

# Benefits Summary Brochure

## State of Michigan Employees



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# From the Employee Benefits Division:

State of Michigan Classified Employees<sup>1</sup> are entitled to a comprehensive benefits package, including health, dental, vision, life insurance, long term disability, flexible spending accounts, and more. Coverage will be effective on the first day of the bi-weekly pay-period following either the first day of employment OR the date when the enrollment process is completed, whichever is later.



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

If an eligible employee elects not to enroll in benefits within the first 31 days of hire, the next opportunity to enroll will be during the annual Insurance Open Enrollment period and the annual Flexible Spending Open Enrollment period, which take place separately in the fall.

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

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

## Your Benefits To-Do List:

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

- ⦿ Review this booklet for basic information.
- ⦿ Go to [www.mi.gov/employeebenefits](http://www.mi.gov/employeebenefits) and select the "New Employee" tab from the center of the page to review benefit options.
- ⦿ Contact the MI HR Service Center<sup>2</sup> toll-free at 877-766-6447 to enroll in eligible insurances. Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, except State holidays. Individuals with hearing loss may call 711 for Michigan Relay.
- ⦿ Mail or fax dependent eligibility documentation to the MI HR Service Center, if applicable. Eligibility guidelines and required documentation can be found at [www.mi.gov/docs4ebd](http://www.mi.gov/docs4ebd).



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

# Important Notice

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

The State Health Plan (SHP) PPO, and Health Maintenance Organizations (HMO) Plan Designs apply to employees in the following units: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99)<sup>4</sup>.

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

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

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

<sup>4</sup> Does not apply to MSP (T01) Troopers and Sergeants.

## 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 (WageWorks<sup>®</sup>)

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

## COBRA

### (Consolidated Omnibus Budget Reconciliation Act)

Several different events may trigger the loss of insurance coverage for employees. This may include separation, leave of absence, layoff, or reduction of hours. This can also impact employee spouses in the event of divorce or death of employee, and also dependent children, who may lose coverage upon reaching age 19 or older and not regularly attending school or by reaching age 26.

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

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

## Who Can Enroll?

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

## Special Enrollment Rights

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

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

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

## Dual Eligibility

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

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

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

## Insurance Cards

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

## Life Events

[Life Event Changes](#) should be reported by calling the [MI HR Service Center](#)<sup>5</sup> within 31 days of the event. All life events must be substantiated with appropriate Eligibility Documentation. Some examples of life events are: marriage, birth, adoption, divorce, loss or gain of coverage, etc. **Contact the MI HR Service Center as soon as the qualifying life event occurs; do not wait until you have official documentation.**

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

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

## LTD

### (State Long Term Disability)

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

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

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

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

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

## FSAs

### (Flexible Spending Accounts)

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

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

## Other Benefit Programs

### Qualified Transportation Fringe Benefits (QTFB)

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

### Voluntary Benefits—Benefits for Life

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

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

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

# Health Care Options

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

## State Health Plan

(Preferred Provider Organization - PPO)

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

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



## HMO Plans

(Health Maintenance Organizations)

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

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

## Catastrophic Health Plan

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

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

# Dental and Vision Options

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

## State Dental Plan

The State Dental Plan is administered by Delta Dental.

- The State will pay 95% of the premium for full-time employees.
- This plan covers preventive services (exams and cleanings) at 100% of the “usual, customary, and reasonable charge.”
- X-rays, oral surgery, extractions, restoratives, periodontics, and endodontics are covered at 90%.
- Dental implants are covered up to 70% (PPO Dentist) under prosthodontics.
- Orthodontics are covered at 60% up to \$1,500.
- Sealants for children and prosthodontics (including repairs) are covered at 50%.
- Occlusal guards covered 100% in-network every five years

## Preventive Dental Plan

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

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

## DMO Plan

(Dental Maintenance Organization)

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

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

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

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

## State Vision Plan

The State offers one vision plan administered by Blue Cross and Blue Shield of Michigan (BCBSM) partnering with Vision Service Plan® (VSP)

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

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





# Life Insurance

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

## Employee Life

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

### State Life Insurance Plan

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

### Reduced Benefit Life Insurance Plan

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

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

## Beneficiary Changes

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

The 401(k) Defined Contribution and 457 Plans (Voya Financial), and Accidental Duty Death 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.

## Dependent Life

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

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

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

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

**NOTE:** MSPTA (T01) employees are excluded from dependent life Options 6 and 7.

# Enrolling in Benefits

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

## MI HR Service Center

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

Documentation must be mailed/faxed to the MI HR Service Center within 31 days from the date you enroll dependents in your insurances. **Do not wait to obtain documentation to enroll in benefits.** See [Required Documentation](#) for a list of acceptable documents.

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

## MI HR Self-Service

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

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

## Self-Service Access

Upon hire, a new employee's HR Office will enter their information into the Human Resources Management Network (HRMN). One day after their information is entered, their MI HR Self-Service account access is created. They can expect the following correspondence:

- A notification of a newly-created MI HR Self-Service account and username is sent to the home address on file.
- Employees **with** a State of Michigan email address on file will receive an email with a temporary PIN and activation instructions.
- Employees **without** a State of Michigan email address on file will receive a temporary PIN and activation instructions by mail to the home address on file.
- When the activation process is complete and the new employee has received a password, a thank you notification will be sent to the State of Michigan email address or to the home address on file if an email address is not listed.

Employees needing assistance with the activation process, can contact the MI HR Service Center (including Legislative, Judicial, and Auditor General employees) at 877-766-6447.



## Contact MI HR

### Phone:

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

### Mailing Address:

P.O. Box 30002  
Lansing, MI 48909

### Hours of Operation:

8:00 a.m. to 5:00 p.m.  
Monday through Friday

# What Retirement Plan are you Enrolled in?

There are a few different retirement plans available to State of Michigan employees. Certain plans were only made available to those employees who were hired prior to a certain point in time. Further, an employee may be enrolled in specific plans based on choices made during P.A 487 of 1996 or P.A. 264 of 2011. Review the information below to find your plan then visit the Office of Retirement Services web site ([www.mi.gov/ors](http://www.mi.gov/ors)) for a more detailed look at your retirement plan.

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

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

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

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

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

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

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

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

# Eligibility Guidelines—Part 1 of 2

## Eligible Dependents

Eligible dependents may be enrolled in your health, dental, and vision plans. (OEAI and their dependents may only be enrolled in health plans.) Dependents include your spouse and any of your unmarried children until the day before their 19th birthday. In addition to being unmarried, your eligible children must be one of the following:

- Child by birth, legal adoption, or legal guardianship. For legal adoption, a child is eligible for coverage from the date of placement. Placement occurs when you become legally obligated for the total or partial support of the child.
- Step-child who lives with you at least 50% of the time and for whom your spouse provides at least 50% of their support is eligible to receive health, dental, and vision coverage. All step-children are eligible for health coverage regardless of residence and support.
- Foster child placed in your home by a State agency or the court.

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

## Student Eligibility

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

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

If this enrolled dependent takes a leave of absence from studies due to a medical necessity, as certified by a physician, health coverage will not be discontinued during the first year of the absence, unless the dependent turns 25.

## Adult Children (Health Only)

Eligible children from the age of 19 through the end of the month of their 26th birthday may be enrolled in your health coverage regardless of marital status, student status, or dependency upon you for support. Coverage does not extend to dental or vision plans or to their spouse or children. To be eligible for health coverage, a dependent must be: a child by birth or legal adoption, a step-child, or a dependent of an Other Eligible Adult Individual (OEAI). Coverage will terminate at the end of the month in which the dependent turns 26.

# Eligibility Guidelines—Part 2 of 2

## Dependent Life Insurance

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

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

## Eligibility Exclusions

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

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

## Continuing Coverage for Incapacitated Children

Incapacitated children are those who are unmarried, are unable to sustain employment because of a developmental disability or physical disability, and must depend on their parents for support and maintenance. If your enrolled dependent is deemed an incapacitated child, the coverage for this child will not terminate beyond age 19 if the following conditions are met:

- He or she became incapacitated before age 19 and is chiefly dependent upon the employee for support and maintenance,
- Documentation verifying the child's condition was provided to the insurance carrier before the child became 19 or within 31 days of their 19th birthday,
- The child continues to be incapacitated, and
- 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—Part 1 of 2

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

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

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

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

## Required Documents for Health-Only Coverage

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

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

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

## Required Documents for Removal from Insurance

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

## MI HR Service Center Contact Information

If you have questions on documentation requirements, contact the MI HR Service Center at **877-766-6447**. Individuals with hearing loss may call 711 for Michigan Relay.

**Fax:**

517-241-5892

**Mailing Address:**

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

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

# Provider Information

## State Health Plan PPO

|   |  |
|---|--|
| <p><b>STATE HEALTH PLAN PPO</b><br/>         BCBSM State of Michigan Service Center<br/>         800-843-4876<br/> <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>                                   | <p><b>PRESCRIPTION DRUG PROGRAM</b><br/>         OptumRX<br/> <a href="http://www.optumrx.com">www.optumrx.com</a><br/> <b>Active Employees and Non-Medicare Retirees</b><br/>         866-633-6433<br/> <b>Medicare Eligible Retirees</b><br/>         866-635-5941</p> |
| <p><b>MENTAL HEALTH/<br/>         SUBSTANCE ABUSE SERVICES</b><br/>         Magellan Behavioral of Michigan<br/>         866-503-3158<br/> <a href="http://www.magellanassist.com">www.magellanassist.com</a></p> | <p><b>STATE CATASTROPHIC HEALTH PLAN</b><br/>         BCBSM State of Michigan Service Center<br/>         800-843-4876<br/> <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>   |
| <p><b>STATE DENTAL and<br/>         PREVENTIVE DENTAL PLAN</b><br/>         Delta Dental Plan of Michigan<br/>         800-524-0150<br/> <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a></p>     | <p><b>DENTAL MAINTENANCE ORGANIZATION (DMO)</b><br/>         Midwestern Dental Plans, Inc.<br/>         800-544-6374<br/> <a href="http://www.midwesterndental.com">www.midwesterndental.com</a></p>   |
| <p><b>STATE VISION PLAN</b><br/>         BCBSM State of Michigan Service Center<br/>         800-356-4876<br/> <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>                                       | <p><b>STATE LONG TERM DISABILITY (LTD) PLAN</b><br/>         York Risk Services Group<br/>         800-324-9901</p>  |

## Health Maintenance Organizations (HMOs)

|   |  |
|---|--|
| <p><b>Blue Care Network (BCN)</b><br/>         800-662-6667<br/> <a href="http://www.bcbsm.com/som">www.bcbsm.com/som</a></p>     | <p><b>McLaren Health Plan</b><br/>         888-327-0671<br/> <a href="http://www.mclarenhealthplan.org">www.mclarenhealthplan.org</a></p>              |
| <p><b>Health Alliance Plan (HAP)</b><br/>         800-422-4641<br/> <a href="http://www.hap.org">www.hap.org</a></p>              | <p><b>Physicians Health Plan (PHP)</b><br/>         517-364-8500 or 800-832-9186<br/> <a href="http://www.phpmichigan.com">www.phpmichigan.com</a></p> |
| <p><b>Priority Health</b><br/>         800-446-5674<br/> <a href="http://www.priority-health.com">www.priority-health.com</a></p> |  |



# Understanding State Health Plan PPO Costs

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

(All examples are in-network services.)



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

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

#### Employee Cost

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

#### Plan Cost

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

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



### Example 2: Total Cost of a Surgery

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

#### Employee Cost

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

#### Plan Cost

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

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



### Example 3: Total Cost of a Surgery

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

#### Employee Cost

**\$0**

#### Plan Cost

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

# How Do HMO Costs Work?

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

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



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

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

#### Employee Cost

**\$125**

Annual Individual Deductible

#### Plan Cost

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

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



### Example 2: Total Cost of a Surgery

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

#### Employee Cost

**\$250**

Annual Family Deductible

#### Plan Cost

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

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



### Example 3: Total Cost of a Surgery

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

#### Employee Cost

**\$0**

#### Plan Cost

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



**MI HR Service Center**

Phone: 877-766-6447

Fax: 517-241-5892

**Hours of Operation**

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

Monday through Friday  
(except on State holidays)

**Mailing Address:**

P.O. Box 30002

Lansing, MI 48909

**Employee Benefits Division Web Site**

[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)

**Employee Benefits  
Summary**