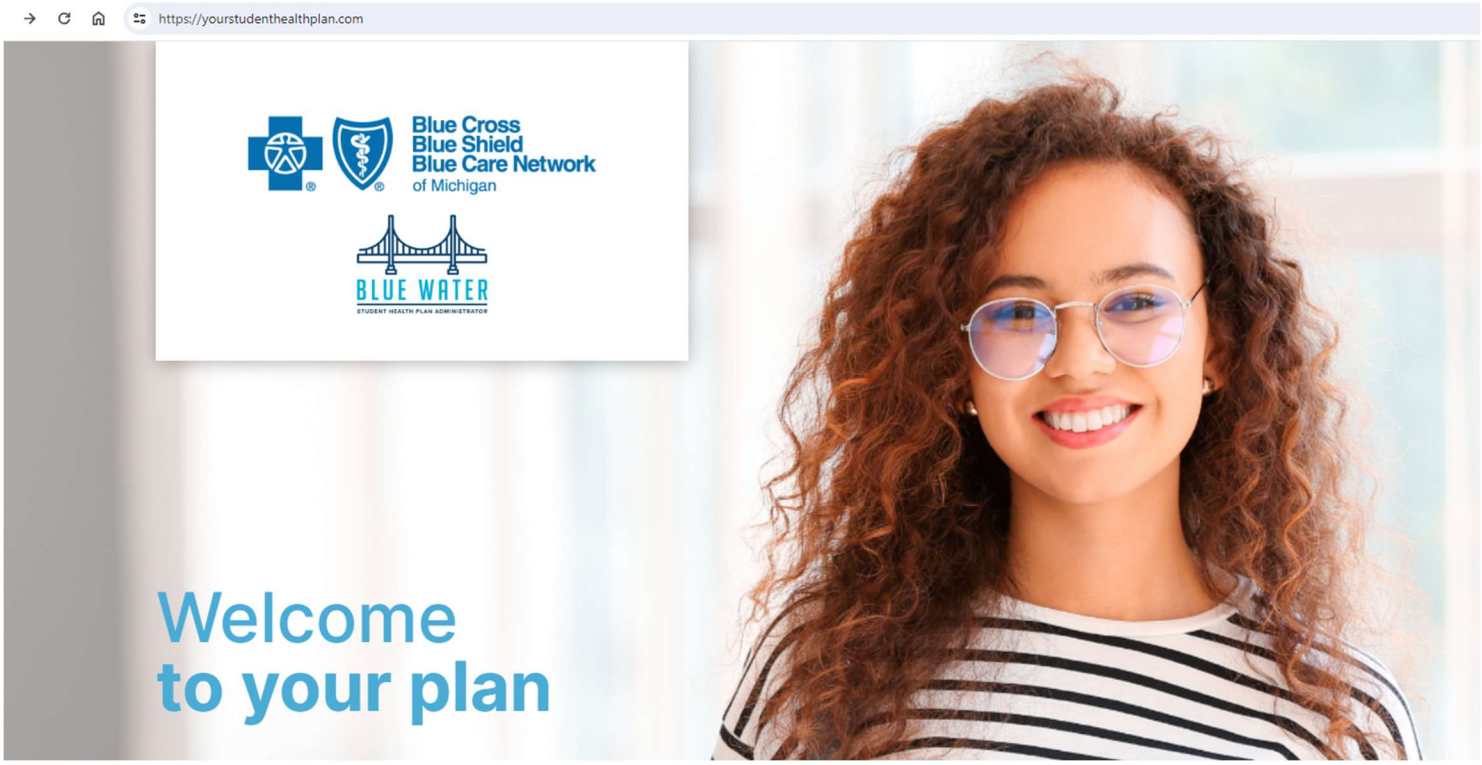
Michigan State University Voluntary Student Health Insurance

Spring I, II and Q3 2024 Open Enrollment

Step by Step Instructions

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

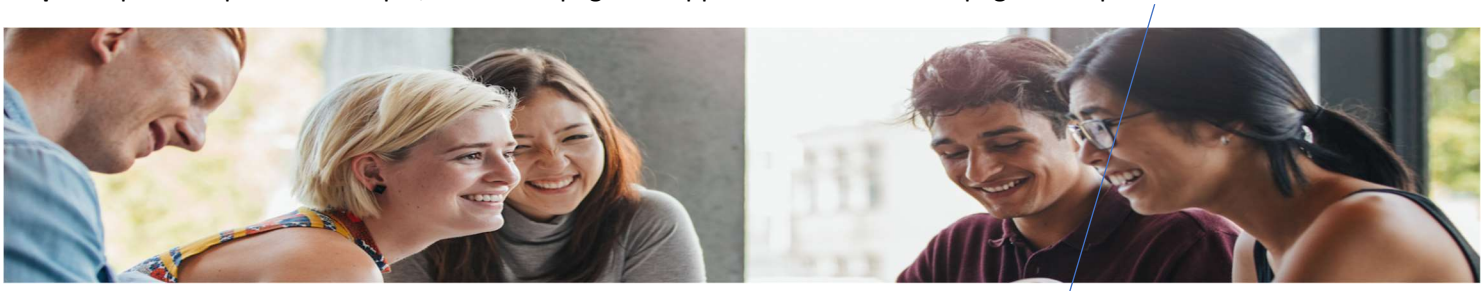


Scroll down to Start Here, select the drop down and choose Michigan State University

Next, 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, the below page will appear. Scroll down the page to Helpful Quick Links



MICHIGAN STATE UNIVERSITY

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**. 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**.

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.

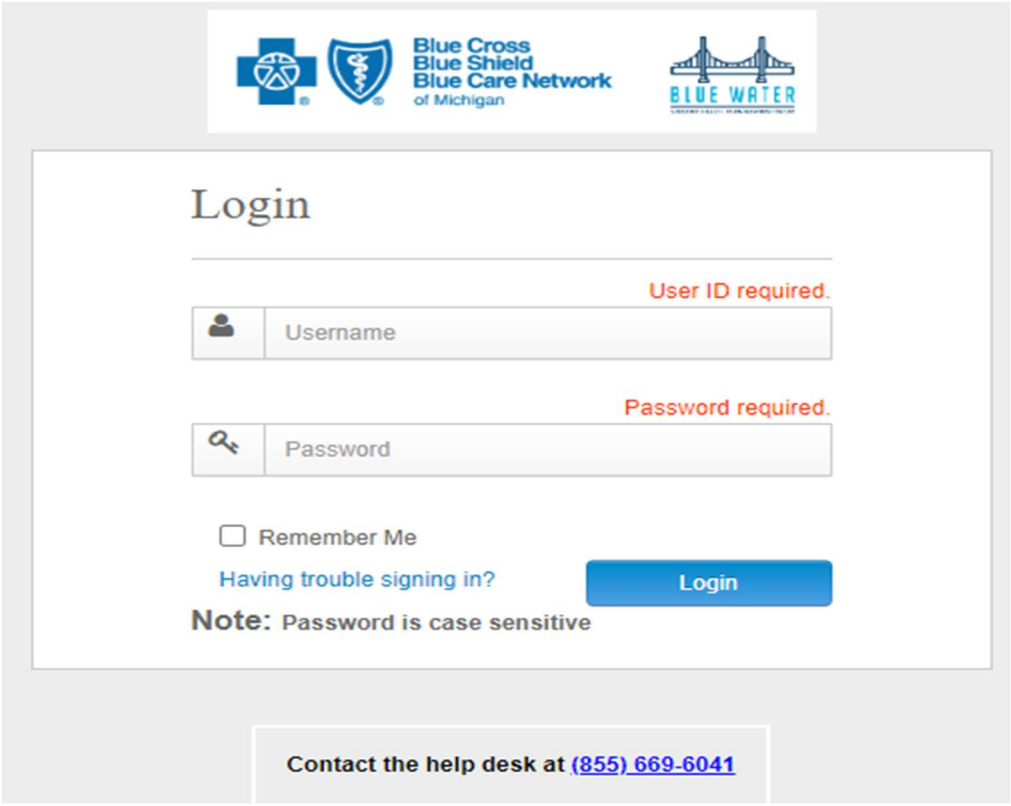
Enroll In or Waive the Student Health Plan

Already have an MSU Blue Water Student Health Plan Account?

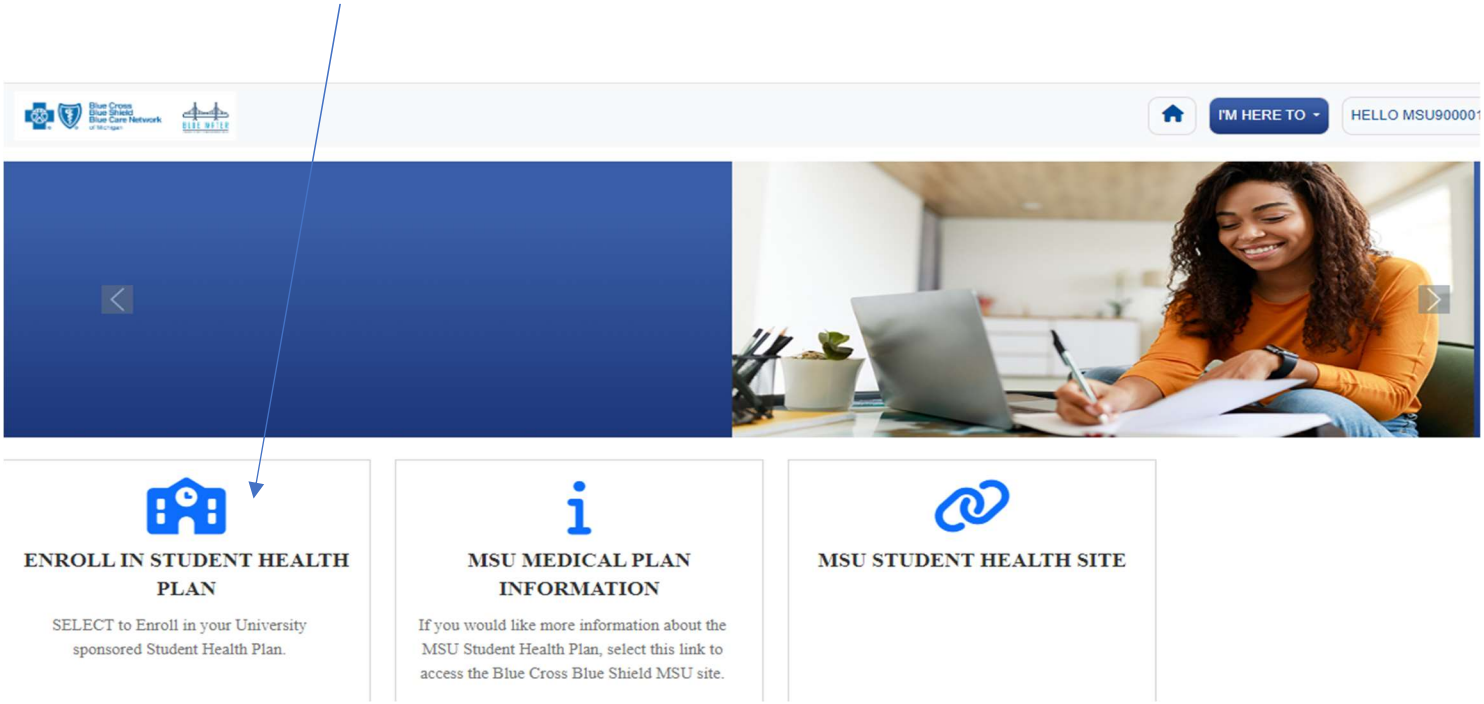
If you already have a Blue Water student account and have a username and password, select **LOG INTO YOUR ACCOUNT** to begin your enrollment in the MSU Student Health Insurance plan or complete an application to waive coverage.

LOG INTO YOUR ACCOUNT

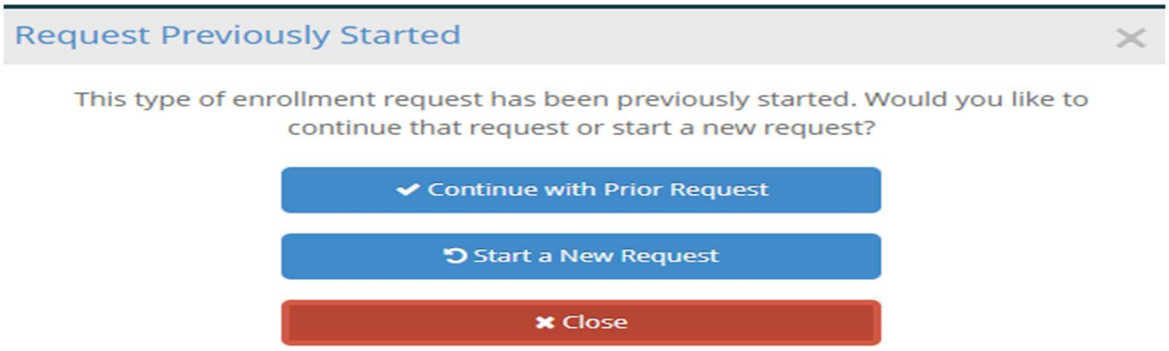
Step 3: After selecting the Log Into Your Account Link, you will see the below login screen. Enter your Username and Password. If you do not remember your username or password, select the *Having trouble signing in?* link below.



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

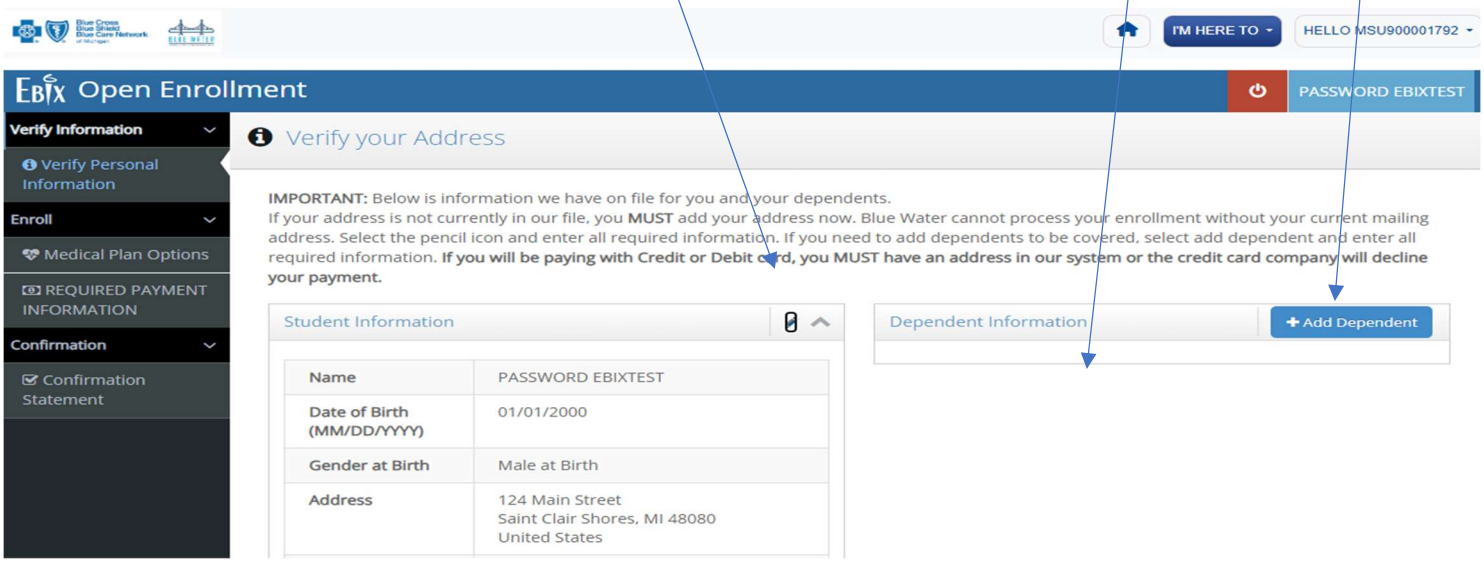


Step 5: If you receive the pop up below, select the appropriate response depending on your situation.



Step 6: Beginning the Enrollment Application. Verify your address displayed is accurate. If it is not, you MUST update your current Mailing Address.

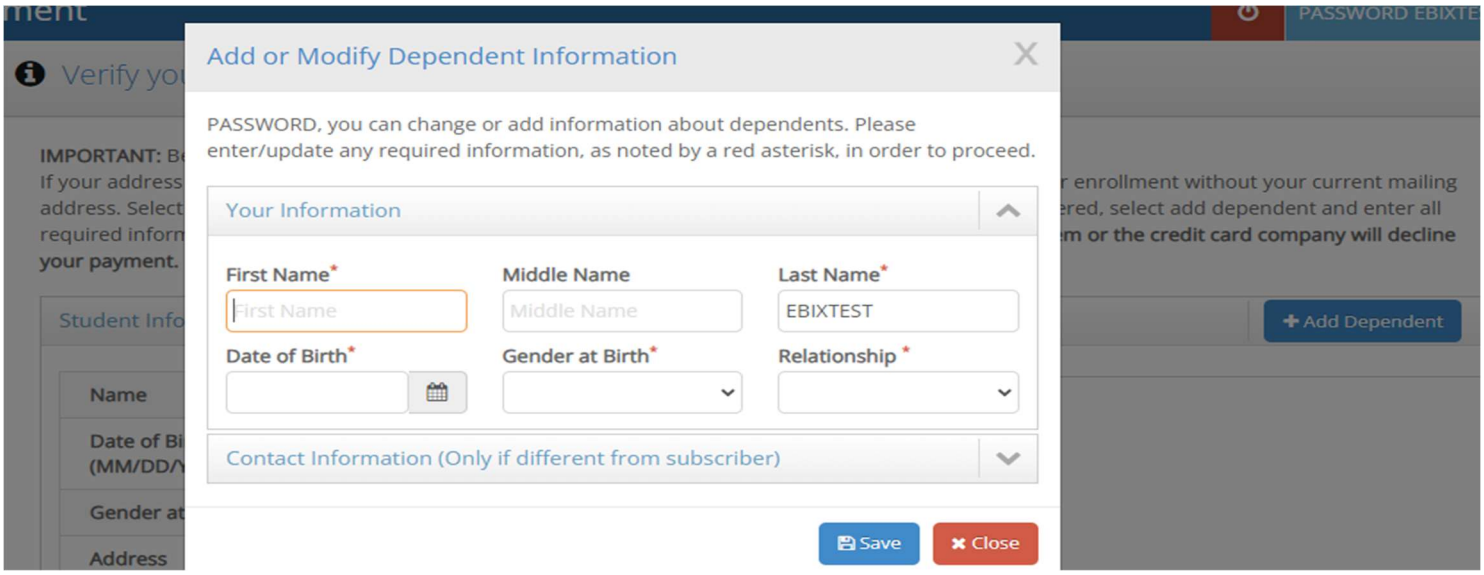
Updating your Mailing Address, select the pencil icon. If you have dependents to be covered, you may select Add Dependent Link. NOTE: If you enrolled in the Fall or Q1 and Q2 and had enrolled your dependents, they will be listed on the screen below.



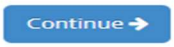
If you select the pencil icon, complete the Modify Student Information pop up to update your information. All required fields are marked with a red asterisk as shown in the example below.

Adding Dependents, select the Add Dependent link and 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.***

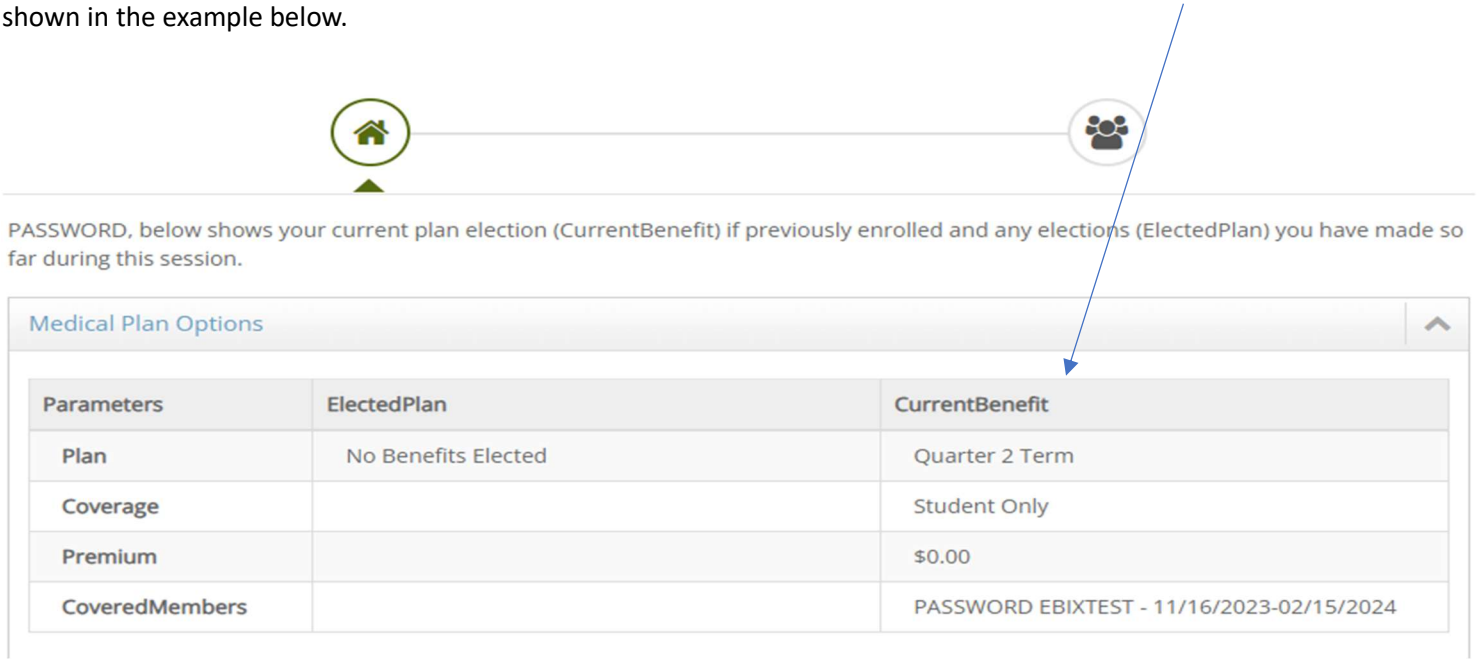


Step 7: Upon completion of the review and/or modification of your personal or dependent information, select Continue.



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.

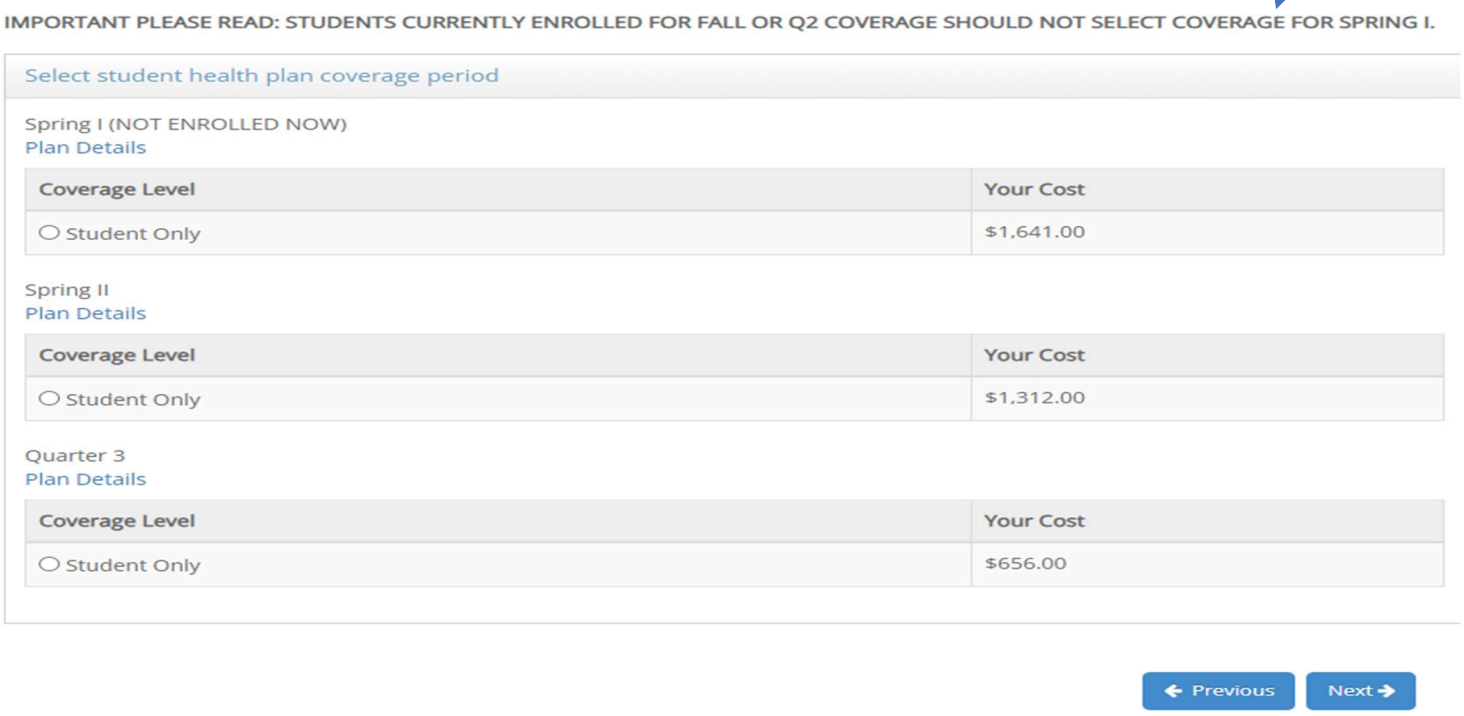


The lower portion of the page will display your current election options. Critical, please read the bolded note below.

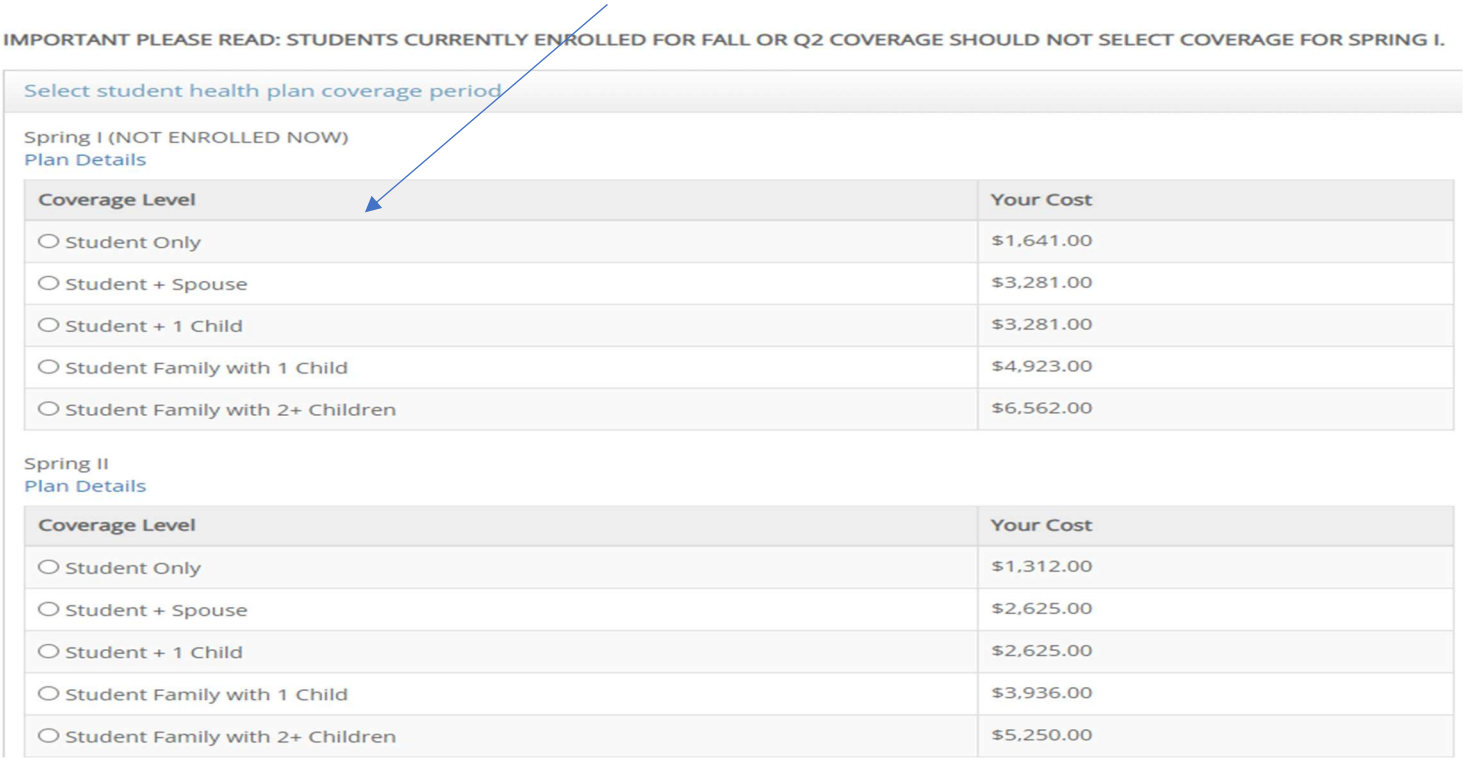
If currently enrolled in the Fall plan, DO NOT select the Spring I option. You may select Spring II or Quarter 3

NOTE: If you have dependents enrolled or were added during this session, additional coverage level options will appear as shown in the second image below.

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



Example view of enrollment page with Dependents:



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.***

PASSWORD, you have elected the following coverage(s)

Quarter 3 : $2,625.00
Student Family with 2+ Children

Please review your selection before you proceed. If you make any change to the covered dependents listed below, you MUST go back to the previous screen and change your selection to match the number of individuals you are enrolling for coverage to not be charged an incorrect premium amount.

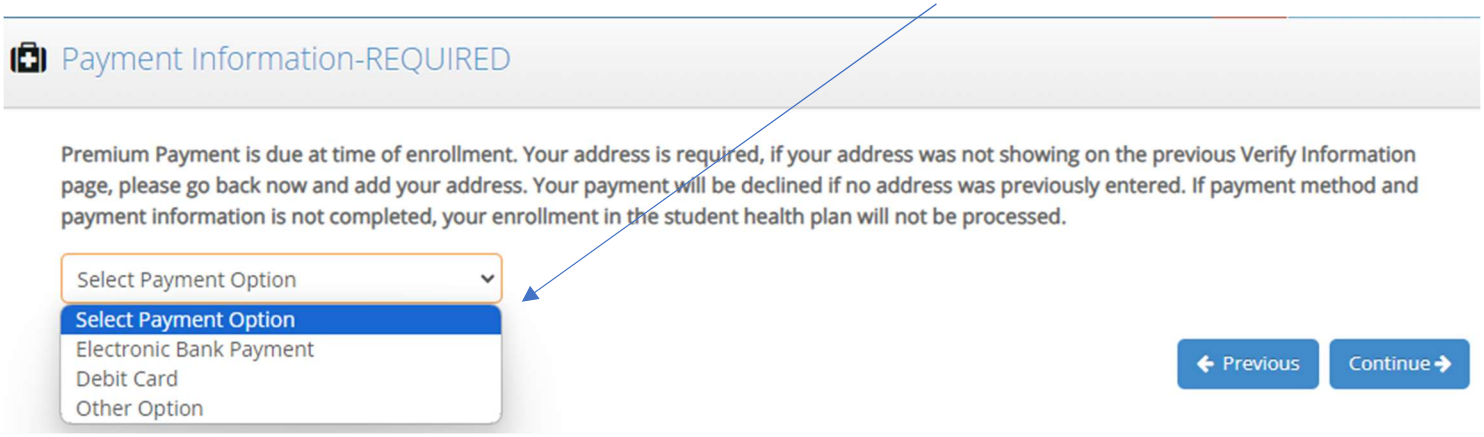
ChooseCoveredMembers

Name	DateOfBirth	Relationship
☑ PASSWORD EBIXTEST	01/01/2000	Subscriber
☑ Spouse EBIXTEST	01/01/2000	Spouse
☑ Child EBIXTEST	05/01/2023	Child
☑ Child2 EBIXTEST	05/01/2023	Child

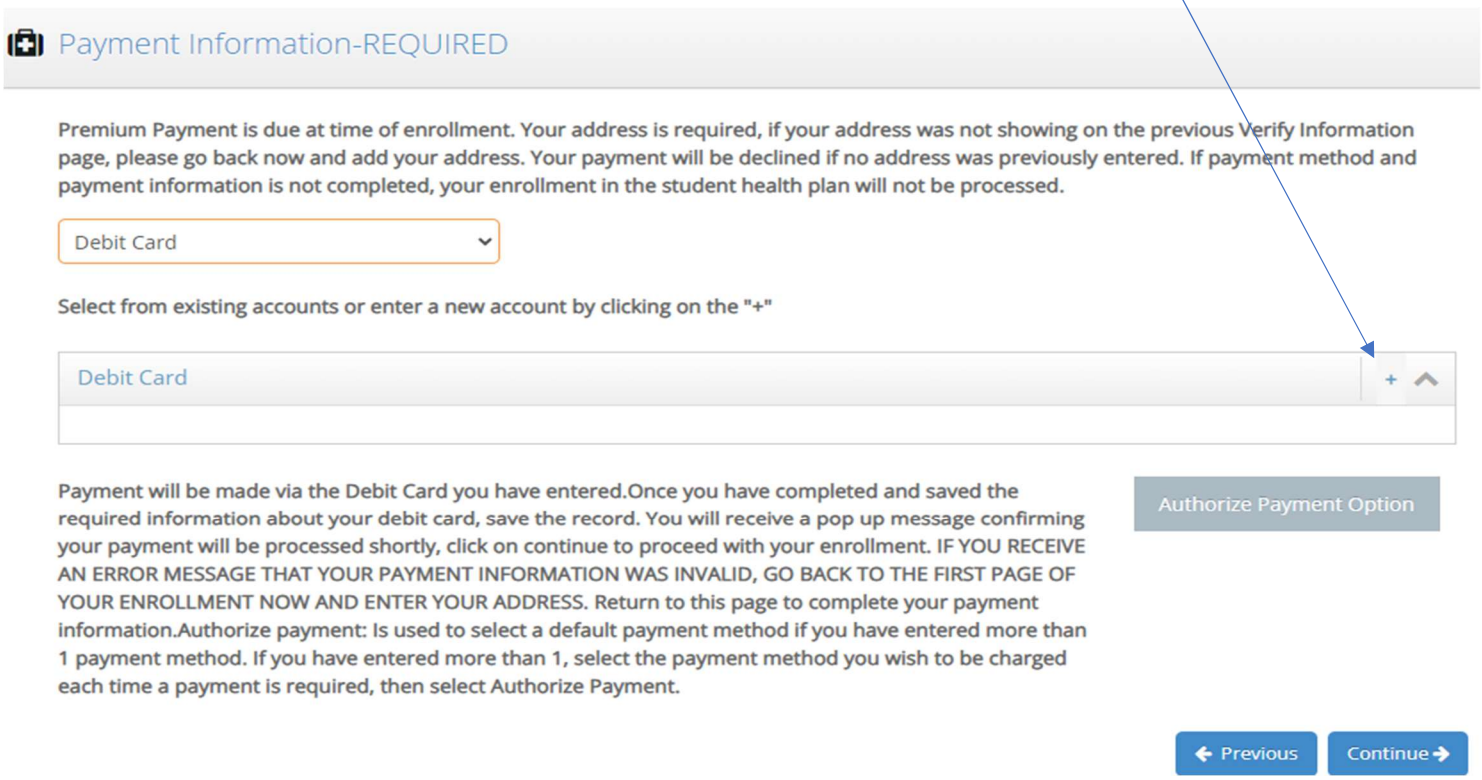
Step 9: Completing Payment Information (REQUIRED)

Please read all instructional text.

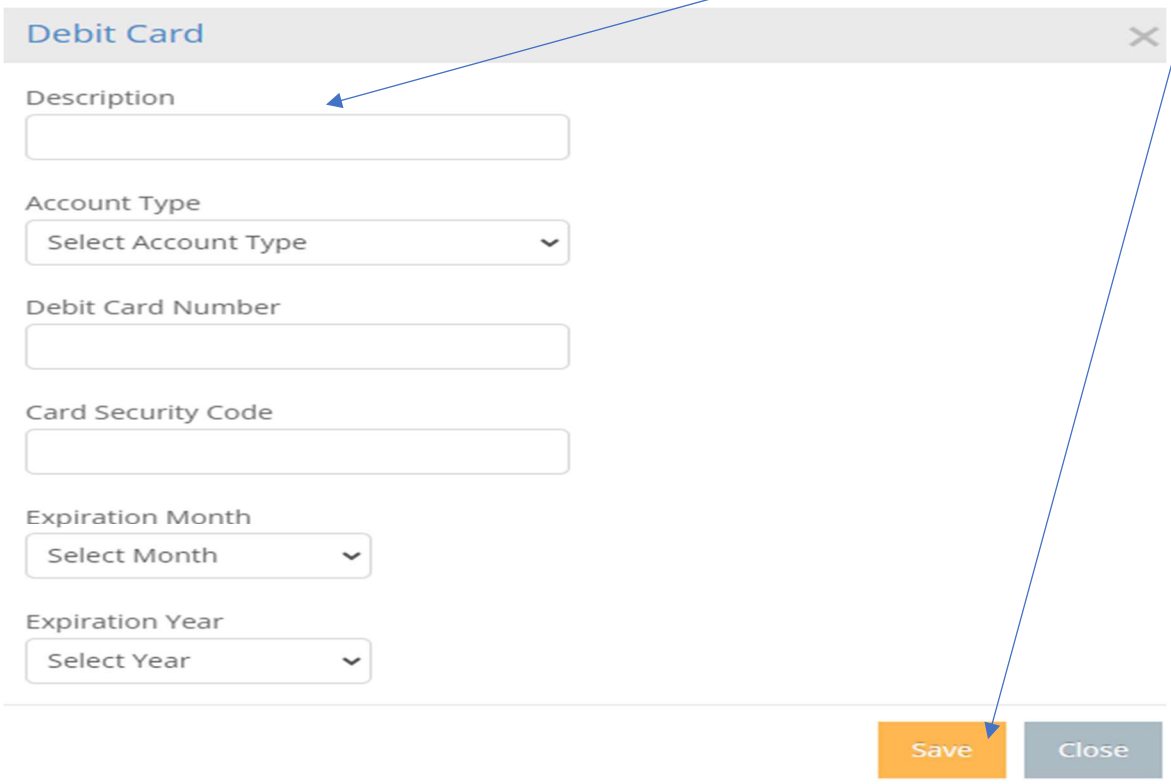
Select the payment method below. Other Option is for Credit Card payments.



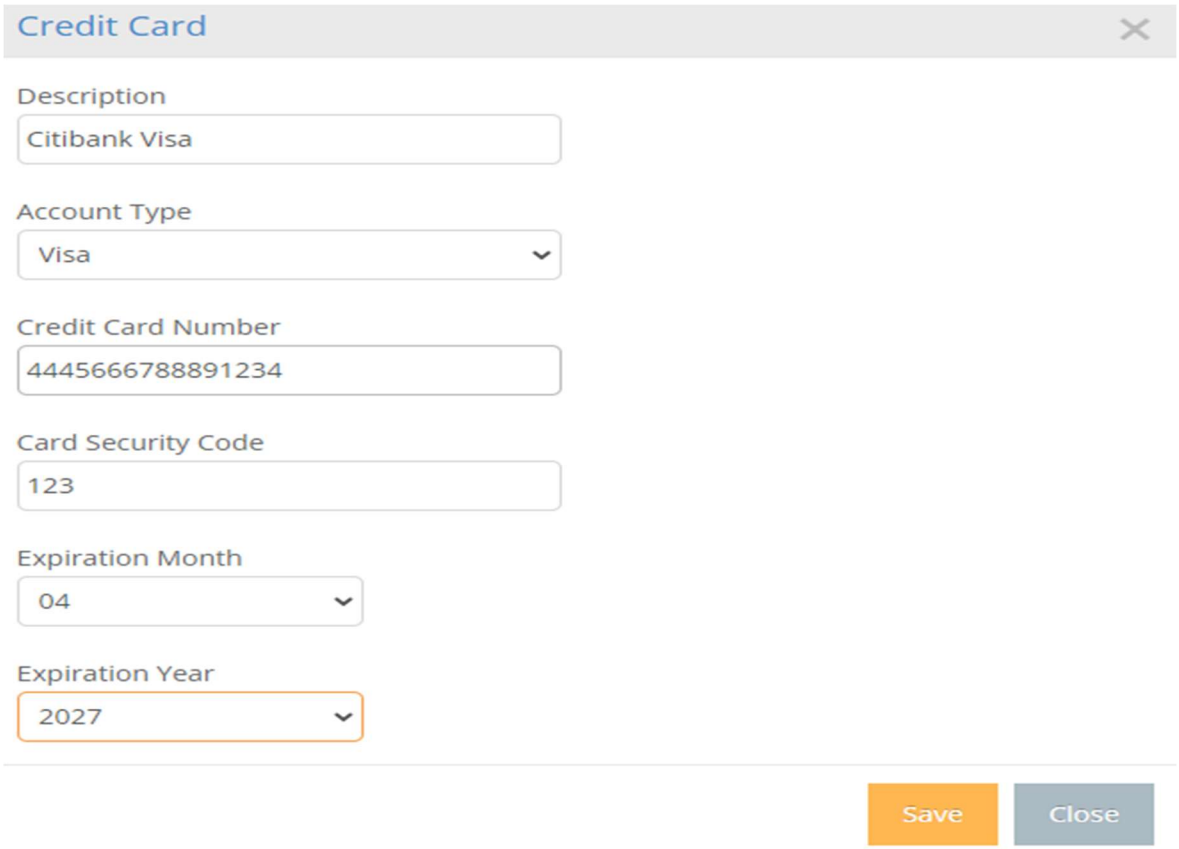
Upon selecting the desired payment option (example below is for Debit Card), select the + icon to add Debit Card payment information. ***NOTE: If you enrolled in the Fall or Q1 and Q2 via this process and used the same payment option, your information will display. (see example following this Step)***



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



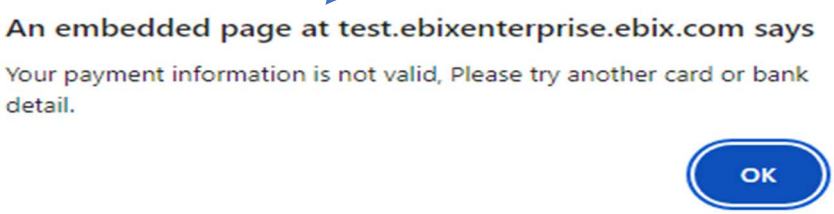
Example of Credit Card Payment Information screen below.



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

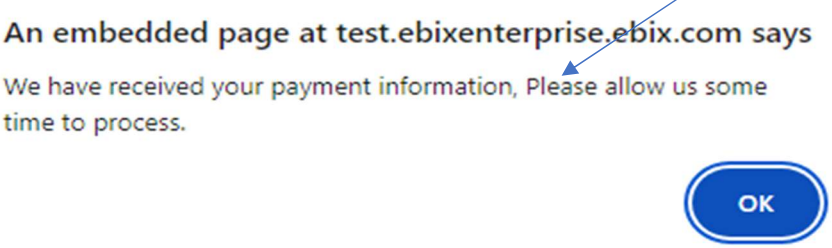
Message #1 payment information not valid. This likely occurs from data input error or limits on your card set by your Card Issuer. Once you click OK, you will have to reenter your payment information if it was incorrectly entered the first time or select a different payment option.

Message #1:

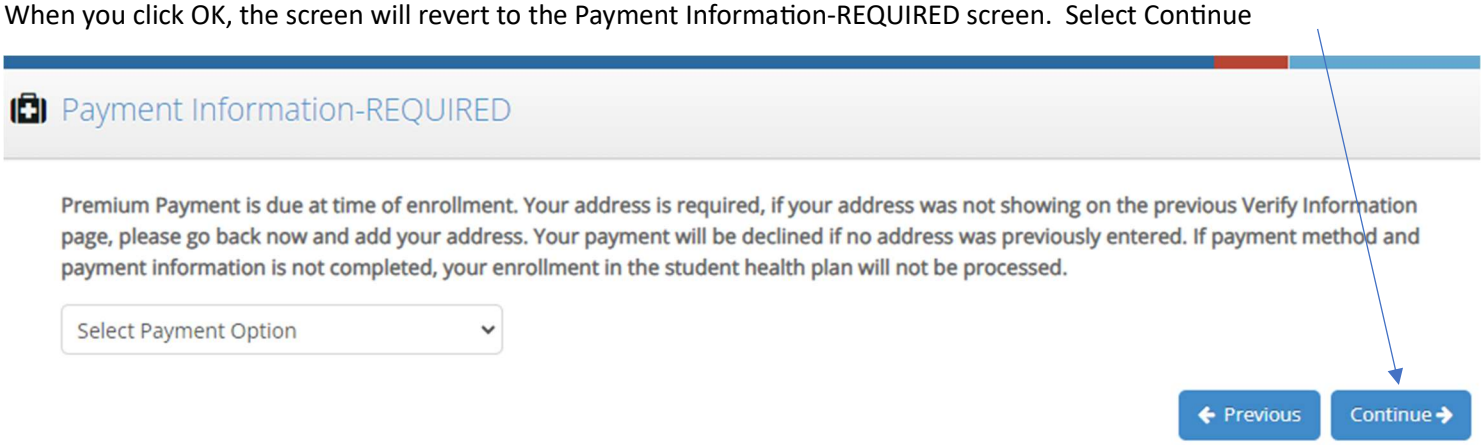


Or Message #2:

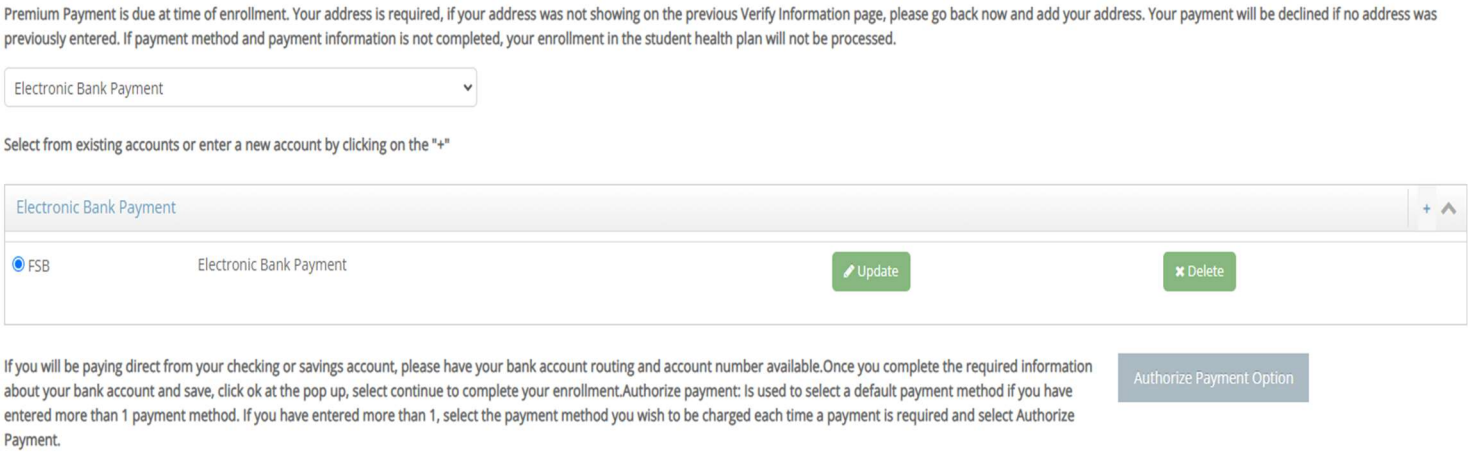
Payment information passed some criteria and appeared to be valid (pre-authorization).



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

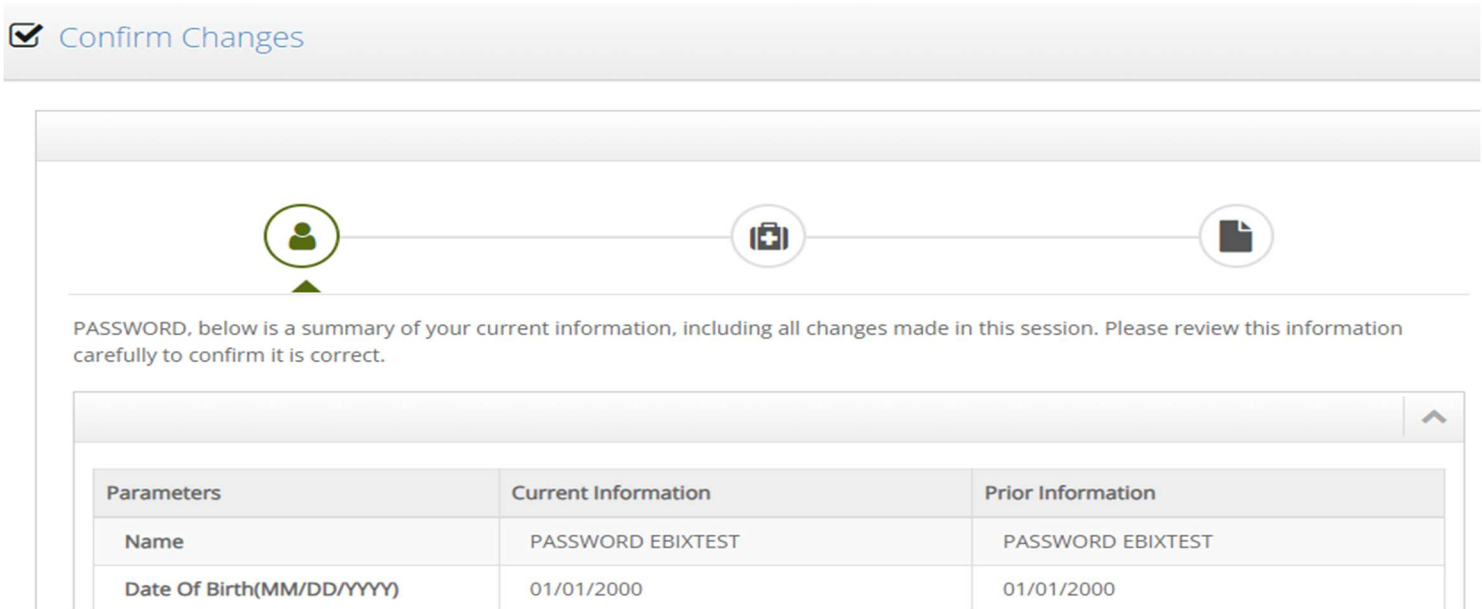


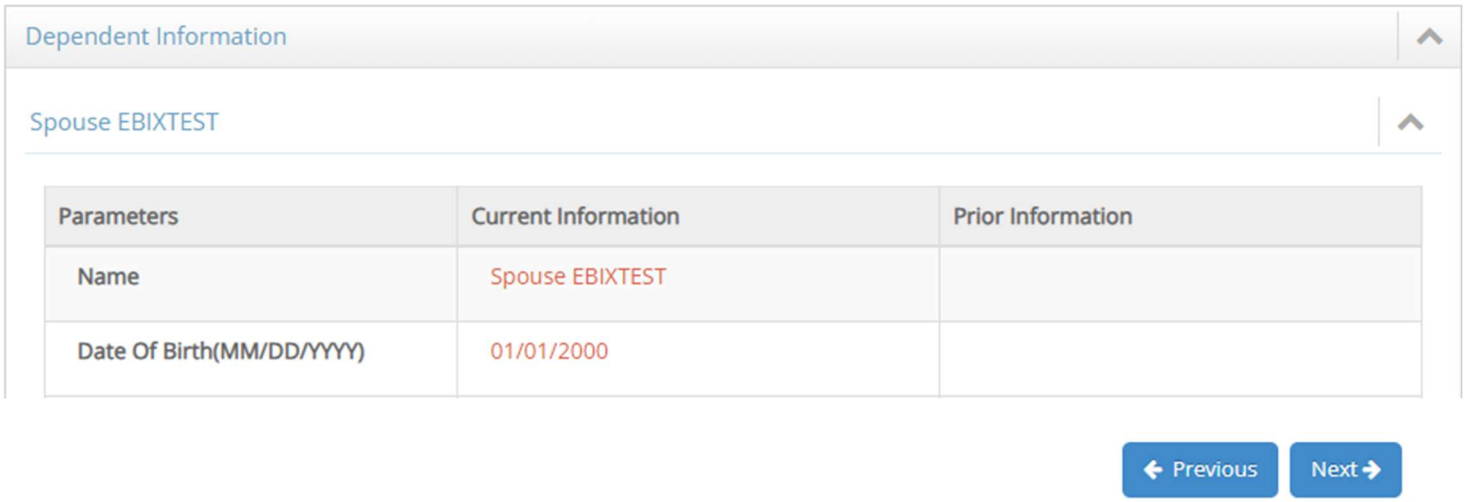
-Below example is if payment information was entered during the Fall Open Enrollment.



Step 10: Confirmation pages

First – Demographic Information 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.

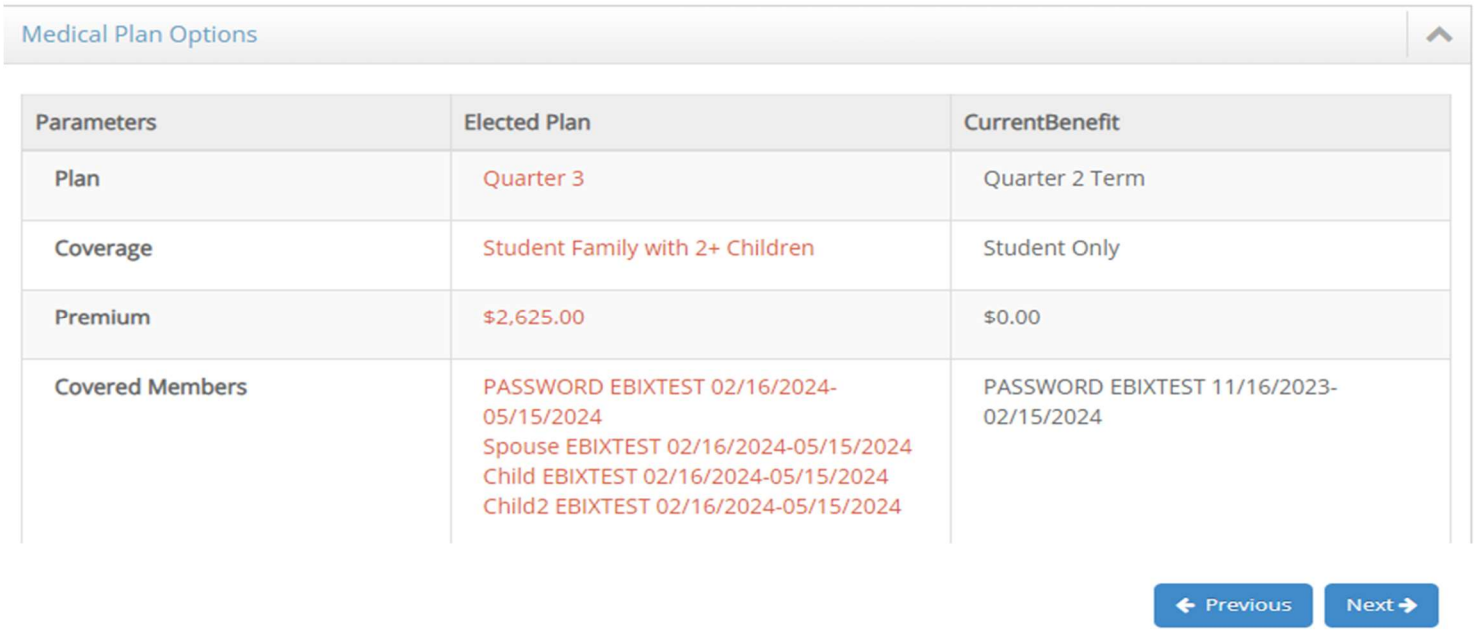




Second – Coverage Selection

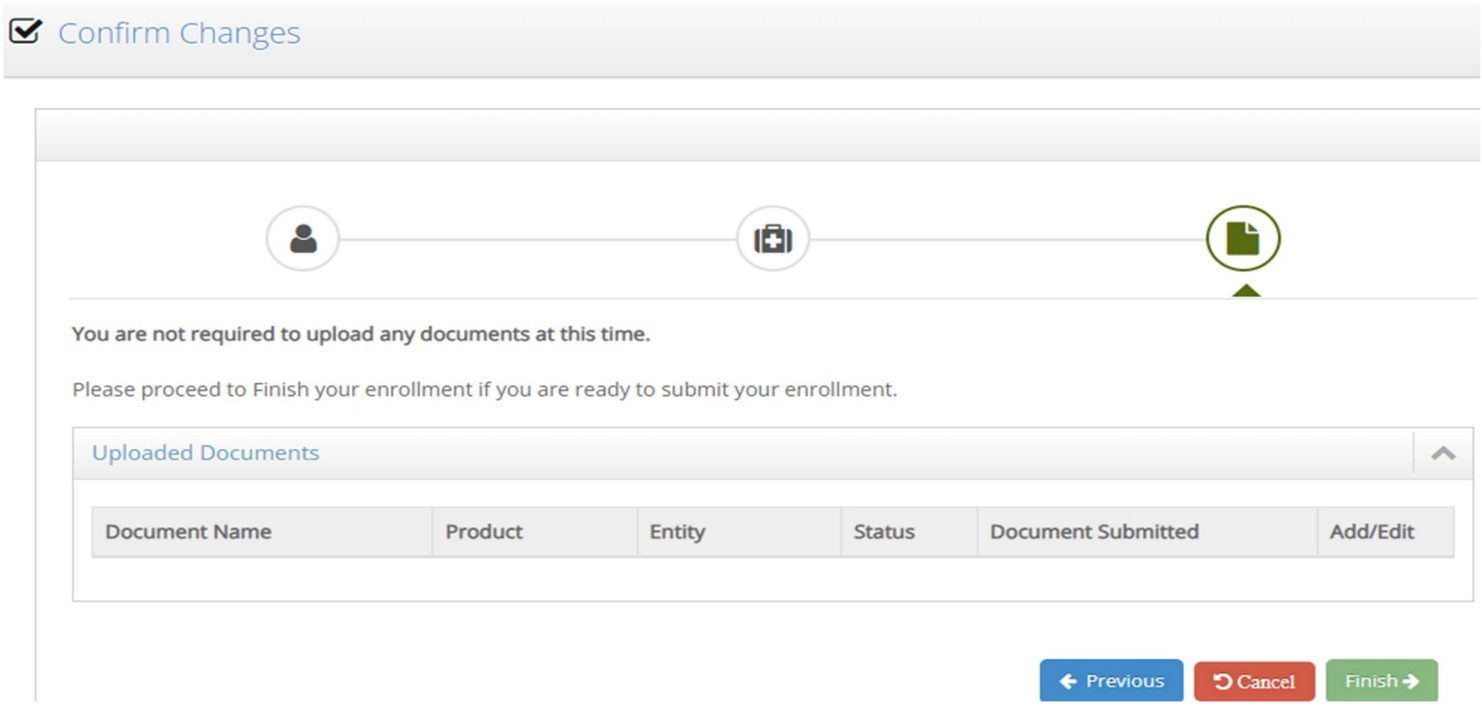
PASSWORD, below is a summary of your coverage selections (including all changes made in this session).

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



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

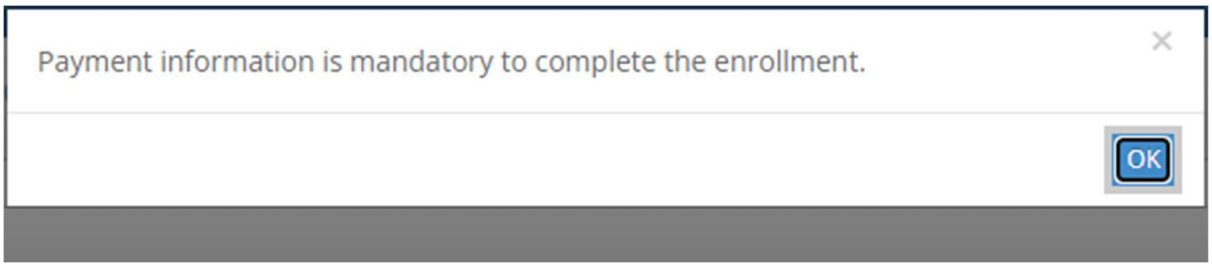
Third – Document upload if required. This is not required for you so you may ignore.



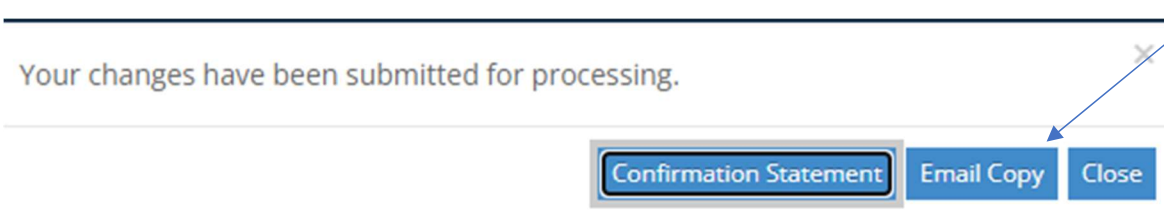
Step 11: FINISH

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

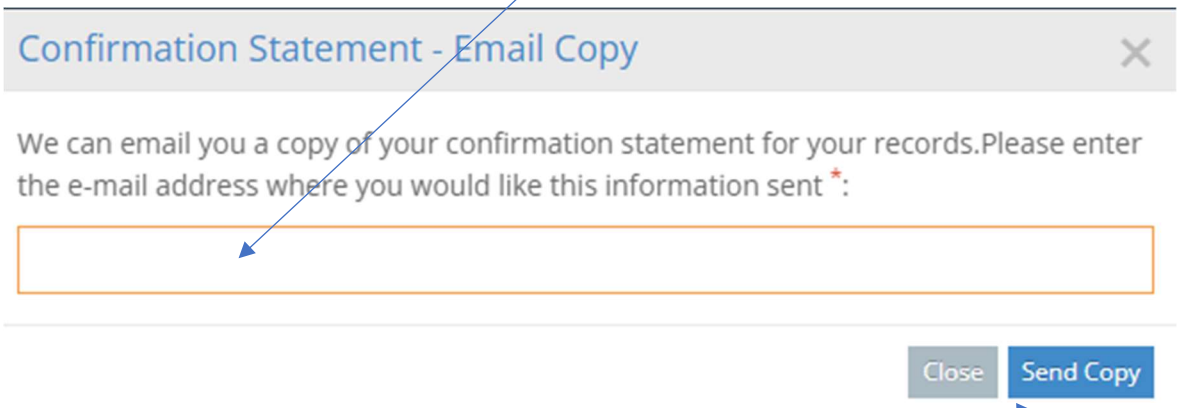
If you did not complete the payment information page, or your payment information was not approved by your Card Issuer, you will receive the below message and will be unable to submit your enrollment application. If you completed the payment information page, please reach out to your Card Issuer to determine 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

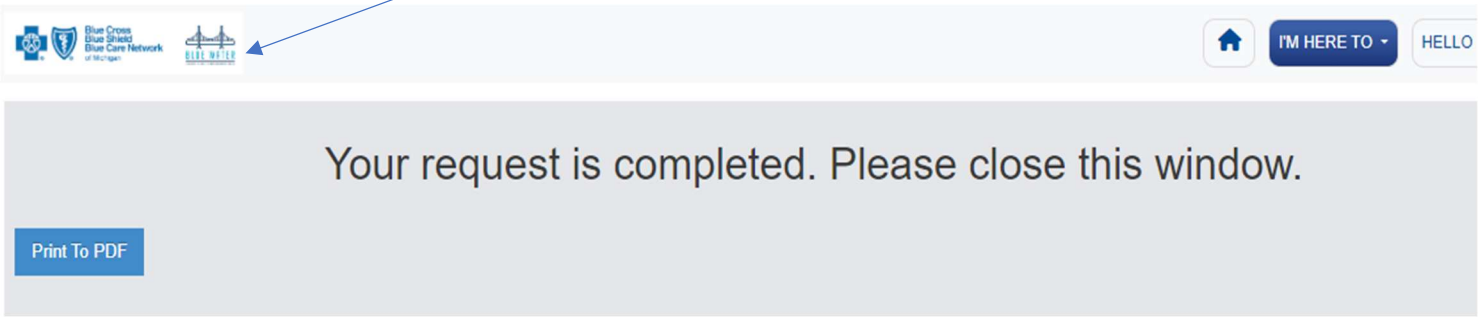


If we have your email address, it will prepopulate below. You may change the email address to send the confirmation where you wish. Any email address entered here will not update your permanent record with Blue Water.



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.



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