



**January 1 – December 31**

# 2024 Benefit Overview

# YOUR EMU BENEFITS

## ENROLLMENT IS YOUR CHANCE TO:

- Elect medical, dental and other coverage
- Add or remove dependents
- Elect and contribute to a Flexible Spending Account for Healthcare expenses or Dependent care expenses.
- Enroll in a Health Savings account, only for Simply Blue High Deductible PPO (not available for PPO Option 5 or BCN HMO).
- Enroll in Supplemental Life Insurance for yourself, your spouse and children (may require Evidence of Insurability)
- CS/FM/ LE may elect voluntary short term disability, this benefit is at your cost and requires Evidence of Insurability.



Apple



Android

## TO VIEW YOUR BENEFITS:

1. Visit [my.emich.edu](https://my.emich.edu)
2. Click on the “**Benefits and Deductions (Staff/Faculty)**” found in the “**Employee Services**” box.
3. Next, click “**Benefits Information on BenefitFocus**”
4. Log on to BenefitFocus with the same log in you use for my.emich
5. Click on the **Green button "Enroll Now"**
6. Next, you will see "Welcome to the EMU Benefits Enrollment"
7. To access your current benefit elections, do one of the following:
  1. Under Benefits in the upper right corner click on
    1. Employee Detail Report
    2. Employee Benefits Summary
8. You can also click various other points on the screen to display your elections, make changes, etc.

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 to login*).



# 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 1<sup>st</sup> enroll in their employer's insurance plan, pay their premium & submit bills there 1<sup>st</sup>. Please know that you are paying for 2 insurance plans.
      - Having secondary coverage will be ending January 1, 2025.
- **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

# 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 – ends Jan, 2025	
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 – ends Jan, 2025	
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

## All Employee Groups

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



# Prescription Plan



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

## Included with Medical Plans

PPO OPTION 5 COMMUNITY BLUE, SIMPLY BLUE HDHP PPO WITH HSA\*,  
Blue Care Network (HMO) Healthy Blue Living - Enhanced

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



**EASTERN**  
MICHIGAN UNIVERSITY

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

\* For Simply Blue HDHP – You pay 100% of the Prescription cost until you meet the deductible

# 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



# COMPARE PLAN RATES

## Non-bargained for AP, AH, AC, CA

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	2024	2023	2024	2023	2024
Single	\$107.64	\$135.35	\$35.19	\$41.23	\$35.26	\$26.61
Two Person	\$322.54	\$389.00	\$84.45	\$98.91	\$70.12	\$84.48
Family (3-4 covered)	\$414.69	\$514.33	\$105.56	\$123.68	\$87.54	\$131.35
Family Plus (5+ covered)	\$529.88	\$653.74	\$121.39	\$142.24	\$105.38	\$183.60

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



# COMPARE PLAN RATES

## FM – Local 3866 AFSCME

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	2024	2023	2024	2023	2024
Single	\$113.64	\$135.35	\$105.38	\$41.23	\$35.26	\$26.61
Two Person	\$227.51	\$389.00	\$210.62	\$98.91	\$70.11	\$84.48
Family (3-4 covered)	\$272.90	\$514.33	\$263.17	\$123.68	\$87.54	\$131.35
Family Plus (5+ covered)	\$318.29	\$653.74	\$316.00	\$142.24	\$105.38	\$183.60

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

# COMPARE PLAN RATES

CS – UAW/Top Local 1975, PS - COAM,  
PE/PT – UAW/Top Local 1976, FA - AAUP

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	2024	2023	2024	2023	2024
Single	\$107.64	\$122.46	\$35.19	\$37.30	\$35.26 FA - \$0	\$40.02 FA - \$0
Two Person	\$322.54	\$352.68	\$84.45	\$89.52	\$70.12 FA - \$0	\$79.59 FA - \$0
Family (3-4 covered)	\$414.69	\$465.35	\$105.56	\$111.90	\$87.54 FA - \$0	\$99.36 FA - \$0
Family Plus (5+ covered)	\$529.88	\$591.48	\$121.39	\$128.69	\$105.38 FA - \$0	\$119.61 FA - \$0

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

# COMPARE PLAN RATES

## CP - POAM

<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	2024	2023	2024	2023	2024
Single	\$107.64	\$148.66	\$35.19	\$45.28	\$35.26	\$0.00
Two Person	\$322.54	\$428.15	\$84.45	\$108.64	\$70.12	\$0.00
Family (3-4 covered)	\$414.69	\$564.93	\$105.56	\$135.84	\$87.54	\$0.00
Family Plus (5+ covered)	\$529.88	\$718.05	\$121.39	\$156.23	\$105.38	\$0.00

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



# COMPARE PLAN RATES

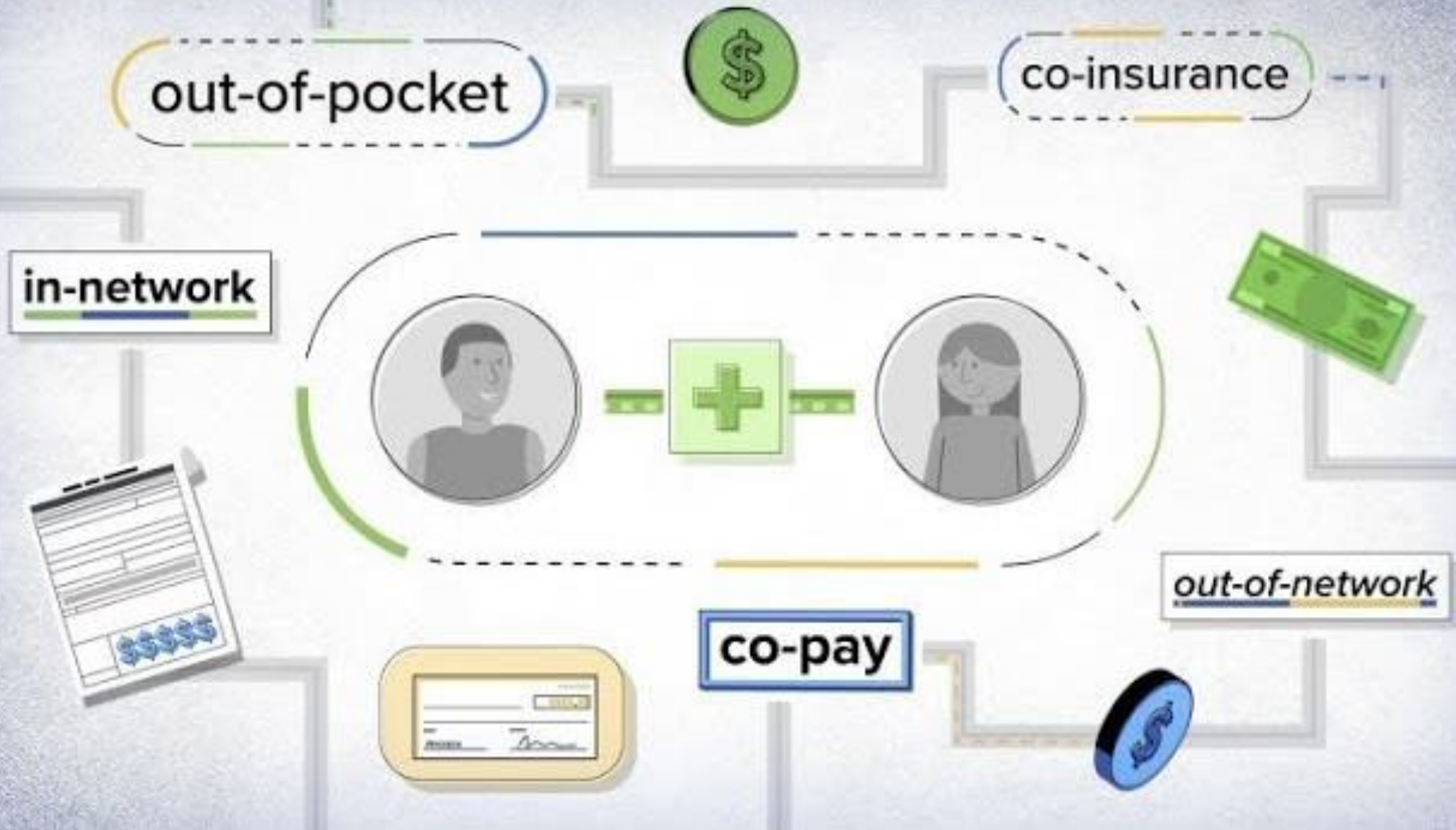
## LE - EMUFT

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	2024	2023	2024	2023	2024
Single	\$113.64	\$122.46	\$105.38	\$37.30	\$35.26	\$0.00
Two Person	\$227.51	\$294.17	\$210.62	\$89.52	\$70.11	\$0.00
Family (3-4 covered)	\$272.90	\$356.25	\$263.17	\$111.90	\$87.54	\$0.00
Family Plus (5+ covered)	\$318.29	\$450.00	\$316.00	\$128.69	\$105.38	\$0.00

**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





# 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

## 1. Do you use the medical insurance?

- If not, consider how much each plan costs out of your paycheck
  - BCN HMO vs Community Blue PPO vs Simply Blue HDHP PPO with HSA
  - 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?

- Maybe plans with co-pays would be right for you.
- What were your bills in the past? See BCBS MI website for your history.

## 4. Do you take medications? – Consider the Rx benefits & co-pays

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

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

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

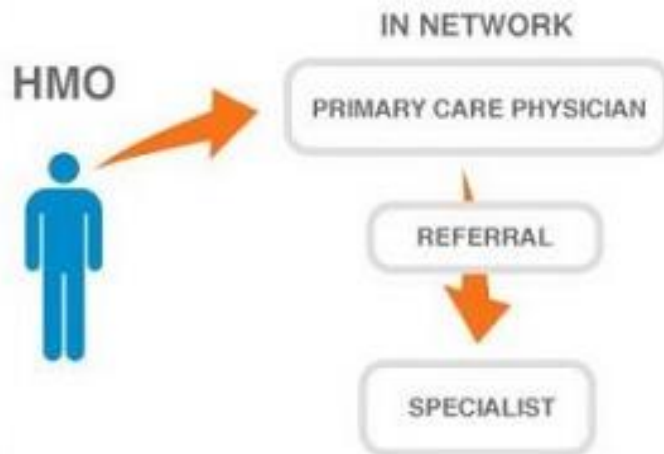


# Choosing the right plan - 1<sup>st</sup> Decision HMO or PPO (Community Blue or HDHP)

All plans cover preventive visit. These are yearly appointments intended to prevent illnesses and detect health concerns early, before symptoms are noticeable. Preventive visits could be an annual physical, well-child exam, annual check ups, immunizations, etc.

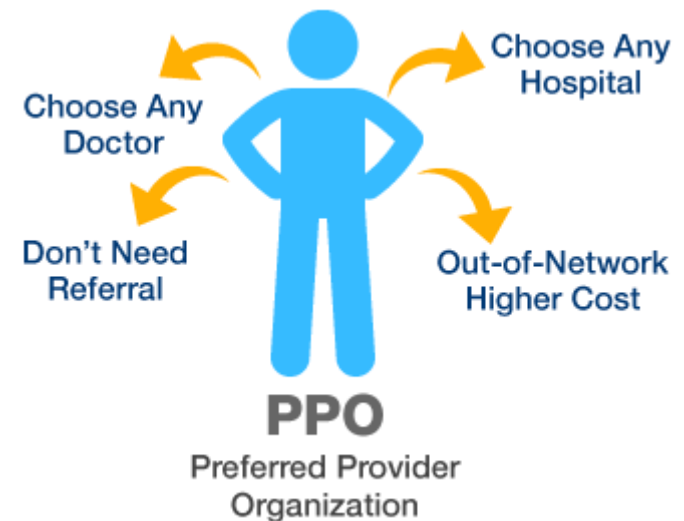
## HMO through Blue Care Network

- **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



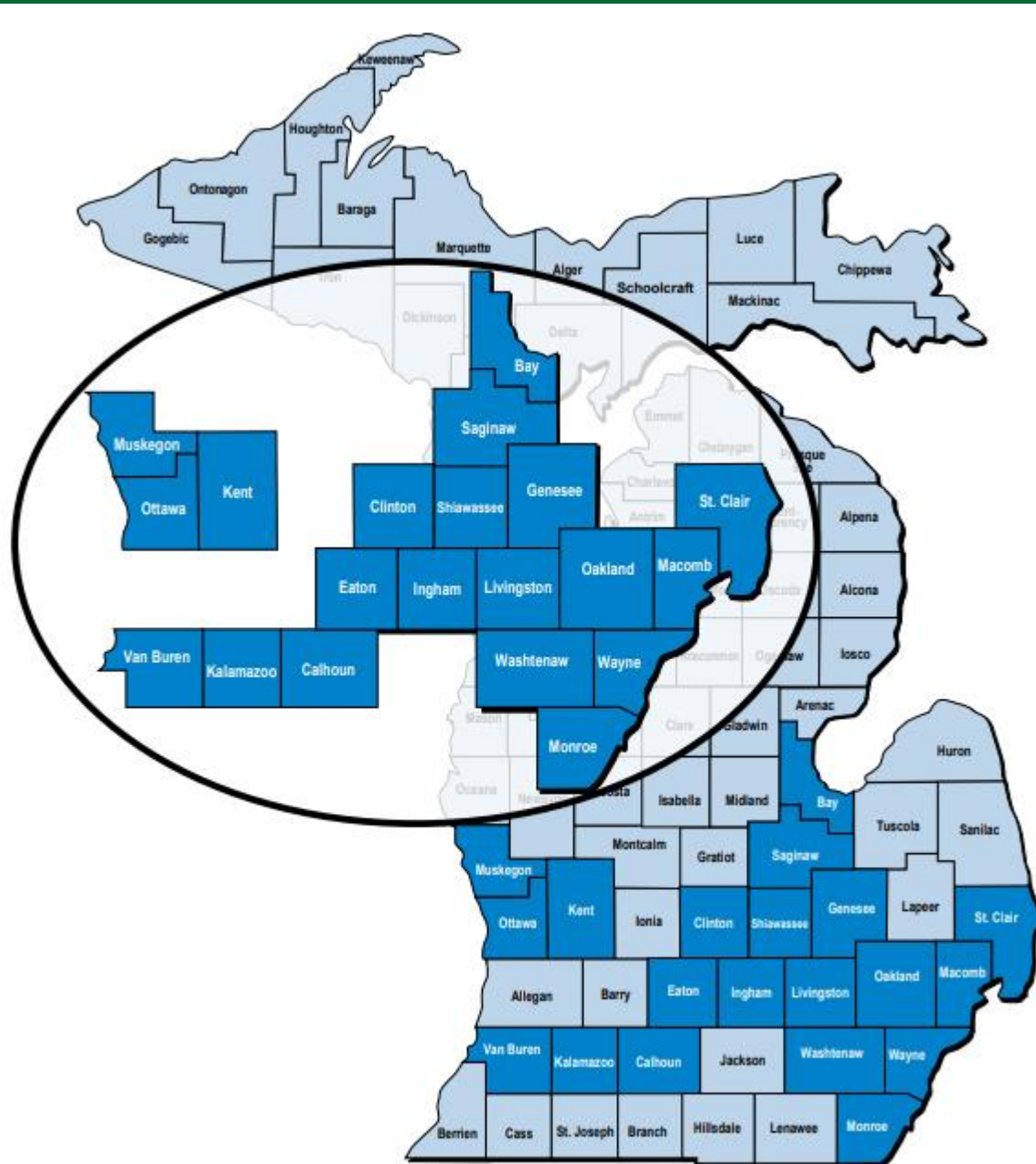


# HMO through Blue Care Network

- HMO means **Health Maintenance Organization**, and that refers to the network of doctors, hospitals, and pharmacies.
  - **The HMO uses the PCP Focus Network ONLY.**
- The HMO offers a lower deductible and also provides co-pays for certain services and prescriptions.
- People like this plan as you see your Primary Care Physician 1<sup>st</sup> and have a guided approach to care.



# HMO PCP Focus network



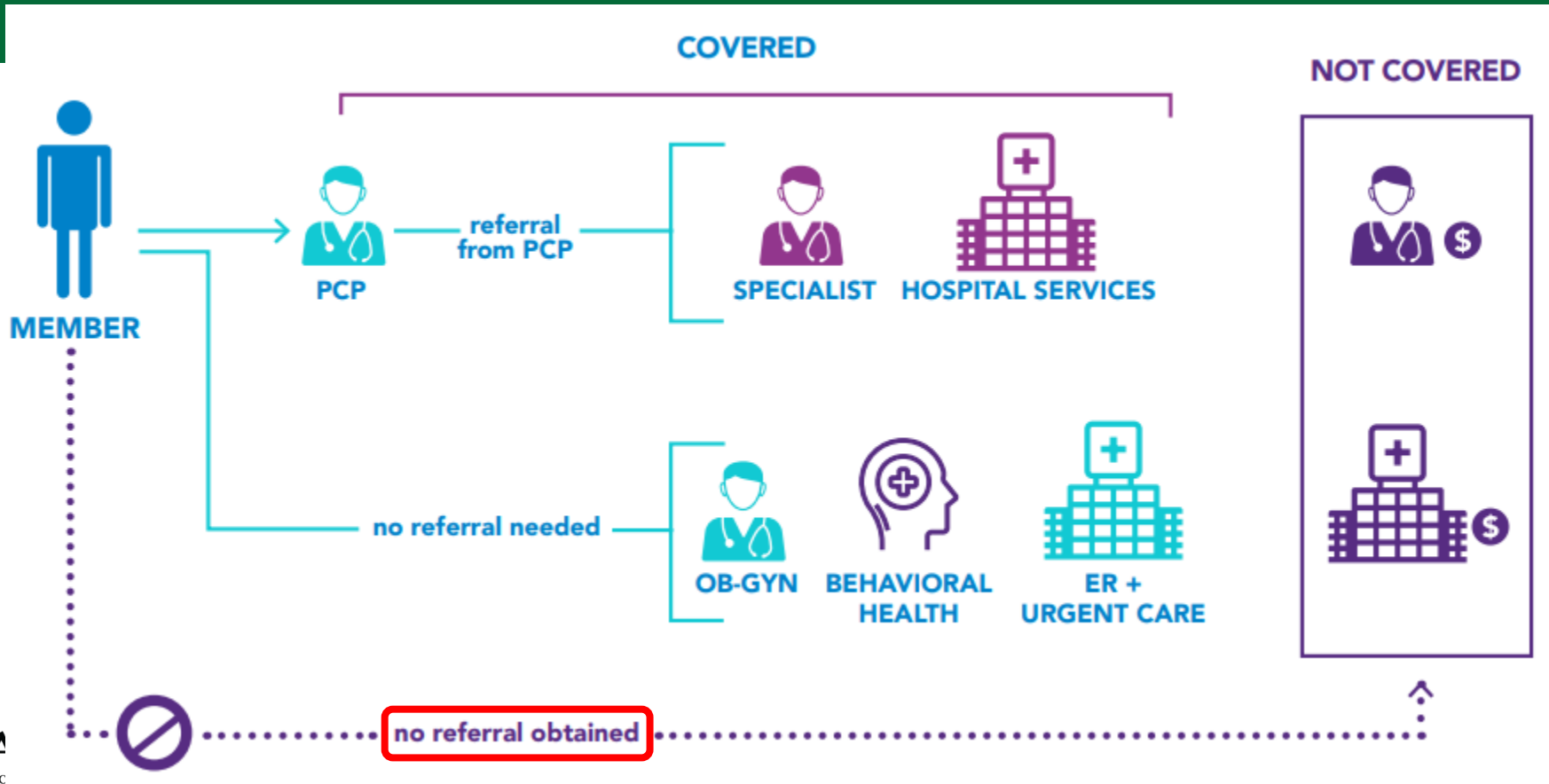
# HMO Pros

- **Lower premium contribution.** With health care costs rising, it always feels good to have a bigger pay check.
- **Tax shelter.** You're eligible to open a health Flexible Spending Account (FSA).
  - Has a **use-it-or-lose-it** penalty for the calendar year.
- **Coordinated care.**
  - Your PCP helps to coordinate your care and will refer you to in-network specialists.



# How to get care in the BCN HMO with PCP Focus network?

You must follow this path if you are in the HMO



# HMO Cons

- **Smaller Network.** Uses the PCP Focus Network. Employees can choose from more than 1,000 primary care physicians and 14,000 specialists.
- **Coverage does not travel for non-emergencies:** If you're far from home and you see an out-of-network doctor, that visit will be covered only if it was a medical emergency.
- **Required referrals:** You must be referred by your PCP to see any other doctor. Adding this step to the process may cost you some time. Or, if your PCP doesn't provide a referral, you can't see that doctor without covering the costs out of pocket.
- **You may lose preferred doctors and facilities:** If your doctor leaves your HMO, you'll need to find another PCP as soon as possible to supervise your care.



# HEALTHY BLUE HMO

## Two Levels of Benefit

Before picking the HMO, confirm your doctor(s) & 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

# PPO Option 5 Community Blue

- PPO means **Preferred Provider Organization**, and that refers to the network of doctors, hospitals, and pharmacies.
  - **The network for the HDHP & PPO 5 are the same.**
- The PPO Option 5 offers a lower deductible and also provides co-pays for certain services and prescriptions.
- This plan is sometimes called a traditional plan, because these types have been around longer than HDHPs have.



# PPO Option 5 Community Blue

## Pros

- **Lower deductible**

- Having a lower deductible means that a PPO 5 plan kicks in with help on medical expenses sooner, rather than later.

In Network	PPO	HDHP	BCN HMO (Enhanced)
Deductible	\$500 single \$1,000 family	\$2,400 single \$4,800 family	\$500 single \$1,000 family

- **Established Co-payments for services**

- Having co-payments may give you the comfort of knowing what you'll pay.
- Medical: \$20 for office visit, \$45 Specialist & Urgent care, \$150 emergency room.
- Prescription: \$10 Generic, \$30 Preferred Brand, \$60 Non-preferred Brand



# PPO Option 5 Community Blue

## Cons

- Higher Out-of-pocket maximum

In Network	PPO	HDHP	BCN HMO (Enhanced)
Out-of-Pocket Maximum	\$4,000 single \$8,000 family	\$3,500 single \$7,000 family	\$6,600 single \$13,200 family

- Higher Annual Premium (AP, AH, AC, CA, FM rates shown)

Enrollment Level	PPO	HDHP	BCN HMO *
Single	\$1,624.20	\$ 494.76	\$ 319.32
Two Person	\$4,668.00	\$1,186.92	\$1,013.76
3 to 4 Family	\$6,171.96	\$1,484.16	\$1,576.20
> 5 Family	\$7,844.88	\$1,706.88	\$2,203.20

- Medical Flexible Savings Account is use-it-or-lose-it
  - Inability to build a balance in a medical savings account.

# FLEXIBLE SPENDING ACCOUNTS



You **MUST** Enroll if you want this for 2024

## 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: \$3,050
- FSA Dependent Care: \$5,000 (unless married filing separately)



# What is a High Deductible Plan?

- A high deductible plan is a type of health insurance with higher deductibles but lower premiums.
  - You'll pay less money out of your pay check
  - But have more out-of-pocket costs for medical expenses before insurance coverage begins.
- Once you meet the Annual Out-Of-Pocket Maximum, a HDHP will typically cover most or all of your remaining medical expenses.

BENEFITS In Network	PPO OPTION 5 COMMUNITY BLUE	SIMPLY BLUE HDHP PPO WITH HSA	Blue Care Network (HMO) Healthy Blue Living - ENHANCED Shown
<b>Deductible</b>	\$500 – employee \$1,000 – two or more person	\$2,400 – employee \$4,800 – two or more	\$500 – employee \$1,000 – two or more
<b>Out-of-Pocket Maximum</b>	\$4,000 – employee \$8,000 – two or more person	\$3,500 – employee \$7,000 – two or more	\$1,000 – employee \$2,000 – two or more
<b>Annual Premiums</b>			
<u>Single</u>	\$1,624.20	\$ 494.76	\$ 319.32
Two Person	\$4,668.00	\$1,186.92	\$1,013.76
3 to 4 Members	\$6,171.96	\$1,484.16	\$1,576.20
> 5 Members	\$7,844.88	\$1,706.88	\$2,203.20
		(EMU \$500 or \$1,000 HSA)	

# HDHP Pros

- **Lower premiums.** With health care costs rising, it always feels good to have a bigger pay check.
- **Tax shelter.** You're eligible to open a Health Savings Account (HSA).
  - An HSA is a triple tax-free miracle with no use-it-or-lose it penalty.
- **\$500 or \$1,000 EMU Employer contribution** into your HSA (if eligible).
- **Lowest Out-of-Pocket Maximum**
  - Once reached, the plan can pay 100% of your remaining medical expenses.



# HDHP Cons

- **You pay the BCBS negotiated rate** for your claims at the Doctor, Hospital or Pharmacy until you meet the deductible.
  - **Higher deductible** means **initial** higher out-of-pocket costs.
- **Not saving** additional money in the HSA.
  - Can you save the money not spent on the higher PPO plan premiums?
- **You might avoid care** since you know you have to pay for your services.
  - All plans cover basic preventative services thanks to the Affordable Care Act (Annual check ups, immunizations, etc.)

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

- You are responsible to know these two provisions and enroll correctly
  1. Not covered under any other health insurance, unless it is another qualified HDHP
  2. Not over age 65 and you are not enrolled in Medicare Part A or B or receiving 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-free<sup>4</sup>

# HSA IRS Contribution LIMITS

	2024	2023
<b>HSA contribution limit</b> (employer + employee)	<b>Employee only: \$4,150</b> <b>Two or more: \$8,300</b>  <b>EMU Contributes</b> <b>\$500 for Employee only</b> <b>\$1,000 for Two or more</b>	<b>Employee only: \$3,850</b> <b>Two or more: \$7,750</b>  <b>EMU Contributes</b> <b>\$500 for Employee only</b> <b>\$1,000 for Two or more</b>
<b>HSA catch-up contributions</b> (age 55 or older)*	<b>\$1,000</b>	<b>\$1,000</b>

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 & Lecturers Only)



You **MUST** Enroll if you want this for 2024

## 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 & EMUFTL 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
- \$3,050 - IRS Annual Maximums





# 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
AC, AH, AP, CA	\$2,000
CP	\$2,000
CS	\$2,000
FA	\$2,000
FM	\$2,000
LE	\$2,000
PE/PT	\$1,732
PS	\$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)	ORTHODONTIC 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.: \$1,500/pp)	\$1,000
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 <sup>th</sup> Day of Hire	8 <sup>th</sup> day of disability	67% of Base Salary	\$2,500	Fully paid by EMU
CP / PS	1 <sup>st</sup> of the month after 91 <sup>st</sup> Day of Hire	8 <sup>th</sup> day of disability	60% of Base Salary	CP \$400 PS \$2,500	Fully paid by EMU
PE / PT	1 <sup>st</sup> of the month after 91 <sup>st</sup> Day of Hire	8 <sup>th</sup> day of disability or 1 <sup>st</sup> day of hospitalization	60% of Base Salary	\$2,500	Fully paid by EMU
CS	121 <sup>st</sup> Day of Hire	15 <sup>th</sup> day of disability	66.6% of Base Salary	\$300	Employee pays \$7.56/mo; remainder paid by EMU
FM	1 <sup>st</sup> of the month after 91 <sup>st</sup> Day of Hire	15 <sup>th</sup> day of disability	67% of Base Salary	\$1,200	Employee pays \$15.39/mo; remainder paid by EMU
LE	1 <sup>st</sup> Day of Second semester	7 <sup>th</sup> day of disability	66.6% of Base Salary	\$1,800	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 <sup>st</sup> day of the month after 90 days of hire	91 <sup>st</sup> 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 <sup>st</sup> day of the month after 90 days of hire	91 <sup>st</sup> day of disability	60% of base salary	\$5,000/mo	
FA	1 <sup>st</sup> day of the month after 90 days of hire	91 <sup>st</sup> day of disability	65% of base salary	\$7,000/mo	
LE	1 <sup>st</sup> day of second semester	91 <sup>st</sup> 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:

- **1<sup>ST</sup> Year of Employment:** Base salary, rounded up to the nearest \$1,000 (max. applies)
- **After 1<sup>st</sup> 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 Accidental Death & Dismemberment

## 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 (\$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 (age 6 months to 19 or 23 if still a student)

- Available for amounts of:
  - \$10,000
  - \$15,000
- You are responsible to enroll dependents correctly meeting these age restrictions.

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**





# Supplemental Life and Accidental Death & Dismemberment (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

# 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](http://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



# 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 <b>9%</b>	1/1/13 <b>5%</b>	No contr. required	1/1/13 <b>at least 4% for match</b>	No matching	1/1/13 <b>4%</b>
CP	6/30/16 <b>10%</b>	7/1/16 <b>5%</b>	No contr. required	7/1/16 <b>at least 1% 1:1 match up to 5%</b>	No matching	7/1/16 <b>1:1 up to 5%</b>
CS	6/30/16 <b>8%</b>	7/1/16 <b>5%</b>	No contr. required	7/1/16 <b>at least 1% 1:1 match up to 3%</b>	No matching	7/1/16 <b>1:1 up to 3%</b>
FA	<b>11%</b>		<b>No Match</b>		<b>No Match</b>	
FM	<b>5%</b>		<b>at least 1%, 1:1 match up to 4%</b>		<b>1:1 match up to 4%</b>	
LE	12/31/16 <b>10%</b>	1/1/17 <b>5%</b>	No contr. required	1/1/17 <b>at least 1% 1:1 match up to 5</b>	No matching	1/1/17 <b>1:1 up to 5%</b>
PE/PT	<b>5%</b>		<b>at least 1%, 1:1 match up to 5%</b>		<b>1:1 match up to 5%</b>	
PS	6/30/13 <b>10%</b>	7/1/13 <b>5%</b>	No contr. required	7/1/13 <b>at least 1% 1:1 match up to 5%</b>	No matching	7/1/13 <b>1:1 up to 5%</b>



# HAVE QUESTIONS? WE ARE HERE TO HELP.

Remember:  
You must make  
your benefit  
elections in 30 days  
from any qualifying  
life event

Benefits Office:  
EMAIL: [hr\\_benefits@emich.edu](mailto:hr_benefits@emich.edu)  
Call: 734-487-3195  
Monday through Friday



## NEED MORE INFORMATION?

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

