



EASTERN
MICHIGAN UNIVERSITY



October 5 – October 19

2023 OPEN ENROLLMENT BENEFITS Overview

Question: Do I need to do anything?

Answer: Yes, if you need to.....

EVERYONE - Do You Want To:

- Change, elect or drop medical, dental and any other coverage?
- Add or remove dependents?
- Contribute to a Flexible Spending Account in 2023?
 - Healthcare expenses
 - Dependent care expenses
- Contribute to a Health Savings Account if in SIMPLY BLUE HDHP PPO?
- CS/FM/ LE, elect voluntary short term disability?
- Confirm Dependents age 19+ in dental only if IRS dependents?
- Enroll if hired on or after 10/1/22 & have a 90 day probation period?

If you want to do any of the items listed above, then YES, enroll



Question: Do I need to do anything?

Answer:

Are you, AAUP - Faculty or UAW/TOP Local 1975 - Clerical/Secretarial:

- You will be part of an **Active Enrollment**
- You **must** make Medical Plan Elections
- If you make no election, your **Medical & Vision elections will be canceled** for 2023

There are New Redesigned Medical Plans
There are New Medical Plans Rates

**We'd like you to pick
the best plan for you**



Question: Do I need to do anything?

Answer:

Are you Staff - AP, AH, AC, CA, POAM - CP, COAM - PS, UAW/TOP Local 1976 PE/PT, Lecturer - LE, Local 3866 AFSCME – Food Service, Custodial & Maintenance:

- **See the earlier slide addressed to everyone**
- If none of the changes or required actions apply to you, you do not need to go through the enrollment process.
- We would prefer that you go in, check, and confirm your enrollment to ensure it matches and fits your current needs and expectations.
- Without knowing your current enrollments and personal situation, we cannot advise that you should do nothing.



Enrolling in Your BENEFITS

Desktop computer, smart phone, tablet, any device....



1. Visit my.emich.edu
2. Click “Benefits Enrollment” in the “Human Resources” Box
3. Click the green box “Enroll Now!”
4. You are now in the BenefitFocus system
5. You can now enroll
6. Reminder - Log into BenefitFocus by using the same log in you use for my.emich



Apple



Android

1. Install the BENEFITFOCUS® App.
2. Enter the company ID: **emubenefits**
3. Log-in using your username and password (*this is the same username and password you use on your desktop*)

Sorry, No Paper
& Pencil Forms



COVERAGE ELIGIBILITY

- **EMPLOYEES:** Bargained for EMU employees, employed 50% or greater appointment.
Non-bargained for employees, employed 75% or greater appointment.
- **SPOUSAL COVERAGE**
 - **SPOUSAL EXCLUSION:** applies to all spouses if eligible for subsidized coverage elsewhere through another employer.
 - FA/LE/CS/CP may be allowed to remain on EMU plan(s) as secondary coverage.
 - Spouse must 1st enroll in their employer's insurance plan, pay their premium & submit bills there 1st. Please know that you are paying for 2 insurance plans.
- **CHILDREN** (children, step-children, foster children, legally adopted children, court ordered):
 - Medical & Vision: Until the end of the month in which they turn 26 (even if married)
 - Dental: Until the end of the calendar year in which they turn 19 (25 if claimed as dependent on income taxes)
- **DEPENDENT CHILD(REN) OF ANY AGE:** if permanently disabled or handicapped
- **ADDITIONAL ELIGIBLE ADULT (AEA): Not Allowed**
 - This only applied to AAUP – Faculty and is a change for calendar year 2023.

SPOUSAL EXCLUSION & AFFIDAVIT

IMPORTANT: IF YOUR SPOUSE HAS ACCESS TO EMPLOYER SUBSIDIZED MEDICAL AND/OR DENTAL COVERAGE THROUGH HIS/HER EMPLOYER, HE OR SHE MUST ENROLL IN HIS/HER EMPLOYER'S PLAN(S).

CAN MY SPOUSE STILL BE ON MY MEDICAL OR DENTAL?		
E-CLASS	MEDICAL PLAN	DENTAL PLAN
AC, AH, AP, CA	No	
CP	EMU plan as secondary coverage only	
CS	EMU plan as secondary coverage only – ends Jan, 2025	
FA	EMU plan as secondary coverage only – ends Jan, 2025	
FM	No	
LE	EMU plan as secondary coverage only	
PE/PT	No	
PS	No	

Note: If your spouse is unemployed, retired, self-employed or on COBRA, he or she may qualify for EMU coverage.

Note: As long as Spousal Exclusion is in place, Spousal Affidavit declaration remains an annual requirement.

Secondary coverage means that you are paying two insurance plans premiums. The medical and dental claims must be processed through your spouse's employer's plan first and only then can be reviewed under EMU's plans.

Note: Spousal Affidavit declaration is a requirement and EMU reserves the right to request verification or to deny claims.



COMPARE MEDICAL PLANS



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

AP, AH, AC, CA, CP, CS, FA, PS, PE/PT

BENEFITS In Network	PPO PPO OPTION 5 COMMUNITY BLUE	SIMPLY BLUE HDHP PPO WITH HSA	Blue Care Network (HMO) Healthy Blue Living - ENHANCED Shown
Deductible	\$500 – employee \$1,000 – two or more person	\$2,400 – employee \$4,800 – two or more	\$500 – employee \$1,000 – two or more
Fixed-dollar copays	\$20 for office visit* (*\$15 - chiropractic) \$45 Specialist & urgent care \$150 emergency room	None Plan deductible and co- insurance provisions	\$20 office visit* (*\$5 allergy injections) \$20 urgent care \$100 emergency room
Percent coinsurance (after deductible)	90% EMU 10% Employee for most services	90% EMU 10% Employee for most services	80% EMU 20% Employee for most services 50%/50% for some services
Annual Co-insurance maximum	None	None	\$1,000 – employee \$2,000 – two person or more
Annual out-of-pocket maximum	\$4,000 – employee \$8,000 – two person or more	\$3,500 – employee \$7,000 – two person or more	\$6,600 – employee \$13,200 – two person or more



BCBSM summaries will be posted online with detailed info, including out-of-network coverage

COMPARE MEDICAL PLANS – LE and FM only



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

BENEFITS In Network	PPO PPO OPTION 5 COMMUNITY BLUE	SIMPLY BLUE HDHP PPO WITH HSA	Blue Care Network (HMO) Healthy Blue Living - ENHANCED Shown
Deductible	\$250 – employee \$500 – two-person \$750 – family	\$1,500 – employee \$3,000 – two or more	\$500 – employee \$1,000 – two or more
Fixed-dollar copays	\$20 for office visit* (*\$15 - chiropractic) \$20 urgent care \$50 emergency room	None Plan deductible and co- insurance provisions	\$20 office visit* (*\$5 allergy injections) \$20 urgent care \$100 emergency room
Percent coinsurance (after deductible)	90%/EMU 10% Employee for most services	80% EMU 20% Employee for most services	80% EMU 20% Employee for most services 50%/50% for some services
Annual Co-insurance maximum	\$1,000 – employee \$2,000 – two person or more	Not Applicable	\$1,000 – employee \$2,000 – two person or more
Annual out-of-pocket maximum	\$6,600 – employee \$13,200 – two person or more	\$2,500 – employee \$5,000 – two person or more	\$6,600 – employee \$13,200 – two person or more



BCBSM summaries will be posted online with detailed info, including out-of-network coverage

Prescription Plan

Included with Medical Plans



Blue Cross
Blue Shield
Blue Care Network
of Michigan

PPO OPTION 5 COMMUNITY BLUE, SIMPLY BLUE HDHP PPO WITH HSA,
Blue Care Network (HMO) Healthy Blue Living – Enhanced shown

For the Simply Blue (HSA), you must pay full cost (copays and coinsurance)
until the deductible is met, then the co-pays below apply

Level of Coverage	Prescription Drug Coverage	Mail-Order Prescriptions (90-day supply)
Tier 1 (Generic)	\$10 copay	\$25 copay (HMO: \$20)
Tier 2 (Preferred Brand)	\$30 copay	\$75 copay (HMO: \$60)
Tier 3 (Non-preferred Brand)	\$60 copay	\$150 copay (HMO: \$120)
Tier 4 (Specialty) <i>New - Pillar Rx</i> <i>Contact HR Benefits for details</i>	\$75 copay	N/A

[Campus Medical Pharmacy may offer a savings](#)



EASTERN
MICHIGAN UNIVERSITY

Benefits Open Enrollment is **October 5– October 19**

Included with Medical VSP - VISION PLAN



Benefit	Description	Co-pay	Frequency
Well vision exam	Focuses on your eye health exam, including glaucoma testing, refraction, etc.	\$5 copay (\$35 allowance)	Every 12 months
Prescription Lenses	Frames and lenses covered up to a certain maximum allowance. Discount available on the balance.	Frames: \$10 copay Lenses: \$10 copay (Coverage decreases if out-of-network)	Every 24 months Glasses or contacts, not both. Patient responsible for balance in excess of allowance
Contact lenses	Up to \$130 allowance for contacts fitting, evaluation etc. copay does not apply	No Copay Max. \$130 (\$105 if out of network or with standard HMO)	Every 24 months Glasses or contacts, not both. Patient responsible for balance in excess of allowance



HEALTHY BLUE HMO

Two Levels of Benefit

Before picking the HMO,
confirm your Dr. & hospital
are in the
PCP Focus Network

Blue Care Network (HMO) Healthy Blue Living

Benefit	Enhanced Benefits	Standard Benefits
Deductible (per calendar year)	\$500 – Employee \$1,000 – two or more persons	\$1,500 – Employee \$3,000 – two or more persons
Fixed Dollar Copays	\$5 for allergy injections	\$5 for allergy injections
	\$20 for office visits	\$35 for office visits
	\$20 for urgent care visits	\$50 for urgent care visits
	\$100 for emergency room visits	\$100 for emergency room visits
	No fixed dollar copay for ambulance. See below for applicable coinsurance.	No fixed dollar copay for ambulance. See below for applicable coinsurance.
Coinsurance	\$20 for referral physician visits	\$45 for referral physician visits
	20% for select services as noted below 50% for select services as noted below	30% for select services as noted below 50% for select services as noted below
Annual Coinsurance Maximum	\$1,000 per member and \$2,000 per family	\$1,500 per member and \$3,000 per family
	Sample services that DO NOT apply to the ACM: Deductible, Fixed Dollar Copays, Infertility, Male Mastectomy, Reduction Mammoplasty, Male Sterilization, Elective Abortion, TMJ, Orthognathic Surgery, Weight Reduction, DME, P&O, Diabetic Supplies, Prescription Drugs	
Out of Pocket Maximum - applies to deductibles, co- pays, coinsurance	\$6,600 – Employee \$13,200 – two or more persons	\$6,600 – Employee \$13,200 – two or more persons

COMPARE PLAN RATES

AP, AH, AC, CA, CP, CS, FA, PS, PE/PT

<u>Per Month (deduction amounts based on 12 deductions)</u>						
HEALTH CARE PLANS						
Coverage Category	BCBSM PPO Option 5		BCBSM Simply Blue HDHP w/ HSA		BCN HMO PCP Focus Network	
	2023	Current	2023	Current	2023	Current
Single	\$107.64	\$99.21	\$35.19	\$33.20	\$35.26 FA - \$0	\$31.07
Two Person	\$322.54	\$242.74	\$84.45	\$79.68	\$70.12 FA - \$0	\$61.78
Family (3-4 covered)	\$414.69	\$325.11	\$105.56	\$99.61	\$87.54 FA - \$0	\$77.13
Family Plus (5+ covered)	\$529.88	\$373.87	\$121.39	\$114.55	\$105.38 FA - \$0	\$92.85

EMU HSA annual contribution:
\$500 for Employee
\$1,000 for two or more

Note: 16 pay FA rate = rate shown times 12, then divided by 16.
 Pay dates 1/1-4/30 and 9/1-12/31

COMPARE PLAN RATES LE, FM

Per Month (deduction amounts based on 12 deductions) HEALTH CARE PLANS						
Coverage Category	BCBSM PPO Option 5		BCBSM Simply Blue HDHP w/ HSA		BCN HMO PCP Focus Network	
	2023	Current	2023	Current	2023	Current
Single	\$113.64	\$104.74	\$105.38	\$92.85	\$35.26	\$31.07
Two Person	\$227.51	\$209.69	\$210.62	\$185.57	\$70.11	\$61.78
Family (3-4 covered)	\$272.90	\$251.52	\$263.17	\$231.87	\$87.54	\$77.13
Family Plus (5+ covered)	\$318.29	\$293.35	\$316.00	\$278.41	\$105.38	\$92.85

EMU HSA annual contribution:
\$500 for Employee
\$1,000 for two or more

Note: 16 pay LE rate = rate shown times 12, then divided by 16.
 Pay dates 1/1-4/30 and 9/1-12/31

FLEXIBLE SPENDING ACCOUNTS



You **MUST** Enroll if you want this for 2023

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

Pre-tax dollars set aside from your paycheck for predictable expenses.

- (1) Health-related expenses, such as, medical, dental, vision
- (2) Dependent care services, usually not covered by your insurance plan(s).

PLAN RULES

- FSA – Health Care: annual pledge is in your account. PPO OPTION 5 COMMUNITY BLUE, Blue Care Network (HMO) Healthy Blue Living
- FSA – Dependent Care: deduction amount is loaded on debit card after each payroll (unlike FSA-Health)
- Both FSAs are on “**Use-it-or-lose-it basis**” for the calendar year
- FSAs require an annual election

IRS ANNUAL MAXIMUMS

- FSA Health Care: \$2,850
- FSA Dependent Care: \$5,000 (unless married filing separately)



Enroll in SIMPLY BLUE HDHP PPO WITH HSA and you can save with an HSA

- Not covered under any other health insurance (unless another HDHP)
- Not over age 65 and enrolled in Medicare Part A or B or receiving any Veteran Affairs benefits

What are the advantages of **HSAs**?



Balances not subject to
"use-it-or-lose-it" rule



Opportunity to save for future
qualified medical expenses,
including in retirement



EMU annual contribution:
\$500 for Employee \$1,000
for two or more



A convenient vehicle to save
for out-of-pocket costs with
an HSA-eligible plan



Triple tax advantage:
Contributions, earnings, and withdrawals are tax-free⁴



HealthEquity[®]

Benefits Open Enrollment is **October 5 – October 19**

HSA IRS Contribution LIMITS

	2023	2022
HSA contribution limit (employer + employee)	Employee only: \$3,850 Two or more: \$7,750 EMU Contributes \$500 for Employee only \$1,000 for Two or more	Employee only: \$3,650 Two or more: \$7,300 EMU Contributes \$500 for Employee only \$1,000 for Two or more
HSA catch-up contributions (age 55 or older)*	\$1,000	\$1,000

Catch-up contributions can be made **any time during the year** in which you turn 55

HSA funds do not expire

HSA funds are yours even if you leave EMU

Use these funds for eligible Medical, Vision, Dental expenses

- **Enroll in SIMPLY BLUE HDHP PPO WITH HSA and**
 - Not covered under any other health insurance (unless another HDHP)
 - Not over age 65 and enrolled in Medicare Part A or B or receiving any Veteran Affairs benefits



LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (Faculty Only)



You **MUST** Enroll if you want this for 2023

WHAT IS A Limited Purpose FLEXIBLE SPENDING ACCOUNT (LPFSA)?

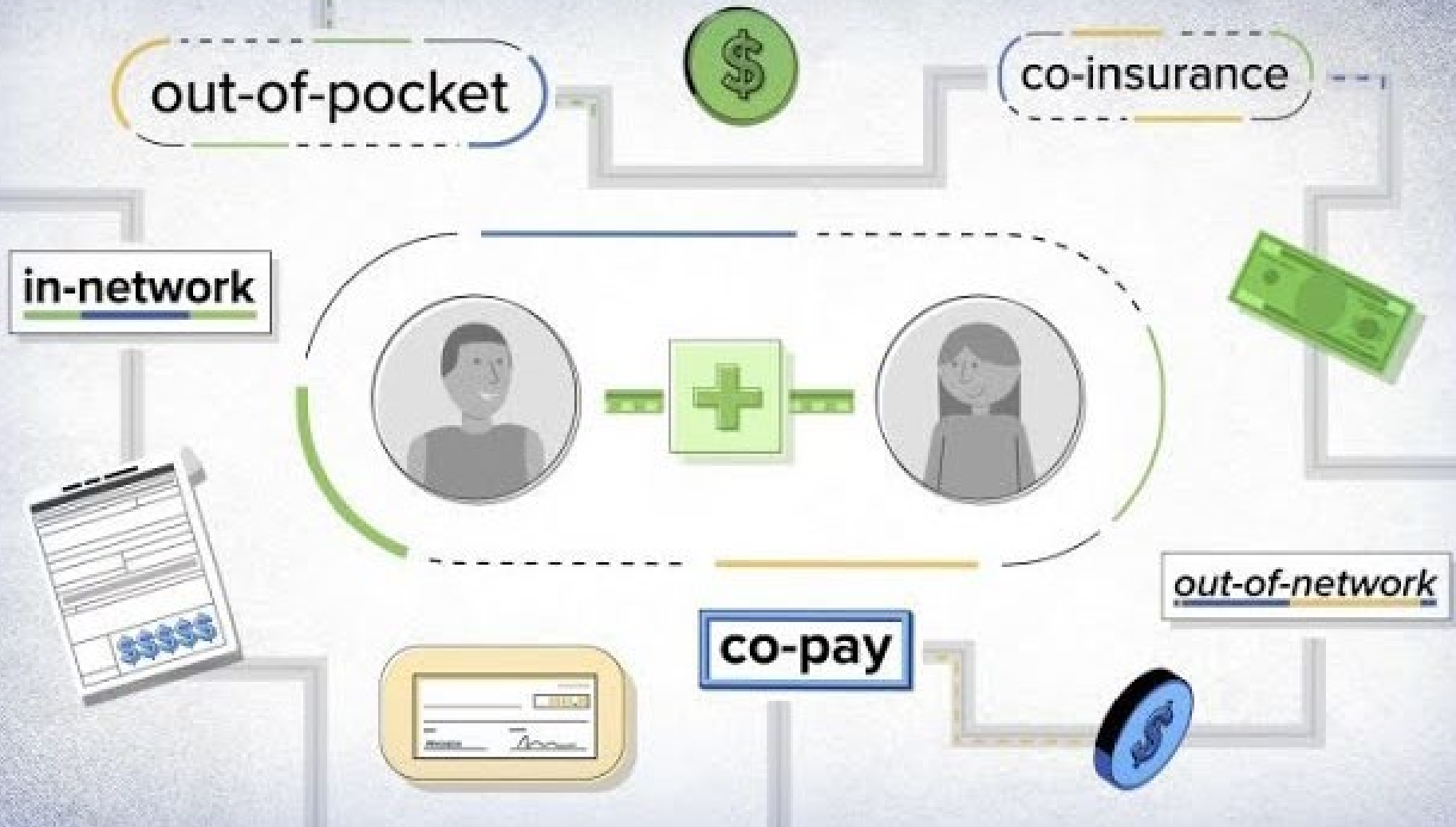
Pre-tax dollars set aside from your paycheck for **DENTAL & VISION** expenses.

- (1) Only AAUP Faculty members enrolled in **SIMPLY BLUE HDHP PPO WITH HSA**
- (2) **ONLY** Dental and Vision expenses
- (3) This is **not** for medical expenses

PLAN RULES

- LPFSA – Dental & Vision Only
- LPFSA is **Use-it-or-lose-it basis** for the calendar year
- LPFSAs require an annual election
- \$2,850 - IRS Annual Maximums





Choosing the right plan

What's a copay?

A copay is a flat rate you'll pay for a specific service. Once the copay is paid, an insurance company usually handles the remainder of the covered medical expenses.

What's a deductible?

A deductible is the amount of money that you pay before the insurance company will start to help with your medical bill.

What's Coinsurance?

Coinsurance is the amount you are required to pay for a medical claim, apart from any copayments or deductible.

O O P
M A X }

*This **benefit** caps how much you may have to pay for your care and helps to protect your financial security.*

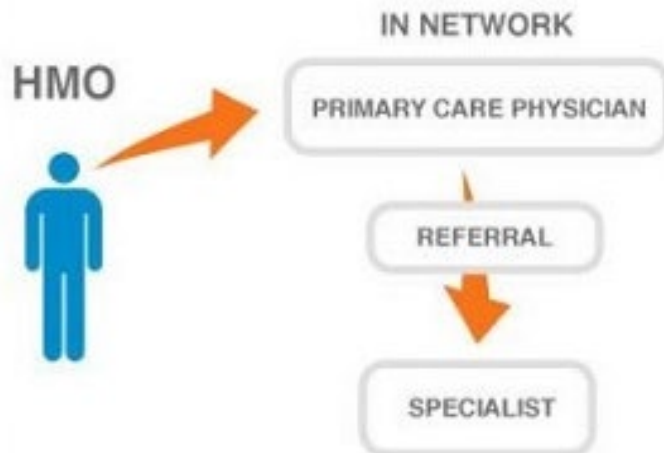
Choosing the right plan

HMO vs PPO

- All plans cover basic services thanks to the Affordable Care Act
 - Annual check ups, immunizations, etc.

HMO through Blue Care Network

- PCP Focus Network
 - 20 counties in Michigan
- You always see your PCP 1st



PPO (Community Blue or HDHP)

- Broader Network
- BCBS National Locations
- You can direct who you see



Choosing the right plan

1. Do you use the medical insurance?

- If not, consider how much each plan costs out of your paycheck
 - BCN HMO vs HDHP vs PPO
 - Remember EMU contributes to your HSA account if enrolled in SIMPLY BLUE HDHP PPO WITH HSA and you are eligible.

2. How do you want to pay for your medical care?

- Pay more out of your paycheck, then potentially less when you need care.
- Pay less out of your paycheck, then potentially more when you need care.

3. Do you see your Dr. and specialists often?

- What were your bills in the past? See BCBS MI website for your history.

4. Do you take medications? – Consider the Rx benefits

- What were your bills in the past? See BCBS MI website for your history.

5. Accident prone? – Consider urgent care, physical therapy, etc.

- Also, voluntary accident insurance is offered through The Hartford (FA not eligible).

6. EMU's Out-of-Pocket Maximums protects you from high costs

- The out-of-pocket maximum is different by plan & enrollment level.

New Plan Examples - Choosing the right plan

- How do the New Plans treat different medical events

1. **Bob has no health visits.** He does not have any physician visits, hospital stays, urgent care, emergency room visits, and no prescriptions. Bob does have his free Annual Checkups. Total Cost is \$0
2. **Peg is Having a Baby.** Includes - Specialist office visits (prenatal care), Childbirth/Delivery Professional Services, Childbirth/Delivery Facility Services, Diagnostic tests (ultrasounds and blood work), Specialist visit (anesthesia). Total Cost is \$12,700
3. **Managing Joe's Type 2 Diabetes.** Includes - Primary care physician office visits (including disease education), Diagnostic tests (blood work), Prescription drugs, Durable medical equipment (glucose meter) Total Cost is \$5,600
4. **Mia's Simple Fracture.** Includes – Emergency room care (including medical supplies), Diagnostic tests (x-ray), Durable medical equipment (crutches), Rehabilitation services (physical therapy) Total Cost is \$2,800

These examples are not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Please note these coverage examples are based on self-only coverage.

- The examples on the next pages are not a cost estimator.
- Treatments shown are just examples of how this plan might cover medical care.
- Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors.
- Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan.
- Please note these coverage examples are based on self-only coverage and are the **New Plan Designs**.
- **Previous Plan Design examples** can be found on the HR Benefits Website and seeing the “SBC”s.



New Plan Treatment Example

- **Bob has no health visits. He does not have any physician visits, hospital stays, urgent care, emergency room visits, and no prescriptions.** Includes – Annual Checkups, Immunizations. Total Cost is \$0.

<u>Cost Sharing</u>	HSA Plan	PPO 5	HMO - Standard	HMO - Enhanced
Deductible	\$0.00	\$0.00	\$0.00	\$0.00
Copayments	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance	\$0.00	\$0.00	\$0.00	\$0.00
The total Bob would pay physician's or hospitals	\$0.00	\$0.00	\$0.00	\$0.00
Annual Premium out of Bob's paycheck	\$422.28	\$1,291.68	\$423.12	\$423.12
HSA Contribution	\$ (500.00)			
Annual Grand Total for Bob	\$ (77.72)*	\$1,291.68	\$423.12	\$423.12
Remainder to pay in Healthcare for the year:	\$3,500.00	\$4,000.00	\$6,600.00	\$6,600.00

* Less the \$500 from EMU deposited into the Health Savings Account HSA

New Plan Treatment Example

- Peg is Having a Baby** Includes - Specialist office visits (prenatal care), Childbirth/Delivery Professional Services, Childbirth/Delivery Facility Services, Diagnostic tests (ultrasounds and blood work), Specialist visit (anesthesia). **Total Cost is \$12,700**

<u>Cost Sharing</u>	HSA Plan	PPO 5	HMO - Standard	HMO - Enhanced
Deductible	\$2,400.00	\$500.00	\$1,500.00	\$500.00
Copayments	\$10.00	\$10.00	\$10.00	\$10.00
Coinsurance	\$800.00	\$900.00	\$2,100.00	\$1,400.00
The total Peg would pay to have a baby	\$3,270.00	\$1,470.00	\$3,670.00	\$1,970.00
HSA Contribution	\$ (500.00)			
Annual Premium out of Peg's paycheck	\$422.28	\$1,291.68	\$423.12	\$423.12
Annual Grand Total for Peg	\$3,192.28 *	\$2,761.68	\$4,093.12	\$2,393.12
Remainder to pay in Healthcare for the year:	\$230.00	\$2,530.00	\$2,930.00	\$4,630.00

* Less the \$500 from EMU deposited into the Health Savings Account HSA

New Plan Treatment Example

- Managing Joe's Type 2 Diabetes** Includes - Primary care physician office visits (including disease education), Diagnostic tests (blood work), Prescription drugs, Durable medical equipment (glucose meter)
Total Cost is \$5,600

<u>Cost Sharing</u>	HSA Plan	PPO 5	HMO - Standard	HMO - Enhanced
Deductible	\$2,400.00	\$500.00	\$0.00	\$0.00
Copayments	\$300.00	\$700.00	\$1,000.00	\$600.00
Coinsurance	\$70.00	\$70.00	\$400.00	\$400.00
The total Joe would pay to manage his condition	\$2,790.00	\$1,290.00	\$1,400.00	\$1,000.00
HSA Contribution	\$ (500.00)			
Annual Premium out of Joe's paycheck	\$422.28	\$1,291.68	\$423.12	\$423.12
Annual Grand Total for Joe	\$2,712.28 *	\$2,581.68	\$1,823.12	\$1,423.12
Remainder to pay in Healthcare for the year:	\$710.00	\$2,710.00	\$5,200.00	\$5,600.00

New Plan Treatment Example

- **Mia's Simple Fracture** Includes – Emergency room care (including medical supplies), Diagnostic tests (x-ray), Durable medical equipment (crutches), Rehabilitation services (physical therapy) **Total Cost is \$2,800**

<u>Cost Sharing</u>	HSA Plan	PPO 5	HMO - Standard	HMO - Enhanced
Deductible	\$2,400.00	\$500.00	\$1,500.00	\$500.00
Copayments	\$0.00	\$90.00	\$400.00	\$200.00
Coinsurance	\$40.00	\$40.00	\$200.00	\$300.00
The total Mia would pay for her fracture	\$2,440.00	\$630.00	\$2,100.00	\$1,000.00
HSA Contribution	\$ (500.00)			
Annual Premium out of Mia's paycheck	\$422.28	\$1,291.68	\$423.12	\$423.12
Annual Grand Total for Mia	\$2,362.28 *	\$1,921.68	\$2,523.12	\$1,423.12
Remainder to pay in Healthcare for the year:	\$1,060.00	\$3,370.00	\$4,500.00	\$5,600.00

* Less the \$500 from EMU deposited into the Health Savings Account HSA

MEDICAL PLANS OPT-OUT CREDIT

Cash incentive from EMU if you do not enroll in EMU Medical plans
Paid each payroll while eligible

MEDICAL PLAN OPT-OUT CREDIT		
E-CLASS	2023	2022
AC, AH, AP, CA	\$2,000	\$2,000
CP	\$2,000	\$2,000
CS	\$2,000	\$2,000
FA	\$2,000	\$2,000
FM	\$2,000	\$2,000
LE	\$2,000	\$2,000
PE/PT	\$1,732	\$1,732
PS	\$2,000	\$2,000

DENTAL BENEFITS*

Delta Dental PPO Dentists offer the best cost to you
Is your Dentist a PPO Dentist?

E-CLASS	COVERAGE LEVEL				
	BASIC SERVICES (CLASS I - exams, cleaning , x-rays)	PREVENTATIVE SERVICES (CLASS II - oral surgery, crown, root canal, filling)	MAJOR SERVICES (CLASS III - bridges, dentures and implants)	ORTHODNOTIC SERVICES (CLASS IV – braces)	ANNUAL MAXIMUM PER PERSON
AC / AH AP / CA	100%	80%	50%	50% (ortho lifetime max.: \$2,000/pp)	\$1,500
CP	100%	75%	50%	50% (ortho lifetime max.: \$1,500/pp)	\$1,000
CS	100%	80%	50%	50% (ortho lifetime max.: \$2,000/pp)	\$1,500
FA	100%	80%	50%	50% (ortho lifetime max.: \$2,000/pp)	\$1,500
FM	100%	80%	50%	50% (ortho lifetime max.: \$2,000/pp)	\$1,500
LE	100%	80%	50%	50% (ortho lifetime max.: \$1,500/pp)	\$1,000
PE/PT	100%	80%	50%	50% (ortho lifetime max.: \$2,000/pp)	\$1,500
PS	100%	75%	50%	50% (ortho lifetime max.: \$1,500/pp)	\$1,000

*Dental Benefits are fully paid by EMU
The cost to EMU has increased due to Dental premium increases



SHORT-TERM DISABILITY

Application made through The Hartford



E-Class	COVERAGE EFFECTIVE	DISABILITY STARTS	INCOME REPLACED	WEEKLY MAXIMUM	PREMIUM
AC / AH AP / CA	30 th Day of Hire	8 th day of disability	67% of Base Salary	\$2,500	Fully paid by EMU
CP / PS	1 st of the month after 91 st Day of Hire	8 th day of disability	60% of Base Salary	CP \$400 PS \$2,500	Fully paid by EMU
PE / PT	1 st of the month after 91 st Day of Hire	8 th day of disability or 1 st day of hospitalization	60% of Base Salary	\$2,500	Fully paid by EMU
CS	121 st Day of Hire	15 th day of disability	66.6% of Base Salary	\$300	Employee pays \$7.56/mo; remainder paid by EMU
FM	1 st of the month after 91 st Day of Hire	15 th day of disability	67% of Base Salary	\$800	Employee pays \$15.39/mo; remainder paid by EMU
LE	1 st Day of Second semester	7 th day of disability	66.6% of Base Salary	\$300	Employee pays \$12.56/mo

LONG-TERM DISABILITY

Application made through The Hartford



E-CLASS	COVERAGE EFFECTIVE	DISABILITY STARTS	INCOME REPLACED	MAXIMUM	DURATION
AC / AH / AP / CA / CS / PE/PT	1 st day of the month after 90 days of hire	91 st day of disability	65% of base salary	\$7,000/mo	Up to age 65; or if disability occurs after age 60 for 5 years or age 70, whichever is less
CP / FM / PS	1 st day of the month after 90 days of hire	91 st day of disability	60% of base salary	\$5,000/mo	
FA	1 st day of the month after 90 days of hire	91 st day of disability	65% of base salary	\$7,000/mo	
LE	1 st day of second semester	91 st day of disability	65% of base salary	\$7,000/mo	



Long Term Disability Premiums are fully paid by EMU



BASIC LIFE INSURANCE

GROUP TERM LIFE and AD&D INSURANCE
Provided by EMU

E-CLASS	MAXIMUM
AC / AH / AP / CA / CS / FA / FM	\$275,000
CP / PE/PT / PS	\$100,000
LE	\$200,000

LIFE INSURANCE AMOUNT:

- **1ST Year of Employment:** Base salary, rounded up to the nearest \$1,000 (max. applies)
- **After 1st Year of Employment:** 2X Base salary, rounded up (maximum applies)

LIFE INSURANCE COVERAGE TIPS:

- AD&D is included for the same value.
- Premium is fully paid by the university.
- Subject to tax on imputed income for Life Insurance amounts over \$50,000.
- Reduces by 35% at age 65



SUPPLEMENTAL LIFE and AD&D INSURANCE



GUARANTEED ISSUE AMOUNTS AND INCREMENTS

Employee

- Available in increments of \$10,000 (based on your enrolment, EOI may be required)
- Maximum of 5x salary or \$500,000, whichever is less) (guaranteed issue is \$200,000 for new hires)

Spouse

- Available amounts have changed from \$15k, \$50K, \$100K:
 - Starting: \$ 10,000
 - Increase: \$ 10,000
 - Maximum: \$100,000

Dependent Child (6mo – 19 or 23 if still a student)

You are responsible to enroll eligible dependents

- Available for amounts of:
 - \$10,000
 - \$15,000

FOR ANY AMOUNT OVER GUARANTEED ISSUE AMOUNT: Evidence of Insurability (EOI) form is required

Employee Supplemental Life includes Supplemental AD&D

Spouse and Child Supplemental Life Insurance coverage **must be of equal or lesser value to Employee Supp. Life**





**THE
HARTFORD**

SUPPLEMENTAL LIFE (Employee & Spouse) INSURANCE RATES

	Employee Supplemental Life Insurance Coverage Rates	Spouse Supplemental Life Insurance Coverage Rates
Age Band	Rate per \$1,000/mo	Rate per \$1,000/mo
0-24	0.052	0.045
25-29	0.053	0.054
30-34	0.072	0.068
35-39	0.091	0.081
40-44	0.11	0.104
45-49	0.164	0.144
50-54	0.253	0.262
55-59	0.473	0.419
60-64	0.674	0.740
65-69	1.275	1.281
70-125	2.065	2.020

Employee Supplemental AD&D
Rate: \$0.018/ \$1,000/ mo

Child Supplemental Insurance
Rates: \$0.108/ \$1,000/ mo

Example:
I am 50 and I need \$50,000:
 $0.253 \times \$50,000 / 1,000 =$
\$12.65/mo



Benefits Open Enrollment is **October 5 – October 19**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EXTRAS THAT SUPPORT AND ASSIST

For access over the phone, call toll-free
1-800-96-HELPS (1-800-964-3577).

Visit www.guldanceresources.com
to access hundreds of personal health
topics and resources for child care, elder
care, attorneys or financial planners.

If you're a first-time user, click on the
Register tab.

1. In the Organization Web ID field,
enter: **HLF902**
2. In the Company Name field at the
bottom of personalization page
enter: **ABILI**
3. After selecting "Ability Assist
program", create your confidential
user name and password.

PURPOSE

Intended to help employees with referrals and problems that might adversely impact their job performance, health and/or wellbeing.

WHO IS ELIGIBLE?

Any employee or family member of employee upon date of hire.



VOLUNTARY BENEFITS

Critical Illness Insurance

- Pays a lump sum if you are diagnosed with a covered serious medical condition (heart attack)
- You can get this coverage without a health exam or medical questions at this OE.

<https://www.thehartford.com/employee-benefits/employees?overlay=1444635738174>

Accident Insurance

- If you are accidentally injured, this coverage can pay you money for more than 50 types of injuries, can help cover co-pays and deductibles.

<https://www.thehartford.com/employee-benefits/employees?overlay=1444636591971>

Hospital Indemnity Insurance

- Pays for the out-of-pocket expenses associated with hospital stay that medical insurance does not cover, such as co-insurance, co-pays, deductibles
- You can get this coverage without a health exam or medical questions at this time

<https://www.thehartford.com/employee-benefits/employees?overlay=1444648106440>

Note: AAUP FA members are not included in this offer

Benefits Open Enrollment is **October 5 – October 19**



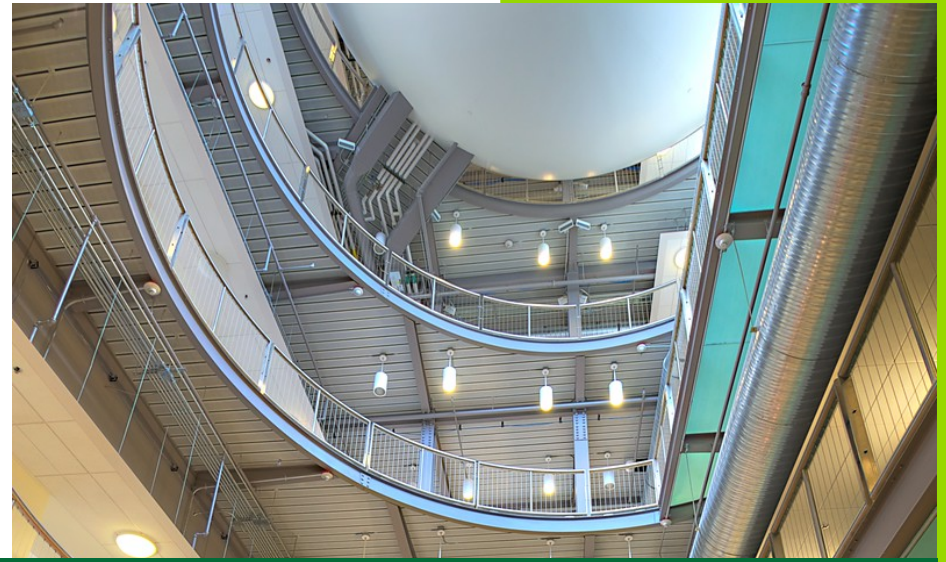
RETIREMENT

EMU offers a **403(b) Supplemental Retirement Account Savings (SRA) Plan**, administered by TIAA. Employees can contribute to this account in addition to the EMU Employer contribution and the EMU Employer match. Vesting differs by Employee class. Loans and catch-up contributions are permitted. IRS maximums apply.

EMU also offers an **additional 457(b) & 457(b) ROTH Supplemental Differed Compensation Plan**, administered by TIAA, designed for employees to contribute. This plan does not allow for loans but catch-up contributions are also permitted. IRS maximums apply.

E-CLASS	EMU AUTOMATIC CONTRIBUTION		YOUR EMPLOYEE CONTRIBUTION		EMU ADDITIONAL EMPLOYER MATCH	
	HIRE DATE ON OR BEFORE	HIRE DATE ON OR AFTER	HIRE DATE BEFORE	HIRE DATE ON OR AFTER	HIRE DATE BEFORE	HIRE DATE ON OR AFTER
AC / AH / AP / CA	12/31/12 9%	1/1/13 5%	No contr. required	1/1/13 at least 4% for match	No matching	1/1/13 4%
CP	6/30/16 10%	7/1/16 5%	No contr. required	7/1/16 at least 1% 1:1 match up to 5%	No matching	7/1/16 1:1 up to 5%
CS	6/30/16 8%	7/1/16 5%	No contr. required	7/1/16 at least 1% 1:1 match up to 3%	No matching	7/1/16 1:1 up to 3%
FA	11%		No Match		No Match	
FM	5%		at least 1%, 1:1 match up to 4%		1:1 match up to 4%	
LE	12/31/16 10%	1/1/17 5%	No contr. required	1/1/17 at least 1% 1:1 match up to 5	No matching	1/1/17 1:1 up to 5%
PE/PT	5%		at least 1%, 1:1 match up to 5%		1:1 match up to 5%	
PS	6/30/13 10%	7/1/13 5%	No contr. required	7/1/13 at least 1% 1:1 match up to 5%	No matching	7/1/13 1:1 up to 5%





2023 BENEFITS SUMMARY

October 5 – October 19



Question: Do I need to do anything?

Answer: Yes, if you want to.....

EVERYONE - Do You Want To:

- Change, elect or drop medical, dental and any other coverage?
- Add or remove dependents?
- Contribute to a Flexible Spending Account in 2023?
 - Healthcare expenses
 - Dependent care expenses
- Contribute to a Health Savings Account if in SIMPLY BLUE HDHP PPO?
- CS/FM/ LE, elect voluntary short term disability?
- Confirm Dependents age 19+ in dental only if IRS dependents?
- Enroll if hired on or after 10/1/22 & have a 90 day probation period?

If you want to do any of the items listed above, then YES, enroll



Question: Do I need to do anything?

Answer:

Are you, AAUP - Faculty or UAW/TOP Local 1975 - Clerical/Secretarial:

- You will be part of an **Active Enrollment**
- You **must** make Medical Plan Elections
- If you make no election, your **Medical & Vision elections will be canceled** for 2023

There are New Redesigned Medical Plans
There are New Medical Plans Rates

**We'd like you to pick
the best plan for you**



Question: Do I need to do anything?

Answer:

Are you, Staff - AP, AH, AC, CA, POAM - CP, COAM - PS, UAW/TOP Local 1976 PE/PT, Lecturer - LE, Local 3866 AFSCME – Food Service, Custodial & Maintenance:

- **See the earlier slide addressed to everyone**
- If none of the changes or required actions apply to you, you do not need to go through the enrollment process.
- We would prefer that you go in, check, and confirm your enrollment to ensure it matches and fits your current needs and expectations.
- Without knowing your current enrollments and personal situation, we cannot advise that you should do nothing.



HAVE QUESTIONS? WE ARE HERE TO HELP.

Remember:
You must make
your benefit
elections by
8:00 P.M.
Wednesday,
OCTOBER 19

Benefits Office:
EMAIL: hr_benefits@emich.edu
Call: 734-487-3195
Monday through Friday



NEED MORE INFORMATION?

Visit Benefits & Wellness at emich.edu/hr/benefits-wellness and select Open Enrollment for more information about coverage options, rates, and other benefits.

