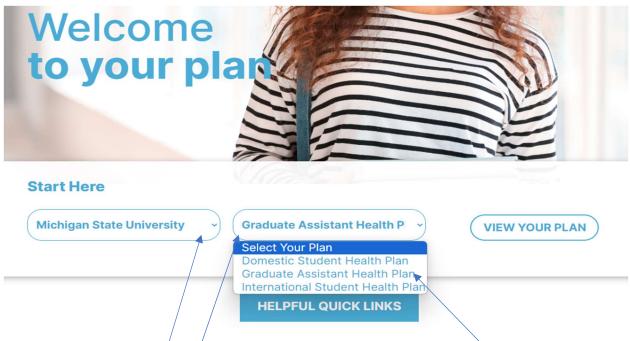
Michigan State University Student Health Insurance for Graduate Assistants Spring I, II and Q3 2024 Open Enrollment for Dependent Coverage ONLY Step by Step Instructions

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



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

Select the drop down for Select your plan and choose Graduate Assistant 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 GRADUATE ASSISTANT HEALTH PLAN

Below you will find useful information about the Michigan State University Graduate Assistant Health Plan

IMPO	RTANT	MESS	AGES

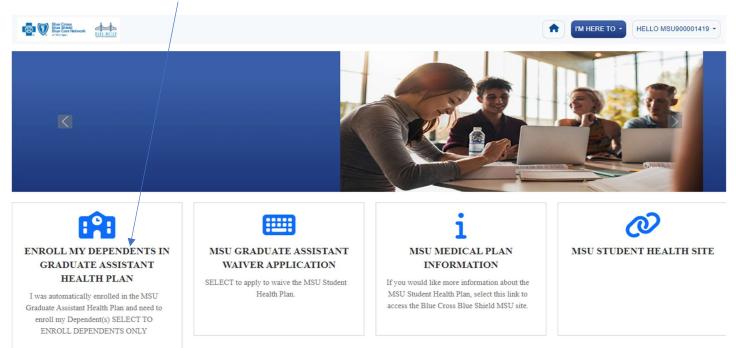
Change of Address Information

If you are a student automatically enrolled in the MSU BCN student health plan you <u>must</u> update your address through your My Profile at student.msu.edu. If you have voluntarily enrolled in the health plan, you can update your address directly through the <u>Blue Water Portal</u> by clicking on the link.
If you have enrollment and billing questions, please call <u>1-855-669-8041</u> from 9 a.m. to 4:30 p.m. Eastern Monday through Friday or email 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.

Log	gin
	User ID require
-	Username
	Password require
Q.	Password
Hav	Remember Me ring trouble signing in? Login

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

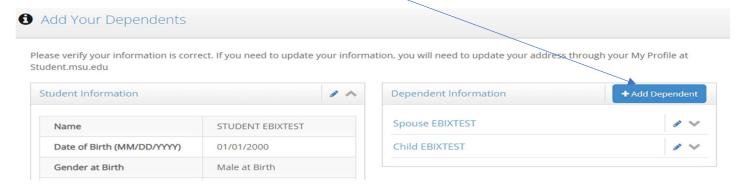


Step 5: If you receive the pop up below, select the appropriate response depending on your situation.

Request Previously Started	\times
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.



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.

ment					PASSWORD EBIXTE
Verify you	Add or Modify Depe	ndent Information		×	
IMPORTANT: Be	,	ge or add information abou I information, as noted by a		proceed.	r enrollment without your current mailing
address. Select	Your Information			~	ered, select add dependent and enter all
required inforn your payment.	First Name*	Middle Name	Last Name*		m or the credit card company will decline
Student Info	First Name	Middle Name	EBIXTEST		+ Add Dependent
	Date of Birth*	Gender at Birth*	Relationship *		
Name	**		~	~	
Date of Bi (MM/DD/)	Contact Information (C	only if different from subs	criber)	~	
Gender at					
Address			🖺 Save	Close	

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 🄶

020, below shows your current plan (CurrentBenefit) election for any Dependent(s) previously enrolled and any elections (ElectedPlan) yeave made so far during this session. GA's Health Plan - Dependents Parameters ElectedPlan Plan No Benefits Elected No Benefits Elected No Benefits Elected				
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Plan No Benefits Elected No Benefits Elected Coverage Image: Coverage Image: Coverage		Dependents		
Coverage Image: Coverage	GA's Health Plan - L	Sependents		
			CurrentBenefit	
Premium	Parameters	ElectedPlan		
	Parameters Plan	ElectedPlan		

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.

O 2 or more Children

O Spouse + Children

Select the coverage level for the number of Dependents you are enrolling. You must select the same coverage period that MSU auto enrolled you for coverage under the Student Health Plan or for a coverage period less than your coverage period.

Select the appropriate dependent health plan coverage	e period.
Spring I - GA Dependent Plan Details	
Coverage Level	Your Cost
○ Spouse Only	\$592.50
O Child Only	\$592.50
○ Spouse + 1 Child	\$2,623.50
○ 2 or more Children	\$2,623.50
○ Spouse + Children	\$4,778.50
Spring II - GA Dependent Plan Details Coverage Level	Your Cost
O Spouse Only	\$474.00
O Child Only	\$474.00
○ Spouse + 1 Child	\$2,098.00
○ 2 or more Children	\$2,098.00
○ Spouse + Children	\$3,822.00
Brd Quarter - GA Dependent Plan Details	
Coverage Level	Your Cost
O Spouse Only	\$237.00
O Child Only	\$237.00
○ Spouse + 1 Child	\$1,049.00



\$1,049.00 \$1,911.00 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.

The MSU Graduate Assistants Health Plan for Dependents

(A	•)	
20, you have elected the following	g coverage for your Dependent(s)	
Spring I - GA Dependent : \$2,623.5 Spouse + 1 Child	0	
	rs below to confirm who should be covered to ST go back to the previous page and change y	under your selection. your selection to match the number of dependents you v
f you make any changes, you MUS be enrolling for coverage.		
f you make any changes, you MUS be enrolling for coverage. ChooseCoveredMembers	ST go back to the previous page and change y	your selection to match the number of dependents you w
f you make any changes, you MUS be enrolling for coverage. ChooseCoveredMembers Name	ST go back to the previous page and change y DateOfBirth	your selection to match the number of dependents you we were as a selection to match the number of dependents you were as a selection ship as a se

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-REQU	JIRED		
Premium Payment is due at time of en	ollment. Your address is require	ed, if your address was not showing on the previous Verify Informa	tion
		declined if no address was previously entered. If payment method	and
payment information is not completed	your enrollment in the student h	health plan will not be processed.	
Select Payment Option	~		
Select Payment Option			
Electronic Bank Payment		♦ Previous Cor	ntinue
Debit Card		Col	
Other Option			iunue

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)*

Pay	ment Information-REQUIRED	
page	nium Payment is due at time of enrollment. Your address is required, if your address was not showing on , please go back now and add your address. Your payment will be declined if no address was previously e nent information is not completed, your enrollment in the student health plan will not be processed.	
	oit Card v t from existing accounts or enter a new account by clicking on the "+"	
De	bit Card	+ /
requ	nent will be made via the Debit Card you have entered.Once you have completed and saved the ired information about your debit card, save the record. You will receive a pop up message confirming payment will be processed shortly, click on continue to proceed with your enrollment. IF YOU RECEIVE	Authorize Payment Option
AN E YOU infor 1 pay	RROR MESSAGE THAT YOUR PAYMENT INFORMATION WAS INVALID, GO BACK TO THE FIRST PAGE OF R ENROLLMENT NOW AND ENTER YOUR ADDRESS. Return to this page to complete your payment mation.Authorize payment: Is used to select a default payment method if you have entered more than ment method. If you have entered more than 1, select the payment method you wish to be charged time a payment is required, then select Authorize Payment.	

♦ Previous Continue →

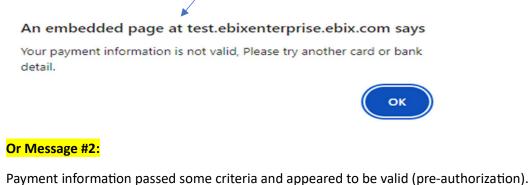
Entering Payment Information – Complete all fields in the pop-up box. Description is free form. Select Save when completed.

Debit Card	\times
Description	
Account Type	
Select Account Type 🗸	
Debit Card Number	
Card Security Code	
Expiration Month	
Select Month 🗸	
Expiration Year	
Select Year 🗸	
	Save Close
	Sure close

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

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

ОК

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

(Ĉ)	Payment Information-RE	QUIRED		
	page, please go back now and add y	your address. You	address is required, if your address was not showing on the previous Verify Infor payment will be declined if no address was previously entered. If payment methent in the student health plan will not be processed.	
Pal	ou overale is if sourcest is	¢	← Previous	Continue >

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 P	Payment ~			
Select from existing	g accounts or enter a new account by clicking on the "+"			
Electronic Bank	Payment			+ ^
• FSB	Electronic Bank Payment	✓ Update	* Delete	
		nt routing and account number available.Once you complete the required infor ollment.Authorize payment: Is used to select a default payment method if you h	Authorize Payment Option	

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.

Step 10: Confirmation pages

<u>First – Demographic Information</u> Any updates made this session will appear in red font. If you need to make a correction, return to the verify information page and make any necessary changes then return to the confirmation page.

	(Ö)		
	nt information including all changes m	ada in this session. Please review this information carefu	llute
		ade in this session. Please review this information carefu dents page, make your corrections and continue with th	
			~
Parameters	Current Information	Prior Information	
Name	0020 EBIXTEST	0020 EBIXTEST	
Date Of Birth(MM/DD/YYYY)	01/01/2000	01/01/2000	
SSN(xxx-xx-xxxx)			
Gender at Birth	Male at Birth	Male at Birth	
Marital Status			
Address	1234 Main Street	1234 Main Street	
ouse EBIXTEST			
Parameters	Current Information	Prior Information	
Name	Spouse EBIXTEST	Spouse EBIXTEST	
Date Of Birth(MM/DD/YYYY)	01/01/2000	01/01/2000	
SSN(xxx-xx-xxxx)			
Condex at Dirth	Female at Birth	Female at Birth	
Gender at Birth			

<u>Second – Coverage Selection</u>

20 below is a summary of your Dense	ent coverage selections (including all changes made in this session). Please review this inform
	d to make corrections, go back to the Add Dependents page, make your corrections and cont
refully to confirm it is correct. If you nee th the enrollment.	
refully to confirm it is correct. If you nee th the enrollment. GA's Health Plan - Dependents	d to make corrections, go back to the Add Dependents page, make your corrections and cont
refully to confirm it is correct. If you nee th the enrollment. GA's Health Plan - Dependents Parameters	d to make corrections, go back to the Add Dependents page, make your corrections and cont

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.

<u>Third – Document upload if required.</u> This is not required for you so you may ignore.

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			^	
ou are not required to unlos	and any documents at this			
ou are not required to uploa		enrollment		
lease proceed to Finish your		enrollment.		
		enrollment.		~

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.

Payment information is mandatory to complete the enrollment.	×
	ОК

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

Your changes have been submitted for p	processing.	/ ×
	Confirmation Statement	Email Copy Close

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.

	Confirmation Statement - Email Copy	×
	We can email you a copy of your confirmation statement for your records.Please entry the e-mail address where you would like this information sent *:	er
Select Ser	Close Send Co	ру

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.



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