



# Education Achievement Authority of Michigan Benefits and Enrollment Guide 2014-2015



Overview  
Contacts  
Eligibility  
Medical  
Dental  
Vision  
Voluntary Life & Disability  
Long Term Disability  
Monthly Employee  
Contributions  
BenXpress  
Instructions



## 2014 Benefit Summary Guide Overview

Education Achievement Authority of Michigan offers eligible employees a variety of benefits that can provide you and your family with health care coverage, financial protection and more, tailored to best fit your needs. Our benefits program is an important part of your overall compensation and with the assistance of Hylant, we regularly assess the quality and cost of the benefits to ensure we offer the most competitive package possible. Changes and relevant new information are highlighted below; however, we encourage you to review this guide in its entirety.

**Open Enrollment:** [Enrollment is only available from 7/14 through 8/1/14.](#) This is the only opportunity you will have this year to make changes to your benefit elections. During this period you may add, drop, or modify coverage. You will be locked into the plan selections for one year unless there is a qualifying event (marriage, divorce, birth, adoption or change in custody of a child, death of a dependent, change in employment status). All changes must be made within 30 days of the event.

### NEW for 2014/2015 Plan Year:

1. As a result of Health Care Reform, there are a couple of changes to your plan this year. The addition of ACA taxes and the implementation of a maximum out of pocket amount (which includes medical deductibles and copays for medical and pharmacy). This is an added benefit for you and provides you with a cap on your overall out of pocket expenses.
  2. Open Enrollment is “passive” this year which means if you do not make changes via the BenXpress system by no later than 8/1/2014, your coverage(s) for you and your covered dependents will be defaulted to that which you currently have. **You are strongly encouraged to sign into the BenXpress system via the instructions provided to confirm your elections and your eligible dependents for the year. There will be no exceptions made for you after 8/1/2014 for your failure to do so.**
- **Customer Service Hotline:** In order to help you with your benefit questions, claim issues, enrollment and general inquiries, you and your dependents may contact Hylant. **Hylant is a one-source helpline for all of your benefit questions. Please call the toll-free number 1 (800) 609-9614 and speak to a customer service specialist who knows your benefit plan and can help with any questions.**

This booklet is intended for illustrative and information purposes only. The plan documents, insurance certificates and policies will serve as the governing documents. In the case of conflict between the information in this booklet and the official plan documents, the plan documents will always govern. The Education Achievement Authority of Michigan reserves the right to change or terminate at any time, in whole or in part, the employee benefit package, with respect to all or any class of employees, former employees and retirees.

<b>Broker</b> Hylant	General Claims & Benefit Information Customer Service: 1-800-609-9614 Website: www.hylant.com
<b>Medical—PPO</b> Blue Cross Blue Shield of Michigan PPO 500 Group# 007035233-0002 PPO \$2,500 Group# 007035233-0003  <b>Medical—HMO</b> Blue Care Network Group# 00416841-0001	Customer Service: 1-877-790-2583 Website: www.bcbsm.com  Customer Service: 1-800-662-6667 Website: www.mibcn.com
<b>Dental</b> Guardian Group# 00489913 PPO Plan DMO Plan	Customer Service: 1-800-627-4200 Website: www.guardiananytime.com
<b>Vision</b> (VSP) Group# 30041999	Customer Service: 1-800-877-7195 Website: www.vsp.com
<b>Voluntary Life &amp; Disability Insurance</b> UNUM Group# 294381 # 294380	Customer Service: 1-866-679-3054 Website: www.unum.com
<b>Employee Assistance Program</b> available to employees who elect the Voluntary LTD coverage UNUM	Customer Service: 1-800-854-1446 Website: www.lifebalance.net User ID: lifebalance Password: lifebalance
<b>Travel Assistance Program</b> available to employees who elect the Voluntary LTD coverage UNUM	Customer Service: Within the US: 800-872-1414 Outside the US: 609-986-1234 Via E-Mail: medservices@assistamerica.com Reference Number: 01-AA-UNM-7216
<b>Online Enrollment Tool</b> BenXpress	Website: www.benxpress.com/EAA
<b>Hylant Script Navigator</b>	Website: http://www.hylantscriptnavigator.com
<b>Video Benefits Meeting</b>	Website: http://meeting.videobenefitsguy.com/ea Username: video1      Password: eaa2014

When contacting any of the companies above it is important to have the Insurance card or I.D. number (s) of the subscriber for the coverage you are calling about as well as any appropriate paperwork, i.e. Explanation of Benefits, denial letter, receipts, etc.

The Education Achievement Authority of Michigan is pleased to offer its employees an excellent benefit program. These health and welfare benefits are designed to protect you and your family while you are an active employee.

**Eligibility:** Health and welfare plans are available to all employees who work 30 hours or more per week.

**Dependent Eligibility:** If you wish, your dependents may also be covered under the medical and dental plans. Eligible dependents include:

- Legal spouse, as defined by Federal Law; and
- Children under age 26; and
- Medical: BCBS-through the end of the calendar year in which the dependent attains age 26 regardless of student, marital, or employment status.
- Dental: Guardian-Up to age 20 (26 if a full time student)
- Vision: VSP-Up to age 20 (26 if a full time student)
- Life Insurance: Unum-Up to Age 19 (26 if full time student)
- It is your responsibility to provide the Human Resources Department with proof of your dependents' eligibility, in the form of: (a) your most recent Federal Income Tax Return, (b) Court Order specifying your responsibility to provide "group health care coverage" to your dependent children, (c) copy of birth certificate or (d) copy of marriage certificate.

Once the necessary enrollment materials have been completed, benefits are effective on the first of the month following 30 days.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period.

**Annual Elections:** It is important that you make your choices carefully, since changes to those elections can generally only be made during the annual open enrollment period. Exceptions will be made for changes in family status during the year (excluding Voluntary Life/AD&D), allowing you to make a mid-year benefit change. A family status change includes:

- Marriage
- Divorce
- Birth or adoption
- Death of a dependent
- Change in your spouse's employment or
- Loss of coverage by a spouse

If you have a family status change, you must change your benefit elections (excluding Voluntary Life & AD&D) within 30 days of the qualifying event, or you will need to wait until the next annual open enrollment period.

**COBRA Continuation Coverage:** When you or any of your dependents no longer meet the eligibility requirements for health and welfare plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1986.

## Medical Plans At A Glance

Healthcare benefits are one of the most important and necessary parts of your benefit package. The following is a summary of your benefits offered through Blue Cross Blue Shield and Blue Care Network. For a more detailed explanation of benefits, please refer to your certificate of coverage. You may access a list of participating providers at [www.bcbsm.com](http://www.bcbsm.com) or [www.mibcn.com](http://www.mibcn.com). "Benefits-at-a-Glance" for all plans is available on the Ben Xpress website.

Community Blue PPO \$500		Community Blue PPO \$2,500	
<i>Member's responsibility (deductibles, copays and dollar maximums)</i>			
In-Network <i>What you pay</i>	Out-of-Network <i>What you pay</i>	In-Network <i>What you pay</i>	Out-of-Network <i>What you pay</i>

<b>Deductibles</b>	\$500 for one member, \$1,000 for the family (when two or more members are covered under your contract) each calendar year <b>Note:</b> Deductible may be waived if service is performed in a PPO physician's office.	\$1,000 for one member, \$2,000 for the family (when two or more members are covered under your contract) each calendar year <b>Note:</b> Out-of-network deductible amounts also apply toward the in-network deductible.	\$2,500 for one member, \$5,000 for the family (when two or more members are covered under your contract) each calendar year <b>Note:</b> Deductible may be waived if service is performed in a PPO physician's office.	\$5,000 for one member, \$10,000 for the family (when two or more members are covered under your contract) each calendar year <b>Note:</b> Out-of-network deductible amounts also apply toward the in-network deductible.
--------------------	--	---	--	--

	Community Blue PPO \$500		Community Blue PPO \$2,500	
	<i>Member's responsibility (deductibles, copays and dollar maximums)</i>			
	<b>In-Network What you pay</b>	<b>Out-of-Network What you pay</b>	<b>In-Network What you pay</b>	<b>Out-of-Network What you pay</b>
<b>Percent Copays</b> Note: Copays apply once the deductible has been met.	50% of approved amount for private duty nursing  20% of approved amount for most other covered services (copay waived if service is performed in a PPO physician's office)	50% of approved amount for private duty nursing  40% of approved amount for most other covered services	50% of approved amount for private duty nursing  20% of approved amount for most other covered services (copay waived if service is performed in a PPO physician's office)	50% of approved amount for private duty nursing  40% of approved amount for most other covered services
<b>Preventive Care</b>	Covered 100%- No Annual Maximum. (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Not Covered except certain services (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Covered 100%- No Annual Maximum. (Please see BCBS Benefits-at-a-Glance or Certificate for more details)	Not Covered except certain services (Please see BCBS Benefits-at-a-Glance or Certificate for more details)
<b>Annual Maximums</b> (Includes Deductible, Coinsurance and copays) Out of Pocket –	\$2,000 individual/ \$4,000 two or more members	\$4,000 individual/ \$8,000 two or more members  <b>Note:</b> Out-of-network copays also apply toward the in-network maximum.	\$5,000 individual/ \$10,000 two or more members	\$10,000 individual/ \$20,000 two or more members  <b>Note:</b> Out-of-network copays also apply toward the in-network maximum.
Coinsurance – (Includes Deductible)	\$1,500 individual/\$3000 two or more members	\$3,000 individual/\$6,000 two or more members	\$2,500 individual/ \$5000 two or more members	\$5,000 individual/\$10,000 two or more members
<b>Physician Office Services</b>  Office Visits – must be medically necessary  Urgent Care Visits – must be medically necessary	\$20 copay per office visit  \$20 copay per office visit	60% after out-of-network deductible  60% after out-of-network deductible	\$30 copay per office visit  \$30 copay per office visit	60% after out-of-network deductible  60% after out-of-network deductible
<b>Emergency Medical Care</b> Hospital Emergency Room	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)	\$150 copay per visit (copay waived if admitted or for an accidental injury)

## BCN HMO

### Member's responsibility (deductibles, copays and dollar maximums)

#### In-Network What you pay

<b>Deductible</b>	None
<b>Preventive Care</b>	Covered 100%- No Annual Maximum. (Please see BCN Benefits-at-a-Glance or Certificate for more details)
<b>Copays/Coinsurance</b>	
Fixed Dollar Copay	\$25 for PCP office visits, \$35 referral physician visit, \$35 for urgent care visits, \$50 for ambulance services, \$100 for emergency room visits and \$5 for allergy injections
Coinsurance	20% and 50% for select services. (Coinsurance applies to Diagnostic Testing, In and Out Patient Hospitalization, Surgical Services and Mental Health and Substance Abuse Services. Please see BCN Benefits-at-a-Glance or Certificate for more details)
<b>Annual Maximums</b>	
Coinsurance maximum (Includes Deductible)	\$2,000 individual / \$4,000 two or more members per calendar year
Out of Pocket maximum (Includes Deductible, Coinsurance and copays)	\$2,000 individual / \$4,000 two or more members per calendar year
<b>Physician Office Services</b>	
Office Visits	Covered – \$25 copay
Consulting Specialist Care – when referred for other than preventive services	Covered – \$35 copay
<b>Emergency Medical Care</b>	
Hospital Emergency Room – copay waived if admitted, inpatient hospital benefits apply	Covered – \$100 copay
Urgent Care Center	Covered – \$35 copay
Ambulance Services – medically necessary	Covered – \$50 copay applies to the annual maximum of \$2,000 per member, \$4,000 per two or more members

## Prescription Drugs

Plan Design Summary	BCN Basic	BCBS CB 500	BCBS CB 2500
<b>Generic</b>	\$10	\$7	\$7
<b>Brand</b> (Formulary / Non-Formulary)	\$40 / not covered	\$35 / 70	\$35 / 70
<b>Mail Order Program</b>	2x Retail copay	2x Retail copay	2x Retail copay

## Dental & Vision Plans At A Glance

The dental coverage is provided by Guardian. You will have the option to select a dental PPO or DMO plan. With Guardian you have access to an extensive network of dentists. To see a list of participating providers go to: [www.guardianlife.com](http://www.guardianlife.com). The vision coverage is provided by VSP. With VSP you have access to an extensive network of providers through the VSP Choice Plan. To see a list of participating providers go to [www.vsp.com](http://www.vsp.com).

Dental Plans			
Plan Design Summary	DMO	PPO	
		In-Network	Out-of-Network
<b>Deductible</b> (Individual/Family)	\$5 copay	None	
<b>UCR</b>			80%
<b>Class I Benefits (Preventive)</b> Diagnostic, Preventive X-Rays Sealants	\$0 \$0 \$0	100% 100% 100%	100% 100% 100%
<b>Class II Benefits (Basic)</b> Emergency Palliative Oral Surgery Fillings Endodontics, Periodontics	Fee Schedule \$0 \$0	75% 75% 75%	75% 75% 75%
<b>Class III Benefits (Major)</b> Bridges, Dentures Crowns, Inlays, Onlays	Fee Schedule Fee Schedule	50% 50%	50% 50%
<b>Class IV Benefits (Ortho)</b>	Fee Schedule	50%	50%
<b>Annual Maximum</b>	N/A	\$1,500	
<b>Lifetime Ortho Maximum</b>	N/A	\$1,500	

Vision Plan		
Plan Design Summary	In-Network	Out-of-Network
<b>Eye Exams</b>	\$10 copay	Reimbursed up to \$45
<b>Lenses</b>  Contact Lenses (Medically Necessary)  Contact Lenses (Elective)	\$25 copay , then Covered in full  Covered in full  \$130 allowance	Reimbursed up to: \$30 (Single) \$50 (Bifocal) \$65 (Trifocal) \$100 (Lenticular)  Reimbursed up to \$210  Reimbursed up to \$105
<b>Frames</b>	\$130 allowance	Reimbursed up to \$70
<b>Benefit Frequency</b> Exams Lenses Frames	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months



## Voluntary Life and Disability Coverage

### Life/AD&D Insurance

You are also being offered the opportunity to enroll in the Voluntary Life program. If you waive coverage when you are initially eligible, you will only be allowed to enroll during an annual enrollment and you will be required to provide Evidence of Insurability.

Note: If you were previously declined by Unum, you must provide Evidence of Insurability to apply for coverage.

Benefit Amount	Benefit Amount
Employee Life/AD&D Insurance	Amounts in \$10,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of 5X Annual Earnings or \$500,000 Guarantee Issue: \$150,000 (applies to employees in their initial eligibility period) (Employees must enroll in coverage in order to enroll dependents)
Spouse Life/AD&D Insurance	Amounts in \$5,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of Employee Amount or \$500,000 Guarantee Issue: \$25,000 (applies to employees in their initial eligibility period). <b>Please contact 1(800) 609-9614 if you are interested in buying Voluntary Spousal Whole Life Coverage.</b>
Child Life/AD&D Insurance	Amounts in \$2,000 increments as applied for by the employee and approved by Unum Maximum: Up to the lesser of Employee Amount or \$10,000 (Eligibility: Child(ren) to age 19 or 26 if a full-time student)
Age Reduction Schedule	Life Benefit Reduces to 65% at Age 70; and 50% at Age 75

This is only a summary of the plan. Refer to the certificate of coverage for complete details and provisions.  
If the terms of this brochure and the policy differ, the policy will govern.

### Long Term Disability Insurance

If you choose to waive coverage this year, and later wish to enroll you will be required to answer medical questions and your coverage will not be effective until Unum approves your application. Note: If you were previously declined by Unum, you must provide Evidence of Insurability to apply for coverage.

Plan Features	Benefit Amount
Monthly Benefit	60% of Monthly Earnings to a Maximum Benefit of \$5,000 per Month
Elimination Period	90 Days
Benefit Duration	To Age 65
Pre-Existing Condition Limitation	A "Pre-Existing Condition" means the employee: 1.) received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 12 months just prior to his/her effective date of coverage; and 2.) the disability begins in the first 24 months after the employee's effective date of coverage unless they have been treatment free for 12 months after his/her effective date of coverage.

This is only a summary of the plan. Refer to the certificate of coverage for complete details and provisions.  
If the terms of this brochure and the policy differ, the policy will govern.

## Monthly Employee Contributions

	<i>Employee Only</i>	<i>Employee &amp; Spouse or Employee &amp; Child</i>	<i>Employee &amp; Family or Employee &amp; Children</i>
<b>Medical Plan</b>			
<i>BCN</i>	\$86.74	\$279.40	\$360.96
<i>BCBSM CB \$500</i>	\$267.77	\$642.64	\$803.30
<i>BCBSM CB \$2500</i>	\$220.03	\$528.09	\$660.10
<i>Medical Plan Opt Out (Subject to Policy)</i>	\$100 per month, paid to the employee pro rata		
<b>Dental Plan</b>			
<i>Guardian PPO</i>	\$14.68	\$27.92	\$49.06
<i>Guardian HMO</i>	\$ 9.64	\$19.00	\$29.56
<b>Vision Plan</b>			
<i>VSP</i>	\$1.96	\$2.99	\$5.36



# BenXpress Open Enrollment Instructions:

The Education Achievement Authority (EAA) is pleased to again offer employees our online benefit communication and enrollment portal BenXpress™ where you and your dependents can get the benefits information you need. You can enroll in benefits through the portal, making and confirming your elections right online. And more importantly, EAA will have the tools and reports needed to administer and manage benefits based on the most current and accurate data.

We know you are busy and when it comes to HR and benefits issues, you want access to information quickly and easily. As the online enrollment is Internet-based, you can make your elections 24 hours a day during the enrollment period.

Open Enrollment for the 9/1/14-8/31/15 plan year will be taking place from July 14<sup>th</sup> through August 1<sup>st</sup>. If you are not making any changes to your plan elections or covered dependents this year you don't have to do a thing. Your current elections will default for the next plan year. However, this would be an excellent time for you to confirm that you are enrolled for the right coverage(s) and that you are covering the appropriate dependents. **Changes after Open Enrollment will only be accepted if you have a qualified family status change.**

*Before you begin the enrollment process please make sure to have the following information handy:*

- Log In information: User ID and Password for the Benefits & Enrollment Website;
- Dependent information: Names, Dates of birth, Social Security Numbers;
- Beneficiary information

*Once you have the information listed above with you, you are ready to begin your online enrollment:*

**STEP 1:** Log in to the BenXpress™ portal. **Please note that you may have to enable pop-ups in order to be able to view all pages of this site.**

Log in to: <http://www.benxpress.com/ea>

**STEP 2:** Enrollment through BenXpress

BenXpress handles open enrollment by capturing your elections, storing them for you and providing reports that EAA and all benefits providers need.

Once you are on the enrollment page, please log in using the following User ID and Password:

- **User ID:** Your First Initial, Last Name ( it is not case sensitive)
- **Password:** The last 4 digits of your Social Security Number

**Example of Log In:**

If your name is John Doe, and your SS# is 123-45-6789, then your User ID & Password will be as follows:

User ID: JDoe  
Password: 6789

***If you are unable to log in and require any additional assistance, please contact your Human Resource Department.***

*Please note that when you begin your enrollment process, you must verify your personal and dependent information.*

After verifying your dependent information a summary of your 2013 benefits will appear. You will then enter the 2014 Enrolment.

Please keep in mind that for each benefit you must verify the dependents that you would like to cover.

### **STEP 3: Benefit Election**


1. Once you are logged in the enrollment system, you will be guided through the process of entering your elections. To move from screen to screen please click the Next button in the upper right corner or Previous button (upper left).
- 2 As you elect benefits, a calculator tracks your total cost.

*After you make your elections, a complete list of all elected benefits and contribution amounts will show on the Open Enrollment Preview screen.*

- 3 Please review your elections for accuracy. You may change your election by clicking on the name of the benefit in the list. If you do go back and make changes to any of the benefits, you can finalize your changes and view a new confirmation statement, by clicking on the **SAVE** icon in the upper right corner of the screen.
- 4 If you have any outstanding documents that you need to complete (i.e. Evidence of Insurability Form) they will be shown.

*We would like to remind you of the following:*

- 5 If you are increasing the amount of your Optional Employee or Dependent life insurance at this time or are electing this coverage for the first time during annual open enrollment, you will be asked to answer some medical questions in order to qualify – please fill out the UNUM Evidence of Insurability Form and return to HR.
- 6 You have to elect Employee Optional life coverage in order to be able to elect Spouse and/or Child Life coverage.

*Your enrollment has been completed and you can click on the following icon  to download and save or print a copy of your confirmation statement for your future reference.*

- 7 You can come back at any time during the open enrollment period to modify and resubmit your elections. If you make any changes, to finalize them and view a new confirmation statement, you must click the **SAVE** icon.
- 8 Once your election has been submitted, and you have a copy of your confirmation statement, you may exit the enrollment system.

We are very pleased to be able to offer this communications portal to our employees. As always, if you have any questions or concerns, please contact Human Resources for assistance.