</b>   | 1                   | \$ 28.57 | \$ 161.87 | \$ 95.22              | \$ 95.22  |
|  | 2                   | \$ 57.13 | \$ 323.74 | \$ 190.44             | \$ 190.44 |
|  | 3                   | \$ 50.28 | \$ 284.89 | \$ 167.58             | \$ 167.58 |
|  | 4                   | \$ 78.84 | \$ 446.77 | \$ 262.80             | \$ 262.80 |
| <b>New Hire Priority Health Plan, West</b>   | 1                   | \$ 32.51 | \$ 184.20 | \$ 108.36             | \$ 108.36 |
|  | 2                   | \$ 65.01 | \$ 368.40 | \$ 216.70             | \$ 216.70 |
|  | 3                   | \$ 57.21 | \$ 324.19 | \$ 190.70             | \$ 190.70 |
|  | 4                   | \$ 89.72 | \$ 508.40 | \$ 299.06             | \$ 299.06 |
| <b>New Hire Priority Health Plan, East</b>   | 1                   | \$ 32.51 | \$ 184.20 | \$ 108.36             | \$ 108.36 |
| This HMO is not authorized to accept employees in bargaining Units W22 and W41 (UAW) in some zip codes as new members. | 2                   | \$ 65.01 | \$ 368.40 | \$ 216.70             | \$ 216.70 |
|  | 3                   | \$ 57.21 | \$ 324.19 | \$ 190.70             | \$ 190.70 |
|  | 4                   | \$ 89.72 | \$ 508.40 | \$ 299.06             | \$ 299.06 |
| <b>New Hire Priority Health Plan, South</b>  | 1                   | \$ 32.51 | \$ 184.20 | \$ 108.36             | \$ 108.36 |
|  | 2                   | \$ 65.01 | \$ 368.40 | \$ 216.70             | \$ 216.70 |
|  | 3                   | \$ 57.21 | \$ 324.19 | \$ 190.70             | \$ 190.70 |
|  | 4                   | \$ 89.72 | \$ 508.40 | \$ 299.06             | \$ 299.06 |
| <b>New Hire Total Health Care</b>  | 1                   | \$ 24.81 | \$ 140.58 | \$ 82.69              | \$ 82.69  |
|  | 2                   | \$ 57.06 | \$ 323.34 | \$ 190.20             | \$ 190.20 |
|  | 3                   | \$ 47.14 | \$ 267.11 | \$ 157.12             | \$ 157.12 |
|  | 4                   | \$ 66.98 | \$ 379.57 | \$ 223.27             | \$ 223.27 |
| <b>VISION PLANS</b>  |                     |          |           |                       |           |
| <b>State Vision Plan</b>   | 1                   | \$ 0     | \$ 2.80   | \$ 1.40               | \$ 1.40   |
|  | 2                   | \$ 0     | \$ 4.93   | \$ 2.46               | \$ 2.46   |
|  | 3                   | \$ 0     | \$ 6.02   | \$ 3.01               | \$ 3.01   |
|  | 4                   | \$ 0     | \$ 8.16   | \$ 4.08               | \$ 4.08   |
| <b>Decline Vision Insurance</b>  |                     | (n/a)    | (n/a)     | (n/a)                 | (n/a)     |
| <b>DENTAL PLANS</b>  |                     |          |           |                       |           |
| <b>State Dental Plan</b>   | 1                   | \$ 1.08  | \$ 20.48  | \$ 10.78              | \$ 10.78  |
|  | 2                   | \$ 1.97  | \$ 37.38  | \$ 19.67              | \$ 19.67  |
|  | 3                   | \$ 2.40  | \$ 45.52  | \$ 23.96              | \$ 23.96  |
|  | 4                   | \$ 3.28  | \$ 62.36  | \$ 32.82              | \$ 32.82  |
| <b>Preventive Dental Plan</b>  | 1                   | \$ 0     | \$ 2.99   | \$ 1.50               | \$ 1.50   |
| Employees in the Preventive Dental plan will receive a \$100.00 lump sum payment on October 27, 2011.                  | 2                   | \$ 0     | \$ 5.21   | \$ 2.61               | \$ 2.61   |
|  | 3                   | \$ 0     | \$ 5.21   | \$ 2.61               | \$ 2.61   |
|  | 4                   | \$ 0     | \$ 7.42   | \$ 3.71               | \$ 3.71   |
| <b>Midwestern Dental Plan (DMO)</b>  | 1                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 2                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 3                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
|  | 4                   | \$ 0     | \$ 15.99  | \$ 8.00               | \$ 8.00   |
| <b>Decline Dental Insurance</b> <sup>3</sup>   | (n/a)               | (n/a)    | (n/a)     | (n/a)                 | (n/a)     |

<sup>1</sup> Part-time employees hired after 1/1/2000 whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

<sup>2</sup> Health, dental and vision option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

<sup>3</sup> Employees who opt out of dental coverage (because they have "primary" coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Preventive Dental Plan.

General Benefits Information

New Health Maintenance Organization (NHMO) Plans Continued...

- You must pay office and prescription drug co-pays.
- You can choose your own "primary care physician" who will provide direct care and make referrals from within the network.
- Your eligibility for enrollment is based on your postal code and bargaining unit.
- A zip code listing for each NHMO can be viewed on the Civil Service Commission website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click the "HMO Eligibility" link from the left menu.

Catastrophic Health Plan

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.

- The State will cover 100% of the premium cost for full-time employees and you will receive a \$50 cash payment bi-weekly for being enrolled in this plan.
- Benefits under this plan are payable only after you have covered those expenses equal to one month's basic salary (your deductible requirement). The family deductible (two or more members) is equal to 1 1/2 month's basic salary.



**Vision Care**

The State offers one vision plan:

State Vision Plan

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 co-payment for exams, lenses, and frames.

**General Benefits Information**



**Dental Care Options**

You may select one of the following plans:

**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, and endodontics are covered at 90%.
- Orthodontics are covered at 60% up to \$1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.

**Preventive Dental Plan**

- The Preventive Dental Plan covers diagnostic exams, x-rays, and cleanings to the same extent as the State Dental Plan and is also administered by Delta Dental. No other services are covered.
- The State will pay 100% of the premium for full-time employees and you will receive a \$100 lump sum cash payment each year (pro-rated for mid-year enrollment).

This plan is intended as an option if you have dental coverage elsewhere.

**Dental Maintenance Organization (DMO)  
(Midwestern Dental Plans)**

This is a managed care dental plan that provides all necessary dental care and services at Midwestern Dental Plans’ dental care centers.

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

Your postal code will determine if you are eligible to enroll in the DMO.

Civil Service Commission, Employee Benefits Division  
**FY 2011-2012 GROUP INSURANCE PREMIUM RATES**  
**FOR EMPLOYEES HIRED ON OR AFTER APRIL 1, 2010, EFFECTIVE OCTOBER 2, 2011**

For Bargaining Units: NERE, UAW (W22, W41), SEIU 517M (E42, H21, L32)

Note: When choosing an HMO plan, be sure to review HMO availability in your area. The HMO Postal Code List is on the Employee Benefits Website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits).  
 Click Open Enrollment Information.

| PLAN NAME/CODE   | Option <sup>2</sup> | BIWEEKLY  |           | BIWEEKLY <sup>1</sup> |           |
|--|---------------------|-----------|-----------|-----------------------|-----------|
|  |                     | Employee  | State     | Part-time employees   |           |
|  | (a)                 | (b)       | (c)       | Employee              | State     |
| <b>HEALTH PLANS</b>  |                     |           |           |                       |           |
| <b>New Hire State Health Plan PPO</b>                        | 1                   | \$ 48.90  | \$ 195.59 | \$ 122.24             | \$ 122.24 |
|  | 2                   | \$ 97.80  | \$ 391.19 | \$ 244.49             | \$ 244.49 |
|  | 3                   | \$ 86.06  | \$ 344.24 | \$ 215.15             | \$ 215.15 |
|  | 4                   | \$ 134.96 | \$ 539.84 | \$ 337.40             | \$ 337.40 |
| Employee or Spouse with Medicare (State pays 100%)           | 5                   | \$ 0      | \$ 195.59 | \$ 0                  | \$ 0      |
| <b>Catastrophic Health Plan</b>                              | 1                   | \$ 0      | \$ 15.81  | \$ 7.91               | \$ 7.91   |
| Employees in the Catastrophic Health Plan will receive a     | 2                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
| \$50 rebate with each paycheck beginning October 13, 2011.   | 3                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
|  | 4                   | \$ 0      | \$ 31.62  | \$ 15.81              | \$ 15.81  |
| <b>Decline Health Insurance Coverage <sup>3</sup></b>        | (n/a)               | (n/a)     | (n/a)     | (n/a)                 | (n/a)     |
| <b>New Hire Blue Care Network, Mid-Michigan</b>              | 1                   | \$ 41.14  | \$ 195.59 | \$ 118.36             | \$ 118.36 |
|  | 2                   | \$ 82.26  | \$ 391.19 | \$ 236.72             | \$ 236.72 |
|  | 3                   | \$ 72.39  | \$ 344.24 | \$ 208.32             | \$ 208.32 |
|  | 4                   | \$ 113.52 | \$ 539.84 | \$ 326.68             | \$ 326.68 |
| <b>New Hire Blue Care Network, East Michigan</b>             | 1                   | \$ 41.23  | \$ 195.59 | \$ 118.41             | \$ 118.41 |
|  | 2                   | \$ 82.46  | \$ 391.19 | \$ 236.82             | \$ 236.82 |
|  | 3                   | \$ 72.56  | \$ 344.24 | \$ 208.40             | \$ 208.40 |
|  | 4                   | \$ 113.80 | \$ 539.84 | \$ 326.82             | \$ 326.82 |
| <b>New Hire Blue Care Network, Great Lakes West</b>          | 1                   | \$ 47.20  | \$ 195.59 | \$ 121.39             | \$ 121.39 |
|  | 2                   | \$ 94.37  | \$ 391.19 | \$ 242.78             | \$ 242.78 |
|  | 3                   | \$ 83.05  | \$ 344.24 | \$ 213.65             | \$ 213.65 |
|  | 4                   | \$ 130.24 | \$ 539.84 | \$ 335.04             | \$ 335.04 |
| <b>New Hire Blue Care Network, Southeast Michigan</b>        | 1                   | \$ 38.76  | \$ 195.59 | \$ 117.17             | \$ 117.17 |
|  | 2                   | \$ 77.50  | \$ 391.19 | \$ 234.34             | \$ 234.34 |
|  | 3                   | \$ 68.21  | \$ 344.24 | \$ 206.22             | \$ 206.22 |
|  | 4                   | \$ 106.96 | \$ 539.84 | \$ 323.40             | \$ 323.40 |
| <b>New Hire Grand Valley Health Plan</b>                     | 1                   | \$ 34.37  | \$ 194.75 | \$ 114.56             | \$ 114.56 |
| This HMO is not authorized to accept employees in bargaining | 2                   | \$ 68.73  | \$ 389.49 | \$ 229.11             | \$ 229.11 |
| units W22 and W41 (UAW) as new members. However,             | 3                   | \$ 60.49  | \$ 342.75 | \$ 201.62             | \$ 201.62 |
| employees who are already enrolled may remain enrolled.      | 4                   | \$ 94.85  | \$ 537.50 | \$ 316.17             | \$ 316.17 |
| <b>New Hire Health Alliance Plan</b>                         | 1                   | \$ 30.94  | \$ 175.35 | \$ 103.14             | \$ 103.14 |
|  | 2                   | \$ 62.15  | \$ 352.20 | \$ 207.18             | \$ 207.18 |
|  | 3                   | \$ 54.66  | \$ 309.76 | \$ 182.21             | \$ 182.21 |
|  | 4                   | \$ 85.89  | \$ 486.69 | \$ 286.29             | \$ 286.29 |
| <b>New Hire HealthPlus of Michigan</b>                       | 1                   | \$ 38.68  | \$ 195.59 | \$ 117.13             | \$ 117.13 |
| This HMO is not authorized to accept employees in bargaining | 2                   | \$ 77.33  | \$ 391.19 | \$ 234.26             | \$ 234.26 |
| Units W22 and W41 (UAW) in some zip codes as new             | 3                   | \$ 68.05  | \$ 344.24 | \$ 206.15             | \$ 206.15 |
| members.   | 4                   | \$ 106.72 | \$ 539.84 | \$ 323.28             | \$ 323.28 |

<sup>1</sup> Part-time employees hired after 1/1/2000 (1/1/2002 for MSEA represented bargaining units A02 and A31) whose regular work schedule is 40 hours or less per biweekly pay period pay premiums according to column (d).

<sup>2</sup> Health option codes are: 1 = Employee only coverage, 2 = Employee & Spouse, 3 = Employee & Child(ren), 4 = Full Family.

<sup>3</sup> Employees who opt out of health coverage (because they have “primary” coverage through a non-State employee or non-State retired spouse) will receive a rebate identical to the Catastrophic Health Plan.

**Comparison of Dental Care Options**

**Dental Care Options**

| Covered Services<br><small>(does not apply to members represented by MSPTA T01)</small> | State Dental Plan (Delta) |         | DMO Plan (Midwestern) | Preventive Dental Plan (Delta) |
|---|---------------------------|---------|-----------------------|--------------------------------|
|   | Premier/Non-Part*         | PPO*    |                       |                                |
| Diagnostic Exams and Consultations (2 per year)   | 100%                      | 100%    | 100%                  | 100%                           |
| Preventive Services   |                           |         |                       |                                |
| ◆ Teeth cleaning (3 per year)   | 100%                      | 100%    | 100%                  | 100%                           |
| ◆ Topical fluoride (under age 19)   | 100%                      | 100%    | 100%                  | 100%                           |
| ◆ Space maintainers (under age 14)  | 100%                      | 100%    | 100%                  | 100%                           |
| ◆ Sealants (under age 14)   | 50%                       | 70%     | 100%                  | Not Covered                    |
| Radiographs   | 90%                       | 100%    | 100%                  | Not Covered                    |
| Brush Biopsy  | 100%                      | 100%    | N/A                   | 100%                           |
| Oral Surgery  | 90%                       | 90%     | 100%                  | 100%                           |
| Extractions   | 90%                       | 100%    | 100%                  | Not Covered                    |
| Minor Restoratives  | 90%                       | 100%    | 100%                  | Not Covered                    |
| Major Restoratives  | 90%                       | 90%     | 100%                  | Not Covered                    |
| Endodontics   | 90%                       | 100%    | 100%                  | Not Covered                    |
| Periodontics  | 90%                       | 100%    | 100%                  | Not Covered                    |
| Prosthodontics  | 50%                       | 70%     | 100%                  | Not Covered                    |
| Prosthodontics Repair   | 50%                       | 100%    | 100%                  | Not Covered                    |
| Orthodontics  |                           |         |                       |                                |
| ◆ Up to age 19  | 60%                       | 75%     | 100%                  | Not Covered                    |
| ◆ 19 and over   | 60%                       | 75%     | \$1,250 co-pay        | Not Covered                    |
| Benefit Maximums  |                           |         |                       |                                |
| ◆ Annual (Oct. – Sept.)   | \$1,500                   | \$1,500 | None                  | None                           |
| ◆ Lifetime Orthodontics   | \$1,500                   | \$1,500 | None                  | N/A                            |

\* If you have the State Dental Plan as your dental coverage, the level of coverage is determined by the provider you choose. To verify that a dentist is a participating dentist, you can use Delta Dental's online Dentist Directory at [www.deltadentalmi.com](http://www.deltadentalmi.com) or call (800) 524-0150.

This benefit summary is a brief explanation only. All plan provisions (including exclusions and limitations) are subject to the specific terms of the State and Preventive Dental Plans and the Group Dental Services Agreement (Midwestern Dental Plans, Inc.).

**General Benefits Information**

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

The State Long-Term Disability (LTD) Plan is an income continuation plan that is available to qualified enrollees during a period of total disability as defined by the Plan.



New employees can enroll within 31 days of hire. Otherwise, you can enroll during the annual Open Enrollment period.

Benefits are equal to 2/3 of your basic monthly salary. The State pays a portion of the total premium. The length of your benefit period and your portion of the premiums are based on your sick leave balance and regular wages.

There are two benefit plans; Plan I and II. Employees with less than 183 hours of sick leave are in Plan I. Employees accumulating 184 hours of sick leave are in Plan II, even if their sick leave balance drops below 184 hours.

Plan I pays a benefit until you are no longer totally disabled or 24 months, whichever occurs first. Plan II pays totally disabled employees until age 65 (age 70 for UAW members) or 12 months, whichever is greater. The Plan II benefit period for "mental/nervous" claims is limited to 24 months from the beginning of the time you are eligible to receive benefits. This limitation does not apply to mental health claims where you are under in-patient care or to UAW members.

**Long-Term Care**

Long-Term Care provides coverage for expenses that are not usually covered by health or disability insurance. This coverage can help protect you and your family from the high costs associated with prolonged nursing home stays, extended home care services, and other forms of daily care. New employees are able to sign up within 90 days of their hire date without having to show evidence of good health. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.

*General Benefits Information*

**Employee Life Insurance Options**

You may select one of the following life insurance plans:

**State Life Insurance 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 your designated beneficiaries a non-taxable death benefit equal to two times your basic annual salary rounded up to the next \$1,000, up to a maximum of \$200,000.



**Reduced Benefit Life Insurance Plan**

The Reduced Benefit Life Insurance Plan pays your designated beneficiaries a non-taxable death benefit equal to 100% of your basic annual salary or up to a maximum of \$50,000. You will receive a bi-weekly cash payment for selecting this reduced life insurance option.

**NOTE:** Both of the life insurance options above include a \$100,000 duty death benefit.

**Dependent Life Insurance Options**

You have the option of enrolling your legal spouse and eligible children in one of the Dependent Life Insurance plans. These plans will cover your spouse and unmarried children between the ages of 14 days and 23 years. Unmarried dependent children between the ages of 19 and 23 are not required to have student eligibility to be enrolled in dependent life. The State does not contribute towards the premium for this coverage. Premiums are fully paid by the employee.



*Comparison of Health Care Options*

**Outpatient Physical, Speech, and Occupational Therapy**

*Combined maximum of 90 visits per calendar year.*

|   | New State Health Plan PPO    |                              | NHMO Benefits             |
|---|------------------------------|------------------------------|---------------------------|
|   | In-network                   | Out-of-network               |                           |
| Outpatient physical, speech and occupational therapy – facility and clinic services | Covered 90% after deductible | Covered 90% after deductible | Office visit: \$20 co-pay |
| Outpatient physical therapy – physician’s office                                    | Covered 90% after deductible | Covered 80% after deductible | Office visit: \$20 co-pay |

**Deductible, Co-Pays, and Out-of-Pocket Dollar Maximums**

|   | New State Health Plan PPO  |  | NHMO Benefits  |
|---|--|--|--|
|   | In-network   | Out-of-network                           |  |
| Deductible  | \$400 per member<br>\$800 per family   | \$800 per member<br>\$1,600 per family   | None   |
| Fixed dollar co-pays                              | \$20 for office visits, office consultations, urgent care visits, osteopathic manipulations, chiropractic manipulations and medical hearing exams. \$200 for emergency room visits, if not admitted. | Not applicable                           | \$20 for office visits<br>\$200 for emergency room visits, if not admitted |
| Coinsurance                                       | 10% for most services and 20% for private duty nursing and acupuncture   | 20% for most services. MHSA at 50%       | None   |
| Annual out-of-pocket dollar maximums <sup>9</sup> | \$1,500 per member<br>\$3,000 per family   | \$3,000 per member<br>\$6,000 per family | None   |

<sup>9</sup> The out-of-pocket limit does not apply to deductibles, fixed dollar co-payments, or private duty nursing co-payments.

*Comparison of Health Care Options*

**Prescription Drugs**

Prescription medications for the New State Health Plan PPO are covered under the Participating Pharmacy ID Card Plan administered by BCBSM.

Prescriptions filled at a participating pharmacy may only be approved for up to a 34-day supply. Employees can still receive a 90-day supply by mail order.

To check the co-pay for drugs you may be taking, visit BCBSM website at <http://www.bcbsm.com/som> or contact BCBSM at (800) 843-4876. The Preferred/Non-preferred list of drugs is updated periodically as new drugs are added.

The chart below shows the NSHP and NHMO prescription drug member co-pays:

| Generic            | Brand Name Preferred | Brand Name Non-Preferred |
|--------------------|----------------------|--------------------------|
| Retail<br>\$10     | Retail<br>\$30       | Retail<br>\$60           |
| Mail Order<br>\$20 | Mail Order<br>\$60   | Mail Order<br>\$120      |

*General Benefits Information*

**Flexible Spending Accounts**



You may choose to enroll in the Dependent Care and/or the Health Care Spending Accounts.

Michigan's Flexible Spending Accounts let you pay for dependent care and out-of-pocket medical expenses with pre-tax dollars, making these expenses more affordable. The Flexible Spending Accounts are convenient and easy to use. With a little up-front planning, you can enjoy significant tax savings while paying for a wide array of out-of-pocket medical and dependent care expenses.

**Defined Contribution Retirement Plan**

Employees hired on or after March 31, 1997 are enrolled in the 401(k) Defined Contribution Plan. The State will contribute an amount equal to 4% of your gross wages to your 401(k) for retirement. The State will also match up to 3% of your bi-weekly contributions. Contributions are subject to IRS guidelines. For more information about this 401(k) plan and to learn about investment options go to <https://stateofmi.ingplans.com> or call (800) 748-6128.



**Other Benefit Programs**

**Qualified Parking**

Employees who park in non-state facilities may authorize bi-weekly payroll deduction on a pre-tax basis into a Qualified Parking Spending Account. From the account, employees can request reimbursement to cover their parking expenses.

**Accidental Death & Dismemberment**

Mutual of Omaha is the administrator for this insurance. This is a Group Accidental Death & Dismemberment coverage offered through Mutual of Omaha Insurance Company and made available to State of Michigan employees. Premiums are fully paid by the employee.

*Information You Must Read*

**COBRA** (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees (e.g., separation, leave, layoff, reduction of hours), spouses (e.g., divorce, death of employee), or dependent children (e.g., age 19 or older and not regularly attending school, reaching age 25, or marriage).

Under COBRA, if you, a spouse, or dependent should lose eligibility for state-sponsored group health, dental, or vision insurances, you 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.

You may also be eligible to continue your life insurance coverage at no cost for you or your dependents if you are on a leave of absence or layoff from State service.

**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 (BCBSM)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- Flexible Spending Accounts (ADP)

The Health Insurance Portability & Accountability Act (HIPAA) and related rules require group health plans to protect the privacy of health information. Your rights under HIPAA are outlined in the Privacy Notice available on the Civil Service Commission website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click the “HIPAA” link from the left menu.

*Comparison of Health Care Options*

**Other Services continued...**

|                           | New State Health Plan PPO  |  | NHMO Benefits       |
|---------------------------|--|--|---------------------|
|                           | In-network   | Out-of-network   |                     |
| Private duty nursing      | Covered 80% after deductible   |  | Covered             |
| Wig, wig stand, adhesives | Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of \$300. (Additional wigs covered for children due to growth). | 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 co-pay for office visit   | Covered 80% after deductible   | Check with your HMO |

**Mental Health/Substance Abuse**

|  | New State Health Plan PPO  |  | NHMO Benefits       |
|--|--|--|---------------------|
|  | In-network   | Out-of-network                                 |                     |
| Mental Health Benefits - <b>Inpatient</b>                  | Covered 100% up to 365 days per year <sup>6</sup>                      | Covered 50% up to 365 days per year            | Check with your HMO |
| Mental Health Benefits - <b>Outpatient</b>                 | As necessary 90% of network rates 10% co-pay                           | As necessary 50% of network rates              | Check with your HMO |
| Alcohol & Chemical Dependency Benefits - <b>Inpatient</b>  | Covered 100% <sup>7</sup> Halfway House 100%                           | Covered 50% <sup>8</sup> Halfway House 50%     | Check with your HMO |
| Alcohol & Chemical Dependency Benefits - <b>Outpatient</b> | \$3,500 per calendar year 90% of network rates 10% co-pay <sup>8</sup> | \$3,500 per calendar year 50% of network rates | Check with your HMO |

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

<sup>7</sup> Up to two 28-day admissions per year. There must be 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>8</sup> \$3,500 per calendar year limitation pertains to services for chemical dependency only.

*Comparison of Health Care Options*

**Organ and Tissue Transplants**

|                                     | New State Health Plan PPO                             |                              | NHMO Benefits                            |
|-------------------------------------|---|------------------------------|--|
|                                     | In-network  | Out-of-network               |  |
| Bone marrow—specific criteria apply | Covered 90% after deductible in designated facilities | Covered 80% after deductible | Covered 100% in designated facilities    |
| Kidney, cornea, and skin            | Covered 90% after deductible in designated facilities | Covered 80% after deductible | Covered 100% subject to medical criteria |

**Other Services**

|   | New State Health Plan PPO   |   | NHMO Benefits  |
|---|---|---|--|
|   | In-network  | Out-of-network  |  |
| Allergy testing and injections                              | Covered 90% after deductible  | Covered 80% after deductible  | Office visits: \$20 co-pay<br>Injections: Covered 100% |
| Acupuncture   | Covered 80% after deductible if performed by or under the supervision of a M.D. or D.O. | Covered 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         | Covered 90% after deductible  | Covered 80% after deductible  | Office visits: \$20 co-pay<br>Injections: Covered 100% |
| Chiropractic/spinal manipulation                            | \$20 co-pay<br>Up to 24 visits per calendar year  | Covered 80% after deductible<br>Up to 24 visits per calendar year                       | Check with your HMO                                    |
| Durable medical equipment — <i>Support Program</i>          | Covered 100%  | Covered 80% after   | Covered  |
| Prosthetic and orthotic appliances — <i>Support Program</i> | Covered 100%  | Covered 80% after   | Covered  |

*Enrolling in Benefits*

**MI HR Self-Service**

MI HR Self-Service is an online web-based tool designed to provide you with access to update and view your personnel information. As a new State employee, you will be provided access to MI HR Self-Service. This online tool allows you to update your personal records such as address and home phone, emergency contacts, e-mail address, beneficiaries, direct deposits, and family status. During special enrollment periods, you can complete your Group Insurance Open Enrollment, Flexible Spending Account Open Enrollment, and/or make contributions during the State Employees Charitable Campaign (SECC). You can also get updated information and forms for insurance coverage, tax withholding, leave balances, earning statements, and more.

**New Employees**

Your MI HR Self-Service account will be created one day after your HR Office enters your hire information into the system. Human Resources Management Network (HRMN) Central Security will create your Self-Service account and send the following correspondence to you:



1. A letter will be mailed to the home address on file notifying you that your MI HR Self-Service account has been created. It will contain; your MI HR Self-Service username, a wallet card with your username, additional web addresses and contact information, pictured above.
2. If you have a valid State of Michigan email address, an email with a temporary PIN, instructions on how to activate your MI HR Self-Service account and how to receive your new password will be emailed to you. If you do not have a valid email address, this information will be mailed to your home address on file.
3. Once you've activated your account and received your password, a thank you notification will be sent to your valid State of Michigan email address or to your home address on file if you don't have a valid email address. The notification will also contain the address to the self-service login page.

If you have difficulty obtaining your first password or would like someone to walk you through the process, please contact the MI HR Service Center (including Secretary of State, Attorney General, Legislative, and Judicial employees) at (877) 766-6447. Be sure to have your username and temporary PIN when you call.

**Enrolling in Benefits**

**MI HR Service Center**

The MI HR Service Center has a staff of State of Michigan HR employees who are there to answer your benefit questions and assist you with benefits enrollment. Please Note: Secretary of State, Attorney General, Legislative, and Judicial employees should enroll in benefits by contacting their agency HR Office.

The MI HR Service Center is available from 7:00 a.m. to 6:00 p.m., Monday through Friday, except state holidays.

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances. A list of acceptable documents can be found on pages 17 through 19 of this brochure.

|   |
|---|
| <p><b>MI HR Service Center</b></p> <p><b>Toll Free: (877) 766-6447</b><br/> <b>Lansing Area: (517) 335-0529</b><br/>                 Relay Center: 711<br/>                 Fax: (517) 241-5892</p> <p>Mailing Address:<br/>                 P.O. Box 30002<br/>                 Lansing, MI 48909</p> <p>Hours of Operation:<br/>                 7:00 a.m. to 6:00 p.m. Monday through Friday<br/>                 (except on state holidays)</p> <p><i>Secretary of State, Attorney General, Legislative, and Judicial employees should enroll in benefits by contacting their agency HR Office.</i></p> |
|---|

**Comparison of Health Care Options**

**Alternatives to Hospital Care**

|   | New State Health Plan PPO  |                | NHMO Benefits       |
|---|--|----------------|---------------------|
|   | In-network   | Out-of-network |                     |
| Skilled nursing care up to 120 days per confinement | Covered 90% after deductible   |                | Covered 100%        |
| Hospice care  | Covered 100% Limited to the lifetime dollar maximum that is adjusted annually by the State |                | Covered 100%        |
| Home health care                                    | Covered 90% after deductible, unlimited visits   |                | Check with your HMO |

**Surgical Services**

|  | New State Health Plan PPO    |                              | NHMO Benefits       |
|--|------------------------------|------------------------------|---------------------|
|  | In-network                   | Out-of-network               |                     |
| Surgery—includes related surgical services. <sup>4</sup> | Covered 90% after deductible | Covered 80% after deductible | Covered 100%        |
| Voluntary sterilization                                  | Covered 90% after deductible | Covered 80% after deductible | Check with your HMO |

<sup>4</sup> Inpatient hospital services are 100% covered after deductible under the Catastrophic Health Plan.

**Human Organ Transplants**

|   | New State Health Plan PPO   |                | NHMO Benefits                         |
|---|---|----------------|---------------------------------------|
|   | In-network  | Out-of-network |                                       |
| Liver, heart, lung, pancreas, and other specified organ transplants | Covered 90% In designated facilities only. Up to \$1 million lifetime maximum for each organ transplant |                | Covered 100% in designated facilities |

**Comparison of Health Care Options**

**Diagnostic Services**

|                                | New State Health Plan PPO    |                              | NHMO Benefits |
|--------------------------------|------------------------------|------------------------------|---------------|
|                                | In-network                   | Out-of-network               |               |
| Laboratory and pathology tests | Covered 90% after deductible | Covered 80% after deductible | Covered 100%  |
| Diagnostic tests and x-rays    |                              |                              |               |
| Radiation therapy              |                              |                              |               |

**Maternity Services**

*Includes care by a certified nurse midwife (New State Health Plan PPO)*

|  | New State Health Plan PPO    |                              | NHMO Benefits            |
|--|------------------------------|------------------------------|--------------------------|
|  | In-network                   | Out-of-network               |                          |
| Prenatal and postnatal care            | Covered 90% after deductible | Covered 80% after deductible | Office Visit \$20 co-pay |
| Delivery and nursery care <sup>3</sup> |                              |                              | Covered 100%             |

<sup>3</sup> Delivery and well-baby care in the hospital are covered 100% under the Catastrophic Health Plan.

**Hospital Care**

|   | New State Health Plan PPO                    |  | NHMO Benefits               |
|---|--|--|-----------------------------|
|   | In-network                                   | Out-of-network                               |                             |
| Semi-private room, inpatient physician care, general nursing care, hospital services and supplies | Covered 90% after deductible, unlimited days | Covered 80% after deductible, unlimited days | Covered 100% Unlimited days |
| Inpatient consultations   | Covered 90% after deductible                 | Covered 80% after deductible                 | Covered 100%                |
| Chemotherapy  | Covered 90% after deductible                 | Covered 80% after deductible                 | Covered 100%                |

**Dependent Eligibility Documentation**

Below is a listing of documents that can be used to prove dependent eligibility for insurance coverage. This documentation must be mailed/faxed to the MI HR Service Center\* within 31 days from the date you enroll dependents in your insurances.

Forms can be found on the Employee Benefits Division website at [www.michigan.gov/employeebenefits](http://www.michigan.gov/employeebenefits). Click the "Forms" link from the left menu.

\* Secretary of State, Attorney General, Legislative, and Judicial employees should send proof of eligibility to their agency HR Office.

**SECTION A. Required Documentation for Children Ages Birth Until 19**

| Specific Circumstance                 | Required Documentation  |
|---------------------------------------|---|
| Biological child                      | Copy of official birth certificate* (not hospital birth certificate)  |
| Legally adopted or pending adoption   | Copy of adoption papers or sworn statement with the date of placement   |
| Employee has legal guardianship       | Copy of guardianship papers   |
| Employee's dependent child has a baby | Copy of official birth certificate* (not hospital birth certificate)  |
| Employee has foster child             | Court document placing the child in the employee's home for foster care   |
| Employee has step-child               | Copy of an official birth certificate* (not hospital birth certificate) and a copy of the marriage certificate (if not previously provided to obtain spouse coverage). If dental and vision coverage is sought, a copy of the first and last pages of the most current divorce decree of the employee's spouse stamped by the court and any language verifying physical |

\* Do not wait until the official birth certificate is received to add your dependent.

## Dependent Eligibility Documentation

### SECTION B. Required Documentation for ages 19 Until 25

| Specific Circumstance  | Required Documentation   |
|--|--|
| Employee has a dependent who is unmarried, dependent on the employee for at least 50% of his/her support, and is a student who regularly attends an accredited school. | The required documentation outlined in Section A (see page 17) if enrolling in health only. If dental and vision coverage is sought, a completed Verification of Eligibility (CS-1830) form*, <b>and</b> a copy of the school registration or other records proving school attendance is also required. School verification is not required for dependent life insurance. If an enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, coverage will not be discontinued during the first year of the absence, unless the dependent turns 25. School verification is not required for dependent life insurance. |

\* Forms are available at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs)

|   |  |
|---|--|
| In the case of children of divorced spouses or step-children, the child must be an unmarried student who regularly attends an accredited school and is dependent on the employee for at least 50% of his/her support. | The required documentation outlined in Section A if enrolling in health only. If dental and vision are sought, a completed Verification of Eligibility (CS-1830) form*, <b>and</b> a copy of the school registration or other records proving school attendance. (School verification is not required for dependent life insurance.) |
|---|--|

\* Forms are available at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs)

### SECTION C. Eligible Adult Children to age 26 — Health Coverage Only

| Specific Circumstance   | Criteria   |
|---|--|
| Eligible children up to age 26 may be enrolled in your health coverage, regardless of marital or student status or dependency upon you for support. Coverage does not extend to dental or vision plans or to his or her spouse or children. | <ul style="list-style-type: none"> <li>• Your child by birth, legal adoption, or legal guardianship.</li> <li>• Step-children.</li> <li>• Foster child(ren) placed in your home by a State agency or the court.</li> </ul> |

Continued on page 19

## Comparison of Health Care Options

### Mammography<sup>1</sup>

|  | New State Health Plan PPO                           |   | NHMO Benefits |
|--|---|---|---------------|
|  | In-network  | Out-of-network  |               |
| Annual standard film mammography screening (covers digital mammography up to the standard film rate) | Covered 100%<br>Not subject to preventative maximum | Covered 80% after deductible<br>Not subject to preventative maximum | Covered 100%  |

<sup>1</sup> American Cancer Society guidelines apply

### Physician Office Services

|   | New State Health Plan PPO                         |                              | NHMO Benefits |
|---|---|------------------------------|---------------|
|   | In-network  | Out-of-network               |               |
| Office visits, consultations and urgent care visits | Covered<br>\$20 co-pay, deductible not applicable | Covered 80% after deductible | \$20 co-pay   |
| Outpatient and home visits                          | Covered 90% after deductible                      | Covered 80% after deductible | \$20 co-pay   |

### Emergency Medical Care<sup>2</sup>

|  | New State Health Plan PPO    |                | NHMO Benefits                |
|--|------------------------------|----------------|------------------------------|
|  | In-network                   | Out-of-network |                              |
| Hospital emergency room for medical emergency or accidental injury | \$200 co-pay if not admitted |                | \$200 co-pay if not admitted |
| Ambulance services – medically necessary                           | Covered 90% after deductible |                | Covered 100%                 |

<sup>2</sup> Emergency room and physician charges are covered 100% under the Catastrophic Health Plan. Ambulance is covered \$25 maximum.

**Comparison of Health Care Options**

**Disclaimer**

*This is intended as an easy-to-read summary for employees hired or rehired on or after April 1, 2010. It is not a contract. Additional limitations and exclusions may apply to covered services. Payment amounts are based on the Blue Cross Blue Shield of Michigan approved amount, less any applicable deductible and /or co-pay amounts required by the New State Health Plan PPO. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan.*

**Preventive Services**

\$1,500 per year per person (New State Health Plan PPO only)

|  | New State Health Plan PPO              |                | NHMO Benefits  |
|--|--|----------------|--|
|  | In-network                             | Out-of-network |  |
| Health maintenance exam  | Covered 100%<br>1 per year             | Not Covered    | Covered 100%<br>after \$20 office<br>visit<br>co-payment |
| Annual gynecological exam  | Covered 100%<br>1 per calendar<br>year | Not Covered    | Covered 100%<br>after \$20 office<br>visit<br>co-payment |
| Pap smear screening –<br>laboratory services only <sup>1</sup>                               | Covered 100%<br>1 per year             | Not Covered    | Covered 100%   |
| Well-baby and child care   | Covered 100%                           | Not Covered    | Covered 100%<br>after \$20 office<br>visit<br>co-payment |
| Immunizations <sup>2</sup> , annual<br>flu shot & Hepatitis C<br>screening for those at risk | Covered 100%                           | Not Covered    | Covered 100%   |
| Fecal occult blood<br>screening <sup>1</sup>   | Covered 100%                           | Not Covered    | Check with<br>HMO  |
| Flexible sigmoidoscopy <sup>1</sup>  | Covered 100%                           | Not Covered    | Check with<br>HMO  |
| Colonoscopy <sup>1 &amp; 2</sup>   | Covered 100%                           | Not Covered    | Check with<br>HMO  |
| Prostate specific antigen<br>screening <sup>1</sup>  | Covered 100%<br>one per year           | Not Covered    | Check with<br>HMO  |

<sup>1</sup> American Cancer Society guidelines apply

<sup>2</sup> Childhood immunizations and colonoscopy exams are excluded from the maximum limit

**Dependent Eligibility Documentation**

**SECTION C. Eligible Adult Children to Age 26 — Health Coverage Only**

In addition to the required documentation above, a signed Verification of Eligibility (CS-1830) From attesting that child does not have access to other employer-provided health insurance coverage is required. **Note:** Dependent children of employees hired before April 1, 2010 may not have access to other employer provided health insurance. This does not apply to those employees hired on or after April 1, 2010.

**SECTION D. Required Documentation for Other Circumstances**

| Specific Circumstance  | Required Documentation   |
|--|--|
| Spouse   | Copy of marriage certificate   |
| Removing ex-spouse, dependent/<br>step-children due to divorce | Copy of the first and last page of the divorce<br>decree stamped by the court.   |
| Incapacitated dependent child                                  | No documentation is required for children who<br>have already been approved. Please note on<br>the dependent coverage statement. |
| Deleting dependent coverage due<br>to death                    | Copy of death certificate  |
| Dependent Life Insurance<br>coverage only                      | Copy of official county birth record (not<br>hospital birth certificate)   |

## Provider Contact Numbers

Detailed provider contact information for insurances mentioned in this brochure are also available in your MI HR Information\* account at [www.michigan.gov/selfserv](http://www.michigan.gov/selfserv).

| <b>Provider</b>                                    | <b>Telephone</b> |
|--|------------------|
| Blue Cross Blue Shield of Michigan                 | (800) 843-4876   |
| Magellan Behavioral of Michigan                    | (866) 503-3158   |
| Blue Care Network                                  | (800) 662-6667   |
| Grand Valley Health Plan                           | (800) 335-1977   |
| Health Alliance Plan                               | (800) 422-4641   |
| Health Plus of Michigan (Saginaw)                  | (800) 942-8816   |
| Health Plus of Michigan (Flint)                    | (800) 332-9161   |
| Medicare   | (800) MEDICARE   |
| McLaren Health Plan                                | (888) 327-0671   |
| Physician's Health Plan (Lansing)                  | (800) 832-9186   |
| Priority Health Plan                               | (800) 446-5674   |
| Long Term Disability (Citizen's Management, Inc.)  | (800) 324-9901   |
| Flexible Spending (ADP)                            | (800) 422-3703   |
| Delta Dental Plan of Michigan                      | (800) 524-0150   |
| Midwestern Dental Plans, Inc.                      | (800) 544-6374   |
| 401(k) Defined Contribution / 457 Plans (ING)      | (800) 748-6128   |
| Accidental Death & Dismemberment                   | (800) 283-9591   |
| Workers' Compensation (Citizen's Management, Inc.) | (800) 324-9901   |

\* Secretary of State, Attorney General, Legislative, and Judicial employees should contact their agency HR Office for assistance.

## Benefit Comparison Chart & Bi-weekly Insurance Rates

for certain employees hired on or after April 1, 2010

**Bargaining Units: MCO(C12), SEIU 517M(E42, H21, L32) AFSCME (U11), UAW(W22, W41), MSEA(A02, A31), NERE (Y00, Y23, Y50, Y51, Y98 & Y99)**



For The Benefit Year  
October 2011—September 2012