



# 2025-26 Plan Year CMU CHOICES BENEFITS OVERVIEW

**Regular Faculty** 

# **MEDICAL**

CMU offers four medical plan options through MESSA. A summary of the in-network benefits for each plan is shown below.

	Choices 10/20	Choices 200/400	Choices 500/1000	ABC HSA Saver
Deductible (per calendar year)	\$100 member \$200 family	\$200 member \$400 family	\$500 member \$1,000 family	\$1,650 member \$3,300 family
Coinsurance	0%	0%	0%	0%
Total Out of Pocket Max.	\$2,100 member \$4,200 family	\$2,200 member \$4,400 family	\$2,500 member \$5,000 family	\$2,650 member \$5,300 family
Prescription Drug	gs .			
Rx Out of Pocket Max.	Included in Total Out of Pocket Max.	Included in Total Out of Pocket Max.	Included in Total Out of Pocket Max.	Included in Total Out of Pocket Max.
Copays / Coinsurance (1-34 Day Supply)	\$20 or \$40 See M	Depending on Rx, \$2 or \$10 for generics , 0 for brands. \$10 for sp IESSA.org for SaverRx d Day Supply for Two Cop	ecific OTC. letails.	After Deductible, depending on Rx, \$0, \$2 or \$10 for generics, \$0, \$20 or \$40 for brands, \$10 for specific OTC. See MESSA.org for ABC Rx details. (90 Day Supply for Two Copays)

Savings Accounts				
Health Savings Account	Not Eligible	Not Eligible	Not Eligible	Eligible
Health Care FSA	Eligible	Eligible	Eligible	Limited Purpose Only
Dependent Care FSA	Eligible	Eligible	Eligible	Eligible

Medical and Prescription Drug coverage through MESSA runs on the calendar year (1/1 - 12/31).



This overview contains highlights of the benefits package offered to you as a Central Michigan University employee. Not all benefits, limitations and exclusions of the benefit programs are listed. If there are any discrepancies between the illustrations contained herein and the official benefit plan documents, the official benefit plan documents prevail.

# **DENTAL**

CMU offers two dental plan options through Guardian. Both plans use the DentalGuard Preferred network. A summary of the in-network benefits for each plan is shown below.

	Core	Buy-Up
<b>Deductible</b> (per plan year 7/1 – 6/30)	\$50 Individual / \$150 Family (Does not apply to Preventive Care)	None
Annual Maximum Benefit	\$1,000	\$1,500
<b>Preventive Care Services</b>	Plan pays 100%	Plan pays 100%
Basic Care Services	Plan pays 50%	Plan pays 75%
Major Care Services	Plan pays 50%	Plan pays 50%
Orthodontia (children up to age 26)	Not covered	Plan pays 50%
Lifetime Orthodontia Maximum	Not covered	\$2,000

# **VISION**

CMU offers two vision plan options through VSP. Both plans use the Choice network. A summary of the in-network benefits for each plan is shown below.

	Standard	Premium
Eye Exam (once every plan year 7/1 – 6/30)	\$20 copay	\$0 copay
Glasses (once every plan year 7/1 – 6/30)	\$20 copay	\$20 copay
Frames	\$120 allowance \$170 allowance for featured brands 20% discount on remaining balance	\$175 allowance \$225 allowance for featured brands 20% discount on remaining balance
Lenses	Single vision, lined bifocal/trifocal Polycarbonate lenses for children Standard progressive - \$0 copay	Single vision, lined bifocal/trifocal Polycarbonate lenses for children Standard progressive - \$0 copay
Contacts (instead of glasses; once every plan year 7/1 – 6/30)	Up to \$55 copay for contact lens exam (fitting and evaluation) \$120 allowance for contacts	Up to \$40 copay for contact lens exam (fitting and evaluation) \$175 allowance for contacts

## 2025-2026 EMPLOYEE PREMIUM COST SHARE

The costs below reflect the **MONTHLY** amount employees pay for coverage.

**Medical** (rates effective through 12/31/2025)

ABC HSA Saver	9 Month	12 Month
Single	\$173.71	\$130.28
Two-Person	\$431.35	\$323.51
Family	\$593.46	\$445.09
Choices 10/20	9 Month	12 Month
Single	\$435.40	\$326.55
Two-Person	\$1,020.14	\$765.11
Family	\$1,326.17	\$994.63
Choices 200/400	9 Month	12 Month
Single	\$398.75	\$299.06
Two-Person	\$937.69	\$703.27
Family	\$1,223.59	\$917.69
Choices 500/1000	9 Month	12 Month
Single	\$305.20	\$228.90
Two-Person	\$727.21	\$545.41
Family	\$961.66	\$721.24
Dental		

Core	9 Month	12 Month
Single	\$11.76	\$8.82
Two-Person	\$24.23	\$18.17
Family	\$30.22	\$22.67
Buy-Up	9 Month	12 Month
Buy-Up Single	<b>9 Month</b> \$49.00	<b>12 Month</b> \$36.75

#### Vision

Standard	9 Month	12 Month
Single	\$8.53	\$6.40
Two-Person	\$17.09	\$12.82
Family	\$27.49	\$20.62
Premium	9 Month	12 Month
Premium Single	<b>9 Month</b> \$13.29	<b>12 Month</b> \$9.97

# LIFE / ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)\*

CMU offers employees Life/AD&D insurance through Unum. A core Employee Life/AD&D benefit is provided by CMU at no cost.

You may also purchase optional life/AD&D insurance for yourself and your dependents.

- Employees: 1x, 1.5x, 2x, 3x, or 4x annual earnings, up to a maximum of \$750,000
- Spouse or OEI: Choice of \$10,000, \$25,000, \$50,000, \$75,000, or \$100,000
- Children: Choice of \$10,000 or \$25,000

# **SHORT-TERM DISABILITY\***

Employees may purchase optional Short-Term Disability insurance through Unum.

#### There are two benefit levels:

- 50% of weekly earnings, up to \$900/week
- 67% of weekly earnings, up to \$1,200/week

This plan has a 45-day elimination period.

\*An Evidence of Insurability (EOI) may be required for additional coverage

# **LONG-TERM DISABILITY**

Long-Term Disability insurance is administered through Unum and provided by CMU at no cost to eligible employees.

The monthly benefit is 67% of monthly earnings, up to \$10,000 per month. This plan has a 180-day elimination period.

# **HEALTH ADVOCATE**

Health Advocate offers a team of experts who can work one-on-one to help resolve a wide range of healthcare and insurance-related issues. Services include an employee assistance program (EAP) and plan enrollment assistance.

Health Advocate is provided to you and your family members at no cost.

**Phone:** 866-799-2691 (M-F 8am to 10pm)

Online: HealthAdvocate.com/CMU

#### FLEXIBLE SPENDING ACCOUNTS

Employees can choose to contribute to a pre-tax Flexible Spending Account (FSA) through WEX.

#### **General Purpose FSA**

- Allows you to pay for qualified medical, prescription drug, dental and vision expenses
- Maximum annual election: \$3,300

#### **Limited Purpose FSA**

- Available to employees enrolled in the ABC HSA Saver medical plan
- Allows you to pay for qualified dental and vision expenses only
- Maximum annual election: \$3,300

#### **Dependent Day Care FSA**

- Available to all employees with eligible dependent day care expenses
- Allows you to pay for eligible child-care and elder-care expenses
- Maximum annual election: \$5,000 per household

### **HEALTH SAVINGS ACCOUNT**

A Health Savings Account (HSA) is an individually-owned, tax-advantaged savings account. You may use HSA funds to pay for medical, dental, prescription and vision expenses.

The ABC HSA Saver is paired with an HSA through HealthEquity.

#### 2025 Calendar Year IRS maximum contributions:

- \$4,300 single
- \$8,550 family
- \$1,000 catch-up for those age 55+

Employees can choose to make HSA contributions from their pay.

For more details on your benefits package, visit the Benefits and Wellness website www.cmich.edu/benefits-wellness