

# SUMMARY OF GROUP HEALTH INSURANCE INFORMATION for SECURITY PERSONNEL for 2018-19

Coverage begins the 90th day following the first day of work.

MEDICAL/HOSPITAL INSURANCE — Blue Cross Blue Shield of Michigan Simply Blue HSA PPO

Benefit Year: January 1 — December 31

Monthly Contribution: \$1,150.30 family, \$920.25 2-person, \$383.44 single. (12-month contribution

for school year employees is paid by payroll deduction between Sept. & June).

**BCBSM PPO** is a statewide network of health care providers who serve Michigan subscribers. PPO providers accept the BCBSM approved amount as payment in full. You pay only deductibles, copayments and services not included in your coverage. If you use a provider who is not part of the PPO network, your plan will pay 80% of the approved amount (unless otherwise noted). The remaining 20% is the patient's responsibility. This is called a "sanction". Some non-network providers do not accept the approved amount as payment in full.

**Annual physical/GYN exams** are a covered benefit (once every 12 months along with chemical profile, complete blood count, fecal occult blood screening, urinalysis, routine pap smear and mammogram, prostate screening, sigmoidoscopy exam).

Well baby and child care visits.

Select **Adult Immunizations** are covered; verify coverage prior to receipt of immunization(s).

**Prescription Drug Coverage.** 

It is recommended that you verify participation directly with the doctor/facility or BCBSM by phone or online. For inquiries contact Blue Cross Blue Shield of Michigan at 1-877-354-2583 or <a href="http://www.bcbsm.com/">http://www.bcbsm.com/</a>

## **COBRA**

An "Initial Notification" of rights to continue group health care coverage will be sent to all new group health plan enrollees upon commencement of coverage. This notice is to acquaint employees, their covered spouse and covered dependents with the COBRA law, their notification obligations and their possible future rights to group health insurance continuation coverage.

#### HIPAA

Special enrollment notice regarding your rights under Federal legislation if you decline health insurance coverage.

#### **CHANGE IN ELIGIBILITY**

If your eligibility for group health insurance changes due to a position change or an increase in hours, please be sure to contact the payroll and benefits office. Enrollment must occur within 30 days of the qualifying event.

**Note:** Changes as a result of marriage, death, birth, divorce, etc., must be reported within 30 days of the qualifying event.

## **OPEN ENROLLMENT**

Each year during the month of September, employees eligible for group health insurance have the opportunity to add coverage. Employees may also make changes to their contract that were not reported within 30 days of the qualifying event.

## PREMIUM ONLY CAFETERIA PLAN

Under this program, you may elect to pay your monthly contribution for insurance coverage with a portion of your pay before Federal or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save.