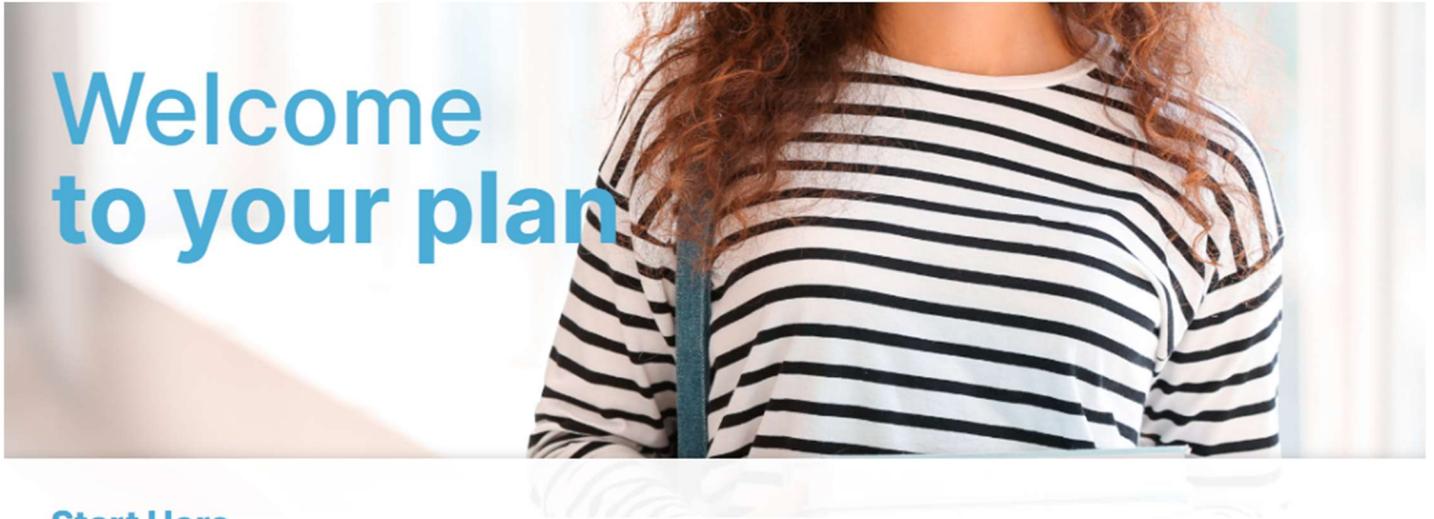


Michigan State University Student Health Insurance for Domestic Medical Students

Spring I, II and Q3 2024 Open Enrollment for Dependent Coverage ONLY

Step by Step Instructions

Step 1: Go to <https://yourstudenthealthplan.com>



Start Here

Michigan State University

Domestic Student Health Pla

VIEW YOUR PLAN

Scroll down to Start Here, select the drop down and choose Michigan State University

Select the drop down for Select your plan and choose Domestic Student Health Plan

Next, select View Your Plan

**Step 2:** Upon completion of Step 1, you will be directed to the Michigan State University Student Health Plan Welcome Page. Scroll down the page to Helpful Quick Links



WELCOME TO YOUR STUDENT HEALTH PLAN

Below you will find useful information about the  
**Michigan State University**  
Domestic Student Health Plan

## IMPORTANT MESSAGES

### Change of Address Information

If you are a student automatically enrolled in the MSU BCN student health plan you **must** update your address through your My Profile at [student.msu.edu](http://student.msu.edu). If you have voluntarily enrolled in the health plan, you can update your address directly through the [Blue Water Portal](#) by clicking on the link.

If you have enrollment and billing questions, please call **1-855-669-8041** from 9 a.m. to 4:30 p.m. Eastern Monday through Friday or email [MSUSHPStudentInquiries@bcbsm.com](mailto:MSUSHPStudentInquiries@bcbsm.com).

### Recommended Internet Browsers

Recommended internet browsers include: Chrome, Edge, Firefox. Some users have reported compatibility issues with the Safari browser and our technical team is working on this issue.

## HELPFUL QUICK LINKS

Next, Select Enroll In or Waive the Student Health Plan Login to your Account link.



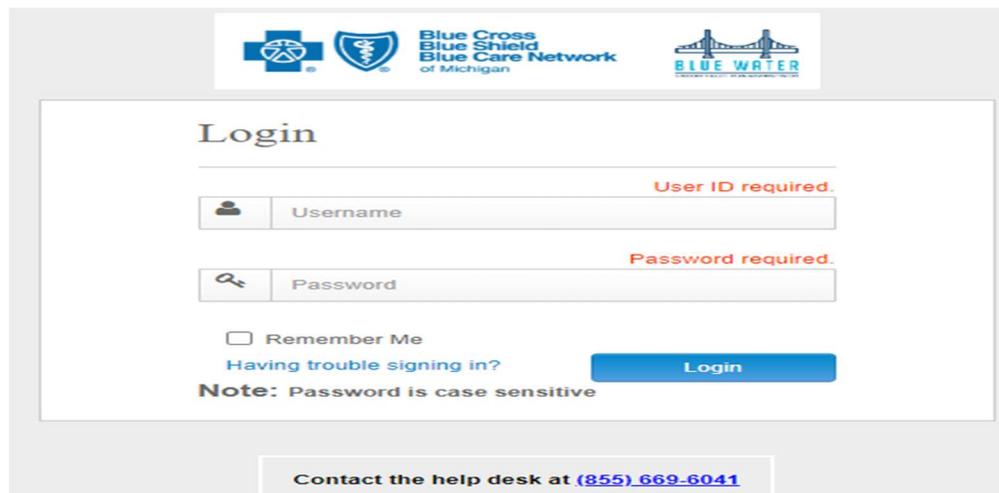
### Enroll Dependents in SHP or Apply to Waive

#### Already have a Blue Water MSU Health Insurance Plan Account?

If you had dependents covered under the MSU Health Insurance Plan last year or Applied to Waive coverage, you should have received an email from Blue Water Benefits prior to Open Enrollment with your username and temporary password.

## LOG INTO YOUR ACCOUNT

**Step 3:** After selecting the Log Into Your Account Link, you will see the below login screen. Enter your Username and Password. If you do not remember your username or password, select the [Having trouble signing in?](#) link below.



The screenshot shows a login interface with the following elements:

- Logos for Blue Cross Blue Shield Blue Care Network of Michigan and Blue Water.
- A "Login" heading.
- A "Username" input field with a user icon, accompanied by the text "User ID required." in red.
- A "Password" input field with a magnifying glass icon, accompanied by the text "Password required." in red.
- A checkbox for "Remember Me".
- A blue link for "Having trouble signing in?".
- A blue "Login" button.
- A "Note: Password is case sensitive" message.
- A footer box with the text "Contact the help desk at (855) 669-6041".

**Step 4:** Upon successful login, you will see your Enrollment Dashboard, like what is shown below. Select the [ENROLL IN STUDENT HEALTH PLAN](#) link.

**ENROLL MY DEPENDENTS IN MSU STUDENT HEALTH PLAN**

I was automatically enrolled in the MSU Student Health Plan and now need to enroll my Dependent(s) **SELECT TO ENROLL DEPENDENTS ONLY**

**MSU MEDICAL STUDENT WAIVER APPLICATION**

**SELECT** to apply to waive the MSU Student Health Plan.

**MSU MEDICAL PLAN INFORMATION**

If you would like more information about the MSU Student Health Plan, select this link to access the Blue Cross Blue Shield MSU site.

**MSU STUDENT HEALTH SITE**

**Step 5:** If you receive the pop up below, select the appropriate response depending on your situation.

**Request Previously Started** X

This type of enrollment request has been previously started. Would you like to continue that request or start a new request?

✓ Continue with Prior Request

↻ Start a New Request

✕ Close

**Step 6: Beginning the Enrollment Application.** Verify your address displayed is accurate. If it is not, you **MUST** update your current Mailing Address through your My Profile at Student.msu.edu .

To add your dependents for coverage, select Add Dependent Link. **NOTE:** If you enrolled in the Fall or Q1 and Q2 and had enrolled your dependents, they will be listed on the screen below as shown.

**Add Your Dependents**

Please verify your information is correct. If you need to update your information, you will need to update your address through your My Profile at Student.msu.edu

**Student Information**

Name	STUDENT EBIXTEST
Date of Birth (MM/DD/YYYY)	01/01/2000
Gender at Birth	Male at Birth

**Dependent Information** + Add Dependent

Spouse EBIXTEST	edit	dropdown
Child EBIXTEST	edit	dropdown

Complete all required data fields as marked by a red asterisk.

Modifying Dependents, if you have dependents that were previously enrolled and you need to modify their personal information, select the icon to the right of the dependent on the list. **NOTE: You are not allowed to delete dependents. If you do not wish to continue to enroll them, you will be able to manage this by your current election in the following pages.**

Verify you  
IMPORTANT: B  
If your address  
address. Select  
required inform  
your payment.  
Student Info  
Name  
Date of Bi  
(MM/DD/Y  
Gender at  
Address

ADD OR MODIFY DEPENDENT INFORMATION

PASSWORD, you can change or add information about dependents. Please enter/update any required information, as noted by a red asterisk, in order to proceed.

Your Information

First Name\* Middle Name Last Name\*  
First Name Middle Name EBIXTEST

Date of Birth\* Gender at Birth\* Relationship\*  
Gender at Birth\* Relationship\*

Contact Information (Only if different from subscriber)

Save Close

enrollment without your current mailing  
ered, select add dependent and enter all  
m or the credit card company will decline  
+ Add Dependent

**Step 7:** Upon completion of the review and/or modification of your personal or dependent information, select Continue.

### Step 8: Selecting your coverage.

In the top portion of the page, you will initially see that no plan has been selected for this enrollment session. If you were enrolled in coverage for the Fall or Q2, your current coverage will display under the Current Benefit section of the form as shown in the example below.

Continue →

MSU Student Health Plan

JOHN, below shows your current plan election for any Dependents if previously enrolled and any elections you have made so far during this session.

Parameters	ElectedPlan	CurrentBenefit
Plan	No Benefits Elected	Fall Dependen(s)t Only
Coverage		Spouse + Children
Premium		\$0.00
CoveredMembers		Spouse EBIXTEST - 08/16/2023-02/15/2024 Child EBIXTEST - 08/16/2023-02/15/2024 Child1 EBIXTEST - 08/16/2023-02/15/2024

The lower portion of the page will display your current election options for your dependents. Critical, please read the bolded note below.

**Select the Coverage period that starts effective with your coverage as auto enrolled by the university. Select the coverage level that aligns with the dependents to be enrolled.**

Please select the radio button of the coverage level you wish to elect.

Select the appropriate dependent health plan coverage period beginning the same date or after your coverage as auto enrolled

by MSU.

Spring I (01/01/2024 - 08/15/2024)

[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Spouse Only	\$1,641.00
<input type="radio"/> Child Only	\$1,641.00
<input type="radio"/> Spouse + 1 Child	\$3,281.00
<input type="radio"/> 2 or more Children	\$3,281.00
<input type="radio"/> Spouse + Children	\$4,922.00

Spring II (02/16/2024 - 08/15/2024)

[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Spouse Only	\$1,312.00
<input type="radio"/> Child Only	\$1,312.00
<input type="radio"/> Spouse + 1 Child	\$2,625.00
<input type="radio"/> 2 or more Children	\$2,625.00
<input type="radio"/> Spouse + Children	\$3,937.00

Quarter 3 (02/16/2024 - 05/15/2024)

[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Spouse Only	\$656.00
<input type="radio"/> Child Only	\$656.00
<input type="radio"/> Spouse + 1 Child	\$1,312.00
<input type="radio"/> 2 or more Children	\$1,312.00
<input type="radio"/> Spouse + Children	\$1,968.00

[← Previous](#)

[Next →](#)

Once you make your election, a page like below will appear. Please review the information for accuracy.

Based on your election, the system will automatically select the individuals to be covered. **PLEASE note, if you make any change to those selected, you must go back to the previous page and change your election to match the number of individuals to be covered and then verify again when you are returned to this page. If a change is made and your election is not, you could be charged an incorrect premium amount.**

---

JOHN, you have elected the following coverage for your Dependent(s)

Spring II (02/16/2024 - 08/15/2024) : **\$3,937.00**  
Spouse + Children

Please review the covered members below to confirm who should be covered under your selection.  
If you make any changes, you **MUST** go back to the previous page and change your selection to match the number of dependents you will be enrolling for coverage.

ChooseCoveredMembers

Name	DateOfBirth	Relationship
<input checked="" type="checkbox"/> Spouse EBIXTEST	01/01/2000	Spouse
<input checked="" type="checkbox"/> Child EBIXTEST	05/01/2023	Child
<input checked="" type="checkbox"/> Child1 EBIXTEST	01/01/2022	Child

[← Previous](#) [Continue →](#)

## Step 9: Completing Payment Information (REQUIRED)

Please read all instructional text.

Select the payment method below. Other Option is for Credit Card payments.

 **Payment Information-REQUIRED**

Premium Payment is due at time of enrollment. Your address is required. If your address was not showing on the previous Verify Information page, please go back now and add your address. Your payment will be declined if no address was previously entered. If payment method and payment information is not completed, your enrollment in the student health plan will not be processed.



- Select Payment Option
- Electronic Bank Payment
- Debit Card
- Other Option

[← Previous](#) [Continue →](#)

Upon selecting the desired payment option (example below is for Debit Card), select the + icon to add Debit Card payment information. **NOTE: If you enrolled in the Fall or Q1 and Q2 via this process and used the same payment option, your information will display. (see example following this Step)**

 Payment Information-REQUIRED

Premium Payment is due at time of enrollment. Your address is required, if your address was not showing on the previous Verify Information page, please go back now and add your address. Your payment will be declined if no address was previously entered. If payment method and payment information is not completed, your enrollment in the student health plan will not be processed.

Select from existing accounts or enter a new account by clicking on the "+"

+ ^

Payment will be made via the Debit Card you have entered. Once you have completed and saved the required information about your debit card, save the record. You will receive a pop up message confirming your payment will be processed shortly, click on continue to proceed with your enrollment. IF YOU RECEIVE AN ERROR MESSAGE THAT YOUR PAYMENT INFORMATION WAS INVALID, GO BACK TO THE FIRST PAGE OF YOUR ENROLLMENT NOW AND ENTER YOUR ADDRESS. Return to this page to complete your payment information. Authorize payment: Is used to select a default payment method if you have entered more than 1 payment method. If you have entered more than 1, select the payment method you wish to be charged each time a payment is required, then select Authorize Payment.

Entering Payment Information – Complete all fields in the pop-up box. Description is free form. Select Save when completed.

**Debit Card** ✕

Description

Account Type

Debit Card Number

Card Security Code

Expiration Month

Expiration Year

Upon saving your payment information you will receive 1 of 2 pop up messages.

Message #1 payment information not valid. This likely occurs from data input error or limits on your card set by your Card Issuer. Once you click OK, you will have to reenter your payment information if it was incorrectly entered the first time or select a different payment option.

**Message #1:**

An embedded page at test.ebixenterprise.ebix.com says

Your payment information is not valid, Please try another card or bank detail.



**Or Message #2:**

Payment information passed some criteria and appeared to be valid (pre-authorization).

An embedded page at test.ebixenterprise.ebix.com says

We have received your payment information, Please allow us some time to process.



When you click OK, the screen will revert to the Payment Information-REQUIRED screen. Select Continue

The screenshot shows a mobile application interface. At the top, there is a blue header bar with a white icon of a document with a plus sign and the text "Payment Information-REQUIRED". Below the header, there is a paragraph of text: "Premium Payment is due at time of enrollment. Your address is required, if your address was not showing on the previous Verify Information page, please go back now and add your address. Your payment will be declined if no address was previously entered. If payment method and payment information is not completed, your enrollment in the student health plan will not be processed." Below this text is a dropdown menu with the text "Select Payment Option" and a downward arrow. At the bottom right, there are two blue buttons: "Previous" with a left arrow and "Continue" with a right arrow. A blue arrow points from the "Continue" button to the text above.

**-Below example is if payment information was entered during the Fall Open Enrollment.**

Premium Payment is due at time of enrollment. Your address is required, if your address was not showing on the previous Verify Information page, please go back now and add your address. Your payment will be declined if no address was previously entered. If payment method and payment information is not completed, your enrollment in the student health plan will not be processed.

Electronic Bank Payment

Select from existing accounts or enter a new account by clicking on the "+"

Electronic Bank Payment		+ ^	
<input checked="" type="radio"/> FSB	Electronic Bank Payment	<input type="button" value="Update"/>	<input type="button" value="Delete"/>

If you will be paying direct from your checking or savings account, please have your bank account routing and account number available. Once you complete the required information about your bank account and save, click ok at the pop up, select continue to complete your enrollment. Authorize payment: Is used to select a default payment method if you have entered more than 1 payment method. If you have entered more than 1, select the payment method you wish to be charged each time a payment is required and select Authorize Payment.

Authorize Payment Option

# Step 10: Confirmation pages

## First – Coverage Selection

Confirm Changes



Below is a summary of your Dependent coverage selections (including all changes made in this session). **IMPORTANT REVIEW BEFORE SUBMITTING YOUR ENROLLMENT: IF YOU SELECTED SPRING I COVERAGE PERIOD YOU SHOULD NOT HAVE CURRENT COVERAGE DISPLAYING ON THE RIGHT SIDE OF THE INFORMATION BELOW. IF YOU CURRENTLY HAVE COVERAGE RETURN TO THE MEDICAL PAGE AND SELECT ANOTHER OPTION THAT IS NOT SPRING I**

Student Health Plan		
Parameters	Elected Plan	CurrentBenefit
Plan	Spring II (02/16/2024 - 08/15/2024)	Fall Depend(en)s(t) Only
Coverage	Spouse + Children	Spouse + Children
Premium	\$3,937.00	\$0.00
Covered Members	Spouse EBIXTEST 02/16/2024-08/15/2024 Child EBIXTEST 02/16/2024-08/15/2024 Child1 EBIXTEST 02/16/2024-08/15/2024	Spouse EBIXTEST 08/16/2023-02/15/2024 Child EBIXTEST 08/16/2023-02/15/2024 Child1 EBIXTEST 08/16/2023-02/15/2024

[← Previous](#) [Next →](#)

**IF YOU ENROLLED YOUR DEPENDENTS FOR SPRING I COVERAGE PERIOD AND SEE AN EFFECTIVE DATE OF 2/16/2024 YOUR COVERAGE WILL BE EFFECTIVE 1/1/2024.**

**Second – Document upload if required.** This is not required for you so you may ignore.

Confirm Changes



You are not required to upload any documents at this time.  
Please proceed to Finish your enrollment if you are ready to submit your enrollment.

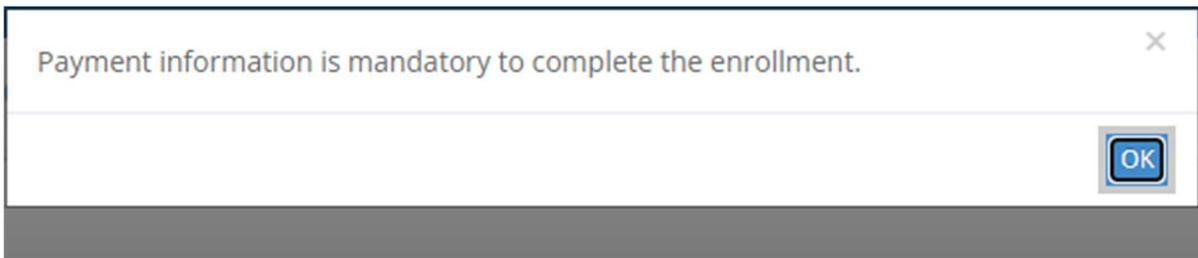
Uploaded Documents					
Document Name	Product	Entity	Status	Document Submitted	Add/Edit

[← Previous](#) [Cancel](#) [Finish →](#)

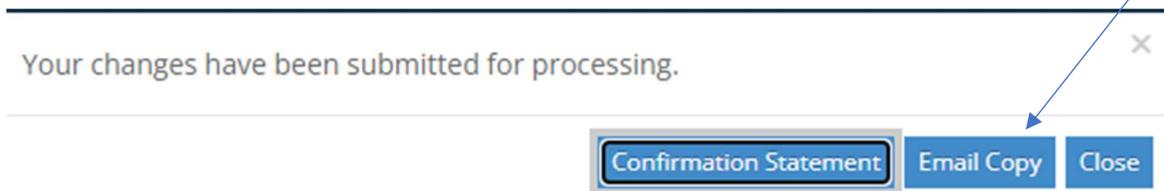
## Step 11: FINISH

Once you are ready to submit your enrollment application, select Finish.

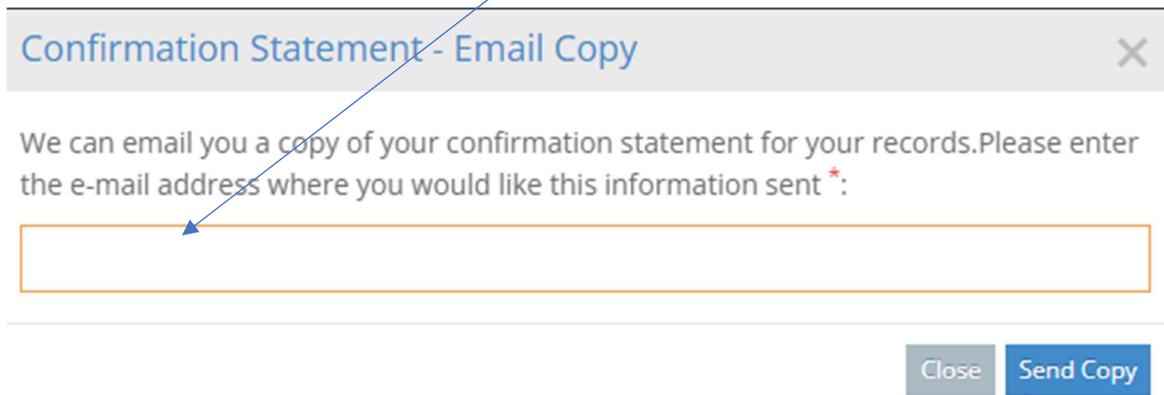
If you did not complete the payment information page, or your payment information was not approved by your Card Issuer, you will receive the below message and will be unable to submit your enrollment application. If you completed the payment information page, please reach out to your Card Issuer to determine why they did not approve the payment. You may need to enter a different payment option if the Card Issuer is unable to resolve the issue.



If your enrollment application encountered no issues, you will receive the message below. Select Email Copy



If we have your email address, it will prepopulate below. You may change the email address to send the confirmation where you wish. Any email address entered here will not update your permanent record with Blue Water.



Select Send Copy

You will then be returned to the page shown below. Click on the logo in the upper left corner to be taken back to your Blue Water enrollment dashboard. Logout.



Your request is completed. Please close this window.

Print To PDF

**Congratulations, you have now completed your MSU Student Health Insurance Plan  
Dependent Enrollment Application!**