2027
PLAN YEAR

MSU SUPPORT STAFF

Open Enrollment Benefits Guide

Open Enrollment | **October 1-31**

How to Use this Guide

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

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

1. Review Materials

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

2. Ask Us Questions

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

3. Make Decisions

Read **page 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

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

What's Inside

OVERVIEW

HEALTH CARE

DENTAL

VOLUNTARY/OTHER

ADDITIONAL

ATTENTION NEW HIRES

Review the Benefits Overview in the New Employee Toolkit for special guidance during your first 30 days of employment.

Use the QR code or visit hr.msu.edu/toolkits/benefits-overview.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

Cigna
302-797-3100
800-441-2668 (toll-free)
cignaenvoy.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

VOLUNTARY/OTHER

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

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

MSU Benefits Plus
888-758-7575
msubenefitsplus.com

Prudential
877-232-3555
prudential.com

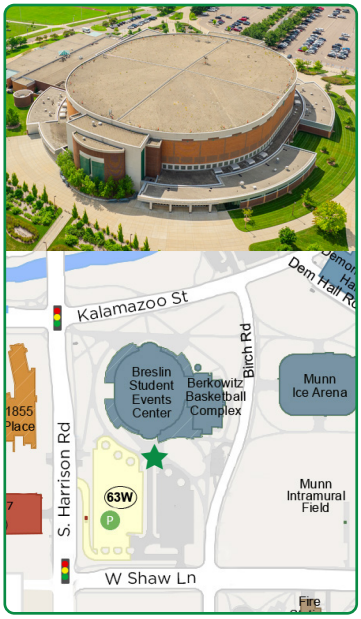
Teladoc Health
800-835-2362
teladochealth.com

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

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. ▶



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

RETIREE HEALTH CARE PRESENTATIONS

Are you thinking about retiring soon and eligible for MSU retiree benefits? Our retirement plan providers will share an overview of the retiree health plans and available tools at the following times:

- **MSU Medicare Advantage Plan** | 12:30 to 1:30 p.m. | 3:30 to 4:30 p.m.
- **MSU Non-Medicare Plan** | 2 to 3 p.m.

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

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.

Spouse/OEI Affidavit No Longer Required

As a reminder, you no longer need to complete the spouse/other eligible individual (OEI) affidavit in the EBS Portal to continue coverage for your spouse/OEI. If you currently cover a spouse/OEI on your health care 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.

Change to Enrollment Instructions

Please note the minor change to access the Open Enrollment application within the EBS portal and follow the instructions on **page 8**.

Add a Dependent

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

Add an OEI

Find instructions at **hr.msu.edu/benefits/other-eligible-individual/index.html**.

Review Your Voluntary Benefit Options

Some voluntary benefits—like accident, critical illness, legal, and vision insurance—require you to enroll in, make changes, or cancel coverage during the Open Enrollment period. Individuals currently enrolled in a plan will remain enrolled unless canceled. Learn more on **page 34**.

Qualifying Life Event

During Open Enrollment (October 1-31) you make important decisions that impact the upcoming plan year. This includes enrolling in, changing, or canceling health, dental, life, accidental death and dismemberment, vision, legal, accident, or critical illness insurance for you or your dependents, or enrolling or re-enrolling in a flexible spending account.

Outside of Open Enrollment, changes can only be made to your benefits if you experience a qualifying life event, including marriage, childbirth/adoption, employment change (such as full-time to part-time), loss of existing coverage for you or your family (excluding an OEI), or retirement. Changes must be made within 30 days of the qualifying event. Learn more at **hr.msu.edu/benefits/life-change**.

Retirement Programs

You may make changes to your retirement contributions at any time throughout the year. However, we recommend you review your retirement options **at least annually** to ensure that all benefits offered are aligned for the new year. Learn more about available programs on **page 39**.

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 and indicate whether the following statements are **true** or **false**.

		TRUE	FALSE
1	I want to enroll in, change, or cancel health or dental coverage for myself or my eligible dependents. **Individuals currently enrolled in a health or dental plan will remain enrolled for 2027 unless canceled**.	☐	☐
2	I am not currently enrolled in the health plan waiver and want to waive my health care coverage through MSU for the 2027 plan year. See **page 11** for more information. **Individuals currently enrolled in the waiver will remain enrolled for 2027 unless canceled**.	☐	☐
3	I want to enroll or re-enroll in a Flexible Spending Account (FSA). **You must re-enroll every plan year**. See **page 32** for more information.	☐	☐
4	I want to enroll in, change, or cancel life or accidental death and dismemberment insurance for myself or my eligible dependents. Dependent children are eligible until the end of the year they turn 23. **You are responsible for canceling coverage during Open Enrollment when they are no longer eligible**. See **page 30** for details and exceptions.	☐	☐
5	I want to enroll in, change, or cancel voluntary accident, critical illness, legal, or vision insurance for myself or my eligible dependents. See **page 34** for instructions.	☐	☐

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.

Other Actions to Consider

While not required during Open Enrollment, consider the following:

1. **Are you thinking about retiring soon?** Consider attending the benefits fair outlined on **page 5** to learn more about MSU retiree health plans.
2. If applicable, verify your life insurance beneficiaries using instructions at **hr.msu.edu/benefits/beneficiaries.html**.

Instructions to Make Changes

Find instructions below to enroll in, change, or cancel health, dental, life, accidental death and dismemberment (AD&D) insurance, flexible spending accounts (FSAs), or voluntary benefits between **October 1 and 31**.

Benefit	Enrollment Options	How to Make Changes
Health, Dental, Life, and AD&D	Enroll in, change, or cancel coverage.	Use instructions below.
Flexible Spending Accounts	Enroll or re-enroll in coverage.	Use instructions below.
Accident, Auto, Critical Illness, Home, Legal, Pet, and Vision	Enroll in, change, or cancel coverage.	See **page 34**.

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

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

3. Click the **Benefit/Retirement** tile. Select **Open Enrollment** from the drop-down menu, then click **Next**.

4. A disclaimer will appear with information about the threshold for spouse/other eligible individual (OEI) health coverage and the Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA), regardless of your eligibility for the CDHP with HSA. **READ** and click **OK**.

5. Verify name and address on the Personal Profile screen and click **Next**. To make address changes, see **hr.msu.edu/ebshelp/personalprofile/addresses.html**. To make name changes, see **hr.msu.edu/employment/documents/personal-data-validation-form.pdf** and submit form to MSU HR.

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

7. The Benefits Summary screen displays **current** coverage. When finished reviewing, click **Next**.

8. The next few screens display the different plans available (health, dental, FSAs, life, AD&D, etc.). You can **Add**, **Edit** or **Delete** enrollment in these plans. To exit, click **Cancel**—all changes will be lost.

9. When you reach the Review and Save screen you can **Add**, **Change**, or **Remove** coverage by using the top navigation to navigate back to previous screens. Click **Save**.

10. On the final screen, review information on the Benefit Elections Summary. You have the option to click additional links such as MSU Benefits Plus or Retirement/Health Savings Account.

11. **Please review the confirmation statement sent to your MSU email to ensure your elections are accurate. You may make changes throughout Open Enrollment in October.**

Glossary of Terms

Allowed Amount: Maximum amount on which payment is based for covered health care services. If your provider charges more than the allowed amount, you may have to pay the difference.

Coordination of Benefits (COB): A provision to help avoid claims payment delays and duplication of benefits when a person is covered by two or more plans providing benefits or services for medical, dental, or other care/treatment. One plan becomes the "primary" plan and the other becomes the "secondary" plan. This establishes an order in which the plans pay their benefits.

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

Copay: A fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of service.

Deductible: A set dollar amount that you must pay out-of-pocket toward certain health care services before insurance starts to pay. Deductibles run on a calendar-year basis.

Durable Medical Equipment (DME): Equipment and supplies ordered by the health care provider for everyday or extended use. Coverage for DME may include oxygen equipment, wheelchairs, crutches, or blood testing strips for diabetics.

In-network: Refers to the use of health care professionals who participate in the health plan's provider and hospital network.

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

Out-of-network: Refers to the use of health care professionals who are not contracted with the health insurance plan.

Out-of-pocket Maximum(s): The highest amount you are required to pay for covered services. Once you reach the out-of-pocket maximum(s), the plan pays 100% of expenses for covered services. Out-of-pocket maximums run on a calendar-year basis.

Premium: The amount that must be paid for your health plan. You or your employer usually pay it monthly, quarterly, or yearly.

Prior Authorization: A decision by your health insurer (i.e. Blue Cross Blue Shield) that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. It is sometimes called preauthorization, prior approval, or precertification. Your health plan may require prior authorization for certain services before you receive them, except in an emergency. Prior authorization isn't a promise your health insurance or plan will cover the cost.

Referral: Specific directions or instructions from your primary care physician that direct a member to a participating health care professional for medically necessary care. A referral may be written or electronic.

MSU Support Staff Unions

1. Administrative Professionals Association (APA)
2. Administrative Professional Supervisors Association (APSA)
3. Clerical-Technical Union (CTU)
4. Local 1585
5. Local 274
6. 324
7. Police Officers Association of Michigan (POAM)
8. Spartan Skilled Trades Union (SSTU)
9. Extension United, Local 1855

Health Plan Summary

Available health care plans include Blue Care Network (BCN), BlueCard Out-of-State, Community Blue PPO, Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA), and Cigna Global Health Advantage. Eligibility is based on your union affiliation and where you live. The following pages will help you determine which health plans you are eligible to enroll in and provide more details about each plan.

Health Plan Eligibility Chart[1]

Union Affiliation[2]	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. MSU employees that work outside of the U.S. may be eligible for the Cigna Global Health Advantage plan (see International Employees below).
*2. 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).*

International Employees

MSU employees with a J-1 or J-2 visa or actively working for MSU and living outside the U.S. for a minimum of 6 months are eligible to enroll in the Cigna Global Health Advantage (CGHA) plan. The CGHA plan covers medical, prescription, dental, qualifying evacuation, and repatriation services with access to health care professionals and facilities worldwide. Learn more on **page 14**.

Guidance for Remote/ Hybrid Employees

Please confirm your provider participates before enrolling.

Employees who Work at MSU with a Spouse/OEI

MSU only allows coverage under one health care plan per eligible employee. You have two options if you and your spouse/OEI both work at MSU:

- You can both have your own plan **OR**
- You can have one plan with one of you listed as a dependent.

You may wish to cover the entire family on one plan to reduce your employee premium contributions. Child dependents can only be listed on one employee health plan.

Health Plan Waiver

If you are covered by another health plan you may enroll in the health plan waiver to waive your MSU health coverage.

Individuals who waive coverage will receive **up to** $600 per year. Payment for the previous plan year occurs in February. If you enroll in the waiver for the 2027 plan year, you will receive your payment in February 2028.

Enrollment is not automatic; you must enroll online for the waiver during Open Enrollment. **Individuals currently enrolled in the waiver will remain enrolled for 2027 unless canceled.**

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

Child Dependent Age Criteria

Children (biological, step, or adopted) are eligible through the end of the calendar year they turn 26. Non-adopted grandchildren, nieces, nephews, or wards through legal guardianship are eligible through the end of the calendar year they turn 23. You will receive an email from MSU Human Resources with options to continue coverage for children once they age out of coverage.

Dependents who become incapacitated before the age limit may be eligible to continue coverage after eligibility ends by completing the MSU Dependent Disability Certification Form at **hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf**.

Blue Care Network (BCN)

Eligibility	This plan is available to employees who live in Michigan.
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. See the Health Plan Coverage Chart on **page 15** for more information.
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

Eligibility	This plan is available to employees who live outside the state of Michigan but within the U.S.
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. See the Health Plan Coverage Chart on **page 15** for more information.
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

Eligibility	This plan is available to employees who live within the U.S.
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. There is a worldwide network of participating PPO physicians and hospitals. Highlights of the plan: ▸ Does not have an in-network deductible requirement. ▸ Higher premium cost. ▸ More flexibility in managing care. ▸ Does not require you to choose a primary care physician. See the Health Plan Coverage Chart on **page 15** for more information.
Deductible	The in-network deductible is **$0**. The out-of-network deductible is **$250**/individual and **$500**/family. After meeting the deductible, a 20% coinsurance may apply up to the out-of-pocket 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

Eligibility	APSA and CTU employees living outside of Michigan, POAM, MSU Extension, and non-union employees living in the U.S. are eligible to enroll.
How to Enroll	Eligible employees are unable to enroll in this plan through the EBS Portal. Please submit the offline enrollment form at **hr.msu.edu/open-enrollment/documents/OE-Offline-Enrollment-Form.pdf** to MSU Human Resources. Submit forms via email to **SolutionsCenter@hr.msu.edu** if they do not contain a social security number or drop off at the secure mailbox outside the HR building at 1407 S. Harrison Rd., East Lansing, MI 48823, or mail the form to this address.
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. 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. See the Health Plan Coverage Chart on **page 15** for more details. You may find that most of your annual medical costs are 100% covered.
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. Learn more about the HSA at **hr.msu.edu/benefits/healthcare/cdhp-hsa.html**. **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. Money in the HSA is yours to take with you, even if you leave MSU for a different employer or retire. In fact, investing in your HSA now to use in your retirement is a sound strategy to fund your medical expenses in retirement.
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.

Cigna Global Health Advantage (CGHA)

Eligibility	MSU employees with a J-1 or J-2 visa or actively working for MSU and living outside the U.S. for a minimum of 6 months are eligible to enroll in the Cigna Global Health Advantage plan.
How to Enroll	Visit **hr.msu.edu/benefits/international-employees/enrollment-instructions.html** for enrollment instructions.
Coverage	The CGHA plan is a Preferred Provider Organization (PPO) and covers medical, prescription, dental, qualifying evacuation, and repatriation services with access to health care professionals and facilities worldwide. Visit **hr.msu.edu/benefits/international-employees/** to review a welcome kit, monthly premiums, summary of benefits, FAQs, certificate of coverage, enrollment instructions, and more. See the Health Plan Coverage Chart on **page 15** for more information.
Questions	For questions about specific coverage details or to find a provider visit **cignaenvoy.com** or call 302-797-3100 or 800-441-2668 (toll-free). Use group number 03664D001.

Health Plan Coverage Chart

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

Disclaimer: *The below chart is meant for comparison only and reviews the plan features in general terms, but is not a full description of coverage. Some services may be subject to deductibles, coinsurance, and out-of-pocket maximums. We encourage you to review your plan provider's benefit and coverage summary for more detail at* **hr.msu.edu/benefits/summaries/index.html**.

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	International (Outside U.S.)	In-Network (U.S.)	Out-of-Network (U.S.)
Preventative Services											
Health Maintenance Exam[1]	Covered 100%[2]	Not Covered	Covered 100%[2]	Not Covered	Covered 100%[2]	Not Covered	Covered 100%[2]	Not Covered	Covered 100%	Covered 100%	Not Covered
Annual Gynecological Exam[1]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Pap Smear Screening[1, 4]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Mammography Screening[1]	Covered 100%	Covered 80%[5, 6, 7]	Covered 100%	Covered 80%[5, 6, 7]	Covered 100%	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%	Covered 100%	Covered 80%[3]
Contraceptive Devices[8]	Covered 100%	Not Covered	Covered 100%	Covered 100%[3]	Covered 100%	Covered 60%[3]	Covered 100%	Covered 100%[3]	Covered 100%	Covered 100%[9]	Not Covered
Contraceptive Injections	Covered 100%	Not Covered	Covered 100%	Covered 80%[3]	Covered 100%	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%[3]	$20 Copay	Covered 80%[3]
Well-Baby and Child Care Exams	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Immunizations[10]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Not Covered
Flu Shots	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Not Covered
Fecal Occult Blood Screening[1]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Preventive Colonoscopy[1, 11]	Covered 100%	Covered 80%[5, 6, 7]	Covered 100%	Covered 80%[5, 6, 7]	Covered 100%	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%	Covered 100%	Covered 80%[3]

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	International (Outside U.S.)	In-Network (U.S.)	Out-of-Network (U.S.)
Flexible Sigmoidoscopy Exam[1]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Prostate Exam and Specific Antigen Screen[1, 11]	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]
Physician Office Services (medically necessary)											
Office Visits/ Consultations	$25 Copay	Covered 80%[3]	$25 Copay	Covered 80%[3]	Covered 80%[3]	Covered 60%[3]	$25 Copay	Covered 80%[3]	Covered 100%[3]	$20 Copay	Covered 80%[3]
Emergency Medical Care											
Hospital Emergency Room	$50 Copay[12] OR $250	$50 Copay[12] OR $250	$50 Copay[12] OR $250	$50 Copay[12] OR $250	Covered 80%[3]	Covered 80%[3]	$50 Copay[12] OR $250	$50 Copay[12] OR $250	Covered 100%	$250 Copay	$250 Copay
Emergency Room Physician's Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 80%[3]	Covered 80%[3]	$20 Copay[13]	Covered 80%[3]	Covered 100%	Covered 100%	Covered 80%[3]
Urgent Care Center	$30 Copay	$30 Copay	$30 Copay	Covered 80%[3]	Covered 80%[3]	Covered 60%[3]	$30 Copay	Covered 80%[3]	Covered 100%	$20 Copay	Covered 80%[3]
Ambulance Service[14]	Covered 80%[3, 15]	Covered 80%[3, 15]	Covered 80%[3, 15]	Covered 80%[3, 15]	Covered 80%[3]	Covered 80%[3]	Covered 100%[3, 16]	Covered 100%[3, 16]	Covered 100%[3]	Covered 100%	Covered 100%
Diagnostic Services											
Laboratory and Pathology Tests	Covered 100%[17]	Not Covered	Covered 100%	Covered 100%	Covered 80%[3]	Covered 80%[3]	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Diagnostic Tests and X-Rays	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 80%[3]	Covered 60%[3]	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Radiation Therapy	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 80%[3]	Covered 80%[3]	Covered 60%[3]	Covered 100%[3]	Covered 80%[3]	Covered 80%[3, 7]	Covered 100%[3, 7]	Covered 100%[3, 7]
Maternity Services Provided by a Physician											
Pre-Natal and Post-Natal Care	Covered 100%	Covered 80%[3, 7]	Covered 100%	Covered 80%[3, 7]	Covered 100%	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	International (Outside U.S.)	In-Network (U.S.)	Out-of-Network (U.S.)
Delivery and Nursery Care	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 80%[3]	Covered 60%[3]	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Hospital Care											
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100%[3, 7, 18]	Covered 80%[3, 6, 7, 18]	Covered 100%[3, 7, 18]	Covered 80%[3, 6, 7, 18]	Covered 80%[3, 7, 18]	Covered 60%[3, 6, 7, 18]	Covered 100%[3, 6, 7, 18]	Covered 80%[3, 6, 7, 18]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Inpatient Consultations	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 80%[3]	Covered 80%[3]	Covered 60%[3]	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Chemotherapy	Covered 100%[3]	Covered 80%[3, 7]	Covered 100%[3]	Covered 80%[3]	Covered 80%[3]	Covered 60%[3]	Covered 100%[3]	Covered 80%[3]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Surgical Services											
Surgery and Related Surgical Services	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 80%[3, 6, 7]	Covered 60%[3, 6, 7]	Covered 100%[3, 6, 7]	Covered 80%[3, 7]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Voluntary Sterilization	Male: Covered 100%[3] Female: Covered 100%[19]	Not Covered	Male: Covered 100%[3] Female: Covered 100%[19]	Not Covered	Male: Covered 50%[3] Female: Covered 100%[19]	Male: Not Covered Female: Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%[3]	Male: Covered 100%[3] Female: Covered 100%	Covered 80%[3]
Human Organ Transplants											
Such as: liver, heart, lung, pancreas, heart-lung, kidney, cornea, skin and bone marrow[20]	Covered 100%[3, 7]	Not Covered	Covered 100%[3, 7]	Covered 80-100%[6, 7, 21]	Covered 80%[3, 7]	Covered 60-80%[3, 6, 7, 21]	Covered 100%[7, 22]	Covered 80%-100%[6, 7, 21]	Covered 100%[3, 63]	Covered 100%[3, 63]	Not Covered
National Cancer Institute Clinical Trials											
Cancer and Life-Threatening Conditions[23]	Covered 100%[3, 7]	Not Covered	Covered 100%[3, 7]	Covered 80%[3]	Covered 80%[3, 7]	Covered 60%[3, 6, 7]	Covered 100%[7]	Covered 80%[3, 6, 7]	Covered 100%	Covered 100%	See footnote[24]

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	International (Outside U.S.)	In-Network (U.S.)	Out-of-Network (U.S.)
Alternatives to Hospital Care											
Skilled Nursing Care[25]	Covered 100%[3, 6, 7, 26]	Covered 80%[3, 6, 7, 26]	Covered 100%[3, 6, 7, 27]	Covered 100%[3, 6, 7, 27]	Covered 80%[3, 7, 28]	Covered 80%[3, 6, 7, 28]	Covered 100%[6, 7, 29]	Covered 100%[6, 7, 29]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3, 7, 26]
Hospice Care	Covered 100%[3, 6, 7]	Covered 80%[3, 6, 7]	Covered 100%[6, 7]	Covered 100%[6, 7]	Covered 100%[3, 6, 7]	Covered 100%[3, 6, 7]	Covered 100%[31]	Covered 100%[31]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3, 7, 26]
Home Health Care[32]	Covered 100%[3, 33]	Covered 80%[3, 33]	Covered 100%[3, 33]	Covered 100%[3, 33]	Covered 80%[3, 33]	Covered 80%[3, 33]	Covered 100%[34]	Covered 100%[34]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3, 7, 33, 61]
Mental Health Care and Substance Abuse Treatment (in approved facilities)											
Inpatient Mental Health/Substance Abuse Care	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 100%[3, 7]	Covered 80%[3, 6, 7]	Covered 80%[3, 6, 7]	Covered 60%[3, 6, 7]	Covered 100%[6, 7]	Covered 80%[3, 6, 7]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Outpatient Mental Health/Substance Abuse Care–Office Visits	Covered 100%[6, 7]	Covered 80%[3, 6, 7]	Covered 100%[6, 7]	Covered 80%[3, 6, 7]	Covered 80%[3, 6, 7]	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%[3]	Covered 100%	Covered 80%[3]
Outpatient Mental Health/ Substance Abuse Care–Facility	Covered 100%[7]	Covered 80%[3, 6, 7]	Covered 100%[7]	Covered 80%[3, 6, 7]	Covered 80%[3, 7]	Covered 80%[6, 7, 35]	Covered 100%	Covered 80%[6, 7, 35]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Other Services											
Allergy Testing and Therapy[36]	Covered 100%[37]	Covered 80%[3, 7, 38]	Covered 100%[37]	Covered 80%[3, 7, 38]	Covered 80%[3]	Covered 60%[3]	Covered 100%	Covered 80%[3]	Covered 100%[3]	$20 Copay	Covered 100%[3]
Spinal Manipulation and Osteopathic Manipulation	$25 Copay[7, 39, 40]	Not Covered	$25 Copay[7, 39, 40]	Covered 80%[3, 40]	Covered 80%[3, 41]	*Osteopathic Manipulation:* Not Covered *Chiropractic Spinal Manipulations:* Covered 60%[3]	$25 Copay[3, 41]	Covered 80%[3, 41]	Covered 100%[3, 7]	Covered 100%[3, 7]	Covered 80%[3, 7]
Outpatient Physical, Speech, and Occupational Therapy[42, 43]	$20 Copay[7, 44]	Covered 80%[3, 6, 7, 44]	$20 Copay[7, 44]	Covered 80%[3, 6, 7, 44]	Covered 80%[3, 7, 44]	Covered 60%[3, 6, 7, 44, 45]	Covered 100%[3, 44]	Covered 80%[3, 44]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3, 62]

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	International (Outside U.S.)	In-Network (U.S.)	Out-of-Network (U.S.)
Durable Medical Equipment and Medical Supplies[46]	Covered 80-100%[7, 47]	Not Covered	Covered 80-100%[3, 7, 47]	Covered 80%[3]	Covered 80-100%[3, 6, 7]	Covered 80%[3, 6, 7]	Covered 100%[48]	Covered 100%[48]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Private Duty Nursing	Not Covered	Not Covered	Covered 70%[3, 7]	Covered 50%[3, 7]	Covered 80%[3, 7]	Covered 60%[3, 7]	Covered 70%[3, 7]	Covered 50%[3, 7]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3, 7, 33]
Autism Spectrum Disorder[49]	Covered 100%[7]	Covered 80%[7, 50]	Covered 100%[7]	Covered 80%[7, 50]	Covered 80%[3, 7]	Covered 60%[3, 7]	$20 Copay[7]	Covered 80%[7]	Covered 100%[3]	Covered 100%[3]	Covered 80%[3]
Foreign Travel											
Foreign Travel	Only covered for emergency care and accidental injuries when traveling abroad.		Covered for non-emergency and emergency care, as well as accidental injuries.		Covered for non-emergency and emergency care, as well as accidental injuries.		Covered for non-emergency and emergency care, as well as accidental injuries.		Emergency medical evacuation: 100% of covered expenses not subject to the deductible for approved services. Family travel arrangements: Roundtrip airfare at economy rates to the place of hospitalization for 1 family member for hospitalization in excess of 7 days. Repatriation of mortal remains: Covered 100%		
Deductibles, Copays, and Dollar Maximums											
Deductibles[51]	$175/ individual or $350/ family	$500/ individual or $1,000/ family	$175/ individual or $350/ family	$500/ individual or $1,000/ family	$2,000/ individual or $4,000/ family[52]	$4,000/ individual or $8,000/ family	None	$250/ individual or $500/ family[53]	$100/ individual or $200/family	$100/ individual or $200/ family	$500/ individual or $1,000/ family
Health Care Out-of-Pocket Maximum[51, 54]	$3,000/ individual or $6,000/ family[55]	$3,000/ individual or $6,000/ family[56] plus $500/ individual or $1,000/ family[57]	$3,000/ individual or $6,000/ family[55]	$3,000/ individual or $6,000/ family[56] plus $500/ individual or $1,000/ family[57]	$3,000/ individual or $6,000/ family[58]	$6,000/ individual or $12,000/ family	$2,000/ individual or $4,000/ family	$2,250/ individual or $4,500/ family[59]	$3,000/ individual or $6,000/ family	$3,000/ individual or $6,000/ family	$3,000/ individual or $6,000/ family
Prescription Drug Benefit Out-of-Pocket Maximum	$1,000/individual or $2,000/family out-of-pocket maximum[60]		$1,000/individual or $2,000/family out-of-pocket maximum[60]		Subject to deductible, coinsurance and out-of-pocket maximum		$1,000/individual or $2,000/family out-of-pocket maximum[60]		Combined with Health Care Out-of-Pocket Maximum		

Footnotes start on next page.

Footnotes:

1. One per calendar year (excluding Cigna plan).
2. Chemical profile, complete blood count, urinalysis, cholesterol testing, chest x-ray and EKG are payable as part of the Health Maintenance Exam.
3. After deductible.
4. Lab services only.
5. Of eligible expenses after deductible.
6. You may be responsible for the difference between BCBSM's or BCN's approved amount and the provider's charge when services are rendered by a non-participating provider, premiums and health care this plan doesn't cover, where applicable.
7. Prior authorization may be required.
8. Includes IUD, Diaphragm, Norplant.
9. For certain devices.
10. As recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act.
11. Age restrictions may apply.
12. If emergency services provided or admitted.
13. When medical emergency criteria not met.
14. Must be medically necessary.
15. Ground and air.
16. Of the approved amount.
17. Service must be through JVHL, BCN's preferred provider.
18. Unlimited days.
19. Under preventive benefit.
20. Subject to program guidelines. Must be provided at a BCBSM designated facility and may need to be coordinated through the BCBSM Human Organ Transplant Program.
21. Depending on the type of approved transplant.
22. After deductible for bone marrow.
23. All stages, including routine care.
24. Clinical trials conducted by out-of-network providers will be covered only when the following conditions are met: In-network providers are not participating in the clinical trial; or the clinical trial is conducted outside the individual's state of residence.
25. Must meet medical necessity guidelines for skilled care and be within an approved facility.
26. The combined in- and out-of-network benefits limited to 100 days per calendar year.
27. The combined in- and out-of-network benefits limited to 120 days per calendar year.
28. The combined in- and out-of-network benefits limited to 90 days per calendar year.
29. In approved facilities and up to 120 days per calendar year.
30. Must be an approved hospice program/facility.
31. With approved providers.
32. Must be medically necessary and use an approved home health care agency.
33. The combined in- and out-of-network benefits limited to 60 days per calendar year.
34. With approved providers and unlimited visits.
35. After deductible in participating facilities.
36. Includes allergy injections.
37. Office visit copay may apply to consultations.
38. Referrals to specialists are not required.
39. In-network only.
40. Annual maximum of 24 visits.
41. In- and out-of-network services have an annual combined maximum of 24 visits.
42. Subject to medical criteria.
43. Autism Spectrum Disorder services are not subject to Outpatient Physical, Speech, and Occupational Therapy visit limit.
44. The combined in- and out-of-network benefits limited to 60 visits per calendar year.
45. Services at non-participating outpatient physical therapy facilities are not covered.
46. Including breastfeeding supplies.
47. Referrals to specialists are not required.
48. Of the approved amount.
49. Applied behavioral analysis treatment must be provided by an Approved Autism Evaluation Center (AAEC).
50. After deductible for applied behavioral analysis.
51. Per calendar year.
52. Deductible is combined for medical and prescription coverage. The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract.
53. Services where no network exists are covered at the in-network level.
54. Amount includes deductible, coinsurance and copays, where applicable.
55. For medical services only.
56. For coinsurance only.
57. Out-of-network deductible.
58. For both medical and prescription services.
59. For coinsurance, out-of-network cost-sharing amounts also count toward the in-network out-of-pocket maximum.
60. See **page 24** for copays.
61. The limit is not applicable to mental health and substance use disorder conditions.
62. For Outpatient Physical Therapy, the calendar year visit maximum is unlimited. For Outpatient Speech and Occupational Therapy, the calendar year maximum is 60 days for all therapies combined (limit is not applicable to mental health and substance use disorder conditions). Please note: The Outpatient Therapy Services maximum does not apply to the treatment of autism or speech-language therapy for children as specified in the Covered Expenses section of this plan.
63. In approved facility.

Monthly Health Plan Premiums

Monthly premiums are paid pre-tax through payroll deduction. The lowest cost plan for most support staff for the 2027 plan year is Blue Care Network. Use the QR code to view premiums on each health plan page or visit **hr.msu.edu/benefits/healthcare/index.html**.

Support Staff Health Plan Premiums

%	Coverage	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage	
		MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Full Time (90-100%)	Individual	$849.78	$0	$849.78	$99.10	$628.80	$39.33	$849.78	$458.72	$1,197.75	$87.94
	2 Person	$1,784.55	$0	$1,784.55	$208.10	$1,257.02	$77.31	$1,784.55	$963.31	$2,562.34	$188.70
	Family	$2,124.47	$0	$2,124.47	$247.75	$1,485.99	$90.59	$2,124.47	$1,146.80	$3,782.42	$277.76
3/4 Time (65-89.9%)	Individual	$637.33	$212.45	$637.33	$311.55	$522.07	$146.06	$637.33	$671.17	$876.33	$409.36
	2 Person	$1,338.42	$446.13	$1,338.42	$654.23	$1,106.70	$227.63	$1,338.42	$1,409.44	$1,874.58	$876.46
	Family	$1,593.35	$531.12	$1,593.35	$778.87	$1,325.46	$251.12	$1,593.35	$1,677.92	$2,767.37	$1,292.81
1/2 Time (50-64.9%)	Individual	$424.90	$424.88	$424.90	$523.98	$334.94	$333.19	$424.90	$883.60	$554.90	$730.79
	2 Person	$892.28	$892.27	$892.28	$1,100.37	$712.04	$622.29	$892.28	$1,855.58	$1,186.82	$1,564.22
	Family	$1,062.24	$1,062.23	$1,062.24	$1,309.98	$853.44	$723.14	$1,062.24	$2,209.03	$1,752.33	$2,307.85

Police Officer Association of Michigan (POAM) Health Plan Premiums

%	Coverage	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage	
		MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Full Time (90-100%)	Individual	$759.86	$89.92	$759.86	$189.02	$628.80	$39.33	$759.86	$548.64	$1,197.75	$87.94
	2 Person	$1,595.72	$188.83	$1,595.72	$396.93	$1,257.02	$77.31	$1,595.72	$1,152.14	$2,562.34	$188.70
	Family	$1,899.67	$224.80	$1,899.67	$472.55	$1,485.99	$90.59	$1,899.67	$1,371.60	$3,782.42	$277.76
3/4 Time (65-89.9%)	Individual	$547.41	$302.37	$547.41	$401.47	$522.07	$146.06	$547.41	$761.09	$876.33	$409.36
	2 Person	$1,149.59	$634.96	$1,149.59	$843.06	$1,106.70	$227.63	$1,149.59	$1,598.27	$1,874.58	$876.46
	Family	$1,368.55	$755.92	$1,368.55	$1,003.67	$1,325.46	$251.12	$1,368.55	$1,902.72	$2,767.37	$1,292.81
1/2 Time (50-64.9%)	Individual	$334.98	$514.80	$334.98	$613.90	$334.94	$333.19	$334.98	$973.52	$554.90	$730.79
	2 Person	$703.45	$1,081.10	$703.45	$1,289.20	$712.04	$622.29	$703.45	$2,044.41	$1,186.82	$1,564.22
	Family	$837.44	$1,287.03	$837.44	$1,534.78	$853.44	$723.14	$837.44	$2,433.83	$1,752.33	$2,307.85

MSU Extension Health Plan Premiums

%	Coverage	Blue Care Network		BlueCard Out-of-State		CDHP PPO with HSA		Community Blue PPO		Cigna Global Health Advantage	
		MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:	MSU Pays:	You Pay:
Full Time (90-100%)	Individual	$817.67	$32.11	$817.67	$131.21	$628.80	$39.33	$817.67	$490.83	$1,197.75	$87.94
	2 Person	$1,717.11	$67.44	$1,717.11	$275.54	$1,257.02	$77.31	$1,717.11	$1,030.75	$2,562.34	$188.70
	Family	$2,044.19	$80.28	$2,044.19	$328.03	$1,485.99	$90.59	$2,044.19	$1,227.08	$3,782.42	$277.76
3/4 Time (65-89.9%)	Individual	$605.22	$244.56	$605.22	$343.66	$522.07	$146.06	$605.22	$703.28	$876.33	$409.36
	2 Person	$1,270.98	$513.57	$1,270.98	$721.67	$1,106.70	$227.63	$1,270.98	$1,476.88	$1,874.58	$876.46
	Family	$1,513.07	$611.40	$1,513.07	$859.15	$1,325.46	$251.12	$1,513.07	$1,758.20	$2,767.37	$1,292.81
1/2 Time (50-64.9%)	Individual	$392.79	$456.99	$392.79	$556.09	$334.94	$333.19	$392.79	$915.71	$554.90	$730.79
	2 Person	$824.84	$959.71	$824.84	$1,167.81	$712.04	$622.29	$824.84	$1,923.02	$1,186.82	$1,564.22
	Family	$981.96	$1,142.51	$981.96	$1,390.26	$853.44	$723.14	$981.96	$2,289.31	$1,752.33	$2,307.85

Provider Contact Information

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

- **BCN**
  800-662-6667
  bcbsm.com
- **BlueCard Out-of-State**
  888-288-1726
  bcbsm.com
- **CDHP**
  888-288-1726
  bcbsm.com
- **Cigna**
  302-797-3100
  800-441-2668 (toll-free)
  cignaenvoy.com
- **Community Blue**
  888-288-1726
  bcbsm.com

IRS Dependency Test

Your dependent must meet the IRS dependency test to receive coverage in the Sponsored Dependent or Family Continuation options. Learn more at **hr.msu.edu/benefits/life-change/eldercare.html**.

Health Plan Premiums for Sponsored Dependents

The following monthly premiums are to add a sponsored dependent to your health plan. This premium is **in addition to** the employee monthly premium. A sponsored dependent must be related to you by blood, marriage, or legal adoption, a member of your household, and dependent on you for more than half of their support. The dependent must meet the IRS dependency test (see left). The Cigna Global Health Advantage plan is not available for sponsored dependents.

Plan Name	Sponsored Dependent Premium
Blue Care Network	$1,019.76
BlueCard Out-of-State	$1,138.67
CDHP PPO with HSA	$620.73
Community Blue PPO	$1,570.21

Health Plan Premiums for Family Continuation

The following monthly premiums are to add a non-adopted grandchild, niece, nephew, or ward through legal guardianship (age 23 to 25) to your health plan. This premium is **in addition to** the employee monthly premium. The dependent must meet the IRS dependency test (see left). The Cigna Global Health Advantage plan is not available for family continuation.

Plan Name	Family Continuation Premium
Blue Care Network	$424.87
BlueCard Out-of-State	$474.42
CDHP PPO with HSA	$258.61
Community Blue PPO	$654.23

Prescription Information

CVS Caremark administers prescription coverage to employees enrolled in an MSU health plan. You may use any in-network pharmacy, which includes the MSU Health Care Pharmacy. The table below shows copays for prescription drug types. Employees enrolled in the CDHP with HSA should refer to the special guidance below.

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	

[1]90-day supply (except Bio-Tech/Specialty Drugs) may only be filled at the MSU Health Care Pharmacy or through CVS Caremark mail order.
[2]See also CVS Caremark Maintenance Choice Program FAQ at **hr.msu.edu/benefits/prescription-drug-plan/documents/maintenance-choice-faq.pdf**.

Biotech/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 only be filled 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.

Employees Enrolled in the CDHP with HSA Plan:

Those enrolled in the CDHP with HSA have different prescription benefits (see **page 13** for eligibility information). Prescription drug costs under this health plan are subject to plan deductible and coinsurance, 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 preventative generic prescription drugs for chronic conditions (asthma, cholesterol, diabetes, and anti-hypertensives) are 100% covered without a deductible or coinsurance.

Be sure to enroll in the HSA during Open Enrollment when you enroll in the CDHP to receive MSU's HSA contribution of **up to** $750 (prorated based on employment percentage). You can use this money to pay for eligible medical and prescription costs.

Provider Contact Information

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

- **CVS Caremark**
  800-565-7105
  caremark.com
- **CVS Specialty Customer Service**
  800-237-2767
  cvsspecialty.com

More Information

Visit **hr.msu.edu/benefits/prescription-drug-plan/** for more prescription drug coverage information.

MSU Health Care Pharmacy

MSU employees have access to free prescription delivery on campus and off campus within a 30 mile radius. Please contact MSU Health Care Pharmacy with questions.

- **MSU Health Care Pharmacy**
  517-353-3500
  pharmacy.msu.edu

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.

Child Dependent Age Criteria

For dental benefits, 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 23.

Dependents who become incapacitated before the age limit may be eligible to continue coverage after the age limit by completing the MSU Dependent Disability Certification form at **hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf**.

Dental Plan Summary

MSU offers the Delta Dental Base Plan and Delta Dental Premium Plan to all benefits-eligible employees and either Aetna DMO or Aetna Premium DMO depending on your union affiliation (see chart on **page 28**).

Aetna DMO and Aetna Premium DMO

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

If you plan to enroll in Aetna 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.

Aetna Enrollment Guidance

Eligibility for Aetna is determined by where you live. Please contact Aetna directly to confirm your eligibility to enroll in this plan based on your state and zip code. **Please note that some areas within Michigan 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. However, you may incur additional costs if you use a non-participating provider. Contact Delta Dental for participating providers.

Delta Dental Premium Plan

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

Review Definitions

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

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

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
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

Dental Service	Aetna DMO (plan 41)	Aetna Premium DMO (plan 67)	Delta Dental Base Plan	Delta Dental Premium Plan
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

Monthly dental plan premiums are made pre-tax through payroll deduction. Dental plan eligibility depends on your union affiliation. Use the QR code to view premiums online or visit **hr.msu.edu/benefits/dental/index.html**.

Support Staff Dental Plan Premiums

%	Coverage	Aetna DMO		Aetna Premium DMO		Delta Dental Base Plan		Delta Dental Premium Plan	
		Eligible Unions: 274, APA, and POAM		**Eligible Unions:** APSA, CTU, 324, 1585, SSTU, Nurses, Resident Advisors, and MSU Extension		ALL support staff are eligible.		ALL support staff are eligible.	
		MSU Pays:	**You Pay:**	**MSU Pays:**	**You Pay:**	**MSU Pays:**	**You Pay:**	**MSU Pays:**	**You Pay:**
Full Time (90-100%)	Individual	$21.66	**$0**	$21.66	**$14.25**	$21.66	**$0**	$21.66	**$35.29**
	2 Person	$41.45	**$0**	$41.45	**$26.66**	$41.45	**$0**	$41.45	**$67.33**
	Family	$67.78	**$0**	$67.78	**$45.72**	$67.78	**$0**	$67.78	**$110.49**
3/4 Time (65-89.9%)	Individual	$21.66	**$0**	$16.25	**$19.66**	$21.66	**$0**	$16.25	**$40.70**
	2 Person	$41.45	**$0**	$31.09	**$37.02**	$41.45	**$0**	$31.09	**$77.69**
	Family	$50.84	**$16.94**	$50.84	**$62.66**	$50.84	**$16.94**	$50.84	**$127.43**
1/2 Time (50-64.9%)	Individual	$21.66	**$0**	$10.83	**$25.08**	$21.66	**$0**	$10.83	**$46.12**
	2 Person	$33.89	**$7.56**	$20.73	**$47.38**	$33.89	**$7.56**	$20.73	**$88.05**
	Family	$33.89	**$33.89**	$33.89	**$79.61**	$33.89	**$33.89**	$33.89	**$144.38**

Life 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.

Estimate Your Insurance Needs

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

Age-Related Coverage Reductions and Premium Changes

Your coverage will be reduced as you grow older. It will be reduced to 65% of your original amount at age 65 and 50% of your original amount at age 70. Dependent coverage is not subject to age-based reductions.

Rates will change on the date you enter a new age bracket or if your salary changes.

MSU offers optional, employee-paid life insurance to all regular full- and part-time (50% or more) employees, as well as to your spouse/other eligible individual (OEI), and dependent children. You do not need to be enrolled to add your children or spouse/OEI.

Life insurance is offered at 1 to 10 times your annual salary. There are various levels of coverage for your spouse/OEI and children. You must provide evidence of insurability (EOI) when enrolling or increasing coverage for yourself or your spouse/OEI. EOI is not required for children. MSU will contact you via your MSU email with instructions on how to submit your EOI 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 are also calculated in the EBS Portal as you go through Open Enrollment. Rates will change on the date you enter a new age bracket or if your salary changes.

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:

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

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:

Spouse/OEI Coverage Level x **Rate** ÷ **1,000** = $___/month

Example

- Coverage Level: $10,000
- Age 25, so rate: $0.040 (according to Chart C).

  $10,000 (coverage level) x **$0.040** (rate) ÷ **1,000** = $0.40/month

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

Chart C. Spouse/OEI Rates Per $1,000 of Coverage by Age	
Age	Rate
<25	$0.040
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:

Child Coverage Level x **$0.083** ÷ **1,000** = $___/month

Example

- Coverage Level: $10,000

  $10,000 (coverage level) x **$0.083** (rate) ÷ **1,000** = $0.83/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 they turn 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**.

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 they turn 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

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

You can enroll in AD&D coverage at 1 to 10 times your annual salary. Benefit levels vary by type of insurance selected (employee-only or family) and the extent of the injury. Evidence of insurability (EOI) is not required. Benefit amounts for your spouse/OEI and children are based on a percentage of your benefit amount.

How Much Does Optional AD&D Insurance Cost?

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

AD&D Insurance Cost

Step One – determine the following:

- Your salary, 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:

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

Example

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

$50,000 (salary) x **$0.015** (rate) x **5** (benefit level) ÷ **1,000** = $3.75/month

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

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

Flexible Spending Accounts

A flexible spending account (FSA) allows you to set aside pre-tax money from your paycheck to pay for eligible expenses, which saves you an average of 30% on necessary items and services.

We all spend money on medical expenses such as prescriptions, doctor visits, dental work, or over-the-counter items like bandages. Many of us also spend thousands each year on child care. Using money from an FSA to pay for these everyday household items and services is a sound money-saving strategy.

MSU's FSA provider is HealthEquity, and they offer two FSA options: Health Care and Dependent Care. You may enroll in one or both options.

Before enrolling in an FSA, please thoroughly review the information on these pages.

The IRS requires you to forfeit any unused funds at the end of the plan year grace period, so it's essential to understand the difference between the two options and plan your expenses for the year accordingly.

Due to IRS regulations, you may not enroll in a Health Care FSA if you enroll in the Health Savings Account offered with the Consumer Driven Health Plan.

BEFORE YOU ENROLL: Know the Difference

Health Care FSA

Use money from your Health Care FSA on eligible medical expenses for you and your dependents.

Eligible Expense Examples

- Medical or dental deductibles and copays
- Eyeglasses or contacts
- Hearing aids
- Pain relievers and much more!

Annual Contribution Maximums

An individual may contribute up to **$3,400**. If both you and your spouse/OEI have a Health Care FSA, you each may contribute up to **$3,400**.

Fund Availability

Your full annual election amount is available to use starting on the first day of the plan year (Jan. 1).

Reimbursement Options

A Health Care FSA debit card is available for some expenses, like prescriptions and office visit copays. You may be required to submit receipts with your reimbursement request.

Dependent Care FSA

Use money from your Dependent Care FSA on eligible child and dependent care expenses. **This does NOT include dependent health care expenses**.

Eligible Expense Examples

- Child or adult daycare
- Preschool
- Summer day camp
- Before/after school programs

Annual Contribution Maximums

A household may contribute up to **$7,500**. If you and your spouse/OEI both have a Dependent Care FSA, combined household contributions cannot exceed **$7,500** at MSU or another employer.

Fund Availability

Limited to the amount you have contributed through payroll deductions at the time of your reimbursement request.

Reimbursement Options

Submit receipts with your reimbursement request.

How FSAs Work

When you enroll, you will confirm your contribution amount for the 2027 plan year. Your contributions are deducted from your paycheck and will not be taxed. Find the maximum contribution amounts on the previous page.

The IRS mandates you forfeit unused funds, so you must carefully plan your FSA contributions to the amount you are likely to spend. You have a grace period to use your funds. **Review important grace period deadlines for using your funds and submitting claims**:

2026 Plan Year Deadlines	
Use Funds	March 15, 2027
Submit Claims	April 30, 2027

2027 Plan Year Deadlines	
Use Funds	March 15, 2028
Submit Claims	April 30, 2028

Reimbursement

You will fill out a reimbursement request when you pay for an eligible expense. You'll submit receipts for the expense with the request and then be reimbursed for those expenses with the tax-free dollars from your account(s). You can pay directly with your Health Care FSA debit card for some expenses, like prescriptions and office visit copays.

Health Care FSA Tips

Please 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 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 administrator if you used insurance for your card transaction.

Due to IRS regulations, Health Care FSAs are incompatible with Health Savings Accounts (HSA). You may not participate in a Health Care FSA if you enroll in the HSA offered with the Consumer Driven Health Plan. Also, if your spouse's health plan has an HSA and you enroll in a Health Care FSA, you may have IRS compatibility issues. Please review the FSA FAQs on the HR website to learn more about IRS regulations.

You may want to visit the FSA Store at **FSAStore.com** to buy your eligible expenses online – everything on the website is a guaranteed health care FSA eligible expense.

Provider Contact Information

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

- **HealthEquity**
  877-924-3967
  participant.wageworks.com

Download the App:
HealthEquity offers an app for submitting receipts and reimbursements. You'll love the convenience of being able to snap a picture of your receipt each time you use your card to make it easy to verify card transactions later. Download the app by searching for "EZ Receipts."

More Information

Visit **hr.msu.edu/benefits/flexible-spending-accounts** to learn more and find tools to help you plan your yearly expenses.

Voluntary Benefits

The following benefits are voluntary with no university financial contribution. You pay the premium for any benefits you select via payroll deduction. You may only enroll in, change, or cancel accident, critical illness, legal, and vision insurance in October; you may enroll in, change or cancel auto, home, and pet insurance anytime.

Enroll in, change, or cancel these benefits between October 1–31!

Benefits Overview

MSU Benefits Plus is the administrator for voluntary benefits. View plan summaries with basic coverage information on the MSU Benefits Plus website, You can view 2027 plan year premiums after you begin the enrollment process. **Beginning the enrollment process does not require a commitment to enroll**. Please contact MSU Benefits Plus directly with any questions.

Enrollment Periods

Accident, critical illness, legal, and vision insurance have an annual Open Enrollment period of October 1 to 31, with coverage effective January 1. **You may only enroll in, change, or cancel these voluntary benefits in October each year.**

Once you enroll, you cannot change or cancel until the next annual Open Enrollment period (unless you have a qualifying life event). Your enrollment will continue automatically each year unless you cancel.

Auto, home, and pet insurance allow you to enroll in, change, or cancel anytime.

How to Access Voluntary Benefits

To access voluntary benefits through MSU Benefits Plus, visit **msubenefitsplus.com** and select **Get Started** to login using your MSU NetID.

Signing up for an account does not obligate you to enroll in any benefits; it just gives you access to learn about, review premiums, and enroll in the various programs.

Child Dependent Age Criteria

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

You are responsible for canceling coverage to stop premium deductions when dependent children no longer qualify.

Current Participation and Deduction History

After accessing the MSU Benefits Plus website, click on **Benefits** and then **Enrollments** to view your enrollment elections summary. Click on **Deductions** to view an itemized list of your voluntary benefit deductions.

Accident Insurance

Prudential is the benefit provider for accident insurance, which pays a lump sum after you or a covered family member experiences a covered incident, such as a fracture or concussion.

Use this money for anything

you need while recovering, such as expenses not covered by your health plan or lost income. Coverage is available with no evidence of insurability requirement.

Auto and Home Insurance

Auto and/or home insurance is available from either Farmers Insurance or Liberty Mutual. You may apply for auto and/or home insurance at anytime throughout the year and the coverage period depends on when your policy is issued.

Critical Illness Insurance

MetLife is the benefit provider for critical illness insurance, which gives you extra cash in the event you or covered family members experience a covered illness.

This money can be used to offset unexpected medical expenses or for any other use you wish. Simplified plan options are offered through MetLife with no evidence of insurability requirement.

Legal Insurance

ARAG is the benefit provider for legal insurance. They make it affordable to get the legal help you need, such as creating a will or fighting a traffic ticket. ARAG excludes most pre-existing legal issues and business-related matters, which is defined as any legal matter which is initiated prior to the effective date of coverage. Network attorney fees are 100% paid-in-full for most covered matters. Choose between two plan options.

Pet Insurance

There are two pet plan options. You may enroll in one or both plans at anytime.

Nationwide offers pet insurance, which reimburses eligible vet bills for covered conditions. Rates are based on the plan you select, age, location, and breed of the pet.

Wishbone (formerly Pet Benefit Solutions) offers instant savings on pet prescriptions, products, and in-house medical services at any network vet, as well as additional benefits. There are no exclusions for age, breed, or pre-existing conditions.

Vision Insurance

VSP is the benefit provider for vision insurance and they offer two plan options for you and your family: the standard coverage plan or a premium coverage plan with an additional enhanced eyewear option of your choice.

Provider Contact Information

If you have questions, please contact MSU Benefits Plus directly.

- **MSU Benefits Plus**
  888-758-7575
  msubenefitsplus.com

Teladoc Health Telemedicine

Teladoc Health is a telemedicine service that 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. Teladoc Health is available to MSU employees and their dependents who are enrolled in an MSU health plan.

Use Teladoc Health to get help for a range of conditions, including colds and flus, bronchitis, allergies, pink eye, dermatology issues, and more. Eligible employees and their dependents who are over the age of 18 can also receive medical care for mental health (depression, anxiety, grief counseling, addiction, etc.).

How Does it Work?

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

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

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

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

Teladoc Medical Experts

Teladoc Medical Experts give expert second opinions and provide answers to your medical questions. If you're facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action. It is available to all benefits-eligible employees with no premium cost. 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 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.

Livongo is available to all benefits-eligible employees and their dependents (age 18+) who are not enrolled in Medicare. You and your dependents must be diagnosed with type 1 or type 2 diabetes to use this benefit.

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

Retirement Programs

Provider Contact Information

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

- **Fidelity**
  800-343-0860
  netbenefits.com/msu

- **TIAA**
  800-842-2252
  tiaa.org/msu

We encourage you to take advantage of the retirement savings options available to you. MSU offers Fidelity and TIAA as providers of administration, record keeping, and investment options for each of the retirement plans. Both companies provide resources and tools to help participants plan their investment strategy.

MSU's 403(b) Retirement Plan includes the MSU 403(b) Base Retirement Program and the MSU 403(b) Supplemental Retirement Program. These programs, as well as the MSU 457(b) Deferred Compensation Plan, are designed to help you invest more money today to help you have the income you need during your retirement.

- **MSU 403(b) Base Retirement Program:** This plan consists of a 5% employee contribution and a generous 10% university matching contribution of your eligible compensation, an immediate two-for-one match of your investment, for a total contribution of 15%. This option is available to regular benefits-eligible MSU employees who work at least half-time (50% or more) for a minimum of nine consecutive months.

- **MSU 403(b) Supplemental Retirement Program:** This plan is funded entirely by employee contributions on either a pre-tax or after-tax Roth basis.

- **MSU 457(b) Deferred Compensation Plan:** This plan is funded entirely by employee contributions on either a pre-tax or after-tax Roth basis. This option is available to regular benefits-eligible MSU employees who work at least half-time (50% or more) for a minimum of nine consecutive months.

Retirement plans can be added to and modified throughout the year. Learn more about MSU retirement plans and how to maximize your contributions at **hr.msu.edu/benefits/retirement/about-retirement-plans.html**.

Thinking About Retiring Soon?

Find resources to help you transition smoothly into retirement at **hr.msu.edu/benefits/retirement/prepare-to-retire.html**.

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 **askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility.

Alabama–Medicaid

Website: myalhipp.com/
Phone: 1-855-692-5447

Alaska–Medicaid

The AK Health Insurance Premium Payment Program - Website: myakhipp.com | Phone: 1-866-251-4861 | Email: CustomerService@MyAKHIPP.com | Medicaid Eligibility: health.alaska.gov/dpa/Pages/default.aspx

Arkansas–Medicaid

Website: myarhipp.com/ | Phone: 1-855-MyARHIPP (855-692-7447)

California–Medicaid

Health Insurance Premium Payment (HIPP) Program Website: dhcs.ca.gov/hipp | Phone: 916-445-8322 | Fax: 916-440-5676 | Email: hipp@dhcs.ca.gov

Colorado–Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: healthfirstcolorado.com/ | Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 | CHP+: hcpf.colorado.gov/child-health-plan-plus | CHP+ Customer Service: 1-800-359-1991/State Relay 711 | Health Insurance Buy-In Program (HIBI): mycohibi.com/ | HIBI Customer Service: 1-855-692-6442

Florida–Medicaid

Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

Georgia–Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp | Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra | Phone: 678-564-1162, Press 2

Indiana–Medicaid

Health Insurance Premium Payment Program All other Medicaid Website: in.gov/medicaid/ | in.gov/fssa/dfr/ | Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

Iowa–Medicaid and CHIP (Hawki)

Medicaid Website: hhs.iowa.gov/programs/welcome-iowa-medicaid | Medicaid Phone: 1-800-338-8366 | Hawki Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki | Hawki Phone: 1-800-257-8563 | HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp | HIPP Phone: 1-888-346-9562

Kansas–Medicaid

Website: kancare.ks.gov/ | Phone: 1-800-792-4884 | HIPP Phone: 1-800-967-4660

Kentucky–Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | Phone: 1-855-459-6328 | Email: KIHIPP.PROGRAM@ky.gov | KCHIP Website: kynect.ky.gov | Phone: 1-877-524-4718 | Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

Louisiana–Medicaid

Louisiana Medicaid Website: ldh.la.gov/healthy-louisiana | Medicaid Customer Service Line: 1-888-342-6207 | Louisiana Medicaid email: healthy@la.gov | Louisiana Health Insurance Premium Program (LaHIPP) Website: ldh.la.gov/lahipp | LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787 | LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

Maine–Medicaid

Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US | Phone: 1-800-442-6003 TTY: Maine relay 711 | Private Health Insurance Premium Webpage: maine.gov/dhhs/ofi/applications-forms | Phone: 1-800-977-6740 TTY: Maine relay 711

Massachusetts–Medicaid and CHIP

Website: mass.gov/masshealth/pa | Phone: 1-800-862-4840 TTY: 711 | Email: masspremassistance@accenture.com

Minnesota–Medicaid

Website: mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

Missouri–Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm | Phone: 573-751-2005

Montana–Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

Nebraska–Medicaid

Website: ACCESSNebraska.ne.gov |
Phone: 1-855-632-7633 | Lincoln: 402-473-7000 | Omaha: 402-595-1178

Nevada–Medicaid

Medicaid Website: dhcfp.nv.gov | Medicaid Phone: 1-800-992-0900

New Hampshire–Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program | Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey–Medicaid and CHIP

Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ | Phone: 1-800-356-1561 | CHIP Premium Assistance Phone: 609-631-2392 | CHIP Website: njfamilycare.org/index.html | CHIP Phone: 1-800-701-0710 (TTY: 711)

New York–Medicaid

Website: health.ny.gov/health_care/medicaid/ | Phone: 1-800-541-2831
North Carolina–Medicaid
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100
North Dakota–Medicaid
Website: hhs.nd.gov/healthcare Phone: 1-844-854-4825
Oklahoma–Medicaid and CHIP
Website: insureoklahoma.org Phone: 1-888-365-3742
Oregon–Medicaid and CHIP
Website: healthcare.oregon.gov/Pages/index.aspx | Phone: 1-800-699-9075
Pennsylvania–Medicaid and CHIP
Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html | Phone: 1-800-692-7462 CHIP Website: dhs.pa.gov/CHIP/Pages/CHIP.aspx | CHIP Phone: 1-800-986-KIDS (5437)
Rhode Island–Medicaid and CHIP
Website: eohhs.ri.gov/ | Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
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-MyWVHIPP (1-855-699-8447)
Wisconsin–Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm | Phone: 1-800-362-3002
Wyoming–Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ | Phone: 1-800-251-1269

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

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

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

Paperwork Reduction Act Statement

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

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

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

Cover photo by Garret Morgan.