



# 2024-2025 Benefits Open Enrollment

Staff, Fixed-Term Faculty, Medical Faculty & Post-Doctoral Research Fellows



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# Agenda

- Overview
- Benefit Plan Changes
- Premium Cost-Sharing
- Tax Savings Plans: HSA & FSA
- Comparing Options
- Additional Information





# The Time is Now!

**Monday, April 15 – Friday, April 26, 2024**  
**@ 5:00pm EST**

When you choose your benefits each year, you're making a major investment in your physical and financial well-being.

Open Enrollment is a once per year opportunity to evaluate what's best for you and your family – **BE SURE TO TAKE ACTION AND MAKE YOUR ELECTIONS!**



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# What If I Don't Enroll?

## HSA, Health Care FSAs, & Dependent Care FSA:

- You **must** re-elect these benefits through CMU Choices, otherwise you will not be enrolled for the 2024-25 plan year.

## All other benefits:

- Your current elections will automatically be re-enrolled in the same plan and coverage level. Covered dependents will continue with coverage, if still eligible. No coverage elections will remain no coverage.





**All elections must be made online through CMU Choices**



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# CMU Total Rewards

Benefits Open Enrollment is part of your **Total Compensation** package. **Total Compensation** is the integration of the following programs:

-  **Compensation** (competitive pay, pay practices, etc.)
-  **Benefits** (medical, dental, vision, Rx, life insurance, disability, tuition benefit, paid time off)
-  **Well-Being** (physical, mental, emotional, financial support)
-  **Retirement** (qualified retirement plans with generous university contributions)

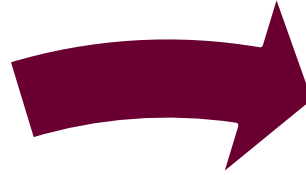


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# Benefit Terms to Know

## Out-of-Pocket Maximum

The point at which your cost share responsibility ends and the plan pays 100%. The out-of-pocket dollar maximum includes the deductible, coinsurance, and copays.



## Deductible

The amount of expenses you pay each benefit period before the plan begins to pay for services.



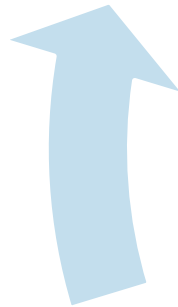
## Copay

A fixed amount you pay for a covered health care service, usually when you get the service. Copays may apply before or after you have paid your deductible, as determined by your specific medical plan.



## Coinsurance

The sharing of costs between you and your insurance after you've paid the deductible. For example, if the plan pays 95% for a particular service, you pay 5%.



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# Traditional PPO vs HDHP

- CMU offers a traditional PPO plan (PPO 2) and two HDHP PPO plans (HSA-Advantage HDHP & HSA-Advantage Plus HDHP)
- All three plans use the same PPO network

	<b>PPO 2</b> (Traditional PPO)	<b>HSA-Advantage HDHP &amp; HSA-Advantage Plus HDHP</b> (HDHP PPO)
<b>Medical Care</b>	Preventive Care is covered at 100% You pay a set copay for certain common services, such as office visits. For services without a copay, you pay the cost until meeting your deductible. After, you pay coinsurance.	Preventive Care is covered at 100% You pay the cost until meeting your deductible. After, you pay coinsurance.
<b>Prescription Drugs</b>	You pay a set percentage of the cost.	You pay the cost until meeting your deductible. After, you pay coinsurance.
<b>Family Deductibles</b>	Once an individual under a 2-person or family contract meets the single deductible amount, coinsurance begins for that individual only. The remaining family deductible amount must be met by any combination of the other family member(s) before coinsurance begins for the other members.	The full family deductible must be met under a 2-person or family contract before benefits are paid for any person on the contract.
<b>Compatible Account</b>	Health Care Flexible Spending Account	Health Savings Account



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# 2024-25 Medical/RX Plan Changes

## PP02 Medical Plan

- Increased deductible & out of pocket maximum

	Current	2024-25 Plan Year
<b>Deductible</b>	\$600 / \$1,200	\$800 / \$1,600
<b>Coinsurance</b>	20%	20%
<b>Out of Pocket Max.</b>	\$6,000 / \$12,000	\$8,000 / \$16,000
<b>Pharmacy</b>	CVS Caremark	CVS Caremark

*Chart reflects in-network coverage only*



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# 2024-25 Medical/RX Plan Changes

## HSA-Advantage HDHP

- Increased deductible & out of pocket maximum

	Current	2024-25 Plan Year
<b>Deductible</b>	\$1,500 / \$3,000	\$2,000 / \$4,000
<b>Coinsurance</b>	5%	5%
<b>Out of Pocket Max.</b>	\$3,500 / \$7,000	\$4,000 / \$8,000
<b>Pharmacy</b>	CVS Caremark	CVS Caremark

\*IRS Revenue Procedure 2023-23 provides the 2024 inflation-adjusted minimum deductibles (and out of pocket maximums) for a high deductible health plan (HDHP) as defined under IRC Section 223(c)(2)(A).

*Chart reflects in-network coverage only*



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# 2024-25 Medical/RX Plan Changes

## HSA-Advantage Plus HDHP

- Increased deductible & out of pocket maximum

	Current	2024-25 Plan Year
<b>Deductible</b>	\$4,000 / \$8,000	\$5,000 / \$10,000
<b>Coinsurance</b>	10%	10%
<b>Out of Pocket Max.</b>	\$6,000 / \$12,000	\$7,000 / \$14,000
<b>Pharmacy</b>	CVS Caremark	CVS Caremark

*Chart reflects in-network coverage only*



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# 2024-25 Medical/RX Plan Changes

**NEW  
BENEFIT!**

## Expanded Vaccine Coverage

- Both **seasonal** and **non-seasonal** vaccines will be covered through CVS Caremark when received at a participating pharmacy
- Benefit added to all prescription plans

### EXAMPLE SEASONAL VACCINES

Flu  
COVID-19

### EXAMPLE NON-SEASONAL VACCINES

MMR	Shingrix	RSV
Tetanus	HPV	Chicken Pox



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# 2024-25 FSA Changes

## Flexible Spending Account (FSA)

- Increased maximum contribution and rollover limit

Health Care FSA		
	Current	2024-25 Plan Year
Minimum Contribution	\$100	\$100
Maximum Contribution	\$3,050	\$3,200
IRS Rollover Limit	\$610	\$640
Vendor	WEX	WEX

Dependent Care FSA		
	Current	2024-25 Plan Year
Minimum Contribution	\$100	\$100
Maximum Contribution	\$2,500 / \$5,000	\$2,500 / \$5,000
Vendor	WEX	WEX





**NEW  
VENDOR!**

# 2024-25 Life/Disability

- New Vendor: Unum
  - No changes to benefit plan designs
  - **Special enrollment opportunity during this Open Enrollment only! Evidence of Insurability (EOI) is NOT required for:**
    - Newly elected Short Term Disability coverage, even if you previously waived coverage when first eligible
    - Increases in your Short Term Disability coverage amount
    - Newly elected Optional Life Insurance coverage, up to the guaranteed issue amount, even if you previously waived coverage when first eligible
    - Increases in your Optional Life Insurance coverage, up to the guaranteed issue amount
- \*Note: CMU Choices will still populate the standard EOI is required message*
- **Short Term Disability and Optional Life elections made after the 2024-25 Open Enrollment will be subject to EOI**



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# 2024-25 Medical/RX Cost-Share

Medical/Prescription Cost-Share		PPO2	Advantage HDHP	Advantage Plus HDHP
<b>Premium Cost Share</b>		<b>81% CMU</b> <b>19% Employee</b>	<b>92% CMU</b> <b>8% Employee</b>	<b>100% CMU</b> <b>0% Employee</b>
<b>Employee</b>	Single	\$145.16	\$55.13	\$0.00
<b>MONTHLY</b>	2-Person	\$306.88	\$117.50	\$0.00
<b>Cost Share</b>	Family	\$373.69	\$141.48	\$0.00
<b>University</b>	Single	<b>Not Available</b>	\$225.00	\$487.08
<b>ANNUAL</b>	2-Person		\$467.16	\$780.48
<b>HSA Contribution</b>	Family		\$569.88	\$864.12
<b>Benefit Summary: In-network Benefits</b>				
<b>Medical Network</b>		BCBS	BCBS	BCBS
<b>Prescription Network</b>		CVS Caremark	CVS Caremark	CVS Caremark
<b>Preventive Care</b>		\$0 (plan pays 100%)	\$0 (plan pays 100%)	\$0 (plan pays 100%)
<b>Annual Deductible</b> (7/1 - 6/30)		\$800 member \$1,600 family	\$2,000 member \$4,000 family*	\$5,000 member \$10,000 family*
<b>Coinsurance</b>		20% after deductible	5% after deductible	10% after deductible
<b>Office Visit</b> (primary, specialist)		\$30 copay	5% after deductible	10% after deductible
<b>Chiropractic Visit</b>		\$20 copay	5% after deductible	10% after deductible
<b>Urgent Care Visit</b>		\$30 copay	5% after deductible	10% after deductible
<b>Emergency Room Visit</b>		\$100 copay	5% after deductible	10% after deductible
<b>Prescription</b>		10% / \$20% / 30%	10% / \$20% / 30% after deductible	10% / \$20% / 30% after deductible
<b>Annual Out-Of-Pocket Maximum</b> (medical & prescription <b>combined</b> )		\$8,000 member \$16,000 family	\$4,000 member \$8,000 family	\$7,000 member \$14,000 family
*The full family deductible must be met under a 2-person or family contract before benefits are paid for any person on the contract.				
This benefit summary is intended for use only as a source of reference. Official benefits, conditions, exclusions, and limitations are documented in the certificate and amendments.				



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# 2024-25 Employee Cost-Share

## Dental Plan Cost Share:

Guardian Dental - Staff, Fixed Term Faculty, Medical Faculty & Postdoctoral Research Fellows						
Monthly	PART-TIME EMPLOYEE Monthly Contributions			FULL-TIME EMPLOYEE Monthly Contributions		
	Dental Plans (Guardian)	CORE	BUY-UP	Dental Plans (Guardian)	CORE	BUY-UP
	Single	\$36.26	\$62.37	Single	\$6.16	\$32.27
	2-Person	\$74.70	\$128.49	2-Person	\$12.71	\$66.50
	Family	\$93.20	\$162.17	Family	\$15.84	\$84.81

## Vision Plan Cost:

Vision - All Benefit-Eligible Employees*						
Monthly	9-MONTH EMPLOYEE Monthly Contributions			12-MONTH EMPLOYEE Monthly Contributions		
	VSP Vision	STANDARD Plan	PREMIUM Plan	VSP Vision	STANDARD Plan	PREMIUM Plan
	Single	\$8.53	\$13.29	Single	\$6.40	\$9.97
	2-Person	\$17.09	\$26.61	2-Person	\$12.82	\$19.96
	Family	\$27.49	\$42.83	Family	\$20.62	\$32.12

\*Postdoctoral Research Fellows not eligible for vision coverage.



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# Health Savings Account (HSA)



**Eligibility:** You must be enrolled in a qualifying High Deductible Health Plan (HDHP). You cannot:

- Be covered in a Health Care Flexible Spending Account (FSA)
- Be enrolled in Medicare Part A and/or B or TRICARE
- Have received medical benefits from the VA within the last 3 months
- Be claimed as a dependent on another person's tax return (other than your spouse)



[https://flimp.live/CMU\\_HSA](https://flimp.live/CMU_HSA)



**Your Contributions:** \$4,150 if you enroll only yourself or \$8,300 if you enroll in family coverage. You can make an additional \$1,000 catch-up contribution if you are age 55+.



**Using Your Account:** Use the debit card linked to your HSA to cover eligible expenses or pay out of your own pocket and save your HSA money for future health care expenses.



**Your HSA is always yours – no matter what:** The money is yours! Money left in your HSA at the end of the year will roll over to the next year – you'll never lose your HSA dollars.



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# HSA Election Window in CMU Choices

My Benefits Data (Next Year: 2024 - 2025) HIDE

My Personal Information My Dependent(s) My Beneficiaries My HIPAA Contact(s)

Click on the applicable tabs above to view and/or change your benefits data

My CMU Choices benefit elections (Next Year: 2024 - 2025) HIDE

Health Plans Life & Disability Plans Flexible Spending Accounts

Medical / Prescription Drug Dental Vision

Listed below is your 2024 - 2025 medical and prescription drug coverage.

**HDHP Election:** This election results in a CMU pre-tax contribution to a HSA in your name. In order to receive this contribution you must complete a [HSA Certification form](#).

To contribute funds to a HSA, select "Add/Change/Decline Health Savings Account" on the right.

Employees with a hire date between May 1 and June 30 are ineligible to participate in the HSA for the current plan year (date of hire–June 30).

Provider	Plan	Level	Premium Cost	CMU Contribution	Your Cost (-) or Payback [per pay]	
BLUE CROSS/BLUE SHIELD	ADVANTAGE HDHP	FAMILY	\$662.35	\$619.44	-\$42.91	Change
CAREMARK	PD HDHP	FAMILY	\$165.02	\$137.18	-\$27.84	

Do you want to...

- Add/Change/Decline Health Savings Account
- Change Plan Elections
- Create a Dependent Record
- Change Covered Dependents

More about ...

Medical Plans

1. First select a HDHP within the Medical/Prescription Drug tab
2. In same tab, select the Add/Change/Decline Health Savings Account option on the right
3. **IMPORTANT:** Make sure you are eligible for an HSA and submit an HSA Certification Form!
4. HSA contribution changes can be made mid-year by submitting an online form



# Flexible Spending Accounts (FSAs)



## Health Care FSA (For those enrolled in PP02)

- Contribute up to \$3,200 per year
- Reimburses for eligible medical, prescription drug, dental, and vision expenses



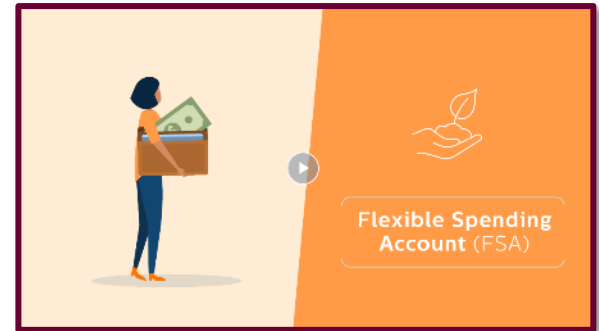
## Limited Purpose Health Care FSA (For those enrolled in an HDHP)

- Contribute up to \$3,200 per year
- Reimburses for eligible vision and dental expenses only



## Dependent Care FSA

- Contribute up to \$5,000 per year, or \$2,500 if married and filing separate tax returns
- Reimburses for eligible child and elder care expenses



[https://flimp.live/CMU\\_HCFSA](https://flimp.live/CMU_HCFSA)



[https://flimp.live/CMU\\_DCFSA](https://flimp.live/CMU_DCFSA)



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# FSA Election Window in CMU Choices

The screenshot shows a web form titled "Flexible Spending Account Election". At the top, there is a home icon and window control buttons. The main content area has a light blue background. A white box contains the instruction: "Update the field listed below to elect or change your Health Care Flexible Spending Account." Below this, there are two required fields: "\* Plan Type" and "\* Annual Contribution". The "Plan Type" dropdown menu is open, showing two options: "General Purpose Health Care FSA" (which is selected with a checkmark) and "Limited Purpose Health Care FSA". Below the fields, there are three buttons: "Cancel", "Remove", and "Change". A note states "\* Denotes Required Fields." At the bottom, a white box contains the following text: "Pre-tax dollars contributed to this account can be used by you or any of your qualified dependents." Below this text are two bullet points: "• General purpose health FSA is used to reimburse medical, prescription, dental and vision expenses." and "• Limited purpose health FSA is an HSA-compatible account for the specific purpose of paying dental and vision expenses only."

1. Plan Type drop down choices: General Purpose or Limited Purpose Health Care FSA
2. FSA election is binding for entire plan year, unless benefits status change event
3. You cannot remove or change FSA election type and contribution amount after 5 p.m. ET on April 26, 2024
4. **IMPORTANT:** Make sure your Health plan election and FSA election are compatible



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# HSA & Health Care FSA Qualified Expenses



See IRS Publication 502 for a full list of eligible health care expenses



# Dependent Care FSA

- Use to pay for eligible child & elder care services you pay to a caregiver
- Funds available as contributions are made
- Use it or lose it rule – All unused monies at the end of the plan year will be forfeited per IRS regulations
- No debit card available for DCFSA



See IRS Publication 503 for a full list of eligible dependent care expenses



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# FSA Expense Verification

- Each time you use your FSA funds, you must provide proof to WEX that the expense is eligible
  - Includes purchases made using your HCFSA debit card
- Accepted proof includes:
  - Receipt detailing the services/items purchased
  - Explanation of Benefits
  - Invoice/bill from the provider
- Easily submit verification using the WEX member portal available at [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com) and on the Benefits by WEX mobile app



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# HSA vs FSA

	HSA	Health Care FSAs	Dependent Care FSA
<b>Compatible Medical Plans</b>	HDHPs	PPOs and Waive Coverage	HDHPs, PPOs, and Waive Coverage
<b>Contribution Limits</b>	\$4,150 single / \$8,300 family	\$3,200	\$5,000 per household
<b>Who owns the account?</b>	You	CMU	CMU
<b>Does interest accrue?</b>	Yes	No	No
<b>Proof of expenses?</b>	No; IRS substantiation if requested	Yes	Yes
<b>Access to funds</b>	Only the amount that has been deducted from your paycheck is available	Access to full annual amount on July 1 <sup>st</sup> , regardless of amount contributed	Only the amount that has been deducted from your paycheck is available
<b>Use It or Lose It?</b>	Funds carry over from year to year	Any unused balance over \$640 is forfeited	Any unused balance is forfeited
<b>Changes to contributions</b>	Anytime	Only for qualifying events	Only for qualifying events



[https://flimp.live/CMU\\_HSAvsFSA](https://flimp.live/CMU_HSAvsFSA)



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# Preventative Care

**Preventive Care** services covered  
without cost-share under BCBS



## ALL MEMBERS

Preventive care visits for adults  
Well-woman visits  
Well-child visits  
All routine immunizations

## APPROPRIATE AGE/GENDER SCREENINGS

Cervical cancer screening for women  
Mammograms (film and digital, includes 3D)  
Osteoporosis screening  
Prostate cancer men  
Cholesterol and lipid disorders screening  
Diabetes screening



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# Must Pay

## Employee Only Coverage

\* Annual  
CMU HSA  
Contribution:  
\$487.08

\*\* Annual  
CMU HSA  
Contribution:  
\$225.00

These are the MUST PAY amounts – **annual premiums** – that will be deducted from your paycheck

Advantage Plus\* | \$ 0.00

Advantage\*\* | \$ 661.56

PPO2 | \$ 1,741.92

■ Annual Premium



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# Must Pay / May Pay

## Employee Only Coverage

\*Annual  
CMU HSA  
Contribution:  
\$487.08

\*\*Annual  
CMU HSA  
Contribution:  
\$225.00

Annual premium MUST pay amount + maximum deductible you MAY pay



TOTAL \$ 5,000.00



TOTAL \$ 2,661.56



TOTAL \$ 2,541.92

■ Annual Premium    ■ Deductible



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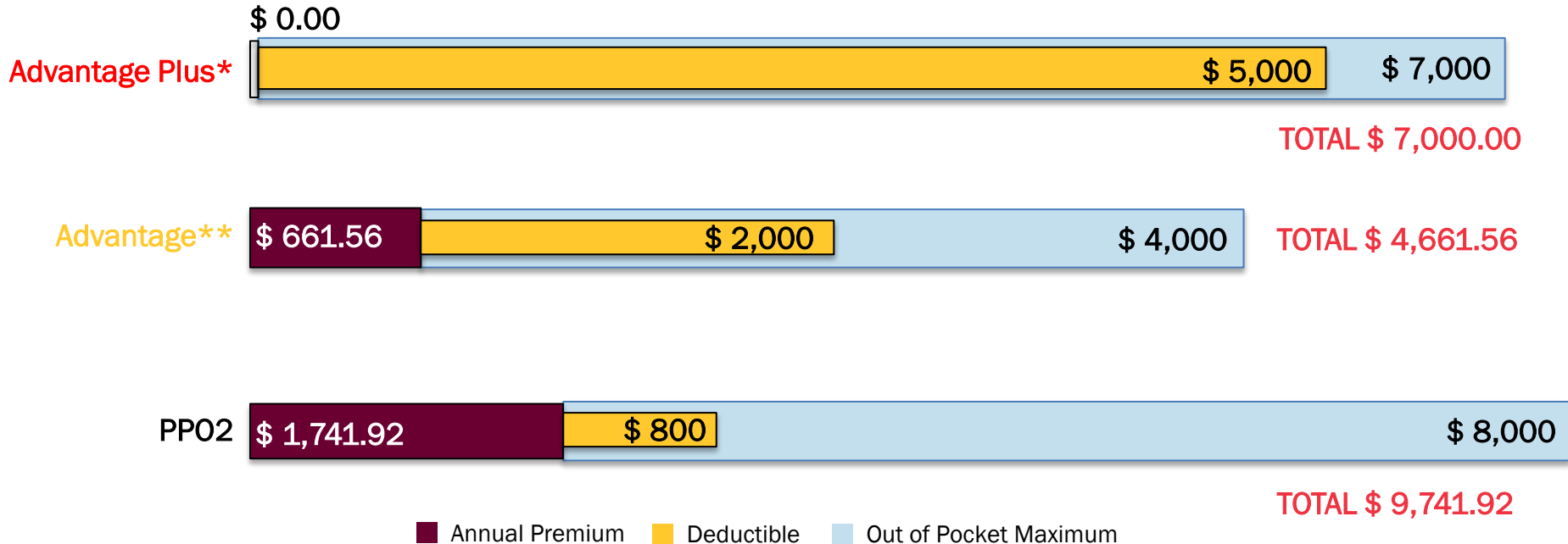
# Must Pay / May Pay

## Employee Only Coverage – Total Out-of-Pocket Risk

\*Annual  
CMU HSA  
Contribution:  
\$487.08

\*\*Annual  
CMU HSA  
Contribution:  
\$225.00

Annual premium **MUST** pay amount + maximum deductible you **MAY** pay + total out-of-pocket costs you **MAY** pay if maximum deductible, copay and coinsurance is reached



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# Advantage Plus vs. Advantage vs. PPO2

## Scenario 1: SINGLE coverage with \$2,000 in medical expenses

Annual Costs	Advantage Plus HDHP	Advantage HDHP	PPO 2	Taking Control of Your Costs
Employer HSA contribution	\$487.08	\$225.00	\$0.00	NO Cost
Your annual payroll contribution	\$0.00	\$661.56	\$1,741.92	MUST Pay
Your estimated out-of-pocket cost (deductible/coinsurance)	\$2,000.00	\$2,000.00	\$1,040.00	MAY Pay
<b>Estimated annual out-of-pocket cost</b>	<b>\$1,512.92</b>	<b>\$2,436.56</b>	<b>\$2,781.92</b>	<b>Total MUST Pay/MAY Pay</b>
Employee maximum HSA contributions	\$3,662.92	\$3,925.00	\$0.00	Tax-Saving Opportunity
Balance in your HSA after paying out-of-pocket expenses	\$2,150.00	\$2,150.00	\$0.00	Investment Opportunity



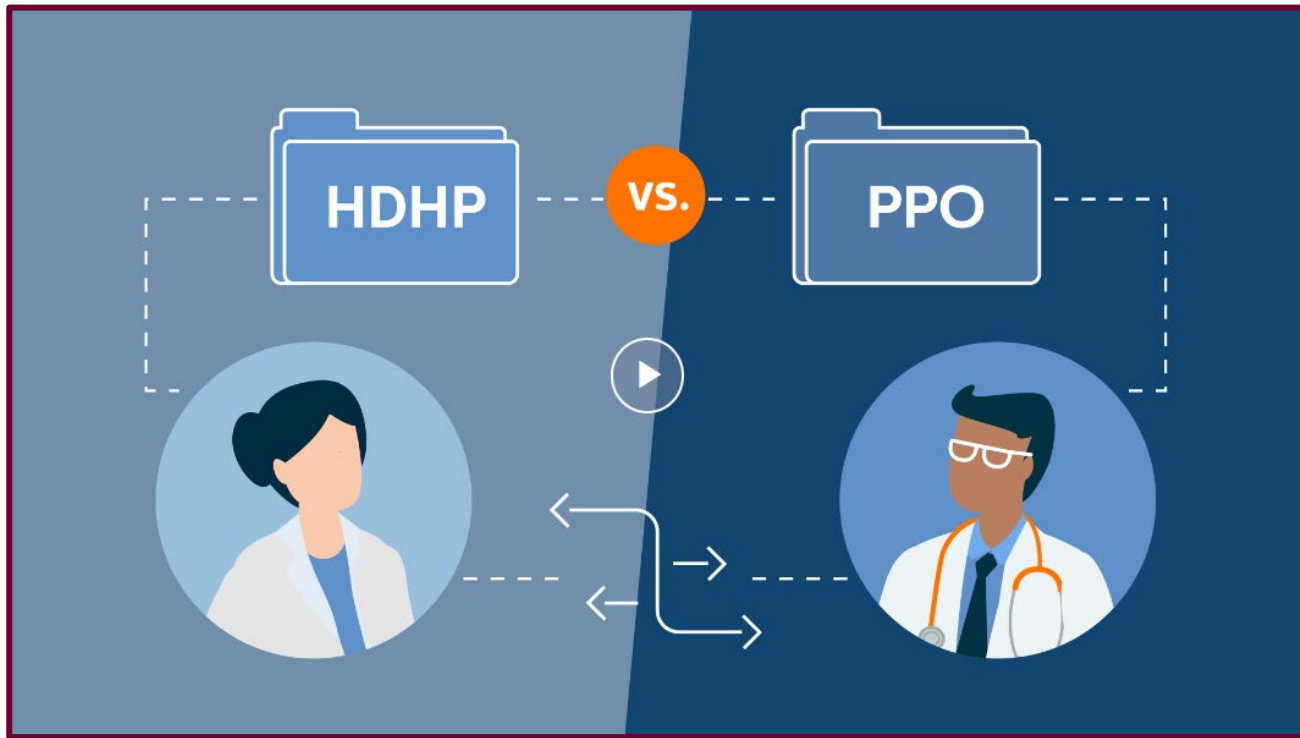
# Advantage Plus vs. Advantage vs. PPO2

## Scenario 2: FAMILY coverage with \$5,000 in medical expenses

Annual Costs	Advantage Plus HDHP	Advantage HDHP	PPO 2	Taking Control of Your Costs
Employer HSA contribution	\$864.12	\$569.88	\$0.00	NO Cost
Your annual payroll contribution	\$0.00	\$1,697.76	\$4,484.28	MUST Pay
Your estimated out-of-pocket cost (deductible/coinsurance)	\$5,000.00	\$4,050.00	\$2,280.00	MAY Pay
<b>Estimated annual out-of-pocket cost</b>	<b>\$4,135.88</b>	<b>\$5,177.88</b>	<b>\$6,764.28</b>	<b>Total MUST Pay/MAY Pay</b>
Employee maximum HSA contributions	\$7,435.88	\$7,730.12	\$0.00	Tax-Saving Opportunity
Balance in your HSA after paying out-of-pocket expenses	\$3,300.00	\$4,250.00	\$0.00	Investment Opportunity



# HDHP vs PPO



[https://flimp.live/CMU\\_HDHPvsPPO](https://flimp.live/CMU_HDHPvsPPO)



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# Benefits Decision Support



Health Advocate makes Healthcare easier – before, during and after Open Enrollment!

- **Provides** personalized, knowledgeable guidance
- **Educates** about pre-tax health savings options
- **Explains** details about plan options

**And More!**



**866.799.2691**

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)

Web: [HealthAdvocate.com/CMU](http://HealthAdvocate.com/CMU)



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# Benefits Decision Support

Let **alex**<sup>®</sup> help you pick a plan that's right for you!

[start.myalex.com/cmu](http://start.myalex.com/cmu)

## How ALEX makes predictions

ALEX helps you find the best plan by analyzing data from people like you to predict your medical costs and risks. Here's how it works.

1

First, ALEX identifies people like you who have similar health care usage.

2

Next, ALEX looks at their spending across different services.

3

Finally, ALEX ranks your plans based on your preferences.



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# Benefits Decision Support

[www.cmich.edu/open-enrollment](http://www.cmich.edu/open-enrollment)

- Plan Comparison Grids for: Medical, Dental, Vision
- Presentation Recording & Slides
- Employee Premium Cost Share
- Summary of Benefit Changes for 2024-25
- Frequently Asked Questions



<<< Find what you need to make benefit decisions here!



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# Important Enrollment Reminders

- Review the Working Spouse/OEI Rule if you are planning to enroll your spouse or Other Eligible Individual (OEI) in medical and/or dental coverage
- Complete the Dependent Verification packet from BMI Audit Services if you are newly enrolling a dependent in coverage
  - Your dependents will not have coverage if you fail to complete Dependent Verification

**ENROLL BY FRIDAY, April 26, 5:00 P.M. (ET)**

**No changes can be made after 5 p.m. on April 26<sup>th</sup>**



HUMAN RESOURCES

**BENEFITS & WELLNESS**

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# APPENDIX



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# PrudentRx

- Copay assistance program that significantly lowers out-of-pocket costs for select high-cost specialty medications
- Included on all medical/prescription plans at no additional cost to you
- PrudentRx will contact members with new qualifying medications to help them enroll



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# Optimize Your HSA



[https://flimp.live/CMU\\_OptimizeHSA](https://flimp.live/CMU_OptimizeHSA)



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# Must Pay

## 2-Person Coverage

**\*Annual  
CMU HSA  
Contribution:  
\$780.48**

**\*\*Annual  
CMU HSA  
Contribution:  
\$467.16**

These are the MUST PAY amounts – **annual premiums** – that will be deducted from your paycheck

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Advantage\*\* | \$ 1,410.00

PPO2 | \$ 3,682.56

■ Annual Premium



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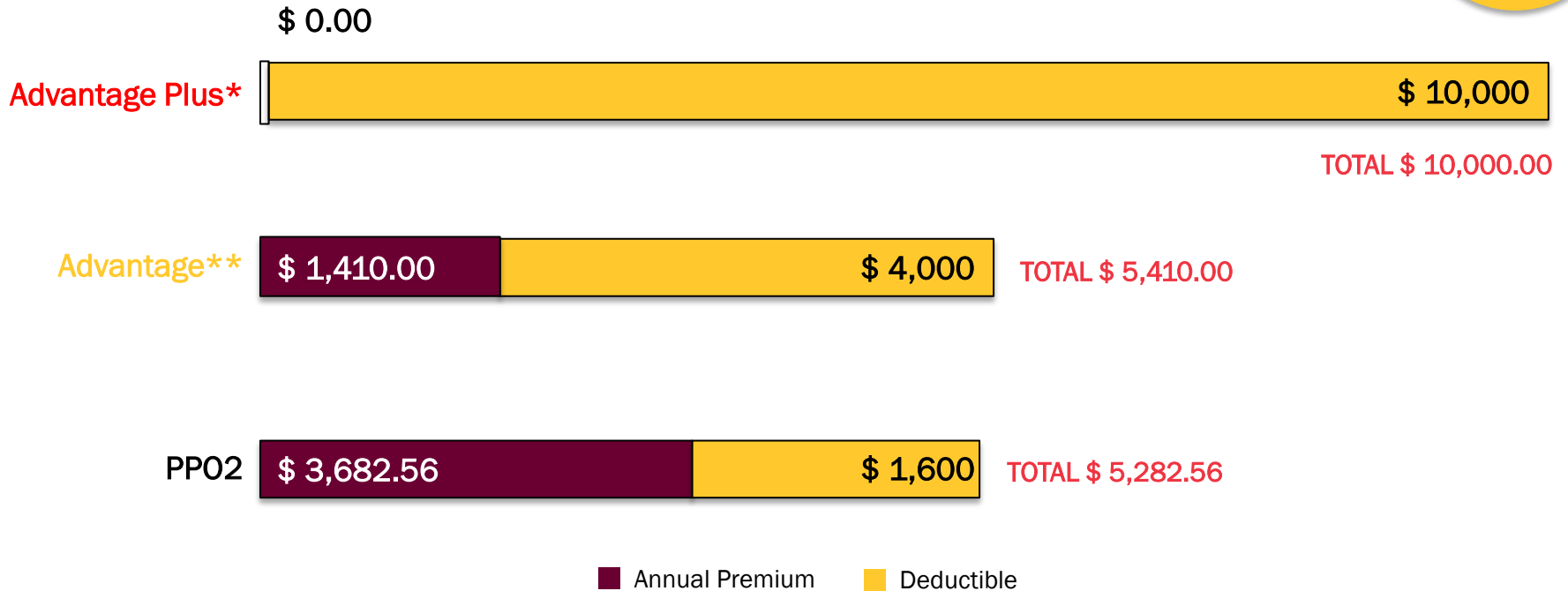
# Must Pay / May Pay

## 2-Person Coverage

**\*Annual  
CMU HSA  
Contribution:  
\$780.48**

**\*\*Annual  
CMU HSA  
Contribution:  
\$467.16**

Annual premium **MUST** pay amount + maximum deductible you **MAY** pay



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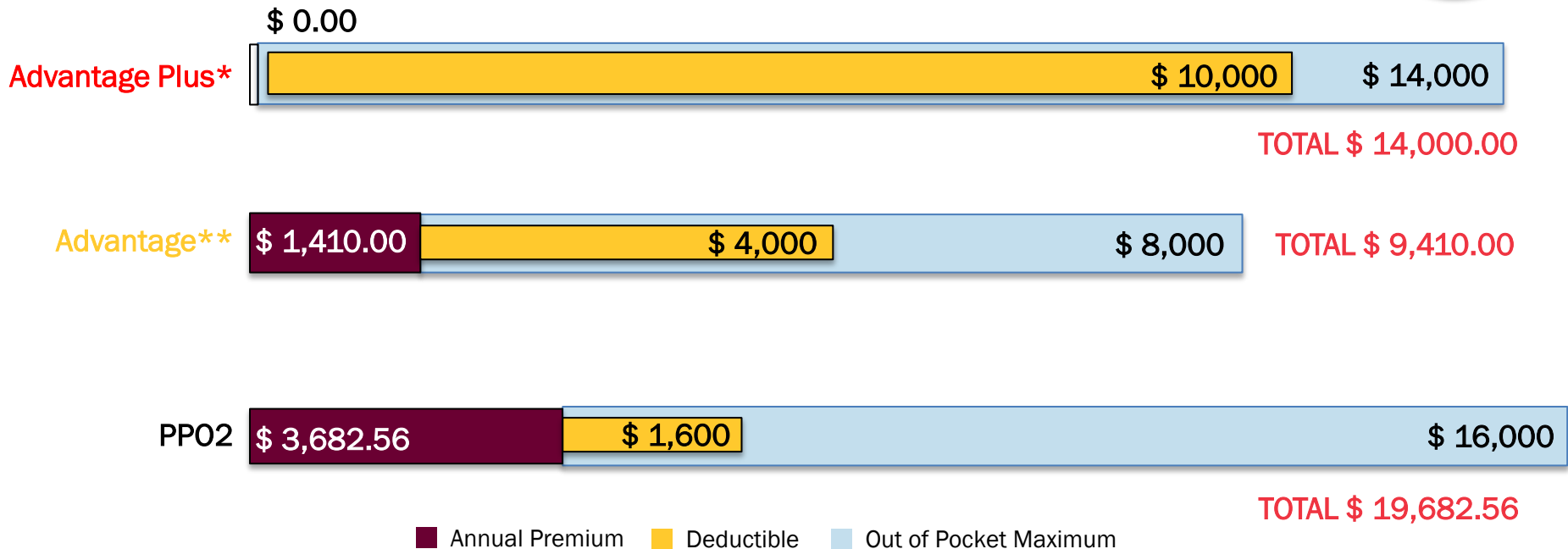
# Must Pay / May Pay

## 2-Person Coverage– Total Out-of-Pocket Risk

**\*Annual  
CMU HSA  
Contribution:  
\$780.48**

**\*\*Annual  
CMU HSA  
Contribution:  
\$467.16**

Annual premium **MUST** pay amount + maximum deductible you **MAY** pay + total out-of-pocket costs you **MAY** pay if maximum deductible, copay and coinsurance is reached



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# Must Pay

## Family Coverage

\*Annual  
CMU HSA  
Contribution:  
\$864.12

\*\*Annual  
CMU HSA  
Contribution:  
\$569.88

These are the MUST PAY amounts – **annual premiums** – that will be deducted from your paycheck

Advantage Plus\* | \$ 0.00

Advantage\*\* | \$ 1,697.76

PPO2 | \$ 4,484.28

■ Annual Premium



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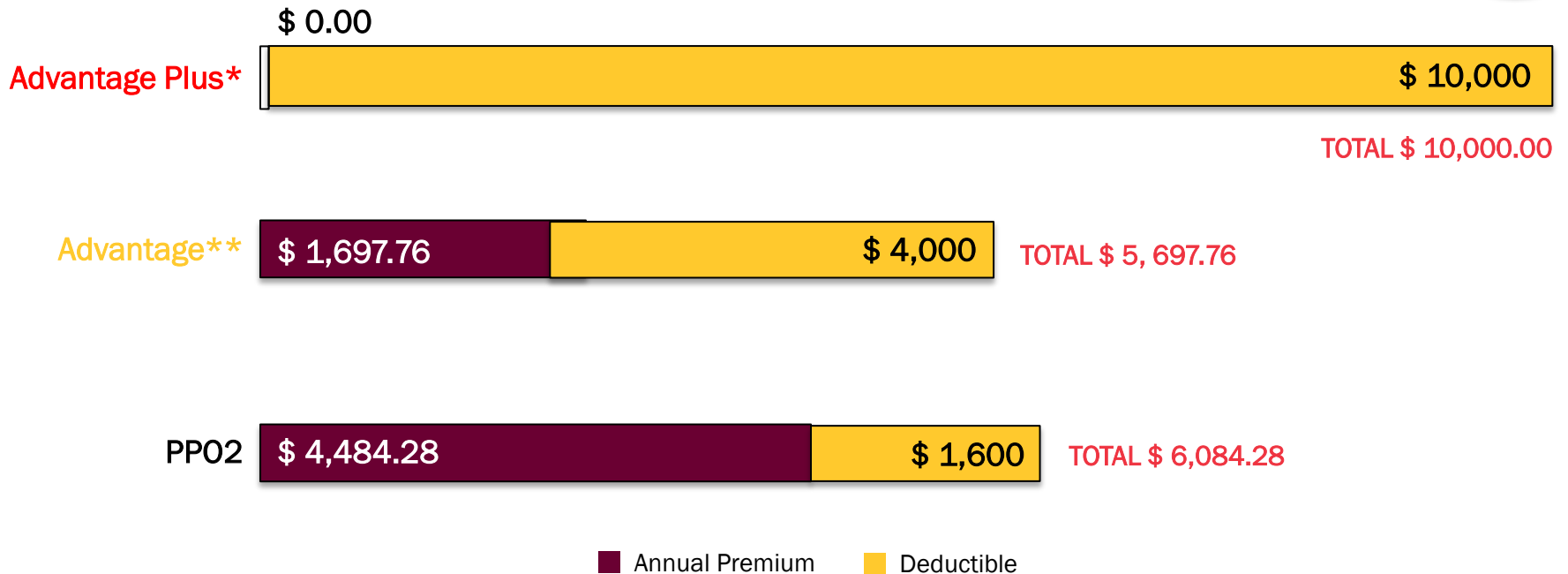
# Must Pay / May Pay

## Family Coverage

\*Annual  
CMU HSA  
Contribution:  
\$864.12

\*\*Annual  
CMU HSA  
Contribution:  
\$569.88

Annual premium MUST pay amount + maximum deductible you MAY pay



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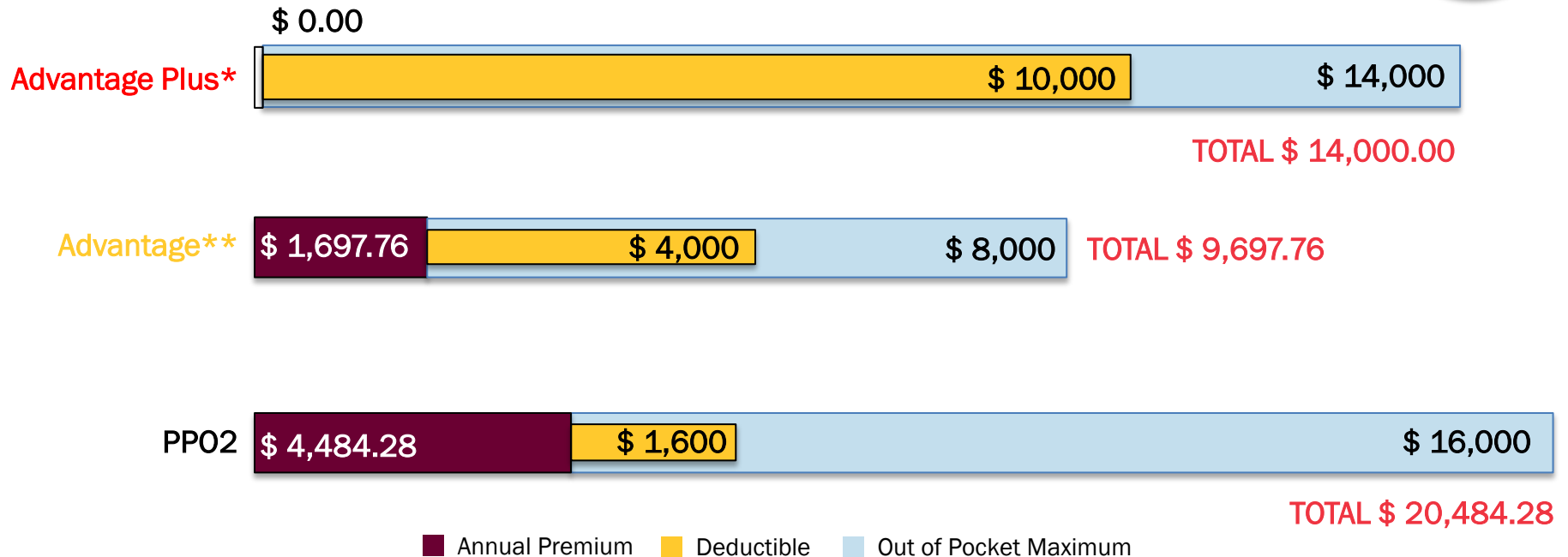
# Must Pay / May Pay

## Family Coverage – Total Out-of-Pocket Risk

\*Annual  
CMU HSA  
Contribution:  
\$864.12

\*\*Annual  
CMU HSA  
Contribution:  
\$569.88

Annual premium **MUST** pay amount + maximum deductible you **MAY** pay + total out-of-pocket costs you **MAY** pay if maximum deductible, copay and coinsurance is reached



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# Working Spouse/OEI Rule

**A Working Spouse / OEI is required to enroll in the medical coverage offered through their employer to be added to a CMU medical plan**

## Here's How It Works:

- If your spouse/OEI is eligible for, but does not enroll in, their own employer's group medical and dental plans, they **WILL NOT** be eligible for CMU medical and dental coverage
- If your spouse/OEI is enrolled in their employer's plan, you may add them as a dependent to the CMU medical and dental plan, but the CMU plan will pay **secondary coverage ONLY**
- If you enroll in both employer plans, benefits under each plan are coordinated. The total reimbursement from both plans cannot be more than the allowable benefit under the CMU plan

*\*Applies to staff, fixed-term faculty, medical faculty and post-doctoral research fellows.*



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# Dependent Verification

- If you enroll a new dependent in coverage, you will receive a verification packet from **BMI Audit Services (BMI)**
  - BMI performs eligibility verification for dependent(s) enrolled in CMU medical and dental plans

**Failure to comply with the verification process will result in the removal of unverified dependents from all coverage.**

*Dependent eligibility is verified to ensure the CMU Choices benefit plans are operating cost effectively and in compliance with benefit plan regulations and plan eligibility rules.*



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