



2025
PLAN YEAR

Open Enrollment Benefits Guide

FOR INDIVIDUALS IN THE
FOLLOWING GROUPS:

Cash-for-Life, COBRA, Long-term
Disability, One Year Paid Medical,
Postdoctoral Fellows, Unpaid
Leave of Absence, and Workers'
Compensation



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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.

This guide contains information about the benefit options available to individuals in the following groups: Cash-for-Life, COBRA, Long-term Disability, One Year Paid Medical, Postdoctoral Fellows, Unpaid Leave of Absence, and Workers' Compensation. If you're unsure which group you belong in, you can find it printed on the mailing address on the back of this guide.



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

- ▶ **What's New:** Learn more about what's new and important reminders for the 2025 plan year 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. Learn more on **page 10**.
- ▶ **HR Site Labs:** Join HR staff throughout October to ask questions and receive assistance. Learn more on **page 11**.

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 employees 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 10-11**.



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 10-11**.

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 10**.

DENTAL AND HEALTH

Aetna Dental

877-238-6200
aetna.com

Blue Care Network

800-662-6667
bcbsm.com

BlueCard

888-288-1726
bcbsm.com

Community Blue PPO

888-288-1726
bcbsm.com

CDHP PPO

888-288-1726
bcbsm.com

CVS Caremark

800-565-7105
caremark.com

Delta Dental

800-524-0149
deltadentalmi.com

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

Personify Health

MSU Non-Medicare Plan

Customer Care: 800-273-2509
Teladoc Health Telemedicine
800-835-2362
teladochealth.com

Medicare

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

VOLUNTARY/OTHER

HealthEquity

FSA: 877-924-3967
participant.wageworks.com
HSA: 877-219-4506
my.healthequity.com

MSU Benefits Plus

888-758-7575
msubenefitsplus.com

Prudential

877-232-3555
prudential.com

Teladoc Health Telemedicine

800-835-2362
teladochealth.com

Teladoc Medical Experts

800-835-2362
teladoc.com/medical-experts



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 10-11**.

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 10-11** to ask questions about your benefit 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. **Page 38** provides instructions to change or cancel voluntary benefits. *You may only change or cancel vision, legal, or critical illness insurance during the Open Enrollment period.*

5.

Other Considerations

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

If you and/or your covered dependents will be eligible for Medicare on or after January 1, 2025, read **page 31** to find out what to expect and steps to take.


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 10-11**.

WHAT'S NEW?

 **The following information only pertains to individuals who are eligible for the MSU Non-Medicare Plan.**

MSU Non-Medicare Plan Provider Change

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 18**.

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. For any questions, please call Customer Care at 800-273-2509.

Personify Health Presentations:

Personify Health will provide presentations during the MSU Benefits Fair on October 3. See **page 10** 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.

Expanded Access to Teladoc Health


Starting with the 2025 plan year, we are pleased to expand access to telemedicine through Teladoc Health to individuals who are enrolled in the MSU Non-Medicare Plan. Learn more on **page 39**.



REMINDERS

Premium Threshold for Spouse/OEI Affidavit

You must review and complete the spouse/other eligible individual (OEI) affidavit in the EBS Portal each year to continue coverage for your spouse/OEI. If your spouse/OEI has access to health care coverage through their own current or former employer, they must purchase the coverage their own employer offers if the annual employee premium cost for single-person coverage is \$1,500 or less. You may still cover your spouse/OEI on your MSU health coverage as a secondary plan. Find instructions to complete the affidavit on **page 9**. Learn more about the affidavit at hr.msu.edu/open-enrollment/faq.html.

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

Medicare Open Enrollment Period

MSU's Open Enrollment period is from October 1-31 and NOT associated with the Medicare

Open Enrollment period from October 15–December 7. If you and your eligible dependents want to participate in the MSU Humana employer-sponsored group health 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 32**.

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) 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 32**.

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.

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 31**.

Do You Need to Do Anything?

Are you unsure if you need to take any action during Open Enrollment? As an MSU benefits-eligible individual, find your group, review your current benefit elections, and answer true or false to the following statements:


	TRUE	FALSE
Unpaid Leave of Absence (LOA) - <i>Eligible for health, dental, life insurance, and voluntary benefits.</i>		
1. I want to enroll in, change, or cancel health and/or dental coverage for myself and/or my eligible dependents.	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to decrease or cancel my life insurance.	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to change or cancel my voluntary benefits. See page 38 for more details.	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability (LTD) and Workers' Compensation (WC) - <i>Eligible for health, dental, and life insurance.</i>		
1. I want to enroll in, change, or cancel health and/or dental coverage for myself and/or my eligible dependents.	<input type="checkbox"/>	<input type="checkbox"/>
2. I want to decrease or cancel my life insurance.	<input type="checkbox"/>	<input type="checkbox"/>
COBRA Participants - <i>Eligible for health and dental insurance.</i>		
1. I want to enroll in, change, or cancel health and/or dental coverage for myself and/or my eligible dependents.	<input type="checkbox"/>	<input type="checkbox"/>
Cash-for-Life and One Year Paid Medical - <i>Eligible for health insurance.</i>		
1. I want to change or cancel health and/or dental coverage for myself and/or my eligible dependents.	<input type="checkbox"/>	<input type="checkbox"/>
Postdoctoral Fellows - <i>Eligible for health insurance.</i>		
1. I want to enroll in, change, or cancel health and/or dental coverage for myself and/or my eligible dependents.	<input type="checkbox"/>	<input type="checkbox"/>

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

Please use the following forms (if applicable to you) and return them to MSU HR in the enclosed envelope by **October 31**. Review the Other Enrollment Instructions below to determine if additional action is needed.



Enrollment/Change Form
Use the Enrollment/Change form on **page 41** to enroll in, change, or cancel coverage for health, dental, and life insurance.



Affidavit for Spouse/Other Eligible Individual (OEI)
If you cover a spouse/OEI on your health insurance, you must complete the affidavit form on **page 43**. *COBRA participants and those eligible for Medicare do NOT need to complete the affidavit.*

Other Enrollment Instructions

Voluntary Benefits: Find instructions to change or cancel voluntary benefits (vision, legal, and critical illness insurance) on **page 38**.

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) have the option to enroll in another MA plan (such as your spouse's benefits), you need to choose which plan to be enrolled in and take action.
If you do not take action, CMS

will keep you enrolled in the last plan you enrolled in and disenroll you from any previous plan(s). Use the enrollment/change form on **page 41** to enroll in or cancel coverage for yourself and/or your spouse/OEI. Learn more about MA plans on **page 31**.

Child Dependent Age Criteria

Health Insurance

Children (biological, step, or adopted) are eligible through the end of the calendar year in which they turn age 26. Non-adopted grandchildren, nieces, nephews, or wards through legal guardianship are eligible through the end of the calendar year in which they turn age 23.

Dental Insurance

Children (biological, step, or adopted), non-adopted grandchildren, nieces, nephews, or wards through legal guardianship are eligible through the end of the calendar year in which they turn age 23.

Life and AD&D Insurance

Dependent children are eligible until the end of the calendar year during which the child turns age 23 with no restrictions such as student enrollment or IRS dependence.

It is your responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions.

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

SD and FC riders are not eligible for the Cigna Global Health Advantage, Humana, or Personify

Health plans. International SD riders may enroll in a plan from the Healthcare Marketplace.

Disabled Dependents

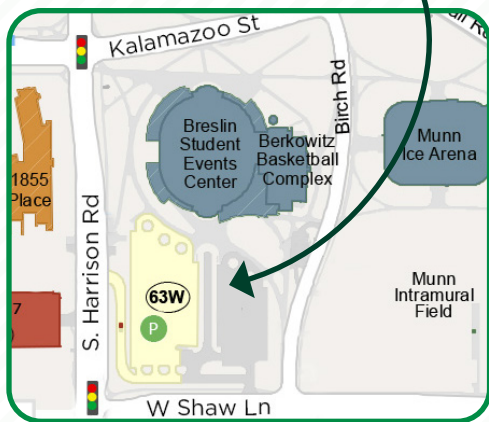
Dependents who become mentally or physically incapacitated before the age limit may be eligible to continue coverage after the age limit. Learn more at hr.msu.edu/benefits/documents/EligibleDependents.pdf.



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.

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.

Health and Prescription Plan Summaries

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

Your health plan eligibility is determined by your employee type, where you live, your union affiliation (if any), and whether you and/or your covered dependents are eligible for Medicare. You can learn more about Medicare eligibility on **page 31**. Please use the flowchart below and the charts on the following pages to determine health plan eligibility. Health plan summaries start on **page 16**.

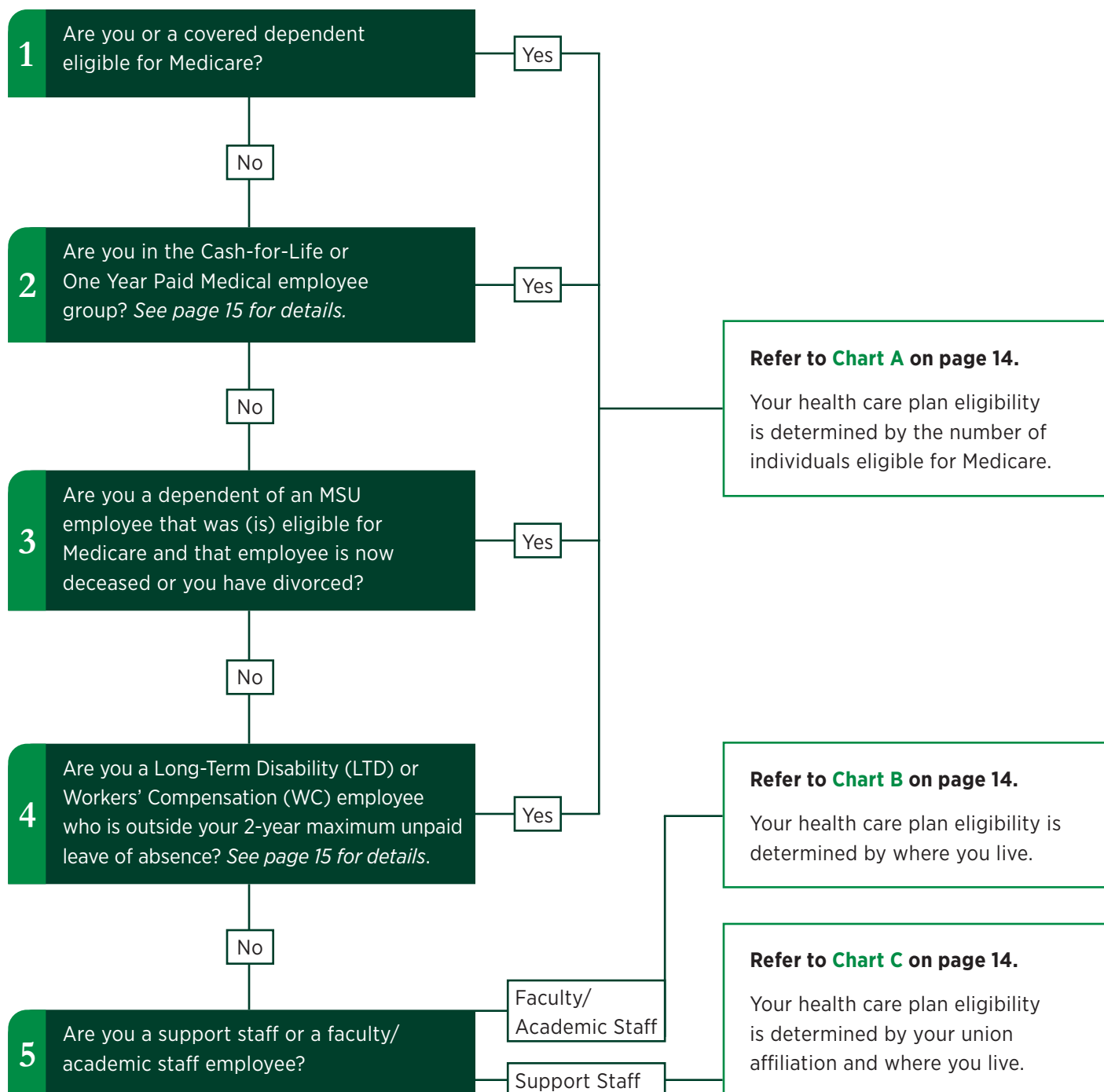


Chart A. Health Care Plan Eligibility Chart for Medicare Eligible Employees/Dependents, Cash-for-Life, One Year Paid Medical, and LTD or WC Outside 2-year Maximum Unpaid Leave of Absence

Medicare Eligibility: Select the scenario below that applies to you to determine health plan eligibility.	MSU Health Plan Eligibility		
	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan
My dependents (if any) and I are eligible for Medicare.	Yes	No	No
I am eligible for Medicare and have a dependent(s) who is NOT eligible for Medicare.	No	No	Yes
I am NOT eligible for Medicare and have a dependent(s) who is eligible for Medicare.	No	No	Yes
My dependents (if any) and I are NOT eligible for Medicare.	No	Yes	No

Chart B. Faculty and Academic Staff Health Care Plan Eligibility Chart

Blue Care Network		BlueCard Out-of-State		Community Blue PPO		CDHP with HSA	
In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
Yes	No	No	Yes	Yes	Yes	Yes	Yes

Chart C. Support Staff Health Care Plan Eligibility Chart

Union Affiliation ¹	Blue Care Network		BlueCard Out-of-State		Community Blue PPO		CDHP with HSA	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
APA	Yes	No	No	Yes	Yes	Yes	No	No
APSA	Yes	No	No	Yes	Yes	Yes	No	Yes
CTU	Yes	No	No	Yes	Yes	Yes	No	Yes
MSU Extension	Yes	No	No	Yes	Yes	Yes	No	No
Non-Union	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Nurses	Yes	No	No	Yes	Yes	Yes	No	No
POAM	Yes	No	No	Yes	Yes	Yes	Yes	No
Resident Advisors	Yes	No	No	Yes	Yes	Yes	No	No
SSTU	Yes	No	No	Yes	Yes	Yes	No	No
274	Yes	No	No	Yes	Yes	Yes	No	No
324	Yes	No	No	Yes	Yes	Yes	No	No
1585	Yes	No	No	Yes	Yes	Yes	No	No

¹ Your supervisor can look up your union affiliation in the EBS portal (ebs.msu.edu) or contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434).

Health Plan Coverage Charts

The following pages provide a summary for each health plan option. To view the Health Plan Coverage Chart for a health plan, please refer to the appropriate guide:

- ▶ Support staff should reference **page 17** of the active support staff guide at hr.msu.edu/benefits/documents/2025-SS-OE-Guide.pdf.
- ▶ Faculty and academic staff should reference **page 16** of the active faculty/academic staff guide at hr.msu.edu/benefits/documents/2025-FAS-OE-Guide.pdf.
- ▶ Individuals eligible for the MSU Medicare Advantage or MSU Non-Medicare health care plans should refer to **page 16** of the retiree guide at hr.msu.edu/benefits/documents/2025-retiree-oe-guide.pdf.

WC and LTD Outside a 2-Year Maximum Unpaid Leave of Absence, Cash-for-Life, and One Year Paid Medical Individuals

Employee groups that are no longer considered active employees include the following:

- ▶ Long-Term Disability (LTD) and Workers' Compensation (WC) after a maximum of 2 years with coverage on an active health care plan.
- ▶ Cash-for-Life
- ▶ One Year Paid Medical

Plan eligibility for these groups is based on the number of individuals in your family who are eligible for Medicare. If you and/or any of your dependents are eligible for Medicare, then the eligible individuals must enroll in Medicare Parts A & B.

If you and your dependents are eligible for Medicare, you may enroll in the MSU Medicare Advantage Plan. If you and your dependents are NOT eligible for Medicare, you may enroll in the MSU Non-Medicare Plan. If you and/or your dependents have a mix of Medicare eligibility, you may enroll in the MSU Transition Plan. Learn more about these plans on **page 18**.

Prescription Drug Information

The prescription drug plan for BCN, BlueCard Out-of-State, Community Blue, or CDHP is administered through CVS Caremark. You are automatically enrolled in prescription coverage when you enroll in one of the MSU health plans. You may use any in-network pharmacy, which includes the MSU Health Care Pharmacy.

The following table shows co-pay rates for prescription drugs for BCN, BlueCard Out-of-State, and Community Blue PPO enrollees effective January 1, 2025.

Prescription Plan Co-Pays for Blue Care Network, BlueCard Out-of-State, and Community Blue PPO Members

Drug Tier	34-Day Supply	90-Day Supply ^{1, 2}
Generic	\$10	\$20
Preferred Brand-Name	\$30	\$60
Non-Preferred Brand-Name	\$60	\$120
Annual Out-of-Pocket Co-Pay Maximum		
Individual: \$1,000		Family: \$2,000
¹ 90-day supply (except Bio-Tech/Specialty Drugs) may only be filled at MSU Pharmacies or through CVS Caremark mail order. ² See also the CVS Caremark Maintenance Choice Program FAQ .		

Biotech and Specialty Medications

Biotech and specialty medications, such as infusions, injections, or orally taken medications to treat chronic or rare conditions, must receive prior authorization and can be filled only by the CVS Caremark Specialty Pharmacy. Visit **CVSspecialty.com** or call CVS Specialty Customer Service at 800-237-2767 for details. Specialty drugs eligible for the PrudentRx Co-pay Program have a \$0 co-pay for members enrolled and a 30% co-pay for members not enrolled in the program. All other specialty drugs have a \$75 co-pay.

Consumer Driven Health Plan (CDHP) Prescription Information:

Prescription drug costs under the CDHP are subject to plan deductible and co-insurance, and then the total cost is covered after you reach the out-of-pocket maximum. This means that you pay 100% of prescription costs until you reach the deductible. Once the deductible is met, the plan covers 80% of the costs while you pay 20% co-insurance. Once the out-of-pocket maximum is reached, prescriptions are 100% covered. Certain preventive generic prescription drugs for chronic conditions (asthma, cholesterol, diabetes, and anti-hypertensives) are 100% covered without a deductible or co-insurance.

Contact CVS Caremark at 800-565-7105 or visit **caremark.com** with any questions.

Health Plan Waivers

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

Individuals who waive coverage will receive a payment of **up to \$600** per year. Payments occur in February for the previous plan year. If you enroll in the waiver for the 2025 plan year, you will receive your payment in February 2026.

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

Please Note: If you and your spouse or OEI both work at MSU, you are not eligible for the waiver option. Find more waiver information at hr.msu.edu/benefits/healthcare/waiver.html.

Summary of Benefits and Coverage

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

Blue Care Network (BCN)

Coverage	BCN is a Health Maintenance Organization (HMO), which means you select and work closely with a primary care physician to manage your care. Deductibles, co-insurance, and prior authorization requirements may apply. Highlights of the plan: <ul style="list-style-type: none">▶ Lower premium cost.▶ Access coverage with BlueCard when traveling out-of-state and Blue Cross Blue Shield Global Core for traveling outside of the U.S.▶ Plan does not require a referral, but some services are subject to prior authorization.▶ You must choose a primary care physician.
Deductible	The in-network deductible is \$100 /individual and \$200 /family. After meeting the deductible, a 20% co-insurance may apply up to the out-of-pocket maximum.
Out-of-Pocket Maximum	\$3,000 /individual or \$6,000 /family
Questions	Visit bcbsm.com or call 800-662-6667 to ask questions or find a provider.

BlueCard Out-of-State

Coverage	BlueCard Out-of-State is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Coverage for this plan is similar to the BCN plan but allows individuals that live outside the state of Michigan to enroll. Deductibles, co-insurance, and prior authorization may apply. Highlights of the plan: <ul style="list-style-type: none">▶ Premium is higher than BCN but lower than Community Blue and intended to be a more affordable option for those living outside the state of Michigan.▶ Plan is similar to BCN but allows for primary care services to be received outside the state of Michigan.▶ Does not require you to choose a primary care physician.
Deductible	The in-network deductible is \$100 /individual and \$200 /family. After meeting the deductible, a 20% co-insurance may apply up to the out-of-pocket maximum.
Out-of-Pocket Maximum	\$3,000 /individual or \$6,000 /family
Questions	Visit bcbsm.com or call 888-288-1726 to ask questions or find a provider.

Community Blue PPO

Coverage	Community Blue is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Deductibles, co-insurance, and prior authorization requirements apply in some circumstances. Highlights of the plan: <ul style="list-style-type: none"> ▶ Does not have an in-network deductible requirement. ▶ Higher premium cost. ▶ More flexibility in managing care with a worldwide network of participating physicians. ▶ Does not require you to choose a primary care physician.
Deductible	The in-network deductible is \$0 . The out-of-network deductible is \$250 /individual and \$500 /family. After meeting the deductible, a 20% co-insurance may apply up to the maximum.
Out-of-Pocket Maximum	The in-network maximum is \$2,000 /individual or \$4,000 /family. The out-of-network maximum is \$2,250 /individual or \$4,500 /family.
Questions	Visit bcbsm.com or call 888-288-1726 to ask questions or find a provider.

Consumer Driven Health Plan with Health Savings Account

Consumer Driven Health Plan (CDHP) Overview

Coverage	The CDHP is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. There is a worldwide network of participating PPO physicians and hospitals. If you do not anticipate having high health care needs and are looking for a sound strategy to save for your retirement health care, this plan may be the most cost-effective option for you. While you pay a deductible first before the plan pays medical and prescription benefits, preventative care and certain generic medications for chronic conditions (asthma, cholesterol, diabetes, and anti-hypertensives) are 100% covered with no deductible or co-pay when using an in-network provider.
Deductible	The in-network deductible is \$2,000 /individual and \$4,000 /family. The out-of-network deductible is \$4,000 /individual and \$8,000 /family.
Out-of-Pocket Maximum	The in-network maximum is \$3,000 /individual or \$6,000 /family. The out-of-network maximum is \$6,000 /individual or \$12,000 /family. After expenses reach this amount, you do not have to pay for any other health care costs, including prescription drugs.

Health Savings Account (HSA) Overview

Coverage	If you enroll in the CDHP, you must enroll in the HSA at the same time. MSU contributes up to \$750 to the HSA each year (prorated based on employment percentage) and you may add funds to the HSA tax-free. If you do not enroll during Open Enrollment, you will lose MSU's contribution. You can use these HSA funds to pay for any eligible medical expenses or doctor visits you incur. Employer and employee combined annual HSA contributions are limited to the 2025 IRS limits of \$4,300/single and \$8,550/family. These contributions are triple tax-free! You make contributions pre-tax, your account balance earns interest tax-free, and your distributions are tax-free if they are used for eligible medical expenses. Please Note: Due to IRS regulations, you are unable to enroll in the HSA offered with the CDHP if you participate or have a balance in a Health Care FSA. If you have an existing HSA from a previous employer you can add those funds into your new HSA.
Questions	For questions about the CDHP, visit bcbsm.com or call 888-288-1726. For questions about the HSA, contact HealthEquity at 877-219-4506.



Important Note about the Following Health Care Plans

Individuals eligible for the MSU Medicare Advantage, MSU Non-Medicare, and MSU Transition Plans include employees who are and/or have dependents eligible for Medicare, LTD or WC individuals outside their 2-year maximum unpaid leave of absence, One Year Paid Medical, and Cash-for-Life individuals. Contact the HR Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434) for eligibility questions.

MSU Transition Plan

This plan is only available to individuals and their dependents if at least one member of the family is eligible for Medicare and the other is not. Those enrolled in Medicare should refer to the MSU Medicare Advantage Plan summary and those NOT enrolled in Medicare should refer to the MSU Non-Medicare Plan summary.

MSU Medicare Advantage Plan

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

MSU Non-Medicare Plan

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

MSU Medicare Advantage Plan

HEALTH CARE OVERVIEW

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.
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		

1. Some generics may be on higher tiers.

2. Specialty medications limited to 30-day supply.

MSU Non-Medicare Plan

HEALTH CARE OVERVIEW

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 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.
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		

1. Some generics may be on higher tiers.

2. Specialty medications limited to 30-day supply.

Monthly Health Plan Premiums

The following charts show monthly health plan premiums for individuals in these groups: Cash-for-Life, COBRA participants, leave of absence, long-term disability, one year paid medical, postdoctoral fellows, and workers' compensation. You can find your group printed on the mailing address on the back of this guide. See the flowchart on **page 13** to determine which health plans you're eligible to enroll in.

Cash-for-Life

Faculty, Academic, and Support Staff: These premiums are for faculty, academic, and support staff Cash-for-Life individuals and their dependent(s). Plan eligibility is based on Medicare eligibility.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$222.87	\$1,227.01	N/A	
2 Person	\$445.74	\$2,454.02	\$823.76	
Family	\$668.61	\$3,558.33	1 with Medicare	\$1,480.70
			2 with Medicare	\$1,046.63
			3 with Medicare	\$1,269.50

COBRA Participants

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

Faculty and Academic Staff: These premiums are for faculty and academic staff COBRA participants who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.				
Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$754.55	\$844.97	\$1,129.14	\$599.53
2 Person	\$1,584.55	\$1,774.44	\$2,371.19	\$1,188.89
Family	\$1,886.38	\$2,112.43	\$2,822.85	\$1,403.20

Support Staff: These premiums are for support staff COBRA participants who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.				
Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$754.55	\$844.97	\$1,165.12	\$599.53
2 Person	\$1,584.55	\$1,774.44	\$2,446.74	\$1,188.89
Family	\$1,886.38	\$2,112.43	\$2,912.79	\$1,403.20

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

Faculty, Academic, and Support Staff: These premiums are for faculty, academic and support staff COBRA participants and their dependents who are eligible for Medicare or have a mix of family members eligible for Medicare.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$227.33	\$1,251.55	N/A	
2 Person	\$454.65	\$2,503.10	\$840.24	
Family	\$681.98	\$3,629.50	1 with Medicare	\$1,510.31
			2 with Medicare	\$1,067.56
			3 with Medicare	\$1,294.89

Postdoctoral Fellows

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

These premiums are for postdoctoral fellows who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.			
Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO
Single	\$739.76	\$828.40	\$1,107.00
2 Person	\$1,553.49	\$1,739.64	\$2,324.69
Family	\$1,849.40	\$2,071.01	\$2,767.50

Unpaid Leave of Absence (LOA)

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

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff on an unpaid LOA who are NOT eligible for Medicare and do not have covered dependents eligible for Medicare.				
Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$1,109.64	\$1,242.61	\$1,660.50	\$881.66
2 Person	\$2,330.24	\$2,609.46	\$3,487.04	\$1,748.36
Family	\$2,774.10	\$3,106.51	\$4,151.25	\$2,063.52

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$739.76	\$828.40	\$1,107.00	\$587.77
2 Person	\$1,553.49	\$1,739.64	\$2,324.69	\$1,165.57
Family	\$1,849.40	\$2,071.01	\$2,767.50	\$1,375.68

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$739.76	\$828.40	\$1,142.27	\$587.77
2 Person	\$1,553.49	\$1,739.64	\$2,398.76	\$1,165.57
Family	\$1,849.40	\$2,071.01	\$2,855.67	\$1,375.68

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

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

Coverage Tier	MSU Medicare Advantage Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$334.31	N/A	
2 Person	\$668.61	\$1,235.64	
Family	\$1,002.92	1 with Medicare	\$2,221.05
		2 with Medicare	\$1,569.95
		3 with Medicare	\$1,904.25

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

Coverage Tier	MSU Medicare Advantage Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$222.87	N/A	
2 Person	\$445.74	\$823.76	
Family	\$668.61	1 with Medicare	\$1,480.70
		2 with Medicare	\$1,046.63
		3 with Medicare	\$1,269.50

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

Non-Medicare Eligible Plans for LTD or WC within their Maximum first 2 Years on an Active Health Plan: No members of your family are eligible for Medicare.

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$117.26	\$250.23	\$668.11	\$51.96
2 Person	\$246.26	\$525.47	\$1,403.05	\$101.28
Family	\$293.16	\$625.57	\$1,670.31	\$118.53

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$78.17	\$166.81	\$445.41	\$34.64
2 Person	\$164.17	\$350.32	\$935.37	\$67.52
Family	\$195.44	\$417.05	\$1,113.54	\$79.02

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	Paid by MSU	\$88.64	\$402.51	\$34.64
2 Person	Paid by MSU	\$186.15	\$845.27	\$67.52
Family	Paid by MSU	\$221.61	\$1,006.27	\$79.02

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Single	\$78.17	\$166.81	\$480.68	Paid by MSU
2 Person	\$164.17	\$350.32	\$1,009.44	Paid by MSU
Family	\$195.44	\$417.05	\$1,198.71	Paid by MSU

Medicare and Non-Medicare Eligible Plans for LTD and WC after their Maximum of 2 Years on an Active Health Plan:
Some members of your family may be eligible for Medicare.

Academic Year (AY) Faculty and Academic Staff: These premiums are for AY faculty and academic staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare OR are outside their 2-year maximum unpaid leave of absence.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$46.80	\$257.67	N/A	
2 Person	\$93.60	\$515.34	\$173.00	
Family	\$140.42	\$747.26	1 with Medicare	\$310.95
			2 with Medicare	\$219.80
			3 with Medicare	\$266.60

Annual Year (AN) Faculty and Academic Staff: These premiums are for AN faculty and academic staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare OR are outside their 2-year maximum unpaid leave of absence.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$31.20	\$171.78	N/A	
2 Person	\$62.40	\$343.56	\$115.33	
Family	\$93.61	\$498.17	1 with Medicare	\$207.30
			2 with Medicare	\$146.53
			3 with Medicare	\$177.73

Support Staff: These premiums are for support staff LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare OR are outside their 2-year maximum unpaid leave of absence.

Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	Paid by MSU	Paid by MSU	N/A	
2 Person	Paid by MSU	Paid by MSU	Paid by MSU	
Family	Paid by MSU	Paid by MSU	1 with Medicare	Paid by MSU
			2 with Medicare	Paid by MSU
			3 with Medicare	Paid by MSU

POAM Individuals: These premiums are for Police Officers Association of Michigan LTD or WC individuals and their dependents eligible for Medicare OR have a mix of covered family members eligible for Medicare OR are outside their 2-year maximum unpaid leave of absence.

Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$31.20	\$171.78	N/A	
2 Person	\$62.40	\$343.56	\$115.33	
Family	\$93.61	\$498.17	1 with Medicare	\$207.30
			2 with Medicare	\$146.53
			3 with Medicare	\$177.73

One Year Paid Medical

Faculty and Academic Staff: These premiums are for faculty and academic staff One Year Paid Medical individuals and their dependents. Plan eligibility is based on Medicare eligibility.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$31.20	\$171.78	N/A	
2 Person	\$62.40	\$343.56	\$115.33	
Family	\$93.61	\$498.17	1 with Medicare	\$207.30
			2 with Medicare	\$146.53
			3 with Medicare	\$177.73

Support Staff: These premiums are for support staff One Year Paid Medical individuals and their dependents. Plan eligibility is based on Medicare eligibility.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	Paid by MSU	Paid by MSU	N/A	
2 Person	Paid by MSU	Paid by MSU	Paid by MSU	
Family	Paid by MSU	Paid by MSU	1 with Medicare	Paid by MSU
			2 with Medicare	Paid by MSU
			3 with Medicare	Paid by MSU

POAM Individuals: These premiums are for Police Officers Association of Michigan One Year Paid Medical individuals and their dependents. Plan eligibility is based on Medicare eligibility.				
Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	You and/or all of your dependents (if any) must be eligible for Medicare to enroll in this plan.	You and/or all of your dependents (if any) must NOT be eligible for Medicare to enroll in this plan.	You must have both Medicare-eligible and non-Medicare eligible individuals to enroll in this plan.	
Single	\$31.20	\$171.78	N/A	
2 Person	\$62.40	\$343.56	\$115.33	
Family	\$93.61	\$498.17	1 with Medicare	\$207.30
			2 with Medicare	\$146.53
			3 with Medicare	\$177.73

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 10** 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.

Dental Plan Summary

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

Aetna DMO and Aetna Premium DMO

The Aetna DMO plan is available to 274, AP, and POAM employees. The Aetna Premium DMO plan is available to faculty and academic staff, APSA, CTU, 324, 1585, SSTU, nurses, resident advisors and MSU Extension employees.

In a Dental Maintenance Organization (DMO) like Aetna DMO and 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 DMO or Aetna Premium DMO, please verify that the dentist you want to use accepts "Aetna DMO" rather than just "Aetna" to avoid rejected claims.

Guidance for Employees that Enroll in an Aetna Plan

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

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.

Dental Plan Coverage Chart

Dental Service	Aetna DMO (plan 41)	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Diagnostic and Preventative Service				
Exams	\$20 co-pay	No co-pay	50% patient pay	0% patient pay
Cleanings	No co-pay	No co-pay	50% patient pay	0% patient pay
X-rays	No co-pay	No co-pay	50% patient pay	0% patient pay
Fluoride	No co-pay	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>	\$10 co-pay <i>per tooth⁴</i>	Not covered	0% patient pay <i>see age limitations</i>
Space Maintainers	\$100 co-pay	\$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	\$22 co-pay <i>per filling</i>	No co-pay	50% patient pay	30% patient pay
Composite Resin Fillings <i>anterior teeth only</i>	\$40 co-pay <i>per filling</i>	No co-pay	50% patient pay	30% patient pay
Prosthetics				
Crowns <i>semi-precious</i>	\$488 co-pay	\$315 co-pay	50% patient pay	50% patient pay
Bridges <i>per unit</i>	\$488 co-pay	\$315 co-pay	50% patient pay	50% patient pay
Denture <i>for each</i>	\$500 co-pay	\$320 co-pay	50% patient pay	50% patient pay
Partial <i>for each</i>	\$513-\$719 co-pay	\$320-\$460 co-pay	50% patient pay	50% patient pay
Oral Surgery				
Simple Extraction	\$12 co-pay	No co-pay	50% patient pay	30% patient pay
Extraction – Erupted Tooth	\$30 co-pay	No co-pay	50% patient pay	30% patient pay
Extraction – Soft Tissue Impaction	\$80 co-pay	\$60 co-pay	50% patient pay	30% patient pay
Extraction – Partial Bony Impaction	\$175 co-pay	\$80 co-pay	50% patient pay	30% patient pay
Extraction – Complete Bony Impaction	\$225 co-pay	\$120 co-pay	50% patient pay	30% patient pay
Endodontics				
Anterior Root Canal	\$150 co-pay	\$120 co-pay	50% patient pay	30% patient pay

Dental Service	Aetna DMO (plan 41)	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Bicuspid Root Canal	\$195 co-pay	\$180 co-pay	50% patient pay	30% patient pay
Molar Root Canal	\$435 co-pay	\$300 co-pay	50% patient pay	30% patient pay
Apicoectomy	\$156-\$190 co-pay	\$170 co-pay	50% patient pay	30% patient pay
Periodontics				
Gingivectomy <i>per quadrant</i>	\$160 co-pay <i>see Summary Plan Description for details</i>	\$125 co-pay <i>see Summary Plan Description for details</i>	50% patient pay	30% patient pay
Osseous Surgery <i>per quadrant</i>	\$445 co-pay	\$375 co-pay	50% patient pay	30% patient pay
Root Scaling <i>per quadrant</i>	\$65 co-pay	\$60 co-pay	50% patient pay	30% patient pay
Orthodontics				
Child <i>under age 19</i>	\$3,000 co-pay ¹	\$1,500 co-pay ¹	50% patient pay	50% patient pay
Adult <i>age 19 or older</i>	\$3,000 co-pay ¹	\$1,500 co-pay ¹	Not covered	50% patient pay
Dental Plan Maximums				
Annual	No maximum	No maximum	\$600 maximum ²	\$2000 maximum ³
Lifetime Orthodontics	No maximum	No maximum	\$600 maximum	\$2000 maximum

The plan summary on this page is intended to help you compare your options and not 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 following chart displays monthly dental plan premiums. Premiums are made pre-tax through payroll deduction. Dental plan eligibility is dependent on your union affiliation.

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.

COBRA Participants

Faculty, Academic, and Support Staff Monthly Premiums				
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Single	\$21.04	\$32.92	\$21.04	\$43.78
2 Person	\$40.27	\$62.43	\$40.27	\$83.62
Family	\$65.85	\$104.03	\$65.85	\$137.04

Long-term Disability and Workers' Compensation

Faculty, Academic, and Support Staff Monthly Premiums				
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Single	Paid by MSU	\$11.64	Paid by MSU	\$22.29
2 Person	Paid by MSU	\$21.73	Paid by MSU	\$42.50
Family	Paid by MSU	\$37.44	Paid by MSU	\$69.80

Unpaid Leave of Absence

Academic Year Faculty/Academic Staff Monthly Premiums			
Coverage Tier	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Single	\$17.46	Paid by MSU	\$33.43
2 Person	\$32.60	Paid by MSU	\$63.75
Family	\$56.16	Paid by MSU	\$104.70

Annual Year Faculty/Academic Staff Monthly Premiums			
Coverage Tier	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Single	\$11.64	Paid by MSU	\$22.29
2 Person	\$21.73	Paid by MSU	\$42.50
Family	\$37.44	Paid by MSU	\$69.80

Support Staff Monthly Premiums				
Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Single	\$20.63	\$11.64	\$20.63	\$22.29
2 Person	\$39.48	\$21.73	\$39.48	\$42.50
Family	\$64.55	\$37.44	\$64.55	\$69.80

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

again until you have a qualified 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 the 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 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 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.

Individuals Turning 65:

- ▶ **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).
- ▶ **45 Days Prior to Becoming Eligible for Medicare (approx.):** 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.

SSDI Recipients:

- ▶ **45 Days Prior to Becoming Eligible for Medicare (approx.):** 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.

MSU's 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):

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

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

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.

- ▶ 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:

- ▶ 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.
- ▶ 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.
- ▶ If you are enrolled in a Medicare Supplement Insurance plan, sometimes called Medigap, please note that the MSU plan does not coordinate with these plans. This means Medigap policies can't be used to pay your plan co-payments, deductibles, or premiums.

Life Insurance

MSU offers optional employee-paid life insurance to all faculty, academic and support staff who are on an unpaid leave of absence, long-term disability, and workers' compensation, as well as to their spouse/other eligible individual (OEI) and dependent children. You do not need to be enrolled to add your children or spouse/OEI.

Life insurance is offered at 1 to 10 times your annual salary. There are various levels of coverage for your spouse/OEI and children. You must provide evidence of insurability (EOI) when enrolling or increasing your coverage for yourself or your spouse/OEI. EOI is not required for children. Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled or hospital confined on the date coverage is scheduled to take effect. MSU will contact you via your MSU email address with instructions on how to submit your EOI to Prudential. Please see Dependent Age Criteria on **page 35**.

How Much Does Optional Life Insurance Cost?

You may use the charts and formulas below and on the following page to calculate the monthly cost for you, your spouse/OEI, and/or your children. Rates are also calculated in the EBS Portal as you go through Open Enrollment. Rates will change on the date you enter a new age bracket or if your salary changes.

Employee Life Insurance Cost

Step One – determine the following:

- ▶ Your salary.
- ▶ Your rate (see Chart A).
- ▶ Your benefit level. Choose from 1 – 10 times your salary, up to a maximum of \$2,000,000.

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

Salary x **Rate** x **Benefit Level** ÷ **1,000** = \$ /month

Example

- ▶ Salary = \$50,000
 - ▶ Age = 25, so rate = \$0.027 (according to Chart A).
 - ▶ Benefit level chosen = 5 x salary
- \$50,000** (salary) x **\$0.027** (rate) x **5** (benefit level) ÷ **1,000** = \$6.75/month

Chart A. Employee Rates Per \$1,000 of Coverage by Age	
Age	Rate
<25	\$0.023
25-29	\$0.027
30-34	\$0.037
35-39	\$0.042
40-44	\$0.047
45-49	\$0.070
50-54	\$0.107
55-59	\$0.200
60-64	\$0.308
65-69	\$0.590
70+	\$0.957

Provider Contact Information

If you have questions about your life insurance options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

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

More Information

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

Estimate Your Insurance Needs

Visit prudential.com/financial-education/life-insurance-calculator to estimate your insurance needs.

Child Dependent Age Criteria

Dependent children enrolled in Life and/or AD&D insurance are eligible through the end of the calendar year during which the child turns age 23 with no restrictions such as student enrollment or IRS dependency.

It is the enrollee's responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions.

Spouse/OEI Life Insurance Cost

Step One – determine the following:

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

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

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

Example

- ▶ Coverage Level = \$10,000
 - ▶ Age = 25, so rate = \$0.040 (according to Chart C).
- $$\text{\$10,000 (coverage level)} \times \text{\$0.040 (rate)} \div 1,000 = \$0.40/\text{month}$$

Chart B. Spouse/OEI Coverage Levels

\$10,000
\$25,000
\$50,000
\$75,000
\$100,000
\$125,000
\$150,000
\$175,000
\$200,000

Chart C. Spouse/OEI Rates Per \$1,000 of Coverage by Age

Age	Rate
<25	\$0.040
25-29	\$0.040
30-34	\$0.055
35-39	\$0.063
40-44	\$0.071
45-49	\$0.112
50-54	\$0.167
55-59	\$0.311
60-64	\$0.478
65-69	\$0.924
70+	\$1.489

Child Life Insurance Cost

Step One – determine the following:

- ▶ Child coverage level. Choose from options in Chart D.

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

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

Example

- ▶ Coverage Level = \$10,000
- $$\text{\$10,000 (coverage level)} \times \$0.083 \text{ (rate)} \div 1,000 = \$0.83/\text{month}$$

Chart D. Child Coverage Levels

\$5,000
\$10,000
\$15,000
\$20,000
\$25,000

AD&D Insurance

Accidental Death and Dismemberment (AD&D) insurance is available to all faculty, academic, and support staff who are on an unpaid leave of absence, long-term disability, workers' compensation, as well as to their spouse/other eligible individual (OEI) and dependent children.

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

You can enroll in AD&D coverage at 1 to 10 times your annual salary. Benefit levels vary by type of insurance selected (employee-only or family) and the extent of the injury. Evidence of insurability is not required. Benefit amounts for spouse/OEI and/or children are based on a percentage of your benefit amount. Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled or hospital confined on the date coverage is scheduled to take effect. Please see Dependent Age Criteria on **page 35**.

How Much Does Optional AD&D Insurance Cost?

Use the chart and formula below to find the cost of insurance for you, your spouse/OEI, and your children. Rates are also calculated in the EBS Portal as you go through Open Enrollment. Rates are subject to change.

AD&D Insurance Cost

Step One – determine the following:

- ▶ Your salary.
- ▶ Your rate (see Chart A).
- ▶ Your benefit level. Choose from 1 – 10 times your salary, up to a maximum of \$1,500,000 for the employee, \$750,000 for a spouse/OEI, or \$100,000 per child.

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

Salary x **Rate** x **Benefit Level** ÷ **1,000** = \$ /month

Example

- ▶ Salary = \$50,000
 - ▶ Employee rate = \$0.015 (according to Chart A).
 - ▶ Benefit level chosen = 5 x salary
- \$50,000** (salary) x **\$0.015** (rate) x **5** (benefit level) ÷ **1,000** = \$3.75/month

Chart A. Employee Rates Per \$1,000 of Coverage	
Coverage Type	Rate
Employee-only	\$0.015
Family	\$0.023

Provider Contact Information

If you have questions about your AD&D insurance options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

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

More Information

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

Flexible Spending Accounts

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

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

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

How FSAs Work When You Return from an Unpaid LOA

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

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

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

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

For steps on how to enroll, contact MSU Human Resources at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434).

FSA Important Deadlines

Review important deadlines for using your funds and submitting claims:

Deadlines For the 2024 Plan Year

Use FSA Funds: **March 15, 2025**

Submit Claims for FSA Funds: **April 30, 2025**

Deadlines For the 2025 Plan Year

Use FSA Funds: **March 15, 2026**

Submit Claims for FSA Funds: **April 30, 2026**

Helpful Health Care FSA Information

- ▶ Keep all of your receipts for eligible expenses. IRS rules require FSA administrators to substantiate the eligibility of all items and services, including those transactions using Health Care FSA debit cards. Some types of expenses, like doctor visits or prescription drug co-pays, can be automatically substantiated because co-pays are predictable amounts from medical providers.
- ▶ HealthEquity may ask you to send in supporting documentation for a card transaction. Acceptable documentation contains the following five pieces of information:
 - ▶ Date of Service
 - ▶ Description of Service (such as co-pay)
 - ▶ Patient Name
 - ▶ Provider's Name
 - ▶ Amount of Transaction
- ▶ An Explanation of Benefits contains all five pieces of information and is available from your insurance carrier if you used insurance for your card transaction.
- ▶ Visit the FSA Store at **FSASore.com** to buy your eligible expenses online!

Voluntary Benefits

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

To Change or Cancel Insurance

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

When You Can Enroll

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

For Eligibility and Enrollment Questions

Please contact MSU Benefits Plus for eligibility and enrollment questions.

If you have specific questions about a voluntary benefit, contact the voluntary benefit provider directly using the information below.

MSU Benefits Plus

888-758-7575

[MSUBenefitsPlus.com](https://msubenefitsplus.com)

MetLife Critical Illness Insurance

800-438-6388

metlife.com/mybenefits

VSP Vision Insurance

800-877-7195

msu-acpt.vspforme.com

Farmers Insurance

Home/Auto Insurance

800-438-6381

farmers.com/groupselect

Nationwide Pet Insurance

800-540-2016 (policy questions)

877-738-7874 (enrollment questions)

petinsurance.com

Liberty Mutual

Home/Auto Insurance

888-860-0316

libertymutual.com/msuemployees

ARAG Legal Insurance

800-247-4184

araglegal.com/plans

(Access code: 17873msu)

Provider Contact Information

If you have questions about your voluntary benefit options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

› **MSU Benefits Plus**

888-758-7575

msubenefitsplus.com

Child Dependent Age Criteria

Dependent children are eligible to the end of the calendar year during which the child turns age 23 with no restrictions such as student enrollment or IRS dependency.

Provider Contact Information

If you have questions about your Teladoc Health options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

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

Provider Contact Information

If you have questions about your Teladoc Medical Experts options, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

- ▶ **Teladoc Medical Experts**
800-835-2362
teladochealth.com/expert-care/specialty-wellness/medical-experts

Teladoc Health Telemedicine

Teladoc Health is available to unpaid leave of absence, long-term disability, and workers' compensation individuals (within their 2-year maximum unpaid leave of absence) and their dependents enrolled in an MSU health plan. Teladoc Health is a telemedicine service that offers 24/7 access to a health care professional by phone, web, or mobile app. Talk to a doctor from anywhere in the U.S.

Use Teladoc Health to get help for a range of conditions including a cold/flu, bronchitis, allergies, pink eye, dermatology, and more. Eligible employees 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:

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

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

Teladoc Medical Experts

Teladoc Medical Experts is available to cash-for-life, long-term disability, one year paid medical, postdoctoral fellows, unpaid leave of absence, and workers' compensation individuals eligible for an MSU health plan.

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.

Livongo by Teladoc Health

Livongo by Teladoc Health is available to unpaid leave of absence, long-term disability, and workers' compensation individuals (within their 2-year maximum unpaid leave of absence). You and/or your dependents must be diagnosed with type 1 or type 2 diabetes.

Livongo helps you manage your diabetes by delivering tools and resources directly to your home – all completely free to you and/or your eligible dependents! MSU pays for this program on your behalf, so you can access unlimited supplies, smart meter, and coaching at no cost to you.

Benefits of the Program

After you sign up, you will have access to unlimited supplies, smart meter, and optional coaching. Learn more:

- ▶ **An advanced blood glucose meter:** The Livongo connected meter is super easy to use. It automatically uploads readings to your private account and gives instant insights.
- ▶ **Unlimited free strips and lancets:** You can get as many strips and lancets as you need with no hidden costs or co-pays. When your supplies are about to run out, Livongo ships you more.
- ▶ **Optional coaching anytime and anywhere:** Connect to a Livongo expert coach for optional, one-on-one support by phone, email, text, or mobile app to help with questions about nutrition or lifestyle changes and live interventions triggered by acute alerts.

How to Sign Up

Visit welcome.livongo.com/MSU to learn more and click Join Now to sign up. You may enroll in Livongo at anytime throughout the year.

Provider Contact Information

If you have questions about Livongo, we encourage you to speak with the provider at the Benefits Fair on October 3 (see **page 10** for details). You may also contact them directly.

CONTACT PROVIDER:

- ▶ **Livongo**
800-945-4355
livongo.com



Open Enrollment/Change Form

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

- To **add or delete** a dependent to or from your health and/or dental plan, fill out the dependent info below. Please submit documentation with this form. Find required documentation here: hr.msu.edu/benefits/documents/EligibleDependents.pdf
- Sign, date and return this form to MSU HR no later than **October 31, 2024 in the enclosed return envelope**. To send electronically, please use filedepot.msu.edu to submit the form securely. If you omit your social security number, you may submit via email to SolutionsCenter@hr.msu.edu.

Personal Information (You must fill out this section – please print clearly.)			
Name (Last, First, Middle Initial)		ZPID or Social Security Number (last 4 digits) ¹	
Home Street Address		City	State Zip Code
If your spouse/OEI is an MSU employee/retiree, provide their full name:			
Are you enrolled in any other health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 is required for individuals enrolling in the MSU Medicare Advantage Plan.

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

(Only fill out this section if you're enrolling in, changing or canceling health coverage)					COVERAGE EFFECTIVE 1/1/2025		
<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
Blue Care Network (BCN) ¹					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BlueCard Out-of-State ²					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Blue PPO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Driven Health Plan (CDHP) ³					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (One or more people are enrolled in Medicare Part B, but not all)					N/A	<input type="checkbox"/>	<input type="checkbox"/>
Health Plan Waiver ⁴					<input type="checkbox"/>	N/A	N/A

¹ Blue Care Network is only available to regular benefit eligible employees that live in the state of Michigan.

² BlueCard Out-of-State is only available to employees living outside of Michigan but within the U.S.

³ Consumer Driven Health Plan is only available to faculty, academic staff, executive management, non-union support staff, and POAM benefit-eligible employees. APSA and CTU benefit-eligible employees are only eligible if residing outside of Michigan. If enrolled, you should also enroll in the Health Savings Account.

⁴ Regular benefit eligible employees who have health care coverage through another employer may waive MSU health care coverage and receive up to a \$600 annual payment. This is not available when an MSU employee is enrolled in another MSU health plan.

Enroll Eligible Dependents in Health							
If you need to add an eligible spouse/other eligible individual (OEI) or dependent(s) to your health plan, provide all the requested information for each dependent in the spaces below.							
Dependent Name (Last, First, Middle Initial)	SSN	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship	Enrolled in Medicare Part B?		Medicare Beneficiary Identifier (MBI):
					Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
If your dependents are enrolled in another Medicare plan they will be automatically disenrolled from that other plan if you enroll them in the MSU Medicare Advantage Plan.							

(Only fill out this section if you're enrolling in, changing, or canceling dental coverage)					COVERAGE EFFECTIVE 1/1/2025		
<input type="checkbox"/> Add	<input type="checkbox"/> Change Plan	<input type="checkbox"/> Cancel Plan	<input type="checkbox"/> Add Dependent(s)	<input type="checkbox"/> Remove Dependent(s)	Dependent Coverage Level		
Dental Plan					Single	2 Person	Family
Aetna DMO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aetna Premium DMO					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental 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				
If you need to add a dependent to your dental plan, provide all the requested information for each dependent in the spaces below.				
Dependent Name (Last, First, Middle Initial)	SSN (last 4 digits)	Date of Birth (MM/DD/YY)	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/Opt out of MSU Coverage	
		Health	Dental
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

(Only fill out this section if you're enrolling in, changing or canceling life insurance coverage)				COVERAGE EFFECTIVE 1/1/2025⁶	
Employee-Paid Life⁵		Spouse/Other Eligible Individual Life		Children Life	
<input type="checkbox"/> Cancel All Employee-Paid Life		<input type="checkbox"/> Cancel Spouse/OEI Coverage Only		<input type="checkbox"/> Cancel Child(ren) Coverage Only	
<input type="checkbox"/> 1X Salary	<input type="checkbox"/> 6X Salary	<input type="checkbox"/> 10,000	<input type="checkbox"/> 125,000	<input type="checkbox"/> 5,000	<input type="checkbox"/> 20,000
<input type="checkbox"/> 2X Salary	<input type="checkbox"/> 7X Salary	<input type="checkbox"/> 25,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000
<input type="checkbox"/> 3X Salary	<input type="checkbox"/> 8X Salary	<input type="checkbox"/> 50,000	<input type="checkbox"/> 175,000	<input type="checkbox"/> 15,000	
<input type="checkbox"/> 4X Salary	<input type="checkbox"/> 9X Salary	<input type="checkbox"/> 75,000	<input type="checkbox"/> 200,000		
<input type="checkbox"/> 5X Salary	<input type="checkbox"/> 10X Salary	<input type="checkbox"/> 100,000			

⁵If you want to change your beneficiary for employee-paid life insurance, visit hr.msu.edu/benefits/beneficiaries.html for more information.
⁶Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled or hospital confined on the date coverage is scheduled to take effect.

(Only fill out this section if you're enrolling in, changing or canceling AD&D insurance coverage)				COVERAGE EFFECTIVE 1/1/2025	
Accidental Death and Dismemberment (AD&D) Insurance					
Employee Only			Spouse/OEI and Dependents		
<input type="checkbox"/> Cancel employee coverage			<input type="checkbox"/> Cancel all spouse/OEI and dependent coverage		
<input type="checkbox"/> 1X Salary	<input type="checkbox"/> 6X Salary		<input type="checkbox"/> Enroll in family option		
<input type="checkbox"/> 2X Salary	<input type="checkbox"/> 7X Salary				
<input type="checkbox"/> 3X Salary	<input type="checkbox"/> 8X Salary				
<input type="checkbox"/> 4X Salary	<input type="checkbox"/> 9X Salary				
<input type="checkbox"/> 5X Salary	<input type="checkbox"/> 10X Salary				

Authorization - Please read, sign and date this section.	
<p>I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of "Dependent" or "Sponsored Dependent" will be covered by the benefits I have elected (refer to the plan brochure for the definition of "Dependent" and "Sponsored Dependent").</p> <p>I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse/OEI and/or dependent(s), which are necessary to the administration of my contract.</p> <p>I have read and agree to the terms and conditions above and outlined in the plan brochures. I verify all above information is true, correct and complete.</p> <p>If you have questions or need plan brochures describing your benefits, please contact MSU Human Resources at: 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> <p style="text-align: center;">MSU is an equal opportunity employer</p>	



Spouse/OEI Affidavit

Please complete this affidavit and mail to MSU Human Resources in the enclosed return envelope by **October 31, 2024**.

COBRA participants and individuals eligible for Medicare should NOT complete this Affidavit.

Complete this affidavit if you covered a spouse/other eligible individual (OEI) under your benefits in 2024 or if you are adding a spouse/OEI under your benefits in 2025.

1. Is the person that was covered by your benefits between January 1, 2024 and December 31, 2024 still living? YES ☐ NO ☐
If you check no, please provide their name and date of death:

Name: _____

Date of Death: _____

2. Is the person that was covered by your benefits between January 1, 2024 and December 31, 2024 still your spouse/OEI? If you check no, provide their name and the date you divorced your spouse/OEI: YES ☐ NO ☐

Name: _____

Date of Divorce: _____

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

Name of other employer: _____

Name of other health plan: _____

YOUR SIGNATURE AND WHAT IT MEANS

By signing this form I verify the eligibility or ineligibility of my current or former spouse/OEI for coverage under my benefits plan for the 2025 benefits year. I understand that this is a legal document and that the information I have provided is accurate. I also understand that I will be held responsible for the cost of any benefits paid for on behalf of my spouse/OEI if they receive benefits that they were not eligible to receive through my MSU health plan.

Name (Please Print Neatly)

Signature

Last 4 Digits of Your Social Security Number or ZPID

Date

Please return this form by October 31, 2024
in the enclosed return envelope to:

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

Contact MSU Human Resources with questions:

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

Website: hr.msu.edu

Detach page along perforated line.

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

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

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

IMPORTANT ELIGIBILITY INFORMATION

If you answered "NO" to question number 3 on the other side of this form, you may cover your eligible spouse/OEI on your MSU health plan in 2025 since they are not eligible for health plan coverage through their employer at an annual premium cost of \$1,500 or less.

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

POTENTIAL CONSEQUENCES OF NOT RETURNING THIS AFFIDAVIT EVERY YEAR

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

Please return this form by October 31 in the enclosed return envelope to:

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

Contact MSU Human Resources with questions:

517-353-4434 (800-353-4434 toll-free)
SolutionsCenter@hr.msu.edu
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 HealthEquity): 877-219-4506

As always, contact MSU Human Resources for assistance at SolutionsCenter@hr.msu.edu,

517-353-4434 or 800-353-4434.

HIPAA: Notice of Privacy Practices Michigan State University Health Plans

EFFECTIVE DATE

This Notice is effective January 1, 2013.

PURPOSE

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

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

The Health Insurance Portability and Accountability Act (HIPAA) identifies protected health information (PHI) and requires that the Plan, with Michigan State University and the Plan

administrator(s) and insurer(s) maintain a privacy policy and that it provides you with this notice of the Plan's legal duties and privacy practices. This notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

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

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

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

Uses and Disclosures Permitted Without Your Authorization or Consent

The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or healthcare operations. Information about treatment involves the care and services you receive from a healthcare provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning healthcare operations may be used to project future healthcare costs or audit the accuracy of claims processing functions. The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit.

The Plan may disclose health information to the University if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of the

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

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

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

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

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

You should be aware that the Plan is not responsible for any further disclosures made by the party to whom you authorize the release of your PHI. If you provide the Plan

with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

Your Rights

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

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Michigan State University Human Resources. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Michigan State University Human Resources.

Right to Amend. If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask it to amend the information. You may request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to Michigan State University Human Resources. In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the plan may deny your request if you ask it to amend information that is not part of the medical information kept by or for the Plan; was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy or is already accurate and complete. If your request is denied, you have the right to file a statement of disagreement. Any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to Michigan State University Human Resources. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan may charge you for the costs

of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that is used or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had. Except as provided in the next paragraph, the Plan is not required to agree to your request. However, if it does agree to the request, it will honor the restriction until you revoke it or the Plan notifies you. Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full. To request restrictions, you must make your request in writing to Michigan State University Human Resources. In your request, you must tell the Plan(1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that you receive communications about medical matters in a certain way or at a certain location. For example, you can ask that you are only contacted at work or by mail. To request confidential communications, you must make your request in writing to Michigan State University Human Resources. You will not be asked the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

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

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

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

Plan Contact Information:
Contact Person: Director of 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.flmedicaidtplecovery.com/flmedicaidtplecovery.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.medicicaid.la.gov or www.la.gov/lahealth ; 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 Rite 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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