



New Employee Benefits Checklist

Calendar Year (CY) 2024



Use this checklist to select your State of Michigan benefits. You will need this checklist during your human resources orientation session. If you are covering your spouse and/or children, be prepared to provide their Social Security number and birth date, birth certificates, and a marriage license, if applicable.

For questions or more information, call the LSB Human Resources Office at (517) 373-9643.

Notify the LSB HR Office if your spouse is a State of Michigan employee.

NOTE: You must enroll in benefit plans or make any changes within 31 days of your hire date, within 31 days of a life event, or during the annual open enrollment period, unless otherwise noted. Open enrollment is held annually. The benefit year for group insurances and Flexible Spending Accounts is January 1 to December 31 each, with open enrollment held in the fall.

Health Insurance

Select one health care plan and corresponding coverage option:

_____ **State Health Plan PPO/ Blue Cross Blue Shield** Emp Only Emp & Spouse Emp & Child(ren) Full Family

_____ **Health Maintenance Organization (HMO)**

Please select an HMO Plan:

HMO eligibility is subject to your home zip code.

Biweekly premium varies according to plan and coverage level selected

Blue Care Network (BCN)

Health Alliance Plan (PHP)

_____ **High Deductible Health Plan (HDHP) with Health Savings Account (HSA)**

_____ **Decline Health Insurance** (\$38.46 rebate bi-weekly)

Vision Insurance

Select one vision care plan and corresponding coverage option:

_____ **State Vision Plan – EyeMed** Emp Only Emp & Spouse Emp & Child(ren) Full Family

_____ **Decline enrollment in Vision Plan** (\$1.35 rebate bi-weekly) - No Employee Premium -

Dental Care

Select one dental care plan and corresponding coverage option:

_____ **State Dental Plan – Delta Dental** Emp Only Emp & Spouse Emp & Child(ren) Full Family

_____ **Decline Dental Insurance** (\$8.85 rebate bi-weekly) \$0.99 bi-weekly \$1.98 bi-weekly \$2.23 bi-weekly \$3.22 biweekly

Employee Life Insurance

Select one plan. No employee premium for either option.

Employee Life Insurance / 2x salary (maximum \$200,000)

Reduced Life / Bi-weekly cash payment / 1x salary (maximum \$50,000)

Dependent Life Insurance - optional

If you choose this coverage, select one dependent life plan:

<input type="checkbox"/>	Spouse \$1,500 and/or child(ren) \$1,000 \$0.20 per pay period / \$5.20 annually
<input type="checkbox"/>	Spouse \$5,000 and/or child(ren) \$2,500 \$0.60 per pay period / \$15.60 annually
<input type="checkbox"/>	Spouse \$10,000 and/or child(ren) \$5,000 \$1.20 per pay period / \$31.20 annually
<input type="checkbox"/>	Spouse \$25,000 and/or child(ren) \$10,000 \$4.00 per pay period / \$104.00 annually
<input type="checkbox"/>	Spouse \$50,000 and/or child(ren) \$15,000 \$7.62 per pay period / \$198.12 annually
<input type="checkbox"/>	Child(ren) only \$10,000 \$0.75 per pay period / \$19.50 annually
<input type="checkbox"/>	Child(ren) only \$15,000 \$1.13 per pay period / \$29.38 annually

Note: *If you are married to another State of Michigan or House of Representatives employee, only one of you may cover your child(ren) under the dependent life plan.*

In addition, you cannot cover your spouse who is a State of Michigan employee or State retiree, as they are covered by an individual life insurance policy.

Decline Dependent Life Coverage (no rebate)

Long-Term Disability (LTD) – optional

Select one long term disability option. LTD Insurance can only be added within 31 days of hire or at annual open enrollment.

Long-Term Disability (LTD)

Decline Long Term Disability coverage (no rebate)

Long-Term Disability Insurance Rates CY2024

The biweekly premium is based on sick leave hours and annual salary.

Plan I: Less than 184 sick leave hours	\$1.37 per \$100 of biweekly earnings
Plan IIA: 184 – 527 sick leave hours	\$0.35 per \$100 of biweekly earnings
Plan IIB: 528 sick leave hours or more	\$0.00
Plan IIC: Reached 184 sick leave hours, but now below	\$1.14 per \$100 of biweekly earnings

401K Defined Contribution Personal Health Care Plan

401(k) Defined Contribution plan is administered by Voya. Employees hired after 01/01/12 will be enrolled in the 401(k) Personal Healthcare Fund. The State of Michigan will contribute an amount equal to 4% of your gross wages for your 401(K) retirement and match 3% of your bi-weekly contributions for retirement and 2% for retiree healthcare. Use your Voya self- service account to change your bi-weekly contributions. Voya will send an information packet to all new employees. Additional information is available at <https://stateofmi.voya.com>.

VOYA 1-800-748-6128 | Local Voya Office 517-284-4422

457 Deferred Compensation Plan – *optional*

457 Plan enrollment is administered by Voya. Contact Voya to start your bi-weekly contributions. Additional information is available at <https://stateofmi.voya.com>. You can enroll in the 457 Plan at any time.

VOYA 1-800-748-6128 | Lansing Voya Office is 517-284-4422

Accidental Death and Dismemberment (AD&D) – *optional*

AD&D insurance is part of the Voluntary Benefits Program. You can enroll in AD&D Coverage at any time. An enrollment form is mailed to you from MetLife within 30 days of hire.

General Purpose Health Care Flexible Spending Account – *optional*

____ **Health Care Flexible Spending Account** — Health Care Flexible Spending Accounts use pre-tax dollars to pay for certain out-of-pocket health care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire, during the annual open enrollment period, or after a life event. The FSA plan year is based on the calendar year. FSAs are administered by Health Equity|WageWorks. Request a form and booklet if you wish to enroll.

→ \$ _____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$ _____ Yearly Total

Limited Purpose Health Care Flexible Spending Account – *optional for HDHP enrollees only*

____ **Limited Purpose Health Care Flexible Spending Account** — Employees who enroll in the State HDHP with HSA and who also enroll in a Health Care FSA will automatically be enrolled in the Limited Purpose Health Care FSA that can be used for dental and vision expenses only.

→ \$ _____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$ _____ Yearly Total

Dependent Care Flexible Spending Account – *optional*

____ **Dependent Care Flexible Spending Account** — Use pre-tax dollars to pay for certain out-of-pocket dependent care expenses. These accounts are subject to established IRS Guidelines. You may enroll within 31 days of hire, during the annual open enrollment period, or after a life event. The FSA plan year is based on the calendar year. FSAs are administered by Health Equity|WageWorks. Request a form and booklet if you wish to enroll.

→ \$ _____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$ _____ Yearly Total

Health Savings Account (HSA) – optional for HDHP enrollees only

Health Savings Account —Enrollment in the State HDHP will also provide access to an HSA, which is a tax-advantaged savings account that can be used to pay only eligible health, prescription, dental, and vision-related expenses incurred for services not covered by insurance (e.g., deductibles, copays, and coinsurance). The state will make an annual contribution to the HSA, which is prorated for employees who enroll mid-year. Employees can also make pre-tax HSA contributions via payroll deduction.

2024 HSA Employer Contribution: \$750 for an eligible individual employee enrolled in the State HDHP or \$1,500 for an eligible employee who enrolls with one or more eligible dependents

→ \$ _____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$ _____ Yearly Total

Qualified Parking Spending Account – optional for employees who park in a non-State parking lot

Qualified Parking Spending Account —You may enroll in a qualified parking spending account at any time. Changes to deduction amounts can be made every 28 days.

→ \$ _____ (bi-weekly amt.) x _____ remaining pay periods this calendar year = \$ _____ Yearly Total

Supporting Documentation for Life Events

Notify the LSB Human Resources Office whenever a life event occurs, preferably in advance of the event. Paperwork for a life event must be processed within 31 days of the event, and copies of supporting documentation must be submitted.

When you add or delete your child(ren) and/or spouse to your State of Michigan benefits, you must submit the following legal documents within 31 days of your hire or the event for your enrollment to be valid:

- Spouse – marriage certificate
- Children – birth certificate, adoption certificate, or guardianship papers
- Foster child – court document placing child in employee’s home
- Step-child – birth certificate, marriage certificate
- Divorce – last page of judgment and any other pages relating to insurance and benefits

Legislative Service Bureau Human Resources Office

Please note the contact information for employment verifications.

Phone: 517-373-9643

Fax: 517-373-1389

Email: HumanResources@legislature.mi.gov

Mail: Legislative Service Bureau
Human Resources Office
124 W. Allegan Street
4th Floor, Boji Tower
P.O. Box 30036
Lansing, MI 48909-7536

This checklist is a summary of benefit offerings and is not intended to replace or substitute plan booklets or other State Rules and Regulations