2027
PLAN YEAR

MSU RETIREE

Open Enrollment Benefits Guide

Open Enrollment | **October 1-31**

How to Use this Guide

Welcome to the Michigan State University Benefits Open Enrollment period, which occurs each year from **October 1 to 31**. Please use this time to evaluate your benefit needs and make any changes for the upcoming plan year. **Changes will be effective from January 1 to December 31, 2027**.

Providing comprehensive, competitive benefits to our retirees is essential. When making crucial decisions about your health and well-being, we hope you find this guide helpful. Follow these steps:

1. Review Materials

Please review this guide completely. Information is also available at **hr.msu.edu/open-enrollment**.

2. Ask Us Questions

Join us at an Open Enrollment event on **page 5** to ask questions or make changes.

3. Make Decisions

Read **page 8** to determine if you need to take action by October 31.

4. Take Action

Page 9 provides instructions to make changes to your benefits.

If you have any questions, we are here to help!

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

Use the QR code to view this guide and all Open Enrollment information online or visit **hr.msu.edu/open-enrollment**.

Photo provided by University Communications.

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Contact Information

MSU Human Resources is available on weekdays for on-site services from 8 a.m. to 5 p.m. EST, by phone from 8:30 a.m. to 4:30 p.m. EST, and by email. All services are closed during lunch from 1 to 2 p.m. EST.

SolutionsCenter@hr.msu.edu

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

1407 S. Harrison Road
East Lansing, MI 48823

Please contact **MSU benefit providers** directly with your specific coverage questions. You may also speak with a provider during the MSU Benefits Fair.

HEALTH, PRESCRIPTION, AND DENTAL

Aetna Dental
877-238-6200
aetna.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
855-469-1245
hr.msu.edu/benefits/healthcare/non-medicare-plan.html
RxBenefits: 800-334-8134
member.rxbenefits.com

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

VOLUNTARY/OTHER

ARAG
800-247-4184
araglegal.com/myinfo (Access Code: 17873ret)

MSU Benefits Plus (Discounts)
888-758-7575
msuretirees.corestream.com

Prudential
877-232-3555
prudential.com

Teladoc Health
800-835-2362
teladochealth.com

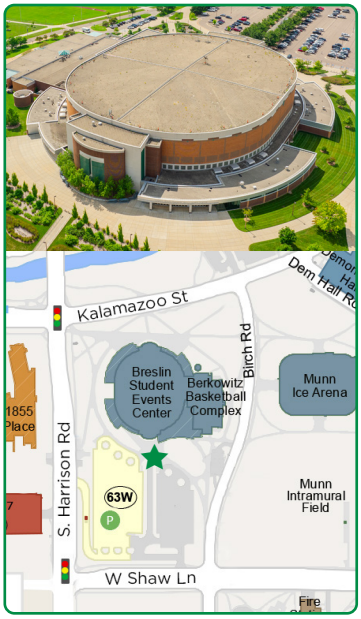
Teladoc Medical Experts
855-380-7828
teladochealth.com/expert-care/specialty-wellness/medical-experts

VSP Vision Care
800-400-4569
msuretirees.vspforme.com

Open Enrollment Events

MSU Benefits Fair

Receive guidance and enrollment support from MSU HR and benefit providers. The MSU Health Care Pharmacy will offer flu shots by appointment during the fair. Appointments close when full or 72 hours before the event. The entrance is through the Gilbert Pavilion/Hall of History, located to the right of Lot 63W. ▶



Use the QR code to learn more and schedule a flu shot appointment or visit hr.msu.edu/open-enrollment/benefits-fair.html.

October 22 | 11 a.m. to 6 p.m.
Jack Breslin Student Events Center
534 Birch Road
East Lansing, MI 48824

HEALTH CARE PRESENTATIONS

MSU Medicare Advantage Plan | 12:30 to 1:30 p.m. | 3:30 to 4:30 p.m.
Humana will share an overview of available tools and explain how to read your Smart Summary and Smart Explanation of Benefits (EOB).

MSU Non-Medicare Plan | 2 to 3 p.m.
Personify Health will share an overview of available tools and resources.

HR Site Labs

Receive guidance and enrollment support from MSU HR. Use the QR code to learn more about the HR Site Labs or visit hr.msu.edu/open-enrollment/site-labs.html.

October 9 | 9 a.m. to Noon | Virtual

October 12 | 7 to 10 p.m. | Virtual

October 14 | 9 a.m. to 3 p.m. | In-person
International Center
427 N. Shaw Lane, Spartan Rooms B and C
East Lansing, MI 48824

October 20 | 2 to 5 p.m. | Virtual

October 27 | 11 a.m. to 5 p.m. | In-person
MSU Union
49 Abbot Road, Room UB55
East Lansing, MI 48824

October 30 | 8 a.m. to 5 p.m. | In-person
HR Building
1407 S. Harrison Road, Room 125
East Lansing, MI 48823

2027 Plan Year Updates and Reminders

Please review the following important Open Enrollment updates and reminders. Visit the HR website at **hr.msu.edu** for the most updated information.

New ID Cards for Humana Members

Members enrolled in the MSU Medicare Advantage Plan will receive new ID cards with updated group numbers from Humana for the 2027 plan year.

Change to Online Enrollment Instructions

Please note the minor change to access the Open Enrollment application within the EBS portal and follow the instructions on page 9.

Open Enrollment Events

MSU HR is offering many opportunities for assistance throughout October, including the MSU Benefits Fair and HR site labs. Humana and Personify Health will give presentations and answer questions about the MSU retiree health plans. Attend an event to learn more about your options or receive help making changes. Learn more on page 5.

Discounts through MSU Benefits Plus

Access exclusive discounts on products and services at msuretirees.corestream.com.

Voluntary Benefits

Find instructions to enroll in, change, or cancel optional vision and legal insurance on pages 29-30.

Medicare Open Enrollment Period

MSU's Open Enrollment period is from October 1 to 31 and NOT associated with the Medicare Open Enrollment period from October 15 to December 7. If you and your eligible dependents want to participate in an MSU health plan and are not currently enrolled, you must follow the instructions on page 9.

No action is needed if you and your dependents are currently enrolled in an MSU health plan and want to continue enrollment. Page 8 will help you determine if you need to take action. We strongly recommend you review the Medicare rules on page 21.

Medicare Advantage (MA) Plans

Centers for Medicare and Medicaid Services (CMS) allows enrollment in only one MA plan at a time. The MSU Medicare Advantage Plan includes a Medicare Advantage medical plan and a companion Medicare Part D prescription drug plan. If you or your dependent(s) are enrolled in or can enroll in another MA plan (such as a spouse's plan), choose which plan you want and take action, if needed.

Page 9 provides instructions to enroll in or cancel coverage. If you do not take action, CMS will keep you enrolled in the most recently elected plan and disenroll you from others. Find information about MA plans on page 21.

Humana Enrollment

Humana may send materials about the MSU Medicare Advantage Plan, but they will never contact you to enroll. Enrollment in MSU plans can only be completed through MSU. **If you enroll in a different Medicare Advantage plan through Humana, your eligibility for MSU coverage will be affected**. See the Make Decisions section on page 22.

No Spousal Affidavit

An affidavit is not required for your spouse or other eligible individual (OEI). However, if you experience a death or divorce, please let us know (if you haven't yet) at SolutionsCenter@hr.msu.edu or 517-353-4434 (toll-free: 800-353-4434).

SilverSneakers

Individuals enrolled in the MSU Medicare Advantage Plan have access to SilverSneakers, which offers online workouts, fitness classes, special discounts, a fitness app, and more. Learn

more at SilverSneakers.com or by calling 866-584-7389.

Hearing Aid Discounts

TruHearing offers discounts on hearing aids to those enrolled in the MSU Medicare Advantage Plan. Please contact TruHearing at 855-299-3591 or HearUSA (if you live in Florida) at 844-340-4615 for more information.

Personify Health offers hearing aid discounts to those enrolled in the MSU Non-Medicare Plan.

Medicare Eligibility

Action is required if you or a covered dependent becomes eligible for Medicare on or after January 1, 2027. Learn more on page 20.

Electronic Consent Form

To receive Open Enrollment materials via **email only**, complete the form on page 35.

Qualifying Life Event

During Open Enrollment (October 1-31), you make important decisions that impact the upcoming plan year, including enrolling in, changing, or canceling health or dental coverage for you or your dependents. **Your choices are permanent until the next Open Enrollment period, with changes effective January 1**. Carefully review Open Enrollment materials to select the plans that best meet your coverage and financial needs.

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

Add a Dependent

Find instructions at hr.msu.edu/open-enrollment/add-dependent.html.

Child Dependent Age Criteria

DENTAL INSURANCE

Enrolled children who turn age 23 by December 31 will automatically be removed from dental coverage at the end of the calendar year. MSU HR will mail the child dependent information in December about continuing coverage through COBRA.

HEALTH INSURANCE

Enrolled children who turn age 26 by December 31 are no longer eligible for health coverage under retiree plans and will automatically be removed from health coverage at the end of the calendar year. MSU HR will mail the child dependent information in December about continuing coverage through COBRA.

Other eligible dependents (grandchildren, nieces, nephews, foster children, and children of OEI not legally adopted) who are enrolled and turn age 23 by December 31 are no longer eligible for health coverage under retiree plans. They will automatically be removed from health coverage at the end of the calendar year. MSU HR will mail the child dependent information in December about continuing coverage through COBRA.

Learn more about eligible dependents at hr.msu.edu/benefits/documents/EligibleDependents.pdf.

LIFE INSURANCE

Dependent children are eligible for life insurance until the end of the calendar year the child turns 23.

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

Children who become incapacitated before the age limit may be eligible to continue coverage beyond age 23.

VISION AND LEGAL INSURANCE

Dependent children are eligible until the end of the calendar year they turn 23.

Should You Do Anything?

If you're unsure whether you need to take action during Open Enrollment, review your current benefit elections and indicate whether the following statements are **true** or **false**.

		TRUE	FALSE
1	I previously opted out of health coverage for myself or my dependents, and now I want to enroll for the 2027 plan year.	☐	☐
2	I want to cancel health coverage for myself or my dependents. *Individuals enrolled in a health plan in 2026 will remain enrolled for 2027 unless canceled.*	☐	☐
3	Since my dependents or I are enrolled in another Medicare Advantage (MA) plan, I need to cancel our coverage in the MSU Medicare Advantage Plan. *See* **Page 9** *for instructions to cancel coverage and* **page 21** *for information about MA plans.*	☐	☐
4	I want to enroll in, change, or cancel dental insurance for myself or my eligible dependents. *Learn about dental plans on* **page 23**.	☐	☐
5	I want to cancel my life insurance. *Learn more about life insurance on* **page 28**.	☐	☐
6	I want to enroll in, change, or cancel legal insurance. *See* **page 30** *for instructions. You may enroll in, change, or cancel vision insurance at any time using instructions on* **page 29**.	☐	☐
7	Unfortunately, I experienced the death or divorce of a spouse or other eligible individual in 2026, and need to notify MSU Human Resources. *If you've already contacted us, no further action is required.*	☐	☐

Your Result:

- If you selected **true** for any of the above statements, you must **take action by October 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 benefit options to ensure you get the best coverage.

Other Actions to Consider

While not required during Open Enrollment, consider the following:

1. **Are you or a dependent turning 65 soon?** Learn what to expect on **page 20**.
2. To receive Open Enrollment materials electronically in the future, complete the form on **page 35**.
3. If applicable, verify your life insurance beneficiaries using instructions at **hr.msu.edu/benefits/beneficiaries.html**.

Instructions to Make Changes

If you are enrolled in health, dental, life, vision, or legal insurance for the 2026 plan year, coverage will automatically continue in 2027 without any action. Use the instructions below to make changes by October 31. We encourage you to make changes online, or you may use the paper form (**please do not do both**).

Benefit	Enrollment Options	How to Make Changes
Health and Dental	Enroll in, change, or cancel coverage	Online or submit a paper form
Life	Cancel coverage for existing members only. See page 28 for details.	Online or submit a paper form
Vision	Enroll in, change, or cancel coverage	See page 29
Legal	Enroll in, change, or cancel coverage	See page 30

How to Submit a Paper Form

Please only submit the paper form if you are making changes to your health, dental, or life insurance and have not already done so online. Find the form and instructions on page 33.

PLEASE NOTE: Retired support staff hired after July 1, 2002 and retired faculty hired after July 1, 2005 will need to submit a paper form and may not use the EBS portal to make changes online due to current system capabilities.

How to Make Changes Online (preferred method)

1. Log in at ebs.msu.edu with your MSU NetID. No NetID? Visit netid.msu.edu or call 517-432-6200.

2. In the top navigation, click the down arrow next to **Me @ MSU**, then select **My Benefits**.

3. Click the **Benefit/Retirement** tile. Select **Open Enrollment** from the drop-down menu, then click **Next** (bottom-right corner). A Medicare Notice may appear. Read and click **OK**.

4. Verify name and address on the Personal Profile screen and click **Next**. To make address changes, see hr.msu.edu/ebshelp/personalprofile/addresses.html. To make name changes, see hr.msu.edu/ua/compliance/personal-info.html.

5. Verify all eligible family members or dependents on the Dependents screen and click **Next**. If information is missing, exit enrollment and submit the Add a Family Member or Dependent form, see hr.msu.edu/open-enrollment/add-dependent.html. If information is inaccurate, contact MSU HR.

6. The Benefits Summary screen displays **current** coverage. For additional details about each plan, click on the plan name. When you're finished reviewing, click **Next**.

7. The following screens display the different types of plans available. You can enroll in or cancel coverage in health insurance, add, edit, or delete enrollment in dental insurance, or cancel life insurance. You may click **Cancel** to leave the system—all changes will be lost.

8. When you reach the Review and Save screen, click **Save**.

9. On the final screen, review the Benefit Elections Summary. Print this summary for your records and make corrections throughout October.

10. **Review the confirmation statement sent to your MSU email to ensure your elections are accurate.**

Glossary of Terms

Balance Billing: 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 who receive services with a provider that accepts Medicare should not be billed a balance beyond the Medicare approved amount for any covered service or benefit.

Centers for Medicare and Medicaid Services (CMS): CMS is the federal agency that 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.

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

Copay: 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 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 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. Your Medicare card has the 11-digit identifier under the title "Medicare Number."

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

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

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

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

MSU Medicare Advantage Plan: A Medicare Advantage (MA) plan that provides both Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) and a companion Medicare Part D prescription drug plan administered by Humana.

Non-participating Provider: A physician or other health care provider who does not have a contractual relationship directly or indirectly with a group health plan or group or individual health insurance coverage offered by a health insurance issuer.

Out-of-network: 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. Out-of-pocket maximums run on a calendar-year basis.

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 Summary

MSU offers two retiree health plans and eligibility depends on if an individual qualifies for Medicare. See page 20 for Medicare eligibility criteria.

Eligible for Medicare

Individuals eligible for Medicare should refer to the **MSU Medicare Advantage Plan** on this page.

OR

NOT Eligible for Medicare

Individuals not eligible for Medicare should refer to the **MSU Non-Medicare Plan** on page 12.

What if some family members qualify for Medicare and others don't?

Families with both Medicare-eligible and non-Medicare eligible individuals will be enrolled in the **MSU Transition plan**. This enrolls Medicare-eligible members in the MSU Medicare Advantage Plan and non-Medicare members in the MSU Non-Medicare Plan. Individuals should refer to the plan summary that matches their Medicare eligibility.

MSU Medicare Advantage Plan

HEALTH CARE OVERVIEW

Eligibility	This plan is available to retirees and their dependents who are eligible for Medicare.
Coverage	This plan is administered by Humana. Preventative services are covered at 100%. Select services are covered at 96%-100% after the required annual deductible. *Not all services are subject to the deductible. See page 13 for benefit coverage details.*
Deductible	**$192**/member
Out-of-pocket Maximum	**$1,200**/member *World wide/extra services, plan premiums, and prescriptions do not apply to the maximum.*
Questions	Visit **your.humana.com/msu** or call Humana at 800-273-2509.

PRESCRIPTION COPAYS

Drug Tier	30-day supply copay at retail	100-day supply copay at mail order or MSU Health Care Pharmacy	100-day supply copay at retail
Generic[1]	**$10**	**$20**	**$20**
Preferred Brand Name	**$30**	**$60**	**$60**
Non-preferred Brand Name	**$60**	**$120**	**$120**
Specialty Drug	**$75**	**N/A[2]**	**N/A[2]**
Out-of-pocket Copay Maximum	**$1,000**/member		
Questions	Visit **your.humana.com/msu** or call Humana at 800-273-2509.		

[1]*Some generics may be on higher tiers.*

[2]*Specialty medications limited to 30-day supply.*

MSU Non-Medicare Plan

HEALTH CARE OVERVIEW

Eligibility	This plan is available to retirees and their dependents who are **NOT** eligible for Medicare.
Coverage	This plan is administered by Personify Health and utilizes the Aetna provider network for health care and RxBenefits partnering with CVS Caremark for prescriptions. • The plan covers in-network preventative services at 100%. • The majority of the in-network diagnostic services are covered at 100% of the approved amount after either the required copay or annual deductible. • Select in-network services are covered at 50%-90% of the approved amount after the required in-network annual deductible. • Medical claims are sent to Personify Health. *Not all services are subject to the deductible. See* **page 13** *for benefit coverage details.*
Deductible	**$100**/individual | **$200**/family
Out-of-pocket Maximum	**$3,000**/individual | **$6,000**/family *Consists of applicable deductible and coinsurance.*
Questions	Visit **hr.msu.edu/benefits/healthcare/non-medicare-plan.html** or call Customer Care at 855-469-1245.

PRESCRIPTION COPAYS

Drug Tier	30-day supply copay at retail	90-day supply copay at mail order or MSU Health Care Pharmacy	90-day supply copay at retail
Generic[1]	**$10**	**$20**	**$30**
Preferred Brand Name	**$30**	**$60**	**$90**
Non-preferred Brand Name	**$60**	**$120**	**$180**
Specialty Drug	**$75**	**N/A[2]**	**N/A[2]**
Out-of-pocket Copay Maximum	**$1,000**/individual | **$2,000**/family		
Questions	Visit **member.rxbenefits.com** or call Customer Care at 800-334-8134.		

[1]*Some generics may be on higher tiers.*

[2]*Specialty medications limited to 30-day supply.*

Health Plan Coverage Chart

Use the QR code to view the health plan coverage chart online or visit hr.msu.edu/benefits/healthcare/health-comparison-retiree.html.

PLEASE NOTE: The below chart is meant for comparison only and reviews the plan features in general terms, but is not a full description of coverage. The MSU Evidence of Coverage Medicare Advantage document and the MSU Non-Medicare Summary Plan Description provides more detail. You may access these guides online at your.humana.com/msu for the MSU Medicare Advantage Plan and hr.msu.edu/benefits/healthcare/non-medicare-plan.html for the MSU Non-Medicare Plan. Information provided in this guide may be updated periodically to ensure we provide the clearest and most accurate information.

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
PREVENTATIVE SERVICES[1]			
Health Maintenance Exam[2]	Covered 100%	Covered 100%	Covered 90%[3]
Annual Gynecological Exam[2]	Covered 100%	Covered 100%	Covered 90%[3]
Pap Smear Screening[4]	Covered 100%[5]	Covered 100%	Covered 90%[3]
Contraceptive Devices[6]	Not a preventative service[7]	Covered 100%	Covered 90%[3]
Contraceptive Injections	Not a preventative service[7]	Covered 100%	Covered 90%[3]
Mammography Screening[2]	Covered 100%	Covered 100%	Covered 90%[3]
Immunizations[8]	Covered 100%[9]	Covered 100%	Covered 90%[3]
Prostate Exam[2, 10]	Covered 100%	Covered 100%	Covered 90%[3]
Fecal Occult Blood Screening[2]	Covered 100%	Covered 100%	Covered 90%[3]
Preventive Colonoscopy	Covered 100%[5]	Covered 100%	Covered 90%[3]
Flexible Sigmoidoscopy Exam	Covered 100%[5]	Covered 100%	Covered 90%[3]
Prostate Specific Antigen Test[2, 10]	Covered 100%	Covered 100%	Covered 90%[3]
PHYSICIAN OFFICE SERVICES (MEDICALLY NECESSARY)			
Office Visits/Consultations	Covered 96%[3]	Copay: $20	Covered 90%[3]
EMERGENCY MEDICAL CARE[11]			
Hospital Emergency Room	Copay: $50[12]	Copay: $50[12]	Copay: $50[12]

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
Emergency Room Physician Services	Covered 100%	Covered 100%	Covered 100%
Urgent Care Center	Covered 96%	Copay: $25	Copay: $25
Ambulance Service[13]	Covered 96%[3, 14]	Covered 80%[3, 14]	Coverage will not exceed in-network allowed amount. Balance billing may occur.[3, 14]
DIAGNOSTIC SERVICES			
Laboratory and Pathology Tests	Covered 100%	Covered 100%[15]	Covered 90%[3]
Diagnostic Tests and X–Rays[16]	Covered 96-100%[17]	Covered 100%[3, 17]	Covered 90%[3]
Radiation Therapy	Covered 100%[17]	Covered 100%[3]	Covered 90%[3]
MATERNITY SERVICES PROVIDED BY A PHYSICIAN			
Pre–Natal and Post–Natal Care	Covered at the applicable service/place of treatment cost share	Covered the same as other physician services	Covered the same as other physician services
Delivery and Nursery Care	Covered at the applicable service/place of treatment cost share	Covered 100%[3]	Covered 90%[3]
HOSPITAL CARE			
Semi–Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100%[3, 17, 18]	Covered 100%[3, 17, 18]	Covered 90%[3]
Inpatient Consultation	Covered 100%	Covered 100%[3]	Covered 90%[3]
Chemotherapy	Covered 100%[19]	Covered 100%[3]	Covered 90%[3]
ALTERNATIVES TO HOSPITAL CARE			
Skilled Nursing Care[17, 20, 21]	Covered 100%	Covered 100%[3]	Covered 90%[3]
Hospice Care	Covered under Original Medicare while on the plan	Covered 100%[3, 17]	Covered 90%[3, 17]
Home Health Care[13]	Covered 100%[22]	Covered 100%[3, 23]	Covered 90%[3, 23]

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
SURGICAL SERVICES			
Surgery and Related Surgical Services	Covered 96-100%	Covered 100%[3, 17]	Covered 90%[3]
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT			
Inpatient Mental Health/ Substance Abuse Care	Covered 100%[17, 24]	Covered 100%[3, 17]	Covered 90%[3]
Outpatient Mental Health/ Substance Abuse Care	Covered 96-100%[3]	Covered 100%[17]	Covered 90%[3]
OTHER SERVICES			
Allergy Testing and Therapy[25]	Covered 96%[3]	Covered 100%[26]	Covered 90%[3]
Spinal and Osteopathic Manipulation	Covered 96%[3, 27]	Copay: $20[28]	Covered 90%[3, 17, 29]
Outpatient Diabetes Management Program[30]	Covered 100%[31]	Covered 100%[31]	Covered 90%[3]
Outpatient Physical, Speech, and Occupational Therapy[17]	Covered 100%[3, 32]	Copay: $20[33]	Covered 90%[3, 34]
Durable Medical Equipment and Medical Supplies[3, 35]	Covered 96-100%[17]	Covered 80%	Covered 80%[17]
Private Duty Nursing	Covered 80%[3]	Not covered	Not covered
Autism Spectrum Disorder[3, 36]	Covered 96%-100%[17, 37]	Covered 80%	Covered 80%
DEDUCTIBLES, COPAYS, AND DOLLAR MAXIMUMS			
Annual Deductible	$192/member[38]	$100/individual or $200/family	$500/individual or $1,000/family
Fixed Dollar Copays	As noted in chart	As noted in chart	As noted in chart
Percent Copays	As noted in chart	As noted in chart	As noted in chart
Out-of-Pocket Maximum[39]	$1,200/member[40]	$3,000/member or $6,000/family[41]	$3,000/member or $6,000/family[41]
Transplant Maximum	No maximum	No maximum	No maximum

Benefit	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	
	See footnote about network	In-Network	Out-of-Network
FOREIGN TRAVEL			
Foreign Travel[42]	Members will be required to pay for services received and submit a claim to Humana for reimbursement along with proof of payment and any medical information or records available from the provider. These charges would be converted to U.S. currency and reimbursed based on the Medicare allowed amount and plan maximums for out of country services.	Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Personify Health for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the $50 emergency room copay or the out-of-network deductible of $500 and 10% copay, depending on services received.	Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Personify Health for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the $50 emergency room copay or the out-of-network deductible of $500 and 10% copay, depending on services received.

Note about the MSU Medicare Advantage Plan Network:

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

Footnotes:

1. Preventive services are covered per the percentage noted, subject to the frequency and age limits as detailed in the Evidence of Coverage and Summary Plan Descriptions.
2. One per calendar year.
3. After deductible.
4. Lab services only.
5. Every 24 months for preventative.
6. Includes IUD, Diaphragm, and Norplant (male contraceptives are not covered).
7. Covered at the applicable service or place of treatment cost share.
8. As recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act. Immunization coverage on the MSU Medicare Advantage Plan is determined by whether it is Part B or Part D, which is decided by Medicare. If the immunization is Part D, such as Shingrix, it will have a copay, whereas Part B immunizations, such as influenza, are 100% covered. For the MSU Non-Medicare Plan, immunization coverage is determined by the Affordable Care Act. Immunizations at a pharmacy usually result in the lowest cost to you and the pharmacy can verify coverage or other as applicable.

9. For Part B Influenza and Pneumococcal Immunizations; other immunizations with Part D (e.g. Shingrix) are subject to prescription benefit copay and some immunizations must be classified as Part B or D.
10. Age limits may apply.
11. For those enrolled in the MSU Non-Medicare Plan only: If you are hospitalized in an out-of-network facility, Personify Health may require that you be transferred to an in-network facility as soon as you are stabilized. If you refuse, you will be charged out-of-network starting from the date of stabilization.
12. For MSU Medicare Advantage Plan: Waived if admitted within 24 hours. For MSU Non-Medicare Plan: Waived if admitted during visit.
13. Must be medically necessary.
14. Ground and air.
15. For outpatient and after deductible for inpatient.
16. Other than advanced imaging.
17. Prior authorization may be required.
18. For unlimited days.
19. For inpatient.
20. Must meet medical criteria.
21. The combined in–network and out–of–network benefit is limited to 100 days per benefit period.
22. Excludes personal home care.
23. The combined in–network and out–of–network benefit is limited to 60 days per calendar year.
24. 190 day limit in a psychiatric facility.
25. Includes allergy injections.
26. Office visit copay may apply to consultations.
27. No visit limits.
28. The combined in–network and out-of-network benefit is limited to 24 visits per calendar year.
29. Limits on the number of visits may apply.
30. Certified providers only.
31. For diabetic training.
32. No visit limit.
33. The combined in–network and out–of–network benefit is limited to 60 visits per calendar year.
34. Limits on the number of visits may apply.
35. Including breastfeeding equipment.
36. Applied behavioral analysis treatment, when rendered by an approved board–certified behavioral analyst, is limited through age 19.
37. Limited to Medicare covered services.
38. Not all services are subject to the deductible, refer to the type of service for benefit details.
39. Includes deductible, coinsurance, and copays.
40. Per calendar year.
41. Coverage limits apply per calendar year for medical services only, with separate limits for in-network and out-of-network care. For details on out-of-network services, contact the provider directly. Out-of-network copays are not included in these limits.
42. Individuals living internationally are not eligible for the Humana or Personify Health plans.

Monthly Health Plan Premiums

Premiums are based on Medicare eligibility and for 100% vested retirees. If a premium is due, MSU will mail you a bill. Use the QR code or view part-time retiree premiums at **hr.msu.edu/benefits/healthcare/retiree-rates.html**.

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

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$202.68	**$0**	$1,621.63	**$0**	N/A	N/A
2 Person	$405.36	**$0**	$3,243.27	**$0**	$1,824.31	**$0**
Family	$608.04	**$0**	$4,702.74	**$0**	$3,939.00 $2,181.43 $3,851.30	1 with Medicare: **$0** 2 with Medicare: **$0** 3+ with Medicare: **$0**

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

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$202.68	**$0**	$1,621.63	**$0**	N/A	N/A
2 Person	$202.68	**$202.68**	$1,621.63	**$1,621.64**	$912.16	**$912.15**
Family	$202.68	**$405.36**	$1,621.63	**$3,081.11**	$912.16	1 with Medicare: **$3,026.84** 2 with Medicare: **$1,269.27** 3+ with Medicare: **$2,939.14**

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

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$202.68	**$0**	$1,621.63	**$0**	N/A	N/A
2 Person	$202.68	**$202.68**	$1,621.63	**$1,621.64**	$912.16	**$912.15**
Family	$202.68	**$405.36**	$1,621.63	**$3,081.11**	$912.16	1 with Medicare: **$3,026.84** 2 with Medicare: **$1,269.27** 3+ with Medicare: **$2,939.14**

Retired Support Staff and Faculty Hired July 1, 2010 or Later

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$202.68**	$0	**$1,621.63**	N/A	N/A
2 Person	$0	**$405.36**	$0	**$3,243.27**	$0	**$1,824.31**
Family	$0	**$608.04**	$0	**$4,702.74**	$0	1 with Medicare: **$3,939.00** 2 with Medicare: **$2,181.43** 3+ with Medicare: **$3,851.30**

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

These monthly premiums apply to an MSU retiree's surviving spouse/other eligible individual (OEI) when the retiree is deceased or they divorced after retirement **OR** a surviving faculty retiree who elected 50/50 coverage. There is no premium cost to the surviving spouse/OEI of retired support staff hired prior to July 1, 2002, or faculty hired prior to July 1, 2005.

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

Monthly premiums are paid by the spouse/OEI of the deceased support staff retiree.

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$202.68**	$0	**$1,621.63**	N/A	N/A
2 Person	$0	**$405.36**	$0	**$3,243.27**	$0	**$1,824.31**
Family	$0	**$608.04**	$0	**$4,702.74**	$0	1 with Medicare: **$3,939.00** 2 with Medicare: **$2,181.43** 3+ with Medicare: **$3,851.30**

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

Monthly premiums are for retired faculty that have elected 50% MSU coverage AND either the retiree or spouse/OEI is deceased, or they have divorced after retirement. Premiums are paid by the spouse/OEI or retiree.

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$101.34	**$101.34**	$810.82	**$810.81**	N/A	N/A
2 Person	$101.34	**$304.02**	$810.82	**$2,432.45**	$456.08	**$1,368.23**
Family	$101.34	**$506.70**	$810.82	**$3,891.92**	$456.08	1 with Medicare: **$3,482.92** 2 with Medicare: **$1,725.35** 3+ with Medicare: **$3,395.22**

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

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

Coverage	MSU Medicare Advantage Plan *Medicare Eligible Only*		MSU Non-Medicare Plan *Non-Medicare Eligible Only*		MSU Transition Plan *Mix of Medicare and Non-Medicare Eligible*	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$202.68**	$0	**$1,621.63**	N/A	N/A
2 Person	$0	**$405.36**	$0	**$3,243.27**	$0	**$1,824.31**
Family	$0	**$608.04**	$0	**$4,702.74**	$0	1 with Medicare: **$3,939.00** 2 with Medicare: **$2,181.43** 3+ with Medicare: **$3,851.30**

Action Required if Eligible for Medicare in 2027

This page is important for people who will become eligible for Medicare **on or after** January 1, 2027.

Medicare Eligibility

Medicare is the federal health insurance program for people age 65 and older and some people younger than 65 with disabilities. It is administered by the Centers for Medicare and Medicaid Services (CMS).

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

Take Action if Eligible for Medicare Soon

If you or your dependents 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 MSU's health care coverage when you turn 65.

The MSU Medicare Advantage Plan is the health care option available once someone is eligible for Medicare. If you as the retiree choose not to enroll, coverage in the MSU Non-Medicare Plan will end for you and your dependents, and you may not elect MSU health coverage until the next MSU Open Enrollment period in October or if you have a qualifying life event. MSU HR will mail information about continuing coverage through COBRA.

Medicare Parts A and B

When an individual becomes eligible for Medicare, they **must enroll in and retain Medicare Parts A and B (and pay any applicable Medicare premiums) in order to enroll in the health care plan offered by MSU** and continue coverage.

MSU's Medicare Advantage Plan provides a Medicare Part D prescription plan through Humana, so you do not need to enroll in Medicare Part D separately.

What to Expect

Approximately 90 days before becoming eligible for Medicare, you will receive a letter from MSU Human Resources about your or your dependent's upcoming Medicare eligibility. You, as the retiree, will take action to enroll in the MSU Medicare Advantage Plan for yourself or your dependents. MSU HR will mail the letter to the address on file with MSU and include an enrollment form.

Following that letter, Humana (MSU's plan administrator) will mail an information packet advising you to take specific actions to initiate the change in coverage to the MSU Medicare Advantage Plan.

If you do not take action, you will lose your health care coverage 30 days after your Medicare eligibility date. See page 22 for more information.

Follow These Steps

If you or a dependent will turn 65 soon, please follow these steps (time frames are approximate):

1. **90 Days Before Turning 65:** Contact Medicare to enroll in Medicare Parts A and B and pay applicable Medicare premiums (see previous note on Medicare Parts A and B).

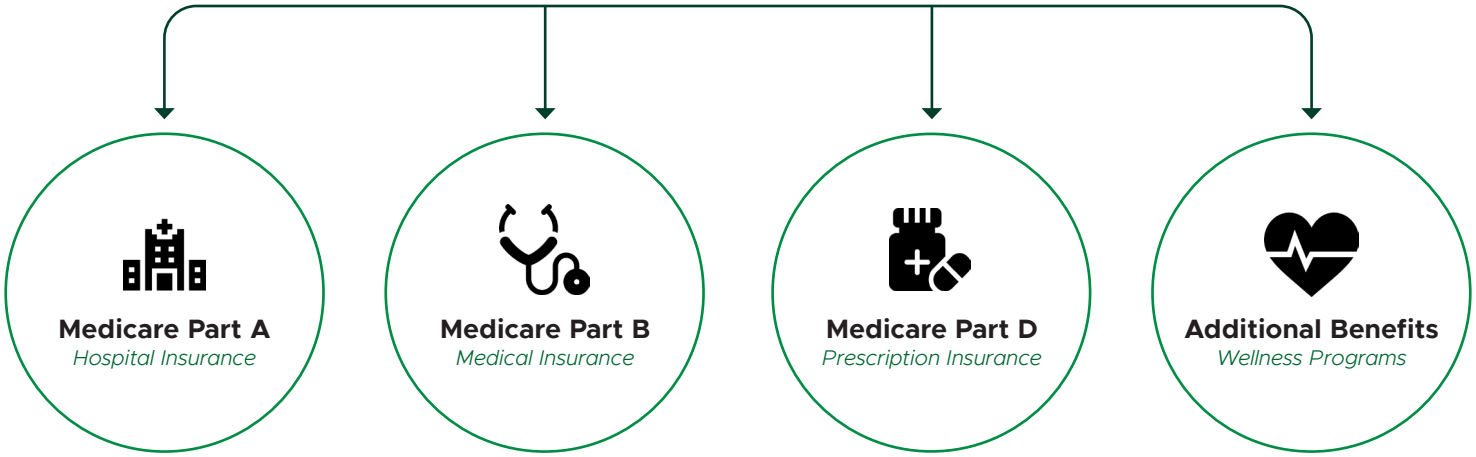
2. **45 Days Before Turning 65**: Send a copy of your Medicare card to MSU HR and enroll in the MSU Medicare Advantage Plan using the enrollment form provided with the letter mailed from MSU HR to your address on file.

Find more information about what to expect before becoming eligible for Medicare at **hr.msu.edu/benefits/retirement/medicare-and-ss.html**.

Medicare Advantage Plan Rules

This page is important for individuals who are currently or will become eligible for Medicare **before** January 1, 2027.

MSU's Medicare Advantage Plan Includes:



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.

Please determine if you and any eligible dependents you want covered are already enrolled in any other MA, MAPD, or Medicare Part D prescription drug plan. If you 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 each covered dependent.

The MSU Medicare Advantage Plan

The MSU Medicare Advantage Plan is an MA plan that provides both Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) and a companion Medicare Part D prescription drug plan (PDP) administered by Humana.

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

Review Medicare's Rules

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

1. To participate in the MSU Medicare Advantage Plan, you need to continue enrollment in Medicare Parts A and B the entire time.
2. You must enroll in the MSU Medicare Advantage Plan through MSU HR and not through Humana or an agent.
3. MSU HR will mail you a bill for any MSU plan premiums.
4. You and any eligible dependents may be enrolled in only one MA, MAPD, or Medicare Part D plan at a time.

5. The last plan you enroll in is the plan CMS considers your final decision. If you are in another MA, MAPD, or Medicare Part D plan and have determined you want to remain enrolled in the MSU Medicare Advantage Plan, we advise you to actively disenroll in the other plan.

6. You may receive information about non-MSU employer-sponsored health plans available through the healthcare marketplace via various methods. You should compare the plans in detail before choosing a plan.

Make a Decision

If you or your dependents are eligible or will become eligible for Medicare by January 1, 2027, you must make a decision about which option to be enrolled in. Please review the following scenarios:

1. If you or your dependents are enrolled in the MSU Medicare Advantage Plan and later enroll in another MA, MAPD, or Medicare Part D plan, or are auto-enrolled via a family member's employer group plan, and you do not opt out, **CMS will automatically disenroll you from the MSU plan**.

2. If you or your dependents cancel or CMS disenrolls you from the MSU plan, you may not enroll in coverage through MSU again until the next Open Enrollment period in October unless you have a qualifying life event.

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

Questions About Medicare?

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

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

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

MSU HR Billing Information

You will be mailed a bill for any premiums due for your MSU health care plan. Learn more about HR billing at **hr.msu.edu/benefits/accounting/index.html**.

Dental Plan Summary

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

Aetna Premium DMO

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

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

Delta Dental Base Plan

This plan typically allows more freedom in selecting service providers and services performed. This coverage includes a 50% copay on all services, $600 annual maximum, and $600 lifetime orthodontic maximum for children up to age 19. Delta Dental offers hundreds of participating providers and allows you to seek care from both participating and non-participating providers. However, you may incur additional costs if you use a non-participating provider. Contact Delta Dental for 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 services, including 100% coverage for diagnostic and preventative services, a $2,000 annual maximum, and a $2,000 lifetime orthodontic maximum per member. Additionally, diagnostic and preventative services do not apply to the annual maximum.

Review Definitions

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

Annual Maximum: 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: 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.

Provider Contact Information

If you have questions, please contact the benefit provider directly.

- **Aetna Dental**
  877-238-6200
  aetna.com
  Aetna app available

- **Delta Dental**
  800-524-0149
  deltadentalmi.com
  Delta Dental app available

More Information

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

Note About Moving

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

Dental Plan Coverage Chart

Use the QR code to view the dental plan coverage chart online or visit hr.msu.edu/benefits/dental/dental-comparison.html.

Dental Service	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
DIAGNOSTIC AND PREVENTATIVE SERVICES			
Exams	No copay	50% patient pay	0% patient pay
Cleanings	No copay	50% patient pay	0% patient pay
X-rays	No copay	50% patient pay	0% patient pay
Fluoride	No copay[1]	50% patient pay[2]	0% patient pay[2]
Sealants[3]	$10 copay[4]	Not covered	0% patient pay[5]
Space Maintainers	$80 copay[6]	50% patient pay[2]	0% patient pay[2]
MINOR RESTORATIVE			
Amalgam Silver Fillings	No copay	50% patient pay	30% patient pay
Composite Resin Fillings[7]	No copay	50% patient pay	30% patient pay
PROSTHETICS			
Crowns[8]	$315 copay	50% patient pay	50% patient pay
Bridges[9]	$320 copay	50% patient pay	50% patient pay
Denture[10]	$320 copay	50% patient pay	50% patient pay
Partial[10]	$320-$460 copay	50% patient pay	50% patient pay
ORAL SURGERY			
Simple Extraction	No copay	50% patient pay	30% patient pay
Extraction – Erupted Tooth	No copay	50% patient pay	30% patient pay
Extraction – Soft Tissue Impaction	$60 copay	50% patient pay	30% patient pay
Extraction – Partial Bony Impaction	$80 copay	50% patient pay	30% patient pay
Extraction – Complete Bony Impaction	$120 copay	50% patient pay	30% patient pay
ENDODONTICS			
Anterior Root Canal	$120 copay	50% patient pay	30% patient pay
Bicuspid Root Canal	$180 copay	50% patient pay	30% patient pay

Dental Service	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Molar Root Canal	$300 copay	50% patient pay	30% patient pay
Apicoectomy	$170 copay	50% patient pay	30% patient pay
PERIODONTICS			
Gingivectomy[11]	$125 copay[12]	50% patient pay	30% patient pay
Osseous Surgery[11]	$375 copay	50% patient pay	30% patient pay
Root Scaling[11]	$60 copay	50% patient pay	30% patient pay
ORTHODONTICS			
Child[2]	$1,500 copay[14]	50% patient pay	50% patient pay
Adult[13]	$1,500 copay[14]	Not covered	50% patient pay
DENTAL PLAN MAXIMUMS			
Annual	No maximum	$600 maximum[15]	$2,000 maximum[16]
Lifetime Orthodontics	No maximum	$600 maximum	$2,000 maximum

The plan summary is intended to help you compare your options and not to provide a full description of coverage. Please review the Summary Plan Description at **hr.msu.edu/benefits/summaries/index.html** *or contact your dental provider for more details. Information provided in this guide may be updated periodically to ensure we provide the clearest and most accurate information.*

Footnotes:

1. One per year age 15 and under.
2. Age 18 and under.
3. To prevent decay of permanent molars for dependents.
4. Once per tooth every three rolling years on permanent molars only for children under age 16.
5. See age limitations at **hr.msu.edu/benefits/summaries/index.html**.
6. Fixed and removable.
7. Anterior teeth only. Review the Summary Plan Description for details and exceptions.
8. Semi-precious. Review the Summary Plan Description for details and exceptions.
9. Per unit.
10. For each.
11. Per quadrant.
12. See Summary Plan Description for details.
13. Age 19 and older.
14. 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.
15. Diagnostic and preventative services apply to the annual maximum.
16. Diagnostic and preventative services do not apply to the annual maximum.

Monthly Dental Plan Premiums

Monthly dental plan premiums are for 100% vested retirees. If a premium is due, MSU will mail you a bill. Use the QR code to view part-time retiree premiums or visit hr.msu.edu/benefits/healthcare/retiree-rates.html.

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$21.66	**$14.25**	$21.66	**$0**	$21.66	**$35.29**
2 Person	$41.45	**$26.66**	$41.45	**$0**	$41.45	**$67.33**
Family	$67.78	**$45.72**	$67.78	**$0**	$67.78	**$110.49**

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$21.66	**$14.25**	$21.66	**$0**	$21.66	**$35.29**
2 Person	$21.66	**$46.45**	$21.66	**$19.79**	$21.66	**$87.12**
Family	$21.66	**$91.84**	$21.66	**$46.12**	$21.66	**$156.61**

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$21.66	**$14.25**	$21.66	**$0**	$21.66	**$35.29**
2 Person	$21.66	**$46.45**	$21.66	**$19.79**	$21.66	**$87.12**
Family	$21.66	**$91.84**	$21.66	**$46.12**	$21.66	**$156.61**

Retired Support Staff and Faculty Hired July 1, 2010 or Later

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$35.91**	$0	**$21.66**	$0	**$56.95**
2 Person	$0	**$68.11**	$0	**$41.45**	$0	**$108.78**
Family	$0	**$113.50**	$0	**$67.78**	$0	**$178.27**

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

These monthly premiums apply to an MSU retiree's surviving spouse/other eligible individual (OEI) when the retiree is deceased or they divorced after retirement **OR** a surviving faculty retiree who elected 50/50 coverage. The surviving spouse/OEI of retired support staff hired prior to July 1, 2002, or faculty hired prior to July 1, 2005 should refer to chart on the previous page for premiums.

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

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$35.91**	$0	**$21.66**	$0	**$56.95**
2 Person	$0	**$68.11**	$0	**$41.45**	$0	**$108.78**
Family	$0	**$113.50**	$0	**$67.78**	$0	**$178.27**

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

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$10.83	**$25.08**	$10.83	**$10.82**	$10.83	**$46.12**
2 Person	$10.83	**$57.28**	$10.83	**$30.61**	$10.83	**$97.95**
Family	$10.83	**$102.67**	$10.83	**$56.94**	$10.83	**$167.44**

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

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

Coverage	Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Individual	$0	**$35.91**	$0	**$21.66**	$0	**$56.95**
2 Person	$0	**$68.11**	$0	**$41.45**	$0	**$108.78**
Family	$0	**$113.50**	$0	**$67.78**	$0	**$178.27**

Life Insurance

Voluntary, retiree-paid life insurance is offered through Prudential to **existing members only**. You cannot enroll in new coverage.

How to Cancel Coverage

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

Monthly Premiums

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

Prudential Life Insurance Monthly Premiums

Age	Retiree Rates per $1,000 of Coverage by Age	Spouse/OEI Rates per $1,000 of Coverage by Age	Child Rates per $1,000 of Coverage
45-49	**$0.084**	**$0.112**	**$0.083** *Age is not a factor in rates for children.*
50-54	**$0.128**	**$0.167**	
55-59	**$0.240**	**$0.311**	
60-64	**$0.370**	**$0.478**	
65-69	**$0.708**	**$0.924**	

Provider Contact Information

If you have questions, please contact the provider directly.

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

View Current Participation

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

Designate or Update Your Beneficiaries

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

Important Notes:

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

Children who become incapacitated before the age limit may be eligible to continue coverage after the age limit if the following criteria are met:

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

Vision Insurance

Provider Contact Information

If you have questions, please contact the provider directly.

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

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

How to Enroll, Make Changes, or Cancel

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

Plan Highlights

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

Monthly Premiums

You will pay the following monthly premiums directly to VSP:

VSP Vision Monthly Premiums

Coverage	VSP Standard Plan	VSP Premium Plan
Individual	You Pay: **$8.55**	You Pay: **$16.19**
2 Person	You Pay: **$17.09**	You Pay: **$32.37**
Family	You Pay: **$17.51**	You Pay: **$33.16**

The frame or contact lens allowance is $150 for both the standard and premium plan but varies by provider location.

Legal Insurance

You may enroll in voluntary legal insurance through ARAG during the Open Enrollment period (October 1-31) for the 2027 plan year. This voluntary benefit offers you and your family added protection from many common legal matters.

How to Enroll, Make Changes, or Cancel

Contact ARAG directly to enroll, make changes, or learn more about this voluntary benefit. You may only enroll in, make changes, or cancel coverage during Open Enrollment in October. **If you are currently enrolled, you will automatically be re-enrolled for the next plan year unless you cancel**.

Plan Highlights

This voluntary benefit offers added protection from many common legal matters. Most covered legal matters with ARAG are paid 100% in-full. There are two plan options available, UltimateAdvisor and UltimateAdvisor Plus. Visit araglegal.com/myinfo (use access code **17873ret**) to view the differences between the plans and find a complete list of covered services. Some covered services include:

- Legal services for the preparation of a post nuptial agreement, funeral directive preparations, wills and powers of attorney for parents or grandparents, and more.
- Financial protection for debt collection matters, Medicare/Medicaid, social security, and veterans benefits.
- Buying or selling a home, home equity loans, and refinancing.
- Wills and estate planning, including durable or financial power of attorney, inheritance rights, health care power of attorney, elder law, and living wills.

Monthly Premiums

You will pay the following premiums directly to ARAG:

ARAG Legal Insurance Monthly Premiums

Coverage	UltimateAdvisor	UltimateAdvisor Plus
Member	You Pay: **$20.30**	You Pay: **$29.93**

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

Provider Contact Information

If you have questions, please contact the provider directly.

- **ARAG Legal Insurance**
  800-247-4184
  araglegal.com/myinfo
  (access code: 17873ret)

Teladoc Health Telemedicine

Provider Contact Information

If you have questions, please contact the provider directly.

- **MSU Non-Medicare Plan**
  Teladoc Health
  800-835-2362
  teladochealth.com

- **MSU Medicare Advantage Plan**
  Humana
  800-273-2509
  your.humana.com/msu.html

Individuals enrolled in the **MSU Non-Medicare Plan** are eligible to use Teladoc Health telemedicine services.

Teladoc Health offers 24/7 access to a health care professional via 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 colds and flus, bronchitis, allergies, pink eye, dermatology issues, and more.

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 health care professional will send a prescription to the pharmacy of your choice anywhere in the U.S.

Set Up Your Teladoc Health Account

We encourage you to set up your Teladoc Health account now so it's ready to use when you need it. Visit teladochealth.com and click **Register Now** at the top of the page to set up your account. You can then request a consultation with a health care professional.

Telemedicine Services for MSU Medicare Advantage Plan Members

Individuals enrolled in the **MSU Medicare Advantage Plan** have different telehealth options available to them through Humana. More details can be found under Extra Benefits and Services at your.humana.com/msu.html.

Teladoc Medical Experts

Provider Contact Information

If you have questions, please contact the provider directly.

- **Teladoc Medical Experts**
  855-380-7828
  teladochealth.com/expert-care/specialty-wellness/medical-experts

Retirees and their dependents who are enrolled in either the MSU Medicare Advantage Plan or the MSU Non-Medicare Plan are eligible to use Teladoc Medical Experts. Teladoc Medical Experts give expert second opinions and provide answers to your medical questions. If you're facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action. Options for 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 entirely confidential and provides vital information and options you might otherwise miss. There are no out-of-pocket costs to you for using Teladoc Medical Experts. However, your medical providers may charge you to copy and forward your medical records to Teladoc Medical Experts. You are responsible for paying those charges.

Other Support Options

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

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

Human Resources
MICHIGAN STATE UNIVERSITY

Retiree Open Enrollment/Change Form

Coverage Effective 1/1/2027

Step 1: Read First

Only complete this form to **enroll in**, **change**, or **cancel** health, dental, or life insurance for you, your eligible spouse/other eligible individual (OEI), or dependents. **Individuals currently enrolled in an MSU health or dental plan will automatically be enrolled for the 2027 plan year and no action is needed to continue coverage.**

- Do not use this form if you completed enrollment online at ebs.msu.edu.
- Only use this form to make changes to your existing plans and only fill out the sections you're changing. **Do not fill out this form if you are not making changes**.
- Do not use this form outside of Open Enrollment in October.
- See pages 29-30 for voluntary vision and legal benefits information.

Step 2: Determine What's Changing

- **Cancel Coverage:** Select cancel coverage and fill out the appropriate sections.
- **Add or Change Coverage**: Select add or change coverage and fill out the appropriate sections.
- **Add or Remove a Dependent**: Select add or remove dependent and fill out the appropriate sections. To add dependent coverage, submit the required documentation listed here with this form: hr.msu.edu/benefits/documents/EligibleDependents.pdf.

Step 3: Complete Both Sides of this Form, Sign, and Submit by October 31

- **Mail:** Use the enclosed return envelope.
- **Online**: Use filedepot.msu.edu to submit securely.
- **Email**: Send to SolutionsCenter@hr.msu.edu if you omit a social security number.
- **In-person:** Use the drop box in front of the HR building located at 1407 S. Harrison Road, East Lansing, MI 48823.

Detach page along perforated line.

REQUIRED: Reason for Completing this Form

☐ Add Coverage	☐ Change Coverage	☐ Cancel Coverage	☐ Add Dependent(s)	☐ Remove Dependent(s)

REQUIRED: Personal Information – Please Print Clearly

Retiree Name (Last, First, Middle Initial)	ZPID or Social Security Number[1]	Phone	
Home Street Address	City	State	Zip Code
If your spouse/OEI is an MSU employee/retiree, print their full name:			
Are you enrolled in any other health plan?[2] ☐ Yes ☐ No	Retiree Medicare Beneficiary Identifier (MBI)[3]:		

Health Plan | Fill out this section to enroll in, change, or cancel health coverage	Single	2 Person	Family	Cancel Coverage
MSU Medicare Advantage Plan | Everyone must have Medicare Part B.	☐	☐	☐	☐
MSU Non-Medicare Plan | No one is eligible for Medicare Part B.	☐	☐	☐	☐
MSU Transition[4] | One or more are enrolled in Medicare Part B, but not all.	N/A	☐	☐	☐

[1] If you include an SSN, do not submit this form by email.
[2] Enrolling in the MSU Medicare Advantage Plan automatically disenrolls you from any other Medicare plan.
[3] Your MBI is the 11-digit Medicare Beneficiary Identifier shown as your "Medicare Number" on your card. An MBI and SSN are required to enroll in the MSU Medicare Advantage Plan.
[4] Medicare-eligible members will be enrolled in the MSU Medicare Advantage Plan; other individuals will be enrolled in the MSU Non-Medicare Plan.

Human Resources
MICHIGAN STATE UNIVERSITY

MSU Retiree Open Enrollment/Change Form

Coverage Effective 1/1/2027

Enroll Eligible Dependents in Health

To **add** an eligible spouse/OEI or dependents to your health plan, enter all required information for each below.

Dependent Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship	Enrolled in Medicare Part B?		Medicare Beneficiary Identifier (MBI)
					Yes	No	
					☐	☐	
					☐	☐	
					☐	☐	

Enrolling dependents in the MSU Medicare Advantage Plan will automatically disenroll them from any other Medicare plan.

Dental Plan | Fill out this section to enroll in, change, or cancel dental coverage	Single	2 Person	Family	Cancel Coverage
Aetna Premium DMO	☐	☐	☐	☐
Delta Dental Base Plan	☐	☐	☐	☐
Delta Dental Premium Plan	☐	☐	☐	☐

Enroll Eligible Dependents in Dental

To **add** an eligible spouse/other eligible individual (OEI) or dependents to your dental plan, provide all the requested information for each dependent in the spaces below. **You and your dependents must be enrolled in the same dental plan.**

Dependent Name (Last, First, Middle Initial)	Social Security Number	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship

Remove Dependents from Health or Dental Plans

To **remove** an existing dependent from your plan, list the person(s) below.		Check Box to Cancel MSU Coverage	
Dependent Name (Last, First, Middle Initial)	Social Security Number	Health	Dental
		☐	☐
		☐	☐
		☐	☐

Retiree-Paid Life

☐ Cancel Retiree Coverage Only	☐ Cancel Spouse/OEI Coverage Only
☐ Cancel Child(ren) Coverage Only	☐ Cancel All Coverage

Visit hr.msu.edu/benefits/beneficiaries.html if you want to change your beneficiary.

REQUIRED: Authorization – Please read, sign, and date this section.

I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of "Dependent" will be covered by the benefits I have elected (refer to the plan brochure for the definition of "Dependent").

I authorize my selected health and dental 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. 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. **In the event your health, prescription, and/or dental coverage is canceled due to non-payment, your next opportunity to re-enroll in coverage is the next Open Enrollment period.** 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

Signature: _____ **Date:** _____

Human Resources
MICHIGAN STATE UNIVERSITY

Consent Form for Electronic Distribution of Benefit Materials and Notices

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

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

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

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

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

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

Detach page along perforated line.

Name _____ Last 4 Digits of Social Security Number _____

Signature _____ Date _____

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

Questions? Please contact MSU Human Resources at **SolutionsCenter@hr.msu.edu** or 517-353-4434 (800-353-4434 toll-free).

Important Notices About Your Health Care Rights

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

- A notice of privacy practices: how medical information about you can be used and disclosed and how you can access this information.
- Information about Medicaid and the Children's Health Insurance Program.
- Information about the Women's Health and Cancer Rights Act of 1998.

Women's Health and Cancer Rights Act of 1998

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

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

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

Contact Information for MSU Health and Dental Plans

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

- Humana: 800-273-2509
- Personify Health: 855-469-1245
- 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 February 8, 2024.

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. If we have substance use disorder patient records about you, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

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 **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 **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 **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, 2026. Contact your State for more information on eligibility.

Alabama–Medicaid
Website: myalhipp.com/ Phone: 1-855-692-5447
Alaska–Medicaid
The AK Health Insurance Premium Payment Program - Website: myakhipp.com | Phone: 1-866-251-4861 | Email: CustomerService@MyAKHIPP.com | Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx
Arkansas–Medicaid
Website: myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)
California–Medicaid
Health Insurance Premium Payment (HIPP) Program Website: 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: healthfirstcolorado.com/ | Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 | CHP+: hcpf.colorado.gov/child-health-plan-plus | CHP+ Customer Service: 1-800-359-1991/State Relay 711 | Health Insurance Buy-In Program (HIBI): mycohibi.com/ | HIBI Customer Service: 1-855-692-6442
Florida–Medicaid
Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
Georgia–Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp | Phone: 678-564-1162, Press 1 GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | Phone: 678-564-1162, Press 2
Indiana–Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: in.gov/medicaid/ | in.gov/fssa/dfr/ | Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
Iowa–Medicaid and CHIP (Hawki)
Medicaid Website: hhs.iowa.gov/programs/welcome-iowa-medicaid | Medicaid Phone: 1-800-338-8366 | Hawki Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki | Hawki Phone: 1-800-257-8563 | HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp HIPP Phone: 1-888-346-9562
Kansas–Medicaid
Website: 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: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | Phone: 1-855-459-6328 | Email: KIHIPP.PROGRAM@ky.gov | KCHIP Website: kynect.ky.gov | Phone: 1-877-524-4718 | Kentucky Medicaid Website: chfs.ky.gov/agencies/dms
Louisiana–Medicaid
Louisiana Medicaid Website: ldh.la.gov/healthy-louisiana | Medicaid Customer Service Line: 1-888-342-6207 | Louisiana Medicaid email: healthy@la.gov | Louisiana Health Insurance Premium Program (LaHIPP) Website: ldh.la.gov/lahipp | LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 | LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
Maine–Medicaid
Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US | Phone: 1-800-442-6003 TTY: Maine relay 711 | Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms | Phone: 1-800-977-6740 TTY: Maine relay 711
Massachusetts–Medicaid and CHIP
Website: mass.gov/masshealth/pa | Phone: 1-800-862-4840 TTY: 711 | Email: masspremassistance@accenture.com
Minnesota–Medicaid
Website: mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
Missouri–Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005
Montana–Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
Nebraska–Medicaid
Website: ACCESSNebraska.ne.gov | Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178
Nevada–Medicaid
Medicaid Website: dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900
New Hampshire–Medicaid
Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program | Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey–Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 1-800-356-1561 | CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: njfamilycare.org/index.html | CHIP Phone: 1-800-701-0710 (TTY: 711)
New York–Medicaid
Website: health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831
North Carolina–Medicaid
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100
North Dakota–Medicaid
Website: hhs.nd.gov/healthcare Phone: 1-844-854-4825
Oklahoma–Medicaid and CHIP
Website: insureoklahoma.org Phone: 1-888-365-3742
Oregon–Medicaid and CHIP
Website: healthcare.oregon.gov/Pages/index.aspx | Phone: 1-800-699-9075
Pennsylvania–Medicaid and CHIP
Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html | Phone: 1-800-692-7462 CHIP Website: dhs.pa.gov/CHIP/Pages/CHIP.aspx | CHIP Phone: 1-800-986-KIDS (5437)
Rhode Island–Medicaid and CHIP
Website: eohhs.ri.gov/ | Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
Sourth Carolina–Medicaid
Website: scdhhs.gov | Phone: 1-888-549-0820
South Dakota–Medicaid
Website: dss.sd.gov | Phone: 1-888-828-0059
Texas–Medicaid
Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program | Phone: 1-800-440-0493
Utah–Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: medicaid.utah.gov/upp/ Email: upp@utah.gov | Phone: 1-888-222-2542 Adult Expansion Website: medicaid.utah.gov/expansion/ | Utah Medicaid Buyout Program Website: medicaid.utah.gov/buyout-program/ CHIP Website: chip.utah.gov/
Vermont–Medicaid
Website: dvha.vermont.gov/members/medicaid/hipp-program | Phone: 1-800-250-8427
Virginia - Medicaid and CHIP
Website: coverva.dmas.virginia.gov/learn/premiumassistance/famis-select | coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs | Medicaid/CHIP Phone: 1-800-432-5924
Washington–Medicaid
Website: hca.wa.gov/ | Phone: 1-800-562-3022
West Virginia–Medicaid and CHIP
Website: dhhr.wv.gov/bms/ | mywvhipp.com/ | Medicaid Phone: 304-558-1700 | CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin–Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
Wyoming–Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 4/30/2026)

MSU Benefits Open Enrollment | Make changes **October 1-31** | Visit **hr.msu.edu** for more information

Cover photo by Garret Morgan.