

MSU Retiree

OPEN ENROLLMENT GUIDE



Time to
Choose Your
Benefits for
2021

HIGHLIGHTS:

Page 2

Find steps to complete Open Enrollment.

Page 3

New health & prescription drug plan through Humana.

Page 6

Contact info for all benefits providers.

Page 18

Learn about vision and legal insurance.

START HERE



DEAR MSU RETIREE,

MSU Open Enrollment will be held from October 1-31, 2020. During this time, you can re-evaluate your benefit needs and make changes to benefit selections, which are effective January 1 through December 31, 2021.

There are several changes to your benefits this year, along with special virtual Open Enrollment opportunities available. Some highlights:

- ▶ **New Health and Prescription Drug Plan:** MSU is partnering with Humana to provide new health care plans with prescription drug coverage to you and your eligible dependents. The new plans replace the previous health care plans through Blue Cross Blue Shield of Michigan, as well as the prescription drug coverage plan through CVS/Caremark. Learn more about this new plan on **page 3**.
- ▶ **Please Review All Materials from Humana:** Humana will also be mailing you various materials directly, **including a summary of**

health plan provisions and prescription drug guide. Please review these carefully.

- ▶ **Humana Virtual Presentations:** We understand you may have questions about the new Humana plan. We strongly encourage you to attend a Humana Virtual Presentation or talk with a Humana representative. Learn more on **page 5**.
- ▶ **Virtual Benefits Fair:** Due to COVID-19, we're unable to have an in-person benefits fair this year. However, we will be having a virtual fair where you can learn more and ask questions about your benefits. Learn more on **page 6**.
- ▶ **No Affidavit for Spouse/OEI:** You do **NOT** need to complete the spouse/OEI Affidavit (yellow form) this year like you have done in previous years.

Questions? We're here to help.

 SolutionsCenter@hr.msu.edu  517-353-4434 (toll-free: 800-353-4434)  hr.msu.edu/open-enrollment

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► Steps to Complete Open Enrollment

Please use the following steps to help you complete Open Enrollment by October 31. Check the boxes as you complete each step.



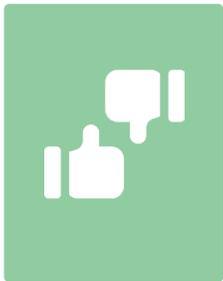
1. Review Open Enrollment Materials

- Review this Open Enrollment guide completely.
- Review all materials mailed by Humana. You should receive a Humana Enrollment Kit shortly after receiving this guide, which includes a summary of health plan provisions chart and prescription drug guide. You can also find this info on the Humana website: Medicare eligible individuals should visit our.humana.com/msu/coverage-documents and non-Medicare eligible individuals should visit our.humana.com/msu-commercial/coverage-documents.



2. Ask Questions or Learn More

- Ask questions or learn more about your benefit options.
 - **Pages 5-6** offer a variety of options for you to ask questions or learn more, including Humana Virtual Presentations, Humana customer service representatives and virtual benefit resources.



3. Make Decisions

- Read **page 4** to determine if you need to take any action(s) by October 31.
 - If you **do** need to take action, continue to step 4.
 - If you **don't** need to take any action, then you don't need to complete step 4. Continue to step 5.



4. Take Action(s)

- Find instructions for how to complete necessary actions by October 31:
 - **Note:** You do **NOT** need to complete the Spouse/OEI Affidavit (yellow form) this year.
 - **Page 8** provides instructions to opt out of health insurance, cancel life insurance, enroll in/change/cancel dental insurance, inform us of the death/divorce of a spouse/other eligible individual and inform us of enrollment in another Medicare Advantage plan.
 - **Page 18** provides instructions to enroll in, cancel or change legal or vision insurance.



5. Other Items to Consider

- To receive Open Enrollment materials electronically in the future, complete the Consent Form for Electronic Distribution of Benefit Materials and Notices: hr.msu.edu/open-enrollment/documents/electronic-consent-form.pdf
- You may want to check if your life insurance beneficiaries are correct (if applicable). Find instructions at hr.msu.edu/benefits/beneficiaries.html

New and Notable Info for 2021

Read the following important changes, updates, and/or reminders regarding this year's Open Enrollment and the 2021 plan year. Visit the HR website (hr.msu.edu) for the most up-to-date info.

Humana Medicare Advantage and Prescription Drug Plan

Overview: For the 2021 plan year, MSU is partnering with Humana to provide you with a new retiree health care plan with prescription coverage. This will replace our previous health care plans through Blue Cross Blue Shield of Michigan, as well as the prescription drug coverage plan through CVS/Caremark. This means you will only have one insurance card for all your health/prescription needs.

Automatic Enrollment: If you and your dependent(s) are currently enrolled in an MSU health plan for the 2020 plan year, **you will be automatically enrolled in the Humana plan for the 2021 plan year** and no action is needed to enroll.

Option to Opt out of Humana Plan: See **page 8** for instructions on how to opt out of enrollment in the Humana plan for you or your dependent(s).

Humana Plans: The Humana plans are available based on Medicare eligibility. Retirees and their dependents who are eligible for Medicare will be enrolled in the Humana Group Medicare Advantage PPO Plan and those not eligible for Medicare will be enrolled in the Humana MSU Non-Medicare PPO Plan. Those in a mixed Medicare and non-Medicare eligible family will be enrolled in the Humana Transition PPO plan. Find health and prescription plan summaries on **page 10**.

Review Plan Info: We strongly encourage you to review all Open Enrollment materials. You should receive a Humana Enrollment Kit (mailed separately by Humana) shortly after receiving this guide, which will provide additional information, including a summary of health plan provisions and prescription drug guide.

Humana Virtual Presentations: Sign up for a Humana virtual presentation to learn more about this new plan and ask questions. Learn more on **page 5**.

Additional Perks: Humana offers additional perks,

like wellness and reward programs; check out the Silver Sneakers and Go365 programs in your Humana Enrollment Kit (mailed separately).

Action Required if Eligible for Medicare On or After January 1, 2021: Find out what to expect and steps to take on **page 12**.

Medicare Part D (Prescription Drug Insurance) Note:

Medicare Part D is included in the new Humana plan, which means **you do NOT need to enroll in Medicare Part D separately**. For most people, **there is no additional cost associated with Medicare Part D**.

There are two exceptions, as determined by Medicare: (1) If an individual did not sign up for Medicare Part D when they first became eligible for Medicare and did not have creditable prescription coverage elsewhere, they may have to pay a late enrollment fee (enrollment in an MSU health plan is creditable coverage) and (2) Individuals who have a modified adjusted gross income above a certain amount may have to pay a monthly premium. Learn more: [medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans](https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/monthly-premium-for-drug-plans).

Other Important Updates

No Spousal Affidavit: **You don't need to complete the affidavit (yellow form) for your spouse/other eligible individual (OEI)** this year. However, in the unfortunate event of a death or divorce in 2020, please let us know if you have not already (see how on **page 8**).

Sponsored Dependents (SD) and Family Continuation (FC) Riders:

SD and FC riders are not eligible for the Humana plan. International SD riders will be offered enrollment in the CIGNA plan, all others may enroll in a plan from the Healthcare Marketplace.

Best Doctors Now Called Teladoc Medical Experts:

You will still have the same great benefit, just with a different name and branding effective January 1, 2021. Learn more on **page 19**.

▶ Determine if You Need to Take Action

Do you need to take any action(s) during the Open Enrollment period?

Answer the following question to find out: **As an MSU benefits-eligible retiree, which of the following statements is true regarding your benefits?**

Check all boxes that apply to you then read the results in the applicable column(s).

- I want to cancel health coverage for myself and/or my eligible dependent(s).
- Due to already being enrolled in another Medicare Advantage plan, I need to opt out of the Humana Group Medicare Advantage PPO plan for myself and/or my eligible dependents. See **page 8** for instructions to opt out and **page 13** for more info on Medicare Advantage plans.
- I want to enroll in, change or cancel dental insurance for myself and/or my eligible dependent(s).
- I want to cancel my life insurance.
- I want to enroll in, change or cancel my legal insurance with ARAG (see **page 18**).
- Unfortunately, I experienced the death or divorce of a spouse/other eligible individual during the 2020 plan year, and I need to notify MSU Human Resources. *If you've already informed us, no need to get in touch again.*

RESULT:

If you selected *any* of the above options, you must take action during the Open Enrollment period between October 1 – 31.

See page 8 for instructions.

- I do not want to cancel health coverage for myself and/or my eligible dependent(s).
- I do not want to make any changes or cancel my dental insurance and want to keep the exact same coverage in 2021.
- I do not want to cancel my life insurance.
- I do not want to enroll in, change or cancel my legal insurance with ARAG.

RESULT:

If you only selected the above option(s), and did not select any options in the left column, you do not need to take any action during Open Enrollment.

However, we **strongly encourage** you to review the new Humana plan information and your other benefit options to make sure you're getting the best coverage.

▶ Opportunities to Learn More and Ask Questions

Please use the resources and opportunities on pages 5-6 to learn more about your benefit options and get answers to your questions.

Learn About the New Humana Plan



Humana Virtual Presentations

We understand you may have questions about the new Humana health and prescription plan. Keeping in mind social-distancing guidelines due to COVID-19, MSU and Humana will be hosting virtual presentations in October to help answer any questions you may have about the new plan.

We strongly encourage you to attend a presentation to ask questions and learn more about the Humana plan. You may attend using your computer or call-in with your phone.

HOW TO REGISTER: Please register for the presentation date/time that works best for you. Find dates and times below. The presentations are focused on either those eligible for Medicare or those NOT eligible for Medicare. Use the key below to help you register for the correct one for you and/or your dependents.

Register by calling a Humana rep at 1-800-308-9964 (TTY: 711).



Call or Visit Website

Call **800-273-2509** to talk with a Humana customer service representative. This may be the best option for questions about your specific health/prescription needs.

Visit the Humana website at the links below. Use the website link based on your Medicare eligibility.

Medicare Eligible Enrollees Visit:

our.humana.com/msu/

Non-Medicare Eligible Enrollees Visit:

our.humana.com/msu-commercial/

Dates/Times for Humana Virtual Presentations:

KEY: ○ = Non-Medicare Eligible Focused Presentation ● = Medicare Eligible Focused Presentation

October 8 ● 10:00 to Noon ● 2:00 to 4:00	October 9 ○ 10:00 to Noon ● 2:00 to 4:00	October 12 ● 10:00 to Noon ● 2:00 to 4:00	October 13 ○ 10:00 to Noon ● 2:00 to 4:00	October 14 ● 10:00 to Noon ○ 2:00 to 4:00 ● 5:00 to 7:00
October 15 ○ 10:00 to Noon ● 2:00 to 4:00	October 16 ● 10:00 to Noon ● 2:00 to 4:00	October 19 ● 10:00 to Noon ● 2:00 to 4:00	October 20 ○ 10:00 to Noon ● 2:00 to 4:00	October 21 ○ 10:00 to Noon ● 2:00 to 4:00 ● 5:00 to 7:00

Note: dates/times are subject to change. Find most up-to-date info at hr.msu.edu/benefits/healthcare/humana.html

Learn About Benefit Options and Resources



Virtual Benefits Fair

We will not be having an in-person benefits fair this year to help prevent the spread of COVID-19. However, we're still dedicated to helping you learn more and ask questions about all your benefit options. We're pleased to offer a Virtual Benefits Fair in October, where you'll find an online source for curated content from our benefits vendors. HR staff and benefits vendors will be available to answer questions. Find dates, times and more information about the upcoming virtual fair at the link below:

hr.msu.edu/open-enrollment/benefits-fair.html



Ask MSU HR

We encourage you to ask us questions via phone or email. In-person office visits will not be offered to help us prevent the spread of COVID-19. To get in touch, call **517-353-4434** or **800-353-4434** (toll-free) or email SolutionsCenter@hr.msu.edu.

Find more info on the HR website:
hr.msu.edu/open-enrollment



Flu Shots

MSU Pharmacies is offering drive-through flu shots this fall. Find more details about the vaccine and how to get a flu shot on their website:

pharmacy.msu.edu/pharmacy-news/flu-vaccine-offered-by-the-msu-health-care-pharmacies

BENEFITS PROVIDER CONTACT INFO

Humana

800-273-2509

Humana Group Medicare Advantage PPO Plan website: our.humana.com/msu/

Humana MSU Non-Medicare PPO Plan website: our.humana.com/msu-commercial/

Aetna Dental

877-238-6200

aetna.com

Delta Dental

800-524-0149

deltadentalmi.com

Prudential

877-232-3555

prudential.com

Teladoc Medical Experts

866-904-0910

teladoc.com/medical-experts

ARAG

800-247-4184

ARAGLegalCenter.com

VSP Vision Care

800-400-4569

msuretires.vspforme.com

VISIT

hr.msu.edu

for brochures about MSU benefits plans and options.

► COVID-19 Impact to Benefits

Usually, during the Open Enrollment period (Oct. 1–31) you are free to add, change or cancel your benefits. However, effective March 1, 2020, the Department of Labor (DOL) and Internal Revenue Services (IRS) provided provisions to extend deadlines for birth, marriage and loss of coverage and relax rules for adding, canceling and changing health and dental plans. The changes are in effect until 60 days after the COVID-19 outbreak period ends, as determined by the federal government.

Please note these provisions are temporary and subject to change by the DOL and IRS at any time due to the changing nature of the pandemic. We strongly encourage you to carefully review and make any necessary changes to your benefits options for the 2021 plan year during the Open Enrollment period in October.

After the COVID-19 Outbreak Period Ends

60 days after the outbreak period officially ends, the provisions provided by the DOL and IRS will no longer be in effect and you will **NOT** be able to reverse or

change your benefits, which includes the following:

- Opt out of the Humana Group Medicare Advantage PPO plan for you or your dependents.
- Switch from one dental plan to another.
- Enroll in, cancel or change dental coverage for you and/or your dependents.
- Add yourself or additional dependents to health or dental coverage.
- Cancel your life insurance.

Your choices are permanent until the next Open Enrollment period, with changes effective January 1. Carefully review Open Enrollment materials to help you select the plans that best meet your coverage and financial needs.

Note on Vision and Legal Insurance: This temporary change from the DOL and IRS does NOT extend to voluntary vision and legal insurance. If you need to cancel, add or change these voluntary benefits options you must do so during Open Enrollment in October.

► Child Dependent Age Criteria

Life Insurance: Effective January 1, 2021, life insurance dependent child(ren) are eligible to the end of the calendar year during which the child turns age 23 with no restrictions such as student enrollment or IRS dependence. **It is your responsibility to cancel coverage** when dependent children no longer qualify in order to stop premium deductions. If you have a disabled child over 23, see **page 17**.

Dental Insurance: Enrolled children who turn age 23 by Dec. 31 will automatically be removed from dental coverage at the end of the calendar year. We will send you info about COBRA.

Health Insurance: Enrolled children who turn age 26 by Dec. 31 or are enrolled as sponsored dependents are no longer eligible for health insurance coverage under retiree plans and will automatically be removed from health coverage at the end of the calendar year.

We will send you info about opportunities to continue coverage through either COBRA, Cigna or individual plans. Find more information here: hr.msu.edu/benefits/documents/EligibleDependents.pdf

Enrolled other eligible children (non-adopted grandchildren, nieces/nephews) who turn age 23 by Dec. 31 will no longer be eligible for health insurance coverage under retiree plans and automatically be removed from health coverage at the end of the calendar year. We will send you info about COBRA, Cigna or individual plans.

Vision and Legal Insurance: Effective January 1, 2021, dependent child(ren) are eligible to the end of the calendar year in which they turn age 23, with no restrictions such as student enrollment or IRS dependency

Add a Dependent to Your Benefits: Find instructions at hr.msu.edu/open-enrollment.

▶ Instructions to Make Changes to Your Benefits

Find instructions below to complete the following actions:

- Opt out of coverage through Humana
- Cancel life insurance
- Enroll in, change, or cancel dental insurance

We encourage you to make changes online. If you're unable to make changes online, you may submit a paper form (**please do NOT do both**). Find instructions for both options below.

HOW TO MAKE CHANGES ONLINE

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 Open Enrollment from the dropdown menu, then click Next.
4. 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**.
5. 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.
6. The Benefits Summary screen displays current coverage. For additional details about each plan, click on the plan name. When finished reviewing, click Next.
7. The next screens display the different types of plans available. You can Add, Edit or Delete enrollment in dental insurance, cancel enrollment in health insurance (opt out of Humana) or cancel life insurance. You may click Cancel at any time, which will exit you out of the system – all changes will be lost.
8. When you reach the Review and Save screen you can Add, Change or Remove information. Click Save.
9. On the final screen, review info on the Benefit Elections Summary. You may wish to print this summary for your records. You can make corrections throughout the month of October.
10. You're done! You should receive a confirmation email shortly after completing Open Enrollment.

HOW TO SUBMIT PAPER FORM

1. Fill out the Enrollment/Change form (find on **page 20**) **ONLY** if you are making benefits changes or opting out of coverage with Humana.
2. Detach the form from the guide and return it to MSU HR by October 31 in the enclosed return envelope.

Special Notes About Enrollment

MEDICARE ADVANTAGE PLANS

You are automatically enrolled in the Humana plan, which is a Medicare Advantage plan. Centers for Medicare and Medicaid Services (CMS) only allows you to be enrolled in one Medicare Advantage plan at a time. If you and/or your dependent(s) are currently enrolled in a different Medicare Advantage plan and would like to keep coverage in that plan, you need to opt out of the Humana plan (cancel coverage). *If you do not take action you will be automatically enrolled in the Humana plan and removed from your other coverage by CMS.*

DEATH/DIVORCE OF A SPOUSE/OEI

In the unfortunate event of the death/divorce of a spouse/other eligible individual (OEI) in 2020, please let us know (if you haven't already) by emailing **SolutionsCenter@hr.msu.edu** or calling 517-353-4434.

VOLUNTARY BENEFITS

Find instructions to enroll in, change or cancel optional vision and/or legal insurance on **page 18**.

ELECTRONIC CONSENT FORM

To receive Open Enrollment materials via email only, complete the form here: **hr.msu.edu/open-enrollment/documents/electronic-consent-form.pdf**

Glossary of Terms

Centers for Medicare and Medicaid Services (CMS)

CMS is the federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Programs across the country. It is a division of the Department of Health and Human Services.

Co-insurance

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

Coordination of Benefits (COB)

A provision to help avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental or other care/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.

In-network

Refers to the use of health care professionals who participate in the health plan's provider and hospital network.

Medicare Advantage Prescription Drug Plan (MAPD)

Medicare Advantage plans (also known as Medicare Part C) are a type of Medicare health plan offered by a private insurance company. These plans provide all your Medicare Part A and Part B benefits, and also offer additional benefits. Some also cover Medicare Part D benefits. If Medicare Part D benefits are included, this is called an MAPD plan.

Medicare Beneficiary Identifier (MBI)

MBI stands for Medicare Beneficiary Identifier. In 2018,

CMS started a project to replace the Social Security Number on the Medicare Health Insurance card. It also replaced the Health Insurance Claim Number (HICN) that providers used to process claims. On your Medicare card it is the 11-digit identifier under the title "Medicare Number."

Medicare Part A

Medicare Part A is hospital insurance offered through CMS. Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

Medicare Part B

Medicare Part B is medical insurance offered through CMS. Part B covers certain doctors' services, outpatient care, medical supplies and preventative services.

Medicare Part C

Medicare Part C is a Medicare Advantage plan that is offered through a private insurance company that contracts with Medicare to provide coverage for both Medicare Part A and Part B, and sometimes Part D.

Medicare Part D

Medicare Part D is prescription drug coverage offered through CMS. Part D covers certain prescription drugs, including many recommended shots or vaccines.

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.

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.

Summary of Health and Prescription Plan Provisions

Humana Group Medicare Advantage PPO Plan

This plan is available to retirees and their dependents who are eligible for Medicare.

The plan covers preventive services at 100%. Selected services are covered at 96%-100% after the required annual deductible of \$192 per member; however, not all services are subject to the deductible. Participants should refer to the type of service for benefit details. The annual out-of-pocket maximum is \$1,200 per member per calendar year (excludes Part D Pharmacy, Extra Services and the Plan Premium).

Prescription drug coverage is included in this plan. The table below shows co-pays for various types of prescription drugs:

Prescription Plan Co-Pays for Humana Group Medicare Advantage PPO Plan				
#	DRUG TIER	34-DAY SUPPLY CO-PAYS AT RETAIL	90-DAY SUPPLY CO-PAYS AT RETAIL	90-DAY SUPPLY CO-PAYS AT MAIL ORDER OR MSU PHARMACY
1.	Generic Medications	\$10	\$20	\$20*
2.	Preferred Brand-Name Medications	\$30	\$60	\$60
3.	Non-Preferred Brand-Name Medications	\$60	\$120	\$120
4.	Specialty Drugs	\$75	N/A**	N/A**
ANNUAL OUT-OF-POCKET CO-PAY MAXIMUM				
Individual: \$1,000				

*Some generics may be on higher tiers.

**Specialty medications limited to 30-day supply.



For questions about specific coverage details visit our.humana.com/msu/ or call Humana at **800-273-2509**.

Humana MSU Non-Medicare PPO Plan

This plan is available to retirees and their dependents who are NOT eligible for Medicare.

The plan covers in-network preventive services at 100%. The majority of the in-network diagnostic services are covered at 100% of the approved amount

after either the required co-payment or annual deductible of \$100 for single and \$200 for family. Select in-network services are covered at 50%-90% of the approved amount after the required in-network annual deductible of \$100 for single and \$200 for family; however, not all services are subject to the deductible. Participants should refer to the type of service for benefit details. The annual out-of-pocket maximum, which consists of applicable deductible and coinsurance, is \$3,000 for single and \$6,000 for family per calendar year.

Prescription drug coverage is included in this plan. The table below shows co-pays for various types of prescription drugs:

Prescription Plan Co-Pays for Humana MSU Non-Medicare PPO Plan				
#	DRUG TIER	34-DAY SUPPLY CO-PAYS AT RETAIL	90-DAY SUPPLY CO-PAYS AT RETAIL	90-DAY SUPPLY CO-PAYS AT MAIL ORDER OR MSU PHARMACY
1.	Generic Medications	\$10	\$30	\$20
2.	Preferred Brand-Name Medications	\$30	\$90	\$60
3.	Non-Preferred Brand-Name Medications	\$60	\$180	\$120
4.	Specialty Drugs	\$75	N/A*	N/A*
ANNUAL OUT-OF-POCKET CO-PAY MAXIMUM				
Individual: \$1,000		Family: \$2,000		

*Specialty medications limited to 30-day supply.



For questions about specific coverage details visit our.humana.com/msu-commercial/ or call Humana at **800-273-2509**.

Humana Transition PPO Plan

This plan is for families with both Medicare eligible and non-Medicare eligible people.

Those enrolled in Medicare should refer to the summary of the Humana Group Medicare Advantage PPO plan and those not enrolled in Medicare should refer to the summary of the Humana MSU Non-Medicare PPO Plan.

2021 Monthly Plan Premiums

The charts below show monthly health plan rates based on the Medicare eligibility of you and your dependents (if applicable). These are for retirees that are 100% vested. Rates are prorated for part-time contributions. If you need part-time retiree rates, email SolutionsCenter@hr.msu.edu or call 517-353-4434 (toll-free 800-353-4434).

Premiums for Retired Support Staff Hired Before July 1, 2002 and Retired Faculty Hired Before July 1, 2005

Coverage	Humana Group Medicare Advantage PPO Plan (Medicare Eligible Only)	Humana MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	Paid by MSU	Paid by MSU	Paid by MSU
Family	Paid by MSU	Paid by MSU	(1 with Medicare): Paid by MSU (2 with Medicare): Paid by MSU (3 or more with Medicare): Paid by MSU

Premiums for Retired Support Staff Hired July 1, 2002 – June 30, 2010

Coverage	Humana Group Medicare Advantage PPO Plan (Medicare Eligible Only)	Humana MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	\$98.58	\$964.94	\$521.61
Family	\$197.16	\$1,833.38	(1 with Medicare): \$1,140.36 (2 with Medicare): \$620.19 (3 or more with Medicare): \$718.77

Premiums for Retired Faculty Hired July 1, 2005 – June 30, 2010 with 100% or 50%/50% MSU Coverage

The following rates are for faculty that have elected 100% MSU coverage for themselves and 0% for a spouse/other eligible individual (OEI) **OR** 50% MSU coverage for themselves and 50% for a spouse/OEI while both retiree and spouse/OEI are living.

Coverage	Humana Group Medicare Advantage PPO Plan (Medicare Eligible Only)	Humana MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	\$98.58	\$964.94	\$521.61
Family	\$197.16	\$1,833.38	(1 with Medicare): \$1,140.36 (2 with Medicare): \$620.19 (3 or more with Medicare): \$718.77

Premiums for Retired Faculty Hired July 1, 2005 – June 30, 2010 with 50% MSU Coverage

The following monthly rates are for faculty that have elected 50% MSU coverage for themselves and 50% for a spouse/OEI **AND** either the retiree or spouse/OEI is deceased, or they have divorced after retirement.

Coverage	Humana Group Medicare Advantage PPO Plan (Medicare Eligible Only)	Humana MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
Retiree only	\$49.29	\$482.47	N/A
2 Person	\$147.87	\$1,447.41	\$570.90
Family	\$246.45	\$2,315.85	(1 with Medicare): \$1,189.65 (2 with Medicare): \$669.48 (3 or more with Medicare): \$768.06

▶ Action Required if Eligible for Medicare in 2021



The information on this page is important for individuals who will become eligible for Medicare on or after **January 1, 2021**.

About Medicare and Eligibility

Medicare is the federal health insurance program for individuals age 65 or older and some disabled individuals under age 65. It is administered by the Centers for Medicare and Medicaid Services (CMS). A person becomes eligible for Medicare the first day of the month in which that individual turns age 65, unless their birthday falls on the first of the month, in which case Medicare eligibility is the first of the prior month.

Action Required If Eligible for Medicare Soon

If you and/or your dependent(s) are turning 65 on or after January 1, 2021, you (or they) will become eligible for Medicare soon. You must complete the following steps to continue receiving health care through the MSU health plan administered by Humana when you turn 65.

The Humana Group Medicare Advantage PPO plan is the MSU health care option available to you and/or your covered dependents once an individual is eligible for Medicare. If you choose not to enroll, you may not elect the plan again until you have a qualified life event or during the next MSU Open Enrollment period in October.

What to Expect and Steps to Follow

Approximately 90 days prior to being eligible for Medicare, you will receive a letter from MSU Human Resources (HR) regarding your upcoming eligibility for Medicare. This letter will include an Enrollment/Change form. Following that letter, Humana will send a packet of information advising you to take certain actions and share information to initiate the change in coverage to the Humana Group Medicare Advantage PPO plan.

Steps for Individuals Turning 65:



90 Days Prior to Turning 65 (approx.): Contact Medicare to enroll in Medicare Parts A and B (see note on Medicare Parts A and B below).



45 Days Prior to Becoming Eligible for Medicare (approx.): Provide a copy of your Medicare card to MSU HR and enroll in the Humana Group Medicare Advantage PPO plan using the Enrollment/Change form provided in the letter sent from MSU HR.

Note About Medicare Parts A and B

When an individual becomes eligible for Medicare, they must enroll in and retain Medicare Parts A and B in order to enroll in the health care plan offered by MSU and continue health care coverage. Medicare Part D is included in MSU's Humana Group Medicare Advantage PPO plan, which means **you do not need to enroll in Medicare Part D**; enrollment in Medicare Part D is automatic as part of the Humana Group Medicare Advantage PPO plan.

Medicare Advantage Plans and Prescription Drug Coverage Rules



The information on pages 13-14 is important for individuals who are currently enrolled in an MSU Blue Cross Blue Shield of Michigan (BCBSM) health care plan **AND** currently eligible for Medicare or will become eligible for Medicare before January 1, 2021.

Centers for Medicare and Medicaid Services (CMS) only allows you to be enrolled in one Medicare Advantage (MA), Medicare Advantage Prescription Drug (MAPD), or Medicare Part D plan at a time. The new MSU Humana Group Medicare Advantage PPO plan is an MAPD plan.

Please determine if you and/or any dependent(s) you want covered in the Humana Group Medicare Advantage PPO plan are already enrolled in any other MA, MAPD or Medicare Part D prescription drug plan. If you and/or a dependent is enrolled in another plan, you should review each plan and make an informed decision about which plan is right for you and/or each covered dependent.

Rules if You and/or Your Dependents are Eligible or Currently Covered on More than One Medicare Plan

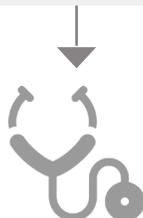
The Humana Group Medicare Advantage PPO plan is an MAPD plan. An MAPD plan – sometimes called "Medicare Part C" – bundles Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) and Medicare Part D (Prescription Drug Insurance) into an all in one plan, along with additional benefits.

MSU's Humana Group Medicare Advantage PPO Plan Includes

(Also known as an MAPD Plan or Medicare Part C)



Medicare Part A
(Hospital Insurance)



Medicare Part B
(Medical Insurance)



Medicare Part D
(Prescription Drug Insurance)



Additional Benefits
(Wellness Programs)

Review Medicare's Rules:

Those eligible for Medicare should review Medicare's rules about what types of coverage you can add or combine when you are enrolled in the health care plan MSU is offering through Humana.

- You may be enrolled in only one MA, MAPD, or Medicare Part D plan at a time.
- The plan you enroll in last is the plan CMS considers to be your final decision.

Action Required: Make a Decision

If you and/or your dependents are eligible for Medicare or will become eligible for Medicare by January 1, 2021, you must make a decision about which option to be enrolled in.

Review the Following Scenarios:

- Those currently enrolled in an MSU health care plan (BCBSM Blue Care Network, Traditional or Transition) who are also eligible for Medicare, or will become eligible for Medicare **before** January 1, 2021, will automatically be enrolled in the Humana Group Medicare Advantage PPO plan effective January 1, 2021. **CMS will consider this enrollment as your final decision if you do not opt out of the Humana Group Medicare Advantage PPO plan during Open Enrollment in October.**
 - **How to Opt Out:** You may opt out of the Humana Group Medicare Advantage PPO plan either online (find instructions on **page 8**) or by completing the paper Enrollment/Change Form on **page 20**.
 - **Consequences of Not Opting Out:** If you do not opt out of the Humana Group Medicare Advantage PPO plan and are enrolled in another MA, MAPD, or Medicare Part D plan, CMS will automatically disenroll you from that other plan.
- If you are enrolled in the Humana Group Medicare Advantage PPO plan and later enroll in another MA, MAPD, or Medicare Part D plan, CMS will automatically disenroll you from the Humana Group Medicare Advantage PPO plan.
- If you opt out or CMS disenrolls you from the Humana Group Medicare Advantage PPO plan, you may not enroll in coverage through MSU again until the next Open Enrollment period in October unless you have a qualifying life event.
- If you are enrolled in a Medicare Supplement Insurance plan – sometimes call Medigap policies – please note that the Humana Group Medicare Advantage PPO plan does not coordinate with these plans. This means Medigap policies can't be used to pay your plan co-payments, deductibles and premiums.

Questions About Medicare

Enrollment in Medicare may have exceptions and nuances specific to each individual's situation. Visit **medicare.gov** or call 800-633-4227 for more information. TTY users should call 877-486-2048, 24 hours/day, 7 days/week to find out more about how to enroll in Medicare.

Dental Plan Information

In a Dental Maintenance Organization (DMO) like Aetna Premium DMO, enrollees select a participating primary care dentist. Their primary dental care is provided by that dentist and only at locations and by dentists that participate in the plan. Although 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 Premium DMO, please verify that the dentist you want to use accepts “Aetna Premium DMO” rather than just “Aetna” to avoid rejected claims.**

The **Delta Dental PPO** plan typically allows more freedom in selecting service providers and services performed but tends to have higher out-of-pocket costs compared to a DMO plan. 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.

Important Note: Please reference the appropriate chart to determine your monthly premium contribution. These premiums assume full university contribution. If you need additional info about part-time retiree requirements, email SolutionsCenter@hr.msu.edu or call 517-353-4434.

PROVIDER CONTACT INFO

Aetna Dental

☎ 877-238-6200

💻 aetna.com

↓ Download the Aetna app for Apple/Android

Delta Dental

☎ 800-524-0149

💻 deltadentalmi.com

↓ Download the Delta Dental app for Apple/Android

VISIT

hr.msu.edu/benefits/dental/index.html

to learn more about MSU dental plans.

Retired Support Staff Hired Prior to July 1, 2002 and Retired Faculty Hired Prior to July 1, 2005	
PLAN	FULL-TIME (90% - 100%)
Aetna Premium DMO	
Single	\$10.44
2 Person	\$19.49
Family	\$33.64
Delta Dental PPO	
Single	Paid by MSU
2 Person	Paid by MSU
Family	Paid by MSU

Retired Support Staff Hired Between July 1, 2002 to June 30, 2010	
PLAN	FULL-TIME (90% - 100%)
Aetna Premium DMO	
Single	\$10.44
2 Person	\$37.26
Family	\$75.04
Delta Dental PPO	
Single	Paid by MSU
2 Person	\$17.77
Family	\$41.40

Retired Faculty Hired July 1, 2005 to June 30, 2010 (MSU Contributes 100% or 50%/50%)	
The following rates are for faculty retirees that have elected 100% MSU coverage for themselves and 0% for a spouse/other eligible individual (OEI) or 50% MSU coverage for themselves and 50% for their spouse/OEI while both retiree and spouse/OEI are living.	
PLAN	FULL-TIME (90% - 100%)
Aetna Premium DMO	
Single	\$10.44
2 Person	\$37.26
Family	\$75.04
Delta Dental PPO	
Single	Paid by MSU
2 Person	\$17.77
Family	\$41.40

Retired Faculty Hired July 1, 2005 to June 30, 2010 (MSU Contributes 50%)	
The following rates are for faculty retirees that have elected 50% coverage for themselves and 50% for a spouse/OEI AND either the retiree or spouse/OEI is deceased or they have divorced after retirement.	
PLAN	FULL-TIME (90% - 100%)
Aetna Premium DMO	
Single	\$20.17
2 Person	\$46.99
Family	\$84.77
Delta Dental PPO	
Single	\$9.73
2 Person	\$27.50
Family	\$51.13

Dental Plan Information

DENTAL SERVICE	AETNA PREMIUM DMO	DELTA DENTAL
DIAGNOSTIC AND PREVENTIVE		
Exams	No co-pay	50% co-pay
Cleanings	No co-pay	50% co-pay
X-rays	No co-pay	50% co-pay
Fluoride	No co-pay (1 per year under age 16)	50% co-pay (less than age 19)
Sealants (to prevent decay of permanent molars for dependents)	\$10 co-pay per tooth	Not covered
Space maintainers	\$80 co-pay (fixed and removable)	50% co-pay (less than age 19)
MINOR RESTORATIVE		
Amalgam (silver) fillings	No co-pay	50% co-pay
Composite (resin) fillings (anterior teeth)	No co-pay	50% co-pay
PROSTHETICS		
Crowns (semi-precious)	\$315 co-pay	50% co-pay
Bridges (per unit)	\$315 co-pay	50% co-pay
Denture (each)	\$320 co-pay	50% co-pay
Partial (each)	\$320 co-pay	50% co-pay
ORAL SURGERY		
Simple extraction	No co-pay	50% co-pay
Extraction - erupted tooth	No co-pay	50% co-pay
Extraction - soft tissue impaction	\$60 co-pay	50% co-pay
Extraction - partial bony impaction	\$80 co-pay	50% co-pay
Extraction - complete bony impaction	\$120 co-pay	50% co-pay
ENDODONTICS		
Root canal - anterior	\$120 co-pay	50% co-pay
Root canal - bicuspid	\$180 co-pay	50% co-pay
Root canal - molar	\$300 co-pay	50% co-pay
Apicoectomy	\$170 co-pay	50% co-pay
PERIODONTICS		
Gingivectomy (per quadrant)	\$125 co-pay	50% co-pay
Osseous surgery (per quadrant)	\$375 co-pay	50% co-pay
Root scaling (per quadrant)	\$60 co-pay	50% co-pay
ORTHODONTICS		
Child (under age 19)	\$1,500 co-pay ¹	50% co-pay
Adult (age 19 or older)	\$1,500 co-pay ¹	Not covered
DENTAL PLAN MAXIMUMS		
Annual	No maximum	\$600 maximum
Lifetime Orthodontics	No maximum	\$600 maximum
The plan summary on this page is intended to help you compare your options. It is not intended to be a full description of coverages.		

1. Includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention. Phase 1 orthodontic services are not covered, which includes treatment to prepare the mouth to be fully banded or possibly avoid a comprehensive treatment plan.

▶ Life Insurance Information

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

Estimate your monthly rate using the chart below or view your calculated rate in the EBS Portal in the Open Enrollment application.

Optional Retiree-Paid Life Insurance Monthly Rates		
RETIREE RATES PER \$1,000 OF COVERAGE BY AGE	SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
45-49: \$0.070	45-49: \$0.112	\$0.083 per \$1,000 of coverage — age is not a factor in rates for children.
50-54: \$0.107	50-54: \$0.167	
55-59: \$0.200	55-59: \$0.311	
60-64: \$0.308	60-64: \$0.478	
65-69: \$0.590	65-69: \$0.924	

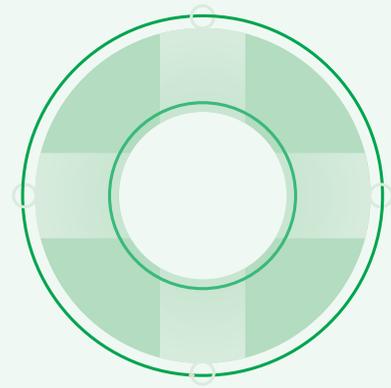
Important Notes:

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

Children who become incapacitated before the age limit can continue coverage after the age limit if the following criteria are met:

1. The child is mentally and/or physically incapable of earning a living.
2. Prudential has received proof of the incapacity within 31 days.

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



PROVIDER CONTACT INFO

Prudential

☎ 877-232-3555

💻 [Prudential.com](https://www.prudential.com)

You can view your coverage in the EBS Portal or contact MSU HR for assistance:

Login to the EBS Portal at ebs.msu.edu and click the Current Benefits Participation tile.

VISIT

hr.msu.edu/benefits/beneficiaries.html

for steps on how to designate or update your beneficiaries.

HR Solutions Center:

✉ SolutionsCenter@hr.msu.edu

☎ 517-353-4434 OR call toll-free 800-353-4434

Legal Insurance

For as low as \$18.30 a month, you may enroll in an optional, retiree-paid ARAG® legal plan between October 1 – 31, 2020 for the 2021 plan year. This voluntary benefit offers you and your family added protection from many common legal matters. Most covered legal matters with ARAG are paid 100% in-full. Some covered services include:

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

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

Enroll in legal insurance directly with ARAG (see right).

Vision Insurance

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

Highlights include personalized care, a large variety of available eyecare, ease of use and a satisfaction guarantee. You also have the option to enroll in the premium coverage plan with VSP EasyOptions, which allows members to choose an enhanced eyewear option (see website for details).

VSP Vision Monthly Plan Premiums			
	Member Only Coverage	Member + One Coverage	Member + Family Coverage
Standard Plan	\$8.69	\$17.38	\$17.80
Premium Plan	\$12.59	\$25.17	\$25.78

The frame/contact lens allowance is \$150 for both the standard and premium plan.

To enroll or learn more, contact ARAG® Customer Care directly:

ARAG® Customer Care

☎ 800-247-4184

💻 [ARAGLegalCenter.com](https://www.araglegalcenter.com)

NOTE:

Current enrollees do not need to do anything to re-enroll. Enrollment is automatic.

To enroll in optional vision insurance, contact VSP® Vision Care directly:

VSP® Vision Care

☎ 800-400-4569

💻 [msuretirees.vspforme.com](https://www.msuretirees.vspforme.com)

NOTE:

Current enrollees do not need to do anything to re-enroll. Enrollment is automatic.

Teladoc Medical Experts (previously called Best Doctors)

Effective January 1, 2021, your Best Doctors benefit will be changing their name and branding to Teladoc Medical Experts. You will see joint branding between Best Doctors and Teladoc Medical Experts throughout the rest of 2020. You can still expect to receive the same great service and benefit options from Teladoc Medical Experts that you've previously received from Best Doctors – they are simply changing their name and branding.

Teladoc Medical Experts gives expert second opinions and provides answers to your medical questions. If you're facing a serious diagnosis or your medical care was delayed due to COVID-19 (such as surgery or chemotherapy), Teladoc Medical Experts can help you determine the best course of action. Some of the ways they can help include:

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

Teladoc Medical Experts is completely confidential and provides vital information and options you might otherwise miss.

Support Options with Teladoc Medical Experts

Teladoc Medical Experts also offers Treatment Decision Support, Medical Records eSummary and the Mental Health Navigator.

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

The Medical Records eSummary allows Teladoc Medical Experts, 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.

NEW: Feel like yourself again with Mental Health Navigator. If you feel like your condition isn't improving or your treatment isn't working, medical experts can help you get the support you need to feel better.

Learn more about Teladoc Medical Experts and these support options at teladoc.com/medical-experts.

IS THERE A COST?

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

Teladoc Medical Experts

 1-800-Teladoc

 teladoc.com/medical-experts

 Download the Teladoc app



Retiree Enrollment/Change Form

Do NOT complete this form if you completed enrollment online at ebs.msu.edu.

Only use this form to make changes to your existing plans.

Complete this form to enroll, change or delete benefits for you and/or your eligible spouse/other eligible individual (OEI) or dependent(s). **Please only fill out the benefit sections you're making changes to.**

1. If you and/or your dependents are enrolled in an MSU health plan for the 2020 plan year, you're automatically enrolled in the Humana plan. You should only complete this form if you want to **opt out of (cancel) coverage** with Humana. To opt out of coverage, put an "X" in the Cancel Coverage box in the Health Plan section below.
2. If you and/or your dependents are NOT enrolled in an MSU health plan for the 2020 plan year, complete this form if you want to enroll in the Humana plan¹.
3. To **add** or **delete** a dependent to or from your health and/or dental plan, fill out the dependent info below. Please submit documentation with this form. Find required documentation here: hr.msu.edu/benefits/documents/EligibleDependents.pdf
4. Sign, date and return this form to MSU HR no later than **October 31, 2020** in the enclosed return envelope. You may also submit a copy of this form via email if you're not using the last 4 digits of your social security number.

Personal Information (You must fill out this section - please print clearly)			
Name (Last, First, Middle Initial)		Social Security Number (last 4 digits) or ZPID ¹	Phone
Home Street Address		City	State Zip Code
If your spouse/OEI is an MSU employee/retiree, indicate their full name:			
Are you enrolled in any other health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your Medicare Beneficiary Identifier (MBI) ¹ :	
If you are enrolled in another Medicare plan you will be automatically disenrolled from that other plan if you enroll in MSU's Humana Group Medicare Advantage PPO Plan		MBI stands for Medicare Beneficiary Identifier. On your Medicare card, it is the 11-digit identifier under the title "Medicare Number."	

¹ An MBI and SSN is required for individuals enrolling in the Humana Group Medicare Advantage PPO plan. If a SSN is on this form, please do NOT submit it via email.

(Only fill out this section if you're opting out of or enrolling in health coverage)					COVERAGE EFFECTIVE 1/1/2021	
Health Plan	Single	2 Person	Family	Cancel Coverage		
Humana Group Medicare Advantage PPO Plan <i>Everyone enrolled in this plan must have Medicare Part B</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cancel/Opt out		
Humana MSU Non-Medicare PPO Plan <i>No one in this plan is enrolled in Medicare Part B.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cancel/Opt out		
Humana Transition PPO Plan ² <i>One or more people enrolled in Medicare Part B, but not all</i>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cancel/Opt out		

² Individuals who are on Medicare will be enrolled in the Humana Group Medicare Advantage PPO Plan. Individuals not enrolled in Medicare will be enrolled in Humana MSU Non-Medicare PPO Plan.

Enroll Eligible Dependents in Health							
To add a dependent to your health plan, provide all the requested information for each dependent in the spaces below.							
Dependent Name (Last, First, Middle Initial)	SSN	Date of Birth (MM/DD/YY)	Gender (M/F)	Relationship	Enrolled in Medicare Part B?		Medicare Beneficiary Identifier (MBI) ¹ :
					Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

If your dependents are enrolled in another Medicare plan they will be **automatically disenrolled** from that other plan if you enroll them in MSU's Humana Group Medicare Advantage PPO Plan (MAPD)

Detach page along perforated line.

2021 Open Enrollment – Retiree Enrollment/Change Form (page 2)

(Only fill out this section if you're enrolling in, changing or canceling dental coverage)				COVERAGE EFFECTIVE 1/1/2021
Dental Plan	Single	2 Person	Family	Cancel Coverage
Aetna Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cancel
Delta Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cancel

Enroll Eligible Dependents in Dental				
To add a dependent to your dental plan, provide all the requested information for each dependent in the spaces below.				
Dependent Name (Last, First, Middle Initial)	SSN (last 4 digits)	Date of Birth (MM/DD/YY)	Gender (M/F)	Relationship

Remove Dependents from Health and/or Dental Plans			
To remove an existing dependent from your plan, list the person(s) below.			
Dependent Name (Last, First, Middle Initial)	SSN (last 4 digits)	Check Box to Cancel/Opt out of MSU Coverage	
		Health	Dental
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Employee-Paid Life ³	Effective Date: 1/1/2021
<input type="checkbox"/> Cancel All Employee-Paid Life	
<input type="checkbox"/> Cancel Spouse/OEI Coverage Only	
<input type="checkbox"/> Cancel Child(ren) Coverage Only	

³If you want to change your beneficiary for Employee-Paid Life insurance, visit hr.msu.edu/benefits/beneficiaries.html for more information.

Authorization – Please read, sign and date this section.
<p>I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of “Dependent” or “Sponsored Dependent” will be covered by the benefits I have elected (refer to the plan brochure for the definition of “Dependent” and “Sponsored Dependent”).</p> <p>I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse/OEI and/or dependent(s), which are necessary to the administration of my contract.</p> <p>I have read and agree to the terms and conditions above and outlined in the plan brochures. I verify all above information is true, correct and complete.</p> <p>If you have questions or need plan brochures describing your benefits, please contact MSU Human Resources at: Address: 1407 S Harrison Rd, Suite 110, East Lansing MI 48823-5287 Phone: 517-353-4434 or 800-353-4434 (toll-free) Fax: 517-432-3862 Email: SolutionsCenter@hr.msu.edu Website: hr.msu.edu</p> <p>Signature: _____ Date: _____</p>

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

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.
- Information about the Women's Health and Cancer Rights Act of 1998.

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:

- Humana: 1-800-273-2509
- Delta Dental: 800-524-0149
- Aetna Dental Maintenance Organization (DMO): 877-238-6200
- Health Savings Account (administered by Health Equity): 877-219-4506

As always, please feel free to contact MSU Human Resources for assistance: SolutionsCenter@hr.msu.edu, 517-353-4434 or 800-353-4434.

HIPAA: Notice of Privacy Practices Michigan State University Health Plans

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:

Contact Person: Director of Compensation and Benefits

Contact Office: Michigan State University

Address: 1407 South Harrison Road, Suite 110 Nisbet Building, East Lansing, MI 48823-5287

Telephone: 517-353-4434

Fax: 517-432-3862

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.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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.

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 or 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.askebsa.dol.gov or call 1-866-444-EBSA (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 January 31, 2020. Contact your State for more information on eligibility:

ALABAMA – Medicaid Website: myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhs.alaska.gov/dpa/Pages/Medicaid/default.aspx	GEORGIA – Medicaid Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid Website: myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid: Website: indianamedicaid.com Phone 1-800-403-0864
CALIFORNIA – Medicaid Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health (CHP+) Health First Colorado Website: healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711	KANSAS – Medicaid Website: kdheks.gov/hcf/default.htm Phone: 1-800-792-4884
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: chfs.ky.gov	OKLAHOMA – Medicaid and CHIP Website: insureoklahoma.org Phone: 1-888-365-3742
LOUISIANA – Medicaid Website: medicaid.la.gov or ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	OREGON – Medicaid Website: healthcare.oregon.gov/Pages/index.aspx oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MAINE – Medicaid Website: maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	PENNSYLVANIA – Medicaid Website: dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
MASSACHUSETTS – Medicaid and CHIP Website: mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	RHODE ISLAND – Medicaid and CHIP Website: eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
MINNESOTA – Medicaid Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	SOUTH CAROLINA – Medicaid Website: scdhhs.gov Phone: 1-888-549-0820
MISSOURI – Medicaid Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	SOUTH DAKOTA - Medicaid Website: dss.sd.gov Phone: 1-888-828-0059
MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	TEXAS – Medicaid Website: gethipptexas.com/ Phone: 1-800-440-0493
NEBRASKA – Medicaid	UTAH – Medicaid and CHIP

Website: ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: medicaid.utah.gov/ CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
NEVADA – Medicaid	VERMONT– Medicaid
Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: greenmountaincare.org/ Phone: 1-800-250-8427
NEW HAMPSHIRE – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
NEW JERSEY – Medicaid and CHIP	WASHINGTON – Medicaid
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: hca.wa.gov/ Phone: 1-800-562-3022
NEW YORK – Medicaid	WEST VIRGINIA – Medicaid
Website: health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: mywvhipp.com/ Phone: 1-855-MyWVHIPP (1-855-699-8447)
NORTH CAROLINA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
NORTH DAKOTA – Medicaid	WYOMING – Medicaid
Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
dol.gov/agencies/ebsa; 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
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 1/31/2023)

Dear MSU Retiree,

It's time to choose your benefit options for the 2021 plan year! MSU Open Enrollment will be held from October 1-31, 2020. During this time, you can re-evaluate your benefit needs and make changes to benefits selections.

Questions? We're here to help.



SolutionsCenter@hr.msu.edu



517-353-4434 (toll-free 800-353-4434)



hr.msu.edu/open-enrollment

Retiree mailing
address will
be printed here

Learn About the New Humana Plan



Humana Virtual Presentations

We understand you may have questions about the new Humana health and prescription plan. Keeping in mind social-distancing guidelines due to COVID-19, MSU and Humana will be hosting virtual presentations in October to help answer any questions you may have about the new plan.

Please consider attending a presentation to ask questions and learn more about the Humana plan. You may attend using your computer or call-in with your phone.

REMEMBER TO REGISTER: Please register for the date and time that works best for you. Find dates and times to register at hr.msu.edu/benefits/healthcare/humana.html



Call or Visit Website

Call **800-273-2509** to talk with a Humana customer service representative. This may be the best option for questions about your specific health/prescription needs.

Visit the Humana website at the links below. Use the website link based on your Medicare eligibility.

Medicare Eligible Enrollees:

our.humana.com/msu/

Non-Medicare Eligible Enrollees:

our.humana.com/msu-commercial/