

Michigan State University Voluntary Student Health Insurance

Spring I, II and Q3 2024 Open Enrollment

Step by Step Instructions

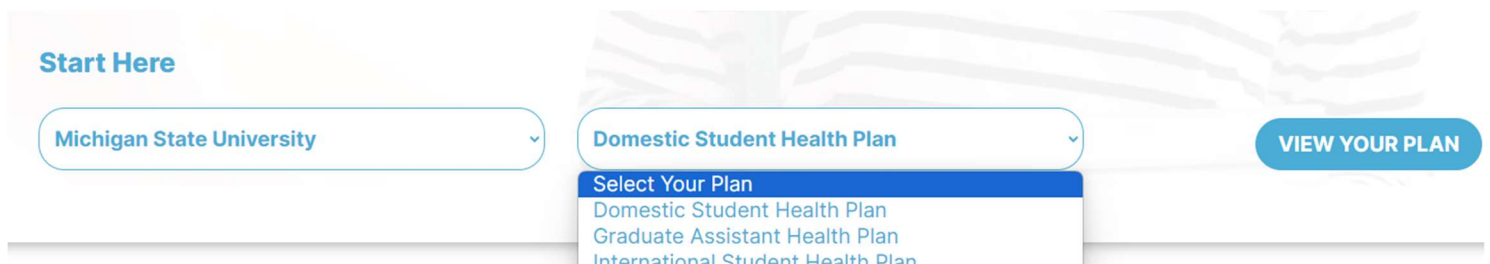
Step 1: Go to <https://yourstudenthealthplan.com>



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



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 MSUSHPSStudentInquiries@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.




Blue Cross
Blue Shield
Blue Care Network
of Michigan



BLUE WATER
UNIVERSITY OF MICHIGAN


Login

User ID required.



Username

Password required.



Password

☐ Remember Me



[Having trouble signing in?](#)

Login


Note: Password is case sensitive

Contact the help desk at [\(855\) 669-6041](tel: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.



Blue Cross
Blue Shield
Blue Care Network
of Michigan





BLUE WATER
UNIVERSITY OF MICHIGAN



I'M HERE TO ▾


HELLO MSU900001






ENROLL IN STUDENT HEALTH PLAN

SELECT to Enroll in your University sponsored 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

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.

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.

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan

Home

IM HERE TO

HELLO MSU900001792

EBIX Open Enrollment

PASSWORD EBIXTEST

Verify Information

Verify Personal Information

Enroll

Medical Plan Options

REQUIRED PAYMENT INFORMATION

Confirmation

Confirmation Statement

Verify your Address

IMPORTANT: Below is information we have on file for you and your dependents. If your address is not currently in our file, you MUST add your address now. Blue Water cannot process your enrollment without your current mailing address. Select the pencil icon and enter all required information. If you need to add dependents to be covered, select add dependent and enter all required information. If you will be paying with Credit or Debit card, you MUST have an address in our system or the credit card company will decline your payment.

Student Information

Name

DATE OF BIRTH (MM/DD/YYYY)

Gender at Birth

Address

PASSWORD EBIXTEST

01/01/2000

Male at Birth

124 Main Street
Saint Clair Shores, MI 48080
United States

Dependent Information

+ Add Dependent

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.

Modify Student Information

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

Your Information

First Name*

Middle Name

Last Name*

Date of Birth*

Gender at Birth*

PASSWORD

Middle Name

EBIXTEST

01/01/2000

Male at Birth

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.**

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Verify you

IMPORTANT: B

If your address

address. Select

required inform

your payment.

Student Info

Name

Date of Bi

(MM/DD/A

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*
First Name

Middle Name
Middle Name

Last Name*
EBIXTEST

Date of Birth*

Gender at Birth*

Relationship*

Contact Information (Only if different from subscriber)

Save

Close

PASSWORD EBIXTE

for 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.

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.

Home

People

PASSWORD, below shows your current plan election (CurrentBenefit) if previously enrolled and any elections (ElectedPlan) you have made so far during this session.

Medical Plan Options

Parameters	ElectedPlan	CurrentBenefit
Plan	No Benefits Elected	Quarter 2 Term
Coverage		Student Only
Premium		\$0.00
CoveredMembers		PASSWORD EBIXTEST - 11/16/2023-02/15/2024

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.

IMPORTANT PLEASE READ: STUDENTS CURRENTLY ENROLLED FOR FALL OR Q2 COVERAGE SHOULD NOT SELECT COVERAGE FOR SPRING I.

Select student health plan coverage period

Spring I (NOT ENROLLED NOW)
[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Student Only	\$1,641.00

Spring II
[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Student Only	\$1,312.00

Quarter 3
[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Student Only	\$656.00

[← Previous](#)

[Next →](#)

Example view of enrollment page with Dependents:

IMPORTANT PLEASE READ: STUDENTS CURRENTLY ENROLLED FOR FALL OR Q2 COVERAGE SHOULD NOT SELECT COVERAGE FOR SPRING I.

Select student health plan coverage period

Spring I (NOT ENROLLED NOW)
[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Student Only	\$1,641.00
<input type="radio"/> Student + Spouse	\$3,281.00
<input type="radio"/> Student + 1 Child	\$3,281.00
<input type="radio"/> Student Family with 1 Child	\$4,923.00
<input type="radio"/> Student Family with 2+ Children	\$6,562.00

Spring II
[Plan Details](#)

Coverage Level	Your Cost
<input type="radio"/> Student Only	\$1,312.00
<input type="radio"/> Student + Spouse	\$2,625.00
<input type="radio"/> Student + 1 Child	\$2,625.00
<input type="radio"/> Student Family with 1 Child	\$3,936.00
<input type="radio"/> Student Family with 2+ Children	\$5,250.00

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.**



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
<input checked="" type="checkbox"/> PASSWORD EBIXTEST	01/01/2000	Subscriber
<input checked="" type="checkbox"/> Spouse EBIXTEST	01/01/2000	Spouse
<input checked="" type="checkbox"/> Child EBIXTEST	05/01/2023	Child
<input checked="" type="checkbox"/> 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.

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

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.

Debit Card

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

Debit Card

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.

Authorize Payment Option

Previous

Continue

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

Save

Close

Example of Credit Card Payment Information screen below.

Credit Card

✕

Description

Citibank Visa

Account Type

Visa

▼

Credit Card Number

4445666788891234

Card Security Code

123

Expiration Month

04

▼

Expiration Year

2027

▼

Save

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

OK


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.

OK

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

 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

← Previous

Continue →

-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

FSB

Electronic Bank Payment

Update


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 – 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.

 Confirm Changes







PASSWORD, below is a summary of your current information, including all changes made in this session. Please review this information carefully to confirm it is correct.

Parameters	Current Information	Prior Information
Name	PASSWORD EBIXTEST	PASSWORD EBIXTEST
Date Of Birth(MM/DD/YYYY)	01/01/2000	01/01/2000

Dependent Information

Spouse EBIXTEST

Parameters	Current Information	Prior Information
Name	Spouse EBIXTEST	
Date Of Birth(MM/DD/YYYY)	01/01/2000	

Previous

Next

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

Medical Plan Options

Parameters	Elected Plan	CurrentBenefit
Plan	Quarter 3	Quarter 2 Term
Coverage	Student Family with 2+ Children	Student Only
Premium	\$2,625.00	\$0.00
Covered Members	PASSWORD EBIXTEST 02/16/2024-05/15/2024 Spouse EBIXTEST 02/16/2024-05/15/2024 Child EBIXTEST 02/16/2024-05/15/2024 Child2 EBIXTEST 02/16/2024-05/15/2024	PASSWORD EBIXTEST 11/16/2023-02/15/2024

Previous

Next

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.

☒ 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.

Payment information is mandatory to complete the enrollment.

OK

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

Your changes have been submitted for 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 enter the e-mail address where you would like this information sent *:

Close

Send Copy

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.

Blue Cross

Blue Shield

Blue Care Network

of Michigan

BLUE WATER

IM HERE TO

HELLO

Your request is completed. Please close this window.

Print To PDF

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