Open Enrollment
2019

Make your benefits selections between
October 1 – 31, 2018

It’s time to Enroll

Mark your calendars!
Benefits Fair dates/times
Find details about the Benefits Fair on page 1 of the guide.

Find out if you need to participate
Do you need to take action during Open Enrollment? Find out on page 2.

Need a second medical opinion? Ask Best Doctors
Learn more about your free Best Doctors benefit on page 15.

hr.msu.edu/open-enrollment
WELCOME TO THE 2019 OPEN ENROLLMENT PERIOD

MSU Benefits Open Enrollment will be held from Monday, October 1, through Wednesday, October 31, 2018. During this time eligible MSU retirees can re-evaluate their benefit needs and make changes to benefits selections.

This guide contains information about the benefits options available for eligible retirees in the 2019 plan year.

Questions? We’re here to help.

✉️ SolutionsCenter@hr.msu.edu
📞 517-353-4434 OR call toll-free 800-353-4434

MSU Benefits Fair

Visit the MSU Benefits Fair at the Breslin Center to ask the knowledgeable MSU benefits vendors and MSU Human Resources (HR) staff questions about your benefits.

FAIR DATES AND TIMES:

**Tuesday, October 16**
Noon – 7 p.m.

**Wednesday, October 17**
7 a.m. – 5 p.m.

FLU SHOTS & CHAIR MASSAGES AT THE FAIR

Enter the fair via the Gilbert Pavilion/Hall of History. Find a list of vendors at:

hr.msu.edu/open-enrollment

Table of Contents

2 Should You Participate?
3 Open Enrollment Instructions
4 What’s New for 2019?
5 All Benefits Provider Contact Info
5 Lowest Cost Health Plans in 2019
5 Summary of Health Plan Provisions
7 Glossary of Terms
8 2019 Monthly Retiree Plan Contributions
9 Health Plan Coverage Summary
12 Prescription Drug Information
13 Dental Plan Summary of Benefits
14 Life Insurance
15 Use Best Doctors for a Second Opinion
16 Child Dependent Age Criteria
17 Discounts are Available for Hearing Aids
18 Legal Insurance
18 Vision Insurance
Should You Participate?

Wondering if you need to take any action during the Open Enrollment period? Answer the following question: As an MSU benefits-eligible retiree, which of the following statements is true regarding your benefits?

- [ ] I currently cover a spouse or other eligible individual (OEI) under my health benefits (who is NOT an MSU benefits-eligible employee or retiree) and I want to continue their coverage in 2019.
- [ ] I want to enroll in, change or remove coverage for myself and/or my eligible dependent(s) for health insurance or dental insurance.
- [ ] I want to cancel my life insurance. See page 14 for more details.
- [ ] I do not wish to make any changes to my health or dental insurance and want to keep the exact same coverage in 2019.
- [ ] I do not cover a spouse or other eligible individual under my health benefits.

**YES!** If you selected any of the above options, you must participate in Open Enrollment between Oct. 1–31. See page 3 for enrollment instructions.

**NO!** If you only selected the above option(s), and did not select any options in the “Yes” column, you do not need to participate in Open Enrollment. However, we still encourage you to review your benefits options to make sure you’re getting the best coverage.

Make your benefits selections between **OCTOBER 1 – OCTOBER 31**
Open Enrollment Instructions

Please choose only one option below to participate in Open Enrollment:

☐ OPTION ONE: ENROLL WITH THE ENCLOSED FORMS

1. Complete the affidavit (yellow form) if you are covering a spouse or other eligible individual (OEI).
2. Fill out the enrollment change form ONLY if you are making benefits changes.
3. Return these forms to MSU HR by October 31 in the enclosed return envelope.

☐ OPTION TWO: ENROLL ONLINE

Use the Enterprise Business System (EBS) to complete Open Enrollment for health, dental and life insurance. Follow these steps:

1. Visit ebs.msu.edu. Log in with your MSU NetID. No NetID? Visit netid.msu.edu or call MSU IT at 517-432-6200.
2. Click the My Benefits top navigation tab.
3. Click the Open Enrollment tile.
4. A CDHP/HSA plans disclaimer will appear (regardless of CDHP/HSA eligibility). Read and click OK.
5. If the Health Plan Affidavit for Spouse/OEI appears, answer Yes or No and click Next.
6. On the Personal Profile screen, verify name and address info and click Next. To make corrections, follow the steps at hr.msu.edu/ebshelp/personalprofile/addresses.html.
7. On the Dependents screen, verify all family member/dependents and click Next. If information is missing, exit Open Enrollment and submit the Add a Family Member or Dependent form. If it is inaccurate, contact MSU HR.
8. The Benefits Summary screen displays current coverage. For additional details about each plan, click on the plan name. When finished reviewing, click Next.
9. The next screens display the different types of plans available. You can Add, Edit or Delete enrollment in health and dental insurance, among others, or cancel life insurance. You may click Cancel at any time, which will exit you out of the system – all changes will be lost.
10. When you reach the Review and Save screen you can Add, Change or Remove information. Click Save.
11. On the final screen review info on the Benefit Elections Summary. You may wish to print this summary for your records. You can make corrections throughout the month of October.
12. You’re Done! You should receive a confirmation email shortly after completing Open Enrollment.
What’s New for 2019?

Read the following important changes regarding this year’s Open Enrollment and the 2019 plan year. Visit the HR website at hr.msu.edu for the most up-to-date information.

**Updates to the EBS Portal**
In August, the EBS Portal received required updates that resulted in a refreshed look and additional personalization/accessibility options. Note that the sign-off button has moved from the top right to the top left of the page. Find more information about the EBS Portal updates at hr.msu.edu/ebshelp/news.

Additionally, the EBS Portal will be unavailable on October 25 from 7 p.m. to 11 p.m. due to scheduled maintenance.

1. **Prescription Co-pays Changes**
   Prescription co-pays for preferred brand-name, non-preferred brand name, and specialty medications have increased. Co-pays for generic medicines remain the same. Preferred brand-name medicines increased to $30/$60 for a 34/90-day supply. Non-preferred brand-name medicines increased to $60/$120 for a 34/90-day supply. Specialty medicines increased to $75 for a 34-day supply. Find prescription co-pay info on page 12.

2. **Increase to Premium Threshold for Spousal Coverage**
   If your spouse or other eligible individual (OEI) has access to health care coverage through their own employer, they must purchase the coverage their own employer offers if the annual employee premium cost for single-person coverage is $1,300 or less. You may still cover your spouse/OEI on your MSU health coverage as a supplemental plan.

3. **New Support Options with Best Doctors**
   In addition to providing you with expert second opinions on your medical diagnosis, Best Doctors now offers two new services. You now have access to coaching and interactive, online educational tools and the option to receive your medical records on a USB drive. Learn more on page 15.

4. **REMINDER: All benefits are Offered on a Calendar-Year Basis.**
   Open Enrollment is held annually in October, and plan selections are effective from January 1 through December 31.

**Why do I have to enroll my spouse or OEI every year?**
People often forget to notify MSU HR when circumstances change that impact their benefits coverage. In the unfortunate event of a death or divorce, we need to know about it so we can make the appropriate benefits changes. We ask you to complete the affidavit each year during Open Enrollment because this reminds people to notify us of changes. The affidavit is also required to continue receiving coverage for a spouse or other eligible individuals (OEI). For enrollment instructions see page 3.
Lowest Cost Health Plans in 2019

The lowest cost plans for MSU retirees for the 2019 plan year are:

- For retirees age 65 and over with Medicare, the Blue Cross Blue Shield (BCBS) Traditional will remain the lowest cost plan.
- For retirees in mixed Medicare and non-Medicare households, BCBS Transition will remain the lowest cost plan.
- For retirees under age 65 without Medicare, Blue Care Network (BCN) will again be the lowest cost plan.

As in the past, retirees under the age of 65 without Medicare will also have the option of selecting the Community Blue PPO. See page 8 for this year’s rates.

Summary of Health Plan Provisions (Continued on next page)

Effective January 1, 2019

Blue Cross Blue Shield of Michigan (BCBSM) TRADITIONAL Plan

This plan is only available to retirees when the retiree and all other family members are enrolled in Medicare (Part B).

The plan consists of Comprehensive Major Medical (CMM), which combines existing traditional catastrophic benefits with the added benefits of Major Medical. In addition, the providers submit claims on the members’ behalf. Members no longer have to file claims unless they decide to use a non-participating provider. The CMM plan covers all preventive services at 100%. Most other services are covered at 80% after the required deductible.

Annual deductibles consist of $200 per member ($400 per family) per year. The annual out-of-pocket maximum, which consists of applicable deductible and co-insurance, is $1,200 per member ($1,400 per family) per year. For questions about specific coverage details, contact BCBS at 877-354-2583.

Continued on next page
Blue Cross Blue Shield of Michigan (BCBSM) TRANSITION Plan

This plan is only available to retirees when there is a mix of Medicare (Part B) and non-Medicare enrolled family members on the plan or when there is a sponsored dependent rider with Medicare (Part B).

The plan consists of Comprehensive Major Medical (CMM), which combines existing traditional catastrophic benefits with the added benefits of Major Medical. In addition, the providers submit claims on the members’ behalf. Members no longer have to file claims unless they decide to use a non-participating provider. The CMM plan covers all preventive services at 100%. Most other services are covered at 80% after the required deductible.

Annual deductibles consist of $200 per member ($400 per family) per year. The annual out-of-pocket maximum which consists of applicable deductible and co-insurance is $1,200 per member ($1,400 per family) per year.

For questions about specific coverage details, contact BCBS at 877-354-2583.

Blue Care Network (BCN)

This plan is available to retirees with and without Medicare (Part B). This is a Health Maintenance Organization (HMO) offering services through statewide primary care physicians and referral specialists practicing from their own community offices.

Retirees will have to meet the calendar-year deductible of $100 ($200 per family). Co-pays apply to certain services.

BCN is available to retirees in most counties in lower Michigan. A complete listing of participating providers for each area is available at MSU HR, or by calling BCN at 800-662-6667 or visiting bcbsm.com/find-a-doctor.

Community Blue PPO

This plan is an option for all retirees without Medicare (Part B). This is a Preferred Provider Organization (PPO) and allows you to choose whether you receive health care services from a Community Blue Preferred PPO physician (in-network) or to choose any physician (out-of-network). There is a nationwide network of participating PPO physicians and hospitals which allows you to choose any physician in the network without requiring a referral from a primary care physician.

Faculty, academic staff and executive management retirees will have to meet the calendar-year deductible of $100 ($200 per family) for retirees. For questions about specific coverage details, please call Blue Cross Blue Shield at 877-354-2583. If you’re already enrolled, you can log in as a member at bcbsm.com.

Medicare Part D Note

Medicare Part D open enrollment for the 2019 plan year runs from Oct. 15, 2018 through Dec. 7, 2018. Medicare Part D plans offer outpatient prescription drug coverage that may be helpful to populations that lack other forms of prescription drug coverage with equal or better benefits. MSU has compared Medicare Part D coverage to the current CVS/Caremark Prescription Drug Plan offered by MSU and has determined that the MSU Caremark Plan offers more comprehensive coverage than Medicare Part D for most MSU people. For this reason, MSU strongly urges you (and any of your dependents enrolled in the MSU CVS/Caremark Plan) NOT to enroll in the Medicare Part D plan for 2019.

Look for Legal Notices

Important legal notices regarding health care privacy and other laws, along with other health care reform-related information, are included with this mailing or found online at hr.msu.edu/open-enrollment.
Glossary of Terms

**Allowed Amount**
Maximum amount on which payment is based for covered health care services. If your provider charges more than the allowed amount, you may have to pay the difference.

**Co-insurance**
Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

**Coordination of Benefits (COB)**
A provision to help avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care or treatment. One plan becomes the “primary” plan and the other becomes the “secondary” plan. This establishes an order in which the plans pay their benefits.

**Co-payment**
A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

**Deductible**
A deductible is a set dollar amount that enrollees must pay out-of-pocket toward certain health care services before insurance starts to pay. Deductibles run on a calendar-year basis.

**Durable Medical Equipment (DME)**
Equipment and supplies ordered by the health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

**In-network**
Refers to the use of health care professionals who participate in the health plan’s provider and hospital network.

**Out-of-network**
Refers to the use of health care professionals who are not contracted with the health insurance plan.

**Out-of-pocket Maximum(s)**
The highest amount a health plan member is required to pay for covered services. Once the member reaches the out-of-pocket maximum(s), the plan pays 100% of expenses for covered services.

**Prior Authorization**
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called preauthorization, prior approval or precertification. Your health insurance or plan may require prior authorization for certain services before you receive them, except in an emergency. Prior authorization isn't a promise your health insurance or plan will cover the cost.

**Premium**
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

**Referral**
Specific directions or instructions from a member’s primary care physician (PCP) that direct a member to a participating health care professional for medically necessary care. A referral may be written or electronic.
### 2019* Monthly Retiree Contributions

The chart below will help you determine which health plan options are available to you and the monthly rates that are associated with each plan. After determining which plans are available to you, the tables on the following pages can help you compare some basic information about the coverage offered by each plan.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>BCBS Traditional</th>
<th>BCBS Transition</th>
<th>Blue Care Network (BCN)</th>
<th>Community Blue PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FACULTY</td>
<td>STAFF</td>
<td>FACULTY</td>
<td>STAFF</td>
</tr>
<tr>
<td>No Medicare (Part B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree only (not on Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$244.54 $269.65</td>
</tr>
<tr>
<td>2 Person (with no Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$513.53 $566.25</td>
</tr>
<tr>
<td>Family (with no Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$611.35 $674.12</td>
</tr>
<tr>
<td>With Medicare (Part B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree (with Medicare)</td>
<td>Paid by MSU</td>
<td>Not available</td>
<td>$83.98</td>
<td>Not available</td>
</tr>
<tr>
<td>2 Person (both with Medicare)</td>
<td>Paid by MSU</td>
<td>Not available</td>
<td>$168.42</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (all with Medicare)</td>
<td>Paid by MSU</td>
<td>Not available</td>
<td>$1121.38</td>
<td>Not available</td>
</tr>
<tr>
<td>Mixed – some with Medicare (Part B)</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$249.30</td>
<td>Not available</td>
</tr>
<tr>
<td>2 Person Mixed (1 with Medicare)</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$544.53</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (1 with Medicare)</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$831.24</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (2 with Medicare)</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Retiree Support Staff* (Hired July 1, 2002 – June 30, 2010)

<table>
<thead>
<tr>
<th>Coverage</th>
<th>BCBS Traditional</th>
<th>BCBS Transition</th>
<th>Blue Care Network (BCN)</th>
<th>Community Blue PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STAFF ONLY</td>
<td>STAFF ONLY</td>
<td>STAFF ONLY</td>
<td>STAFF ONLY</td>
</tr>
<tr>
<td>No Medicare (Part B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree only (not on Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>Paid by MSU</td>
<td>$269.65 $1160.05</td>
</tr>
<tr>
<td>2 Person (with no Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>$593.80</td>
<td>$1483.83</td>
</tr>
<tr>
<td>Family (with no Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>$809.71</td>
<td></td>
</tr>
<tr>
<td>With Medicare (Part B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree (with Medicare)</td>
<td>Paid by MSU $509.27</td>
<td>Not available</td>
<td>$83.98</td>
<td>Not available</td>
</tr>
<tr>
<td>2 Person (both with Medicare)</td>
<td>$1045.32</td>
<td>Not available</td>
<td>$677.69</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (all with Medicare)</td>
<td></td>
<td>Not available</td>
<td>$2166.70</td>
<td>Not available</td>
</tr>
<tr>
<td>Mixed – some with Medicare (Part B)</td>
<td>Not available</td>
<td>Not available</td>
<td>$439.17</td>
<td>Not available</td>
</tr>
<tr>
<td>2 Person Mixed (1 with Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>$688.47</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (1 with Medicare)</td>
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<td>Not available</td>
<td>$1070.19</td>
<td>Not available</td>
</tr>
<tr>
<td>Family (2 with Medicare)</td>
<td>Not available</td>
<td>Not available</td>
<td>$1606.14</td>
<td>Not available</td>
</tr>
</tbody>
</table>

* Assumes full University contribution – prorated for part-time retiree contributions (see note below).

**Note:** If you need additional information about CDHP rates, part-time retiree contribution requirements, or rates for health plan riders for sponsored dependents, email SolutionsCenter@hr.msu.edu or call 517-353-4434 (toll-free at 800-353-4434).
## Health Plan Coverage Summary

<table>
<thead>
<tr>
<th>Benefit</th>
<th>BCBS Traditional Plan</th>
<th>BCBS Transition Plan</th>
<th>Blue Care Network In-Network</th>
<th>BCBS Community Blue In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREVENTIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Maintenance Exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Gynecological Exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear Screening (lab services only)</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraceptive Devices (IUD, Diaphragm, Norplant)</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Contraceptive Injections</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-Baby and Child Care Exams</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Immunizations (as recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act)</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Prostate Exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Occult Blood Screening</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Colonoscopy – 1 per calendar year(1)</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy Exam</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate Specific Antigen Test</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHYSICIAN OFFICE SERVICES (MEDICALLY NECESSARY)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits/Consultations</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible</td>
<td>Co-pay: $20</td>
<td>Co-pay: $20</td>
</tr>
<tr>
<td><strong>EMERGENCY MEDICAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>Co-pay: $50 (if emergency services provided or if admitted) OR $250</td>
<td>Co-pay: $50 (if emergency services provided or if admitted) OR $250</td>
<td>Co-pay: $50 (if emergency services provided or if admitted) OR $250</td>
<td>Co-pay: $50 (if emergency services provided or if admitted) OR $250</td>
</tr>
<tr>
<td>Emergency Room Physician's Services</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Co-pay: $20 (when medical emergency criteria not met)</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible</td>
<td>Co-pay: $25</td>
<td>Co-pay: $25</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible, ground and air</td>
<td>Covered – 100% of the approved amount. Subject to faculty deductible</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC SERVICES</strong></td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td>Laboratory and Pathology Tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td>BCBS Traditional Plan</td>
<td>BCBS Transition Plan</td>
<td>Blue Care Network In–Network</td>
<td>BCBS Community Blue In–Network</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Diagnostic Tests and X-Rays</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100% after deductible Prior authorization may be required</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100% after deductible</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td><strong>MATERNITY SERVICES PROVIDED BY A PHYSICIAN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre–Natal and Post–Natal Care</td>
<td>Pre–Natal Covered – 100%</td>
<td>Pre–Natal Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td></td>
<td>Post–Natal Covered – 80% after deductible</td>
<td>Post–Natal Covered – 80% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery and Nursery Care</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100% after deductible Prior authorization may be required</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td><strong>HOSPITAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi–Private Room, General Nursing Care, Hospital Services and Supplies</td>
<td>Covered – 100% (unlimited days)</td>
<td>Covered – 100% (unlimited days)</td>
<td>Covered – 100% after deductible (unlimited days) Prior authorization required</td>
<td>Covered – 100% (unlimited days) Prior authorization may be required Subject to faculty deductible</td>
</tr>
<tr>
<td>Inpatient Consultation</td>
<td>Covered – 100% Prior authorization may be required</td>
<td>Covered – 100% Prior authorization may be required</td>
<td>Covered – 100% after deductible Prior authorization may be required</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Covered – 100%</td>
<td>Covered – 100%</td>
<td>Covered – 100% after deductible</td>
<td>Covered – 100% Subject to faculty deductible</td>
</tr>
<tr>
<td><strong>ALTERNATIVES TO HOSPITAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Care (must meet medical criteria)</td>
<td>Covered – 100% in approved facilities (unlimited days) Prior authorization may be required</td>
<td>Covered – 100% in approved facilities (unlimited days) Prior authorization may be required</td>
<td>Covered – 100% after deductible (combined in–network and out–of–network benefits limited to 100 days per calendar year) Prior authorization required</td>
<td>Covered – 100% in approved facilities (up to 120 days per calendar year) Prior authorization may be required Subject to faculty deductible</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered – 100% With approved providers</td>
<td>Covered – 100% With approved providers</td>
<td>Covered – 100% after deductible Prior authorization required</td>
<td>Covered – 100% With approved providers</td>
</tr>
<tr>
<td>Home Health Care (medically necessary)</td>
<td>Covered – 100% With approved providers</td>
<td>Covered – 100% With approved providers</td>
<td>Covered – 100% after deductible (combined in–network and out–of–network benefits limited to 60 days per calendar year)</td>
<td>Covered – 100% With approved providers (unlimited visits) Subject to faculty deductible</td>
</tr>
<tr>
<td><strong>SURGICAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and Related Surgical Services</td>
<td>Covered 100% Prior authorization may be required</td>
<td>Covered 100% Prior authorization may be required</td>
<td>Covered 100% after deductible Prior authorization may be required</td>
<td>Covered 100% Prior authorization may be required</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (IN Approved Facilities)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental Health/ Substance Abuse Care</td>
<td>Covered – 100% Subject to Blue Cross review. Prior authorization may be required</td>
<td>Covered – 100% Subject to Blue Cross review. Prior authorization may be required</td>
<td>Covered 100% after deductible Prior authorization may be required</td>
<td>Covered 100% Prior authorization may be required Subject to faculty deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health Care</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 100%</td>
<td>Covered 100% Prior authorization may be required</td>
<td>Covered 100% Prior authorization may be required</td>
</tr>
<tr>
<td>Outpatient Substance Abuse Care</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 100%</td>
<td>Covered 100% Prior authorization may be required</td>
<td>Covered 100% Prior authorization may be required</td>
</tr>
</tbody>
</table>
### OTHER SERVICES

<table>
<thead>
<tr>
<th>Benefit</th>
<th>BCBS Traditional Plan</th>
<th>BCBS Transition Plan</th>
<th>Blue Care Network In–Network</th>
<th>BCBS Community Blue In–Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Testing and Therapy (includes allergy injections)</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible</td>
<td>Covered 100% Office visit co-pay may apply to consultations</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Spinal and Osteopathic Manipulation</td>
<td>Covered – 80% after deductible, limited to a combined 38–visit maximum per member per calendar year</td>
<td>Covered – 80% after deductible, limited to a combined 38–visit maximum per member per calendar year</td>
<td>Co-pay: $20 (In–network only. Annual maximum of 24 visits) Prior authorization required</td>
<td>Co-pay: $20 (In–network and out–of–network services have an annual combined maximum of 24 visits)</td>
</tr>
<tr>
<td>Outpatient Diabetes Management Program (certified providers)</td>
<td>Covered – 100% Diabetic training</td>
<td>Covered – 100% Diabetic training</td>
<td>Covered – 100% Diabetic training</td>
<td>Covered – 100% Diabetic training</td>
</tr>
<tr>
<td>Outpatient Physical, Speech, and Occupational Therapy(3)</td>
<td>Covered – 100% (60 visits); Subsequent visits covered 80% after deductible Subject to Blue Cross review</td>
<td>Covered – 100% (unlimited days) Subject to Blue Cross review</td>
<td>Co-pay: $20 (In– and out–of–network services have an annual combined max. of 60 visits) Prior authorization required</td>
<td>Covered – 100% (In– and out–of–network services have an annual combined max. of 60 visits)</td>
</tr>
<tr>
<td>Durable Medical Equipment and Medical Supplies (including breastfeeding equipment)</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 80% Prior authorization may be required</td>
<td>Covered – 100%</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered – 80% after deductible</td>
<td>Covered – 50% after deductible</td>
<td>Not covered</td>
<td>Covered – 50%</td>
</tr>
<tr>
<td>Autism Spectrum Disorder (applied behavioral analysis treatment – when rendered by an approved board–certified behavioral analyst – is limited through age 19)</td>
<td>Covered – 100% Prior authorization required</td>
<td>Covered – 100% Prior authorization required</td>
<td>Co-pay: $20 per visit for applied behavioral analysis. Prior authorization required</td>
<td>Covered – 100% Prior authorization required</td>
</tr>
</tbody>
</table>

### FOREIGN TRAVEL

<table>
<thead>
<tr>
<th>Benefit</th>
<th>BCBS Traditional Plan</th>
<th>BCBS Transition Plan</th>
<th>Blue Care Network In–Network</th>
<th>BCBS Community Blue In–Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Travel</td>
<td>Covered for non–emergency and emergency care as well as accidental injuries</td>
<td>Covered for non–emergency and emergency care as well as accidental injuries</td>
<td>Only covered for emergency care and accidental injuries when traveling abroad.</td>
<td>Only covered for emergency care and accidental injuries when traveling abroad.</td>
</tr>
</tbody>
</table>

### DEDUCTIBLES, CO–PAYS, AND DOLLAR MAXIMUMS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>BCBS Traditional Plan</th>
<th>BCBS Transition Plan</th>
<th>Blue Care Network In–Network</th>
<th>BCBS Community Blue In–Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$200 per member/$400 per family per calendar year. Not all services are subject to the deductible. Refer to the type of service for benefit details.</td>
<td>$200 per member/$400 per family per calendar year. Not all services are subject to the deductible. Refer to the type of service for benefit details.</td>
<td>$100 per member/$200 per family per calendar year</td>
<td>None for support staff retirees $100 per member/$200 per family per calendar year for pre–65 faculty and academic staff retirees</td>
</tr>
<tr>
<td>Fixed Dollar Co–pays</td>
<td>As noted in chart</td>
<td>As noted in chart</td>
<td>As noted in chart</td>
<td>As noted in chart</td>
</tr>
<tr>
<td>Percent Co–pays</td>
<td>General services: none 20% as noted</td>
<td>General services: none 20% as noted, 50% on private duty nursing, except where otherwise indicated</td>
<td>As noted in chart</td>
<td>As noted in chart 50% for private duty nursing</td>
</tr>
<tr>
<td>Out–of–Pocket Maximum</td>
<td>Basic coverage: none $1,200 per member/$1,400 per family per calendar year</td>
<td>Basic coverage: none $1,200 per member/$1,400 per family per calendar year</td>
<td>$3,000 per member/ $6,000 per family per calendar year for medical services only(2)</td>
<td>$2,000 per member/ $4,000 per family per calendar year for out–of–network services(2)</td>
</tr>
<tr>
<td>Transplant Maximum</td>
<td>No maximum</td>
<td>No maximum</td>
<td>No maximum</td>
<td>No maximum</td>
</tr>
</tbody>
</table>

1. Age limits may apply.
2. Two separate limits apply to In–Network and Out–of–Network services. Contact the provider for more info about out–of–network services.
3. Autism Spectrum Disorder services are not subject to Outpatient Physical, Speech, and Occupational Therapy visit limits.
4. If an office visit is billed, please see the Physician Office Services section for coverage details.

This summary is not a contract. It is intended to help you compare the various MSU health plans. The summary describes plan features in general terms, but is not a full description of coverages. Information provided in this guide may be updated periodically to ensure we provide the clearest and most accurate information. If updates occur, the updated version will be available on the HR website: hr.msu.edu.
The prescription drug plan is administered through CVS/Caremark. Retirees continue to be automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of the health plans.

The table below shows co-pay rates for various types of prescription drugs for Community Blue PPO, Blue Care Network (BCN), BCBS Transition Plan and BCBS Traditional Plan enrollees effective January 1, 2019.

<table>
<thead>
<tr>
<th>2019 CVS/Caremark Prescription Plan Co-Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
</tbody>
</table>

**ANNUAL OUT-OF-POCKET MAXIMUM**

Individual: $1000
Family: $2000

*90-day supply (except Bio-Tech/Specialty Drugs) may only be filled at MSU Pharmacies or through CVS/Caremark mail order.

Download the CVS/Caremark app for Apple/Android devices:

You can do the following on the app:
- Refill and renew mail service prescriptions for yourself and family members.
- ID unknown pills with the pill identifier.
- Check order status and view your prescription history.
- Check cost coverage and cost under your plan.
- Find local pharmacies in your plan’s network.

Questions? Visit hr.msu.edu/open-enrollment
### Dental Plan Summary of Benefits

#### DENTAL SERVICE | AETNA PREMIUM DMO | DELTA DENTAL

#### DIAGNOSTIC AND PREVENTIVE
- **Exams**: No co-pay | 50% co-pay
- **Cleanings**: No co-pay | 50% co-pay
- **X-rays**: No co-pay | 50% co-pay
- **Fluoride**: No co-pay (1 per year under age 16) | 50% co-pay
- **Sealants (to prevent decay of permanent molars for dependents)**: $10 co-pay per tooth | Not covered
- **Space maintainers**: $80 co-pay (fixed and removable) | 50% co-pay (less than age 19)

#### MINOR RESTORATIVE
- **Amalgam (silver) fillings**: No co-pay | 50% co-pay
- **Composite (resin) fillings** *(anterior teeth)*: No co-pay | 50% co-pay

#### PROSTHETICS
- **Crowns (semi-precious)**: $315 co-pay | 50% co-pay
- **Bridges (per unit)**: $315 co-pay | 50% co-pay
- **Denture (each)**: $320 co-pay | 50% co-pay
- **Partial (each)**: $320 co-pay | 50% co-pay

#### ORAL SURGERY
- **Simple extraction**: No co-pay | 50% co-pay
- **Extraction – erupted tooth**: No co-pay | 50% co-pay
- **Extraction – soft tissue impaction**: $60 co-pay | 50% co-pay
- **Extraction – partial bony impaction**: $80 co-pay | 50% co-pay
- **Extraction – complete bony impaction**: $120 co-pay | 50% co-pay

#### ENDODONTICS
- **Root canal – anterior**: $120 co-pay | 50% co-pay
- **Root canal – bicuspid**: $180 co-pay | 50% co-pay
- **Root canal – molar**: $300 co-pay | 50% co-pay
- **Apicoectomy**: $170 co-pay | 50% co-pay

#### PERIODONTICS
- **Gingivectomy (per quadrant)**: $125 co-pay | 50% co-pay
- **Osseous surgery (per quadrant)**: $375 co-pay | 50% co-pay
- **Root scaling (per quadrant)**: $60 co-pay | 50% co-pay

#### ORTHODONTICS
- **Child (under age 19)**: $1,500 co-pay * | 50% co-pay
- **Adult (age 19 or older)**: $1,500 co-pay * | Not covered
- * includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.

#### DENTAL PLAN MAXIMUMS
- **Annual**: No maximum | $600 maximum
- **Lifetime Orthodontics**: No maximum | $600 maximum

*Retired support staff hired July 1, 2002 - June 30, 2010 should contact the HR Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 for rates.

---

### Retiree Monthly Dental Plan Contributions*

<table>
<thead>
<tr>
<th>PLAN</th>
<th>FULL-TIME (90% - 100%)</th>
<th>3/4 TIME (65%-89.9%)</th>
<th>1/2 TIME (50% - 64.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
</tr>
<tr>
<td>2 Person</td>
<td>Paid by MSU</td>
<td>$15.51</td>
<td>$10.28</td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td>$18.29</td>
<td>$12.53</td>
</tr>
<tr>
<td>Aetna DMO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$5.24</td>
<td>$10.28</td>
<td>$15.33</td>
</tr>
<tr>
<td>2 Person</td>
<td>$10.23</td>
<td>$19.73</td>
<td>$29.22</td>
</tr>
<tr>
<td>Family</td>
<td>$18.29</td>
<td>$33.80</td>
<td>$49.32</td>
</tr>
</tbody>
</table>

#### DMO or Traditional?

In a Dental Maintenance Organization (DMO) like Aetna Premium DMO, enrollees select a participating primary care dentist. Their primary dental care is provided by that dentist and only at locations and by dentists that participate in the plan. Though choice of providers is more limited, a DMO tends to cover a greater range of services at lower co-pays than traditional dental plans. If you plan to enroll in the Aetna DMO, please verify that the dentist you want to use accepts "Aetna DMO" rather than just "Aetna" to avoid rejected claims. You also can contact Aetna toll-free at 877-238-6200.

Traditional plans, like the Delta Dental plan, typically allow enrollees greater freedom in selecting service providers but tend to have higher co-pays and a more restricted range of coverage than DMO plans. Delta offers hundreds of participating providers and allows enrollees to seek care from both participating and non-participating providers. (If you select a non-participating provider, the dentist will bill you the full amount, and you will be responsible for submitting a claim form to Delta Dental for reimbursement for covered services.) You can contact Delta Dental toll-free at 800-524-0149.
Life Insurance Information

If you are already enrolled in optional retiree-paid life insurance, you can cancel your coverage during Open Enrollment, but you cannot re-enroll, increase or decrease your coverage or add new dependents. If you are not already enrolled, you cannot enroll.

As in the past, retirees will be billed for their life insurance premiums. You can estimate your rates using the table below. If you need help determining what your current coverage level is, contact MSU HR.

<table>
<thead>
<tr>
<th>RETRIEVE RATES PER $1,000 OF COVERAGE BY AGE</th>
<th>SPOUSE RATES PER $1,000 OF COVERAGE BY AGE</th>
<th>RATES FOR CHILDREN PER $1,000 OF COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-49: $0.070</td>
<td>45-49: $0.112</td>
<td>$0.083 per $1,000 of coverage — age is not a factor in rates for children.</td>
</tr>
<tr>
<td>50-54: $0.107</td>
<td>50-54: $0.167</td>
<td></td>
</tr>
<tr>
<td>55-59: $0.200</td>
<td>55-59: $0.311</td>
<td></td>
</tr>
<tr>
<td>60-64: $0.308</td>
<td>60-64: $0.478</td>
<td></td>
</tr>
<tr>
<td>65-69: $0.590</td>
<td>65-69: $0.924</td>
<td></td>
</tr>
</tbody>
</table>

Important Notes:
1. Spouse rates are based on the age of the retiree, NOT the age of the spouse.
2. The benefit amount will decrease to 65% at age 65 and coverage will be discontinued at age 70.
3. For those that retired prior to July 1, 2008, there are no age-related reductions to your benefit amount, but coverage will be discontinued at age 70.
4. You may convert your policy to individual coverage within 31 days of turning 70. For more information, call Prudential at 877-232-3555.
5. Coverage for the Child(ren) Retiree-Paid Life Insurance begins at live birth and continues to age 19 for children. If the child is unmarried, dependent on you and a full-time student, or meets the IRS dependent gross income test, coverage continues to age 23.

Children who become incapacitated before the age limit can continue coverage after the age limit if the following criteria are met:
1. The child is mentally and/or physically incapable of earning a living.
2. Prudential has received proof of the incapacity within 31 days.

If the child becomes incapacitated after the age limit then they will not be able to continue coverage.

Questions? Visit hr.msu.edu/open-enrollment
Use Best Doctors for a Second Opinion

We want retirees and their dependents to receive the best clinical advice and pursue a course of treatment that results in the highest quality care. If you are facing a serious diagnosis or recommendations for medical care such as surgery, chemotherapy, radiation or other treatment options, Best Doctors can help.

Best Doctors gives expert second opinions and provides answers to your medical questions. Some of the ways they can help include:

- Having a Best Doctors expert conduct an in-depth review of your medical case.
- Getting expert advice about medical treatment.
- Finding a specialist near you.
- Exploring your treatment options before making a decision.

Best Doctors is completely confidential and provides vital information and options you might otherwise miss.

New Support Options with Best Doctors

MSU HR is excited to introduce two new services with Best Doctors: Treatment Decision Support and the Medical Records eSummary.

With the Treatment Decision Support service, you have access to coaching and interactive, online educational tools that offer in-depth and easy-to-follow information about your specific condition. Use these tools to help you make more educated, confident decisions about your health.

The Medical Records eSummary allows Best Doctors, with your permission, to collect and organize your medical records for you and provide them on a USB drive. You will also receive a personal Health Alert Summary based on the records collected, giving you a total snapshot of your medical wellness.

Is There a Cost?

There are no out-of-pocket costs to you for using this benefit. However, your medical providers may charge you for copying and forwarding your medical records to Best Doctors – you are responsible for paying those charges.

Had it not been for Best Doctors, I would have had a hugely more invasive procedure that would have limited function and extended my recovery time.

— BEST DOCTORS PATIENT
Child Dependent Age Criteria

Life Insurance
Dependent children who turn age 23 by December 31 are no longer eligible to be covered under retiree-paid life insurance. *It is your responsibility to cancel coverage* when dependent children no longer qualify in order to stop premium deductions. If you have a disabled child over 23, please see page 14.

Dental Insurance
Enrolled children who turn age 23 by Dec. 31 will automatically be removed from dental coverage at the end of the calendar year. COBRA information will be issued.

Health Insurance
Enrolled children who turn age 26 by Dec. 31 will automatically be removed from health coverage at the end of the calendar year. COBRA information will be issued. Enrolled other eligible children (non-adopted grandchildren, nieces/nephews) who turn age 23 by Dec. 31 will automatically be removed from health coverage at the end of the calendar year. Family Continuation or COBRA info will be offered.
Discounts are Available for Hearing Aids*

Some benefit providers offer discounts on hearing aids. Please contact the following providers directly to learn more about the discounts they offer:

**Blue Cross Blue Shield or BCN**
As a member of one of the health plans offered by Blue Cross Blue Shield or BCN for MSU retirees, you may also be a member of the Blue365 discount service, which offers discounts on hearing aids. Contact Blue365’s service offered by TruHearing directly:

📞 855-253-9141
🌐 blue365deals.com/truhearing-national-hearing-aid-discount?planid=BCBSA

**VSP® Vision Care**
If you sign up for optional vision insurance with VSP® Vision Care (see page 18 for more details), you may be eligible for discounts on hearing aids. Contact VSP’s service offered by TruHearing directly:

📞 877-396-7194
🌐 vsp.truhearing.com

**Aetna Premium DMO (dental)**
If you sign up with Aetna Premium DMO for dental coverage (see page 13 for more detail), you may be eligible for discounts on hearing aids. Contact Aetna directly at:

📞 877-238-6200
🌐 aetna.com

*Note: These discounts are offered by the provider and may change or be discontinued at any time.*
Legal Insurance (Optional)

For as low as $18.30 a month, you may enroll in an optional, retiree-paid ARAG® legal plan during the October 1 – October 31, 2018 enrollment period for 2019. This voluntary benefit offers you and your family added protection from many common legal matters. Most covered legal matters with ARAG are paid 100% in-full. Some covered services include:

- Consumer Protection, such as insurance disputes, warranty issues, telemarketing scams, auto purchase/repair and contractor problems.
- Financial Protection for debt collection matters, Medicare/Medicaid, Social Security and veterans benefits.
- Real Estate, such as buying/selling a home, home equity loans and refinancing.
- Wills and Estate Planning, including durable/financial power of attorney, inheritance rights, health care power of attorney, elder law and living wills.

You may also choose the UltimateAdvisor Plus™ plan ($22.50 per month), which includes additional benefits like identity theft protection, caregiving services, and coverage for trusts.

Vision Insurance (Optional)

Retirees and their benefits-eligible dependents may enroll in optional, retiree-paid vision coverage through VSP® Vision Care. VSP offers savings on your eye exams and eyewear, and discounts on laser vision correction and hearing aids.

Some highlights of the VSP plan include personalized care, a large variety of available eyecare, ease of use and a satisfaction guarantee. You may enroll at any time, with coverage effective the first of the month following enrollment.

To enroll in this optional vision insurance, you enroll and work directly with VSP Vision Care. Monthly contributions are $8.35 for Member Only, $16.70 for Member + One, and $17.11 for Member + Family coverage.
Open Enrollment: October 1 – 31, 2018

Need in-person assistance with your Open Enrollment questions? Come see us!

Benefits Fair
Talk with HR staff and Benefits Vendors at the Breslin Center:
Tuesday, October 16, 2018
Noon – 7:00 p.m.
Wednesday, October 17, 2018
7:00 a.m. – 5:00 p.m.

HR Site Labs
The HR staff will answer your OE questions at the Nisbet Building:
Monday, October 29, 2018
8 a.m. to 5 p.m.
Tuesday, October 30, 2018
8 a.m. to 5 p.m.
Wednesday, October 31, 2018
8 a.m. to 5 p.m.

Solutions Center
Our Solutions Center team is always happy to help:
1407 S. Harrison Road,
Nisbet Building, Suite 110,
East Lansing
SolutionsCenter@hr.msu.edu
517-353-4434 OR call toll-free
800-353-4434

Open Enrollment Steps
Choose ONE option to complete open enrollment:

■ Option One: Enroll with the enclosed forms
1. Complete the affidavit (yellow form) if you are covering a spouse or other eligible individual (OEI).
2. Fill out the enrollment change form ONLY if you are making benefits changes.
3. Return these forms to MSU HR by October 31 in the enclosed return envelope.

■ Option Two: Enroll online
1. To participate in Open Enrollment online, see instructions on page 3.

MSU Retiree Association Annual Meeting
Don’t miss the MSU Retirees Association annual meeting and awards luncheon on Tuesday, May 7, 2019. More information will be sent this winter by MSURA or you can visit retirees.msu.edu.

hr.msu.edu/open-enrollment
Important Notice from Michigan State University about Your Prescription Drug Coverage and Medicare

You are receiving this Prescription Drug Coverage and Medicare notice because you meet one of the qualifications of being eligible for Medicare (age 65 and older, receiving Social Security Disability Insurance, etc.). We are notifying all eligible individuals, even if those individuals are not enrolled in Medicare.

- If you are an active employee in a benefits eligible position and enrolled in any of the MSU offered health plans with CVS/Caremark prescription drug coverage, you most likely are not enrolled in Medicare Part A and Part B, and therefore do not need to be concerned with the information in this notice.
- If you and/or your covered dependents are enrolled in Medicare Part A and/or Part B, you will want to review the information in this notice.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Michigan State University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Michigan State University has determined that the prescription drug coverage offered by the MSU CVS/Caremark Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
Michigan State University strongly urges you (and any of your dependents enrolled in the MSU CVS/Caremark Plan) to consider NOT enrolling in the Medicare Part D plan for 2019. For most people, it is to their financial advantage to remain in the MSU CVS/Caremark Plan and not sign up for Medicare Part D, avoiding paying an additional fee for the Medicare Part D coverage. Also, the MSU CVS/Caremark Plan will usually have lower out-of-pocket expenses than Medicare Part D for most individuals, with the exception of those who meet the Medicare criteria for “low income” with limited assets.

I am an MSU retiree/employee or dependent who is enrolled in Medicare Part A & Part B. Should I enroll in Medicare Part D?

MSU strongly urges Medicare-enrolled employees, retirees, and survivors (and any dependents enrolled in an MSU plan) to consider NOT enrolling in the Medicare Part D Plan for 2019. For most people, it is to their financial advantage to remain in the MSU CVS/Caremark Plan and not sign-up for Medicare Part D, which will require them to pay an additional fee for the Medicare coverage.

What is the difference between creditable coverage and non-creditable coverage?

Creditable coverage means that an employer’s coverage is at least as good as Medicare Part D coverage. Non-creditable coverage means that an employer’s coverage isn’t at least as good as Medicare Part D coverage. MSU’s prescription drug coverage is more comprehensive than Medicare Part D coverage and therefore is creditable coverage.

How do I know if I am one of the small percentage of people who would benefit from enrolling in Medicare Part D?

If you have very low income (135% or less of the federal poverty income guideline), you may want to investigate Medicare Part D further. Certain individuals with limited income and with limited assets may be eligible to participate in Medicare Part D at a lower premium and co-pay cost. Information and applications on benefits for low-income assistance can be obtained from the Social Security Office at 1-800-772-1213 (TDD/TTY users can call 1-800-325-0778) or visit www.ssa.gov online.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Michigan State University Coverage will not be affected.

Michigan State University | Human Resources
Revised 9/7/18
If you keep your MSU CVS/Caremark coverage and elect Medicare Part D, your MSU CVS/Caremark coverage may coordinate with your Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current MSU CVS/Caremark coverage, be aware that you and your dependents will be able to get this coverage back, provided you meet all eligibility criteria to re-enroll in MSU’s health coverage, which includes both medical and prescription drug coverage, at the next open enrollment in the fall or due to a qualifying life event.

See Things to Think About When You Compare Medicare Drug Coverage (available at https://www.medicare.gov/Pubs/pdf/11163-Compare-Medicare-Drug-Coverage.pdf), which outlines the prescription drug plan provisions/options that Medicare-eligible individuals may have available to them when they become eligible for Medicare Part D.

**When will you pay a higher premium (penalty) to join a Medicare drug plan?**

You should also know that if you drop or lose your current coverage with Michigan State University CVS/Caremark and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For more information about this notice or your current prescription drug coverage...**

For further information contact MSU Human Resources 517-353-4434 (Local) or 800-353-4434 (Toll-free). You may also send an email to SolutionsCenter@hr.msu.edu.

**NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Michigan State University changes. You also may request a copy of this notice at any time.

**For more information about your options under Medicare prescription drug coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.ssa.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore whether or not you are required to pay a higher premium (a penalty).

Date: October 2018
Name of Entity/Sender: Michigan State University
Contact--Position/Office: MSU Human Resources
Address: 1407 S. Harrison Road, Ste. 110
Nisbet Building
East Lansing, MI 48823
Phone Number: 517-353-4434 (local)
800-353-4434 (toll-free)
1. Is the person that was covered by your benefits between January 1, 2018 and December 31, 2018 still living? If you check no, please provide his or her name and date of death:
   Name____________________________   Date of Death ________________

2. Is the person that was covered by your benefits between January 1, 2018 and December 31, 2018 still your spouse? If you check no, please provide his or her name and the date you divorced your spouse:
   Name____________________________ Date _______________________

3. Is your spouse eligible for single coverage from another employer at a premium cost that is $1,300 or less per year? If you check yes, please provide the name of his or her employer and the name of the health plan of the other employer below. (*See important eligibility information on the back of this form.)
   Name of other employer _________________________________________
   Name of other health plan ________________________________________

PLEASE RETURN THIS FORM BY OCTOBER 31, 2018 TO:
MSU Human Resources
1407 S. Harrison Road, Ste. 110
East Lansing, MI 48823-5287

By signing this form I verify the eligibility or ineligibility of my current or former spouse for coverage under my benefits plan for the 2019 benefits year. I understand that this is a legal document and that the information I have provided is accurate. I also understand that I will be held responsible for the cost of any benefits paid for on behalf of my spouse if he or she receives benefits that he or she was not eligible to receive through my MSU health plan.

Retiree Name (Please Print Neatly)  Retiree Signature

Last 4 Digits of Retiree Social Security Number (SSN) or ZPID  Date of Signature

Contact us at 1-800-353-4434, 517-353-4434 or SolutionsCenter@hr.msu.edu, or visit us on the web at www.hr.msu.edu.
WHY MSU NEEDS YOU TO COMPLETE AND SIGN THIS FORM EVERY YEAR

Often, people don’t notify us when circumstances in their lives change that impact their health benefits coverage. If your spouse dies or the relationship ends, MSU needs to know to take that person off your coverage. Likewise, if other coverage becomes available to him or her through another employer at a premium cost of less than $1,300 per year, we need to know about that too.

Health care coverage for employees, retirees and their dependents is one of the fastest growing segments of the Michigan State University budget. We want to be able to offer a good quality and scope of coverage to our employees and retirees and their eligible dependents. When we lose money by continuing to cover individuals who are no longer eligible, it decreases the resources we have to offer good benefits coverage for all the employees, retirees and their families who are genuinely eligible for coverage. Please help us use the resources MSU has available for benefits as effectively as possible by filling out and returning this form right away.

IMPORTANT ELIGIBILITY INFORMATION

*If you answered “NO” to question number 3 on the other side of this form, you may cover your eligible spouse on your MSU health plan in 2019 since he/she is not eligible for health plan coverage through his or her employer at an annual premium cost of $1,300 or less.

If you answered “YES” to question number 3 on the other side of this form or if your spouse becomes eligible for health plan coverage through his or her employer at an annual premium cost of $1,300 or less, he or she must enroll in the other employer’s health plan coverage in order to maintain coverage under an MSU health plan. The other employer’s health plan will be primary for your spouse.

POTENTIAL CONSEQUENCES OF NOT RETURNING THIS AFFIDAVIT EVERY YEAR

MSU Human Resources uses this affidavit to determine if spouses that are currently covered under the MSU Retiree Benefits Plan are still eligible to be covered in the upcoming benefits year. We need to receive a completed and signed affidavit prior to the end of Open Enrollment each year or we cannot determine benefits eligibility for the next plan year. Failure to return a completed affidavit by the deadline can result in cancellation or interruption of health plan benefits for spouses.

PLEASE RETURN THIS FORM BY OCTOBER 31, 2018 TO:

MSU Human Resources
1407 S. Harrison Road, Ste. 110
East Lansing, MI 48823-5287

Contact us at 1-800-353-4434, 517-353-4434 or SolutionsCenter@hr.msu.edu, or visit us on the web at www.hr.msu.edu.
2019 OPEN ENROLLMENT

Retiree

Enrollment/Change Form - Side One

DO NOT COMPLETE THIS FORM UNLESS YOU WANT TO MAKE CHANGES TO EXISTING PLANS OR IF YOU COMPLETED THIS ONLINE

Complete this form to enroll, change, or delete benefits for you and/or your eligible spouse or dependent(s).

1. To **add** or **delete** a new dependent to or from your health and/or dental plan, completely fill out the dependent information below. When adding new dependents due to marriage, birth or adoption, provide a copy of the marriage certificate, birth certificate or adoption information and attach it to this Enrollment/Change Form.

2. Sign, date and return this form to MSU Human Resources no later than **October 31, 2018**. **Due to the sensitive nature of the data on this form, please do not submit via email.**

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### Personal Information – Please print clearly

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Social Security Number (last 4 digits) or ZPID</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Street Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Enrolled in any other health plan?  
- Yes  
- No

Enrolled in any other dental plan?  
- Yes  
- No

If your spouse is an MSU employee/retiree, indicate his/her full name: [ ] [ ] [ ] [ ]

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### Health Plan

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Employee Only</th>
<th>Employee + One</th>
<th>Family</th>
<th>Cancel Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross/Blue Shield Traditional/Caremark</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐ Cancel</td>
</tr>
<tr>
<td>Blue Cross/Blue Shield Transition¹/Caremark</td>
<td>N/A</td>
<td>☐</td>
<td>☐</td>
<td>Effective Date 1/1/2019</td>
</tr>
<tr>
<td>Community Blue PPO/Caremark</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Blue Care Network/Caremark</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

¹The Blue Cross/Blue Shield Transition Plan is available when there is a mix of Medicare and non-Medicare enrolled family members.

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### Dental Plan

<table>
<thead>
<tr>
<th>Dental Plan</th>
<th>Employee Only</th>
<th>Employee + One</th>
<th>Family</th>
<th>Cancel Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Dental</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Effective Date 1/1/2019</td>
</tr>
</tbody>
</table>

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### Enrolling Eligible Dependents

- To **add** a dependent to your plan, provide all the requested information for each dependent in the spaces provided below.
- If you wish to **change** information about an enrolled dependent, list that person’s correct information in the spaces provided below.

<table>
<thead>
<tr>
<th>Dependent Name (Last, First, Middle Initial)</th>
<th>SSN</th>
<th>Date of Birth (MM/DD/YY)</th>
<th>Gender (M/F)</th>
<th>Relationship</th>
<th>Enroll(ed) in MSU coverage?</th>
<th>Enrolled in other coverage?</th>
<th>Medicare A &amp; B?</th>
<th>Full-time Student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Health</td>
<td>Dental</td>
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<td>Health</td>
<td>Dental</td>
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<td>Health</td>
<td>Dental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on the reverse side.
Remove Dependents

To **remove** an existing dependent from your plan, list the person(s) and provide COBRA information in the spaces provided below.

<table>
<thead>
<tr>
<th>Dependent Name (Last, First, Middle Initial)</th>
<th>Social Security Number</th>
<th>Delete MSU Coverage?</th>
<th>Other Coverage?</th>
<th>For COBRA notification, provide the person’s address if he/she is not living with the subscriber.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Health</td>
<td>Dental</td>
<td>Health</td>
</tr>
<tr>
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**Employee-Paid Life**

To cancel Employee-Paid Life Insurance, check the appropriate box box below. For any questions or concerns about your Employee-Paid Life please contact The Human Resources Office at 800-353-4434. Effective Date: **1/1/2019**

- Cancel All Employee-Paid Life: ☐
- Cancel Spouse Coverage Only: ☐
- Cancel Child(ren) Coverage Only: ☐

*If you wish to change your beneficiary for Employee-Paid Life, please obtain a Beneficiary Designation Form online at https://www.hr.msu.edu/benefits/documents/BeneficiaryDesignation.pdf.*

**Authorization – Please read, sign and date this section.**

I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of “Dependent” or “Sponsored Dependent” will be covered by the benefits I have elected (refer to the plan brochure for the definition of “Dependent” and “Sponsored Dependent”).

I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse and/or dependent(s), which are necessary to the administration of my contract.

I have read and agree to the terms and conditions above and outlined in the plan brochures. I verify all above information is true, correct and complete.

**If you have questions or need plan brochures describing your benefits, please contact MSU Human Resources at:**

- **Mailing address:** 1407 S Harrison Rd, Suite 110, East Lansing MI 48823-5287
- **Phone number:** 517-353-4434 or 800-353-4434
- **Fax number:** 517-353-1869
- **Email:** SolutionsCenter@hr.msu.edu
- **Website:** www.hr.msu.edu

**Signature ____________________________ Date _____________**

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MSU is an affirmative-action, equal-opportunity employer.