



2027
PLAN YEAR

Open Enrollment Benefits Guide

FOR INDIVIDUALS IN THE
FOLLOWING GROUPS:

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



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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.**

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 7](#) to determine if you need to take action by October 31.

4. Take Action

[Page 8](#) provides instructions to make changes to your benefits.

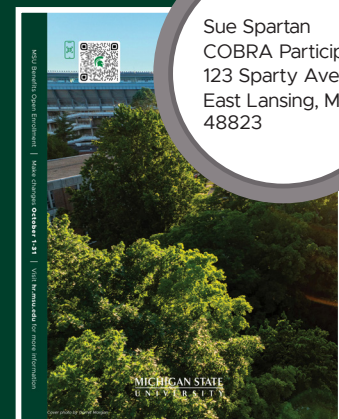
If you have any questions, we are here to help!

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



FIND YOUR GROUP

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



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LAYOFF RESOURCES

Additional guidance is available for individuals who are laid off. Use the QR code or visit hr.msu.edu/layoff-resources/effect-on-benefits.html.



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

Blue Care Network
800-662-6667
bcbsm.com

BlueCard Out-of-State
888-288-1726
bcbsm.com

Community Blue
888-288-1726
bcbsm.com

**Consumer Driven
Health Plan**
888-288-1726
bcbsm.com

CVS Caremark
800-565-7105
caremark.com

Delta Dental
800-524-0149
deltadentalmi.com

**Humana MSU Medicare
Advantage Plan**
Customer Care:
800-273-2509
Mail Order:
800-379-0092
Specialty Mail Order:
800-486-2668
your.humana.com/msu

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

**Personify Health
MSU Non-Medicare Plan**
855-469-1245
[hr.msu.edu/benefits/
healthcare/non-
medicare-plan.html](http://hr.msu.edu/benefits/healthcare/non-medicare-plan.html)
RxBenefits:
800-334-8134
member.rxbenefits.com

VOLUNTARY/OTHER

HealthEquity
FSA: 877-924-3967
[participant.
wageworks.com](http://participant.wageworks.com)
HSA: 877-219-4506
my.healthequity.com

**Livongo by
Teladoc Health**
800-945-4355
[teladochealth.
com/livongo](http://teladochealth.com/livongo)

MSU Benefits Plus
888-758-7575
[msubenefitsplus@
corestream.com](mailto:msubenefitsplus@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](http://teladochealth.com/expert-care/specialty-wellness/medical-experts)

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

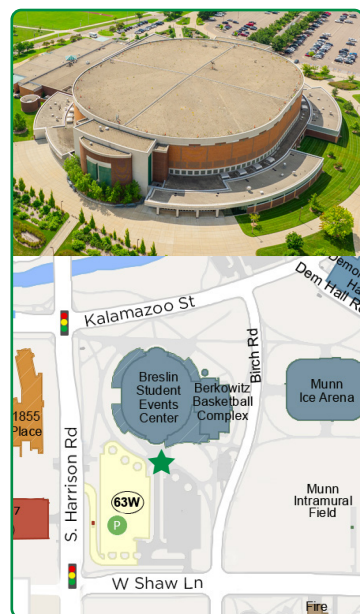
MSU Union

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.

Spouse/OEI Affidavit No Longer Required

As a reminder, you no longer need to complete the spouse/other eligible individual (OEI) affidavit to continue coverage for your spouse/OEI. If you currently cover a spouse/OEI on your health plan, their coverage will automatically continue in 2027 without any action.

However, the spouse/OEI premium threshold requirement still applies. To enroll your spouse/OEI in MSU coverage, **your spouse/OEI must enroll in health care coverage through their own current or former employer if the annual employee premium cost for single-person coverage is \$1,850 or less.**

You may still cover your spouse/OEI on your MSU health coverage as a secondary plan. Please review the FAQs at hr.msu.edu/open-enrollment/faq.html for more information.

Please note: This requirement does not apply to individuals enrolled in the MSU Medicare Advantage or MSU Non-Medicare plans or if you and your spouse/OEI both work at MSU.

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 8](#).

No action is needed if you and your dependents are currently enrolled in an MSU health plan and want to continue enrollment. [Page 7](#)

will help you determine if you need to take action. We strongly recommend you review the Medicare rules on [page 27](#).

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 dependents 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 8](#) 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 27](#).

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 (MA) plan through Humana, your eligibility for MSU coverage will be affected.** See the Make a Decision section on [page 28](#).

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 26](#).

Summary of Benefits and Coverage (SBC)

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

Should You Do Anything?

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

TRUE FALSE

Unpaid Leave of Absence (Including Layoff) — Eligible for health, dental, life, and voluntary benefits.

I want to change, or cancel health or dental coverage for myself or my eligible dependents.

☐☐

I want to decrease or cancel my life insurance.

☐☐

I want to change or cancel my voluntary benefits. See [page 33](#) for more details.

☐☐

Long-term Disability (LTD) and Workers' Compensation (WC) — Eligible for health, dental, and life benefits.

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

☐☐

I want to decrease or cancel my life insurance.

☐☐

COBRA Participants — Eligible for health and dental benefits.

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

☐☐

Cash-for-Life and One Year Paid Medical — Eligible for health benefits.

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

☐☐

Postdoctoral Fellows — Eligible for health benefits.

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

☐☐

Your Result:

- If you selected **true** for any of the above statements, you must **take action by October 31**. See [page 8](#) for instructions.
- If you only selected **false**, you do not need to take any action. However, we strongly encourage you to review your benefit options to ensure you get the best coverage.

Instructions to Make Changes

Find instructions below to make changes to your benefits between **October 1 and 31**. Review [page 7](#) to determine what benefits you're eligible to make changes to based on your group.

Benefit	Enrollment Options (If Eligible)	How to Make Changes
Health and Dental	Enroll in, change, or cancel coverage.	Submit the form on page 37 .
Life and AD&D	Decrease or cancel coverage.	Submit the form on page 37 .
Accident, Auto, Critical Illness, Home, Legal, Pet, and Vision	Change or cancel coverage.	See page 33 .

Other Enrollment Information

Child Dependent Age Criteria

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

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

Life Insurance: Dependent children are eligible until the end of

the calendar year during which the child turns age 23.

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

AD&D Insurance: Dependent children are eligible until the end of the calendar year during which the child turns age 23.

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

Voluntary Benefits: Dependent children are eligible until the end of the calendar year during which the child turns age 23.

Disabled Dependents

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

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

SD and FC riders are not eligible for the Cigna Global Health Advantage, Humana, or Personify Health plans. International SD riders may enroll in a plan from the Healthcare Marketplace.

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.

Copayment: 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.

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.

MSU Support Staff Unions

- Administrative Professionals Association (APA)
- Administrative Professional Supervisors Association (APSA)
- Clerical-Technical Union (CTU)
- Local 1585
- Local 274
- 324
- Police Officers Association of Michigan (POAM)
- Spartan Skilled Trades Union (SSTU)
- Extension United, Local 1855

Health and Prescription Plan Summaries

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

Your health plan eligibility is determined by your employee group, where you live, your union affiliation (if any), and whether you or your covered dependents are eligible for Medicare. You can learn more about Medicare eligibility on [page 26](#). Please use the flowchart below and the charts on the following pages to determine health plan eligibility. Health plan summaries start on [page 13](#).

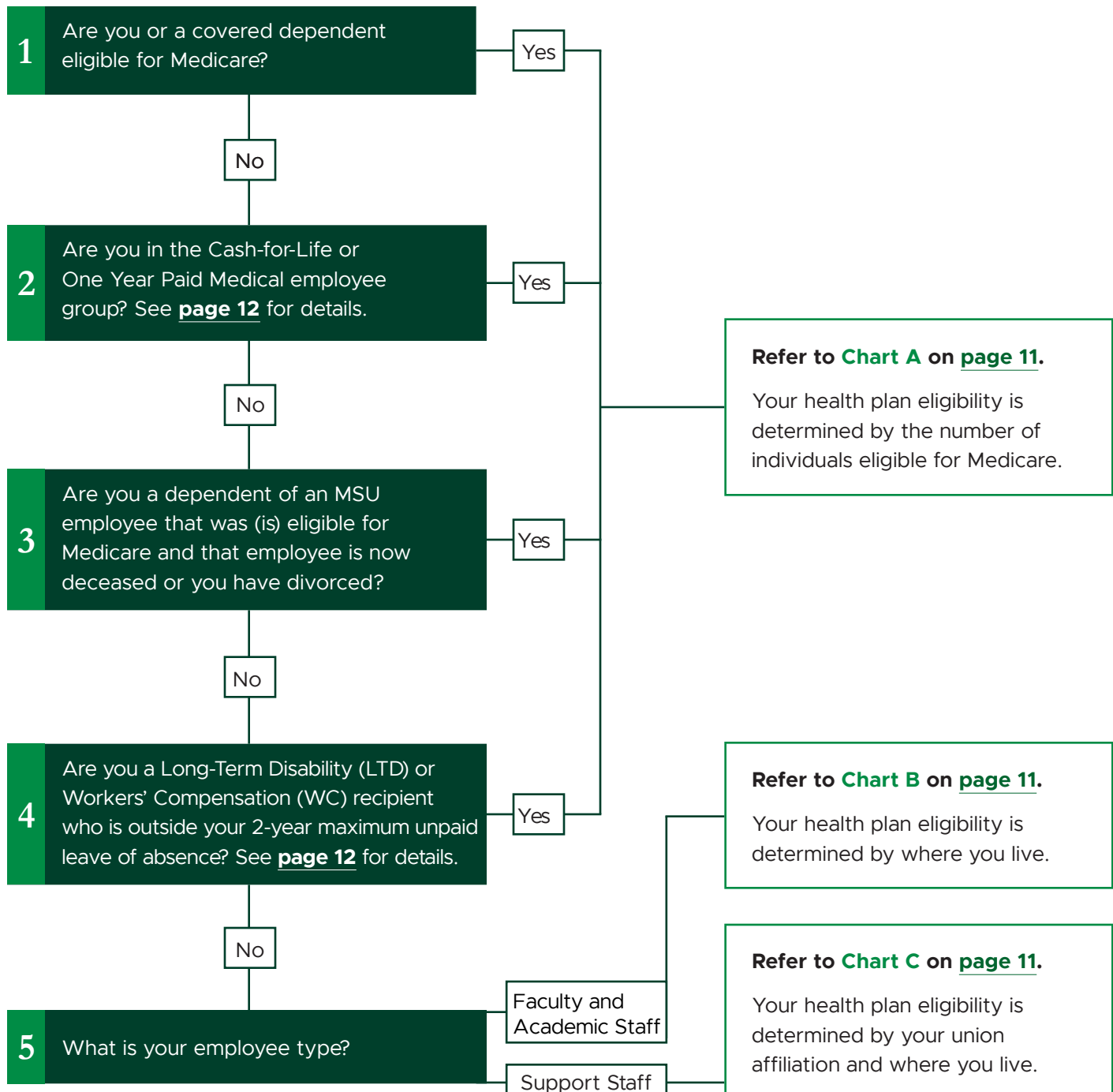


Chart A. Health Plan Eligibility Chart for Medicare Eligible Employees/Dependents, Cash-for-Life, One Year Paid Medical, and LTD or WC Outside 2-year Maximum Unpaid Leave of Absence

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

Chart B. Faculty and Academic Staff Health Plan Eligibility Chart

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

Chart C. Support Staff Health Plan Eligibility Chart

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

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

Health Plan Coverage Charts

The following pages provide a summary for each health plan option. To view a health plan coverage comparison chart:

- ▶ Faculty, academic, and support staff should reference hr.msu.edu/benefits/healthcare/health-comparison.html.
- ▶ Individuals eligible for the MSU Medicare Advantage or MSU Non-Medicare health plans should reference hr.msu.edu/benefits/healthcare/health-comparison-retiree.html.

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

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

- ▶ Long-Term Disability (LTD) and Workers' Compensation (WC) after a maximum of 2 years with coverage on an active health plan.
 - ▶ Cash-for-Life
 - ▶ One Year Paid Medical
- Plan eligibility for these groups is based on the number of individuals in your family who are eligible for Medicare. If you or any of your dependents are eligible for Medicare, then the eligible individuals must enroll in Medicare Parts A and B.

If you AND your dependents are eligible for Medicare, you may enroll in the MSU Medicare Advantage Plan. If you AND your dependents are NOT eligible for Medicare, you may enroll in the MSU Non-Medicare Plan. If you and your dependents have a mix of Medicare eligibility, you may enroll in the MSU Transition Plan. Learn more on [page 15](#).

Prescription Drug Information

CVS Caremark administers prescription coverage to individuals enrolled in BCN, BlueCard Out-of-State, CDHP, and Community Blue PPO. You may use any in-network pharmacy, which includes the MSU Health Care Pharmacy. The following table shows copays for prescription drug types. Employees enrolled in the CDHP with HSA should refer to the special guidance.

Prescription Plan Copays for BCN, BlueCard Out-of-State, and Community Blue PPO

Drug Tier	34-Day Supply	90-Day Supply ^{1, 2}
Generic	\$15	\$30
Preferred Brand-Name	\$30	\$60
Non-Preferred Brand-Name	\$75	\$150

Annual Out-of-Pocket Copay Maximum

Individual: **\$1,000** | Family: **\$2,000**

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

²See also **CVS Caremark Maintenance Choice Program FAQ** at hr.msu.edu/benefits/prescription-drug-plan/documents/maintenance-choice-faq.pdf.

Consumer Driven Health Plan (CDHP) Prescription Information:

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

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

Biotech and Specialty Medications

Biotech and specialty medications, such as infusions, injections, or orally taken medications to treat chronic or rare conditions, must receive prior authorization and can be filled only by the CVS Caremark Specialty Pharmacy. Visit cvsspecialty.com or call CVS Specialty Customer Service at 800-237-2767 for details.

Specialty drugs eligible for the PrudentRx Copay Program have a **\$0** copay for enrolled members and a **30%** copay for members not enrolled in the program. All other specialty drugs have a **\$100** copay.

Blue Care Network (BCN)

Coverage	BCN is a Health Maintenance Organization (HMO), which means you select and work closely with a primary care physician to manage your care. Deductibles, coinsurance, and prior authorization requirements may apply. Highlights of the plan: ▶ Lower premium cost. ▶ Access coverage with BlueCard when traveling out-of-state and Blue Cross Blue Shield Global Core for traveling outside of the U.S. ▶ Plan does not require a referral, but some services are subject to prior authorization. ▶ You must choose a primary care physician.
Deductible	The in-network deductible is \$175 /individual and \$350 /family. The out-of-network deductible is \$500 /individual or \$1,000 /family. After meeting the deductible, a 20% coinsurance may apply up to the out-of-pocket maximum.
Out-of-Pocket Maximum	\$3,000 /individual or \$6,000 /family
Questions	Visit bcbsm.com or call 800-662-6667 to ask questions or find a provider.

BlueCard Out-of-State

Coverage	BlueCard Out-of-State is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Coverage for this plan is similar to the BCN plan but allows individuals that live outside the state of Michigan to enroll. Deductibles, coinsurance, and prior authorization may apply. Highlights of the plan: ▶ Premium is higher than BCN but lower than Community Blue and intended to be a more affordable option for those living outside the state of Michigan. ▶ Plan is similar to BCN but allows for primary care services to be received outside the state of Michigan. ▶ Does not require you to choose a primary care physician.
Deductible	The in-network deductible is \$175 /individual and \$350 /family. The out-of-network deductible is \$500 /individual or \$1,000 /family. After meeting the deductible, a 20% coinsurance may apply up to the out-of-pocket maximum.
Out-of-Pocket Maximum	\$3,000 /individual or \$6,000 /family
Questions	Visit bcbsm.com or call 888-288-1726 to ask questions or find a provider.

Community Blue PPO

Coverage	Community Blue is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Deductibles, coinsurance, and prior authorization requirements apply in some circumstances. Highlights of the plan: ▶ Does not have an in-network deductible requirement. ▶ Higher premium cost. ▶ More flexibility in managing care with a worldwide network of participating physicians. ▶ Does not require you to choose a primary care physician.
Deductible	The in-network deductible for support staff is \$0 and for faculty/academic staff is \$100/individual and \$200/family. The out-of-network deductible is \$250/individual and \$500/family. After meeting the deductible, a 20% coinsurance may apply up to the maximum.
Out-of-Pocket Maximum	The in-network maximum is \$2,000/individual or \$4,000/family. The out-of-network maximum is \$2,250/individual or \$4,500/family.
Questions	Visit bcbsm.com or call 888-288-1726 to ask questions or find a provider.

Consumer Driven Health Plan with Health Savings Account

Consumer Driven Health Plan (CDHP) Overview

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

Health Savings Account (HSA) Overview

Coverage	When enrolling in the CDHP, you must enroll in the HSA at the same time. MSU contributes up to \$750 to the HSA each year (prorated based on employment percentage) and you may add funds tax-free. If you do not enroll during Open Enrollment, you will lose MSU's contribution. Use your HSA funds to pay for any eligible medical expenses or doctor visits you incur. Employer and employee combined annual HSA contributions are limited to the IRS limits of \$4,500/single and \$9,000/family. These contributions are triple tax-free! You make contributions pre-tax, your account balance earns interest tax-free, and your distributions are tax-free if they are used for eligible medical expenses. Please Note: Due to IRS regulations, you are unable to enroll in the HSA offered with the CDHP if you participate or have a balance in a Health Care FSA. If you have an existing HSA from a previous employer you can add those funds into your new HSA.
Questions	For questions about the CDHP, visit bcbsm.com or call 888-288-1726. For questions about the HSA, contact HealthEquity at 877-219-4506.



Important Note about the Following Health Plans

Individuals eligible for the MSU Medicare Advantage and MSU Non-Medicare plans include:

- ▶ Employees who are (or have dependents) eligible for Medicare.
- ▶ LTD or WC individuals outside their 2-year maximum unpaid leave of absence.
- ▶ One Year Paid Medical individuals.
- ▶ Cash-for-Life individuals.

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 16](#).

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

Coverage	This plan is administered by Humana. Preventative services are covered at 100%. Select services are covered at 96%-100% after the required annual deductible.		
Deductible	\$192 /member		
Out-of-Pocket Maximum	\$1,200 /member <i>World wide/extra services, plan premiums, and prescriptions do not apply to the maximum.</i>		
Questions	Visit your.humana.com/msu or call Humana at 800-273-2509.		

Prescription 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/A²	N/A²
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

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. <i>Not all services are subject to the deductible.</i>
Deductible	\$100 /individual \$200 /family
Out-of-Pocket Maximum	\$3,000 /individual \$6,000 /family <i>Consists of applicable deductible and coinsurance.</i>
Questions	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/A²	N/A²
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.

Monthly Health Plan Premiums

The following charts show monthly health plan premiums for individuals in these groups: Cash-for-Life, COBRA, leave of absence (including layoffs), long-term disability, one year paid medical, postdoctoral fellows, and workers' compensation. You can find your group printed on the mailing address on the back of this guide. See the flowchart on [page 10](#) to determine which health plans you're eligible to enroll in.

Cash-for-Life

These premiums are for faculty, academic, and support staff Cash-for-Life individuals and their dependents. Plan eligibility is based on Medicare eligibility.

Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	<i>Medicare Eligible Only</i>	<i>Non-Medicare Eligible Only</i>	<i>Mix of Medicare and Non-Medicare Eligible</i>	
Single	\$202.68	\$1,621.63	N/A	
2 Person	\$405.36	\$3,243.27	\$1,824.31	
Family	\$608.04	\$4,702.74	1 with Medicare	\$3,939.00
			2 with Medicare	\$2,181.43
			3 with Medicare	\$3,851.30

COBRA

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Faculty and Academic Staff				
Single	\$866.78	\$967.86	\$1,293.45	\$681.49
2 Person	\$1,820.24	\$2,032.51	\$2,716.26	\$1,361.02
Family	\$2,166.97	\$2,419.67	\$3,233.65	\$1,608.11
Support Staff				
Single	\$866.78	\$967.86	\$1,334.67	\$681.49
2 Person	\$1,820.24	\$2,032.51	\$2,802.82	\$1,361.02
Family	\$2,166.97	\$2,419.67	\$3,336.70	\$1,608.11

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

Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	<i>Medicare Eligible Only</i>	<i>Non-Medicare Eligible Only</i>	<i>Mix of Medicare and Non-Medicare Eligible</i>	
Single	\$206.73	\$1,654.06	N/A	
2 Person	\$413.47	\$3,308.14	\$1,860.80	
Family	\$620.20	\$4,796.79	1 with Medicare	\$4,017.78
			2 with Medicare	\$2,225.06
			3 with Medicare	\$3,928.33

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

Non-Medicare Eligible Plans for LTD or WC within their Maximum First 2 Years on an Active Health Plan:

No members of your family are eligible for Medicare.

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Academic Year Faculty and Academic Staff				
Single	\$134.88	\$283.53	\$762.34	\$59.00
2 Person	\$283.24	\$595.40	\$1,600.91	\$115.97
Family	\$337.19	\$708.82	\$1,905.86	\$135.89
Annual Year Faculty and Academic Staff				
Single	\$89.92	\$189.02	\$508.23	\$39.33
2 Person	\$188.83	\$396.93	\$1,067.28	\$77.31
Family	\$224.80	\$472.55	\$1,270.57	\$90.59
Support Staff				
Single	Paid by MSU	\$99.10	\$458.72	\$39.33
2 Person	Paid by MSU	\$208.10	\$963.31	\$77.31
Family	Paid by MSU	\$247.75	\$1,146.80	\$90.59
POAM Staff				
Single	\$89.92	\$189.02	\$548.64	\$39.33
2 Person	\$188.83	\$396.93	\$1,152.14	\$77.31
Family	\$224.80	\$472.55	\$1,371.60	\$90.59
MSU Extension Staff				
Single	\$32.11	\$131.21	\$490.83	\$39.33
2 Person	\$67.44	\$275.54	\$1,030.75	\$77.31
Family	\$80.28	\$328.03	\$1,227.08	\$90.59

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

Coverage Tier	MSU Medicare Advantage Plan	MSU Non-Medicare Plan	MSU Transition Plan	
	Medicare Eligible Only	Non-Medicare Eligible Only	Mix of Medicare and Non-Medicare Eligible	
Academic Year Faculty and Academic Staff				
Single	\$42.57	\$340.55	N/A	
2 Person	\$85.13	\$681.09	\$383.11	
Family	\$127.70	\$987.57	1 with Medicare	\$827.19
			2 with Medicare	\$458.10
			3 with Medicare	\$808.77
Annual Year Faculty and Academic Staff				
Single	\$28.38	\$227.03	N/A	
2 Person	\$56.75	\$454.06	\$255.40	
Family	\$85.13	\$658.38	1 with Medicare	\$551.46
			2 with Medicare	\$305.40
			3 with Medicare	\$539.18
Support Staff				
Single	Paid by MSU	Paid by MSU	N/A	
2 Person	Paid by MSU	Paid by MSU	Paid by MSU	
Family	Paid by MSU	Paid by MSU	1 with Medicare	Paid by MSU
			2 with Medicare	Paid by MSU
			3 with Medicare	Paid by MSU
POAM Staff				
Single	\$28.38	\$227.03	N/A	
2 Person	\$56.75	\$454.06	\$255.40	
Family	\$85.13	\$658.38	1 with Medicare	\$551.46
			2 with Medicare	\$305.40
			3 with Medicare	\$519.18
MSU Extension Staff				
Single	\$10.13	\$81.08	N/A	
2 Person	\$20.27	\$162.16	\$91.22	
Family	\$30.40	\$235.14	1 with Medicare	\$196.95
			2 with Medicare	\$109.07
			3 with Medicare	\$192.57

One Year Paid Medical

For One Year Paid Medical premiums, please contact MSU Human Resources at 517-353-4434 (toll-free: 800-353-4434) or SolutionsCenter@hr.msu.edu.

Postdoctoral Fellows

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO
Single	\$849.78	\$948.88	\$1,268.09
2 Person	\$1,784.55	\$1,992.65	\$2,663.00
Family	\$2,124.47	\$2,372.22	\$3,170.24

Unpaid Leave of Absence (LOA) (Including Layoff)

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

Coverage Tier	Blue Care Network	BlueCard Out-of-State	Community Blue PPO	Consumer Driven Health Plan
Academic Year Faculty and Academic Staff				
Single	\$1,274.67	\$1,423.32	\$1,902.14	\$1,002.20
2 Person	\$2,676.83	\$2,988.98	\$3,994.50	\$2,001.50
Family	\$3,186.71	\$3,558.33	\$4,755.36	\$2,364.87
Annual Year Faculty and Academic Staff				
Single	\$849.78	\$948.88	\$1,268.09	\$668.13
2 Person	\$1,784.55	\$1,992.65	\$2,663.00	\$1,334.33
Family	\$2,124.47	\$2,372.22	\$3,170.24	\$1,576.58
Support Staff				
Single	\$849.78	\$948.88	\$1,308.50	\$668.13
2 Person	\$1,784.55	\$1,992.65	\$2,747.86	\$1,334.33
Family	\$2,124.47	\$2,372.22	\$3,271.27	\$1,576.58

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

Coverage Tier	MSU Medicare Advantage Plan	MSU Transition Plan	
	Medicare Eligible Only	Mix of Medicare and Non-Medicare Eligible	
Academic Year Faculty and Academic Staff			
Single	\$304.02	N/A	
2 Person	\$608.04	\$2,736.47	
Family	\$912.06	1 with Medicare	\$5,908.50
		2 with Medicare	\$3,272.15
		3 with Medicare	\$5,776.95
Support Staff and Annual Year Faculty and Academic Staff			
Single	\$202.68	N/A	
2 Person	\$405.36	\$1,824.31	
Family	\$608.04	1 with Medicare	\$3,939.00
		2 with Medicare	\$2,181.43
		3 with Medicare	\$3,851.30

Provider Contact Information

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

- › **Aetna Dental**
877-238-6200
aetna.com

- › **Delta Dental**
800-524-0149
deltadentalmi.com

More Information

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

Dental Plan Summary

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

Aetna DMO and Aetna Premium DMO

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

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

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

Guidance for Employees that Enroll in an Aetna Plan

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

Delta Dental Base Plan

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

Delta Dental Premium Plan

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

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 DMO (plan 41)	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Diagnostic and Preventative Service				
Exams	\$20 copay	No copay	50% patient pay	0% patient pay
Cleanings	No copay	No copay	50% patient pay	0% patient pay
X-rays	No copay	No copay	50% patient pay	0% patient pay
Fluoride	No copay	No copay ¹	50% patient pay ²	0% patient pay ²
Sealants ³	\$10 copay ⁴	\$10 copay ⁴	Not covered	0% patient pay ⁵
Space Maintainers	\$100 copay	\$80 copay ⁶	50% patient pay ²	0% patient pay ²
Minor Restorative				
Amalgam Silver Fillings	\$22 copay ⁷	No copay	50% patient pay	30% patient pay
Composite Resin Fillings ⁸	\$40 copay ⁷	No copay	50% patient pay	30% patient pay
Prosthetics				
Crowns ⁹	\$488 copay	\$315 copay	50% patient pay	50% patient pay
Bridges ¹⁰	\$488 copay	\$320 copay	50% patient pay	50% patient pay
Denture ¹¹	\$500 copay	\$320 copay	50% patient pay	50% patient pay
Partial ¹¹	\$513-\$719 copay	\$320-\$460 copay	50% patient pay	50% patient pay
Oral Surgery				
Simple Extraction	\$12 copay	No copay	50% patient pay	30% patient pay
Extraction – Erupted Tooth	\$30 copay	No copay	50% patient pay	30% patient pay
Extraction – Soft Tissue Impaction	\$80 copay	\$60 copay	50% patient pay	30% patient pay
Extraction – Partial Bony Impaction	\$175 copay	\$80 copay	50% patient pay	30% patient pay
Extraction – Complete Bony Impaction	\$225 copay	\$120 copay	50% patient pay	30% patient pay
Endodontics				
Anterior Root Canal	\$150 copay	\$120 copay	50% patient pay	30% patient pay
Bicuspid Root Canal	\$195 copay	\$180 copay	50% patient pay	30% patient pay

Dental Service	Aetna DMO (plan 41)	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
Molar Root Canal	\$435 copay	\$300 copay	50% patient pay	30% patient pay
Apicoectomy	\$130-\$190 copay	\$170 copay	50% patient pay	30% patient pay
Periodontics				
Gingivectomy ¹²	\$160 copay ¹³	\$125 copay ¹³	50% patient pay	30% patient pay
Osseous Surgery ¹²	\$445 copay	\$375 copay	50% patient pay	30% patient pay
Root Scaling ¹²	\$65 copay	\$60 copay	50% patient pay	30% patient pay
Orthodontics				
Child ²	\$3,000 copay ¹⁴	\$1,500 copay ¹⁴	50% patient pay	50% patient pay
Adult ¹⁵	\$3,000 copay ¹⁴	\$1,500 copay ¹⁴	Not covered	50% patient pay
Dental Plan Maximums				
Annual	No maximum	No maximum	\$600 maximum ¹⁶	\$2,000 maximum ¹⁷
Lifetime Orthodontics	No maximum	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. Per filling.
8. Anterior teeth only. Review the Summary Plan Description for details and exceptions.
9. Semi-precious. Review the Summary Plan Description for details and exceptions.
10. Per unit.
11. For each.
12. Per quadrant.
13. See Summary Plan Description for details.
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. Age 19 or older.
16. Diagnostic and preventative services apply to the annual maximum.
17. Diagnostic and preventative services do not apply to the annual maximum.

Monthly Dental Plan Premiums

The following charts display monthly dental plan premiums. Please review these definitions before you enroll in a dental plan:

- **Annual Maximum:** This is the maximum amount the dental plan will cover in a **benefit year**. Once you reach this amount, you are responsible for 100% of the cost.
- **Lifetime Maximum:** This is the maximum amount your plan will ever pay toward the cost of specific dental services. Once you reach this amount, you are responsible for 100% of the cost.

COBRA

Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Faculty, Academic, and Support Staff Monthly Premiums				
Single	\$22.09	\$36.63	\$22.09	\$58.09
2 Person	\$42.28	\$69.47	\$42.28	\$110.96
Family	\$69.14	\$115.77	\$69.14	\$181.84

Long-term Disability and Workers' Compensation

Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Faculty, Academic, and Support Staff Monthly Premiums				
Single	Paid by MSU	\$14.25	Paid by MSU	\$35.29
2 Person	Paid by MSU	\$26.66	Paid by MSU	\$67.33
Family	Paid by MSU	\$45.72	Paid by MSU	\$110.49

Unpaid Leave of Absence (Including Layoff)

Coverage Tier	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Academic Year (AY) Faculty/Academic Staff Monthly Premiums			
Single	\$21.38	Paid by MSU	\$52.94
2 Person	\$39.99	Paid by MSU	\$101.00
Family	\$68.58	Paid by MSU	\$165.74
Annual Year (AN) Faculty/Academic Staff Monthly Premiums			
Single	\$14.25	Paid by MSU	\$35.29
2 Person	\$26.66	Paid by MSU	\$67.33
Family	\$45.72	Paid by MSU	\$110.49

Coverage Tier	Aetna DMO	Aetna Premium DMO	Delta Dental Base Plan	Delta Dental Premium Plan
Support Staff Monthly Premiums				
Single	\$21.66	\$35.91	\$21.66	\$56.95
2 Person	\$41.45	\$68.11	\$41.45	\$108.78
Family	\$67.78	\$113.50	\$67.78	\$178.27

Review if Eligible for Medicare in 2027



This page is important for people who are enrolled in the MSU Non-Medicare or MSU Transition plans and 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 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 need to 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 27](#) for more information.

Individuals Turning 65

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

- ▶ **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).
- ▶ **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.

Social Security Disability Insurance Recipients

- ▶ **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.

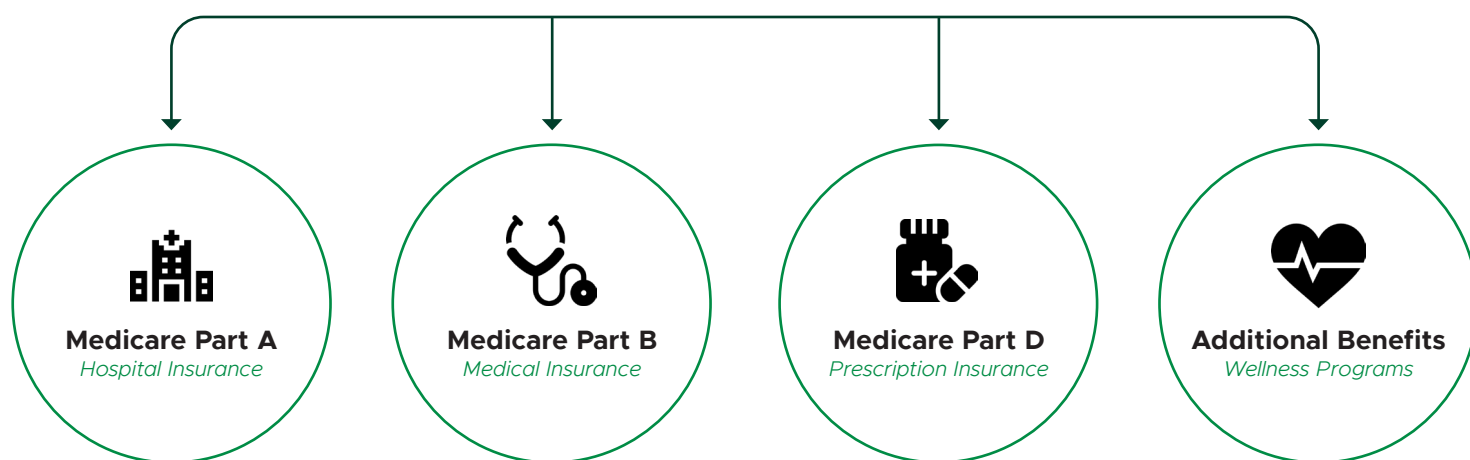
Find more information about what to expect before becoming eligible for Medicare at hr.msu.edu/benefits/retirement/medicare-and-ss.html.

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):

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

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

Make a Decision

If you 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:

- ▶ 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.**
- ▶ 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.
- ▶ 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](https://www.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.

Life Insurance

MSU offers optional employee-paid life insurance to all faculty, academic, and support staff who are on an unpaid leave of absence (including layoff), long-term disability, and workers' compensation, as well as to their spouse/other eligible individual (OEI) and dependent children. Life insurance is offered at 1 to 10 times your annual salary. **You may only decrease or cancel coverage while on an unpaid leave of absence.**

Coverage effective dates and increases in coverage may be delayed if you or your dependents are disabled or hospital confined on the date coverage is scheduled to take effect. MSU will contact you via your MSU email address with instructions on how to submit your evidence of insurability to Prudential. Please see Dependent Age Criteria on [page 30](#).

How Much Does Optional Life Insurance Cost?

Use the charts and formulas below and on the following page to calculate the monthly cost for you, your spouse/OEI, or your children. **Rates will change on the date you enter a new age bracket or if your salary changes.**

Employee Life Insurance Cost

Step One – determine the following:

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

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

$$\text{Salary} \times \text{Rate} \times \text{Benefit Level} \div 1,000 = \$ \quad / \text{month}$$

Example

- ▶ Salary = \$50,000
 - ▶ Age = 25, so rate = \$0.032 (according to Chart A)
 - ▶ Benefit level chosen = 5 x salary
- \$50,000** (salary) x **\$0.032** (rate) x **5** (benefit level) ÷ **1,000** = \$8.00/month

Chart A. Employee Rates Per \$1,000 of Coverage by Age	
Age	Rate
<25	\$0.028
25-29	\$0.032
30-34	\$0.044
35-39	\$0.050
40-44	\$0.056
45-49	\$0.084
50-54	\$0.128
55-59	\$0.240
60-64	\$0.370
65-69	\$0.708
70+	\$1.148

Provider Contact Information

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

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

More Information

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

Estimate Your Insurance Needs

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

Spouse/OEI Life Insurance Cost

Step One – determine the following:

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

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

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

Example

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

Chart B. Spouse/OEI Coverage Levels

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

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

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

Child Life Insurance Cost

Step One – determine the following:

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

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

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

Example

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

Chart D. Child Coverage Levels

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

Child Dependent Age Criteria

Dependent children enrolled in Life insurance are eligible through 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 after the age limit if (1) the child is mentally and/or physically incapable of earning a living, (2) Prudential has received proof of incapacity within 31 days, AND (3) the child otherwise meets the definition of a Qualified Dependent. If the child becomes incapacitated after the age limit, they will not be able to continue coverage.

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

AD&D Insurance

Provider Contact Information

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

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

More Information

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

Child Dependent Age Criteria

Dependent children enrolled in AD&D insurance are eligible through 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 after the age limit if (1) the child is mentally and/or physically incapable of earning a living, (2) Prudential has received proof of incapacity within 31 days, AND (3) the child otherwise meets the definition of a Qualified Dependent. If the child becomes incapacitated after the age limit, they will not be able to continue coverage.

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

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

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

How Much Does Optional AD&D Insurance Cost?

Use the chart and formula below to find the cost of insurance for you, your spouse/OEI, and your children. Rates are subject to change.

AD&D Insurance Cost

Step One – determine the following:

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

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

$$\text{Salary} \times \text{Rate} \times \text{Benefit Level} \div 1,000 = \$ \quad / \text{month}$$

Example

- ▶ Salary = \$50,000
- ▶ Employee rate = \$0.015 (according to Chart A).
- ▶ Benefit level chosen = 5 x salary

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

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

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

Flexible Spending Accounts

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

For Health Care FSA: Your Health Care FSA debit card will be deactivated on your leave of absence (LOA) effective date, but you may still incur eligible expenses until the end of the month in which your LOA begins and submit claims by the April 30 deadline. Since MSU treats an unpaid LOA (including layoff) as an employment change in status, you may not participate in an FSA during the rest of your LOA.

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

How FSAs Work When You Return from an Unpaid LOA

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

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

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

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

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

FSA Important Deadlines

Review important **grace period deadlines** for using your funds and submitting claims for expenses incurred while in an active status:

Deadlines For the 2026 Plan Year

Use FSA Funds: **March 15, 2027**

Submit Claims for FSA Funds: **April 30, 2027**

Deadlines For the 2027 Plan Year

Use FSA Funds: **March 15, 2028**

Submit Claims for FSA Funds: **April 30, 2028**

Helpful Health Care FSA Information

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

Provider Contact Information

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

- › **MSU Benefits Plus**
888-758-7575
msubenefitsplus@corestream.com

Child Dependent Age Criteria

Dependent children are eligible until the end of the calendar year during which the child turns age 23.

Voluntary Benefits

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

To Change or Cancel Insurance

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

When You Can Enroll

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

For Eligibility and Enrollment Questions

Please contact MSU Benefits Plus for eligibility and enrollment questions. If you have specific questions about a voluntary benefit, contact the voluntary benefit provider directly using the information below.

Only Change or Cancel the Following During Open Enrollment

MSU Benefits Plus
888-758-7575
msubenefitsplus@corestream.com

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

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

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

Change or Cancel the Following Anytime

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

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

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

Wishbone (formerly Pet Benefit Solutions)
800-887-5708
app.wishbone.pet/land/msu

Teladoc Health Telemedicine

Teladoc Health is available to unpaid leave of absence (including layoff), long-term disability, and workers' compensation individuals (within their 2-year maximum unpaid leave of absence) and their dependents enrolled in an MSU health plan.

Teladoc Health 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.

Provider Contact Information

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

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

Provider Contact Information

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

- ▶ **Teladoc Medical Experts**
855-380-7828
[teladochealth.com/
expert-care/specialty-
wellness/medical-experts](https://teladochealth.com/expert-care/specialty-wellness/medical-experts)

Teladoc Medical Experts

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

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

Livongo by Teladoc Health

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

Livongo by Teladoc Health helps you manage your diabetes by delivering tools and resources directly to your home—all at no cost to you and your eligible dependents. MSU pays for this program on your behalf, allowing you to access unlimited supplies, a smart meter, and coaching at no cost to you.

Benefits of the Program

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

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

How to Sign Up

Visit teladochealth.com/livongo to learn more and click **check my eligibility** to sign up. You may enroll in Livongo at any time throughout the year.

Provider Contact Information

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

- ▶ **Livongo by Teladoc Health**
800-945-4355
teladochealth.com/livongo



Step 1: Read First

Only complete this form to **change** or **cancel** benefits for you and your eligible dependents. If you are making changes to your existing plans, only fill out the sections you are changing. **Do not fill out this form if you are not making changes.**

Step 2: Determine What's Changing

You may cancel or change coverage for you or your dependents.

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.

REQUIRED: Reason for Completing this Form

☐ Add Coverage	☐ Change Coverage	☐ Cancel Coverage	☐ Add Dependent(s)	☐ Remove Dependent(s)
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REQUIRED: Personal Information – Please Print Clearly

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	Medicare Beneficiary Identifier (MBI) ³ :
☐ Yes ☐ No	

REQUIRED: Benefit Eligible Group – Please indicate which group you belong in.

☐ Long-Term Disability	☐ One Year Paid Medical	☐ Leave of Absence (including layoff)	☐ COBRA	☐ Cash-for-Life
☐ Postdoctoral Fellow	☐ Workers' Compensation	☐ Other (please specify): _____		

Health Plan Fill out this section to enroll in, change, or cancel health coverage)	Single	2 Person	Family	Cancel
Blue Care Network (BCN)	☐	☐	☐	☐
BlueCard Out-of-State	☐	☐	☐	☐
Community Blue PPO	☐	☐	☐	☐
Consumer Driven Health Plan (CDHP)	☐	☐	☐	☐
MSU Medicare Advantage Plan Everyone must have Medicare Part B.	☐	☐	☐	☐
MSU Non-Medicare Plan No one is eligible for Medicare Part B.	☐	☐	☐	☐
MSU Transition Plan ⁴ One or more are enrolled in Medicare Part B, but not all.	N/A	☐	☐	☐
Health Plan Waiver	☐	N/A	N/A	N/A

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.

¹If you include an SSN, do not submit this form by email.

²Enrolling in the MSU Medicare Advantage Plan automatically disenrolls you from any other Medicare plan.

³People age 65+ and some younger people with disabilities may have an MBI. 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.

⁴Medicare-eligible members will be enrolled in the MSU Medicare Advantage Plan; other individuals will be enrolled in the MSU Non-Medicare Plan.



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

Life Insurance | Only fill out this section if you're decreasing or canceling coverage.⁵

Employee-Paid Life ⁶		Spouse/Other Eligible Individual Life		Children Life	
☐ Cancel All Employee-Paid Life		☐ Cancel Spouse/OEI Coverage Only		☐ Cancel Child(ren) Coverage Only	
☐ 1X Salary	☐ 6X Salary	☐ 10,000	☐ 125,000	☐ 5,000	☐ 20,000
☐ 2X Salary	☐ 7X Salary	☐ 25,000	☐ 150,000	☐ 10,000	☐ 25,000
☐ 3X Salary	☐ 8X Salary	☐ 50,000	☐ 175,000	☐ 15,000	
☐ 4X Salary	☐ 9X Salary	☐ 75,000	☐ 200,000		
☐ 5X Salary	☐ 10X Salary	☐ 100,000			

⁵Coverage effective dates may be delayed if you or your dependents are disabled or hospital confined on the coverage effective date.

⁶If you want to change your beneficiary for employee-paid life insurance, visit hr.msu.edu/benefits/beneficiaries.html for more information.

Accidental Death and Dismemberment (AD&D) Insurance | Only fill out this section if you're decreasing or canceling coverage

Employee Only			Spouse/OEI and Dependents	
☐ Cancel employee coverage			☐ Cancel all spouse/OEI and dependent coverage	
☐ 1X Salary	☐ 5X Salary	☐ 9X Salary		
☐ 2X Salary	☐ 6X Salary	☐ 10X Salary		
☐ 3X Salary	☐ 7X Salary			
☐ 4X Salary	☐ 8X Salary			

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” or “Sponsored Dependent” will be covered by the benefits I have elected (refer to the plan brochure for the definition of “Dependent” and “Sponsored Dependent”).

I authorize my selected health and dental plans 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. If you have questions or need plan brochures describing your benefits, 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:** _____

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
- Blue Care Network: 800-662-6667
- Cigna: 800-441-2668
- 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 askesba.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: flmedicaidtprecovery.com/flmedicaidtprecovery.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: HSHIPPProgram@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: dhcnp.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 Rlte Share Line)
South 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-MyWVHIP (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



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Cover photo by Garret Morgan.