

2025-26 CMU Choices Benefits Guide



July 1, 2025 – June 30, 2026



HUMAN RESOURCES
**BENEFITS &
WELLNESS**
CENTRAL MICHIGAN
UNIVERSITY

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The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage, and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract nor are there any express or implied guarantees. In case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have any questions about this summary, please contact the Benefits & Wellness Office at benefits@cmich.edu or (989) 774-3661. ©Marsh & McLennan Agency. All rights reserved.

Welcome to Your 2025-26 CMU Choices Benefits!

Central Michigan University is pleased to provide you and your eligible dependents with a wide range of competitive benefits. Your benefits are an important part of your total compensation. You have the flexibility to choose the benefits that are right for you and your eligible dependents — to maintain your well-being now and into the future.

This Benefits Guide provides important information about your benefits and how to use them to your best advantage. Please review this information carefully, ask questions if needed, and make sure to enroll by the deadline.

Access the [CMU Choices](#) online system to view and/or enroll in your benefits.



Benefits Eligibility

Benefit eligible employees are regular, provisional and conditional staff employees who work 20 or more hours per week; regular faculty; medical faculty; and fixed-term faculty who have a semester contract of 20 or more hours per week. Postdoctoral research fellows, appointed on a full-time basis, are eligible for medical/prescription, dental, and employee life insurance coverage only.

You may also enroll your eligible dependents* for coverage. [Eligible dependents](#) include:

- Legal spouse, unless you are divorced or legally separated under an order of separate maintenance. A spouse by common law marriage is not an eligible spouse;
- University-registered Other Eligible Individual (OEI);
- Children under the age of 26, regardless of student, dependency or marital status;
- Children past the age of 26 who are dependent on you for more than half of their support due to a mental or physical disability.

*Dependents enrolled in medical/prescription drug and/or dental coverage will be required to complete [dependent verification](#) through our external vendor, iVerifyPro.

Benefits Start

All benefits begin with your date of hire. Newly hired employees have **30 calendar days (from date of hire)** to enroll in benefits through the online benefits enrollment system, [CMU Choices](#). A visual of the benefits enrollment system is shown below and more details can be found on the next page.

Employees must complete the election process (in CMU Choices) by enrolling in coverage or by electing the “No Coverage” option. Employees who fail to complete the election process, within their 30 calendar days, will be auto-enrolled into certain benefits. See your New Hire Benefits Enrollment email (sent from the Benefits Office), for more details.

The screenshot shows the CMU Choices Benefits & Wellness portal. At the top, it says "HUMAN RESOURCES BENEFITS & WELLNESS CENTRAL MICHIGAN UNIVERSITY". Below that, it says "Welcome SAMANTHA SAMPLE to your CMU Choices benefits employee information." and "You are currently viewing information for: July 01, 2020 - June 30, 2020". It also says "You are currently testing against Research" and "Change User Mode".

On the left, there are tabs for "Current Year" and "Current Year Summary". On the right, there are links for "Plan Selection Help", "Health Advocate", and "End Session".

The main content area has a message: "To view the details of your benefit elections, please click the applicable tabs below. Beneficiaries and HIPAA contacts may be changed at any time during the plan year by clicking on the appropriate tabs in the 'My Benefits Data' section below." It also says "IMPORTANT Changes to your benefit elections and/or covered dependents can be made only within 30 calendar days of a qualifying status change event. To request such a change, a completed [Status Change Form](#) must be received by the Benefits & Wellness office within 30 calendar days of the qualifying event." and "All of your benefit elections **MUST** be completed by 2/15/2020. You are permitted to revise your benefit elections until your deadline date, but be aware that changes to elections previously entered may impact your coverage and/or your payroll deductions." and "Once all of your elections have been made they will be FINAL."

Below that, it says "Aside from your optional Flexible Spending Account election(s), you are CURRENTLY MISSING elections for the following plans: MEDICAL, PRESCRIPTION, DENTAL, VISION, EMPLOYEE LIFE, LONG-TERM DISABILITY, SHORT-TERM DISABILITY, CHILD LIFE, SPOUSE/OEI LIFE".

There are two sections: "My Benefits Data (Current Year: 2020 - 2020)" and "My CMU Choices benefit elections (Current Year: 2020 - 2020)". Each section has tabs for "My Personal Information", "My Dependent(s)", "My Beneficiaries", "My HIPAA Contact(s)", "Health Plans", "Life & Disability Plans", and "Flexible Spending Accounts".

On the right, there is a box that says "Amount to be added to my paycheck \$ 0.00".

Benefits End

All benefits end (at 11:59pm) on your last day of employment or last day in an eligible appointment status.

How to Enroll in your Benefits

As a new employee, you have **30 calendar days (from your date of hire)** to enroll in benefits. You must complete your enrollment within this time frame to receive (or decline) benefit coverage for the plan year. The next opportunity to elect benefits is during Open Enrollment. Open Enrollment is held annually* in late April for elections to begin with the next plan year (beginning July 1).

*For Regular Faculty employees - Open Enrollment for MESSA medical coverage only will take place annually in October. MESSA election changes begin January 1. Changes to all other benefits (including dental, vision, life, disability, and Flexible Spending Accounts) must be made during annual Open Enrollment in April.

Before You Enroll

- Carefully review the benefits listed in this guide and determine the medical / prescription drug, dental, vision and other coverage that's best for you and your eligible dependents.
- Ensure your family members meet the [dependent verification](#) eligibility requirements.
- Understand the cost associated with the plans you are selecting.

Need Benefit Election Assistance?

- As a CMU employee, you have access to [Health Advocate](#) resources who offer personalized assistance in understanding your benefit offerings to help determine which plan is the best for you. Call 866-799-2691, email answers@HealthAdvocate.com or visit their website at: healthadvocate.com.
- Engage with the [ALEX Enrollment Tool](#) – which is an online tool employees can use to input anticipated health care needs & explore recommendations for coverage.
- Visit the [Benefits Orientation webpage](#) for additional resources such as recorded benefit presentations you can view on demand.

To Enroll in your Benefits

- Log in to the online benefits enrollment system - **CMU Choices**
- Add records for any eligible dependent and/or possible beneficiaries.
- Review each tab to ensure your desired coverage has been elected – Health Plans, Life & Disability Plans, and Flexible Spending Accounts.
 - Use the options (located on the right side of each tab) to view available plans or to make your election.
- Be sure to complete beneficiary information for your Life and AD&D benefit election.
- When your enrollment is complete, click the **Summary** button (located near the top) to view and print out a copy of your plan year benefits for your records.

If you encounter any system-related issues while enrolling, please reach out to the Benefits & Wellness Office at (989) 774-3661 or benefits@cmich.edu

Medical Coverage | Blue Cross Blue Shield

Staff – Medical Faculty – Postdoctoral Research Fellows – Fixed-Term Faculty

You can enroll yourself & eligible dependents, or elect “No Coverage”.

If you elect [medical coverage](#), you must also elect prescription drug coverage (through CVS Caremark) at the same dependent level (including the same dependents).

CMU offers a traditional **PPO** medical plan or two **HDHP** plans to employees.

What is a Preferred Provider Organization (PPO) plan ?

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital. However, you receive the highest benefit by staying within the network.

Preventive Care

Keeping up to date on your preventive care is important to keep you healthy and keep health care costs low long term. Preventive care is covered at 100% regardless of the plan you elect. Preventive Care includes screenings for cancers and diseases to catch them early. It also includes CDC recommended vaccinations. Your primary care physician will help navigate what is recommended based on your age and gender.

What is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) ?

This medical plan option has two components:

- (1) a High Deductible Health Plan (HDHP); and
- (2) a tax-exempt savings account called a (HSA)

The HDHP is a PPO plan that provides health care benefits after the deductible has been met. You pay the cost for medical services, less carrier discounts, until you reach the entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc. The only exception is preventive care, which is covered at 100% prior to meeting the deductible.

The HSA is a bank account paired with your HDHP allowing you to save money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or to save for future expenses. You own the money in your HSA and it is yours to keep – even when you change plans, jobs or retire. The funds roll over from year to year to be used when you really need them and can be invested to grow more funds. The HSA is administered by Health Equity.

Be sure to review [eligibility requirements](#) before electing.



Employee Monthly Premium Cost Share* – costs below reflect medical and prescription drug coverage for full-time, 12 month employees. Refer to [benefits website](#) for part-time cost share.

Level	PPO2	HSA Advantage	HSA Advantage Plus
Single	\$166.56	\$65.44	\$0.00
Two-Person	\$344.79	\$135.18	\$0.00
Family	\$421.41	\$165.16	\$0.00

*Employee cost share will differ for those groups in bargaining



	What Does this Mean?	PPO2	Advantage HDHP	Advantage Plus HDHP
Network	A system that connects healthcare providers to facilitate the delivery of medical services	Blue Cross Blue Shield (for all plans)		
Deductible Individual / Family (per plan year)	Amount you pay before the plan starts to pay	\$800 member \$1,600 family	\$2,000 member \$4,000 family	\$5,000 member \$10,000 family
Coinsurance	The amount you pay after deductible	20% after deductible	5% after deductible	10% after deductible
Annual Out-of-Pocket Maximum Individual / Family (July 1 – June 30)	The maximum you'll pay towards covered services during the plan year (includes deductible)	\$8,000 member \$16,000 family	\$4,000 member \$8,000 family*	\$7,000 member \$14,000 family*
Physician Office Visit or Specialist Visit	Appointment with a healthcare provider or a physician who has expertise in a specialized area	\$30 copay	5% after deductible	10% after deductible
Virtual Care by Teladoc Health	Virtual care appointment	\$5 copay	5% after deductible	10% after deductible
X-Rays / Lab Diagnostics	Medical tests to diagnose and monitor various health conditions	20% after deductible	5% after deductible	10% after deductible
Urgent Care	Provides immediate care for non-life-threatening illnesses and injuries that require prompt attention but do not require a visit to the emergency room	\$30 copay	5% after deductible	10% after deductible
Emergency Room	Specialized department within a hospital designed to handle acute and life-threatening situations	\$100 copay	5% after deductible	10% after deductible

Illustrative costs are based on in-network services; additional costs will be incurred for out-of-network services

Prescription Coverage | CVS Caremark

Staff – Medical Faculty – Postdoctoral Research Fellows – Fixed-Term Faculty

You can enroll yourself & eligible dependents, or elect “No Coverage”.

If you elect medical coverage (through BCBS), you must also elect [prescription drug coverage](#) at the same dependent level (including the same dependents).

	What Does this Mean?	Enrolled in: PPO2	Enrolled in: Advantage HDHP	Enrolled in: Advantage Plus HDHP
Prescription Drugs Generic / Formulary / Non-Formulary Co-pays	Medications that can only be obtained with a written order from a licensed healthcare professional. The tier of coverage is determined by the insurance carrier and is driven by the cost and availability of the drug.	In-Network: 0% preventative 10% preferred generic 20% preferred brand 30% non-preferred brand (counts toward out-of-pocket maximum)		
Annual Out-of-Pocket Maximum (per plan year July 1 – June 30)	The maximum you'll pay towards covered services during the plan year (includes deductible)	\$2,000 member \$4,000 family	Included in Out-of-Pocket Maximum (listed under Medical Plan on page 7)	
Step Therapy Program	Requires you to try a specific medication first before another medication will be covered			
Mail Order Available	Toll free access to mail service pharmacy (888.796.8687) or access via website / app by selecting “Start Rx Delivery by Mail”			
Drug Exclusions	Experimental drugs, appetite suppressants, anorexiant (weight control), Rogaine, over-the-counter products, devices and implants, any drug not FDA approved, drugs used for cosmetic purposes, fertility agents, legend multivitamins and supplemental agents			
Prior Authorization	An approval process that requires medications be authorized before they can be covered.			
PrudentRx	A specialty drug coupon program	\$0 out of pocket cost on eligible specialty medications Must fully satisfy deductible before eligible for \$0 copay		

Illustrative costs are based on in-network services; additional costs will be incurred for out-of-network services

Employee Monthly Premium Cost Share – costs included in total for Medical Coverage (see page 6 for details)

Medical Coverage | MESSA

Regular Faculty

You can enroll yourself & eligible dependents, or elect “No Coverage”.

CMU offers two traditional **MESSA** medical plans and two **HDHP** plans to employees.

What is a Traditional plan ?

A traditional plan includes comprehensive coverage for various healthcare services (doctor visits, hospital stays, prescription drugs, and preventative care), often with lower deductibles and copays compared to high-deductible health plans.

Preventive Care

Keeping up to date on your preventive care is important to keep you healthy and keep health care costs low long term. Preventive care is covered at 100% regardless of the plan you elect. Preventive Care includes screenings for cancers and diseases to catch them early. It also includes CDC recommended vaccinations. Your primary care physician will help navigate what is recommended based on your age and gender.

What is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) ?

This medical plan option has two components:

- (1) a High Deductible Health Plan (HDHP); and
- (2) a tax-exempt savings account called a (HSA)

The HDHP is a PPO plan that provides health care benefits after the deductible has been met. You pay the cost for medical services, less carrier discounts, until you reach the entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc. The only exception is preventive care, which is covered at 100% prior to meeting the deductible.

The HSA is a bank account paired with your HDHP allowing you to save money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or to save for future expenses. You own the money in your HSA and it is yours to keep – even when you change plans, jobs or retire. The funds roll over from year to year to be used when you really need them and can be invested to grow more funds. The HSA is administered by Health Equity.

Be sure to review [eligibility requirements](#) before electing.



Employee Monthly Premium Cost Share – costs below reflect coverage for full-time, 9 month employees (pays Aug-May). Refer to [benefits website](#) for 12 month cost share.

Level	ABC Plan 1 3 Tier Rx	ABC Plan 2 5 Tier Rx	Choices 300/600 3 Tier Rx	Choices 500/1000 5 Tier Rx
Single	\$287.31	\$155.41	\$508.08	\$373.28
Two-Person	\$686.95	\$390.19	\$1,183.68	\$880.39
Family	\$911.52	\$542.23	\$1,529.70	\$1,152.26



Choice of Plan Options:	What Does this Mean?	ABC Plan 1 3 Tier Rx	ABC Plan 2 5 Tier Rx	Choices 300/600 3 Tier Rx	Choices 500/1000 5 Tier Rx
Deductible (per calendar year)	Amount you pay before the plan starts to pay	\$1,700 member \$3,400 family	\$2,000 member \$4,000 family	\$300 member \$600 family	\$500 member \$1,000 family
Coinsurance	The amount you pay after deductible	0%	0%	0%	0%
Annual Out-of-Pocket Maximum (Jan 1 – Dec 31)	The maximum you'll pay towards covered services during the plan year (includes deductible)	\$3,700 member \$7,400 family	\$4,000 member \$8,000 family	\$3,300 member \$6,600 family	\$3,500 member \$7,000 family
Physician Office Visit or Specialist Visit	Appointment with a healthcare provider or a physician who has expertise in a specialized area	0% after deductible		\$20 copay	
Urgent Care	Provides immediate care for non-life-threatening illnesses and injuries that require prompt attention but do not require a visit to the emergency room	0% after deductible		\$25 copay	
Emergency Room	Specialized department within a hospital designed to handle acute and life-threatening situations	0% after deductible		\$25 copay	
Employee cost For Prescription Drugs – up to 34 day supply	Medications that can only be obtained with a written order from a licensed healthcare professional. The tier of coverage is determined by the insurance carrier and is driven by the cost and availability of the drug.	After Deductible Free or \$10 for generics 20% coinsurance for preferred brands (\$40 min - \$80 max) 20% coinsurance for non-preferred brands (\$60 min - \$100 max)	After Deductible Free or \$10 for generics \$40 for preferred brands \$80 for non-preferred brands	After Deductible \$10 for generics 20% coinsurance for preferred brands (\$40 min - \$80 max) 20% coinsurance for non-preferred brands (\$60 min - \$100 max)	After Deductible \$10 for generics \$40 for preferred brands \$80 for non-preferred brands
Employee cost For Prescription Drugs – up to 90 day supply		2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order	2.5x 1-month supply; Retail or mail order	3x 1-month supply; Retail or mail order

Illustrative costs are based on in-network services; additional costs will be incurred for out-of-network services

Dental Insurance | Guardian Dental

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. You can enroll yourself & eligible dependents, or elect "No Coverage". You do not have to enroll in medical coverage to elect dental coverage.

The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

View the chart below for the details of each plan offered by CMU (for in-network services) -

Plan Details:	Core Plan	Buy-Up Plan
Annual Plan Year Deductible (July 1 – June 30)	\$50 single \$150 family	\$0
Diagnostic & Preventive Exams, Cleanings, X-rays – 2 per calendar year	100%	100%
Basic Services Fillings	50%	75%
Major Services Crowns, Bridges, Dentures, Implants	50%	50%
Annual Plan Maximum Total amount the plan will pay for services per plan year (July 1 – June 30)	\$1,000	\$1,500
Child Orthodontia	Not Covered	Covered 50% Up to \$2,000 Lifetime Maximum

See the [dental comparison grid](#) for additional plan coverage information.

Employee Monthly Premium Cost Share* – costs below reflect coverage for full-time, 12 month employees. Refer to [benefits website](#) for part-time or 9 month cost share.

Staff Medical Faculty Postdoctoral Research Fellows Fixed-Term Faculty	Core	Buy-Up
Single	\$6.16	\$34.09
Two-Person	\$12.71	\$70.24
Family	\$15.84	\$89.61

Costs below reflect coverage for full-time, 9 month employees (pays Aug-May). Refer to [benefits website](#) for 12 month cost share.

Regular Faculty	Core	Buy-Up
Single	\$11.76	\$49.00
Two-Person	\$24.23	\$100.94
Family	\$30.22	\$128.58

*Employee cost share will differ for those groups in bargaining

Vision Insurance | VSP

Healthy eyes and clear vision are an important part of your overall health and quality of life. Eligible employees* can enroll in coverage for self and eligible dependents — or elect “No Coverage”. You do not have to be enrolled in medical coverage to elect vision coverage.

Below is a summary of the vision plans with details for each plan offered by CMU (for in-network services). Please refer to [the VSP Vision Benefit Summary](#) for additional information on coverage and exclusions. There are also additional discounts that you can access through VSP’s online portal.

* Postdoctoral Research Fellows are not eligible for this coverage.

Plan Details:	Frequency Plan Year: July 1 – June 30	Standard	Premium
Eye Exam (one per plan year)	Every 12 months	\$20 copay	\$0 copay
Contacts Fitting & Evaluation (one per plan year)	Every 12 months	Up to \$55	Up to \$40
Frames / Lenses	Every 12 months**	Up to \$120 frame allowance; 20% savings on amount over allowance	Up to \$175 frame allowance; 20% savings on amount over allowance
Contacts	Every 12 months**	Up to \$120 allowance	Up to \$175 allowance

** You cannot get glasses and contacts in the same plan year.

Employee Monthly Premium Cost Share – costs below reflect coverage for full-time, 12 month employees. Refer to [benefits website](#) for part-time or 9 month cost share.

Staff Medical Faculty Postdoctoral Research Fellows Fixed-Term Faculty	Standard	Premium
Single	\$6.40	\$9.97
Two-Person	\$12.82	\$19.96
Family	\$20.62	\$32.12

Costs below reflect coverage for full-time, 9 month employees (pays Aug-May). Refer to [benefits website](#) for 12 month cost share.

Regular Faculty	Standard	Premium
Single	\$8.53	\$13.29
Two-Person	\$17.09	\$26.61
Family	\$27.49	\$42.83

Employee Life and AD&D Insurance | Unum

Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. It is important to ensure your beneficiaries are updated.

CMU will cover the full premium cost for core Employee life insurance coverage for employees. The core amount of life insurance varies based on your employee subgroup. Refer to your applicable [Benefits in Brief](#).

You may purchase additional Life & AD&D insurance for yourself at discounted group rates. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age – see [CMU Choices](#) for specific plan year costs. An Evidence of Insurability (or EOI, a short medical questionnaire) may be required. See [CMU's website](#) for more details.

Optional Life and AD&D Insurance | Unum

You may also purchase additional Optional Life & AD&D insurance for your spouse/Other Eligible Individual, and your eligible dependents at discounted group rates. Your spouse/Other Eligible Individuals age and the amount of insurance you elect determines the premium you'll pay. Costs will increase based on age.

An Evidence of Insurability (or EOI, a short medical questionnaire) may be required. See [CMU's website](#) for more details.

Life / AD&D Insurance Options For You and Your Eligible Dependents			
	Employee	Spouse	Eligible Child(ren) through end of calendar year they turn age 26
Coverage Amount Options*	Increments of 1.0x / 1.5x / 2x / 3x or 4x annual earnings rounded to the nearest \$1,000 with an overall maximum of \$750,000	\$10,000 \$25,000 \$50,000 \$75,000 \$100,000	Live birth - 6 month: \$1,000 6 months – 26 year: \$10,000 \$25,000
Guaranteed Issue Amount (without Evidence of Insurability)	3x annual earnings or up to \$575,000 upon initial election	\$50,000 upon initial election	\$10,000 \$25,000

**Coverage reduces at the end of the plan year in which you attain age 70 on core coverage only.
The core amount of employee life insurance varies based on your employee subgroup.*

Disability Insurance | Unum

Should you be unable to work due to a non work-related illness or injury, CMU provides Long-Term Disability (LTD) coverage at no cost to eligible employees*. Eligible employees may also choose to elect Short-Term Disability (STD) coverage for an additional cost (premium is fully paid by employees)**. LTD and STD replaces a portion of your income while you recover and are unable to work.

Review [CMU's website](#) for additional details.

* Postdoctoral Research Fellows are not eligible for this coverage.

** Postdoctoral Research Fellows and Fixed-Term Faculty are not eligible for this coverage.

Long-Term Disability Benefits at a Glance (CMU Paid)

Monthly Benefit	67% Coverage
Monthly Maximum	\$10,000 per month
Benefit Duration	< 60 to age 65 ≥ 60 refer to Unum plan booklet
Elimination Period	180 days Benefits begin the day after the elimination period is completed
Pre-Existing Limitation	3 / 12*

Short-Term Disability Benefits at a Glance (Employee Paid)

	50% Coverage	67% Coverage
Weekly Benefit	50% of weekly earnings	67% of weekly earnings
Weekly Maximum	\$900 per week	\$1,200 per week
Benefit Duration	135 days	
Elimination Period	45 calendar days or the exhaustion of accrued sick leave time, whichever is longer Benefits begin the day after this elimination period is completed.	
Pre-Existing Limitation	3/12*	

***Benefits may not be paid for any condition treated within three months prior to your effective date until you have been covered under this plan for 12 months.**



Flexible Spending Account (FSA) | WEX

Health Care Account

Lower your taxable income by electing a Health Care Flexible Spending Account (FSA). Contribute your own money on a pre-tax basis to help pay for eligible out-of-pocket expenses such as your medical, dental or vision deductibles, copays or coinsurance. Check out the list of [eligible expenses](#) or the [FSA store](#) for more details.

You will want to plan wisely when determining how much to elect annually (per plan year, July 1 – June 30). Annual contribution election amounts will be deducted over each pay period of the plan year. The IRS annual contribution maximum for the 2025-26 plan year is \$3,300. Contributions remaining in your account (under the \$25 minimum or over the \$660 allowed rollover amount), after the plan year concludes, will be forfeited.

Health Care Flexible Spending Account Options		
	General Purpose	Limited Purpose
Eligible Expenses	FSA can be used for medical, prescription drug, dental or vision expenses	FSA can be used for dental or vision expenses only
Pairs with Medical Plan	Pairs with PPO2 & MESSA Choices/Saver plans	Pairs with HSA Advantage, Advantage Plus, & MESSA ABC High Deductible plans

An alternative to FSA is a HSA (Health Savings Account) – see [page 6](#) (BCBS medical) or [page 9](#) (MESSA) medical for more details.

Dependent Day Care Account

You can also elect a Dependent Day Care Flexible Spending Account separately if you have childcare (or elderly adult day care) expenses.

You will want to plan wisely when determining how much to elect annually (per plan year, July 1 – June 30). Annual contribution election amounts will be deducted over each pay period of the plan year. The IRS allows a maximum annual contribution election of \$5,000 (\$2,500 if married and filing separately) per calendar year. Day Care contributions must be deposited into your account (each pay period) before expenses can be reimbursed.

Make your FSA election in CMU Choices

My CMU Choices benefit elections (Current Year: 2025 - 2026)

Health Plans

Life & Disability Plans

Flexible Spending Accounts

Health Care Account

Dependent Day Care Account

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

No election is required if you do not wish to enroll in a FSA.



Qualifying Status Change Events

Changing Benefits After Enrollment

During the year, you cannot make changes to your elections for medical / prescription drug, dental, vision, or Flexible Spending Accounts unless you experience a [Qualified Status Change Event](#), such as marriage or the birth of a child.

If you experience a Qualified Status Change Event and need to make changes to your benefit elections, be sure to complete a [Status Change Request form](#) and return it to the CMU Benefits & Wellness Office within **30 calendar days** of the date of the event. If you do not make changes within the 30 calendar days, you will have to wait until the next annual open enrollment period to make changes (unless you experience another Qualified Status Change Event).

Depending on the type of Qualified Status Change Event, along with the status change form, additional documentation may be required to be submitted at the same time. See the table below for more details.

Dependents enrolled in medical/prescription drug and/or dental coverage will be required to complete [dependent verification](#) through our external vendor, BMI Audit Services.

*You will be mailed a packet, from BMI Audit Services, with additional instructions: it is **critical** that you complete the verification for dependents to remain on coverage. Verification not completed will result in dependents being removed from coverage.*

Qualified Status Change Event	Possible Documentation Needed
Change in marital status -	
Marriage	Copy of marriage license
Divorce/Legal Separation	Copy of divorce decree (<i>front page & signature pages only</i>)
Death	Copy of death certificate or copy of the obituary
Change in number of dependents -	
Birth or adoption	Copy of hospital birth announcement or copy of legal adoption papers
Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
Death	Copy of death certificate or copy of the obituary
Change in employment -	
Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification from spouse's employer / insurance company that states the loss or gain of coverage

Well-being, Healthcare Advocacy and Support

Employee Assistance Program – *available to all employees*

You also have access to an Employee Assistance Program (EAP) through Health Advocate. The Health Advocate Employee Assistance Program provides no cost, confidential mental health, crisis support, work/life balance, and other support services to you and your family.

Services	Information
Counseling	<ul style="list-style-type: none">• Support for relationships, financial/legal issues, stress, depression, and substance abuse• Confidential counseling sessions (6) available in person or virtually (by telephone, chat, text or video)• National network of over 62,000 licensed professional counselors
24/7 Crisis Support	<ul style="list-style-type: none">• 24-hour Emergency Hotline available to employees, spouses/OEIs, dependents, parents, and parents-in-law, and• "In-the-moment" support for personal issues, including a professional clinical assessment
Work/Life Support	<ul style="list-style-type: none">• Specialists can locate resources to help employees with a broad range of work/family issues, including childcare, eldercare, financial issues, and legal concerns
Online/Mobile Resources	<ul style="list-style-type: none">• Digital Cognitive Behavior Therapy (dCBT), an online tool which helps users manage stress, anxiety and depression• Webinars on goal setting, budgeting, mindfulness, stress, grief and loss, resilience and more• Financial calculators and other resources focused on issues like budgeting, estate planning, debt management and identity theft• Financial Fitness Center that includes a Financial Fitness Checkup, information on savings and investments, and hundreds of interactive tutorials on key financial health topics

Health Advocate, Health Enrollment & Care Support – *available to all benefit eligible staff, medical faculty, postdoctoral research fellows, and fixed-term faculty*

Health Advocate also provides free and confidential service with nurses, claims specialists and advocates specialized to navigate healthcare for you! Getting a care plan started means getting answers about medical conditions, connecting with in-network providers for second opinions, navigating medical bills, transferring medical records, and more. Health Advocate can assist you with the following:

- Explain health benefit coverage, plans, options & offer benefit election-decision support.
- Coordinate care and services
- Identify and access providers and facilities
- Facilitate communications with your health care providers
- Help you schedule and understand tests, medical treatments and medications prescribed
- Locate and arrange special need services
- Connect with a well-being coach
- Access support for claims & billing issues

Visit www.healthadvocate.com/cmu or call 866-799-2691 today!

Wellness & Telemedicine Services

CMU Wellness Incentive Program – *available to all benefit eligible staff, medical faculty, postdoctoral research fellows, and fixed-term faculty*

Central Michigan University has partnered with Health Advocate to help you focus on your well-being – plus, you can earn a reward for your hard work!

Our Wellness program is designed to:

- Provide healthy lifestyle education, resources and support which includes free, unlimited access to well-being coaches
- Help you develop positive routines to improve your health
- Support your health goals
- Encourage you to receive annual preventive care services

You can complete your choice of wellness and coaching activities to earn points between July 1, 2025 – June 30, 2026. Earn \$100 for every 200 points you earn, up to \$400 max for 800 total points. Points may be redeemed for up to \$400 in rewards, including gift cards, merchandise and/or debit card. Points and reward dollars do not roll over to the new plan year.

Note: rewards are subject to taxation at the time of redemption.

Spouses and dependent children age 18+ can also utilize the wellness program features but are not eligible for the \$400 reward.

Check out the [Wellness Guide](#) for more information about the program and incentives.

Telemedicine

Under the weather and need a fast doctor visit? Telemedicine, available through Virtual Care by Teladoc Health, gives you 24/7 access to U.S. board-certified doctors through the convenience of your phone. You and a practitioner can speak or video chat to answer questions, make a diagnosis and even prescribe some medications. This convenient and affordable option provides you on-demand access to treat many medical conditions. As always, call 911 for any emergency.

Employees covered under both CMU's [Blue Cross Blue Shield \(BCBS\)](#) and [MESSA](#) medical insurance can access Virtual Care by Teladoc Health –

- Download the Teladoc Health app
- Call 800-835-2362

Teladoc Health is available 24 hours a day, 7 days a week.



Staying Connected Year Round

CMU's Benefits & Wellness Office

The CMU Benefits & Wellness Office is here for you —

- Call - 989.774.3661 (Monday – Friday, 8am – 5pm EST)
- Email - benefits@cmich.edu
- Walk in – Rowe Hall 108
- Visit [our website](#)

CMU's Vendors Contact Information

Feel free to reach out to any of our vendors for more information —

Medical Coverage	BCBS	Medical Coverage	MESSA
Contact Information	877.354.2583	Contact Information	800.336.0013
Web Address	www.bcbsm.com	Web Address	www.messa.org
Prescription Coverage	CVS Caremark	Dental Coverage	Guardian
Contact Information	888.796.8687	Contact Information	800.541.7846
Web Address	www.caremark.com	Web Address	www.guardiananytime.com
Vision Coverage	VSP	Life and AD&D / Disability	UNUM
Contact Information	800.877.7195	Contact Information	800.445.0402
Web Address	www.VSP.com	Web Address	www.unum.com
Flexible Spending Accounts	WEX	Health Savings Account	Health Equity
Contact Information	866.451.3399	Contact Information	877.284.9840 - BCBS 877.218.3432 - MESSA
Web Address	login for CMU account access	Web Address	www.healthequity.com
Well-Being & Health	Health Advocate	Telemedicine	Teladoc Health
Contact Information	866.799.2691	Contact Information	1-800-835-2362
Web Address	www.healthadvocate.com/CMU	Web Address	www.teladochealth.com

NOTE: This Benefits Guide is merely intended to provide a brief overview of Central Michigan University's (CMU) employee benefit programs. Employees should review the [CMU Choices Plan Document](#) for the precise terms of such programs. In the event of any inconsistency between this Benefits Guide and such governing documents, the governing documents will control. The CMU reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer.



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