Open Enrollment 2020

It’s time to Enroll

Make your benefits selections between October 1 – 31, 2019

Find contact info for all benefits providers
Find all phone and website info for benefit vendors on page 5.

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

Are you using MSU’s voluntary benefits?
Learn more about pet, vision, and legal insurance on page 21.
WELCOME TO THE 2020 OPEN ENROLLMENT PERIOD

MSU Benefits Open Enrollment will be held from October 1-31, 2019. During this time, eligible MSU employees can re-evaluate their benefit needs and make changes to benefits selections.

This guide contains information about the benefits options available for eligible support staff in the 2020 plan year (January – December).

Questions? We’re here to help.

Email: SolutionsCenter@hr.msu.edu
Phone: 517-353-4434 OR call toll-free 800-353-4434
Website: hr.msu.edu/open-enrollment

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 8
Noon – 7 p.m.

WEDNESDAY October 9
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 and parking details at:

hr.msu.edu/open-enrollment

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Should You Participate?

Do you need to take any action during the Open Enrollment period? Answer the following question:

**As an MSU benefits-eligible employee, which of the following statements is true regarding your benefits?** *Check all boxes that apply to you.*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I currently cover a spouse/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 2020.</td>
<td>I do not cover a spouse/OEI under my health benefits.</td>
</tr>
<tr>
<td>I want to enroll in, change or cancel health or dental insurance coverage for myself and/or my eligible dependent(s).</td>
<td>I do not want to make any changes to my health or dental insurance and want to keep the exact same coverage in 2020.</td>
</tr>
<tr>
<td>I want to enroll in, change or cancel life or accidental death &amp; dismemberment insurance for myself and/or my eligible dependent(s).</td>
<td>I do not want to enroll in, change or cancel my life or accidental death &amp; dismemberment insurance.</td>
</tr>
<tr>
<td>I want to enroll in, change or cancel my voluntary benefits (e.g. vision) options for myself and/or my eligible dependent(s). See page 21 for more info about voluntary benefits.</td>
<td>I do not want to enroll in, change or cancel my voluntary vision insurance, group legal services and/or critical illness insurance.</td>
</tr>
<tr>
<td>I want to enroll or re-enroll in a Flexible Spending Account (FSA). You must re-enroll in an FSA every plan year.</td>
<td>I do not want to enroll in a Flexible Spending Account (FSA) for 2020.</td>
</tr>
<tr>
<td>I elect to waive my health care coverage through MSU. See page 7 for how to enroll in the waiver.</td>
<td>I currently elect to waive my health care coverage through MSU, and I want to continue to waive my health care coverage through MSU. See page 7 for more details.</td>
</tr>
</tbody>
</table>

**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 selected one or more of 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.
Open Enrollment Instructions

Use the Enterprise Business System (EBS) to complete Open Enrollment for health, dental, life, and flexible spending accounts. 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 Benefit/Retirement tile. Select the Open Enrollment option from the dropdown menu, then click Next.
4. A CDHP/HSA plan 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. The following statement will confirm your answer. If the info is correct, 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 members/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 such as health plans, flexible spending accounts, and life/accident plans, among others. You can Add, Edit or Delete enrollment in these plans. 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 have the option to click on additional links such as MSU Benefits Plus or Retirement/Health Savings Accounts.
12. You’re done! You should receive a confirmation email shortly after completing Open Enrollment.

OTHER ENROLLMENT INSTRUCTIONS:
Voluntary Benefits (vision, legal, pet and critical illness) – Page 21
Retirement Programs – Page 24
What’s New or Notable for 2020?

Read the following important changes, updates, and/or reminders regarding this year’s Open Enrollment and the 2020 plan year. Visit the HR website (hr.msu.edu) for the most up-to-date info.

1. **EBS Portal Updates**
The EBS Portal will be unavailable on **October 2 and October 29 from 7:00 p.m. to Midnight** due to scheduled maintenance.

2. **Aetna DMO Co-Pay Changes - NEW**
Some Aetna DMO co-pays, including orthodontics, have increased to ensure employees eligible for the plan continue to receive the full MSU contribution to the monthly premium rate. Co-pays have not changed for the Aetna Premium DMO plan. Find co-pays by plan on [page 16](#).

3. **Increase to Premium Threshold for Spousal Affidavit - NEW**
If your spouse/other eligible individual (OEI) has access to health care coverage through their own current or former employer, they must purchase the coverage their own employer offers if the annual employee premium cost for single-person coverage is $1,400 or less. You may still cover your spouse/OEI on your MSU health coverage as a supplemental plan.

4. **Note for Non-Union Support Staff**
Non-union support staff employees also have the option to select the Consumer Driven Health Plan with Health Savings Account. This plan may be more cost effective if you do not frequently visit the doctor or anticipate high health care needs and are looking for a sound strategy to save for retirement health expenses. Learn more on [page 6](#).

5. **Flexible Spending Accounts (FSA): Difference Between Dependent Care and Health Care FSA**
MSU’s FSA vendor WageWorks offers eligible employees two different FSAs: Dependent Care FSA and/or Health Care FSA. Before you enroll, make sure you know the difference between the two options. Learn more on [page 19](#).

6. **Review Your Voluntary Benefits Options**
Many voluntary benefits – like vision, legal, and critical illness insurance – require you to enroll, make changes or cancel during the Open Enrollment period. Learn more on [page 21](#).

7. **New Services Offered by Best Doctors**
In addition to offering expert second opinions on your medical diagnosis, Best Doctors now offers two more services: Treatment Decision Support and Medical Records eSummary. Learn more on [page 23](#).

8. **Try Teladoc for Online Medical Care 24/7**
MSU employees and their dependents who are enrolled in an MSU health plan have access to this benefit. Get quality medical care at a time that’s convenient for you by web, phone or mobile app. Learn more on [page 23](#).

9. **Livongo for Diabetes Management**
If you’re living with diabetes, consider enrolling in the Livongo for Diabetes Management Program. Receive a connected glucose meter and unlimited test strips and lancets – all FREE! Learn more on [page 24](#).
Making Critical Decisions

During Open Enrollment (October 1 – October 31) you make important decisions that impact your benefits for the upcoming plan period, effective January 1, 2020. After Open Enrollment ends you cannot reverse or change your benefits. This includes the following actions:

• Switch from one health plan to another.
• Switch from one dental plan to another.
• Add yourself or additional dependents to health or dental coverage.
• Cancel or change your own and/or your dependent’s health or dental plan coverage.
• Cancel or change your life or accidental death and dismemberment insurance.
• Enroll or re-enroll in a Flexible Spending Account plan
• Add, cancel or change voluntary vision insurance, group legal services and critical illness insurance.

Changes can be made for certain qualifying events, such as marriage, childbirth/adoption, loss of existing coverage for you and your family members or retirement. Changes must be made within 30 days of the qualifying event.

The choices you make during Open Enrollment will be permanent until the next Open Enrollment period, with changes effective January 1. Carefully review Open Enrollment materials to make sure you select the plans that best meet your coverage and financial needs.
Summary of Health Plan Provisions (Continued on next page)

**Not sure which plan is right for you?**

Try asking ALEX! This interactive tool will ask you some questions and recommend the best plan for you and your family. Try the ALEX tool at hr.msu.edu/benefits/alex.html.

Additionally, look at the Health Plan Coverage Summary on page 10 to compare the following plans.

**Blue Care Network (BCN)**

BCN is a Health Maintenance Organization (HMO), which means you select and work closely with a primary care physician to manage your care. Deductibles, co-insurance and prior authorization requirements apply in some circumstances.

The in-network deductible is $100 per individual and $200 per family. After meeting the deductible, a 20% co-insurance may apply, up to a maximum of $3,000/single or $6,000/family, per calendar year.

For questions about specific coverage details or to access a listing of BCN participating providers visit BCBSM.com or call 1-800-662-6667.

Highlights of the BCN Plan:

- Lower premium cost.
- Only eligible to employees who live in Michigan.
- Access coverage with BlueCard when traveling out-of-state and Blue Cross Blue Shield Global Core for traveling outside of the USA.
- Plan does not require a referral, but some services are subject to prior authorization.
- You must choose a primary care physician.

For more information see the Health Plan Coverage Summary on page 10.

**Community Blue PPO**

Community Blue is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Deductibles, co-insurance and prior authorization requirements apply in some circumstances. There is a worldwide network of participating PPO physicians and hospitals.

The deductible is $0 for in-network services and $250/single or $500/family for out-of-network services. After meeting the deductible, a 20% co-insurance may apply, up to a maximum of $2,000/single or $4,000/family, per calendar year.

For questions about specific coverage details or to access a listing of PPO participating providers, visit BCBSM.com or call 1-877-354-2583.

Highlights of the Community Blue PPO Plan:

- Does not have an in-network deductible requirement.
- Higher premium cost.
- More flexibility in managing care.
- Does not require you to choose a primary care physician.

For more information see the Health Plan Coverage Summary on page 10.

**Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)**

This plan is only available to non-union support staff and their benefits-eligible dependents. Support staff represented by a union are not eligible. If you do not anticipate having high health care needs and are looking for a sound strategy to save for your retirement health care, this plan may be the most cost-effective option for you.

To enroll in the plan, contact HR Solutions Center for an Offline Enrollment Form: SolutionsCenter@hr.msu.edu or 517-353-4434.

**Consumer Driven Health Plan**

While you pay a deductible ($2,000/single and $4,000/family) first before the plan pays medical and prescription benefits, preventive care and certain generic medications for chronic conditions (asthma, cholesterol, diabetes, and anti-hypertensives) are 100% covered with no deductible or co-pays when using an in-network provider. Review the Health
Plan Coverage Summary on page 10 to anticipate your annual costs under this plan – you may find that most of your annual medical costs are 100% covered.

The provider network for this plan is the same as the Community Blue PPO plan, which means you can choose from a larger provider network.

This plan limits the maximum amount you pay for any covered services in a year to $3,000/single and $6,000/family using in-network providers. After expenses reach this amount, you do not have to pay for any other health care costs, including prescription drugs.

Health Savings Account
Along with the CDHP, you should enroll for the HSA at the same time. MSU contributes up to $750 to the HSA each year and you may add funds to the HSA tax-free. If you do not enroll during Open Enrollment, you will lose MSU’s contribution. You can use these HSA funds to pay for any eligible medical expenses or doctor visits you do incur. Employer and employee combined annual HSA contributions are limited to the 2020 IRS limits of $3,550/single and $7,100/family. These contributions are triple tax-free! You make contributions pre-tax, your account balance earns interest tax-free, and your distributions are tax-free if they are used for eligible medical expenses.

Do you have an existing HSA from a previous employer? You can add those funds into your new HSA. The money in the HSA is yours to take with you – even if you leave MSU for a different employer or retire. In fact, investing in your HSA now to use in your retirement is a sound strategy to fund your medical expenses in retirement.

For questions about the CDHP, contact Blue Cross Blue Shield of Michigan at 877-354-2583. For questions about the HSA, contact Health Equity at 877-219-4506.

Health Plan Waivers
If you are covered by another health plan that adequately meets your health care needs you may want to consider waiving your MSU health coverage.

Individuals who waive coverage will receive a payment of up to $600 per year. Payments occur in February. Enrollment is not automatic, you must enroll online for the waiver during Open Enrollment.

Note: Employees and spouses who are both employed at MSU are not eligible for the waiver option. Find detailed waiver info at hr.msu.edu/benefits/healthcare/waiver.html.

Summaries of Benefits and Coverage (SBC)
The Affordable Care Act requires health plans and employers that provide self-insured plans provide comparative information to consumers on health plan options. Find SBC documents for the health plan options at hr.msu.edu/benefits/summaries/.

Legal Notices
Our legal notice publication is attached to the end of this PDF. It includes important legal notices regarding health care privacy and other laws.
Staff Monthly Health Plan Premiums

Contributions are made pre-tax through payroll deduction on a monthly basis.

**Dependent Age Criteria**

Children (biological, step or adopted) are eligible through the end of the calendar year they turn age 26.

Non-adopted grandchildren, nieces, nephews or wards are eligible through legal guardianship through the end of the calendar year they turn age 23.

Dependents who become incapacitated before age 19 can continue coverage after age 23 or 26 by completing the MSU Dependent Disability Certification Form.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>COVERAGE TIER</th>
<th>FULL-TIME STAFF</th>
<th>3/4 TIME (65%–89.9%) STAFF</th>
<th>1/2 TIME (50%–64.9%) STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark(1)</td>
<td>Single</td>
<td>$281.12</td>
<td>$420.47</td>
<td>$559.82</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$590.34</td>
<td>$882.98</td>
<td>$1175.62</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$702.80</td>
<td>$1051.18</td>
<td>$1399.56</td>
</tr>
<tr>
<td>Blue Care Network (BCN) with CVS/Caremark(2)</td>
<td>Single</td>
<td>Paid by MSU</td>
<td>$139.35</td>
<td>$278.70</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>Paid by MSU</td>
<td>$292.64</td>
<td>$585.28</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>Paid by MSU</td>
<td>$348.38</td>
<td>$696.76</td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark(3)</td>
<td>Single</td>
<td>$26.45</td>
<td>$93.30</td>
<td>$220.57</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$50.32</td>
<td>$116.49</td>
<td>$384.00</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$58.67</td>
<td>$120.99</td>
<td>$440.69</td>
</tr>
</tbody>
</table>

1. The lowest cost plan for most support staff for the 2020 plan year is Blue Care Network.
2. Support staff who select the Community Blue plan will pay the difference between the two plans on a pre-tax basis.
3. This plan is only available to non-union staff. You pay 7% of the plan premium on a pre-tax basis. Learn more about the CDHP with HSA plan on page 6.

Health Plan Premiums for Sponsored Dependents

This is the monthly premium rate to add a sponsored dependent to your health and prescription coverage. A sponsored dependent is someone who is related to you by blood, marriage or legal adoption, is a member of your household and is dependent on you for more than half of their support. The dependent must meet the IRS dependency test. Find details on the HR website: hr.msu.edu.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>SPONSORED DEPENDENT</th>
<th>SPONSORED DEPENDENT WITH MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark</td>
<td>$1006.24</td>
<td>N/A</td>
</tr>
<tr>
<td>Blue Care Network (BCN) with CVS/Caremark</td>
<td>$668.90</td>
<td>$706.90</td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark</td>
<td>$458.21</td>
<td>$480.33</td>
</tr>
</tbody>
</table>

The sponsored dependent premium is in addition to the staff monthly premium rates listed above.

Health Plan Premiums for Family Continuation

This is the premium rate if you wish to add a non-adopted grandchild, niece, nephew or ward through legal guardianship (age 23 to 25) to your health and prescription coverage. More details can be found on the HR website: hr.msu.edu.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>FAMILY CONTINUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark</td>
<td>$419.26</td>
</tr>
<tr>
<td>Blue Care Network (BCN) with CVS/Caremark</td>
<td>$278.70</td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark</td>
<td>$190.91</td>
</tr>
</tbody>
</table>

The family continuation premium is in addition to the staff monthly premium rates listed above.
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.

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/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 service.

Deductible
A set dollar amount that you 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 you are required to pay for covered services. Once you reach 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 your primary care physician that direct a member to a participating health care professional for medically necessary care. A referral may be written or electronic.
## Health Plan Coverage Summary

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>PREVENTIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Maintenance Exam 1 per calendar year</td>
<td>Covered 100%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Not covered</td>
<td>Covered 100%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Annual Gynecological Exam 1 per calendar year</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Pap Smear Screening (lab services only) 1 per calendar year</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Mammography Screening 1 per calendar year</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Contraceptive Devices (IUD, Diaphragm, Norplant)</td>
<td>Covered 100%</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Contraceptive Injections</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Well-Baby and Child Care Exams</td>
<td>Covered 100%</td>
<td>Not covered</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>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Fecal Occult Blood Screening 1 per calendar year</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Preventive Colonoscopy&lt;sup&gt;3&lt;/sup&gt; 1 per calendar year</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy Exam 1 per calendar year</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Prostate Exam 1 per calendar year&lt;sup&gt;4&lt;/sup&gt;</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Prostate Specific Antigen Screen 1 per calendar year&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td><strong>PHYSICIAN OFFICE SERVICES (MEDICALLY NECESSARY)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits/Consultations</td>
<td>Co-pay: $20</td>
<td>Covered 80% after deductible</td>
<td>Co-pay: $20</td>
</tr>
<tr>
<td><strong>EMERGENCY MEDICAL CARE</strong></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>
</tr>
<tr>
<td>Emergency Room Physician’s Services</td>
<td>Co-pay: $20 (when medical emergency criteria not met)</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Co-pay: $25</td>
<td>Covered 80% after deductible</td>
<td>Co-pay: $25</td>
</tr>
<tr>
<td>Ambulance Service Must be medically necessary</td>
<td>Covered 100% of the approved amount</td>
<td>Covered 100% of the approved amount</td>
<td>Covered 80% after deductible, ground and air</td>
</tr>
</tbody>
</table>

Questions? Visit hr.msu.edu/open-enrollment
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
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<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>DIAGNOSTIC SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and Pathology Tests</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Diagnostic Tests and X-Rays</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>MATERNITY SERVICES PROVIDED BY A PHYSICIAN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Natal and Post-Natal Care</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Delivery and Nursery Care</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>HOSPITAL CARE</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 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Inpatient Consultations</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>SURGICAL SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery and Related Surgical Services</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Voluntary Sterilization</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Male Sterilization: Covered 100% after deductible Female Sterilization: Covered 100% under preventive benefit</td>
</tr>
<tr>
<td>HUMAN ORGAN TRANSPLANTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Such as: liver, heart, lung, pancreas, heart-lung, kidney, cornea and skin and bone marrow (subject to program guidelines)</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>NATIONAL CANCER INSTITUTE CLINICAL TRIALS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer and life-threatening conditions (all stages, including routine care)</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100% after deductible</td>
</tr>
</tbody>
</table>
## Alternatives to Hospital Care

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Care (must meet medical necessity guidelines for skilled care)</td>
<td>Covered 100% in approved facilities (up to 120 days per calendar year) Prior authorization may be required[^2]</td>
<td>Covered 100% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization required[^2]</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization required[^2]</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered 100% with approved providers</td>
<td>Covered 100% after deductible Prior authorization required[^2]</td>
<td>Covered 100% after deductible when authorized Prior authorization required[^2]</td>
</tr>
<tr>
<td>Home Health Care (medically necessary) (unlimited visits)</td>
<td>Covered 100% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)</td>
</tr>
</tbody>
</table>

## Mental Health Care and Substance Abuse Treatment (In Approved Facilities)

<table>
<thead>
<tr>
<th>Inpatient Mental Health/Substance Abuse Care</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered 100% Prior authorization may be required[^2]</td>
<td>Covered 80% after deductible Prior authorization may be required[^2]</td>
<td>Covered 80% after deductible Prior authorization required[^2]</td>
<td>Covered 80% after deductible Prior authorization may be required[^2]</td>
</tr>
<tr>
<td>Outpatient Mental Health/Substance Abuse Care - Office Visits</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible Prior authorization may be required[^2]</td>
<td>Covered 80% after deductible Prior authorization may be required[^2]</td>
</tr>
<tr>
<td>Outpatient Mental Health/Substance Abuse Care - Facility</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible Prior authorization may be required[^2]</td>
</tr>
</tbody>
</table>

## Other Services

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Testing and Therapy (includes allergy injections)</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 60% after deductible</td>
</tr>
<tr>
<td>Spinal Manipulation and Osteopathic Manipulation</td>
<td>Co-pay: $20 (In- and out-of-network services have an annual combined max. of 24 visits)</td>
<td>Covered 80% after deductible (In-network only. Annual max. of 24 visits) Prior authorization required[^2]</td>
<td>Not covered (In-network only. Annual max. of 24 visits)</td>
</tr>
<tr>
<td>Outpatient Diabetes Management (certified providers)</td>
<td>Co-pay: $20</td>
<td>Covered 80% after deductible</td>
<td>Covered 60% after deductible</td>
</tr>
<tr>
<td>Outpatient Physical, Speech, and Occupational Therapy (subject to medical criteria)*</td>
<td>Covered 100% (In- and out-of-network services have an annual combined max. of 60 visits)</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) Prior authorization required[^2]</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) Prior authorization required[^2]</td>
</tr>
</tbody>
</table>

[^2]: Autism Spectrum Disorder services are not subject to Outpatient Physical, Speech, and Occupational Therapy visit limit.

[^1]: Allergy Testing and Consultations
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable Medical Equipment and Medical Supplies (including breastfeeding supplies)</td>
<td>Covered 100% of the approved amount</td>
<td>Covered 80% Prior authorization may be required(1)</td>
<td>Covered 80% Prior authorization may be required(1)</td>
</tr>
<tr>
<td>Durable Medical Equipment and Medical Supplies (including breastfeeding supplies)</td>
<td>Covered 80% Prior authorization may be required(1)</td>
<td>Not covered</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Durable Medical Equipment and Medical Supplies (including breastfeeding supplies)</td>
<td>Prior authorization required</td>
<td>Prior authorization required</td>
<td>Prior authorization required</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered 50%</td>
<td>Not covered</td>
<td>Not covered</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% for applied behavioral analysis Prior authorization required</td>
<td>Co-pay: $20 per visit for applied behavioral analysis Prior authorization required</td>
<td>Covered 80% after deductible Prior authorization required</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>Co-pay: $20 per visit for applied behavioral analysis Prior authorization required</td>
<td>$500 per member/$1,000 family per calendar year</td>
<td>Covered 80% after deductible Prior authorization required</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 80% after deductible Prior authorization required</td>
<td>Cover 80% after deductible Prior authorization required</td>
<td>Covered 80% after deductible Prior authorization required</td>
</tr>
<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>Covered for non-emergency and emergency care as well as accidental injuries</td>
</tr>
<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>Covered for non-emergency and emergency care as well as accidental injuries</td>
</tr>
<tr>
<td>DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>None</td>
<td>$250 per member/ $500 per family per calendar year (services where no network exists are covered at the in-network level)</td>
<td>$2,000 for single/$4,000 for family-level coverage per calendar year</td>
</tr>
<tr>
<td>Deductibles</td>
<td>$100 per member/ $200 per family per calendar year</td>
<td>$500 per member/$1,000 family per calendar year</td>
<td>$4,000 for single/$8,000 for family-level coverage per calendar year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (amount includes deductible, co-insurance and co-pays, where applicable)</td>
<td>$2,000 per member/$4,000 per family per calendar year</td>
<td>$2,000 per member/$4,000 per family per calendar year</td>
<td>$2,000 for single/$4,000 for family-level coverage per calendar year</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (amount includes deductible, co-insurance and co-pays, where applicable)</td>
<td>$3,000 per member/$6,000 per family per calendar year for medical services only</td>
<td>$3,000 per member/$6,000 per family per calendar year for co-insurance, plus $500 per member/$1,000 per family out-of-network deductible</td>
<td>$3,000 for single/$6,000 for family-level coverage per calendar year for both medical and prescription services</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (amount includes deductible, co-insurance and co-pays, where applicable)</td>
<td>$3,000 per member/$6,000 per family per calendar year for medical services only</td>
<td>$3,000 per member/$6,000 per family per calendar year for co-insurance, plus $500 per member/$1,000 per family out-of-network deductible</td>
<td>$3,000 for single/$6,000 for family-level coverage per calendar year for both medical and prescription services</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>$1,000 per member/$2,000 per family out-of-pocket maximum (see page 14 for co-pays)</td>
<td>$1,000 per member/$2,000 per family out-of-pocket maximum (see page 14 for co-pays)</td>
<td>Subject to deductible, co-insurance and out-of-pocket max</td>
</tr>
</tbody>
</table>

1. Chemical profile, complete blood count, urinalysis, cholesterol testing, chest x-ray and EKG are payable as part of the Health Maintenance Exam.
2. You may be responsible for the difference between BCBSM’s or BCN’s approved amount and the provider’s charge when services are rendered by a non-participating provider, premiums and health care this plan doesn’t cover, where applicable.
3. Skin, bone marrow, kidney and cornea transplants subject to deductible for CDHP.
4. Referrals to specialists are not required.
5. Age restrictions may apply.

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 provide the clearest and most accurate information. If updates occur, the updated version will be available on the HR website.
The prescription drug plan is administered through CVS/Caremark. Employees continue to be automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of the health plans (Community Blue PPO, Blue Care Network (BCN) or the Consumer Driven Health Plan with Health Savings Account (CDHP with HSA)).

The table below shows co-pay rates for various types of prescription drugs for Community Blue and BCN enrollees effective January 1, 2020. Enrollees can use any pharmacy for this benefit.

<table>
<thead>
<tr>
<th>CVS/Caremark Prescription Plan Co-Pays for BCN &amp; Community Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<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>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>ANNUAL OUT-OF-POCKET CO-PAY MAXIMUM</strong></td>
</tr>
<tr>
<td>Individual: $1000</td>
</tr>
</tbody>
</table>

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

**Important Note for Non-Union Support Staff that Enroll in the CDHP with HSA Plan:**

If you are a CDHP with HSA enrollee, you have different prescription benefits. Prescription drug costs under this plan are subject to plan deductible and co-insurance, and then the total cost is covered after you reach the out-of-pocket maximum. This means that you pay 100% of prescription costs until you reach the deductible. Once the deductible is met, MSU covers 80% of the costs while you pay 20% co-insurance. Once the out-of-pocket maximum is reached, prescriptions are 100% covered.

Certain preventive generic prescription drugs for chronic conditions (asthma, cholesterol, diabetes and anti-hypertensives) are 100% covered without a deductible or co-insurance.

Be sure to enroll in the HSA when you enroll in the CDHP plan to receive MSU’s HSA contribution of $750. You can use this money to pay for eligible medical and prescription costs.
Dental Plan Information

MSU offers Delta Dental to all benefits-eligible support staff, and either Aetna DMO or Aetna Premium DMO, depending on your union affiliation (see chart below).

In a Dental Maintenance Organization (DMO) like Aetna DMO and Aetna Premium DMO, you select a participating primary care dentist. Your 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 or Aetna Premium DMO, please verify that the dentist you want to use accepts “Aetna DMO” rather than just “Aetna” to avoid rejected claims.

Delta Dental PPO typically allows more freedom in selecting service providers but tends to have higher co-pays and a more restricted range of coverage than DMO plans. Delta offers hundreds of participating providers and allows you to seek care from both participating and non-participating providers. Note: You may incur additional costs if you use a non-participating provider. Contact Delta Dental for info on participating providers.

Children (biological, step or adopted), non-adopted grandchildren, nieces, nephews or wards through legal guardianship are eligible through the end of the calendar year they turn age 23. Dependents who become incapacitated before age 19 can continue coverage after age 23 by completing the MSU Dependent Disability Certification Form.

Monthly Dental Plan Premiums

1. Delta Dental PPO: This plan is available to all benefits-eligible support staff.
2. Aetna DMO: This plan is available to 274, AP and POAM employees.
3. Aetna Premium DMO: This plan is available to CT, APSA, 324, 1585, SSTU, nurses, resident advisors and MSU Extension employees.
## Dental Plan Summary of Benefits

<table>
<thead>
<tr>
<th>DENTAL SERVICE</th>
<th>AETNA DMO</th>
<th>AETNA PREMIUM DMO</th>
<th>DELTA DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIAGNOSTIC AND PREVENTIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td>$20 co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Cleanings</td>
<td>No co-pay$¹</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>X-rays</td>
<td>No co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Fluoride</td>
<td>No co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Sealants (to prevent decay of permanent molars for dependents)</td>
<td>$10 co-pay per tooth</td>
<td>$10 co-pay per tooth</td>
<td>Not covered</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>$100 co-pay</td>
<td>$80 co-pay (fixed and removable)</td>
<td>50% co-pay (less than age 19)</td>
</tr>
<tr>
<td><strong>MINOR RESTORATIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam (silver) fillings</td>
<td>$22 co-pay for one</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Composite (resin) fillings (anterior teeth)</td>
<td>$40 co-pay for one</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>PROSTHETICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns (semi-precious)</td>
<td>$488 co-pay$¹</td>
<td>$315 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Bridges (per unit)</td>
<td>$488 co-pay$¹</td>
<td>$315 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Denture (each)</td>
<td>$500 co-pay$¹</td>
<td>$320 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Partial (each)</td>
<td>$513-613 co-pay$¹</td>
<td>$320 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ORAL SURGERY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple extraction</td>
<td>$12 co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - erupted tooth</td>
<td>$30 co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - soft tissue impaction</td>
<td>$80 co-pay</td>
<td>$60 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - partial bony impaction</td>
<td>$175 co-pay$¹</td>
<td>$80 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - complete bony impaction</td>
<td>$225 co-pay$¹</td>
<td>$120 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ENDODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal - anterior</td>
<td>$150 co-pay</td>
<td>$120 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root canal - bicuspid</td>
<td>$195 co-pay</td>
<td>$180 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root canal - molar</td>
<td>$435 co-pay$¹</td>
<td>$300 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Apicoectomy</td>
<td>$156 co-pay</td>
<td>$170 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>PERIODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gingivectomy (per quadrant)</td>
<td>$160 co-pay</td>
<td>$125 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>$445 co-pay$¹</td>
<td>$375 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root scaling (per quadrant)</td>
<td>$65 co-pay</td>
<td>$60 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ORTHODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child (under age 19)</td>
<td>$2,300 co-pay$²$²</td>
<td>$1,500 co-pay$²$²</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Adult (age 19 or older)</td>
<td>$2,300 co-pay$²$²</td>
<td>$1,500 co-pay$²$²</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>DENTAL PLAN MAXIMUMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual</td>
<td>No maximum</td>
<td>No maximum</td>
<td>$600 maximum</td>
</tr>
<tr>
<td>Lifetime Orthodontics</td>
<td>No maximum</td>
<td>No maximum</td>
<td>$600 maximum</td>
</tr>
</tbody>
</table>

1. Please note these co-pays have changed for the 2020 plan year.
2. Includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.

This plan summary is intended to help you compare your options. The plan design is governed by the master contract.
Life Insurance Information

MSU offers optional employee-paid life insurance to all regular full- and part-time (50% or more) employees, as well as to your spouse/other eligible individual (OEI) and dependent children. You do not need to be enrolled to add your children or spouse/OEI.

Life insurance is offered at 1 to 8 times your annual salary. There are various levels of coverage for your spouse/OEI and children. You must provide evidence of insurability when enrolling or increasing your life insurance coverage for yourself or your spouse/OEI. Evidence of insurability is not required for children. Prudential will contact you via your MSU NetID email address with instructions on how to submit evidence of insurability. Please see Important Notes at the bottom of page 18 for child dependent age criteria.

How Much Does Optional Life Insurance Cost?

Use the charts and formulas below to calculate the monthly cost for you, your spouse/OEI, and/or your children. Note: rates will change on the date you enter a new age bracket or if your salary changes.

**EMPLOYEE LIFE INSURANCE COST**

**STEP ONE** – determine the following:
1. Your salary.
2. Your rate (see Chart A.)
3. Your benefit level. Choose from 1 – 8 times your salary, up to a maximum of $2,000,000.

**STEP TWO** – use the following formula and your answers from step one to calculate monthly cost:

\[
\text{Salary} \times \text{Rate} \times \text{Benefit Level} \div 1,000 = \text{___}/\text{month}
\]

**EXAMPLE**
1. Salary = $50,000
2. Age = 25, so rate = $0.027 (according to Chart A.)
3. Benefit level chosen = 5 x salary

\[
\frac{50,000 \times 0.027 \times 5}{1,000} = 6.75/\text{month}
\]

**SPOUSE/OEI LIFE INSURANCE COST**

**STEP ONE** – determine the following:
1. Spouse/OEI coverage level. Choose from options in Chart B.
2. Spouse rate (use the age of the employee, NOT spouse) (see Chart C.)

**STEP TWO** – use the following formula and your answers from step one to calculate monthly cost:

\[
\text{Spouse Coverage Level} \times \text{Rate} \div 1,000 = \text{___}/\text{month}
\]

**EXAMPLE**
1. Coverage Level = $10,000
2. Age = 25, so rate = $0.04 (according to Chart C.)

\[
\frac{10,000 \times 0.04}{1,000} = 0.40/\text{month}
\]

**CHILD LIFE INSURANCE COST**

**STEP ONE** – determine the following:
1. Child coverage level. Choose from options in Chart D.

**STEP TWO** – use the following formula and your answer from step one to determine monthly cost:

\[
\text{Child Coverage Level} \times \text{Rate} \div 1,000 = \text{___}/\text{month}
\]

**EXAMPLE**
1. Child coverage level = $10,000

\[
\frac{10,000 \times 0.083}{1,000} = 0.83/\text{month}
\]
Accidental Death & Dismemberment Insurance

Optional employee-paid accidental death and dismemberment (AD&D) insurance provides various amounts of coverage for accidental death or dismemberment or loss of sight whether in the course of business or pleasure. Optional family coverage is also offered. Prudential is the plan administrator for AD&D insurance. This is available to all regular full- and part-time (50% or more) employees, as well as to your spouse/other eligible individual (OEI) and dependent children.

You can enroll in AD&D coverage at 1 to 8 times your annual salary. Benefit levels vary by type of insurance selected (employee-only or family) and the extent of the injury. Evidence of insurability is not required.

How Much Does Optional AD&D Insurance Cost?

Use the chart and formula below to find the cost of insurance for you, your spouse/OEI, and your children. Rates are subject to change.

AD&D INSURANCE COST

STEP ONE – determine the following:

1. Your salary.
2. Your rate (see Chart A.)
3. Your benefit level. Choose from 1 – 8 times your salary, up to a maximum of $1,000,000 for the employee, $600,000 for a spouse/OEI, or $100,000 per child.

STEP TWO – use the following formula and your answers from step one to calculate monthly cost:

\[
\text{Salary} \times \text{Rate} \times \text{Benefit Level} \div 1,000 = \$\text{___}/\text{month}
\]

EXAMPLE

1. Salary = $50,000
2. Employee rate = $0.015 (according to Chart A.)
3. Benefit level chosen = 5 x salary

\[
\$\frac{50,000 \times 0.015 \times 5}{1,000} = \$3.75/\text{month}
\]

Important Notes: AD&D and Life insurance for children begins at live birth and continues to age 19. 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. It is the enrollee’s responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions. Children who become incapacitated before the age limit can continue coverage after the age limit if (1) the child is mentally and/or physically incapable of earning a living AND (2) Prudential has received proof of incapacity within 31 days. If the child becomes incapacitated after the age limit, they will not be able to continue coverage.
Flexible Spending Accounts

We all spend money on medical expenses such as prescription drug and office visit co-pays, deductibles, eye glasses, dental work and over-the-counter items like contact lens solution. And many parents spend thousands of dollars each year on child care. Buying these items and services with pre-tax dollars is a sound strategy for saving money – which is exactly what a Flexible Spending Account (FSA) allows you to do.

MSU’s FSA vendor is WageWorks and they offer eligible employees two different kinds of FSAs. The Health Care FSA can be used for eligible medical expenses. The Dependent Care FSA (daycare) can be used for eligible child and dependent care expenses. Due to IRS regulations, non-union support staff are unable to enroll in a Health Care FSA if they enroll in the Health Savings Account (HSA) offered with the CDHP plan.

What’s the Difference Between the Health Care and Dependent Care FSA?

You have the option to enroll in two different FSAs: Dependent Care and/or Health Care. Before you enroll, learn the different eligible expenses each FSA covers.

<table>
<thead>
<tr>
<th>Health Care FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible health care expenses for you and your eligible dependents include:</td>
<td>Eligible dependent care expenses include:</td>
</tr>
<tr>
<td>• Medical &amp; dental plan deductibles/copays</td>
<td>• First aid kits</td>
</tr>
<tr>
<td>• Eyeglasses</td>
<td>• Allergy medication</td>
</tr>
<tr>
<td>• Hearing aids</td>
<td>• Bandages</td>
</tr>
<tr>
<td>• Orthodontics</td>
<td>• Pain relievers</td>
</tr>
<tr>
<td></td>
<td>• And much more!</td>
</tr>
</tbody>
</table>

You may NOT use your Dependent Care FSA funds to pay for health care expenses for dependents.

Visit hr.msu.edu/benefits/flexible-spending-accounts to see all eligible expenses.

How FSAs Work

You must confirm your contribution amount for the 2020 calendar year when you enroll. Your contributions will be deducted from your paychecks and will not be taxed.

Carefully estimate the eligible expenses you are likely to incur in the 2020 calendar year. Any funds not used during the plan year must be forfeited under IRS Code. Plan ahead to match your FSA withholdings to the amount you are likely to spend on eligible health care and/or dependent care costs.

When you pay for an eligible expense, you will fill out a reimbursement request. You’ll submit receipts for the expense with the request. You will then be reimbursed for those expenses with the tax-free dollars from your account(s). For some expenses, like prescriptions and office visit co-pays, you can pay directly with your Health Care FSA debit card.

How Much Can I Contribute to an FSA?

For Dependent Care FSA, a household may contribute up to $5,000. If you and your spouse both have a Dependent Care FSA, your combined household contributions cannot total more than $5,000. For Health Care FSA, an individual may contribute up to $2,700. If both you and your spouse have a Health Care FSA, you each may contribute up to $2,700. Savings vary based on your income tax rate and the number of out-of-pocket health and child care costs you typically incur.
Key Health Care FSA Information

- **Keep all of your receipts for eligible expenses.** IRS rules require FSA administrators to substantiate the eligibility of all items and services billed to FSAs, including those transactions using Health Care FSA debit cards. Some types of expenses, like doctor visits or prescription drug co-pays, can be automatically substantiated because co-pays are predictable amounts from medical providers.

- **WageWorks may ask you to send in supporting documentation for a card transaction.** Acceptable documentation contains the following five pieces of information:
  1. Date of Service
  2. Description of Service (such as co-pay)
  3. Patient Name
  4. Provider’s Name
  5. Amount of Transaction

- **Due to IRS regulations, Health Care FSAs are not compatible with Health Savings Accounts (HSA).** Non-union support staff are unable to participate in a Health Care FSA if they enroll in the HSA offered with the CDHP plan. Also, if your spouse’s health plan has an HSA and you enroll in a Health Care FSA, you may have IRS compatibility issues.

- **Visit the FSA Store at FSAS tore.com to buy your eligible expenses online!**

FSA Important Deadlines

FSAs can offer some great tax advantages, but please note important deadlines. If you have not used all of your funds and submitted your claims by the required deadlines, IRS code requires that remaining funds be forfeited. Important deadlines for the 2019 and 2020 program years include:

<table>
<thead>
<tr>
<th>For the 2019 Plan Year</th>
<th>For the 2020 Plan Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The deadline to...</td>
<td>The deadline to...</td>
</tr>
<tr>
<td>use your Dependent Care FSA funds</td>
<td>March 15, 2020</td>
</tr>
<tr>
<td>submit claims for your Dependent Care FSA</td>
<td>April 30, 2020</td>
</tr>
<tr>
<td>use your Health Care FSA funds</td>
<td>March 15, 2020</td>
</tr>
<tr>
<td>submit claims for your Health Care FSA</td>
<td>April 30, 2020</td>
</tr>
</tbody>
</table>

An Explanation of Benefits (EOB) from your insurance carrier contains all five pieces of information and is available from your insurance carrier if you used insurance for your card transaction.

Manage your WageWorks account anytime, anywhere.

WageWorks offers a mobile app for submitting receipts and reimbursements. You’ll love the convenience of being able to snap a picture of your receipt each time you use your card to make it easy to verify card transactions later.

Download the app from the Play Store or App Store by searching for “WageWorks EZ Receipts.”

WageWorks
- 877-924-3967
- WageWorks.com
- Download the WageWorks EZ Receipts app for Apple/Android

[The EZ Receipts mobile app] makes using my WageWorks benefits so simple. I just snap a photo of my receipt with my smartphone and submit my claim for reimbursement.

— WAGEWORKS APP USER
Voluntary Benefits

You have access to optional, employee-paid benefits via the voluntary benefits portal at MSUBenefitsPlus.com.

Please note there is no university financial contribution toward these benefits. Enrollees pay the premiums for the benefits they select and those payments are most often collected via payroll deduction. Currently, the voluntary benefits available include:

- Vision Insurance
- Pet Insurance
- Legal Insurance
- Critical Illness Insurance
- Long-Term Care Insurance
- Auto and Home Insurance

How Do I Enroll or Learn More?

Visit MSUBenefitsPlus.com to learn more about available programs and enroll online.

First Time Users

You need to sign up for an account. Signing up for an account does not obligate you to enroll in any benefits; it merely gives you access to learn about and enroll in the various programs. You will need your MSU ZPID number, which is located on your MSU Spartan Card ID badge or in the EBS Portal. Use a capital “Z” when putting in your ZPID number.

Existing Users

Click on the Log In link in the top right corner of the page.

Can I Enroll or Cancel at Any Time?

Vision, legal and critical illness insurance have an annual Open Enrollment period of October 1 through October 31, 2019, with coverage effective January 1 – December 31, 2020. This means you can only enroll or cancel in October each year and once you enroll, you cannot change or cancel that enrollment until the next annual Open Enrollment period (unless you have a qualifying life event).

Other programs, like auto, home, long-term care and pet insurance, allow you to enroll at anytime throughout the year.
Vision Insurance
Vision insurance can help with the cost of glasses and contact lenses for you and your family. VSP offers two plan options: the standard coverage plan, or a premium coverage plan with an additional enhanced eyewear option of your choice. You can view a plan summary sheet with basic information about the two plan coverage options and rates in the portal. Pay via payroll deductions.

Pet Insurance
Pet insurance can reimburse you for vet bills related to covered conditions. Nationwide offers several levels of coverage, and rates vary depending on the plan you select and the age of your pet. Visit the portal to enroll for pet insurance and pay via payroll deduction.

Long-Term Care Insurance
You can enroll in long-term care coverage with Transamerica. These policies are individual (as opposed to group) plans and evidence of insurability is required. You may apply anytime and your coverage start date will be determined by whether and when your application is approved through the underwriting process. You may choose from several premium payment frequencies; payment methods include direct bill and automatic electronic funds transfer (EFT) from your checking account.

MSU is currently offering the opportunity to consult with long-term care specialists from the Todd Benefits Group, a third party firm specializing in long-term care benefits, to help you select the Transamerica options that best meet your needs. Contact the Todd Benefits Group at 888-310-8633.

Legal Insurance
With pre-paid legal coverage, you can access legal assistance in a wide variety of situations when you need it without worrying about the costs. The legal plan offers expanded and/or enhanced benefits, such as insurance claims, divorce, home equity loans, refinancing and elder law. ARAG® Legal Insurance Plan excludes most pre-existing legal issues and business-related matters. A pre-existing condition, which ARAG has defined as any legal matter which is initiated prior to the effective date of coverage will be considered excluded and no benefits will apply. You can view a plan summary sheet with basic information about the two plan coverage options and rates in the portal. Pay via payroll deductions.

Critical Illness Insurance
Critical illness insurance gives you extra cash in the event you or covered family members experience a covered illness. This money can be used to offset unexpected medical expenses or for any other use you wish. Simplified plan options are offered through MetLife with no evidence of insurability requirement. You can view a plan summary sheet with basic information about the plan coverage and rates in the portal. Pay via payroll deductions.

Auto and Home Insurance
You can get bids from and enroll in auto and home insurance with either MetLife or Liberty Mutual and pay for those policies via payroll deduction. There is no formal enrollment period for Auto and Home insurance, you may enroll at anytime. The coverage period depends on when your policy is issued.

Vision Insurance
Vision insurance can help with the cost of glasses and contact lenses for you and your family. VSP offers two plan options: the standard coverage plan, or a premium coverage plan with an additional enhanced eyewear option of your choice. You can view a plan summary sheet with basic information about the two plan coverage options and rates in the portal. Pay via payroll deductions.

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Pet insurance can reimburse you for vet bills related to covered conditions. Nationwide offers several levels of coverage, and rates vary depending on the plan you select and the age of your pet. Visit the portal to enroll for pet insurance and pay via payroll deduction.

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You can enroll in long-term care coverage with Transamerica. These policies are individual (as opposed to group) plans and evidence of insurability is required. You may apply anytime and your coverage start date will be determined by whether and when your application is approved through the underwriting process. You may choose from several premium payment frequencies; payment methods include direct bill and automatic electronic funds transfer (EFT) from your checking account.

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Auto and Home Insurance
You can get bids from and enroll in auto and home insurance with either MetLife or Liberty Mutual and pay for those policies via payroll deduction. There is no formal enrollment period for Auto and Home insurance, you may enroll at anytime. The coverage period depends on when your policy is issued.

Access the Voluntary Benefits Portal
VISIT MSUBenefitsPlus.com to access the portal and sign up/find info for the above benefits.

MSU Benefits Plus
☎ 888-758-7575
Teladoc for Online Medical Care

Sometimes you need medical care at a time that is convenient for you. Teladoc offers 24/7 access to a health care professional online. This is available to MSU employees and their dependents who are enrolled in an MSU health plan.

How Does it Work?

When you need medical advice, you can receive convenient, quality care from a licensed health care professional in three easy steps:

1. **Request**: ask for a visit with a doctor 24 hours a day, 365 days a year by web, phone or mobile app.
2. **Visit**: talk to the doctor. Take as much time as you need to explain your medical situation – there’s no limit.
3. **Resolve**: if medically necessary, a prescription will be sent to the pharmacy of your choice.

There is no copay associated with accessing this service at this time except for those employees/dependents enrolled in the CDHP with HSA plan. Due to IRS regulations, if you are enrolled in the CDHP with HSA plan you pay the full charge until your annual deductible is met.

Best Doctors for a Second Opinion

Best Doctors gives expert second opinions and provides answers to your medical questions. If you’re facing a serious diagnosis or recommendations for medical care such as surgery or chemotherapy, Best Doctors can help. They also offer Treatment Decision Support and the Medical Records eSummary.

The Treatment Decision Support service gives you access to coaching and interactive, online educational tools that offer info about your specific condition.

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.
Livongo for Diabetes Management

Are you living with diabetes? Consider enrolling in the Livongo for Diabetes Management Program. When you sign up you’ll receive all the tools and resources to help you manage your diabetes – all completely free to you and/or your eligible dependents.

Benefits of the program:

- **More than a standard meter:** The Livongo connected meter provides real-time tips and uploads readings.
- **Unlimited free strips and lancets:** You can get as many strips and lancets as you need with no hidden costs or copays. When your supplies are about to run out, Livongo ships you more.
- **Optional coaching anytime and anywhere:** You can connect to a Livongo coach for one-on-one support by phone, email, text or mobile app to help with questions about nutrition or lifestyle changes and live interventions triggered by acute alerts.

It takes less than 10 minutes to sign up and start your profile. Use the contact information to the right. You may enroll in Livongo at anytime throughout the year.

Retirement Programs at MSU

MSU is dedicated to offering you the best possible retirement plans, and we encourage you to take advantage of the retirement savings options available to you. The university offers Fidelity and TIAA as providers of administration, recordkeeping and investment options for each of the MSU retirement plans. Both companies offer resources and tools to help participants plan their investment strategy.

The university’s 403(b) Retirement Plan includes the MSU 403(b) Base Retirement Program and the MSU 403(b) Supplemental Retirement Program. These programs, as well as the MSU 457(b) Deferred Compensation Plan, are designed to help you invest more money today to help you have the income you need during your retirement.

Retirement plans are offered year round, and coverage can be added and modified outside of the Open Enrollment period.

**Thinking About Retiring Soon?** We encourage you to visit the HR website to find resources to help you transition smoothly into retirement.

FREE BENEFIT
Living with diabetes? Livongo can help.

Livongo
☎️ 800-945-4355
🌐 livongo.com
⬇️ Download the Livongo app for Apple/Android

VISIT
welcome.livongo.com/MSU

to learn more and sign up.

Need help choosing an investment mix?

Fidelity and TIAA each have representatives who can meet with you to help you choose investments for your retirement portfolio. Each vendor also has additional resources available on their websites. Contact the vendor directly:

**Fidelity**
☎️ 800-343-0860
🌐 netbenefits.com/msu
⬇️ Search “NetBenefits” to download app for Apple/Android

**TIAA**
☎️ 800-842-2252
🌐 tiaa.org/msu
⬇️ Download the TIAA app for Apple/Android

Questions? Visit hr.msu.edu/open-enrollment | 24
Open Enrollment: October 1 – 31, 2019

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 8, 2019
Noon – 7:00 p.m.
Wednesday, October 9, 2019
7:00 a.m. – 5:00 p.m.

HR Site Labs
The HR staff will answer your questions at the Nisbet Building:
Friday, October 4, 2019
8 a.m. to 5 p.m.
Tuesday, October 22, 2019
8 a.m. to 5 p.m.
Monday, October 28, 2019
8 a.m. to 5 p.m.
Thursday, October 31, 2019
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

Are you interested in...

• The latest MSU job postings?
• Events on and around campus?
• New benefits info?
• Upcoming professional development opportunities?

Then Follow MSU Human Resources on Social Media!

As a benefits-eligible employee, you can enroll your pet in pet insurance: MSUBenefitsPlus.com.

MSU College of Music is looking to hire a University Academic Event Coordinator. More info on job of the week.

Have you heard of the MSU Student Organic Farm? You can buy produce from them on Thursdays at the Rock.

Five Best Campus Locations for a Summer Picnic on the SourceLive blog: SourceLive.Wordpress.com

Our Best Doctors Health Matters feature focuses on physical activity. Read the latest update.

Are you living with Diabetes? Sign-up for the free Livongo for Diabetes Management program.

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Important Notices About Your Health Care Rights

MSU HR is pleased to provide you with this resource to help you learn about or refamiliarize yourself with various regulations intended to safeguard your health care rights. Included in this publication you will find health care notices regarding:

• A notice of privacy practices. This describes how medical information about you can be used and disclosed and how you can access this information.

• Information about Medicaid and the Children’s Health Insurance Program.


Women’s Health and Cancer Rights Act of 1998

As required by the Women’s Health and Cancer Rights Act of 1998 (effective October 21, 1998), MSU Health Plans provide the following coverage:

• All stages of reconstruction of the breast on which the mastectomy has been performed;
• Surgery and reconstruction of the other breast for symmetrical appearance; and
• Prosthesis and treatment of physical complications in all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

If you have any additional questions, please contact your health plan administrator.

Contact Information for MSU Health and Dental Plans

Please keep the below contact information for MSU Health Plans in a safe place so you can call on our plans at any time with questions:

• Blue Care Network: 800-662-6667
• Blue Cross Blue Shield Community Blue: 877-354-2583
• Consumer Driven Health Plan (administered by Blue Cross Blue Shield): 877-354-2583
• Blue Cross Blue Shield Traditional Plan (Retirees with Medicare Only): 877-354-2583
• Blue Cross Blue Shield Transition Plan (Retirees with Mixed Medicare & Non-Medicare): 877-354-2583
• Delta Dental: 800-524-0149
• Aetna Dental Maintenance Organization (DMO): 877-238-6200
• CVS/Caremark: 800-565-7105
• Health Savings Account (administered by Health Equity): 877-219-4506

As always, please feel free to contact MSU Human Resources for assistance at: SolutionsCenter@hr.msu.edu, 517-353-4434 or 800-353-4434.
EFFECTIVE DATE
This Notice is effective January 1, 2013.

PURPOSE
This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

The Michigan State University Health Plans (collectively referenced in this notice as the “Plan”) are regulated by numerous federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) identifies protected health information (PHI) and requires that the Plan, with Michigan State University and the Plan administrator(s) and insurer(s) maintain a privacy policy and that it provides you with this notice of the Plan’s legal duties and privacy practices. This notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

PHI means individually identifiable health information that is created or received by the Plan that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you; and that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. If state law provides privacy protections that are more stringent than those provided by federal law, the Plan will maintain your PHI in accordance with the more stringent state law standard.

In general, the Plan receives and maintains health information only as needed for claims or Plan administration. The primary source of your health information continues to be the healthcare provider (for example, your doctor, dentist or hospital) that created the records. Most health plans are administered by a third party administrator (TPA) or insurer, and Michigan State University, the Plan sponsor, does not have access to the PHI.

The Plan is required to operate in accordance with the terms of this notice. The Plan reserves the right to change the terms of this notice. If there is any material change to the uses or disclosures, your rights, or the Plan's legal duties or privacy practices, the notice will be revised and you’ll receive a copy. The new provisions will apply to all PHI maintained by the Plan, including information that existed prior to revision.

Uses and Disclosures Permitted Without Your Authorization or Consent
The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or healthcare operations. Information about treatment involves the care and services you receive from a healthcare provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning healthcare operations may be used to project future healthcare costs or audit the accuracy of claims processing functions.

The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit.

The Plan may disclose health information to the University if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of the University who assist in the administration of the Plan. Before your PHI can be used by or disclosed to these employees, the University must take certain steps to separate the work of these employees from the rest of the workforce so that the University cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, a designated employee may have the need to contact a TPA to verify coverage status or to investigate a claim without your specific authorization.

The Plan may disclose information to the University that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get a new TPA contract, or to change the Plan. For example, if
the University wants to consider adding or changing an organ transplant benefit, it may receive this summary health information to assess the cost of that benefit.

The Plan may also use or disclose your PHI for any purpose required by law, such as responding to a court order, subpoena, warrant, summons, or similar process authorized under state or federal law; to identify or locate a suspect, fugitive, material witness, or similar person; to provide information about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement; to report a death we believe may be the result of criminal conduct; to report criminal conduct at the University; to coroners or medical examiners; in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime; to authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and, to authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.

The Plan may disclose medical information about you for public health activities. These activities generally include licensing and certification carried out by public health authorities; prevention or control of disease, injury, or disability; reports of births and deaths; reports of child abuse or neglect; notifications to people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; organ or tissue donation; and notifications to appropriate government authorities if we believe a patient has been the victim of abuse, neglect, or domestic violence. The Plan will make this disclosure when required by law, or if you agree to the disclosure or when authorized by law and the disclosure is necessary to prevent serious harm.

Uses and disclosures other than those listed will be made only with your written authorization. Types of uses and disclosures requiring authorization include use or disclosure of psychotherapy notes (with limited exceptions to include certain treatment, payment or healthcare operations); use or disclosure for marketing purposes (with limited exceptions); and disclosure in exchange for remuneration on behalf of the recipient of your protected health information.

You should be aware that the Plan is not responsible for any further disclosures made by the party to whom you authorize the release of your PHI. If you provide the Plan with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

Your Rights

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Michigan State University Human Resources. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Michigan State University Human Resources.

**Right to Amend.** If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask it to amend the information. You may request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Michigan State University Human Resources. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the plan may deny your request if you ask it to amend information that is not part of the medical information kept by or for the Plan; was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy or is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement. Any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security
purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Michigan State University Human Resources. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan may charge you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information that is used or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, the Plan is not required to agree to your request. However, if it does agree to the request, it will honor the restriction until you revoke it or the Plan notifies you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to Michigan State University Human Resources. In your request, you must tell the Plan(1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that you receive communications about medical matters in a certain way or at a certain location. For example, you can ask that you are only contacted at work or by mail.

To request confidential communications, you must make your request in writing to Michigan State University Human Resources. You will not be asked the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

**Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discover a breach of unsecured protected health information.

**Right to Obtain a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. Michigan State University Human Resources can provide you with the address upon request.

**Plan Contact Information:**

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Director of Compensation and Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Office:</td>
<td>Michigan State University</td>
</tr>
<tr>
<td>Address:</td>
<td>1407 South Harrison Road, Suite 110 Nisbet Building</td>
</tr>
<tr>
<td></td>
<td>East Lansing, MI 48823-5287</td>
</tr>
<tr>
<td></td>
<td>Telephone: 517-353-4434</td>
</tr>
<tr>
<td></td>
<td>Fax: 517-432-3862</td>
</tr>
</tbody>
</table>

This contact information for the Plan may change from time to time. The most recent information will be included in the Plan's most recent benefit brochures and on the Michigan State University Human Resources website at hr.msu.edu/benefits.
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial [1-877-KIDS NOW](tel:1-877-KIDS%20NOW) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.asksba.dol.gov](http://www.asksba.dol.gov) or call [1-866-444-EBSA (3272)](tel:1-866-444-EBSA%20(3272)).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility:

<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA – Medicaid</td>
<td><a href="http://myalhipp.com/">Website</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA – Medicaid</td>
<td><a href="http://myakhipp.com/">Website</a></td>
<td>1-866-251-4861</td>
</tr>
<tr>
<td>ARKANSAS – Medicaid</td>
<td><a href="http://myarhipp.com/">Website</a></td>
<td>1-855-MyARHIPP (855-692-7447)</td>
</tr>
<tr>
<td>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</td>
<td><a href="https://www.healthfirstcolorado.com/">Website</a></td>
<td>1-800-221-3943/ State Relay 711</td>
</tr>
<tr>
<td>FLORIDA – Medicaid</td>
<td><a href="http://flmedicaidtplrecovery.com/hipp/">Website</a></td>
<td>1-877-357-3268</td>
</tr>
<tr>
<td>GEORGIA – Medicaid</td>
<td><a href="http://dch.georgia.gov/medicaid">Website</a></td>
<td>404-656-4507</td>
</tr>
<tr>
<td>IOWA – Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">Website</a></td>
<td>1-888-346-9562</td>
</tr>
<tr>
<td>KANSAS – Medicaid</td>
<td><a href="http://www.kdheks.gov/hcf/">Website</a></td>
<td>1-785-296-3512</td>
</tr>
<tr>
<td>NEW HAMPSHIRE – Medicaid</td>
<td><a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">Website</a></td>
<td>603-271-5218</td>
</tr>
<tr>
<td>State</td>
<td>Medicaid/CHIP Website</td>
<td>Medicaid Phone</td>
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<tr>
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<tr>
<td>KENTUCKY</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">Website</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">Website</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">Website</a></td>
<td>1-800-862-4840</td>
</tr>
<tr>
<td>MINNESOTA</td>
<td><a href="https://www.health.ny.gov/health_care/medicaid/">Website</a></td>
<td>1-800-541-2831</td>
</tr>
<tr>
<td>MISSOURI</td>
<td><a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">Website</a></td>
<td>1-800-442-6003</td>
</tr>
<tr>
<td>MONTANA</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
<td>1-855-632-7633</td>
</tr>
<tr>
<td>NEBRASKA</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">Website</a></td>
<td>1-800-657-3739</td>
</tr>
<tr>
<td>NEVADA</td>
<td><a href="http://dwss.nv.gov/">Website</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>NORTH DAKOTA</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">Website</a></td>
<td>1-844-854-4825</td>
</tr>
<tr>
<td>NORTH CAROLINA</td>
<td><a href="https://www.oregonhealthcare.gov/index-es.html">Website</a></td>
<td>1-888-562-3022 ext. 15473</td>
</tr>
<tr>
<td>OKLAHOMA</td>
<td><a href="http://www.greenmountaincare.org/">Website</a></td>
<td>1-888-250-8427</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">Website</a></td>
<td>1-800-242-8282</td>
</tr>
<tr>
<td>WASHINGTON</td>
<td><a href="http://gethipptexas.com/">Website</a></td>
<td>1-855-699-9075</td>
</tr>
<tr>
<td>WEST VIRGINIA</td>
<td><a href="http://www.wyequalitycare.acs-inc.com/">Website</a></td>
<td>307-777-7531</td>
</tr>
<tr>
<td>WYOMING</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">Website</a></td>
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To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
www.dol.gov/ebsa  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
www.cms.hhs.gov  
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)