

MSU Benefits Open Enrollment Guide

For individuals in the following groups: Cash-for-Life, COBRA, Long-term Disability, One Year Paid Medical, Postdoctoral Fellows, Unpaid Leave of Absence and Workers' Compensation



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Welcome to MSU's Open Enrollment period, held each year from October 1-31. Please use this time to re-evaluate your benefit needs and make any necessary changes, which are effective January 1 – December 31, 2023.

This guide contains information about the benefit options available to individuals in the following groups:

- Cash-for-Life
- COBRA
- Long-term Disability
- One Year Paid Medical
- Postdoctoral Fellows

- Unpaid Leave of Absence
- Workers' Compensation

If you're unsure which group you belong in, you can find it printed on the mailing address on the back of this guide.



Contact MSU Human Resources

We will be available to help at the MSU Benefits Fair or HR Site Labs (see [page 7](#) for details). We also encourage you to contact the HR Solutions Center via email or phone. In-person assistance from the Solutions Center is available by **appointment only**. Please call or email to arrange an appointment:

SolutionsCenter@hr.msu.edu

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

hr.msu.edu/open-enrollment

Opportunities to Learn More or Ask Questions

This year we are offering an in-person benefits fair, HR site labs, Humana seminars and various resources online. Learn more about these options on [page 7](#) or visit the HR website at hr.msu.edu/open-enrollment to find all the Open Enrollment information.

Contact MSU Benefit Providers

Aetna Dental
877-238-6200
aetna.com

BCN
800-662-6667
bcbsm.com

Community Blue PPO
888-288-1726
bcbsm.com

CDHP PPO (by BCBSM)
888-288-1726
bcbsm.com

CVS/Caremark
800-565-7105
caremark.com

Delta Dental
800-524-0149
deltadentalmi.com

Health Equity
HSA:
877-219-4506
my.healthequity.com

FSA:
877-924-3967
participant.wageworks.com

Humana
Customer Care:
800-273-2509

Mail Order:
800-379-0092

Specialty Mail Order:
800-486-2668

Group Medicare Advantage PPO Plan:

our.humana.com/msu/

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

Prudential
877-232-3555
Prudential.com

MSU Benefits Plus
888-758-7575
MSUBenefitsPlus.com



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Steps to Complete Open Enrollment

Not sure where to start? The following steps will help you complete Open Enrollment by **October 31**.

1

Review Open Enrollment Materials

Review this Open Enrollment guide completely.

2

Ask Questions or Learn More

[Page 2](#) provides contact information for MSU Human Resources and benefit providers.

[Page 7](#) offers opportunities to ask questions or learn more about your benefit options.

3

Make Decisions

Read [page 6](#) to determine if you need to take any action by October 31. Use the chart below to check which benefit plans you're eligible to enroll in.

Check Your Plan Eligibility				
	Unpaid Leave	Long-term Disability and Workers' Compensation	Cash for Life, One Year Paid Medical and Post Docs	COBRA
Health and Prescription	Yes*	Yes*	Yes*	Yes*
Dental	Yes	Yes	No	Yes
AD&D	Yes	Yes	No	No
Life	Yes	Yes	No	No
FSA	Yes	No	No	No
Voluntary	Yes	No	No	No
Teladoc	Yes	Yes	No	Yes
Livongo	Yes	Yes	No	Yes

*Some are eligible for health benefits with or without Medicare and prescription benefits.

4

Take Action by October 31

[Page 8](#) provides instructions to enroll, change or cancel coverage in health, dental, and life insurance, along with how to inform us of enrollment in another Medicare Advantage plan.

[Page 28](#) provides instructions to enroll in, cancel or change voluntary benefits such as vision, legal or critical illness insurance.

5

Other Items to Consider

You may want to check if your life insurance beneficiaries are correct (if applicable). Find instructions at hr.msu.edu/benefits/beneficiaries.html.

If you and/or your covered dependents will be eligible for Medicare on or after January 1, 2023, read [page 21](#) to find out what to expect and steps to take.

Notable Information

Read the following important updates, and/or reminders regarding this year's Open Enrollment and the 2023 plan year. Visit the HR website (hr.msu.edu) for the most updated information.

Premium Threshold for Spousal/OEI Affidavit

You must review and complete the spouse/other eligible individual (OEI) affidavit in the EBS Portal each year to continue coverage for your spouse/OEI. If your spouse/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 \$1,500 or less. You may still cover your spouse/OEI on your MSU health coverage as a secondary plan.

Increase to ARAG Legal Insurance Premiums

Monthly premiums for voluntary legal insurance through ARAG have increased for the 2023 plan year. Visit ARAGLegal.com/plans (access code 17873msu) to view updated rates. Find instructions to change or cancel voluntary benefits on [page 28](#).



The following information only pertains to individuals who are eligible for Medicare or who have covered dependents eligible for Medicare.

Medicare Open Enrollment Period

MSU's Open Enrollment period is from October 1-31 and NOT associated with the Medicare Open Enrollment period from October 15 – December 7. If you and your eligible dependents want to participate in the MSU Humana employer-sponsored group health/prescription plan outlined in this guide and are not currently enrolled, you must follow the enrollment instructions on [page 8](#). If you and your dependents are currently enrolled in the MSU Humana plan and want to continue enrollment, no action is needed. [Page 6](#) will help you determine if you need to take action. We strongly recommend you review the Medicare rules on [page 22](#).

Action Required if Eligible for More than One Medicare Advantage (MA) Plan

Centers for Medicare and Medicaid Services (CMS) allow individuals to be enrolled in only one MA plan at a time. The Group Medicare Advantage PPO Plan is an MA plan. If you or your dependent(s) are enrolled in or have the option to enroll in another MA plan (such as your spouse's benefits), choose which plan is right for you and take action. Find instructions on [page 8](#) to enroll or cancel coverage in the Humana plan for yourself or your spouse/OEI. If you do not take action, CMS will keep you enrolled in the last plan you enrolled in and disenroll you from any previous plan(s). Find information about MA plans on [page 22](#).

Important Note about Humana

Humana will never contact you to enroll in the MSU Humana employer-sponsored group health/prescription plan. If someone calls you to enroll in an MA plan and you take action, it will impact your eligibility to continue coverage with the MSU plan.

Action Required if Eligible for Medicare On or After January 1, 2023

Find out what to expect and steps to take on [page 21](#).

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.

Do I Need to Do Anything?

Not sure if you need to take any action during Open Enrollment? As an MSU benefits-eligible individual, answer **true** or **false** to the following statements (find your group and answer the questions – results are at the bottom.).

Leave of Absence (LOA) *(eligible for health, dental, life insurance and voluntary benefits)*

TRUE **FALSE**

1. I want to enroll in, change or cancel health and/or dental coverage for myself and/or eligible dependents.
2. I want to cancel my life insurance.
3. I want to enroll in, change or cancel my voluntary benefits (i.e. vision).

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Long-term Disability (LTD) and Workers' Compensation *(eligible for health, dental, and life insurance)*

1. I want to enroll in, change or cancel health and/or dental coverage for myself and/or my eligible dependents.
2. I want to enroll in, change or cancel my life insurance. *LTD can only change or cancel.*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COBRA Participants *(eligible for health and dental insurance)*

1. I want to enroll in, change or cancel health and/or dental coverage for myself and/or my eligible dependents.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Cash-for-Life and One Year Paid Medical *(eligible for health insurance)*

1. I want to change or cancel health coverage for myself and/or my eligible dependents.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Postdoctoral Fellows *(eligible for health insurance)*

1. I want to enroll in, change or cancel health coverage for myself and/or my eligible dependents.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Your Result

If you selected **true** for *any* of the above statements, you **MUST** take action between October 1 – 31. See [page 8](#) for instructions. If you *only* selected **false**, you do not need to take any action. However, we **strongly encourage** you to review your benefit options to make sure you're getting the best coverage.



Learn More or Ask Questions

We encourage you to use the following resources to receive assistance during Open Enrollment. Due to the unpredictable nature of the pandemic, **please visit hr.msu.edu/open-enrollment to find the most updated information about the following opportunities prior to attending.** The HR Solutions Center is available via email or phone. In-person assistance is available by **appointment only**. Email SolutionsCenter@hr.msu.edu or call 517-353-4434 (toll-free: 800-353-4434) for help.

MSU Benefits Fair

October 19

Noon to 7 p.m.

Breslin Student Events Center

Learn about your benefit options and receive help with enrollment from HR staff and MSU benefit providers. The MSU Health Care Pharmacy will be offering flu shots during the fair by **appointment only**. The appointment calendar will close once all appointments are filled or 48 hours before the event. Make an appointment at hr.msu.edu/open-enrollment.

Humana Presentations at the Fair: Humana will be presenting during the fair at the following times. Hear an overview of the Humana tools, learn how to read your Smart Summary and Smart EOB, and ask questions about the benefits of your plan.

Group Medicare Advantage PPO Plan: 2 p.m. to 3 p.m. | 3:30 p.m. to 4:30 p.m.

MSU Non-Medicare PPO Plan: 5 p.m. to 6 p.m.

Humana Presentations

Humana is mailing out details to eligible individuals for how to RSVP to additional in-person/virtual presentation options. Hear an overview of the Humana tools, how to read your Smart Summary and Smart EOB, and ask questions about the plans.

October 17 (In-person)

Group Medicare Advantage PPO Plan: 9 to 11 a.m.

MSU Non-Medicare PPO Plan: 1 to 3 p.m.

October 25 or 27 (Virtual)

**Headquarters Building 2
Community Room #2055
3899 Coolidge Road
East Lansing, MI 48823**

HR Site Labs

Oct. 6 (In-person and Virtual)

Oct. 31 (In-person)

8 a.m. to 5 p.m.

**1407 S. Harrison Rd.,
East Lansing, MI 48823**

Receive in-person assistance from HR staff and Humana representatives. Find a link to the virtual site lab at hr.msu.edu/open-enrollment

Online MSU Benefit Provider Resources

Can't attend the in-person fair? Visit the HR website to find resources, videos, webinars and more from our MSU benefit providers.

Instructions to Make Changes

Please use the following forms (if applicable to you) and return to MSU HR in the enclosed envelope by **October 31**.

Enrollment/Change Form

Use the Enrollment/Change form on [page 31](#) to enroll in, change or cancel coverage for health, dental, and life insurance.

Affidavit for Spouse/Other Eligible Individual (OEI)

If you cover a spouse/OEI on your health insurance, you must complete the affidavit form on [page 33](#). *COBRA participants and those eligible for Medicare do NOT need to complete the affidavit.*

OTHER ENROLLMENT INSTRUCTIONS

Voluntary Benefits

Find instructions to change or cancel voluntary benefits (vision, legal and critical illness insurance) on [page 28](#).

Medicare Advantage (MA) Plans

Centers for Medicare and Medicaid Services (CMS) allow individuals to be enrolled in only one MA plan at a time. The Group Medicare Advantage PPO Plan is an MA plan. If you or your dependent(s) have the option to enroll in another MA plan (such as your spouse's

benefits), you need to choose which plan to be enrolled in and take action. If you do not take action, CMS will keep you enrolled in the last plan you enrolled in and disenroll you from any previous plan(s).

Use the enrollment/change form on [page 31](#) to enroll in or cancel coverage for yourself and/or your spouse/OEI. Learn more about MA plans on [page 22](#).

Child Dependent Age Criteria

Health Insurance

Children (biological, step or adopted) are eligible through the end of the calendar year in which they turn age 26. Non-adopted grandchildren, nieces, nephews or wards are eligible through legal guardianship through the end of the calendar year in which 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 at: hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf

Dental Insurance

Children (biological, step or adopted), non-adopted grandchildren, nieces, nephews or wards through legal guardianship are eligible through the end of the calendar year in which 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 at: hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf.

Life and AD&D Insurance

Life insurance dependent children are eligible until 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.** Read dependent age criteria on [page 25](#) if you have a disabled child over 23.

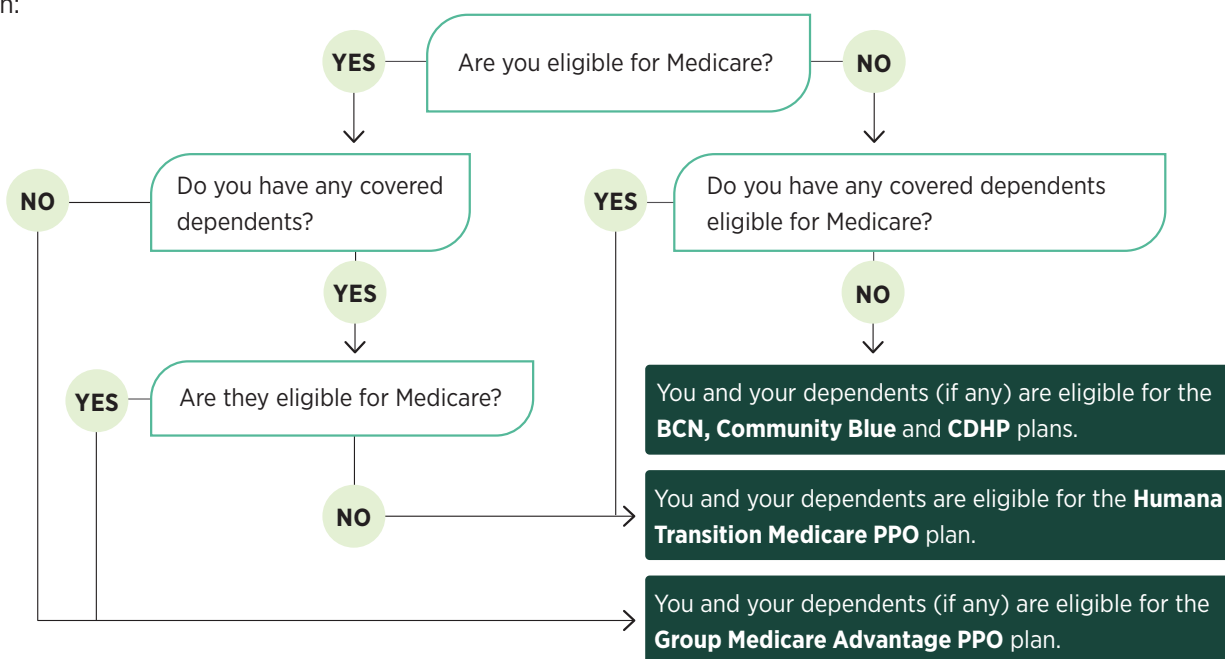
Sponsored Dependents

For Sponsored Dependents, refer to [page 5](#).

Health Plan Summaries

Determine which Health Plan(s) You're Eligible to Enroll In

Your health plan eligibility is determined by you and your covered dependents (if any) eligibility for Medicare. You can learn more about Medicare eligibility on [page 22](#). Please use the flowchart below to determine which health plan(s) you're eligible to enroll in:



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.

Highlights of the BCN Plan:

- **Only eligible to employees who live in Michigan.**
- Lower premium cost.
- 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 questions about specific coverage details or to access

a listing of BCN participating providers visit [BCBSM.com](https://www.bcbsm.com) or call 1-800-662-6667.

To see the Health Plan Coverage Chart, support staff should reference [page 15](#) of the active support staff guide at hr.msu.edu/benefits/documents/2023-SS-OE-Guide.pdf and faculty/academic staff should reference [page 16](#) of the active faculty/academic staff guide at hr.msu.edu/benefits/documents/2023-FAS-OE-Guide.pdf.

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 out-of-network deductible, a 20% co-insurance may apply, up to a maximum of \$2,000/single or \$4,000/family, per calendar year.

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 questions about specific coverage details or to access a listing of PPO participating providers, visit [BCBSM.com](https://www.bcbsm.com) or call 888-288-1726.

To see the Health Plan Coverage Chart, support staff should reference [page 15](#) of the active support staff guide at hr.msu.edu/benefits/documents/2023-SS-OE-Guide.pdf and faculty/academic staff should reference [page 16](#) of the active faculty/academic staff guide at hr.msu.edu/benefits/documents/2023-FAS-OE-Guide.pdf.

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

This plan is only available to faculty, academic staff, Police Officers Association of Michigan (POAM) employees, and non-union support staff and their benefits-eligible dependents. Individuals 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.

Consumer Driven Health Plan PPO:

The CDHP is a preferred provider organization (PPO), which gives you the flexibility to manage your own care. The provider network for this plan is the same as the Community Blue PPO plan, which means you can choose from a worldwide network of participating PPO physicians and hospitals. 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 Chart to anticipate your annual costs under this plan.

To see the Health Plan Coverage Chart, support staff should reference [page 15](#) of the active support staff guide at hr.msu.edu/benefits/documents/2023-SS-OE-Guide.pdf and faculty/academic staff should reference [page 16](#) of the active faculty/academic staff guide at hr.msu.edu/benefits/documents/2023-FAS-OE-Guide.pdf.

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. 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 2023 IRS limits of \$3,850/single and \$7,750/family.

For questions about the CDHP, contact Blue Cross Blue Shield of Michigan at 888-288-1726. For questions about the HSA, contact Health Equity at 877-219-4506.

Prescription Drug Info for BCN, Community Blue and CDHP Health Plans

The prescription drug plan for Community Blue, BCN or the CDHP is administered through CVS/Caremark. Employees continue to be automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of these health plans.

Find co-pay rates for prescription drugs for Community Blue and BCN enrollees effective January 1, 2023. Enrollees can use any in-network pharmacy for this benefit.

Prescription Co-Pays for BCN & Community Blue		
Drug Tier	34-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at retail
Generic	\$10	\$20*
Preferred Brand-Name	\$30	\$60
Non-Preferred Brand Name	\$60	\$120
Specialty Drugs	\$75	90-day supplies of specialty drugs are not offered
Annual Out-of-Pocket Co-Pay Maximum		
Individual: \$1,000		Family: \$2,000

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

Important Note for CDHP Enrollees: 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, the plan 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.

For questions, contact CVS/Caremark at 1-800-565-7105 or visit [Caremark.com](https://www.caremark.com).

Humana Transition PPO Plan

This plan is **only** available to individuals and their dependents if one member of the family is eligible for Medicare and the other is not. Those enrolled in Medicare should refer to the summary of the Group Medicare Advantage PPO Plan and those NOT enrolled in Medicare should refer to the summary of the MSU Non-Medicare PPO Plan. **IMPORTANT:** If no members of the family are eligible for Medicare, you may NOT enroll in any Humana plan; you must enroll in either the BCN, Community Blue or CDHP.

Group Medicare Advantage PPO Plan

This plan is only available to individuals 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 (extra services, plan premiums and prescriptions do not apply to this out-of-pocket maximum).

Prescription drug coverage is included in this plan and has an annual out-of-pocket maximum of \$1,000. This chart shows co-pays for prescription drugs:

Prescription Co-Pays for Group Medicare Advantage PPO Plan			
Drug Tier	30-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at Mail Order or MSU Pharmacy
Generic*	\$10	\$20	\$20
Preferred Brand-Name	\$30	\$60	\$60
Non-Preferred Brand Name	\$60	\$120	\$120
Specialty Drugs	\$75	90-day supplies of specialty drugs are not offered	
Annual Out-of-Pocket Co-Pay Maximum			
Individual: \$1,000		Family: \$2,000	

*Some generics may be on higher tiers.

For questions about specific coverage details visit our.humana.com/msu/ or call Humana at 800-273-2509. To see the Health Plan Coverage Chart, refer to [page 12](#) of the retiree guide at hr.msu.edu/benefits/documents/2023-retiree-oe-guide.pdf.

MSU Non-Medicare PPO Plan

This plan is only available to individuals 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 copayment 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 and has an annual out-of-pocket maximum of \$1,000. This chart shows co-pays for prescription drugs:

Prescription Co-Pays for MSU Non-Medicare PPO Plan			
Drug Tier	30-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at Mail Order or MSU Pharmacy
Generic	\$10	\$30	\$20
Preferred Brand-Name	\$30	\$90	\$60
Non-Preferred Brand Name	\$60	\$180	\$120
Specialty Drugs	\$75	90-day supplies of specialty drugs are not offered	
Annual Out-of-Pocket Co-Pay Maximum			
Individual: \$1,000		Family: \$2,000	

For questions about specific coverage details visit our.humana.com/msu-commercial/ or call Humana at 800-273-2509. To see the Health Plan Coverage Chart, refer to [page 12](#) of the retiree guide at hr.msu.edu/benefits/documents/2023-retiree-oe-guide.pdf.

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. **Enrollment is not automatic, you must enroll online for the waiver during Open Enrollment.**

Individuals who waive coverage will receive a payment of up to \$600 per year. Payments occur in February for the previous plan year. This means if you enroll in the waiver for the 2023 plan year, you will receive your payment in February 2024.

Please Note: If you and your spouse/OEI both work at

MSU you are not eligible for the waiver option. Find more waiver information at hr.msu.edu/benefits/healthcare/waiver.html.

Summaries of Benefits and Coverage

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

Glossary of Terms

Balance Billing: This occurs when providers bill a patient for the difference between the amount they charge and the amount the patient's insurance pays. Members in the Group Medicare Advantage PPO Plan seeking services with a provider that accepts Medicare should not be billed a balance beyond the Medicare allowable fee for any covered service or benefits.

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.

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

Medicare Part C: This is a Medicare Advantage plan 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: This 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: The highest amount you are required to pay for covered services. Once you reach the out-of-pocket maximum, the plan pays 100% of expenses for covered services.

Passive PPO Network: You will have the same level of benefits at any provider nationwide who accepts Medicare and is willing to submit the claim to Humana regardless of whether the provider is considered in- or out-of-network.

Health Plan Premiums

The following charts show monthly health plan premiums for individuals in these groups: Cash-for-Life, COBRA participants, leave of absence, long-term disability, one year paid medical, postdoctoral fellows and workers' compensation. You can find your group printed on the mailing address on the back of this guide. See the flowchart on [page 9](#) to determine which health plans you're eligible to enroll in.

Cash-for-Life

Non-Medicare Eligible Plans: No members of your family are eligible for Medicare.

Faculty and Academic Staff: These premiums are for faculty and academic staff Cash-for-Life individuals who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.			
Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$643.32	\$880.34	\$479.60
2 Person	\$1,350.97	\$1,848.71	\$938.40
Family	\$1,608.29	\$2,200.84	\$1,105.24

Support Staff: These premiums are for support staff Cash-for-Life individuals who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.			
Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$643.32	\$908.58	\$479.60
2 Person	\$1,350.97	\$1,908.02	\$938.40
Family	\$1,608.29	\$2,271.44	\$1,105.24

Medicare Eligible Plans: Some or all members of your family are eligible for Medicare.

Faculty, Academic and Support Staff: These premiums are for faculty, academic, and support staff Cash-for-Life individuals and dependents who are eligible for Medicare or have a mix of family members eligible for Medicare.		
Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$117.49	N/A
2 Person (<i>both with Medicare</i>)	\$234.98	N/A
Family (<i>all with Medicare</i>)	\$352.47	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$650.81
Family (<i>1 with Medicare</i>)	N/A	\$1,234.07
Family (<i>2 with Medicare</i>)	N/A	\$768.30
Family (<i>3 or more with Medicare</i>)	N/A	\$885.79

COBRA Participants

Non-Medicare Eligible Plans: No family members are eligible for Medicare.

Faculty and Academic Staff: These premiums are for faculty and academic staff COBRA participants who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.			
Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$656.18	\$897.95	\$489.20
2 Person	\$1,377.98	\$1,885.69	\$957.18
Family	\$1,640.45	\$2,244.86	\$1,127.35

Support Staff: These premiums are for support staff COBRA participants who are NOT eligible for Medicare and do not have covered dependents who are eligible for Medicare.			
Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$656.18	\$926.75	\$489.20
2 Person	\$1,377.98	\$1,946.18	\$957.18
Family	\$1,640.45	\$2,316.87	\$1,127.35

Medicare Eligible Plans: Some or all family members are eligible for Medicare.

Faculty, Academic and Support Staff: These premiums are for faculty, academic and support staff COBRA participants and their dependents who are eligible for Medicare or have a mix of family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$119.84	N/A
2 Person (<i>both with Medicare</i>)	\$239.68	N/A
Family (<i>all with Medicare</i>)	\$359.52	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$663.83
Family (<i>1 with Medicare</i>)	N/A	\$1,258.75
Family (<i>2 with Medicare</i>)	N/A	\$783.67
Family (<i>3 or more with Medicare</i>)	N/A	\$903.51

Postdoctoral Fellows

NON-MEDICARE ELIGIBLE PLANS: No members of your family are eligible for Medicare.

These premiums are for postdoctoral fellows who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO
Single	\$643.32	\$880.34
2 Person	\$1,350.97	\$1,848.71
Family	\$1,608.29	\$2,200.84

MEDICARE ELIGIBLE PLANS: Some or all members of your family are eligible for Medicare.

These premiums are for postdoctoral fellows and their covered dependents eligible for Medicare OR have a mix of covered dependents eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$117.49	N/A
2 Person (<i>both with Medicare</i>)	\$234.98	N/A
Family (<i>all with Medicare</i>)	\$352.47	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$650.81
Family (<i>1 with Medicare</i>)	N/A	\$1,234.07
Family (<i>2 with Medicare</i>)	N/A	\$768.30
Family (<i>3 or more with Medicare</i>)	N/A	\$885.79

Unpaid Leave of Absence (LOA)

Non-Medicare Eligible Plans: No family members are eligible for Medicare.

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff on an unpaid LOA who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$964.98	\$1,320.51	\$719.40
2 Person	\$2026.46	\$2,773.07	\$1,407.60
Family	\$2,412.44	\$3,301.26	\$1,657.86

Annual Year Faculty and Academic Staff: These premiums are for annual year faculty and academic staff on an unpaid LOA who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$643.32	\$880.34	\$479.60
2 Person	\$1,350.97	\$1,848.71	\$938.40
Family	\$1,608.29	\$2,200.84	\$1,105.24

Support Staff: These premiums are for support staff on an unpaid LOA who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$643.32	\$908.58	\$479.60
2 Person	\$1,350.97	\$1,908.02	\$938.40
Family	\$1,608.29	\$2,271.44	\$1,105.24

MEDICARE ELIGIBLE PLANS: Some or all family members are eligible for Medicare.

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff on an unpaid LOA and their dependents who are eligible for Medicare or have a mix of family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$176.24	N/A
2 Person (<i>both with Medicare</i>)	\$352.47	N/A
Family (<i>all with Medicare</i>)	\$528.71	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$976.22
Family (<i>1 with Medicare</i>)	N/A	\$1,851.11
Family (<i>2 with Medicare</i>)	N/A	\$1,152.45
Family (<i>3 or more with Medicare</i>)	N/A	\$1,328.69

Support Staff and Annual Year Faculty and Academic Staff: These premiums are for support staff and annual year faculty and academic staff on an unpaid LOA and their dependents who are eligible for Medicare or have a mix of family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$117.49	N/A
2 Person (<i>both with Medicare</i>)	\$234.98	N/A
Family (<i>all with Medicare</i>)	\$352.47	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$650.81
Family (<i>1 with Medicare</i>)	N/A	\$1,234.07
Family (<i>2 with Medicare</i>)	N/A	\$768.30
Family (<i>3 or more with Medicare</i>)	N/A	\$885.79

Long-Term Disability (LTD) and Workers' Compensation (WC)

NON-MEDICARE ELIGIBLE PLANS: No members of your family are eligible for Medicare.

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff on LTD or receiving WC who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$105.82	\$461.35	\$42.40
2 Person	\$222.23	\$968.84	\$81.54
Family	\$264.56	\$1,153.38	\$95.23

Annual Year Faculty and Academic Staff: These premiums are for annual year faculty and academic staff on LTD or receiving WC who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$70.55	\$307.57	\$28.27
2 Person	\$148.15	\$645.89	\$54.36
Family	\$176.37	\$768.92	\$63.49

Support Staff: These premiums are for support staff on LTD or receiving WC who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	Paid by MSU	\$265.26	\$28.27
2 Person	Paid by MSU	\$557.05	\$54.36
Family	Paid by MSU	\$663.15	\$63.49

POAM Individuals: These premiums are for Police Officers Association of Michigan individuals on LTD or receiving WC who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Single	\$65.51	\$330.77	Paid by MSU
2 Person	\$137.56	\$694.61	Paid by MSU
Family	\$163.77	\$826.92	Paid by MSU

Medicare Eligible Plans: Some or all members of your family are eligible for Medicare.

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$24.68	N/A
2 Person (<i>both with Medicare</i>)	\$49.34	N/A
Family (<i>all with Medicare</i>)	\$74.03	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$136.66
Family (<i>1 with Medicare</i>)	N/A	\$259.15
Family (<i>2 with Medicare</i>)	N/A	\$161.33
Family (<i>3 or more with Medicare</i>)	N/A	\$186.02

Annual Year Faculty and Academic Staff: These premiums are for annual year faculty and academic staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$16.45	N/A
2 Person (<i>both with Medicare</i>)	\$32.90	N/A
Family (<i>all with Medicare</i>)	\$49.35	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$91.11
Family (<i>1 with Medicare</i>)	N/A	\$172.77
Family (<i>2 with Medicare</i>)	N/A	\$107.56
Family (<i>3 or more with Medicare</i>)	N/A	\$124.01

Support Staff: These premiums are for support staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	Paid by MSU	N/A
2 Person (<i>both with Medicare</i>)	Paid by MSU	N/A
Family (<i>all with Medicare</i>)	Paid by MSU	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	Paid by MSU
Family (<i>1 with Medicare</i>)	N/A	Paid by MSU
Family (<i>2 with Medicare</i>)	N/A	Paid by MSU
Family (<i>3 or more with Medicare</i>)	N/A	Paid by MSU

POAM Individuals: These premiums are for Police Officers Association of Michigan LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$15.27	N/A
2 Person (<i>both with Medicare</i>)	\$30.55	N/A
Family (<i>all with Medicare</i>)	\$45.82	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$84.61
Family (<i>1 with Medicare</i>)	N/A	\$160.43
Family (<i>2 with Medicare</i>)	N/A	\$99.88
Family (<i>3 or more with Medicare</i>)	N/A	\$115.15

One Year Paid Medical

NON-MEDICARE ELIGIBLE PLANS: No family members are eligible for Medicare.

Faculty and Academic Staff: These premiums are for faculty and academic staff who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Full Time Staff (90%-100%)			
Single	\$70.55	\$307.57	\$28.27
2 Person	\$148.15	\$645.89	\$54.36
Family	\$176.37	\$768.92	\$63.49
3/4 Time Staff (65%-89.9%)			
Single	\$231.37	\$468.39	\$73.10
2 Person	\$485.89	\$983.63	\$94.80
Family	\$578.44	\$1,170.99	\$113.06
1/2 Time Staff (50%-64.9%)			
Single	\$392.21	\$629.23	\$218.03
2 Person	\$823.63	\$1,321.37	\$382.77
Family	\$980.51	\$1,573.06	\$439.71

Support Staff: These premiums are for support staff who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Full Time Staff (90%-100%)			
Single	Paid by MSU	\$265.26	\$28.27
2 Person	Paid by MSU	\$557.05	\$54.36
Family	Paid by MSU	\$663.15	\$63.49
3/4 Time Staff (65%-89.9%)			
Single	\$160.82	\$426.08	\$73.10
2 Person	\$337.74	\$894.79	\$94.80
Family	\$402.07	\$1,065.22	\$113.06
1/2 Time Staff (50%-64.9%)			
Single	\$321.66	\$586.92	\$218.03
2 Person	\$675.48	\$1,232.53	\$382.77
Family	\$804.14	\$1,467.29	\$439.71

POAM Individuals: These premiums are for Police Officers Association of Michigan Individuals who are **NOT** eligible for Medicare and do not have covered dependents eligible for Medicare.

Coverage Tier	Blue Care Network	Community Blue PPO	Consumer Driven Health Plan PPO
Full Time Staff (90%-100%)			
Single	\$65.51	\$330.77	Paid by MSU
2 Person	\$137.56	\$694.61	Paid by MSU
Family	\$163.77	\$826.92	Paid by MSU
3/4 Time Staff (65%-89.9%)			
Single	\$226.33	\$491.59	\$44.83
2 Person	\$475.30	\$1,032.35	\$40.44
Family	\$565.84	\$1,228.99	\$49.57
1/2 Time Staff (50%-64.9%)			
Single	\$387.17	\$652.43	\$189.76
2 Person	\$813.04	\$1,370.09	\$328.41
Family	\$967.91	\$1,631.06	\$376.22

MEDICARE ELIGIBLE PLANS: Some or all family members are eligible for Medicare.

Faculty and Academic Staff: These premiums are for faculty and academic staff One Year Paid Medical individuals and their dependents eligible for Medicare OR who have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$16.45	N/A
2 Person (<i>both with Medicare</i>)	\$32.90	N/A
Family (<i>all with Medicare</i>)	\$49.35	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$91.11
Family (<i>1 with Medicare</i>)	N/A	\$172.77
Family (<i>2 with Medicare</i>)	N/A	\$107.56
Family (<i>3 or more with Medicare</i>)	N/A	\$124.01

Support Staff: These premiums are for support staff One Year Paid Medical individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	Paid by MSU	N/A
2 Person (<i>both with Medicare</i>)	Paid by MSU	N/A
Family (<i>all with Medicare</i>)	Paid by MSU	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	Paid by MSU
Family (<i>1 with Medicare</i>)	N/A	Paid by MSU
Family (<i>2 with Medicare</i>)	N/A	Paid by MSU
Family (<i>3 or more with Medicare</i>)	N/A	Paid by MSU

POAM Individuals: These premiums are for Police Officers Association of Michigan One Year Paid Medical individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare.

Coverage Tier	Group Medicare Advantage PPO Plan (Medicare eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible and Non-Medicare Eligible)
All are Medicare Eligible		
Single (<i>with Medicare</i>)	\$15.27	N/A
2 Person (<i>both with Medicare</i>)	\$30.55	N/A
Family (<i>all with Medicare</i>)	\$45.82	N/A
Mix of Medicare Eligible and Non-Medicare Eligible		
2 Person (<i>1 with Medicare</i>)	N/A	\$84.61
Family (<i>1 with Medicare</i>)	N/A	\$160.43
Family (<i>2 with Medicare</i>)	N/A	\$99.88
Family (<i>3 or more with Medicare</i>)	N/A	\$115.15

Dental Plans

Provider Contact Information

Aetna Dental

877-238-6200

[aetna.com](https://www.aetna.com)

Aetna app available

Delta Dental

800-524-0149

[deltadentalmi.com](https://www.deltadentalmi.com)

Delta Dental app available

More Dental Information

Visit hr.msu.edu/benefits/dental/index.html to learn more about MSU dental plans.

MSU offers Delta Dental to all faculty, academic and support staff who are on COBRA, an unpaid leave of absence, long term disability, or workers' compensation, and either Aetna DMO or Aetna Premium DMO, depending on your union. Note: Postdoctoral fellows are not eligible to enroll in dental insurance.

The Aetna DMO plan is available to 274 employees, AP employees and POAM employees.

The Aetna Premium DMO plan is available to faculty, CT employees, APSA employees, 324 employees, 1585 employees, and SSTU employees, nurses, resident advisors and MSU Extension employees.

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. 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 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.

The Delta Dental PPO plan typically allows freedom in selecting providers and services performed but may have higher out-of-pocket costs compared to a DMO plan. Delta Dental offers thousands 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.

Guidance for Employees that Enroll in an Aetna Plan

Eligibility for Aetna is determined by where you live. Please contact Aetna directly to confirm if you are eligible to enroll in this plan based on your state and zip code. Please note there are areas within Michigan that are not eligible for coverage through Aetna.

COBRA Participants

Faculty, Academic and Support Staff COBRA Participant Monthly Premiums			
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental
Single	\$19.84	\$31.41	\$19.84
2 Person	\$37.96	\$59.58	\$37.96
Family	\$62.08	\$99.27	\$62.08

Continued on next page ►

Long-term Disability and Workers Compensation

Faculty, Academic and Support Staff Premiums			
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental
Single	Paid by MSU	\$11.34	Paid by MSU
2 Person	Paid by MSU	\$21.19	Paid by MSU
Family	Paid by MSU	\$36.47	Paid by MSU

Unpaid Leave of Absence

Academic Year Faculty/Academic Staff Premiums		
Coverage Tier	Aetna Premium DMO	Delta Dental
Single	\$17.01	Paid by MSU
2 Person	\$31.79	Paid by MSU
2 Person	\$54.71	Paid by MSU

Annual Year Faculty/Academic Staff Premiums		
Coverage Tier	Aetna Premium DMO	Delta Dental
Single	\$11.34	Paid by MSU
2 Person	\$21.19	Paid by MSU
Family	\$36.47	Paid by MSU

Support Staff Premiums			
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental
Single	\$19.45	\$30.79	\$19.45
2 Person	\$37.22	\$58.41	\$37.22
Family	\$60.85	\$97.32	\$60.85

DENTAL SERVICE	AETNA DMO	AETNA PREMIUM DMO	DELTA DENTAL
DIAGNOSTIC AND PREVENTIVE			
Exams	\$20 co-pay	No co-pay	50% co-pay
Cleanings	No co-pay	No co-pay	50% co-pay
X-rays	No co-pay	No co-pay	50% co-pay
Fluoride	No co-pay	No co-pay (1 per year under age 16)	50% co-pay (age 18 and under)
Sealants (to prevent decay of permanent molars for dependents)	\$10 co-pay per tooth	\$10 co-pay per tooth	Not covered
Space maintainers	\$100 co-pay	\$80 co-pay (fixed and removable)	50% co-pay (age 18 and under)
MINOR RESTORATIVE			
Amalgam (silver) fillings	\$22 co-pay for one	No co-pay	50% co-pay
Composite (resin) fillings (anterior teeth)	\$40 co-pay for one	No co-pay	50% co-pay
PROSTHETICS			
Crowns (semi-precious)	\$488 co-pay	\$315 co-pay	50% co-pay
Bridges (per unit)	\$488 co-pay	\$315 co-pay	50% co-pay
Denture (each)	\$500 co-pay	\$320 co-pay	50% co-pay
Partial (each)	\$513-613 co-pay	\$320 co-pay	50% co-pay
ORAL SURGERY			
Simple extraction	\$12 co-pay	No co-pay	50% co-pay
Extraction - erupted tooth	\$30 co-pay	No co-pay	50% co-pay
Extraction - soft tissue impaction	\$80 co-pay	\$60 co-pay	50% co-pay
Extraction - partial bony impaction	\$175 co-pay	\$80 co-pay	50% co-pay
Extraction - complete bony impaction	\$225 co-pay	\$120 co-pay	50% co-pay
ENDODONTICS			
Root canal - anterior	\$150 co-pay	\$120 co-pay	50% co-pay
Root canal - bicuspid	\$195 co-pay	\$180 co-pay	50% co-pay
Root canal - molar	\$435 co-pay	\$300 co-pay	50% co-pay
Apicoectomy	\$156 co-pay	\$170 co-pay	50% co-pay
PERIODONTICS			
Gingivectomy (per quadrant)	\$160 co-pay	\$125 co-pay	50% co-pay
Osseous surgery (per quadrant)	\$445 co-pay	\$375 co-pay	50% co-pay
Root scaling (per quadrant)	\$65 co-pay	\$60 co-pay	50% co-pay
ORTHODONTICS			
Child (up to age 19)	\$3,000 co-pay ¹	\$1,500 co-pay ¹	50% co-pay
Adult (age 19 or older)	\$3,000 co-pay ¹	\$1,500 co-pay ¹	Not covered
DENTAL PLAN MAXIMUMS			
Annual	No maximum	No maximum	\$600 maximum
Lifetime Orthodontics	No maximum	No maximum	\$600 maximum
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.			

Action Required if Eligible for Medicare in 2023



The information below is important for individuals who will become eligible for Medicare on or after January 1, 2023.

About Medicare and Eligibility

Medicare is the federal health insurance program for individuals age 65 or older and some people with disabilities under age 65. It is administered by the Centers for Medicare and Medicaid Services (CMS). Individuals eligible for Social Security Disability Insurance (SSDI) benefits will become eligible for Medicare after a 24-month qualifying period. A person also 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 becoming eligible on or after January 1, 2023, you must complete the following steps to continue receiving health care through the MSU health plan administered by Humana.

The 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 upcoming Medicare eligibility for you or your dependents. You will need to take action to enroll in the plan at MSU for yourself and/or your dependent(s). The letter will be sent to the address on file with MSU and include an Enrollment/Change form. Following that letter, Humana will send a packet of information advising you to take certain actions to initiate the change in coverage to the Group Medicare Advantage PPO Plan.

If action is not taken, you will lose your health care coverage 30 days after your Medicare eligibility date.

Steps for Individuals Receiving SSDI

45 Days Prior to Becoming Eligible for Medicare

(approx.): Provide a copy of your Medicare card to MSU HR and enroll in the Group Medicare Advantage PPO plan using the form provided in the letter sent from MSU HR.

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 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 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 Group Medicare Advantage PPO plan.

Medicare Advantage Plans and Prescription Drug Coverage Rules



The information below and on [page 23](#) is important for individuals who are currently eligible for Medicare or will become eligible for Medicare before January 1, 2023.

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

Please determine if you and/or any dependent(s) you want covered in the 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 are 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 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 Group Medicare Advantage PPO plan provides all the benefits of original Medicare in one plan and you do not lose any benefits or coverage of original Medicare.

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 MSU Humana employer-sponsored group health plan.

- To participate in the Group Medicare Advantage PPO Plan you need to continue enrollment in Medicare Parts A and B the entire time.
- In order to enroll in the MSU Humana employer-sponsored health plan, you must enroll through MSU Human Resources and not through Humana or an agent.
- If you are responsible for any premiums, those amounts will be billed directly by MSU Human Resources.

Continued on next page ►

MSU's 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)



Questions About Medicare

Enrollment in Medicare may have exceptions and nuances specific to each individual's situation.

Visit [medicare.gov](https://www.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.

- You and any eligible dependents may be enrolled in only one MA, MAPD, or Medicare Part D plan at a time.
- The last plan you enroll in is the plan CMS considers to be your final decision.
- If you are in another MA, MAPD or Medicare Part D plan and have determined you want to remain enrolled in the MSU Humana employer-sponsored group health plan, we advise you to actively disenroll in the other plan.
- You may receive information about non-MSU employer-sponsored health plans available through the healthcare marketplace via various methods. You should compare the plans in detail before choosing a plan.

Action Required: Make a Decision

If you and/or your dependents are eligible for Medicare or will become eligible for Medicare by January 1, 2023, you must make a decision about which option to be enrolled in.

Review the Following Scenarios:

- If you and/or your dependents are enrolled in the MSU Group Medicare Advantage PPO plan and later enroll in another MA, MAPD, or Medicare Part D plan, or are auto-enrolled via a family member's employer group plan, and you do not opt out, CMS will automatically disenroll you from the MSU Group Medicare Advantage PPO plan.
- If you and/or your dependents cancel or CMS disenrolls you from the MSU 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 called Medigap policies – please note that the MSU 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 or premiums.

Life Insurance

MSU offers optional employee-paid life insurance to all faculty, academic and support staff who are on an unpaid leave of absence, long-term disability and workers' compensation, as well as to their 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 10 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 email address with instructions on how to submit evidence of insurability. Please see Dependent Age Criteria on [page 25](#).

How Much Does Optional Life Insurance Cost?

You may use the charts and formulas below and on [page 25](#) 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 – 10 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

$$\text{\$50,000 (salary)} \times \text{\$0.027 (rate)} \times \text{5 (benefit level)} \div 1,000 = \$6.75/\text{month}$$

Chart A. Employee Rates Per \$1,000 of Coverage by Age

Age	Rate
<25	\$0.023
25-29	\$0.027
30-34	\$0.037
35-39	\$0.042
40-44	\$0.047
45-49	\$0.070
50-54	\$0.107
55-59	\$0.200
60-64	\$0.308
65-69	\$0.590
70+	\$0.957

Provider Contact Information

Prudential

877-232-3555

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

Learn More

Visit hr.msu.edu/benefits/life-insurance/ to learn more and read the Prudential brochure.

Estimate Your Insurance Needs

Visit [Prudential.com/EZLifeNeeds](https://prudential.com/EZLifeNeeds) to estimate your insurance needs.



Dependent Age Criteria

Dependent children enrolled in Life and/or AD&D insurance 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 dependency.

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.

Spouse/OEI Life Insurance Cost

Step One – determine the following:

1. Spouse/OEI coverage level. Choose from options in Chart B.
2. Spouse/OEI rate (use age of employee, NOT spouse/OEI; see Chart C.)

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

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

Example

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

$$\text{\$10,000 (spouse/OEI coverage level)} \times \text{\$0.04 (rate)} \div 1,000 = \text{\$0.40/month}$$

Chart B. Spouse/OEI Coverage Levels
\$10,000
\$25,000
\$50,000
\$75,000
\$100,000
\$125,000
\$150,000
\$175,000
\$200,000

Chart C. Spouse/OEI Rates Per \$1,000 of Coverage by Age	
Age	Rate
<25	\$0.04
25-29	\$0.04
30-34	\$0.055
35-39	\$0.063
40-44	\$0.071
45-49	\$0.112
50-54	\$0.167
55-59	\$0.311
60-64	\$0.478
65-69	\$0.924
70+	\$1.489

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:

$$\text{Child Coverage Level} \times \$0.083 \div 1,000 = \$___/\text{month}$$

Example

1. Child coverage level = \$10,000
- $$\text{\$10,000 (Child coverage level)} \times \$0.083 \div 1,000 = \text{\$0.83/month}$$

Chart D. Child Coverage Levels
\$5,000
\$10,000
\$15,000
\$20,000
\$25,000

AD&D Insurance

Accidental death and dismemberment (AD&D) insurance through Prudential provides various amounts of coverage for accidental death, dismemberment or loss of sight whether in the course of business or pleasure. AD&D insurance is optional and optional family coverage is also offered. This is available to all faculty, academic and support staff who are on an unpaid leave of absence, long-term disability, workers' compensation, as well as to their spouse/other eligible individual (OEI) and dependent children.

You can enroll in AD&D coverage at 1 to 10 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. Benefit amounts for spouse/OEI and/or children are based on a percentage of your benefit amount.

Please see Dependent Age Criteria on [page 25](#).

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 – 10 times your salary, up to a maximum of \$1,500,000 for the employee, \$750,000 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

$$\text{\$50,000 (salary)} \times \text{\$0.015 (rate)} \times \text{5 (benefit level)} \div \text{1,000} = \text{\$3.75/month}$$

Chart A. Rates Per \$1,000 of Coverage

Coverage Type	Rate
Employee-only	\$0.015
Family	\$0.023

Provider Contact Information

Prudential

877-232-3555

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

Learn More

Visit hr.msu.edu/benefits/life-insurance/ to learn more and read the Prudential brochure.

Flexible Spending Accounts

How FSAs Work While on an Unpaid Leave of Absence (LOA)

For Health Care FSA: MSU treats an unpaid leave of absence as an employment change in status and you may not participate in an FSA during your LOA.

For Dependent Care FSA: You are not eligible to participate in the dependent care FSA during a leave of absence or submit dependent care FSA claims incurred during your LOA.

How FSAs Work When You Return from an Unpaid LOA

For Health Care FSA: If you return from your LOA during the same calendar year you will be re-enrolled in your Health Care FSA (if you were previously enrolled) and you may submit eligible claims that you incurred during your LOA.

HR will not re-enroll you in the plan if you return from an unpaid LOA after December 31. Any remaining funds in your account will be forfeited due to IRS requirements. You may re-enroll in the Health Care FSA for the new year within 30 days of your return to work.

For Dependent Care FSA: If you return from your LOA during the same calendar year you will be re-enrolled in your Dependent Care FSA (if you were previously enrolled). You may not submit claims that you incurred during your LOA.

HR will not re-enroll you in the plan if you return from an unpaid LOA after December 31. Any remaining funds in your account will be forfeited due to IRS requirements. You may re-enroll in the Dependent Care FSA for the new year within 30 days of your return to work.

For steps on how to enroll, contact MSU HR: SolutionsCenter@hr.msu.edu or 517-353-4434.

FSA Important Deadlines

Review important deadlines for using your funds and submitting claims below:

Deadlines For the 2022 Plan Year

Use FSA Funds: **March 15, 2023**

Submit claims for FSA Funds: **April 30, 2023**

Deadlines For the 2023 Plan Year

Use FSA Funds: **March 15, 2024**

Submit claims for FSA Funds: **April 30, 2024**

Helpful 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, 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.
- HealthEquity may ask you to send in supporting documentation for a card transaction. Acceptable documentation contains the following five pieces of information:
 - Date of Service
 - Description of Service (such as co-pay)
 - Patient Name
 - Provider's Name
 - Amount of Transaction
- An Explanation of Benefits 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.
- Visit the FSA Store at [FSAStore.com](https://www.FSAStore.com) to buy your eligible expenses online!

Voluntary Benefits

How Voluntary Benefits Work While on an Unpaid Leave of Absence

If you are currently enrolled in vision, legal or critical illness insurance, you can only change or cancel coverage during the Open Enrollment period (October 1-31). If you do not make changes or cancel during Open Enrollment, you will need to wait until the next Open Enrollment period or if you have a qualifying life event to cancel or make changes. You can change or cancel pet, auto and home insurance at any time.

Increase to ARAG Legal Insurance Premiums: Monthly premiums for voluntary legal insurance through ARAG have increased for the 2023 plan year. Visit [ARAGLegal.com/plans](https://araglegal.com/plans) (access code 17873msu) to view updated rates.

To Change or Cancel Insurance: Contact MSU Benefits Plus to change or cancel your insurance at 888-758-7575. Direct billing will continue if you do not cancel plans.

When You Can Enroll: You will not be able to enroll in vision, critical illness or legal insurance unless you return to work and have a qualifying life event. Returning from leave is not considered a qualifying life event. Contact the benefit vendor directly using contact info below to enroll in pet, auto and home insurance.

For Eligibility and Enrollment Questions: Please contact MSU Benefits Plus using the phone number below for eligibility and enrollment questions. If you have specific questions about the benefit, contact the voluntary benefit provider directly using the information below.

MSU Benefits Plus
888-758-7575
[MSUBenefitsPlus.com](https://msubenefitsplus.com)

VSP Vision Insurance
800-877-7195
msu-acpt.vspforme.com

Nationwide Pet Insurance
800-540-2016 (policyholder questions)
877-738-7874 (enrollment questions)
petinsurance.com

ARAG Legal Insurance
800-247-4184
araglegal.com/plans
(access code: 17873msu)

MetLife Critical Illness Insurance
800-438-6388
metlife.com/mybenefits

Farmers GroupSelect Home/Auto Insurance
800-438-6381
farmers.com/groupselect

Liberty Mutual Home/Auto Insurance
888-860-0316
libertymutual.com/msuemployees

Customer Service Information

MSU Benefits Plus
888-758-7575
msubenefitsplus.com

The MSU Benefits Plus Customer Care Team is available to answer questions and help you enroll in new plans or make changes.

Dependent Age Criteria

Dependent children 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 dependency.

Provider Contact Information

Teladoc

1-800-teladoc

teladoc.com

Teladoc app available

Set-Up Your Teladoc Account

Visit teladoc.com and click on “Register Now” to set up your account. You can then request a consult with an available doctor.

Teladoc

Teladoc is available to COBRA, unpaid leave of absence, long-term disability, and workers’ compensation individuals and their dependents enrolled in an MSU health plan. Teladoc offers 24/7 access to a health care professional by phone, web or mobile app. Talk to a doctor about your care needs from anywhere in the USA, including the comfort of your home.

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:

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

There is no co-pay associated with accessing this service at this time except for employees and their dependents who are enrolled in the CDHP with HSA plan. If you are enrolled in the CDHP with HSA plan you pay the full charge until your annual deductible is met due to IRS regulations.

Teladoc Medical Experts

Teladoc Medical Experts is available to cash-for-life, COBRA, long-term disability, one year paid medical, postdoctoral fellows, unpaid leave of absence and workers’ compensation individuals eligible for a MSU health plan. It provides expert second opinions and answers to your medical questions. If you’re facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action, including:

- 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.

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

Provider Contact Information

Teladoc Medical Experts

1-800-teladoc

teladoc.com/medical-experts

Teladoc app available

Livongo by Teladoc Health

Livongo is available to COBRA, unpaid leave of absence, long-term disability, and workers' compensation individuals. Livongo helps you manage your diabetes by delivering tools and resources directly to your home – all **completely free** to you and/or your eligible dependents. After you sign up, you will have access to unlimited supplies, smart meter and optional coaching.

Benefits of the Program:

- **An advanced blood glucose meter:** The Livongo connected meter is super easy to use. It automatically uploads readings to your private account and gives instant insights.
- **Unlimited free strips and lancets:** You can get as many strips and lancets as you need with no hidden costs or co-pays. When your supplies are about to run out, Livongo ships you more.
- **Optional coaching anytime and anywhere:** Connect to a Livongo coach for optional, 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 using the contact information to the left. You may enroll in Livongo at anytime throughout the year.

Provider Contact Information

Livongo

800-945-4355

[livongo.com](https://www.livongo.com)

Livongo app available

How to Sign Up

Visit welcome.livongo.com/MSU to learn more and sign up.



Open Enrollment/Change Form

Use this form to **enroll in, change or cancel** benefits for you and/or your eligible dependent(s). Only fill out the benefit sections that you're making changes to. Please do not fill out benefit sections you're not making changes to.

- 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
- Sign, date and return this form to MSU HR no later than **October 31, 2022 in the enclosed return envelope**. To send electronically, please use filedepot.msu.edu to submit the form securely. If you omit your social security number, you may submit via email to SolutionsCenter@hr.msu.edu.

Personal Information (You must fill out this section – please print clearly.)			
Name (Last, First, Middle Initial)		ZPID or Social Security Number (last 4 digits) ¹	
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		Medicare Beneficiary Identifier (MBI):	
If you are enrolled in another Medicare plan you will be automatically disenrolled from that other plan if you enroll in MSU's 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 Group Medicare Advantage PPO plan.

Benefit Eligible Group (Please indicate which group you belong in.)				
<input type="checkbox"/> Cash-for-Life	<input type="checkbox"/> COBRA	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Long-Term Disability	<input type="checkbox"/> One Year Paid Medical
<input type="checkbox"/> Postdoctoral Fellow	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Other (please specify): _____		

(Only fill out this section if you're enrolling in, changing or canceling health coverage)					COVERAGE EFFECTIVE 1/1/2023		
<input type="checkbox"/> Add	<input type="checkbox"/> Change Plan	<input type="checkbox"/> Cancel Plan	<input type="checkbox"/> Add Dependent(s)	<input type="checkbox"/> Remove Dependent(s)	Dependent Coverage Level		
Health Plan					Single	2 Person	Family
NON-MEDICARE ELIGIBLE PLANS:							
Blue Care Network (BCN)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Blue PPO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Driven Health Plan (CDHP)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE ELIGIBLE PLANS:							
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"/>
Humana Transition PPO Plan ² <i>One or more people are enrolled in Medicare Part B, but not all</i>					N/A	<input type="checkbox"/>	<input type="checkbox"/>

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

Enroll Eligible Dependents in Health							
If you need to add an eligible spouse/other eligible individual (OEI) or dependent(s) 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):
					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 the Group Medicare Advantage PPO Plan.

Detach page along perforated line.

(Only fill out this section if you're enrolling in, changing or canceling dental coverage)					COVERAGE EFFECTIVE 1/1/2023		
<input type="checkbox"/> Add	<input type="checkbox"/> Change Plan	<input type="checkbox"/> Cancel Plan	<input type="checkbox"/> Add Dependent(s)	<input type="checkbox"/> Remove Dependent(s)	Dependent Coverage Level		
Dental Plan					Single	2 Person	Family
Aetna DMO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aetna Premium DMO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enroll Eligible Dependents in Dental				
If you need 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"/>

(Only fill out this section if you're enrolling in, changing or canceling life insurance coverage)				COVERAGE EFFECTIVE 1/1/2023	
Employee-Paid Life³		Spouse/Other Eligible Individual Life		Children Life	
<input type="checkbox"/> Cancel All Employee-Paid Life		<input type="checkbox"/> Cancel Spouse/OEI Coverage Only		<input type="checkbox"/> Cancel Child(ren) Coverage Only	
<input type="checkbox"/> 1X Salary	<input type="checkbox"/> 6X Salary	<input type="checkbox"/> 10,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 20,000
<input type="checkbox"/> 2X Salary	<input type="checkbox"/> 7X Salary	<input type="checkbox"/> 25,000	<input type="checkbox"/> 175,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000
<input type="checkbox"/> 3X Salary	<input type="checkbox"/> 8X Salary	<input type="checkbox"/> 50,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 15,000	
<input type="checkbox"/> 4X Salary	<input type="checkbox"/> 9X Salary	<input type="checkbox"/> 75,000			
<input type="checkbox"/> 5X Salary	<input type="checkbox"/> 10X Salary	<input type="checkbox"/> 125,000			

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

(Only fill out this section if you're enrolling in, changing or canceling AD&D insurance coverage)				COVERAGE EFFECTIVE 1/1/2023	
Accidental Death and Dismemberment (AD&D) Insurance					
Employee Only			Spouse/OEI and Dependents		
<input type="checkbox"/> Cancel employee coverage			<input type="checkbox"/> Cancel all spouse/OEI and dependent coverage		
<input type="checkbox"/> 1X Salary	<input type="checkbox"/> 6X Salary		<input type="checkbox"/> Enroll in family option		
<input type="checkbox"/> 2X Salary	<input type="checkbox"/> 7X Salary				
<input type="checkbox"/> 3X Salary	<input type="checkbox"/> 8X Salary				
<input type="checkbox"/> 4X Salary	<input type="checkbox"/> 9X Salary				
<input type="checkbox"/> 5X Salary	<input type="checkbox"/> 10X Salary				

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:</p> <p>Address: 1407 S Harrison Rd, Suite 110, East Lansing MI 48823-5287 Phone: 517-353-4434 or 800-353-4434 (toll-free)</p> <p>Fax: 517-432-3862 Email: SolutionsCenter@hr.msu.edu Website: hr.msu.edu</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;"><i>MSU is an affirmative-action, equal-opportunity employer.</i></p>	



Spouse/OEI Affidavit

Please complete this affidavit and mail to MSU Human Resources in the enclosed return envelope by October 31, 2022. ***COBRA participants and individuals eligible for Medicare should NOT complete this Affidavit.***

Complete this affidavit if you covered a spouse/other eligible individual (OEI) under your benefits in 2022 or if you are adding a spouse/OEI under your benefits in 2023.

1. Is the person that was covered by your benefits between January 1, 2022 and December 31, 2022 still living? If you check no, please provide his or her name and date of death: YES NO
☐ ☐

Name: _____ Date of Death: _____

2. Is the person that was covered by your benefits between January 1, 2022 and December 31, 2022 still your spouse/OEI? If you check no, provide his or her name and the date you divorced your spouse/OEI: YES NO
☐ ☐

Name: _____ Date of Divorce: _____

3. Is your spouse/OEI eligible for single coverage from another employer at a premium cost that is \$1,500 or less per year? If you check yes, provide the name of his or her employer and the name of the health plan of the other employer below (see important eligibility information on the back of this form). YES NO
☐ ☐

Name of other employer: _____

Name of other health plan: _____

YOUR SIGNATURE AND WHAT IT MEANS

By signing this form I verify the eligibility or ineligibility of my current or former spouse/OEI for coverage under my benefits plan for the 2023 benefits year. I understand that this is a legal document and that the information I have provided is accurate. I also understand that I will be held responsible for the cost of any benefits paid for on behalf of my spouse/OEI if they receive benefits that they were not eligible to receive through my MSU health plan.

Name (Please Print Neatly)

Signature

Last 4 Digits of Your Social Security Number or ZPID

Date

PLEASE RETURN THIS FORM BY OCTOBER 31, 2022 IN THE ENCLOSED RETURN ENVELOPE TO:

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

Contact MSU Human Resources with questions:

517-353-4434 (1-800-353-4434 toll-free)
SolutionsCenter@hr.msu.edu

Website: hr.msu.edu

Detach page along perforated line.

WHY MSU NEEDS YOU TO COMPLETE AND SIGN THIS FORM EVERY YEAR

Often, people don't notify us when circumstances in their lives change that impact their health benefits coverage. If your spouse/OEI dies or the relationship ends, MSU needs to know to take that person off your coverage. Likewise, if other coverage becomes available to them through another employer at a premium cost of less than \$1,500 per year, we need to know about that too.

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

IMPORTANT ELIGIBILITY INFORMATION

If you answered "NO" to question number 3 on the other side of this form, you may cover your eligible spouse/OEI on your MSU health plan in 2023 since they are not eligible for health plan coverage through their employer at an annual premium cost of \$1,500 or less.

If you answered "YES" to question number 3 on the other side of this form or if your spouse/OEI becomes eligible for health plan coverage through their employer at an annual premium cost of \$1,500 or less, they must enroll in the other employer's health plan coverage in order to maintain coverage under an MSU health plan. You may still elect to cover your spouse/OEI on your health plan. The other employer's health plan will be primary for your spouse/OEI.

POTENTIAL CONSEQUENCES OF NOT RETURNING THIS AFFIDAVIT EVERY YEAR

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

PLEASE RETURN THIS FORM BY OCTOBER 31 IN THE ENCLOSED RETURN ENVELOPE TO:

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

Contact MSU Human Resources with questions:

517-353-4434 (1-800-353-4434 toll-free)
SolutionsCenter@hr.msu.edu

Website: hr.msu.edu

Important Notices About Your Health Care Rights

MSU HR is pleased to provide you with this resource to help you learn about or re-familiarize 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: 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: 800-273-2509
- Blue Care Network: 800-662-6667
- Blue Cross Blue Shield: 888-288-1726
- 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, contact MSU Human Resources for assistance at 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, 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, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: myalhipp.com/ Phone: 1-855-692-5447	Website: flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: in.gov/medicaid/ Phone 1-800-457-4584
CALIFORNIA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	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 HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health (CHP+)	KANSAS – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: kancare.ks.gov/ Phone: 1-800-792-4884
KENTUCKY – Medicaid	OKLAHOMA – Medicaid and CHIP
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: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: insureoklahoma.org Phone: 1-888-365-3742
LOUISIANA – Medicaid	OREGON – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: healthcare.oregon.gov/Pages/index.aspx oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MAINE – Medicaid	PENNSYLVANIA – Medicaid
Enrollment Website: maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
MASSACHUSETTS – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840	Website: eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
MINNESOTA – Medicaid	SOUTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: www.scdhhs.gov Phone: 1-888-549-0820
MISSOURI – Medicaid	SOUTH DAKOTA - Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: dss.sd.gov Phone: 1-888-828-0059
MONTANA – Medicaid	TEXAS – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	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: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
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: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free 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: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, 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
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 ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



Disclaimer: This guide 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. Please contact health care providers directly if you need to confirm coverage or determine if prior authorization is required. 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.