CMU Choices Flexible Benefits Plan

- **Health Plans**
  - Medical & Prescription Drug
  - Dental
  - Vision

- **Life/AD&D & Disability**
  - Employee Term Life/AD&D
  - Long Term Disability
  - Spouse/OEI Term Life/AD&D
  - Child Term Life/AD&D

- **Flexible Spending Accounts (FSA)**
  - Health Care Account
  - Dependent Day Care Account

- **Retirement**
  - CMU 403(b) Basic Retirement Plan
  - Michigan Public School Employee Retirement System (MPSERS)
  - 403(b) Supplemental Retirement Plan
  - 457(b) Tax-deferred Retirement Plan

- **Tuition Benefit Program**
  - Pre-Tax Benefit

  - Before-Tax  ❖  After-Tax
CMU Wellness Program

Wellness website
CMU Employee Wellness Program

• Nationally recognized employee wellness program developed in February 1999, rebranded in 2014
• Comprehensive wellness program fostering a culture of health and well-being that helps you thrive in everything you do!
• Programs:
  o On-site fitness facilities
  o Wellness screening
  o Annual benefits & wellness picnic
  o CPR and First Aid classes
  o And many more!
Benefits Enrollment

• **Benefit Plan Year:** July 1 – June 30

• **New Hire Enrollment Period:** 30 calendar days to enroll in *CMU Choices* plan (changes can be made during new hire enrollment period)

• **Benefits Coverage Begins**
  – 12-Month Faculty: Date of appointment
  – 10-Month Faculty: August 16 *(fall semester)* or January 1 *(spring semester)*

• **Benefits Coverage Ends**
  – 12-Month Faculty: Last day of employment
  – 10-Month Faculty
    • Last day of employment; or
    • Full academic year assignment: August 15

• **Timing for Benefits Changes**
  – Annual Open Enrollment: Beginning of May, changes made will be effective July 1
Benefits Enrollment

• **Benefit Status Changes:** Allows changes within 30 calendar days of event
  - Status Change Events Examples
    - Birth, adoption, placement of adopted child (Retrospective change for timely reporting)
    - Marriage, divorce, loss of dependent status, unpaid leave of absence (Prospective change)

• **Default Coverage:** Fail to enroll during new hire enrollment period will result in the following coverage
  - Medical: MESSA Choices Saver – single level
  - Dental: No coverage
  - Vision: No coverage
  - Employee Life/AD&D: 1x salary
  - LTD: 67% coverage
  - STD, Dependent Life & FSA: No coverage
Benefit Eligibility

- **Spouse / Other Eligible Individual (OEI) – medical / prescription drug, dental and dependent life/AD&D**
- **Other Eligible Individual (OEI)**
  - Must complete an OEI designation form
  - Will be taxed on the full premium of the OEI (and OEI dependent) coverage
  - [Additional OEI information](#) is available online
- **Works at CMU? Double Coverage?**
  - **Cannot** cover each other and / or children on medical, dental or vision
  - **Can** elect dependent life insurance coverage for each other and / or children
Benefit Eligibility

• Children, step-children and children of OEI
• Birth through 26 years old (end of the calendar year)
• Disabled children – prior to age 19
• Detailed benefits eligibility criteria available online

Benefits Eligibility Criteria

Eligibility for CMU Choices Coverages

As a benefit eligible CMU employee, you may cover the following individuals on your medical, prescription drug, dental, vision, and dependent life insurance plans:

• 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) as described here
• Child who meets the eligibility criteria listed here
Medical/Prescription: MESSA

- **Mandatory Benefit**
  - Choices 10/20
  - Choices Saver
  - **ABC HSA Saver** (High Deductible Health Plan)
    - All three MESSA plans are Preferred Provider Organization (PPO) plans
  - **No Coverage** – Employee must elect at least single level medical coverage unless he/she is covered elsewhere.
# MESSA Plan Comparison: In-Network

<table>
<thead>
<tr>
<th>In-Network Services</th>
<th>Choices 10/20</th>
<th>Choices Saver</th>
<th>ABC HSA Saver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$100 per person $200 per family</td>
<td>$200 per person $400 per family</td>
<td>$1,300 per person $2,600 per family</td>
</tr>
<tr>
<td></td>
<td>All claims subject to deductible, except for in-network preventive services and prescriptions</td>
<td>All claims subject to deductible, except for in-network preventive services and prescriptions</td>
<td>All claims – including prescription drugs – are subject to deductible excluding in-network preventive service and certain preventive prescriptions</td>
</tr>
<tr>
<td>Medical Annual Out-of-Pocket Maximum (co-pays &amp; co-insurance)</td>
<td>$1,000 per person $2,000 per family</td>
<td>$1,000 per person $2,000 per family</td>
<td>$1,000 per person $2,000 per family</td>
</tr>
<tr>
<td>Preventive Care Services (Annual Exams, Screenings, Immunizations – <a href="http://www.messa.org/freepreventive">www.messa.org/freepreventive</a>)</td>
<td>100% (no deductible)</td>
<td>100% (no deductible)</td>
<td>100% (no deductible)</td>
</tr>
<tr>
<td>Office Visits and Consultations</td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>100% after deductible</td>
</tr>
</tbody>
</table>

- **Medical Annual Out-of-Pocket Maximum**: This is the maximum amount you will pay out of your pocket in a year, after applying your deductible. The table shows the limits for each plan option, ranging from $1,000 per person to $1,000 per person.

- **Preventive Care Services**: Preventive care services include annual exams, screenings, and immunizations. These services are covered at 100% (no deductible) for all plan options, allowing members to access these services without incurring any costs.

- **Office Visits and Consultations**: These visits carry a copay of $20 for Choices 10/20 and Choices Saver, while ABC HSA Saver covers 100% after deductible, allowing for no out-of-pocket costs for this service.
## MESSA Plan Comparison: In-Network

<table>
<thead>
<tr>
<th>In-Network Services</th>
<th>Choices 10/20</th>
<th>Choices Saver</th>
<th>ABC HSA Saver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>$50 copay (waived if accidental injury or emergency)</td>
<td>$50 copay (waived if accidental injury or emergency)</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$25 copay</td>
<td>$25 copay</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Ambulance Services (medically necessary)</td>
<td>100% after deductible</td>
<td>100% after deductible</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital (Semi-private Room)</td>
<td>100% after deductible</td>
<td>100% after deductible</td>
<td>100% after deductible</td>
</tr>
</tbody>
</table>

This benefits summary is intended for use only as a source of reference. Official benefits, conditions, exclusions, and limitations are documented in the certificate and amendments.
### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>Type of Rx (1 – 32 day supply)</th>
<th>Choices 10/20</th>
<th>Choices Saver</th>
<th>ABC HSA Saver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Generic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10 copay</td>
<td>After in-network copay, 75% covered</td>
<td>$2 or $10 copay (depending on Rx)</td>
<td>After deductible, $2 or $10 copay (depending on Rx)</td>
</tr>
<tr>
<td>Brand</td>
<td>$20 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After in-network copay, 75% covered</td>
<td>$20 or $40 copay (see Saver Rx list)</td>
<td>After in-network copay, 75% covered</td>
<td>After deductible, $20 or $40 copay (depending on Rx)</td>
</tr>
<tr>
<td>90-Day Supply</td>
<td>2 copays (in-network only)</td>
<td>2 copays (in-network only)</td>
<td>2 copays (in-network only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Annual Out-of-Pocket Maximum</th>
<th>Choices 10/20</th>
<th>Choices Saver</th>
<th>ABC HSA Saver</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>$1,000 per person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$2,000 per person</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$4,000 per family</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Additional MESSA Information:

- MESSA group application form **AND** MESSA/Cigna beneficiary form must be completed and returned to benefits office for online enrollment to be effective
- Includes $5,000 group term life insurance coverage
- Unlimited lifetime benefit maximum
- Calendar year for processing deductibles, coinsurance, copays & annual out-of-pocket maximums
- Will receive ID card from MESSA for medical and prescription drug coverage
Dental: Meritain Health

- **Voluntary Benefit Plan**
  - D 100/50/50
  - D 100/75/50/50 (with orthodontia coverage)
  - No Coverage

- Annual deductible and plan year maximum accumulate on plan year basis (July 1 – June 30)

- Will receive a separate ID card from Meritain Health

- Optional Dentemax network is available [www.dentemax.com](http://www.dentemax.com)
## Dental Plan Comparison

<table>
<thead>
<tr>
<th>Benefit Details</th>
<th>D 100/50/50</th>
<th>D 100/75/50/50</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to Class II &amp; III only</td>
<td>$50 person /</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>$150 family</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Plan Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to Class I, II &amp; III only</td>
<td>$1,000 per person</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies to Class IV only</td>
<td>Not Applicable</td>
<td>$2,000 per person</td>
</tr>
<tr>
<td><strong>Class I – Preventive Services</strong></td>
<td>100% of Allowed Amount</td>
<td>100% of Allowed Amount</td>
</tr>
<tr>
<td>2 cleanings &amp; 1 set of X-rays/plan year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class II – Basic Services</strong></td>
<td>50% of Allowed Amount after Deductible</td>
<td>75% of Allowed Amount</td>
</tr>
<tr>
<td>Fillings, crowns, root canal, oral surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class III – Major Services</strong></td>
<td>50% of Allowed Amount after Deductible</td>
<td>50% of Allowed Amount</td>
</tr>
<tr>
<td>Dentures, bridges, dental implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Class IV – Orthodontics</strong></td>
<td>Not Covered</td>
<td>50% of Allowed Amount</td>
</tr>
<tr>
<td>Child under age 19 when services began</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This benefits summary is intended for use only as a source of reference. Official benefits, conditions, exclusions, and limitations are documented in the certificate and amendments.
Vision: VSP Vision Care

- Voluntary Benefit Plan
  - VSP vision plan
  - No Coverage
- To find in-network providers, visit [www.vsp.com](http://www.vsp.com)
  - Choose “VSP Choice” network
- Copay and plan allowance accumulate on plan year basis (July 1 – June 30)
- No ID card necessary
# Vision Benefit Summary

<table>
<thead>
<tr>
<th>Service</th>
<th>Using a VSP Vision Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Vision Plan Pays</strong></td>
</tr>
<tr>
<td><strong>Eye Exam</strong> – Once every plan year</td>
<td>100% of charges over $20 copay</td>
</tr>
<tr>
<td><strong>Eyeglasses or Contact Lenses:</strong> Once every plan year</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>$120 allowance <em>plus</em> 20% of the charges over $120</td>
</tr>
<tr>
<td><strong>Standard Lenses</strong>*</td>
<td>100% of charges over $20 copay</td>
</tr>
<tr>
<td>(Single vision, lined bifocal, lined trifocal lenses)</td>
<td></td>
</tr>
<tr>
<td><strong>Progressive Lenses</strong>*</td>
<td>100% of charges over applicable copay</td>
</tr>
<tr>
<td>• Standard Progressive</td>
<td></td>
</tr>
<tr>
<td>• Premium Progressive</td>
<td></td>
</tr>
<tr>
<td>• Custom Progressive</td>
<td></td>
</tr>
<tr>
<td>*Member pays 100% of the lens enhancement costs (e.g. UV treatment, tint, scratch coating, anti-reflective coatings, polarized)</td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong> (Instead of eyeglasses)</td>
<td>$120 allowance</td>
</tr>
</tbody>
</table>

*This is only a partial list of vision services. The Vision Summary of Benefits will show exactly what is covered and excluded.*
Employee Life/AD&D

- Core life insurance / AD&D is provided at no cost to benefit-eligible employees (benefit determined by employee group)
  - Core life insurance / AD&D reduces 50% at age 70
- Life / AD&D coverage options: 1.0 x, 1.5 x, 2.0 x, 3.0 x or 4.0 x salary
  - Maximum coverage amount: $750,000
  - Premium rates are based on employee’s age, annual salary and coverage option
- New hire guaranteed issue amount: Greater of 3x salary or $575,000
- Term life insurance policy and has no cash value
- Coverage ends on date of termination or separation
- Value-added benefits included - visit www.HartfordLifeConversations.com
Long Term Disability

- Long Term Disability (LTD) benefit: 67% of monthly earnings up to $10,000
- Provided at no cost to benefit-eligible employees
- LTD benefits are payable after 180 calendar days of injury or illness
  - Benefits are coordinated with other benefits such as accrued sick time/vacation time, workers’ compensation, social security disability, etc. (see union’s contract for details)
  - Must be approved by our LTD administrator, The Hartford
- Pre-existing conditions will not be covered for 12 months from the date of coverage
- A [Detailed Summary](#) is available online
Short-Term Disability: The Hartford

• **Voluntary Benefit Plan**
  - 50% of weekly earnings to $900 max
  - 67% of weekly earnings to $1,200 max
  - No Coverage
  - Premium rate is based on coverage amount and is paid by employee

• Coverage begins after 45 calendar days of being unable to work due to non-work related injury or illness

• **Per contract, Regular Faculty have access to the Sick Leave Bank, which is designed to cover all but extreme short-term disability situations**

• A [Detailed Summary](#) is available online
Spouse/OEI Life/AD&D: The Hartford

- **Voluntary Benefit Plan**
  - $10,000
  - $25,000
  - $50,000
  - $75,000
  - $100,000
  - No Coverage
- Evidence of insurability (EOI) is required if you elect coverage greater than $50,000
  - EOI application must be submitted and approved by The Hartford for approval
- Premiums based on spouse/OEI’s age as of July 1st
- Coverage ends at the end of the plan year in which spouse/OEI turns age 70
- A [Detailed Summary](#) is available online
Child Life Insurance: The Hartford

- **Voluntary Benefit Plan**
  - $10,000
  - $25,000
  - No Coverage
- Flat premium rate regardless of number of children covered
- Evidence of Insurability isn’t required
- Coverage is available through the end of the calendar year the child turns age 26
- A [Detailed Summary](#) is available online

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Coverage Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 14 days old</td>
<td>No Coverage</td>
</tr>
<tr>
<td>15 days – 6 months</td>
<td>$1,000</td>
</tr>
<tr>
<td>6 months to age 19</td>
<td>Level of Coverage</td>
</tr>
<tr>
<td>Unmarried dependent children age 19 - 26</td>
<td>Level of Coverage</td>
</tr>
</tbody>
</table>
Healthcare FSA

- You can contribute between $100 - $2,550 pre-tax annually
- Full election is accessible immediately
- Use for:
  - Copays, deductibles, coinsurance for medical, prescription, dental and vision expenses
  - Over-the-counter drugs require a prescription
  - Full list available on Benefits & Wellness website or IRS Publication 502
- All eligible expenses must be incurred by June 30th
- Health Care FSA - carry-over up to $500 in unused amounts into the next plan year
- IRS Eligibility Rules:
  - Spouse
  - Claimed as dependents on your income taxes
    - Children through the end of the calendar year that they turn 26
    - Parents if they reside with you and you are responsible for their expenses
  - OEIs are not eligible
Limited Purpose Healthcare FSA

• Available if enrolled in a HDHP and contributions are being made to an HSA
• Reimburses for dental and vision care expenses ONLY
Dependent Day Care FSA

• You can contribute between $100 - $5,000 pre-tax annually (or $2,500 if married filing separately)
• Reimbursement for dependent day care expenses while you and your spouse work or attend school on a full-time basis
• IRS Eligibility Rules
  o Must be a dependent for federal income tax purposes; and
  o Either:
    - A child under the age of 13; or
    - An individual who is physically or mentally incapable of self care
• Contributions made to date are available for reimbursement
• All eligible expenses must be incurred by June 30th
Administration of FSA Accounts

**IRS Rules**
- Fund balances are non-transferrable between plans
- To have an account every plan year (7/1 – 6/30), you must elect a new account every year during open enrollment (generally first two weeks in May)

**General Agency Company (FSA Vendor)**
- Reimbursement Process
  - Debit card option
    - Keep/reuse card (3 years)
    - Keep receipts
  - Paper form option - submit forms with receipts directly to General Agency (GA). Must have separate direct deposit form on file with GA
  - Online member portal (Superadmin) available at [www.ga-ins.com](http://www.ga-ins.com)
Tools, Resources & Next Steps

- Visit [www.cmich.edu/benefits](http://www.cmich.edu/benefits)
- Review online benefit resources
- Watch the *CMU Choices online enrollment* presentation
- Make your benefits election online
  - Review your benefits election
  - Print your current year benefit summary
  - Confirm payroll deductions
- Insurance cards
  - ID cards
  - Flexible Spending Account & Health Savings Account debit cards
Decision Support Tool

- ALEX is Here To Help You
  - ALEX is our new easy to use on-line decision support tool!
    - Fun and interactive
    - Shows you most likely and worst case cost scenarios
    - Accessible from any internet connect device
    - Includes medical/prescription, dental, vision, life/AD&D, disability and FSA/HSA

Check out ALEX online at

University Retirement Plans

CMU CONTRIBUTION

403(b) Basic Retirement Plan
- Defined Contribution Plan
- Immediate vesting
- Pension based on accrued earnings
- Pre-enrolled in TIAA Life Cycle Fund

Michigan Public Schools Employees Retirement System (MPSERS)
- Defined Benefit Plan
- 10-year vesting period
- Pension based on formula
- Eligible only if worked at certain Michigan Universities prior to 1/1/96
403(b) Basic Retirement Plan

• CMU contributes 10% of gross earnings
  o No contribution or matching requirement by employee

• University contributions are effective date of hire
  o Pre-enrollment into TIAA Life Cycle Fund based on employee’s age
  o **At any time you may:**
    - Change the investment fund option with TIAA
    - Elect to invest part or all of the university contribution with Fidelity Investments

• You are strongly encouraged to discuss your retirement investment options with a TIAA and/or Fidelity Investments counselor
Tax-Deferred Investment Plans

EMPLOYEE CONTRIBUTION

403(b) Supplemental Tax-Deferral Plan
- Voluntary Plan
- Loan provision with TIAA only
- Distribution without penalty at age 59 ½, even if still working at CMU
- Taxes applied at time of withdrawal

TIAA
FIDELITY

457(b) Public Deferred Compensation Plan
- Voluntary Plan
- No loan provision
- Distribution without penalty after separation from CMU employment
- Taxes applied at time of withdrawal

TIAA
Tax-Deferred Investment Plans

• All contributions made by the employee as a % of earnings - minimum $25 per pay on 457(b)

• Salary reduction agreement form must be completed and returned to Benefits & Wellness office
  o Vendor application must also be completed for TIAA or Fidelity Investments (online)

• Maximum employee deferrals for 2016
  o $18,000 for employees under age 50
  o $24,000 for employees age 50+
  o May defer up to maximum in both 403(b) and 457(b)
Individual Counseling Sessions

- **TIAA**: 800-732-8353
- **Fidelity Investments**: 800-642-7131
- **StraightLine Advisors**: 877-338-4032
  - Independent investment research firm
  - [www.myRplan.com/cmu](http://www.myRplan.com/cmu)
  - Email: info@myRplan.com
  - Fees based on CMU retirement balance
    - Free if CMU balance under $5,000
Additional Benefits

Tuition Benefit Plan

• 24 credits per academic year
• Eligible: employee, spouse, dependents, OEI, dependents of OEI
• Taxation:
  o Graduate and doctoral level classes for spouse and dependents
  o Graduate and doctoral level classes for employee exceeding $5,250
  o All classes for OEI and their dependents

Discount Programs

• You Decide
  o Save on a variety of merchandise/services nationally
• Visit Discounts Website for more information
Additional Assistance:

HR - Benefits & Wellness Office
108 Rowe Hall
989-774-3661
benefits@cmich.edu
www.cmich.edu/benefits