



2025
PLAN YEAR

MSU RETIREE

Open Enrollment Benefits Guide



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Open Enrollment | **October 1-31**

WELCOME

to the Michigan State University Benefits Open Enrollment period, which occurs each year from **October 1-31**. Please use this time to evaluate your benefit needs and make any necessary changes for the upcoming plan year. Any changes will be effective January 1 to December 31, 2025.

Providing comprehensive, competitive benefits to our retirees is essential. When it comes to making crucial decisions related to your health and well-being, we hope you find the MSU Retiree Open Enrollment Benefits Guide a helpful resource. I'd like to highlight the following important changes and opportunities for assistance during Open Enrollment:

- ▶ **What's New:** For the 2025 plan year, the MSU Non-Medicare Plan will be administered by Personify Health instead of Humana. Additionally, Teladoc Health telemedicine is now available to individuals enrolled in the MSU Non-Medicare Plan. Learn more on **page 6**.
- ▶ **MSU Benefits Fair:** Join us on October 3 to talk in-person with HR staff and MSU benefit providers about your benefit options or to make changes on-site. Humana and Personify Health will be giving presentations during the fair. Learn more on **page 12**.
- ▶ **HR Site Labs:** Join HR staff throughout October to ask questions and receive assistance. Learn more on **page 13**.

Please review this guide completely to learn more about the above changes and opportunities. If you have any questions, MSU Human Resources is here to help!



Sincerely,

A handwritten signature in black ink that reads "Christina K. Brogdon".

Christina K. Brogdon, PHR
Vice President and Chief Human
Resources Officer
Michigan State University

“Providing comprehensive, competitive benefits to our retirees is essential.”

– Christina K. Brogdon



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WE'RE HERE TO HELP!

Join us at the **MSU Benefits Fair** on October 3 and/or an **HR Site Lab** for assistance during Open Enrollment. We will answer your questions and help you enroll in your benefits. See event details on **pages 12-13**.



Contact Information

HR Contact Information

We encourage you to attend the **MSU Benefits Fair** on October 3 and/or an **HR Site Lab** for assistance during Open Enrollment. We will answer your questions and help you enroll in your benefits. See event details on **pages 12-13**.

The HR Solutions Center is also available for on-site services weekdays from 8:00 a.m. to 5:00 p.m. EST, via telephone from 8:30 a.m. to 4:30 p.m. EST, and via email. All services are closed during the lunch hour from 1:00 to 2:00 p.m. EST.

- ▶ SolutionsCenter@hr.msu.edu
- ▶ 517-353-4434 or 800-353-4434 (toll-free)
- ▶ 1407 S. Harrison Road, East Lansing, MI 48823



MSU Benefit Provider Contact Information

Please use the following information to contact MSU benefit providers directly with your questions. Most providers will also be available to answer questions during the MSU Benefits Fair on October 3. See event details on **page 12**.

HEALTH	DENTAL	VOLUNTARY/OTHER
<p>Humana MSU Medicare Advantage Plan Customer Care: 800-273-2509 Mail Order: 800-379-0092 Specialty Mail Order: 800-486-2668 your.humana.com/msu</p> <p>Personify Health MSU Non-Medicare Plan Customer Care: 800-273-2509 Teladoc Health Telemedicine 800-835-2362 teladochealth.com</p> <p>Medicare 800-633-4227 TTY: 877-486-2048 medicare.gov</p>	<p>Aetna Dental 877-238-6200 aetna.com</p> <p>Delta Dental 800-524-0149 deltadentalmi.com</p>	<p>ARAG 800-247-4184 ARAGLegal.com/myinfo (Access Code: 17873ret)</p> <p>Prudential 877-232-3555 prudential.com</p> <p>Teladoc Medical Experts 800-835-2362 teladoc.com/medical-experts</p> <p>VSP Vision Care 800-400-4569 msuretirees.vspforme.com</p>



NEED ASSISTANCE?

We encourage you to attend the **MSU Benefits Fair** on October 3 and/or an **HR Site Lab** for assistance during Open Enrollment. We will answer your questions and help you enroll in your benefits. See event details on **pages 12-13**.

How to Use this Guide

1.

Review Materials

Please review this Open Enrollment guide completely. Information is also available on the HR website at **hr.msu.edu/open-enrollment**.

2.

Ask Us Questions

Consider attending one of the Open Enrollment events on **pages 12-13** to ask questions about your benefits options or make changes to your benefit selections on-site.

3.

Make Decisions

Read **page 8** to determine if you need to take any action(s) by October 31.

4.

Take Action

Page 9 provides instructions to make changes to your benefit selections. **Pages 33-34** provide instructions to enroll in, change, or cancel vision or legal insurance. *You may only enroll in, change, or cancel legal insurance during the Open Enrollment period.*

5.

Other Considerations

To receive Open Enrollment materials electronically in the future, complete the Consent Form for Electronic Distribution of Benefit Materials and Notices on **page 39**. Also, you may want to check if your life insurance beneficiaries are current (if applicable). Find instructions at **hr.msu.edu/benefits/beneficiaries.html**.

Updates for the 2025 Plan Year

Please review the following important updates and reminders for this year's Open Enrollment and the 2025 plan year. Visit the HR website at hr.msu.edu for the most updated information.

JOIN US!

We encourage you to attend the **MSU Benefits Fair** on October 3 and/or an **HR Site Lab** for assistance during Open Enrollment. We will answer your questions and help you enroll in your benefits. See event details on **pages 12-13**.

WHAT'S NEW?

New Provider for Members Not Yet Eligible for Medicare

Administration: For the 2025 plan year, the MSU Non-Medicare Plan will be administered by Personify Health and utilize the Aetna provider network for health care and CVS Caremark for prescriptions. Please note the MSU Medicare Advantage Plan will continue to be administered by Humana for the 2025 plan year.

Coverage: Personify Health utilizes Aetna for the health care provider network and CVS Caremark for prescriptions. Since Aetna has a larger provider network, your current physicians will most likely be covered under the new plan. Please call Customer Care at 800-273-2509 to determine if your physician is covered or ask your physician if they participate in Aetna's network. Learn more about the plan summary and coverage details starting on **page 14**.

Automatic Enrollment: Members who are currently enrolled in the MSU Non-Medicare Plan

will continue to be enrolled automatically for the 2025 plan year. Those not currently enrolled can follow the instructions on **page 9** to add coverage.

Option to Opt-Out: If you no longer wish to be enrolled in the MSU Non-Medicare Plan, you can find instructions to cancel enrollment on **page 9**.

Timeline to Receive New Provider

Information: Members will receive a welcome kit in the mail directly from Personify Health in December. Please review these materials thoroughly, which will include a new member ID card with contact information. You will also gain access to a Personify Health member portal on January 1, where you'll be able to look up plan information and find a covered physician. Please contact Customer Care at 800-273-2509 with any questions.

Personify Health Presentations: Personify Health will provide presentations during the MSU

Benefits Fair on October 3. See **page 12** for details.

Hearing Aid Discounts for Personify Health members:

Personify Health offers discounts on hearing aids for those enrolled in the MSU Non-Medicare Plan. They will provide details in the welcome kit.

Retiree Health Care Plan FAQs: Find answers to some of your frequently asked questions regarding the MSU health care and prescription plans on the HR website at hr.msu.edu/open-enrollment.

Teladoc Health Telemedicine Now Available

Starting with the 2025 plan year, we are pleased to offer MSU retirees and their dependents who are enrolled in the MSU Non-Medicare Plan access to telemedicine through Teladoc Health. Learn more on **page 35**.



REMINDERS

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 and prescription plan outlined in this guide and are not currently enrolled, you must follow the enrollment instructions on **page 9**. If you and your dependents are currently enrolled in the MSU Humana plan and want to continue enrollment, no action is needed. **Page 8** will help you determine if you need to take action. We strongly recommend you review the Medicare rules on **page 25**.

Medicare Advantage (MA) Plans

Centers for Medicare and Medicaid Services (CMS) allows individuals to be enrolled in only one MA plan at a time. The MSU Medicare Advantage Plan is an MA plan (also referred to as an MAPD 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 9** to enroll or cancel coverage. 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 25**.

Humana Enrollment

While Humana may send you materials about the MSU Medicare Advantage Plan, they will never contact you to enroll in the MSU Humana employer-sponsored group health/prescription plan. You may only enroll in the MSU plans through MSU. If Humana calls you to enroll in a different MA plan and you take action, it will impact your eligibility to continue coverage with the MSU plan.

No Spousal Affidavit

You don't need to complete an affidavit for your spouse/other eligible individual (OEI). However, in

the unfortunate event of a death or divorce in 2024, please contact us at SolutionsCenter@hr.msu.edu or 517-353-4434 or 800-353-4434 (toll-free).

SilverSneakers

Individuals enrolled in the MSU Medicare Advantage Plan have access to SilverSneakers, which offers online workouts, fitness classes, special discounts, a fitness app and more. Learn more at **SilverSneakers.com** or by calling 866-584-7389.

Hearing Aid Discounts

TruHearing offers discounts on hearing aids for members enrolled in the Humana plan. Humana will mail details after you're enrolled.

Medicare Eligibility in 2025

Action is required if you or a covered dependent becomes eligible for Medicare on or after January 1, 2025. Find out what to expect and steps to take on **page 24**.

Do You Need to Do Anything?

If you're unsure if you need to take any action during Open Enrollment answer the following: As a benefits-eligible retiree, review your current benefit elections and answer **true** or **false** to the following statements:

		TRUE	FALSE
1	I opted out of health coverage last year for myself and my dependents (if applicable), and now I want to enroll myself or them in health coverage for the 2025 plan year.	<input type="checkbox"/>	<input type="checkbox"/>
2	I want to cancel health coverage for myself and/or my dependent(s). <i>Individuals enrolled in a health care plan for the 2024 plan year will continue to be enrolled in that plan for the 2025 plan year.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3	I am or my dependent(s) is enrolled in another Medicare Advantage plan, and I need to cancel enrollment in the MSU Medicare Advantage Plan for myself and/or my dependent(s). See page 9 for instructions to cancel and page 25 for more information on Medicare Advantage plans.	<input type="checkbox"/>	<input type="checkbox"/>
4	I want to enroll in, change or cancel dental insurance for myself and/or my eligible dependent(s). Learn more about the available dental plans on page 27 .	<input type="checkbox"/>	<input type="checkbox"/>
5	I want to cancel my life insurance. Learn more about life insurance on page 32 .	<input type="checkbox"/>	<input type="checkbox"/>
6	I want to enroll in, change or cancel my legal insurance. See page 34 for instructions.	<input type="checkbox"/>	<input type="checkbox"/>
7	Unfortunately, I experienced the death or divorce of a spouse/other eligible individual during the 2024 plan year, and I need to notify MSU Human Resources. If you've already informed us, no need to get in touch again.	<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 9** for instructions. If you only selected **false**, you do not need to take any action. However, we **strongly encourage** you to review your benefits options to make sure you're getting the best coverage.

Instructions to Make Changes

If you are enrolled in health, dental, life, vision, and/or legal insurance for the 2024 plan year, it will carry over to the 2025 plan year without any action. Find instructions below to cancel or enroll in health insurance, cancel life insurance, or enroll in, change, or cancel dental insurance by October 31. **We encourage you to make changes online.** If you're unable to make changes online, you may submit a paper form (**please do NOT do both**).

Vision and Legal Insurance: Find instructions to enroll in, change, or cancel vision and legal insurance on **pages 33-34**.

How to Make Changes Online (preferred method)

1. Visit **ebs.msu.edu**. Log in with your MSU NetID. No NetID? Visit **netid.msu.edu** or call 517-432-6200.
2. Click the My Benefits top navigation tab.
3. Click the Benefit/Retirement tile. Select Open Enrollment from the drop-down menu, then click Next (bottom-right corner of webpage). A Medicare Notice will appear. Read and click OK.
4. On the Personal Profile screen, verify name and address info and click Next. To make corrections, follow the steps at **hr.msu.edu/ebshelp/personalprofile/addresses.html**.
5. On the Dependents screen, verify all family members or dependents and click Next. If information is missing, exit enrollment and submit the Add a Family Member or Dependent form. If it is inaccurate, contact MSU HR.
6. The Benefits Summary screen displays current coverage. For additional details about each plan, click on the plan name. When finished reviewing, click Next.
7. The next few screens display the different types of plans available. You can Add, Edit or Delete enrollment in dental insurance, enroll in or cancel coverage in health insurance, or cancel life insurance. You may click Cancel at any time to leave the system – all changes will be lost.
8. When you reach the Review and Save screen, click Save.
9. On the final screen, review info on the Benefit Elections Summary. You may wish to print this summary for your records. You can make corrections throughout the month of October.
10. **Please review the confirmation statement sent to your MSU email to ensure your elections are accurate.**

How to Submit a Paper Form

Please only submit a paper form if you are making changes to your benefits and have NOT already made changes online.

1. Fill out the Open Enrollment/Change Form on **page 37**.
You may submit forms (such as an enrollment form) via email to SolutionsCenter@hr.msu.edu if it does not contain a social security number. You may also drop off forms in the secure mailbox located outside the HR building at 1407 S. Harrison Rd., East Lansing, 48823 or mail the forms to this address.
2. Detach the form from the guide and return it to MSU HR by October 31 in the enclosed return envelope.

Other Enrollment Information

Medicare Advantage (MA) Plans

Centers for Medicare and Medicaid Services (CMS) allows individuals to be enrolled in only one MA plan at a time. The MSU Medicare Advantage Plan is an MA plan (it is also referred to as an MAPD 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). Find instructions on **page 9** to cancel coverage. Find more information about MA plans on **page 25**.

Death or Divorce of a Spouse/OEI

In the unfortunate event of the death or divorce of a spouse/other eligible individual (OEI) in 2024, please let us know at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434).

Voluntary Benefits

Find instructions to enroll in, change, or cancel optional vision and/or legal insurance on **pages 33-34**.

Electronic Consent Form

To receive Open Enrollment materials via email only, complete the form on **page 39**.

Qualifying Life Event

During Open Enrollment (Oct. 1-31) you make important decisions

that impact the upcoming plan year, including enrolling in, changing, or canceling coverage for you or your dependents in health or dental coverage.

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

Outside of Open Enrollment, changes can be made to your benefits for certain qualifying life events, including Medicare eligibility, death or divorce, marriage, childbirth or adoption, loss of existing coverage for you and your family members, or retirement. Changes must be made within 30 days of the qualifying event. Learn more at hr.msu.edu/benefits/life-change.

Child Dependent Age Criteria

Life Insurance: Dependent children are eligible for life insurance until the end of the calendar year during which the child turns age 23, with no eligibility requirements 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.

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

you information about COBRA.

Health Insurance: Enrolled children who turn age 26 by December 31 are no longer eligible for health insurance coverage under retiree plans and will automatically be removed from health coverage at the end of the calendar year. We will send you information about opportunities to continue coverage through either COBRA or individual plans. Learn more at hr.msu.edu/benefits/documents/EligibleDependents.pdf.

Other eligible children (grandchildren, nieces, nephews, foster children, and children of spouse/other eligible individual (OEI) not legally adopted) who are enrolled and turn age 23 by December 31 are no longer eligible for health insurance coverage under retiree plans and will be automatically removed from health coverage at the end of the calendar year. We will send you information about COBRA or individual plans.

Vision and Legal Insurance:

Dependent children are eligible until the end of the calendar year in which they turn age 23, with no restrictions such as student enrollment or IRS dependency.

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

Children who become incapacitated before the age limit may be eligible to continue coverage.

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 MSU Medicare Advantage 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 benefit.

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



Medicare Part D: 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.

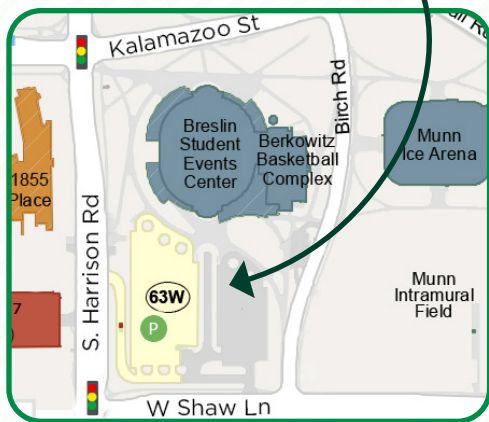
Passive PPO Network: You will have the same level of benefits at any provider nationwide who accepts Medicare and is willing to submit the claim to Humana regardless of whether the provider is considered in-network or out-of-network.



JOIN US! **OCTOBER 3**

Noon – 7:00 p.m.
Breslin Student Events Center

The entrance to the fair will be the Gilbert Pavilion/Hall of History, which is to the right of Lot 63W.



MSU Benefits Fair

Learn about your benefit options and receive help with enrollment from HR staff and MSU benefit providers.

FLU SHOTS

Appointment Needed

Noon to 5:00 p.m.

The MSU Pharmacy will be offering flu shots **by appointment** during the fair. The appointment calendar will close once all appointments are filled or 72 hours before the event. Make an appointment at hr.msu.edu/open-enrollment.

HEALTH CARE PRESENTATIONS

MSU Medicare Advantage Plan

2:00 p.m. to 3:00 p.m. | 3:30 p.m. to 4:30 p.m.

Humana will be presenting during the fair at the above times. Hear an overview of the Humana tools, learn how to read your Smart Summary and Smart Explanation of Benefits (EOB), and ask questions about the benefits of your plan.

MSU Non-Medicare Plan

5:00 p.m. to 6:00 p.m.

Personify Health will be presenting during the fair at the above time. Hear an overview of the available tools and ask questions about the benefits of your plan.



HR Site Labs

MSU Human Resources staff will be available during the following dates, times, and locations to answer questions about your benefit options and help you make changes on-site.

OCTOBER 16 (Virtual)

9:00 a.m. to 1:00 p.m.

Find a link to join the virtual site lab at

hr.msu.edu/open-enrollment/site-labs.html

OCTOBER 22 (In-person)

10:00 a.m. to 4:00 p.m.

International Center

427 N. Shaw Lane, Spartan Rooms B and C
East Lansing, MI 48824

OCTOBER 31 (In-person)

8:00 a.m. to 5:00 p.m.

HR Building

1407 S. Harrison Road, Room 125
East Lansing, MI 48823

Please consider joining us at the above HR Site Labs if you need any assistance during Open Enrollment. **We are here to help!**

MORE RESOURCES

MSU Human Resources

If you need assistance outside the MSU Benefits Fair or an HR Site Lab, please contact the HR Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434).

MSU Benefit Providers

Please use the contact information on **page 4** to ask MSU benefit providers your questions directly.

Online Resources

If you're unable to attend the MSU Benefits Fair or an HR Site Lab, consider visiting the HR website at **hr.msu.edu/open-enrollment** to find all of the Open Enrollment information available.

You'll also find resources from our MSU benefit providers to help you learn more about your benefit options, such as videos, brochures, webinars, and more.

Health and Prescription Plan Summary

Individuals eligible for Medicare should refer to the MSU Medicare Advantage Plan and those not eligible for Medicare should refer to the MSU Non-Medicare Plan. Families with both Medicare eligible and non-Medicare eligible individuals will enroll in the **MSU Transition Plan** within the EBS Portal. Individuals should refer to the appropriate plan summary based on their Medicare eligibility.

MSU Medicare Advantage Plan

HEALTH CARE OVERVIEW

Eligibility	This plan is available to retirees and their dependents who are eligible for Medicare.
Coverage	This plan is administered by Humana. Preventative services are covered at 100%. Select services are covered at 96%-100% after the required annual deductible. <i>Not all services are subject to the deductible. See page 16 for benefit coverage details.</i>
Deductible	\$192 / member
Out-of-pocket Maximum	\$1,200 / member <i>Extra services, plan premiums, and prescriptions do not apply to the maximum.</i>
Questions	Visit your.humana.com/msu or call Humana at 800-273-2509.

PRESCRIPTION CO-PAYS

Drug Tier	30-day supply co-pay at retail	90-day supply co-pay at mail order or MSU Pharmacy	90-day supply co-pay at retail
Generic ¹	\$10	\$20	\$20
Preferred Brand Name	\$30	\$60	\$60
Non-preferred Brand Name	\$60	\$120	\$120
Specialty Drug	\$75	N/A²	N/A²
Out-of-pocket Co-pay Maximum	\$1,000 / member		

¹Some generics may be on higher tiers.

²Specialty medications limited to 30-day supply.

MSU Non-Medicare Plan

HEALTH CARE OVERVIEW

Eligibility	This plan is available to retirees and their dependents who are NOT eligible for Medicare.
Coverage	This plan is administered by Personify Health and utilizes the Aetna provider network for health care and CVS Caremark for prescriptions. The plan covers in-network preventative services at 100%. The majority of the in-network diagnostic services are covered at 100% of the approved amount after either the required co-payment or annual deductible. Select in-network services are covered at 50%-90% of the approved amount after the required in-network annual deductible. <i>Not all services are subject to the deductible. See page 16 for benefit coverage details.</i>
Deductible	\$100 / individual \$200 / family
Out-of-pocket Maximum	\$3,000 / individual \$6,000 / family <i>Consists of applicable deductible and coinsurance.</i>
Questions	Call Customer Care at 800-273-2509.

PRESCRIPTION CO-PAYS

Drug Tier	30-day supply co-pay at retail	90-day supply co-pay at mail order or MSU pharmacy	90-day supply co-pay at retail
Generic ¹	\$10	\$20	\$30
Preferred Brand Name	\$30	\$60	\$90
Non-preferred Brand Name	\$60	\$120	\$180
Specialty Drug	\$75	N/A²	N/A²
Out-of-pocket Co-pay Maximum	\$1,000 / individual \$2,000 / family		

¹Some generics may be on higher tiers.

²Specialty medications limited to 30-day supply.

Health Plan Coverage Chart

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
PREVENTATIVE SERVICES⁸			
Health Maintenance Exam <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
Annual Gynecological Exam <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
Pap Smear Screening <i>lab services only</i>	Covered 100% <i>every 24 months for preventative</i>	Covered 100%	Covered 90% <i>after deductible</i>
Contraceptive Devices <i>includes IUD, Diaphragm, and Norplant (male contraceptives are not covered)</i>	Not a preventative service ¹	Covered 100%	Covered 90% <i>after deductible</i>
Contraceptive Injections	Not a preventative service ¹	Covered 100%	Covered 90% <i>after deductible</i>
Mammography Screening <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
Immunizations⁶ <i>as recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act</i>	Covered 100% <i>for Part B Influenza and Pneumococcal Immunizations; other immunizations with Part D (e.g. Shingrix) are subject to prescription benefit co-pay and some immunizations must be classified as Part B or D.</i>	Covered 100%	Covered 90% <i>after deductible</i>
Prostate Exam² <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
Fecal Occult Blood Screening <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
Preventive Colonoscopy	Covered 100% <i>every 24 months for preventative</i>	Covered 100%	Covered 90% <i>after deductible</i>
Flexible Sigmoidoscopy Exam	Covered 100% <i>every 24 months for preventative</i>	Covered 100%	Covered 90% <i>after deductible</i>
Prostate Specific Antigen Test² <i>one per calendar year</i>	Covered 100%	Covered 100%	Covered 90% <i>after deductible</i>
PHYSICIAN OFFICE SERVICES (MEDICALLY NECESSARY)			
Office Visits/Consultations	Covered 96% <i>after deductible</i>	Co-pay \$20	Covered 90% <i>after deductible</i>

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
EMERGENCY MEDICAL CARE⁷			
Hospital Emergency Room	Co-pay: \$50 <i>waived if admitted within 24 hours</i>	Co-pay: \$50 <i>waived if admitted during visit</i>	Co-pay: \$50 <i>waived if admitted during visit</i>
Emergency Room Physician's Services	Covered 100%	Covered 100%	Covered 100%
Urgent Care Center	Covered 96%	Co-pay: \$25	Co-pay: \$25
Ambulance Service (Must be medically necessary)	Covered 96% <i>after deductible, ground and air</i>	Covered 80% <i>after deductible, ground and air</i>	Covered 80% <i>after deductible, ground and air</i>
DIAGNOSTIC SERVICES			
Laboratory and Pathology Tests	Covered 100%	Covered 100% <i>for outpatient and after deductible for inpatient</i>	Covered 90% <i>after deductible</i>
Diagnostic Tests and X-Rays <i>other than advanced imaging</i>	Covered 96-100% <i>prior authorization may be required</i>	Covered 100% <i>after deductible, prior authorization may be required</i>	Covered 90% <i>after deductible</i>
Radiation Therapy	Covered 100% <i>prior authorization may be required</i>	Covered 100% <i>after deductible</i>	Covered 90% <i>after deductible</i>
MATERNITY SERVICES PROVIDED BY A PHYSICIAN			
Pre-Natal and Post-Natal Care	Covered at the applicable service/ place of treatment cost share	Covered the same as other physician services	Covered the same as other physician services
Delivery and Nursery Care	Covered at the applicable service/ place of treatment cost share	Covered 100% <i>after deductible</i>	Covered 90% <i>after deductible</i>
HOSPITAL CARE			
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100% <i>after deductible for unlimited days, prior authorization may be required</i>	Covered 100% <i>after deductible for unlimited days, prior authorization may be required</i>	Covered 90% <i>after deductible</i>
Inpatient Consultation	Covered 100%	Covered 100% <i>after deductible</i>	Covered 90% <i>after deductible</i>

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
Chemotherapy	Covered 100% <i>for inpatient</i>	Covered 100% <i>after deductible</i>	Covered 90% <i>after deductible</i>

ALTERNATIVES TO HOSPITAL CARE

Skilled Nursing Care <i>must meet medical criteria</i>	Covered 100% <i>combined in-network and out-of-network benefits limited to 100 days per benefit period, prior authorization required</i>	Covered 100% <i>after deductible, combined in-network and out-of-network benefits limited to 100 days per benefit period, prior authorization required</i>	Covered 90% <i>after deductible, combined in-network and out-of-network benefits limited to 100 days per benefit period, prior authorization required</i>
Hospice Care	Covered under Original Medicare while on the plan	Covered 100% <i>after deductible, prior authorization may be required</i>	Covered 90% <i>after deductible, prior authorization may be required</i>
Home Health Care <i>must be medically necessary</i>	Covered 100% <i>excludes personal home care</i>	Covered 100% <i>after deductible, combined in-network and out-of-network benefit limited to 60 days per calendar year</i>	Covered 90% <i>after deductible, combined in-network and out-of-network benefit limited to 60 days per calendar year</i>

SURGICAL SERVICES

Surgery and Related Surgical Services	Covered 96-100%	Covered 100% <i>after deductible, prior authorization may be required</i>	Covered 90% <i>after deductible</i>
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MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT

Inpatient Mental Health/Substance Abuse Care	Covered 100% <i>190 day limit in a psychiatric facility, prior authorization required</i>	Covered 100% <i>after deductible, prior authorization may be required</i>	Covered 90% <i>after deductible</i>
Outpatient Mental Health/Substance Abuse Care	Covered 96-100% <i>after deductible</i>	Covered 100% <i>prior authorization may be required</i>	Covered 90% <i>after deductible</i>

OTHER SERVICES

Allergy Testing and Therapy <i>includes allergy injections</i>	Covered 96% <i>after deductible</i>	Covered 100% <i>office visit co-pay may apply to consultations</i>	Covered 90% <i>after deductible</i>
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Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
Spinal and Osteopathic Manipulation	Covered 96% <i>after deductible, no visit limits</i>	Co-pay \$20; <i>combined in-network and out-of-network benefit limited to 24 visits per calendar year</i>	Covered 90% <i>after deductible, prior authorization may be required, limits on the number of visits may apply</i>
Outpatient Diabetes Management Program <i>certified providers only</i>	Covered 100% <i>for diabetic training</i>	Covered 100% <i>for diabetic training</i>	Covered 90% <i>after deductible</i>
Outpatient Physical, Speech, and Occupational Therapy	Covered 100% <i>after deductible, prior authorization may be required, no visit limit</i>	Co-pay \$20 <i>combined in-network and out-of-network benefit limited to 60 visits per calendar year, prior authorization required</i>	Covered 90% <i>after deductible, prior authorization may be required, limits on the number of visits may apply</i>
Durable Medical Equipment and Medical Supplies <i>including breastfeeding equipment</i>	Covered 96-100% <i>after deductible, prior authorization may be required</i>	Covered 80% <i>after deductible</i>	Covered 80% <i>after deductible, prior authorization may be required</i>
Private Duty Nursing	Covered 80% <i>after deductible</i>	Not covered	Not covered
Autism Spectrum Disorder <i>applied behavioral analysis treatment, when rendered by an approved board-certified behavioral analyst, is limited through age 19</i>	Covered 96%-100% <i>after deductible, limited to Medicare covered services, prior authorization may be required</i>	Covered 80% <i>after deductible</i>	Covered 80% <i>after deductible</i>

DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS

Annual Deductible	\$192/member <i>not all services are subject to the deductible, refer to the type of service for benefit details</i>	\$100/individual or \$200/family	\$500/individual or \$1,000/family
Fixed Dollar Co-pays	As noted in chart	As noted in chart	As noted in chart
Percent Co-pays	As noted in chart	As noted in chart	As noted in chart
Out-of-Pocket Maximum <i>includes deductible, co-insurance, and co-pays</i>	\$1,200/member <i>per calendar year</i>	\$3,000/member or \$6,000/family ³ <i>per calendar year for medical services only</i>	\$3,000/member or \$6,000/family ³ <i>per calendar year for medical services, does not include copayments</i>
Transplant Maximum	No maximum	No maximum	No maximum

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network

FOREIGN TRAVEL⁵

Foreign Travel	Members will be required to pay for services received and submit a claim to Humana for reimbursement along with proof of payment and any medical information or records available from the provider. These charges would be converted to U.S. currency and reimbursed based on the Medicare allowed amount and plan maximums for out of country services.	Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Personify Health for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the \$50 emergency room co-payment or the out-of-network deductible of \$500 and 10% co-pay, depending on services received.	Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Personify Health for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the \$50 emergency room co-payment or the out-of-network deductible of \$500 and 10% co-pay, depending on services received.
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Note about the MSU Medicare Advantage Plan Network:

The in-network and out-of-network benefits are structured the same for any member of this plan. Any provider who is eligible to participate in Medicare can treat and receive payment from Humana. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility. Medicare participating providers may not balance bill members.

Footnotes:

1. Covered at the applicable service or place of treatment cost share.
2. Age limits may apply.
3. Two separate limits apply to in-Network and out-of-Network services. Contact the provider for more information about out-of-network services.
4. Example: \$100 total visit charge would cost \$4 for member after deductible (when applicable).
5. Individuals living internationally are not eligible for the Humana or Personify Health plans.
6. Coverage for immunizations on the MSU Medicare Advantage Plan is determined by whether it is a Part B or Part D, which is decided by Medicare. If the immunization is Part D, such as Shingrix, it will have a co-pay, whereas Part B immunizations, such as influenza, are covered at 100%. For the MSU Non-Medicare Plan, immunization coverage is determined by the Affordable Care Act. Immunizations at a pharmacy usually result in the lowest cost to you and the pharmacy can verify coverage or other as applicable.
7. For those enrolled in the MSU Non-Medicare Plan Only: If you are hospitalized in an out-of-network facility, Humana may require that you be transferred to an in-network facility as soon as you are stabilized, if you refuse you will be charged out-of-network from the date of stabilization.
8. Preventive services are covered per the percentage noted, subject to the frequency and age limits as detailed in the evidence of coverage and summary plan descriptions.

PLEASE NOTE: This summary reviews the plan features in general terms, but is not a full description of coverage. The MSU Evidence of Coverage (EOC) Medicare Advantage document and the MSU Non-Medicare Summary Plan Description provides more detail. You may access these guides online at your.humana.com/msu for the MSU Medicare Advantage Plan and the MSU Non-Medicare Plan. Information provided in this guide may be updated periodically to ensure we provide the clearest and most accurate information.

Monthly Health Plan Premiums

The charts on the following pages show monthly health plan premiums based on the Medicare eligibility of you and your dependents. These premiums are for retirees that are 100% vested. Rates are prorated for part-time contributions. For part-time retiree monthly health plan premiums visit hr.msu.edu/benefits/healthcare/retiree-rates.html. If you are the surviving spouse/other eligible individual (OEI) of an MSU retiree, please refer to the charts starting on **page 22**.

Questions: Please join us at the MSU Benefits Fair on October 3 and/or an HR Site Lab (see **pages 12-13**). You may also contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434) with questions.

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

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$222.87	You Pay: \$0	MSU Pays: \$1,227.01	You Pay: \$0	N/A	N/A
2 Person	MSU Pays: \$445.74	You Pay: \$0	MSU Pays: \$2,454.02	You Pay: \$0	MSU Pays: \$823.76	You Pay: \$0
Family	MSU Pays: \$668.61	You Pay: \$0	MSU Pays: \$3,558.33	You Pay: \$0	MSU Pays: \$1,480.70 \$1,046.63 \$1,269.50	You Pay: 1 with Medicare: \$0 2 with Medicare: \$0 3+ with Medicare: \$0

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

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$222.87	You Pay: \$0	MSU Pays: \$1,227.01	You Pay: \$0	N/A	N/A
2 Person	MSU Pays: \$222.87	You Pay: \$222.87	MSU Pays: \$1,227.01	You Pay: \$1,227.01	MSU Pays: \$222.87	You Pay: \$600.89
Family	MSU Pays: \$222.87	You Pay: \$445.74	MSU Pays: \$1,227.01	You Pay: \$2,331.32	MSU Pays: \$222.87	You Pay: 1 with Medicare: \$1,257.83 2 with Medicare: \$823.76 3+ with Medicare: \$1,046.63

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

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$222.87	You Pay: \$0	MSU Pays: \$1,227.01	You Pay: \$0	N/A	N/A
2 Person	MSU Pays: \$222.87	You Pay: \$222.87	MSU Pays: \$1,227.01	You Pay: \$1,227.01	MSU Pays: \$222.87	You Pay: \$600.89
Family	MSU Pays: \$222.87	You Pay: \$445.74	MSU Pays: \$1,227.01	You Pay: \$2,331.32	MSU Pays: \$222.87	You Pay: 1 with Medicare: \$1,257.83 2 with Medicare: \$823.76 3+ with Medicare: \$1,046.63

Premiums for a Surviving Spouse/OEI or Faculty Retiree with 50% Coverage

The following charts display premium rates for the surviving spouse/other eligible individual (OEI) of an MSU retiree who is either deceased or they have divorced after retirement **OR** a surviving faculty retiree who selected 50/50 coverage.

Surviving Spouse/OEI of Retired Support Staff Hired July 1, 2002 – June 30, 2010

The following monthly rates are for retired support staff AND the retiree is deceased. Premiums are paid by the spouse/OEI.

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$0	You Pay: \$222.87	MSU Pays: \$0	You Pay: \$1,227.01	N/A	N/A
2 Person	MSU Pays: \$0	You Pay: \$445.74	MSU Pays: \$0	You Pay: \$2,454.02	MSU Pays: \$0	You Pay: \$823.76
Family	MSU Pays: \$0	You Pay: \$668.61	MSU Pays: \$0	You Pay: \$3,558.33	MSU Pays: \$0	You Pay: 1 with Medicare: \$1,480.70 2 with Medicare: \$1,046.63 3+ with Medicare: \$1,269.50

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

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

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$111.44	You Pay: \$111.43	MSU Pays: \$613.51	You Pay: \$613.50	N/A	N/A
2 Person	MSU Pays: \$111.44	You Pay: \$334.30	MSU Pays: \$613.51	You Pay: \$1,840.51	MSU Pays: \$111.44	You Pay: \$712.32
Family	MSU Pays: \$111.44	You Pay: \$557.17	MSU Pays: \$613.51	You Pay: \$2,944.82	MSU Pays: \$111.44	You Pay: 1 with Medicare: \$1,369.26 2 with Medicare: \$935.19 3+ with Medicare: \$1,158.06

Retired Faculty Hired July 1, 2005 – June 30, 2010 with 100% Coverage

The following monthly rates are for retired faculty that have elected 100% MSU coverage for themselves and 0% for a spouse/OEI AND the retiree is deceased. Premiums are paid by the spouse/OEI.

Coverage	MSU Medicare Advantage Plan <i>Medicare Eligible Only</i>		MSU Non-Medicare Plan <i>Non-Medicare Eligible Only</i>		MSU Transition Plan <i>Mix of Medicare and Non-Medicare Eligible</i>	
Individual	MSU Pays: \$0	You Pay: \$222.87	MSU Pays: \$0	You Pay: \$1,227.01	N/A	N/A
2 Person	MSU Pays: \$0	You Pay: \$445.74	MSU Pays: \$0	You Pay: \$2,454.02	MSU Pays: \$0	You Pay: \$823.76
Family	MSU Pays: \$0	You Pay: \$668.61	MSU Pays: \$0	You Pay: \$3,558.33	MSU Pays: \$0	You Pay: 1 with Medicare: \$1,480.70 2 with Medicare: \$1,046.63 3+ with Medicare: \$1,269.50

Action Required if Eligible for Medicare in 2025

This page is important for individuals who will become eligible for Medicare on or after January 1, 2025.

Medicare 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. A person becomes eligible for Medicare the first day of the month in which they turn age 65. If their birthday falls on the first of the month, Medicare eligibility is the first of the prior month.

Eligible for Medicare Soon? Action Required

If you and/or your dependent(s)

are turning 65 on or after January 1, you (or they) will become eligible for Medicare soon. You must complete the steps outlined on this page to continue receiving health care through the MSU health plan administered by Humana when you turn 65.

The MSU Medicare Advantage 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, coverage in the non-Medicare plan will end and you may not elect the MSU Medicare Advantage Plan

until you have a qualifying life event or during the next MSU Open Enrollment period in October.

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 MSU Medicare Advantage Plan and enrollment is automatic. This means you do not need to enroll in Medicare Part D separately.

What to Expect

Approximately 90 days prior to being eligible for Medicare, you will receive a letter from MSU Human Resources regarding the upcoming Medicare eligibility for you or your dependents. You, as the retiree, will take action to enroll in the

MSU Medicare Advantage Plan 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 mail a packet of information

advising you to take certain actions to initiate the change in coverage to the MSU Medicare Advantage Plan.

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

Are You or a Dependent Turning 65 Soon? Follow These Steps:

1. **90 Days Prior to Turning 65 (approximately):** Contact Medicare to enroll in Medicare Parts A and B (see note on Medicare Parts A and B above).

2. **45 Days Prior to Becoming Eligible for Medicare (approximately):** Send a copy of your Medicare card to MSU Human Resources and

enroll in the MSU Medicare Advantage Plan using the Enrollment/Change form provided in the letter sent from MSU Human Resources.

MA Plans and Prescription Coverage Rules

This page is important for individuals who are currently eligible or will become eligible for Medicare before January 1, 2025.

Review Your Options

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 Medicare Advantage Plan is an MA Plan (also known as an MAPD plan).

Please determine if you and/or any dependent(s) you want covered in the MSU Medicare Advantage

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.

The MSU Medicare Advantage Plan

The MSU Medicare Advantage 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.

The MSU Medicare Advantage Plan provides all the benefits of original Medicare in one plan and you do not lose any benefits or coverage of original Medicare.

MSU's Medicare Advantage 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 Insurance



Additional Benefits
Wellness Programs

Review Medicare's Rules

All individuals who are eligible for Medicare should review the following Medicare rules prior to enrolling in the MSU Medicare Advantage Plan (continued on next page):

1. To participate in the MSU Medicare Advantage Plan, you need to continue enrollment in Medicare Parts A and B the entire time.
2. In order to enroll in the MSU Medicare Advantage Plan, you must enroll through MSU Human Resources and not through Humana or an agent.
3. If you are responsible for any MSU plan premiums, those amounts will be billed directly by MSU Human Resources.
4. You and any eligible dependents may be enrolled in only one MA, MAPD, or Medicare Part D plan at a time.
5. The last plan you enroll in is the plan CMS considers 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 Medicare Advantage Plan, we advise you to actively disenroll in the other plan.

6. 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.

Make a Decision

If you and/or your dependents are eligible or will become eligible for Medicare by January 1, 2025, you must make a decision about which option to be enrolled in. Review the Following Scenarios:

1. If you and/or your dependents are enrolled in the MSU Medicare Advantage 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 plan.
2. If you and/or your dependents cancel or CMS disenrolls you from the MSU 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.
3. If you are enrolled in a Medicare Supplement Insurance plan, sometimes called Medigap, please note that the MSU plan does not coordinate with this plan. This means Medigap policies can't be used to pay your plan co-payments, deductibles, or premiums.

Questions About Medicare?

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

Visit Medicare's website or call them directly to find out more about how to enroll in Medicare.

CONTACT MEDICARE:

- › **Medicare**
800-633-4227
TTY: 877-486-2048
medicare.gov

Dental Plan Summary

Provider Contact Information

If you have questions about your dental plan options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 12** for details). You may also contact them directly.

CONTACT DENTAL PROVIDERS:

- ▶ **Aetna Dental**
877-238-6200
aetna.com
Aetna app available
- ▶ **Delta Dental**
800-524-0149
deltadentalmi.com
Delta Dental app available

More Information

Visit the HR website at **hr.msu.edu/benefits/dental** to learn more about MSU's dental plan options.

Note about Moving

Please contact Aetna using the phone number above prior to moving to confirm there is a provider available in your new city and/or state.

You have three options for dental coverage: Aetna Premium DMO, Delta Dental Base Plan, or Delta Dental Premium Plan. Learn more below and find monthly premium rates and coverage charts on the following pages.

Aetna Premium DMO

In a Dental Maintenance Organization (DMO) like Aetna Premium DMO, enrollees select a participating primary care dentist. Their primary dental care is provided by that dentist and only at locations and by dentists that participate in the plan. Although the choice of providers is more limited, it tends to cover a greater range of services at lower co-pays and does not have an annual maximum.

If you plan to enroll in Aetna Premium DMO, please verify that the dentist you want to use accepts “Aetna DMO” rather than just “Aetna” to avoid rejected claims.

Delta Dental Base Plan

This plan typically allows more freedom in selecting service providers and services performed. This coverage includes a 50% co-pay on all services, \$600 annual maximum, and \$600 lifetime orthodontic maximum. Delta Dental offers hundreds of participating providers and allows you to seek care from both participating and non-participating providers, although you may incur additional costs if you use a non-participating provider. Contact Delta Dental for information on participating providers.

Delta Dental Premium Plan

This plan offers additional services such as sealants and adult orthodontics. It has a higher level of coverage for many dental services, including 100% coverage for diagnostic and preventative services, a \$2,000 annual maximum, and a \$2,000 lifetime orthodontic maximum. Additionally, diagnostic and preventative services do not apply to the annual maximum.

Review Definitions

Please review these definitions before you enroll in a dental plan:

Annual Maximum: This is the maximum amount the dental provider will cover in a plan year. Once you reach this amount, you are responsible for 100% of the cost.

Lifetime Maximum: This is the maximum amount your plan will ever pay toward the cost of specific dental services. Once you reach this amount, you are responsible for 100% of the cost.

Dental Plan Coverage Chart

Dental Service	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
DIAGNOSTIC AND PREVENTATIVE SERVICES			
Exams	No co-pay	50% patient pay	0% patient pay
Cleanings	No co-pay	50% patient pay	0% patient pay
X-rays	No co-pay	50% patient pay	0% patient pay
Fluoride	No co-pay <i>1 per year age 15 and under</i>	50% patient pay <i>less than age 19</i>	0% patient pay <i>less than age 19</i>
Sealants <i>to prevent decay of permanent molars for dependents</i>	\$10 co-pay <i>per tooth⁴</i>	Not covered	0% patient pay <i>see age limitations</i>
Space Maintainers	\$80 co-pay <i>fixed and removable</i>	50% patient pay <i>less than age 19</i>	0% patient pay <i>less than age 19</i>
MINOR RESTORATIVE			
Amalgam Silver Fillings	No co-pay	50% patient pay	30% patient pay
Composite Resin Fillings <i>anterior teeth only</i>	No co-pay	50% patient pay	30% patient pay
PROSTHETICS			
Crowns <i>semi-precious</i>	\$315 co-pay	50% patient pay	50% patient pay
Bridges <i>per unit</i>	\$315 co-pay	50% patient pay	50% patient pay
Denture <i>for each</i>	\$320 co-pay	50% patient pay	50% patient pay
Partial <i>for each</i>	\$320-\$460 co-pay	50% patient pay	50% patient pay
ORAL SURGERY			
Simple Extraction	No co-pay	50% patient pay	30% patient pay
Extraction - Erupted tooth	No co-pay	50% patient pay	30% patient pay
Extraction - Soft Tissue Impaction	\$60 co-pay	50% patient pay	30% patient pay
Extraction - Partial Bony Impaction	\$80 co-pay	50% patient pay	30% patient pay

Dental Service	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Extraction – Complete Bony Impaction	\$120 co-pay	50% patient pay	30% patient pay
ENDODONTICS			
Anterior Root Canal	\$120 co-pay	50% patient pay	30% patient pay
Bicuspid Root Canal	\$180 co-pay	50% patient pay	30% patient pay
Molar Root Canal	\$300 co-pay	50% patient pay	30% patient pay
Apicoectomy	\$170 co-pay	50% patient pay	30% patient pay
PERIODONTICS			
Gingivectomy <i>per quadrant</i>	\$125 co-pay <i>see Summary Plan Description for details</i>	50% patient pay	30% patient pay
Osseous Surgery <i>per quadrant</i>	\$375 co-pay	50% patient pay	30% patient pay
Root Scaling <i>per quadrant</i>	\$60 co-pay	50% patient pay	30% patient pay
ORTHODONTICS			
Child <i>under age 19</i>	\$1,500 co-pay ¹	50% patient pay	50% patient pay
Adult <i>age 19 or older</i>	\$1,500 co-pay ¹	Not covered	50% patient pay
DENTAL PLAN MAXIMUMS			
Annual	No maximum	\$600 maximum ²	\$2000 maximum ³
Lifetime Orthodontics	No maximum	\$600 maximum	\$2000 maximum

The plan summary on this page is intended to help you compare your options and not to provide a full description of coverage.

Footnotes:

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.
2. Diagnostic and preventative services apply to the annual maximum.
3. Diagnostic and preventative services do not apply to the annual maximum.
4. Once per tooth every three rolling years on permanent molars only for children under age 16.

Monthly Dental Plan Premiums

The charts on the following pages show monthly dental plan premiums. These premiums are for retirees that are 100% vested. Rates are prorated for part-time contributions. For part-time retiree monthly health plan premiums visit hr.msu.edu/benefits/healthcare/retiree-rates.html.

Questions: Please join us at the MSU Benefits Fair on October 3 or an HR Site Lab (see **pages 12-13**). You may also contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434) with questions.

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$20.63	You Pay: \$11.64	MSU Pays: \$20.63	You Pay: \$0	MSU Pays: \$20.63	You Pay: \$22.29
2 Person	MSU Pays: \$39.48	You Pay: \$21.73	MSU Pays: \$39.48	You Pay: \$0	MSU Pays: \$39.48	You Pay: \$42.50
Family	MSU Pays: \$64.55	You Pay: \$37.44	MSU Pays: \$64.55	You Pay: \$0	MSU Pays: \$64.55	You Pay: \$69.80

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$20.63	You Pay: \$11.64	MSU Pays: \$20.63	You Pay: \$0	MSU Pays: \$20.63	You Pay: \$22.29
2 Person	MSU Pays: \$20.63	You Pay: \$40.58	MSU Pays: \$20.63	You Pay: \$18.85	MSU Pays: \$20.63	You Pay: \$61.35
Family	MSU Pays: \$20.63	You Pay: \$81.36	MSU Pays: \$20.63	You Pay: \$43.92	MSU Pays: \$20.63	You Pay: \$113.72

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$20.63	You Pay: \$11.64	MSU Pays: \$20.63	You Pay: \$0	MSU Pays: \$20.63	You Pay: \$22.29
2 Person	MSU Pays: \$20.63	You Pay: \$40.58	MSU Pays: \$20.63	You Pay: \$18.85	MSU Pays: \$20.63	You Pay: \$61.35
Family	MSU Pays: \$20.63	You Pay: \$81.36	MSU Pays: \$20.63	You Pay: \$43.92	MSU Pays: \$20.63	You Pay: \$113.72

Premiums for a Surviving Spouse/OEI or Faculty Retiree with 50% Coverage

The following premium rates are paid by a surviving spouse/other eligible individual (OEI) of an MSU retiree who is either deceased or they have divorced after retirement **OR** a surviving faculty retiree who selected 50/50 coverage.

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

These premiums are for retired support staff AND the retiree is deceased. Premiums are paid by the spouse/OEI.

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$0	You Pay: \$32.27	MSU Pays: \$0	You Pay: \$20.63	MSU Pays: \$0	You Pay: \$42.92
2 Person	MSU Pays: \$0	You Pay: \$61.21	MSU Pays: \$0	You Pay: \$39.48	MSU Pays: \$0	You Pay: \$81.98
Family	MSU Pays: \$0	You Pay: \$101.99	MSU Pays: \$0	You Pay: \$64.55	MSU Pays: \$0	You Pay: \$134.35

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

These premiums are for retired faculty that elected 50% MSU coverage for themselves and 50% for a spouse/OEI AND either the retiree or spouse/OEI is deceased, or they have divorced after retirement.

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$10.32	You Pay: \$21.95	MSU Pays: \$10.32	You Pay: \$10.31	MSU Pays: \$10.32	You Pay: \$32.60
2 Person	MSU Pays: \$10.32	You Pay: \$50.89	MSU Pays: \$10.32	You Pay: \$29.16	MSU Pays: \$10.32	You Pay: \$71.66
Family	MSU Pays: \$10.32	You Pay: \$91.67	MSU Pays: \$10.32	You Pay: \$54.23	MSU Pays: \$10.32	You Pay: \$124.03

Retired Faculty Hired July 1, 2005 – June 30, 2010 with 100% Coverage

The following monthly rates are for retired faculty that have elected 100% MSU coverage for themselves and 0% for a spouse/OEI AND the retiree is deceased.

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
Individual	MSU Pays: \$0	You Pay: \$32.27	MSU Pays: \$0	You Pay: \$20.63	MSU Pays: \$0	You Pay: \$42.92
2 Person	MSU Pays: \$0	You Pay: \$61.21	MSU Pays: \$0	You Pay: \$39.48	MSU Pays: \$0	You Pay: \$81.98
Family	MSU Pays: \$0	You Pay: \$101.99	MSU Pays: \$0	You Pay: \$64.55	MSU Pays: \$0	You Pay: \$134.35

Life Insurance

Voluntary, retiree-paid life insurance is offered through Prudential to existing members only. If you are not already enrolled, you cannot enroll.

How to Cancel Coverage

If you are already enrolled in life insurance, you can cancel your coverage during Open Enrollment, but you cannot re-enroll or change your coverage.

Monthly Premiums

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

Prudential Life Insurance Monthly Premiums			
Age	Retiree Rates per \$1,000 of Coverage by Age	Spouse/OEI Rates per \$1,000 of Coverage by Age	Child Rates per \$1,000 of Coverage by Age
45-49	\$0.070	\$0.112	\$0.083 <i>age is not a factor in rates for children.</i>
50-54	\$0.107	\$0.167	
55-59	\$0.200	\$0.311	
60-64	\$0.308	\$0.478	
65-69	\$0.590	\$0.924	

Important Notes:

- Spouse/other eligible individual (OEI) rates are based on the age of the retiree, NOT the age of the spouse/OEI.
 - The benefit amount will decrease to 65% at age 65 and coverage will be discontinued at age 70 for the retiree, spouse/OEI, or child. For those that retired prior to July 1, 2008, there are no age-related reductions to your benefit amount, but coverage will be discontinued at age 70 for the retiree, spouse/OEI, or child.
 - You may convert your policy to individual coverage within 31 days of turning 70. Contact Prudential for more information.
 - Child(ren) coverage begins at live birth and ends the calendar year in which they turn 23. **You are responsible for canceling insurance when children are no longer eligible.**
- Retirees Prior to July 1, 2008:**
Children who become incapacitated before the age limit may be eligible to continue coverage after the age

Provider Contact Information

If you have questions about your life insurance, we encourage you to speak with Prudential at the Benefits Fair on October 3 (see **page 12** for details). You may also contact them directly.

CONTACT PROVIDER:

- Prudential**
877-232-3555
prudential.com

View Current Participation

You can view your current coverage in the EBS Portal. Log in at **ebs.msu.edu** and click the Current Benefits Participation tile.

Designate or Update Your Beneficiaries

Visit **hr.msu.edu/benefits/beneficiaries.html** for steps on how to designate or update your beneficiaries.

- limit if the following criteria are met:
- The child is mentally and/or physically incapable of earning a living.
 - Prudential has received proof of the incapacity within 31 days.
 - The child otherwise meets the definition of a Qualified Dependent.
 - If the child becomes incapacitated after the age limit they will not be able to continue coverage.
 - Learn more at **hr.msu.edu/benefits/documents/EligibleDependents.pdf**.

Vision Insurance

Provider Contact Information

If you have questions about your vision plan options, we encourage you to speak with VSP at the Benefits Fair on October 3 (see **page 12** for details). You may also contact them directly.

CONTACT PROVIDER:

- › **VSP® Vision Insurance**
800-400-4569
msuretirees.vspforme.com

You and your benefits-eligible dependents may enroll in voluntary vision coverage through VSP® Vision Care at any time of the year. Coverage is effective the first of the month following the month you enroll. They offer savings on your eye exams, eye wear, laser vision correction, and hearing aids. You will pay monthly premiums directly to VSP.

How to Enroll, Make Changes, or Cancel

Contact VSP directly to enroll, make changes, or learn more about this voluntary benefit. **If you are currently enrolled, you will automatically be re-enrolled for the next plan year unless you cancel.**

Plan Highlights

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

Monthly Premiums

You will pay the following monthly premiums directly to VSP:

VSP Vision Monthly Premiums		
Coverage	VSP Standard Plan	VSP Premium Plan
Individual	You Pay: \$8.55	You Pay: \$12.38
2 Person	You Pay: \$17.09	You Pay: \$24.75
Family	You Pay: \$17.51	You Pay: \$25.35
The frame or contact lens allowance is \$150 for both the standard and premium plan but varies by provider location.		

Legal Insurance

You may enroll in voluntary legal insurance through ARAG during the Open Enrollment period (October 1-31) for the 2025 plan year. This voluntary benefit offers you and your family added protection from many common legal matters.

How to Enroll, Make Changes, or Cancel

Contact ARAG directly to enroll, make changes, or learn more about this voluntary benefit. **If you are currently enrolled, you will automatically be re-enrolled for the next plan year unless you cancel.**

Plan Highlights

This voluntary benefit offers you and your family added protection from many common legal matters. Most covered legal matters with ARAG are paid 100% in-full. Some covered services include:

- ▶ Consumer protection to help resolve a range of issues, including problems with products you’ve purchased, warranties, contracts, debt collection, wage garnishment, and foreclosure.
- ▶ Financial protection for debt collection matters, Medicare/Medicaid, social security, and veterans benefits.
- ▶ Real estate, such as buying or selling a home, home equity loans, and refinancing.
- ▶ Wills and estate planning, including durable or financial power of attorney, inheritance rights, health care power of attorney, elder law, and living wills.
- ▶ You may also choose the UltimateAdvisor Plus™ plan, which includes additional benefits like revocable trusts, family law, caregiving support, and ID theft coverage with restoration and credit monitoring.

Visit **ARAGLegal.com/myinfo** (use access code 17873ret) to view the differences between the UltimateAdvisor and UltimateAdvisor Plus plans.

Monthly Premiums

You will pay the following premiums directly to ARAG:

ARAG Legal Insurance Monthly Premiums		
Coverage	UltimateAdvisor	UltimateAdvisor Plus
Member	You Pay: \$20.30	You Pay: \$29.93

These plans include coverage for the retiree’s lawful spouse or OEI as well. In addition, the retiree’s children are eligible until the end of the calendar year when they reach age 23 regardless of marital status.

Provider Contact Information

If you have questions about your legal insurance options, please contact ARAG directly.

CONTACT PROVIDER:

- ▶ **ARAG Legal Insurance**
800-247-4184
ARAGLegal.com/myinfo
(Access code 17873ret)

Teladoc Health Telemedicine

Provider Contact Information

If you have questions about Teladoc Health telemedicine services, we encourage you to speak with Teladoc Health at the Benefits Fair on October 3 (see **page 12** for details). You may also contact them directly.

CONTACT PROVIDER:

- **Teladoc Health**
800-835-2362
teladochealth.com

NEW for the 2025 plan year: Retirees and their dependents who are enrolled in the MSU Non-Medicare Plan are eligible to use Teladoc Health telemedicine services starting January 1, 2025.

Teladoc Health 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 U.S. You can use Teladoc Health to get help for a range of conditions including a cold/flu, bronchitis, allergies, pink eye, dermatology, and more. Eligible retirees and their dependents who are over the age of 18 can also receive medical care for mental health (depression, anxiety, grief counseling, addiction, etc.).

How Does it Work?

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

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

Set Up Your Teladoc Health Account

Visit **teladochealth.com** and click "Register Now" to set up your account. You can then request a consult with an available doctor. We encourage you to set up your Teladoc Health account now so it's ready to use when you need it.

Teladoc Medical Experts

Teladoc Medical Experts give expert second opinions and provide answers to your medical questions. If you're facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action. Some of the ways they can help include:

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

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.

Other Support Options

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

- ▶ **Treatment Decision Support:** This service gives you access to coaching and interactive, online educational tools that offer in-depth and easy-to-follow information about your specific condition. Use these tools to help you make more educated, confident decisions about your health.
- ▶ **Medical Records eSummary:** This service allows Teladoc Medical Experts, with your permission, to collect and organize your medical records for you and provide them on a USB drive. You will also receive a personal Health Alert Summary based on the records collected, giving you a total snapshot of your medical wellness.
- ▶ **Mental Health Navigator:** Feel like yourself again with Mental Health Navigator. If you feel like your condition isn't improving or your treatment isn't working, medical experts can help you get the support you need to feel better.

Provider Contact Information

If you have questions about Teladoc Medical Expert services, we encourage you to speak with Teladoc Health at the Benefits Fair on October 3 (see **page 12** for details). You may also contact them directly.

CONTACT PROVIDER:

- ▶ **Teladoc Health**
800-835-2362
teladoc.com/
medical-experts

Retiree Open Enrollment/Change Form

PLEASE READ FIRST

- Do **NOT** complete this form if you completed enrollment online at ebs.msu.edu.
- Only use this form if you are making changes to your existing plans. Please only fill out the benefit sections you're making changes to. If you are not making any changes, you do not need to fill out this form.
- Do not use this form outside of Open Enrollment in October.

Complete this form to enroll in, change, or cancel benefits for you and/or your eligible spouse/other eligible individual (OEI) or dependent(s).

- Individuals enrolled in an MSU health or dental plan in 2024 will continue to be enrolled in that plan for 2025 and no action is needed.** To cancel coverage, select cancel in the appropriate section below. For individuals not enrolled in an MSU health/dental plan in 2024, you can enroll in coverage using the appropriate section below.
- 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 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)			
Retiree Name (Last, First, Middle Initial)		ZPID or Social Security Number (last 4 digits) ¹	Phone
Home Street Address		City	State Zip Code
If your spouse/OEI is an MSU employee/retiree, indicate their full name:			
Are you enrolled in any other health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Medicare Beneficiary Identifier (MBI) ¹ :	
If you are enrolled in another Medicare plan, you will be automatically disenrolled from that other plan if you enroll in the MSU Medicare Advantage 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 are required for individuals enrolling in the MSU Medicare Advantage Plan. If a SSN is on this form, please do NOT submit via email.

(Only fill out this section to enroll in, change, or cancel health coverage)		COVERAGE EFFECTIVE 1/1/2025		
<input type="checkbox"/> Add Plan <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
MSU Medicare Advantage Plan Everyone enrolled in this plan must have Medicare Part B.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSU Non-Medicare Plan No one in this plan is enrolled in Medicare Part B.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSU Transition Plan ² One or more people are enrolled in Medicare Part B, but not all.		N/A	<input type="checkbox"/>	<input type="checkbox"/>

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

Enroll Eligible Dependents in Health							
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)	Sex (M/F)	Relationship	Enrolled in Medicare Part B?		Medicare Beneficiary Identifier (MBI) ¹
					Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

If your dependents are enrolled in another Medicare Advantage plan, they will be automatically disenrolled from that other plan if you enroll them in the MSU Medicare Advantage Plan (MAPD).

2025 Open Enrollment – Retiree Enrollment/Change Form (page 2)

(Only fill out this section to enroll in, change, or cancel dental coverage)		COVERAGE EFFECTIVE 1/1/2025		
<input type="checkbox"/> Add Plan <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 Premium DMO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental Base Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental Premium Plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enroll Eligible Dependents in Dental				
To add an eligible spouse/other eligible individual (OEI) or dependent(s) 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)	Sex (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 MSU Coverage	
		Health	Dental
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Employee-Paid Life ³	Effective Date: 1/1/2025
<input type="checkbox"/> Cancel All Employee-Paid Life	
<input type="checkbox"/> Cancel Spouse/OEI Coverage Only	
<input type="checkbox"/> Cancel Child(ren) Coverage Only	

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

Authorization – Please read, sign, and date this section.
<p>I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of “Dependent” will be covered by the benefits I have elected (refer to the plan brochure for the definition of “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>In the event your health, prescription, and/or dental coverage is canceled due to non-payment, your next opportunity to re-enroll in coverage is the next Open Enrollment period.</p> <p>If you have questions or need plan brochures describing your benefits, please contact MSU Human Resources at: Address: 1407 S. Harrison Rd, Suite 110, East Lansing MI 48823-5287 Phone: 517-353-4434 or 800-353-4434 (toll-free) Fax: 517-432-3862 Email: SolutionsCenter@hr.msu.edu Website: hr.msu.edu</p> <p>Signature: _____ Date: _____</p>



Consent Form for Electronic Distribution of Benefit Materials and Notices

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, consent must be given in order to receive electronic copies of employee benefits materials.

The purpose of this notice is to inform you that Michigan State University is offering you the opportunity to receive all notices about your benefits electronically. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Open Enrollment Guides, Summaries of Benefits and Coverage (SBC), Health Insurance Marketplace Notices, and HIPAA certificates of creditable coverage.

All enrollment information, summaries, and notices are accessible at hr.msu.edu/benefits/.

In addition, when a new benefit notice, announcement, newsletter, SPD, or other document is posted to the Internet, you will receive a notification at your msu.edu email address to inform you of the availability of the document.

- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify MSU Human Resources in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All benefit notices, including SPDs and plan amendments, will be available on the Internet as a PDF. If you do not have access to the Internet, or if you do not have the programs necessary to view this type of file, you should not consent.
- To withdraw your consent, please contact MSU Human Resources.

I consent to the electronic disclosure of all Employee Benefit notices and documents, including Summary Plan Descriptions and plan amendments. I understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices and documents, including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the Employee Benefits websites, view the documents, and print copies.

Name

Last 4 Digits of Social Security Number

Signature

Date

Please return this form to MSU Human Resources
using the enclosed return envelope.

Questions? Contact MSU Human Resources:
517-353-4434 (800-353-4434 toll-free)
SolutionsCenter@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/Personify Health: 800-273-2509
- 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 pri-

vacy 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 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, 2024. Contact your State for more information on eligibility.

Alabama - Medicaid
Website: http://myalhipp.com/ ; Phone: 1-855-692-5447
Alaska - Medicaid
The AK Health Insurance Premium Payment Program - Website: http://myakhipp.com ; Phone: 1-866-251-4861; Email: CustomerService@MyAKHIPP.com ; Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
Arkansas - Medicaid
Website: http://myarhipp.com/ ; Phone: 1-855-MyARHIPP (855-692-7447)
California - Medicaid
Health Insurance Premium Payment (HIPP) Program: Website: http://dhcs.ca.gov/hipp ; Phone: 916-445-8322; Fax: 916-440-5676; Email: hipp@dhcs.ca.gov

Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ ; Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711; CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711; Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ ; HIBI Customer Service: 1-855-692-6442
Florida - Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html ; Phone: 1-877-357-3268
Georgia - Medicaid
GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp ; Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra ; Phone: 678-564-1162, Press 2
Indiana - Medicaid
Healthy Indiana Plan for low-income adults 19-64: Website: http://www.in.gov/fssa/hip/ ; Phone: 1-877-438-4479; All other Medicaid: Website: https://www.in.gov/medicaid/ ; Phone: 1-800-457-4584
Iowa - Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members/ ; Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki ; Hawki Phone: 1-800-257-8563; HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp ; HIPP Phone: 1-888-346-9562
Kansas - Medicaid
Website: https://www.kancare.ks.gov/ ; Phone: 1-800-792-4884; HIPP Phone: 1-800-967-4660
Kentucky - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx ; Phone: 1-855-459-6328; Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov ; Phone: 1-877-524-4718; Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
Louisiana - Medicaid
Website: www.medicaid.la.gov or www.lahipp.la.gov ; Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
Maine - Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US ; Phone: 1-800-442-6003 TTY: Maine relay 711; Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms ; Phone: 1-800-977-6740; TTY: Maine relay 711
Massachusetts - Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa ; Phone: 1-800-862-4840; TTY: 711; Email: masspremassistance@accenture.com
Minnesota - Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp ; Phone: 1-800-657-3739
Missouri - Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm ; Phone: 573-751-2005

Montana - Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP ; Phone: 1-800-694-3084; Email: HSHIPPProgram@mt.gov
Nebraska - Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633; Lincoln: 402-473-7000; Omaha: 402-595-1178
Nevada - Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
New Hampshire - Medicaid
Website: https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program ; Phone: 603-271-5218; Toll free number for the HIPP program: 1-800-852-3345, ext.5218
New Jersey - Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392; CHIP Website: http://www.njfamilycare.org/index.html ; CHIP Phone: 1-800-701-0710
New York - Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ ; Phone: 1-800-541-2831
North Carolina - Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
North Dakota - Medicaid
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
Oklahoma - Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon - Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx ; Phone: 1-800-699-9075
Pennsylvania - Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx ; Phone: 1-800-692-7462; CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
Rhode Island - Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ ; Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
South Carolina - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
South Dakota - Medicaid
Website: http://dss.sd.gov ; Phone: 1-888-828-0059
Texas - Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program ; Phone: 1-800-440-0493
Utah - Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
Vermont - Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program ; Phone: 1-800-250-8427
Virginia - Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs ; Medicaid/CHIP Phone: 1-800-432-5924
Washington - Medicaid
Website: https://www.hca.wa.gov/ ; Phone: 1-800-562-3022
West Virginia - Medicaid and CHIP
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)
Wisconsin - Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Wyoming - Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2026)



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