State of Michigan Employee

2022 Benefits Summary Brochure

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Cover photo courtesy of MDOT Photography Unit

From the Employee Benefits Division:

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

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

If an eligible employee elects not to enroll in benefits within the first 31 days of hire, the next opportunity to enroll will be during the annual Benefits Open Enrollment period, which includes insurance benefit and FSA enrollment, or, if they experience a qualifying life event (QLE) such as marriage, birth of a child, loss of coverage, etc.

To complete enrollment, all new eligible employees must call the MI HR Service Center toll-free at 877-766-6447. Newly hired employees cannot complete their initial benefits enrollment online. Please note that Auditor General and Judicial employees should contact their agency HR Office to complete enrollment.

[1] Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

Your Benefits To-Do List:

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

[2] Auditor General and Judicial employees should contact their agency HR Office for assistance.

Important Notice

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

The State Health Plan (SHP) PPO, Catastrophic Health Plan, and Health Maintenance Organizations (HMO) are available to employees in the following units: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), MSPTA (T01), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

The State High Deductible Health Plan (HDHP) is available to employees in the following units: MCO (C12), SEIU-517M (E42, H21, L32), AFSCME (U11), UAW (W22, W41), MSEA (A02, A31), and Non-Exclusively Represented Employees (Y00, Y23, Y50, Y51, Y98, and Y99).

SHP PPO Premium: The State will pay 80% of the total premium with enrolled employees paying 20%. HMO Premium: The State will pay up to 85% of the HMO total Premium, capped at the dollar amount which the State pays for the same coverage under the SHP PPO, with enrolled employees paying the remainder.

[3]Non-career employees are not eligible for these benefits but may be eligible for retirement benefits.

HIPAA (Health Insurance Portability & Accountability Act)

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

- State Health Plan PPO (BCBSM/OptumRx)
- State High Deductible Health Plan /State HDHP (BCBSM/OptumRx)
- State Catastrophic Health Plan (BCBSM)
- State Vision Plan (EyeMed)
- State Dental Plan (Delta Dental)
- Preventive Dental Plan (Delta Dental)
- State Health Savings Account (HealthEquity)
- Flexible Spending Accounts (HealthEquity|WageWorks)

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

COBRA (Consolidated Omnibus Budget Reconciliation Act)

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

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

Employees may also be eligible to continue life insurance coverage at no cost to the employee or enrolled dependents if the employee is on a leave of absence or layoff from State service.

Who Can Enroll?

Employees may choose to enroll their spouse and/or eligible dependents in their health, dental, vision, and life insurance plans as a new employee, during the annual Benefits Open Enrollment period, or as the result of a qualifying life event (QLE).

Any time a spouse or dependent is added to an insurance plan, the employee must submit dependent eligibility documentation within 31 days of the QLE. For more eligibility information, visit www.mi.gov/docs4ebd.

Special Enrollment Rights

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

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

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

To request special enrollment or obtain more information, contact the MI HR Service Center[5] at 877-766-6447.

Dual Eligibility

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

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

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

Insurance Cards

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

Qualifying Life Events (QLE)

QLE Changes must be reported by calling the MI HR Service Center[5] within 31 days of the event. These allow you to make corresponding changes to benefits outside of an open enrollment period. All QLEs require substantiation documentation to be provided to the MI HR Service Center within 31 days of the event. QLE examples include: marriage, birth, adoption, divorce, loss or gain of coverage, etc. **Contact the MI HR Service Center as soon as the QLE 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.

[5]Auditor General and Judicial employees should contact their agency HR Office for assistance.

Long Term Disability (LTD)

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

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

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

New employees can enroll within 31 days of hire. If employees do not enroll within the first 31 days of employment the next opportunity is during the annual Benefits Open Enrollment. Enrollment due to a qualifying life event (QLE) is not permitted for LTD. Review the LTD Plan Summary for coverage effective dates and other information.

Qualified Transportation Fringe Benefits (QTFB)

QTFB 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.

FSAs (Flexible Spending Accounts)

Employees may choose to enroll in Dependent Care and/or Health Care FSAs. These allow employees to pay for eligible dependent care and eligible out-of-pocket medical expenses with pre-tax dollars, making those expenses more affordable. FSAs are convenient and easy to use. With a little up-front planning, employees will see significant tax savings while paying for a wide array of out-of-pocket health and dependent care expenses.

In addition to the Dependent Care FSA, the state offers a **General Purpose Health Care FSA** to use for eligible out-of-pocket health, dental, and vision expenses, and a **Limited Purpose Health Care FSA** for eligible out-of-pocket dental and vision expenses, but not health expenses, to be used in conjunction with a Health Savings Account (HSA). To learn more, visit www.mi.gov/fsa.

Voluntary Benefits: Benefits for Life

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

- Accident Insurance
- Accidental Death & Dismemberment (AD&D)[6]
- Auto & Home Insurance[6]
- Critical Illness Insurance
- Discount Plan (FREE)
- Legal Plan
- Supplemental Term Life[7]
- Universal Life Insurance
- Long-Term Care Insurance

[6]These benefits may be enrolled in year-round.
[7]This benefit may be enrolled in within the first 60 days of employment.

Health Care Options

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

State Health Plan

(Preferred Provider Organization - PPO)

Administered by Blue Cross Blue Shield of Michigan (BCBSM).

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

HMO Plans

(Health Maintenance Organizations)

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

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

Catastrophic Health Plan

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

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

Health Care cont. + Dental and Vision Options

State High Deductible Health Plan w/Health Savings Account

Administered by Blue Cross Blue Shield of Michigan (BCBSM) and HealthEquity.

The State High Deductible Health Plan (HDHP)[8] with Health Savings Account (HSA) offers a lower biweekly premium in exchange for higher deductibles and out-of-pocket limits. Identified standard preventive services are covered at 100%, but most other services have a 20% in-network coinsurance after meeting the deductible.

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

The state will make an annual HSA contribution of $750 for an eligible individual employee enrolled in the State HDHP or $1,500 for an eligible employee who enrolls with one or more eligible dependents in the State HDHP, effective January 1.

This contribution will be prorated for employees who enroll mid-year. Employees can also make pre-tax HSA contributions by payroll deductions. The HSA balance belongs to the employee and can be carried over from year to year. You keep what you don't spend, even if you retire or leave state employment. Earnings on an HSA fund balance are tax-free, and you can withdraw your money tax-free any time, as long as you use it for qualified medical expenses for yourself or your tax dependents.

You're eligible to make & receive HSA contributions if:

- You are enrolled in the State HDHP and have no other non-HDHP health care coverage including Medicare, or a General Purpose Health Care FSA or HSA carried by you or your spouse.
- You are not claimed as a dependent on another person's tax return.

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

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

State Dental Plan

Administered by Delta Dental.

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

***Note**: Review the Dental Comparison Chart to see the levels of coverage offered for the services listed above.

Preventive Dental Plan

Administered by Delta Dental of Michigan. **This plan is intended for employees who have dental coverage elsewhere.**

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

State Vision Plan

Administered by EyeMed.

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

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

Life Insurance

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

Employee Life

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

State Life Insurance 2x Plan

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

Reduced Benefit Life Insurance 1x Plan

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

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

Dependent Life

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

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

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

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

Beneficiary Changes

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

Enrolling in Benefits

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

MI HR Service Center

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

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

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

HR Self-Service

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

HR Self-Service allows employees to update information such as home address, home phone, emergency contacts, email address, beneficiaries, tax withholdings, and direct deposit. During special enrollment periods, employees can complete Benefits Open Enrollment (BOE), where insurance benefits and Flexible Spending Accounts (FSAs) may be changed or enrolled in.

HR Self-Service Access

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

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

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

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

Contact the MI HR Service Center

Phone:	**Mailing Address**:	**Hours of Availability:**
Toll Free: 877-766-6447	P.O. Box 30002	8:00 a.m. to 5:00 p.m.
Fax: 517-241-5892	Lansing, MI 48909	Monday through Friday

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What Retirement Plan are You in?

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

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

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

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

- Were newly hired by the State of Michigan on or after March 31, 1997.
- Began your State employment under the DB plan and chose to transfer to the DC plan under P.A. 487 of 1996. (You retain the DB insurance Subsidy.)
  - Review your 401K/457 account with Voya Financial™ (Phone: 1-800-748-6128)

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™ (Phone: 1-800-748-6128)
- 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™ (Phone: 1-800-748-6128) in regard to plan details.
- Elected the Personal Healthcare Fund under P.A. 264 of 2011.
  - Contact Voya Financial™ (Phone: 1-800-748-6128) in regard to plan details.
  - Contact the Office of Retirement Services in regard to your Lump Sum payout.

Eligibility Guidelines

Eligible Dependents

Eligible dependents may be enrolled in your health, dental, vision, and dependent life insurance plans.* Children by birth or legal adoption and stepchildren are eligible for dependent life insurance until the day before their 23rd birthday, and eligible for health, dental, and vision insurance through the last day of the month in which they turn 26.

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

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

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

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

Dependent Life Insurance

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

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

Eligibility Exclusions

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

An employee's spouse, OEAI, and dependents are not eligible for coverage if in the armed forces on active duty. Those individuals are eligible for coverage under TRICARE, effective the date of active duty orders.

Continuing Coverage for Incapacitated Children

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

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

Canceling Coverage

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

Required Documentation

The documents listed in this section are acceptable proof of dependent and OEAI eligibility for insurance coverage. Documents must be provided to the MI HR Service Center by 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.

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

Required Documents for Health, Dental, and Vision Coverage

- **Adopted Child**
  - *Adoption Papers* or sworn statement with the date of placement
- **Biological Child**
  - *Birth Certificate* (Hospital verifications are not accepted)
- **Foster Child**
  - *Court Document* placing the child in the employee's home for foster care
- **Grandchild**
  - *Birth Certificate* (Hospital verifications are not accepted)
  - *Documentation* proving you provide at least 50% support to the parent of the grandchild (e.g., copy of most recent federal 1040 form filed showing the grandchild's parent was claimed as a dependent)
  - **Note:** For a grandchild to be eligible, the grandchild's parent must be a covered dependent and, if from 19 up to their 25th birthday, a student as well as demonstrated by both:
    - Student Verification of Eligibility Form (CS-1830)
    - *School Records* proving the grandchild's parent is regularly attending an accredited educational institution (e.g., class schedule, transcript, etc.)
- **Incapacitated Child**
  - *Birth Certificate* (Hospital verifications are not accepted)
  - *Verification Documentation* that the child's condition was confirmed by the insurance carrier before the child reached the usual age limit for coverage
- **Legal Guardianship**
  - *Court-Ordered Letters of Guardianship*

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

Required Documentation

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

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

Required Documents for OEAI Health-Only Coverage

- **OEAI (Other Eligible Adult Individual)**
  - OEAI Enrollment Application & Affidavit (CS-1833)
  - *Joint Residency Documentation* establishing shared residency for the past 12 months (e.g., bank statement, utility bill, lease agreement, etc.)
  - *Proof of Age* (birth certificate, passport, driver's license, or other governmental document)
- **OEAI Dependent**
  - OEAI Enrollment Application & Affidavit (CS-1833)

  And any of the four documents below establishing the relationship between the OEAI and the OEAI dependents you wish to enroll:
  - *Birth Certificate* (Hospital verifications are not accepted.)
  - *Adoption Papers* or sworn statement with the date of placement
  - *Court Document* placing the child in the employee's home for foster care
  - *Court-Ordered Letters of Guardianship*

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

Note: OEAIs are excluded from enrollment in the State HDHP with HSA.

MI HR Service Center Contact Information

Phone: 877-766-6447 | **Fax:** 517-241-5892
Email (Documentation Only): MCSC-MIHR-Docs@michigan.gov

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

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

Insurance Carrier Information

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

Blue Cross Blue Shield of Michigan (BCBSM)
Phone: 800-843-4876
www.bcbsm.com/som

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

OptumRx
Active Employees & Non-Medicare Retirees
Phone: 866-633-6433
OptumRx: Medicare-Eligible Retirees
Phone: 866-635-5941
www.optumrx.com/som

HSA Administrator for the State HDHP with HSA

HealthEquity
Phone: 877-284-9840
Log in at www.bcbsm.com/som to manage your HSA from HE.

State Dental Plan
Preventive Dental Plan

Delta Dental Plan of Michigan
Phone: 800-524-0150
www.deltadentalmi.com/som

State Vision Plan

EyeMed
Phone: 833-279-4355
www.eyemedvisioncare.com/som

State Long Term Disability (LTD) Plan

Sedgwick
Phone: 800-324-9901

Insurance Carrier Information

Health Maintenance Organization (HMO)

Blue Care Network
Phone: 800-662-6667
www.bcbsm.com/som

Health Maintenance Organization (HMO)

Health Alliance Plan (HAP)
Phone: 800-422-4641
www.hap.org/som

Health Maintenance Organization (HMO)

McLaren Health Plan
Phone: 888-327-0671
ww.mclarenhealthplan.org

Health Maintenance Organization (HMO)

Physicians Health Plan (PHP)
Phone: 800-832-9186 or
Phone: 517-364-8500
www.phpmichigan.com

Health Maintenance Organization (HMO)

Priority Health
Phone: 800-446-5674
www.priority-health.com/som

MSPTA-Represented Employees Only
COPS Health Trust Plans

COPS Health Trust
Phone: 800-225-9674 or
Phone: 248-524-0454
www.copstrust.com

Understanding Health Plan Deductible Costs

Health Maintenance Organization (HMO) Deductible Example:

Jacob receives services on February 18, 2022 for a benefit that is covered 100% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to the HMO carrier for an allowed amount of $550. The HMO carrier will issue payment to the provider for $425 and the provider will send a bill to Jacob for his member cost share of $125 (deductible).

State Health Plan PPO Deductible Example:

Joan receives services on February 18, 2022 for a benefit that is covered 90% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to BCBSM for an allowed amount of $550. BCBSM will subtract the deductible ($400) from the allowed amount and send payment to the provider for 90% of the remaining balance ($135). The provider will send a bill to Joan for her member cost share of $415 ($400 deductible + 10% coinsurance of $15).

State High Deductible Health Plan with HSA Example:

Susan received a $750 annual employer contribution into his HSA with her first paycheck of 2022*. She receives services on February 18, 2022 for a benefit that is covered 80% after deductible (e.g., ambulance services, x-rays, MRI, etc.). The provider submits a claim to BCBSM for an allowed amount of $550. Susan has not accrued any medical expenses yet for 2022 towards her $1,500 deductible. BCBSM will not make any payment to the provider since the balance of the bill is less than the deducible amount. The provider will send a bill to Susan for her member cost share of $550. Susan may pay the provider $550 from the HSA that was opened with her State HDHP enrollment, or may use a different payment method available to her.

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

2022 Comparison of PPO, State HDHP, and HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA**[1] Blue Cross Blue Shield of Michigan		**HMO (85%)**[2] BCN, HAP, McLaren, PHP, Priority Health
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**
Preventive Services					
Annual gynecological exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Childhood Immunization (through age 16)	Covered 100%	Covered 80%	Covered 100%	Covered 60% after deductible	Covered 100%
Colonoscopy[3]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Fecal occult blood screening[3]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Flexible sigmoidoscopy[3]	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Health maintenance exam, 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Immunizations, annual flu shot, & Hepatitis C screening for those at risk	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Mammography[3]	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Pap smear screening - laboratory services only[3], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Prostate specific antigen screening[3], 1 per plan year	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%
Well-baby and child care	Covered 100%	Not Covered	Covered 100%	Not covered	Covered 100%

[1] MSPTA, bargaining unit T01, and OEAIs are excluded from enrollment in the State HDHP with HSA.

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

[3] Patient Protection and Affordable Care Act (PPACA) guidelines apply.

Physician Office Services					
Office and Outpatient hospital visits, consultations, and urgent care visits	$20 copay (deductible not applicable)	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay (deductible not applicable)
Outpatient and home visits	Covered 90% after deductible				
Telemedicine - via the Carrier's online vendor	$10 copay[4] (deductible not applicable)	Not Covered		Not covered	$10 copay[4] (deductible not applicable)
Telemedicine - via the Provider's online tool	$20 copay[5] (deductible not applicable)	Covered 80% after deductible		Covered 60% after deductible	$20 copay (deductible not applicable)

[4] $10 copay for Telemedicine via an HMO's online vendor applies to both Medical and Behavioral Health (if available through the carrier). $10 copay for Telemedicine via Blue Cross's online vendor for Medical applies to for the SHP PPO. $10 copay or 10% coinsurance (whichever is less) for Telemedicine via Blue Cross's online vendor for Behavioral Health applies for the SHP PPO. $20 telemedicine copay applies for MSPTA, bargaining unit T01, for both Medical and Behavioral Health.

[5] $20 copay or 10% coinsurance (whichever is less) for Telemedicine via an in-network provider's online tool for Behavioral Health.

Emergency Medical Care					
Ambulance services - medically necessary	Covered 90% after deductible		Covered 80% after deductible		Covered 100% after deductible
Hospital emergency room for medical emergency or accidental injury	$200 copay (Waived if admitted as inpatient)				$200 copay (Waived if admitted as inpatient)
Diagnostic Services					
Diagnostic tests and x-rays	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Laboratory and pathology tests					Covered 100%
Radiation therapy					Covered 100% after deductible
Maternity Services (Includes care by a certified nurse midwife SHP PPO Only)					
Delivery and nursery care	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Prenatal care	Covered 100%		Covered 100%		Covered 100%
Postnatal care	Covered 90% after deductible		Covered 80% after deductible		$20 copay
Hospital Care					
Chemotherapy	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100% after deductible
Inpatient consultations					
Semi-private room, inpatient physician care, general nursing care, hospital services, and supplies (unlimited days)					

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Alternative to Hospital Care					
Home health care	Covered 90% after deductible (participating providers only; unlimited visits)	Not Covered	Covered 80% after deductible (participating providers only; unlimited visits)	Not Covered	Check with your HMO
Hospice care	Covered 100% (must be rendered in a participating hospice program; limited to the lifetime dollar maximum that is adjusted annually by the State)	Not Covered	Covered 80% after deductible (must be rendered in a participating hospice program; limited to the lifetime dollar maximum that is adjusted annually by the State)	Not Covered	Covered 100% after deductible
Skilled nursing care	Covered 90% after deductible (must be rendered in a participating skilled nursing facility; up to 120 days per confinement)	Not Covered	Covered 80% after deductible (must be rendered in a participating skilled nursing facility; up to 120 days per confinement)	Not Covered	Covered 100% after deductible (up to 120 days per confinement)
Surgical Services					
Female voluntary female sterilization	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%
Male vasectomy	Covered 90% after deductible		Covered 80% after deductible		Covered 100% after deductible
Surgery - includes related surgical services					
Human Organ Transplants					
Bone marrow-specific criteria applies	Covered 100% after deductible in designated facilities		Covered 80% after deductible (in designated facilities when pre-approved)		Covered 100% after deductible in designated facilities
Kidney, cornea, and skin	Covered 90% after deductible in designated facilities		Covered 80% after deductible (payable when rendered in a participating hospital or a participating ambulatory surgery facility)		Covered 100% after deductible subject to medical criteria
Liver, heart, lung, pancreas, and other specified organ transplants	Covered 100% (in designated facilities)		Covered 80% after deductible (in designated facilities)		Covered 100% after deductible in designated facilities
Other Services					
Acupuncture	Covered 80% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Covered 60% after deductible (if performed by or under the supervision of a M.D. or D.O.)		Check with your HMO
Allergy injections	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%
Allergy testing and therapy (non-injection)					Covered 100% after deductible
Autism - Spectrum Disorder Applied Behavioral Analysis (ABA) treatment					
Chiropractic/spinal manipulation	$20 copay (Up to 24 visits per calendar year)	Covered 80% after deductible (Up to 24 visits per calendar year)	Covered 80% after deductible (up to 24 visits per calendar year)	Covered 60% after deductible (up to 24 visits per calendar year)	Check with your HMO
Durable medical equipment	Covered 100%	Covered 80% of the Blue Cross approved amount	Covered 80% after deductible	Covered 60% after deductible (based on the Blue Cross approved amount)	
Hearing Care Exam	$20 copay for office visit	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	
Prosthetic and orthotic appliances	Covered 100%	Covered 80% of the Blue Cross approved amount	Covered 80% after deductible	Covered 60% after deductible (based on the Blue Cross approved amount)	
Private duty nursing	Covered 80% after deductible		Covered 60% after deductible		
Rabies treatment after initial emergency room visit	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay for office visit Injections Covered 100%
Wig, wig stand, adhesives	Upon meeting medical conditions, eligible for a lifetime maximum reimbursement of $300. (Additional wigs covered for children due to growth).		Not covered	Not covered	Check with your HMO

2022 Comparison of PPO, State HDHP, and HMO Plans

	State Health Plan PPO (80%) Blue Cross Blue Shield of Michigan		**State High Deductible Health Plan with HSA**[1] Blue Cross Blue Shield of Michigan		**HMO (85%)**[2] BCN, HAP, McLaren, PHP, Priority Health
Behavioral Health / Substance Use Disorder					
Alcohol & Chemical Dependency Benefits - Inpatient	Covered 100%[6] Halfway House 100% (requires authorization)	Covered 50%[6] Halfway House 50% (requires authorization)	Covered 80%[6] after deductible (requires authorization)	Covered 60%[6] after deductible (requires authorization)	Check with your HMO; Inpatient services subject to deductible
Alcohol & Chemical Dependency Benefits - Outpatient	Covered 90%[7] of network rates	Covered 50%[7] of network rates	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Behavioral Health Benefit - Inpatient	Covered 100% (up to 365 days per year)[8] requires authorization	Covered 50% (up to 365 days per year)[8] requires authorization	Covered 80% after deductible (unlimited days)[8] requires authorization	Covered 60% after deductible (unlimited days)[8] requires authorization	Check with your HMO; Inpatient services subject to deductible
Behavioral Health Benefit - Outpatient	As necessary Covered 90% of network rates	As necessary Covered 50% of network rates	Covered 80% after deductible	Covered 60% after deductible	Check with your HMO
Intensive Outpatient Program (IOP) - Behavioral Health and Substance Use Disorder	Covered 100%	Covered 50%			Check with your HMO; Inpatient services subject to deductible

[6] Two 28-day admissions per year with at least 60 days between admissions. Inpatient days may be utilized for intensive outpatient treatment (IOP) at 2:1 ratio. One inpatient day equals two IOP days.

[7] MSPTA, bargaining unit T01, $3,500 per calendar year limitation pertains to outpatient services for chemical dependency only.

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

Outpatient Physical, Speech, Occupational, and Massage Therapy[9] **(Combined maximum of 90 visits per calendar year)**					
Outpatient Physical, Speech, Occupational, and Massage therapy - facility and clinic services[10]	Covered 90% after deductible	Covered 90% after deductible	Covered 80% after deductible	Covered 60% after deductible	$20 copay
Outpatient Physical therapy - physician's office		Covered 80% after deductible			

[9] Massage therapy is not a covered benefit under the HMOs.

[10] Massage therapy is performed by a massage therapist must be supervised by a chiropractor and be part of a formal course of physical therapy. Massage therapy is provided as part of a formal course of physical therapy treatment and when billed alone is not a covered benefit.

Deductible, Copays, Out-of-Pocket Maximum, and Prescription Drugs					
Deductible[11]	$400/individual[12] $800/family	$800/individual[12] $1,600/family	$1,500/individual[13] $3,000/family	$3,000/individual[13] $6,000/family	$125/individual[14] $250/family
Coinsurance	10% for most services. 20% for acupuncture and private duty nursing	20% for most services 50% for mental health and substance use disorder	20% for most services 40% for acupuncture and private duty nursing	40% for most services	N/A
Out-Of-Pocket Maximum[15]	$2,000/individual $4,000/family	$3,000/individual $6,000/family	$4,000/individual $8,000/family	$8,000/individual $16,000/family	$2,000/individual $4,000/family
Health Savings Account (HSA) Employer Annual Contribution	N/A		$750/individual[16] $1,500/family		N/A
Prescription Drug copays	Retail-$10/$30/$60 Mail Order-$20/$60/$120		**After deductible is met, the following copays apply**[17]**:** Retail-$10/$30/$60 Mail Order-$20/$60/$120		Retail-$10/$30/$60 Mail Order-$20/$60/$120

[11] Deductible amounts for all health plans are effective January 1 and renew annually on a calendar basis. The deductible for the HDHP is combined for medical and pharmacy.

[12] The SHP PPO individual deductible ($400 In-Network/$800 Out-of-Network) is the maximum amount that applies to any one family member. The family deductible ($800 In-Network/$1,600 Out-of-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible.

[13] The HDHP Individual deductible ($1,500 In-Network/$3,000 Out-of-Network) only applies to employee only coverage. The HDHP Family deductible ($3,000 In-Network/$6,000 Out-of-Network) applies to the coverage of employee plus spouse and/or other dependents. The applicable deductible must be fulfilled prior to services being paid by the plan. Any one member of the family or any combination of family members may fulfill the entire family deductible.

[14] The HMO individual deductible ($125 In-Network) is the maximum amount that applies to any one family member. The family deductible ($250 In-Network) is the combined maximum deductible amount that applies to any combination of family members. One family member is not required to reach the individual deductible before that family deductible can be met. Additionally, one family member cannot contribute in excess of the maximum amount of the individual deductible. Check with your HMO to see if any Out-of-Network services are covered and the applicable Out-of-Network deductible that would apply.

[15] Out-Of-Pocket Maximum amounts for all health plans are effective January 1 and renew annually on a calendar basis. Only In-Network deductibles, fixed-dollar copayments, prescription drug copayments, and coinsurance apply toward the out-of-pocket maximum.

[16] Funded 100% on the 1st pay period of each plan year. The State will make a contribution of $750 for an individual employee or $1,500 for employees who enroll effective January 1st with one or more dependents. This contribution will be prorated for employees who enroll mid-year based on the number of pay periods remaining in the plan year at the time of enrollment in the HDHP.

[17] The deductible does not apply to certain preventive medications under the State HDHP with HSA.

2022 State Employee Benefits Summary Brochure

MI HR Self-Service
www.mi.gov/selfserv

MI HR Service Center
Phone: 877-766-6447
Fax: 517-241-5892

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

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P.O. Box 30002
Lansing, MI 48909

Employee Benefits Division
www.mi.gov/employeebenefits

MICHIGAN CIVIL SERVICE COMMISSION MCSC

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