

MSU SUPPORT STAFF

Benefits Open Enrollment Guide



Your Benefits for 2024

Page 5

Updates for the 2024
Plan Year

Page 6

What You Need to do
During Open Enrollment

Page 7

In-person and Virtual
Help Available

Page 31

Voluntary Benefit
Information

MSU Employee,

Welcome to MSU's Open Enrollment period, held each year from October 1-31. Please use this time to re-evaluate your benefit needs and make any necessary changes, which are effective January 1 - December 31, 2024.

This guide contains information about the benefit options available to eligible **MSU Support Staff**. You can find all Open Enrollment information, including guides for faculty, academic staff, retirees or individuals on a leave of absence, at hr.msu.edu/open-enrollment.

MSU Benefits Fair

Oct. 12 (In-person)

Noon to 7 p.m.

Breslin Student Events Center

Learn more on [page 7](#).

HR Site Labs

Oct. 18 (Virtual)

Oct. 24 (In-person)

Oct. 31 (In-person)

Find time and location details on [page 7](#).

Online Resources

Find resources, videos, webinars and more from our MSU Benefit providers on the HR website at hr.msu.edu/open-enrollment.

Contact MSU Human Resources and Benefit Vendors

MSU HR will be available to help at the MSU Benefits Fair and HR Site Labs (see [page 7](#)). The HR Solutions Center is available for on-site services from 8 a.m. to 5 p.m., via telephone from 8:30 a.m. to 4:30 p.m., and via email. All services are closed during the lunch hour from 1 to 2 p.m.

MSU Human Resources

SolutionsCenter@hr.msu.edu

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

hr.msu.edu/open-enrollment

Aetna Dental

877-238-6200

aetna.com

BCN

800-662-6667

bcbsm.com

BlueCard

888-288-1726

bcbsm.com

Community Blue PPO

888-288-1726

bcbsm.com

CDHP PPO (by BCBSM)

888-288-1726

bcbsm.com

CVS/Caremark

800-565-7105

caremark.com

Delta Dental

800-524-0149

deltadentalmi.com

Health Equity

FSA:

877-924-3967

participant.wageworks.com

HSA:

877-219-4506

my.healthequity.com

Prudential

877-232-3555

prudential.com

MSU Benefits Plus

888-758-7575

msubenefitsplus.com



Table of Contents

Overview

- 4 Steps to Complete Open Enrollment
- 5 New and Notable Information
- 6 Do I Need to Do Anything?
- 7 Learn More or Ask Questions
- 8 Open Enrollment Instructions

Health Care

- 9 Glossary of Terms
- 10 Health Plan Summaries
- 14 Health Plan Premiums
- 16 Health Plan Coverage Chart

Prescriptions

- 22 Prescription Information

Dental

- 23 Dental Plan Information and Monthly Premiums
- 25 Dental Plan Coverage Chart

Life/Accident Insurance

- 26 Life Insurance
- 28 Accidental Death and Dismemberment Insurance

Flexible Spending Accounts (FSA)

- 29 FSA Information

Voluntary Benefits

- 31 Voluntary Benefits
- 33 Teladoc Health
- 34 Teladoc Medical Experts and Livongo

Additional Information

- 35 Retirement Programs
- 36 Legal Notices

Steps to Complete Open Enrollment

Not sure where to start? The following steps will help you complete Open Enrollment by October 31.

1

Review Open Enrollment Materials

Review this Open Enrollment guide completely, starting with the New and Notable changes for the 2024 plan year on [page 5](#).

2

Ask Questions or Learn More

[Page 2](#) provides contact information for MSU Human Resources and our benefit vendors. [Page 7](#) offers opportunities to ask questions or learn more about your benefit options.

3

Make Decisions

Read [page 6](#) to determine if you need to take any action by October 31.

4

Take Action by October 31

[Page 8](#) provides instructions to complete the spouse/other eligible individual (OEI) affidavit and enroll in, change or cancel health, dental, life insurance or flexible spending accounts.

[Page 31](#) provides instructions to enroll in, change or cancel voluntary benefits. *You may only enroll in, change or cancel vision, legal and critical illness insurance during the Open Enrollment period.*

5

Other Items to Consider

The following may be updated at any time of the year:

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

Retirement Savings: You may want to review your retirement savings options and make changes to enrollment or contributions. Learn more at hr.msu.edu/benefits/retirement/about-retirement-plans.html



New and Notable Information

Read the following important changes, updates, and/or reminders regarding this year's Open Enrollment and the 2024 plan year. Visit the HR website (hr.msu.edu) for the most updated information.

New Dental Plan Option

In addition to Aetna DMO, Aetna Premium DMO and Delta Dental PPO, we are pleased to offer a new dental plan, Delta Dental PPO Premium, to you and your dependents for the 2024 plan year. Learn more about the plan on [page 23](#) and find details for Delta Dental presentations during the Benefits Fair on [page 7](#).

New Health Care Option for Employees Living Outside of Michigan

We are pleased to offer a new health care plan, BlueCard Out-of-State, to employees that live outside of Michigan but within the U.S. Learn more on [page 10](#).

Additional Eligibility for the Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)

After recent contract negotiations, APSA and CTU employees living outside the state of Michigan are now eligible to enroll in the CDHP with HSA. Please note, all POAM employees living in Michigan and non-union employees are still eligible to enroll. Learn about eligibility on [page 10](#) and how to enroll in the CDHP using the offline enrollment form on [page 12](#).

Premium Threshold for Spousal/OEI Affidavit

You must review and complete the spouse/other

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

Difference Between Dependent Care and Health Care Flexible Spending Accounts

If you want to participate in an FSA, you must enroll or re-enroll each year. Eligible employees can enroll in two different FSAs: Dependent Care FSA and/or Health Care FSA. Before you enroll, make sure you know the difference between the two options. Learn more on [page 29](#).

Review Your Voluntary Benefit Options, Such as Vision, Legal and Critical Illness Insurance

Some voluntary benefits—like vision, legal, and critical illness insurance—require you to enroll in, make changes or cancel during the Open Enrollment period. If you are already enrolled in a plan, your enrollment will continue automatically unless you cancel. Learn more on [page 31](#).

Do I Need to Do Anything?

Not sure if you need to take any action during Open Enrollment? As an MSU benefits-eligible employee, review your current benefit elections and answer **true** or **false** to the following statements:

	TRUE	FALSE
<p>1</p> <p>I currently cover a spouse/other eligible individual (OEI) under my health benefits (who is NOT an MSU benefits-eligible employee or retiree), and I want to continue their coverage in 2024. <i>You must complete a Spouse/OEI affidavit every plan year to continue coverage.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2</p> <p>I want to enroll in, change or cancel health or dental insurance coverage for myself and/or my eligible dependent(s).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3</p> <p>I am not currently enrolled in the health plan waiver and want to waive my health care coverage through MSU for the 2024 plan year. See page 13 for instructions. <i>Individuals enrolled in the waiver for the 2023 plan year will continue to be enrolled for the 2024 plan year without any action.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4</p> <p>I want to enroll or re-enroll in a Flexible Spending Account (FSA). <i>You must re-enroll every plan year.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5</p> <p>I want to enroll in, change or cancel life or accidental death & dismemberment insurance for myself and/or my eligible dependent(s). <i>Dependent children are eligible to the end of the calendar year during which the child turns age 23. It is your responsibility to cancel coverage during Open Enrollment. See page 26 for details and exceptions.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6</p> <p>I want to enroll in, change or cancel voluntary vision, legal, or critical illness insurance for myself and/or my eligible dependent(s). See page 31 for instructions.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Your Result

If you selected **true** for *any* of the above statements, you must take action between October 1 – 31. See [page 8](#) for instructions. If you *only* selected **false** for the above statements, you do not need to take any action. However, we **strongly encourage** you to review your benefit options to make sure you're getting the best coverage.



Learn More or Ask Questions

We encourage you to use the following resources to receive assistance during Open Enrollment. **Please visit hr.msu.edu/open-enrollment to find the most updated information about the following opportunities.**

MSU Benefits Fair

October 12

Noon to 7 p.m.

Breslin Student Events Center

Learn more about your benefit options and receive help with enrollment from HR staff and MSU benefits vendors.

Flu Shots at the Benefits Fair

The MSU Health Care Pharmacy will be offering flu shots by appointment during the fair from Noon to 5 p.m. The appointment calendar will close once all appointments are filled or 48 hours before the event. Find a link to make an appointment at hr.msu.edu/open-enrollment.

Delta Dental Presentations

During the fair, Delta Dental will be offering presentations on the new Delta Dental PPO Premium plan at the following times:
 2 p.m. to 3 p.m. | 3:30 p.m. to 4:30 p.m.

Online MSU Benefit Vendor Resources

Can't attend the in-person fair? Visit the HR website to find resources, videos, webinars and more from our MSU Benefit vendors at hr.msu.edu/open-enrollment.

HR Site Labs

Oct. 18 (Virtual) | 9 a.m. to 1 p.m.

Oct. 24 (In-person) | 10 a.m. to 2 p.m.

International Center, Spartan Rooms A & B
 427 N. Shaw Ln, East Lansing, MI 48824

Oct. 31 (In-person) | 8 a.m. to 5 p.m.

HR Building, Room 125

1407 S. Harrison Road, East Lansing, MI 48823

Receive assistance from HR staff. Learn more and find a link to join the virtual site lab at hr.msu.edu/open-enrollment.

Solutions Center

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

SolutionsCenter@hr.msu.edu

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

1407 S. Harrison Rd, East Lansing, MI 48823

Open Enrollment Instructions

Find instructions below to enroll in, change or cancel health, dental, life insurance or flexible spending accounts through the EBS Portal (ebs.msu.edu) between October 1–31.

FOLLOW THESE STEPS:

1. Visit ebs.msu.edu. Log in with your MSU NetID. No NetID? Visit netid.msu.edu or call 517-432- 6200.
2. Click the My Benefits top navigation tab.
3. Click the Benefit/Retirement tile. Select Open Enrollment from the dropdown menu, then click Next.
4. A CDHP/HSA plan disclaimer will appear (regardless of your eligibility for CDHP/HSA). Read and click OK.
5. If the Health Plan Affidavit for Spouse/OEI appears, answer Yes or No and click Next. The following statement will confirm your answer. If the information is correct, click Next.
6. On the Personal Profile screen, verify name and address information and click Next. To make corrections, follow the steps at hr.msu.edu/ebshelp/personalprofile/addresses.html.
7. On the Dependents screen, verify all family members/dependents and click Next. If information is missing, exit enrollment and submit the Add a Family Member or Dependent form. If it is inaccurate, contact MSU HR.
8. The Benefits Summary screen displays current coverage. When finished reviewing, click Next.
9. The next screens display the different plans available (health plans, flexible spending accounts, life/accident plans, etc.). You can Add, Edit or Delete enrollment in these plans. To exit, click Cancel—all changes will be lost.
10. 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.**
11. 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 Accounts.
12. Please review the confirmation statement sent to your email to ensure your elections are accurate.

ADDITIONAL ENROLLMENT INFORMATION

Voluntary Benefits

Find instructions to enroll in, change or cancel voluntary benefits (vision, legal or critical illness) on [page 31](#).

Retirement Programs

Learn more about the available MSU retirement programs on [page 35](#).

Qualifying Life Event

During Open Enrollment (Oct. 1 – 31) you make important decisions that impact the upcoming plan year. After the Open Enrollment period has ended you will not be able to make changes to your benefits, including:

- Enroll in, change or cancel health or dental coverage for you or your dependent(s).
- Add yourself or additional dependents to health or dental coverage.
- Enroll in, change or cancel life or accidental death and dismemberment insurance.
- Enroll or re-enroll in a flexible spending account.
- Enroll in, change or cancel voluntary vision, legal or critical illness insurance.

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



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.

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

Co-pay: 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.

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.

Prior Authorization: A decision by your health insurer or plan that a health care service, treatment

plan, prescription drug or durable medical equipment is medically necessary. Sometimes called preauthorization, prior approval or precertification. Your health insurance or 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.

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

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.

Health Plan Summaries

There are four health care plans available to MSU employees: Blue Care Network (BCN), BlueCard Out-of-State, Community Blue PPO, and the Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA). Your eligibility for each plan is based on your union affiliation and where you live (Michigan or out-of-state). Please use the following chart to help you determine which health care plans you are eligible to enroll in. The information on the following pages will provide more details about each plan.

Health Care Plan Eligibility Chart ¹								
Union Affiliation ²	Blue Care Network		BlueCard Out-of-State		Community Blue PPO		Consumer Driven Health Plan with HSA	
	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State	In-State	Out-of-State
APA	Yes	No	No	Yes	Yes	Yes	No	No
APSA	Yes	No	No	Yes	Yes	Yes	No	Yes
CTU	Yes	No	No	Yes	Yes	Yes	No	Yes
MSU Extension	Yes	No	No	Yes	Yes	Yes	No	No
Non-Union	Yes	No	No	Yes	Yes	Yes	Yes	Yes
Nurses	Yes	No	No	Yes	Yes	Yes	No	No
POAM	Yes	No	No	Yes	Yes	Yes	Yes	No
Resident Advisors	Yes	No	No	Yes	Yes	Yes	No	No
SSTU	Yes	No	No	Yes	Yes	Yes	No	No
274	Yes	No	No	Yes	Yes	Yes	No	No
324	Yes	No	No	Yes	Yes	Yes	No	No
1585	Yes	No	No	Yes	Yes	Yes	No	No

¹MSU employees that work outside of the U.S. may be eligible for the Cigna Global Health Advantage plan (see *International Employees* below).

²If you're unsure of your union affiliation, your immediate supervisor should be able to look this up in the EBS portal (ebs.msu.edu). Otherwise, you may contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 to find out this information.

Guidance for Remote/Hybrid Employees

Many MSU employees are now working in a remote or hybrid situation. If this includes you, please review the following important guidance prior to enrolling in a health care plan.

Employees Living in Michigan

All employees may enroll in the BCN or Community Blue PPO plans. POAM and Non-Union employees also have access to the CDHP with HSA. To enroll in the CDHP with HSA, see [page 12](#) to learn how to submit an offline enrollment form.

Employees Living Outside of Michigan

If you live outside of Michigan but within the U.S., please note the following:

- You are eligible to enroll in the BlueCard Out-of-State or Community Blue plans. APSA, CTU, and Non-Union employees also have access to the CDHP with HSA.
- Please make sure your providers participate when enrolling in a health plan.
- To enroll in the CDHP with HSA, see [page 12](#) to learn how to submit an offline enrollment form.

International Employees

MSU employees who are here on a J1 or J2 visa or are 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) insurance plan. See [page 13](#) for more information.

Guidance for Spouses/Other Eligible Individuals that Both Work at MSU

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:

1. You can both have your own plans **OR**
2. 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.

Blue Care Network (BCN)

Who is Eligible to Enroll?

Only employees that live in the state of Michigan are eligible to enroll.

Find a BCN Provider or Ask Questions

For questions about specific coverage details or to find a provider visit bcbsm.com or call 1-800-662-6667.

About BCN

BCN is a Health Maintenance Organization (HMO), which means you select and work closely with a primary care physician to manage your care. Deductibles, co-insurance and prior authorization requirements apply in some circumstances.

The in-network deductible is \$100 per individual and \$200 per family. After meeting the deductible, a 20% co-insurance may apply, up to a maximum of \$3,000/single or \$6,000/family, per calendar year.

Highlights of the BCN 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 USA.
- Plan does not require a referral, but some services are subject to prior authorization.
- You must choose a primary care physician.

For more information, see the Health Plan Coverage Chart on [page 16](#).

BlueCard Out-of-State

Who is Eligible to Enroll?

Employees that live outside the state of Michigan but within the U.S. are eligible to enroll.

Find a Provider or Ask Questions

For questions about specific coverage details or to find a provider visit bcbsm.com or call 888-288-1726.

About BlueCard Out-of-State

BlueCard Out-of-State is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Coverage for this plan is similar to the BCN plan but allows individuals that live outside the state of Michigan to enroll. Deductibles, co-insurance and prior authorization requirements apply in some circumstances.

The in-network deductible is \$100 per individual and \$200 per family. After meeting the deductible, a 20% co-insurance may apply, up to a maximum of \$3,000/single or \$6,000/family, per calendar year.

Highlights of the BlueCard 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.

For more information, see the Health Plan Coverage Chart on [page 16](#).

Community Blue PPO

Who is Eligible to Enroll?

Employees that live in the U.S. are eligible to enroll. Please confirm there is a provider in your area prior to enrolling.

Find a Provider or Ask Questions

For questions about specific coverage details or to find a provider visit bcbsm.com or call 888-288-1726.

About Community Blue PPO

Community Blue is a Preferred Provider Organization (PPO), which gives you the flexibility to manage your own care. Deductibles, co-insurance and prior authorization requirements apply in some circumstances. There is a worldwide network of participating PPO physicians and hospitals.

The deductible is \$0 for in-network services and \$250/single or \$500/family for out-of-network services. After meeting the out-of-network deductible, a 20% co-insurance may apply, up to a maximum of \$2,000/single or \$4,000/family, per calendar year.

Highlights of the Community Blue PPO 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.

For more information, see the Health Plan Coverage Chart on [page 16](#).

Consumer Driven Health Plan (CDHP) PPO with Health Savings Account (HSA)**Who is Eligible to Enroll?**

CTU and APSA employees that live outside the state of Michigan, POAM employees that live in the state of Michigan, and non-union employees that live in the U.S. are eligible to enroll. Please confirm there is a provider in your area before to enrolling.

How do I Enroll?

Eligible employees are unable to enroll in this plan through the EBS Portal. Please submit the offline enrollment form found at hr.msu.edu/open-enrollment/documents/OE-Offline-Enrollment-Form.pdf to the HR Solutions Center. You may submit

forms via email to SolutionsCenter@hr.msu.edu if it does not contain a social security number. You may also drop the form off at the secure mailbox located outside the HR building at 1407 S. Harrison Rd., East Lansing, 48823 or mail the form to this address.

Find a Provider or Ask Questions

For questions about specific CDHP coverage details or to find a provider call Blue Cross Blue Shield of Michigan at 888-288-1726. For questions about the HSA, contact Health Equity at 877-219-4506.

About the Consumer Driven Health Plan

The CDHP is a preferred provider organization (PPO), which gives you the flexibility to manage your own care. The provider network for this plan is the same as the Community Blue PPO plan, which means you can choose from a worldwide network of participating PPO physicians and hospitals.

If you do not anticipate having high health care needs and are looking for a sound strategy to save for your retirement health care, this plan may be the most cost-effective option for you.

While you pay a deductible (\$2,000/single and \$4,000/family) first before the plan pays medical and prescription benefits, preventive care and certain generic medications for chronic conditions (asthma, cholesterol, diabetes, and anti-hypertensives) are 100% covered with no deductible or co-pays when using an in-network provider.

Review the Health Plan Coverage Chart on [page 16](#) to anticipate your annual costs. You may find that most of your annual medical costs are 100% covered.

This plan limits the maximum amount you pay for any covered services in a year to \$3,000/single and \$6,000/family using in-network providers. After expenses reach this amount, you do not have to pay for any other health care costs, including prescription drugs.

About the Health Savings Account

Along with the CDHP, you should enroll in the HSA at the same time. MSU contributes up to \$750 to the HSA each year and you may add funds to the HSA tax-free. If you do not enroll during Open Enrollment,



you will lose MSU's contribution. You can use these HSA funds to pay for any eligible medical expenses or doctor visits you do incur. Employer and employee combined annual HSA contributions are limited to the 2024 IRS limits of \$4,150/single and \$8,300/family. These contributions are triple tax-free! You make contributions pre-tax, your account balance earns interest tax-free, and your distributions are tax-free if they are used for eligible medical expenses.

Please Note: Due to IRS regulations, you are unable to enroll in the HSA offered with the CDHP if you participate or have a balance in a Health Care FSA.

If you have an existing HSA from a previous employer you can add those funds into your new HSA. The 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.

CIGNA Global Health Advantage (CGHA)

Who is Eligible to Enroll?

MSU employees who are here on a J1 or J2 visa or are 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) health care plan. The CGHA plan covers medical, prescription, dental, qualifying evacuation and repatriation services with access to health care professionals and facilities worldwide.

How do I Enroll?

Please visit hr.msu.edu/benefits/international-employees/ for enrollment instructions.

Find a Provider or Ask Questions

For questions about specific coverage details or to find a provider visit cignaenvoy.com or call 1-302-797-3100 or 1-800-441-2668 (toll-free). Use group number **03664D001**.

About CIGNA Global Health Advantage (CGHA)

Visit hr.msu.edu/benefits/international-employees/

to review the Inpat/Expat Welcome Kit, monthly premiums, summary of benefits, FAQs, certificate of coverage, enrollment instructions and more.

Health Plan Waiver

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

Individuals who waive coverage will receive a payment of up to \$600 per year. Payments occur in February for the previous plan year. This means if you enroll in the waiver for the 2024 plan year, you will receive your payment in February 2025.

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

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

Summaries of Benefits and Coverage (SBC)

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

Legal Notices

You'll find important legal notices regarding health care privacy and other laws at the end of this guide.

Child Dependent Age Criteria

Dependents can be covered for health care up to the end of the calendar year in which they turn age 26. Your dependents will be removed from health care once they reach the age limit and will have the option to enroll in COBRA.

Health Plan Premiums

The following monthly premiums are made pre-tax through payroll deduction.

Plan ⁴	Coverage Tier	Full-Time	3/4 Time (65-89.9%)	1/2 Time (50-64.9%)
Blue Care Network (BCN) with CVS/Caremark ¹	Single	Paid by MSU	\$169.44	\$338.87
	2 Person	Paid by MSU	\$355.82	\$711.65
	Family	Paid by MSU	\$423.60	\$847.20
BlueCard Out-of-State with CVS/Caremark	Single	\$83.57	\$253.01	\$422.44
	2 Person	\$175.50	\$531.32	\$887.15
	Family	\$208.93	\$632.53	\$1,056.13
CDHP PPO with HSA and CVS/Caremark ²	Single	\$36.43	\$100.40	\$252.55
	2 Person	\$71.69	\$134.34	\$454.86
	Family	\$84.52	\$142.39	\$525.56
Community Blue PPO with CVS/Caremark	Single	\$320.41	\$489.85	\$659.28
	2 Person	\$672.86	\$1,028.68	\$1,384.51
	Family	\$801.02	\$1,224.62	\$1,648.22

1. The lowest cost plan for most support staff for the 2024 plan year is Blue Care Network.
2. This plan is only available to APSA and CTU employees that live outside the state of Michigan, POAM employees that live in the state of Michigan, and non-union employees. POAM employees should use the premium chart below. You pay 7% of the plan premium on a pre-tax basis.

Health Plan Premiums for POAM Employees

The following monthly premiums are for Police Officers Association of Michigan (POAM) employees only and made pre-tax through payroll deduction.

Plan	Coverage Tier	Full-Time	3/4 Time (65-89.9%)	1/2 Time (50-64.9%)
Blue Care Network (BCN) with CVS/Caremark	Single	\$73.70	\$243.14	\$412.57
	2 Person	\$154.77	\$510.59	\$866.42
	Family	\$184.25	\$607.85	\$1,031.45
BlueCard Out-of-State with CVS/Caremark	Single	\$157.27	\$326.71	\$496.14
	2 Person	\$330.27	\$686.09	\$1,041.92
	Family	\$393.18	\$816.78	\$1,240.38
CDHP PPO with HSA and CVS/Caremark	Single	Paid by MSU	\$63.97	\$216.12
	2 Person	Paid by MSU	\$62.65	\$383.17
	Family	Paid by MSU	\$57.87	\$441.04
Community Blue PPO with CVS/Caremark	Single	\$394.11	\$563.55	\$732.98
	2 Person	\$827.63	\$1,183.45	\$1,539.28
	Family	\$985.27	\$1,408.87	\$1,832.47

Provider Contact Information

BCN

800-662-6667
bcbsm.com

BlueCard Out-of-State

888-288-1726
bcbsm.com

Community Blue PPO

888-288-1726
bcbsm.com

CDHP PPO (by BCBSM)

888-288-1726
bcbsm.com

IRS Dependency Test

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

Dependent Age Criteria

Children (biological, step or adopted) are eligible through the end of the calendar year in which they turn age 26.

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

You will receive an email from HR with options to continue coverage for children once they have aged out of coverage.

Dependents who become incapacitated before age 19 can continue coverage after age 23 or 26 by completing the MSU Dependent Disability Certification Form at hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf.

Health Plan Premiums for Sponsored Dependents

The following monthly premium rates are to add a sponsored dependent to your health plan. This premium is in addition to the staff monthly premium rates listed on the previous page.

A sponsored dependent is someone who is related to you by blood, marriage or legal adoption, is a member of your household and is dependent on you for more than half of their support. The dependent must meet the IRS dependency test (see left).

Plan	Sponsored Dependent Cost
Blue Care Network (BCN) with CVS/Caremark	\$813.32
BlueCard Out-of-State with CVS/Caremark	\$913.61
CDHP PPO with HSA and CVS/Caremark	\$467.69
Community Blue PPO with CVS/Caremark	\$1,197.81

Health Plan Premiums for Family Continuation

The following monthly premium rates are to add a non-adopted grandchild, niece, nephew or ward through legal guardianship (age 23 to 25) to your health plan. The family continuation premium is in addition to the staff monthly premium rates listed on the previous page. The dependent must meet the IRS dependency test (see left).

Plan	Family Continuation Cost
Blue Care Network (BCN) with CVS/Caremark	\$338.88
BlueCard Out-of-State with CVS/Caremark	\$380.66
CDHP PPO with HSA and CVS/Caremark	\$194.86
Community Blue PPO with CVS/Caremark	\$499.08

Health Plan Coverage Chart

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Services								
Health Maintenance Exam ⁷	Covered 100% ¹	Not covered	Covered 100% ¹	Not covered	Covered 100% ¹	Not covered	Covered 100% ¹	Not covered
Annual Gynecological Exam ⁷	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Pap Smear Screening ⁷ (lab services only)	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Mammography Screening ⁷	Covered 100%	Covered 80% of eligible expenses after deductible ^{2,6}	Covered 100%	Covered 80% of eligible expenses after deductible ^{2,6}	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Contraceptive Devices (IUD, Diaphragm, Norplant)	Covered 100%	Not covered	Covered 100%	Covered 100% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 100% after deductible
Contraceptive Injections	Covered 100%	Not covered	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Well-Baby and Child Care Exams	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Immunizations (recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act)	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Flu Shots	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Not covered	Covered 100%	Not covered
Fecal Occult Blood Screening ⁷	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Preventive Colonoscopy ^{4,7}	Covered 100%	Covered 80% of eligible expenses after deductible ^{2,6}	Covered 100%	Covered 80% of eligible expenses after deductible ^{2,6}	Covered 100%	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Flexible Sigmoidoscopy Exam ⁷	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Prostate Exam ^{4,7}	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered
Prostate Specific Antigen Screen ^{4,7}	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%	Not covered

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Physician Office Services (Medically Necessary)								
Office Visits/ Consultations	Co-pay: \$20	Covered 80% after deductible	Co-pay: \$20	Covered 80% after deductible	Covered 80% after deductible	Not covered	Co-pay: \$20	Covered 80% after deductible
Emergency Medical Care								
Hospital Emergency Room	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250	Covered 80% after deductible	Covered 80% after deductible	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250	Co-pay: \$50 (if emergency services provided or if admitted) OR \$250
Emergency Room Physician's Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 80% after deductible	Covered 80% after deductible	Co-pay: \$20 (when medical emergency criteria not met)	Covered 80% after deductible
Urgent Care Center	Co-pay: \$25	Co-pay: \$25	Co-pay: \$25	Covered 80% after deductible	Covered 80% after deductible	Not covered	Co-pay: \$25	Covered 80% after deductible
Ambulance Service (Must be medically necessary)	Covered 80% after deductible, ground and air	Covered 80% after deductible, ground and air	Covered 80% after deductible, ground and air	Covered 80% after deductible, ground and air	Covered 80% after deductible	Covered 80% after deductible	Covered 100% of the approved amount	Covered 100% of the approved amount
Diagnostic Services								
Laboratory and Pathology Tests	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 80% after deductible	Covered 80% after deductible	Covered 100%	Covered 80% after deductible
Diagnostic Tests and X-Rays	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2, 6}	Covered 90% after deductible ⁶	Covered 80% after deductible ^{2, 6}	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Radiation Therapy	Covered 100% after deductible	Covered 80% after deductible	Covered 90% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Maternity Services Provided by a Physician								
Pre-Natal and Post-Natal Care	Covered 100%	Covered 80% after deductible ⁶	Covered 100%	Covered 80% after deductible ⁶	Pre-Natal: Covered 100% Post-Natal: Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Delivery and Nursery Care	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2, 6}	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2, 6}	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Care								
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100% after deductible (unlimited days) ⁶	Covered 80% after deductible (unlimited days) ^{2,6}	Covered 100% after deductible (unlimited days) ⁶	Covered 80% after deductible (unlimited days) ^{2,6}	Covered 80% after deductible (unlimited days) ⁶	Covered 60% after deductible ^{2,6}	Covered 100% (unlimited days) ^{2,6}	Covered 80% after deductible ^{2,6}
Inpatient Consultations	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Chemotherapy	Covered 100% after deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Surgical Services								
Surgery and Related Surgical Services	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2,6}	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2,6}	Covered 80% after deductible ⁶	Covered 60% after deductible ^{2,6}	Covered 100% ^{2,6}	Covered 80% after deductible ⁶
Voluntary Sterilization	Male Sterilization: Covered 100% after deductible Female Sterilization: Covered 100% under preventive benefit	Not covered	Male Sterilization: Covered 100% after deductible Female Sterilization: Covered 100% under preventive benefit	Not covered	Male Sterilization: Covered 50% after deductible Female Sterilization: Covered 100% under preventive benefit	Female sterilization: Covered 60% after deductible Male sterilization: Not covered	Covered 100%	Covered 80% after deductible
Human Organ Transplants								
Such as: liver, heart, lung, pancreas, heart-lung, kidney, cornea and skin and bone marrow (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.	Covered 100% after deductible ⁶	Not covered	Covered 100% after deductible ⁶	Covered 80% - 100% depending on the type of approved transplant ^{2,6}	Covered 80% after deductible ⁶	Covered 80% after deductible ^{2,6}	Covered 100% ⁶	Covered 80% - 100% depending on the type of approved transplant. ^{2,6}
National Cancer Institute Clinical Trials								
Cancer and life-threatening conditions (all stages, including routine care)	Covered 100% after deductible ⁶	Not covered	Covered 100% after deductible ⁶	Covered 80% after deductible	Covered 80% after deductible ⁶	Covered 60% after deductible ^{2,6}	Covered 100% ⁶	Covered 80% after deductible ^{2,6}

	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Alternatives to Hospital Care								
Skilled Nursing Care (must meet medical necessity guidelines for skilled care)	Covered 100% after deductible (combined in- and out-of-network benefits up to 100 days per calendar year) ^{2,6}	Covered 80% after deductible (combined in- and out-of-network benefits up to 100 days per calendar year) ^{2,6}	Covered 100% after deductible (combined in- and out-of-network benefits up to 120 days per calendar year) ^{2,6}	Covered 100% after deductible (combined in- and out-of-network benefits up to 120 days per calendar year) ^{2,6}	Covered 80% after deductible (combined in- and out-of-network benefits up to 90 days per calendar year) ⁶	Covered 80% after deductible (combined in- and out-of-network benefits limited to 90 days per calendar year) ^{2,6}	Covered 100% in approved facilities (up to 120 days per calendar year) ^{2,6}	
Hospice Care (must be an approved hospice program/facility)	Covered 100% after deductible ^{2,6}	Covered 80% after deductible Prior authorization required ²	Covered 100% ^{2,6}	Covered 100% Prior authorization required ²	Covered 100% after deductible when authorized ^{2,6}	Covered 100% after deductible ^{2,6}	Covered 100% with approved providers	
Home Health Care (must be medically necessary and use an approved home health care agency)	Covered 100% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 80% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 100% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 100% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 80% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 80% after deductible (combined in- and out-of-network benefits up to 60 visits per calendar year)	Covered 100% with approved providers (unlimited visits)	
Mental Health Care and Substance Abuse Treatment (In approved facilities)								
Inpatient Mental Health/Substance Abuse Care	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2,6}	Covered 100% after deductible ⁶	Covered 80% after deductible ^{2,6}	Covered 80% after deductible ^{2,6}	Covered 60% after deductible ^{2,6}	Covered 100% ^{2,6}	Covered 80% after deductible ^{2,6}
Outpatient Mental Health/Substance Abuse Care - Office Visits	Covered 100% ^{2,6}	Covered 80% after deductible ^{2,6}	Covered 100% ^{2,6}	Covered 80% after deductible ^{2,6}	Covered 80% after deductible ^{2,6}	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Outpatient Mental Health/Substance Abuse Care - Facility	Covered 100% ⁶	Covered 80% after deductible ^{2,6}	Covered 100% ⁶	Covered 80% after deductible ^{2,6}	Covered 80% after deductible ⁶	Covered 80% after deductible in participating facilities only ^{2,6}	Covered 100%	Covered 100%
Other Services								
Allergy Testing and Therapy (includes allergy injections)	Covered 100% Office visit co-pay may apply to consultations	Covered 80% after deductible ^{3,6}	Covered 100% Office visit co-pay may apply to consultations	Covered 80% after deductible ^{3,6}	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Spinal Manipulation and Osteopathic Manipulation	Co-pay: \$20 (In-network only. Annual max. of 24 visits) ⁶	Not covered	Co-pay: \$20 (In-network only. Annual max. of 24 visits) ⁶	Covered 80% after deductible	Covered 80% after deductible (In- and out-of-network services have an annual combined max. of 24 visits)	Chiropractic Spinal Manipulations: 60% after deductible Osteopathic Manipulation: Not covered	Co-pay: \$20 (In- and out-of-network services have an annual combined max. of 24 visits)	Covered 80% after deductible (in- and out-of-network services have an annual combined max. of 24 visits)

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Services Cont.								
Outpatient Diabetes Management (certified providers)	Covered 100%	Not covered	Covered 100%	Not covered	Covered 80% after deductible	Covered 60% after deductible	Covered 100%	Covered 80% after deductible
Outpatient Physical, Speech, and Occupational Therapy (subject to medical criteria) ⁵	Co-pay: \$20 (combined in- and out-of-network benefits up to 60 visits per calendar year) ⁶	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) ^{2,6}	Co-pay: \$20 (combined in- and out-of-network benefits up to 60 visits per calendar year) ⁶	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) ^{2,6}	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) ⁶	Covered 60% after deductible (Services at nonparticipating outpatient physical therapy facilities are not covered) (combined in- and out-of-network benefits up to 60 visits per calendar year) ^{2,6}	Covered 100% (in- and out-of-network services have an annual combined max. up to 60 visits)	Covered 80% after deductible (in- and out-of-network services have an annual combined max. up to 60 visits)
Durable Medical Equipment and Medical Supplies (including breastfeeding supplies)	Covered 80% ^{3,6}	Not covered	Covered 80% after deductible ^{3,6}	Covered 80% after deductible	Covered 80% ⁶	Covered 80% after deductible ^{2,6}	Covered 100% of the approved amount	
Private Duty Nursing	Not covered	Not covered	Covered 70% after deductible ⁶	Covered 50% after deductible ⁶	Not covered	Not covered	Covered 70% ⁶	Covered 70% ⁶
Autism Spectrum Disorder ⁶ (applied behavioral analysis treatment must be provided by an Approved Autism Evaluation Center (AAEC))	Co-pay: \$20 per visit for applied behavioral analysis ⁶	Covered 80% after deductible for applied behavioral analysis ⁶	Co-pay: \$20 per visit for applied behavioral analysis ⁶	Covered 80% after deductible for applied behavioral analysis ⁶	Covered 80% after deductible ⁶	Covered 80% after deductible ⁶	Covered 100% for applied behavioral analysis ⁶	Covered 100% for applied behavioral analysis ⁶
Foreign Travel								
Foreign Travel	Only covered for emergency care and accidental injuries when traveling abroad	Only covered for emergency care and accidental injuries when traveling abroad	Only covered for emergency care and accidental injuries when traveling abroad	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	Covered for non-emergency and emergency care as well as accidental injuries

Benefit	Blue Care Network		BlueCard Out-of-State		CDHP PPO w/HSA		Community Blue PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles, Co-pays, and Dollar Maximums								
Deductibles	\$100 for single/ \$200 for family per calendar year	\$500 for single/ \$1,000 for family per calendar year	\$100 for single/ \$200 for family per calendar year	\$500 for single/ \$1,000 for family per calendar year	\$2,000 for single/\$4,000 for family-level coverage per calendar year (deductible is combined for medical and prescription drug 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.)	\$4,000 for single/\$8,000 for family-level coverage per calendar year	None	\$250 for single/\$500 for family per calendar year (services where no network exists are covered at the in-network level)
Out-of-Pocket Maximum (amount includes deductible, co-insurance and co-pays, where applicable)	\$3,000 for single/\$6,000 for family per calendar year for medical services only	\$3,000 for single/\$6,000 for family per calendar year for co-insurance, plus \$500 per member/\$1,000 per family out-of-network deductible	\$3,000 for single/\$6,000 for family per calendar year for medical services only	\$3,000 for single/\$6,000 for family per calendar year for co-insurance, plus \$500 per member/\$1,000 per family out-of-network deductible	\$3,000 for single/\$6,000 for family-level coverage per calendar year for both medical and prescription services	\$6,000 for single/\$12,000 for family-level coverage	\$2,000 for single/\$4,000 for family per calendar year	\$2,000 for single/\$4,000 for family per calendar year for co-insurance, plus \$250 for single/\$500 for family out-of-network deductible
Prescription Drug Benefit	\$1,000 for single/\$2,000 for family out-of-pocket maximum (see page 20 for co-pays)		\$1,000 for single/\$2,000 for family out-of-pocket maximum (see page 20 for co-pays)		Subject to deductible, co-insurance and out-of-pocket max		\$1,000 for single/\$2,000 for family out-of-pocket maximum (see page 20 for co-pays)	

1. Chemical profile, complete blood count, urinalysis, cholesterol testing, chest x-ray and EKG are payable as part of the Health Maintenance Exam.
2. 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.
3. Referrals to specialists are not required.
4. Age restrictions may apply.
5. Autism Spectrum Disorder services are not subject to Outpatient Physical, Speech, and Occupational Therapy visit limit.
6. Prior authorization may be required.
7. One per calendar year.

Prescription Information

The prescription drug plan is administered through CVS/Caremark. Employees continue to be automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of the MSU health plans (Blue Care Network (BCN), BlueCard Out-of-State, Community Blue PPO, or the Consumer Driven Health Plan PPO with Health Savings Account (CDHP with HSA)). MSU employees may use any in-network pharmacy, which includes the MSU Health Care Pharmacy.

The table below shows co-pay rates for various types of prescription drugs for BCN, BlueCard Out-of-State, and Community Blue PPO enrollees effective January 1, 2024. Enrollees can use any in-network pharmacy for this benefit.

CVS/Caremark Prescription Plan Co-Pays for BCN, BlueCard Out-of-State, and Community Blue PPO			
#	Drug Tier	34-Day Supply Co-Pays	90-Day Supply Co-Pays
1.	Generic Medications	\$10	\$20
2.	Preferred Brand-Name Medications	\$30	\$60
3.	Non-Preferred Brand-Name Medications	\$60	\$120
4.	Specialty Drugs	\$75	90-day supplies of specialty drugs are not offered
Annual Out-of-pocket Co-Pay Maximum			
Individual: \$1000		Family: \$2000	

*90-day supply (except Bio-Tech/Specialty Drugs) may only be filled at MSU Pharmacies or through CVS/Caremark mail order.

Eligible Employees that Enroll in the CDHP PPO with HSA Plan:

APSA and CTU employees that live outside the state of Michigan, POAM employees that live in the state of Michigan, and non-union employees are eligible to enroll in the CDHP PPO with HSA. If you are a CDHP PPO with HSA enrollee, you have different prescription benefits. Prescription drug costs under this plan are subject to plan deductible and co-insurance, and then the total cost is covered after you reach the out-of-pocket maximum. This means that you pay 100% of prescription costs until you reach the deductible. Once the deductible is met, the plan covers 80% of the costs while you pay 20% co-insurance. Once the out-of-pocket maximum is reached, prescriptions are 100% covered.

Certain preventive generic prescription drugs for chronic conditions (asthma, cholesterol, diabetes and anti-hypertensives) are 100% covered without a deductible or co-insurance.

Be sure to enroll in the HSA during Open Enrollment when you enroll in the CDHP PPO plan to receive MSU's HSA contribution of \$750. You can use this money to pay for eligible medical and prescription costs. If you are already enrolled in the HSA for the 2023 plan year, enrollment will automatically continue for the 2024 plan year without action.

CVS/Caremark Customer Service

1-800-565-7105

[Caremark.com](https://www.caremark.com)

Caremark app available

More Prescription 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 through the MSU Health Care Pharmacy.

517-353-3500

pharmacy.msu.edu/

Provider Contact Information

Aetna Dental

877-238-6200

[aetna.com](https://www.aetna.com)

Aetna app available

Delta Dental

800-524-0149

[deltadentalmi.com](https://www.deltadentalmi.com)

Delta Dental app available

More Dental Information

Visit hr.msu.edu/benefits/dental/ to learn more about MSU dental plans.

During the MSU Benefits Fair, Delta Dental will be presenting information and answering questions about the new Delta Dental PPO Premium plan. See [page 7](#) for details.

Dental Plans

MSU offers Delta Dental PPO and Delta Dental Premium to all benefits-eligible employees and either Aetna DMO or Aetna Premium DMO depending on your union affiliation (see chart on following page).

Aetna DMO and Aetna Premium DMO

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



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

Guidance for Employees that Enroll in an Aetna Plan

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

Delta Dental PPO

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

NEW: Delta Dental PPO Premium

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

During the MSU Benefits Fair, Delta Dental will be presenting information and answering questions about the new Delta Dental PPO Premium plan. See [page 7](#) for details. Additionally, visit hr.msu.edu/benefits/dental/ to learn more.

Find monthly premiums on the following page.

Review Definitions

Please review the following definitions as you determine which plan is best for your family.

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

Monthly Dental Premiums					
Plan	Union Affiliation	Coverage Tier	Full-Time (90%-100%)	3/4 Time (65%-89.9%)	1/2 Time (50%-64.9%)
Aetna DMO	274, AP, and POAM	Single	Paid by MSU	Paid by MSU	Paid by MSU
		2 Person	Paid by MSU	Paid by MSU	\$6.79
		Family	Paid by MSU	\$15.21	\$30.42
Aetna Premium DMO	CT, APSA, 324, 1585, SSTU, nurses, resident advisors and MSU Extension	Single	\$11.14	\$16.05	\$20.96
		2 Person	\$20.81	\$30.21	\$39.61
		Family	\$35.84	\$51.21	\$66.58
Delta Dental PPO	all benefits-eligible support staff	Single	Paid by MSU	Paid by MSU	Paid by MSU
		2 Person	Paid by MSU	Paid by MSU	\$6.86
		Family	Paid by MSU	\$15.37	\$30.74
Delta Dental Premium PPO	all benefits-eligible support staff	Single	\$21.23	\$26.14	\$31.05
		2 Person	\$40.48	\$49.88	\$59.28
		Family	\$66.47	\$81.84	\$97.21

Dependent Age Criteria

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

Dependents who become incapacitated before age 19 can continue coverage after age 23 by completing the MSU Dependent Disability Certification form at hr.msu.edu/benefits/documents/DependentDisabilityCertForm.pdf.

Dental Plan Coverage Chart

DENTAL SERVICE	AETNA DMO	AETNA PREMIUM DMO	DELTA DENTAL PPO	DELTA DENTAL PPO PREMIUM
Diagnostic and Preventive				
Exams	\$20 co-pay	No co-pay	50% co-pay	No co-pay
Cleanings	No co-pay	No co-pay	50% co-pay	No co-pay
X-rays	No co-pay	No co-pay	50% co-pay	No co-pay
Fluoride	No co-pay	No co-pay (1 per year under age 16)	50% co-pay (age 18 and under)	No co-pay
Sealants (to prevent decay of permanent molars for dependents)	\$10 co-pay per tooth	\$10 co-pay per tooth	Not covered	No co-pay (less than age 14)
Space maintainers	\$100 co-pay	\$80 co-pay (fixed and removable)	50% co-pay (age 18 and under)	No co-pay (less than age 19)
Minor Restorative				
Amalgam (silver) fillings	\$22 co-pay for one	No co-pay	50% co-pay	30% co-pay
Composite (resin) fillings (anterior teeth)	\$40 co-pay for one	No co-pay	50% co-pay	30% co-pay
Prosthetics				
Crowns (semi-precious)	\$488 co-pay	\$315 co-pay	50% co-pay	50% co-pay
Bridges (per unit)	\$488 co-pay	\$315 co-pay	50% co-pay	50% co-pay
Denture (each)	\$500 co-pay	\$320 co-pay	50% co-pay	50% co-pay
Partial (each)	\$513 - \$719 co-pay	\$320-\$460 co-pay	50% co-pay	50% co-pay
Oral Surgery				
Simple extraction	\$12 co-pay	No co-pay	50% co-pay	30% co-pay
Extraction - erupted tooth	\$30 co-pay	No co-pay	50% co-pay	30% co-pay
Extraction - soft tissue impaction	\$80 co-pay	\$60 co-pay	50% co-pay	30% co-pay
Extraction - partial bony impaction	\$175 co-pay	\$80 co-pay	50% co-pay	30% co-pay
Extraction - complete bony impaction	\$225 co-pay	\$120 co-pay	50% co-pay	30% co-pay
Endodontics				
Root canal - anterior	\$150 co-pay	\$120 co-pay	50% co-pay	30% co-pay
Root canal - bicuspid	\$195 co-pay	\$180 co-pay	50% co-pay	30% co-pay
Root canal - molar	\$435 co-pay	\$300 co-pay	50% co-pay	30% co-pay
Apicoectomy	\$156 - \$190 co-pay	\$170 co-pay	50% co-pay	30% co-pay
Periodontics				
Gingivectomy (per quadrant)	\$160 co-pay	\$125 co-pay	50% co-pay	30% co-pay
Osseous surgery (per quadrant)	\$445 co-pay	\$375 co-pay	50% co-pay	30% co-pay
Root scaling (per quadrant)	\$65 co-pay	\$60 co-pay	50% co-pay	30% co-pay
Orthodontics				
Child (Up to age 19)	\$3,000 co-pay ¹	\$1,500 co-pay ¹	50% co-pay	50% co-pay
Adult (age 19 or older)	\$3,000 co-pay ¹	\$1,500 co-pay ¹	Not covered	50% co-pay
Dental Plan Maximums				
Annual	No maximum	No maximum	\$600 maximum	\$2000 maximum
Lifetime Orthodontics	No maximum	No maximum	\$600 maximum	\$2000 maximum

1. Includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention. Phase 1 orthodontic services are not covered, which includes treatment to prepare the mouth to be fully banded or possibly avoid a comprehensive treatment plan.

Life Insurance

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 when enrolling or increasing your life insurance coverage for yourself or your spouse/OEI.** Evidence of insurability is not required for children. Prudential will contact you via your MSU email address with instructions on how to submit evidence of insurability. Please see Dependent Age Criteria on [page 27](#).

How Much Does Optional Life Insurance Cost?

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

Employee Life Insurance Cost

Step One – determine the following:

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

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

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

Example

1. Salary = \$50,000
2. Age = 25, so rate = \$0.027 (according to Chart A.)
3. Benefit level chosen = 5 x salary
 $\$50,000$ (salary) x $\$0.027$ (rate) x 5 (benefit level) $\div 1,000 = \$6.75/\text{month}$

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

Provider Contact Information

Prudential
 877-232-3555
Prudential.com

Learn More

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

Estimate Your Insurance Needs

Visit Prudential.com/EZLifeNeeds to estimate your insurance needs.



Dependent Age Criteria

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

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

Children who become incapacitated before the age limit can continue coverage after the age limit if (1) the child is mentally and/or physically incapable of earning a living AND (2) Prudential has received proof of incapacity within 31 days. If the child becomes incapacitated after the age limit, they will not be able to continue coverage.

Spouse/OEI Life Insurance Cost

Step One – determine the following:

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

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

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

Example

1. Coverage Level = \$10,000
2. Age = 25, so rate = \$0.04 (according to Chart C.)

$$\mathbf{\$10,000}$$
 (spouse/OEI coverage level) \times $\mathbf{\$0.04}$ (rate) \div $\mathbf{1,000} = \mathbf{\$0.40/\text{month}}$

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

Chart C. Spouse/OEI Rates Per \$1,000 of Coverage by Age	
Age	Rate
<25	\$0.04
25-29	\$0.04
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 answer from step one to determine monthly cost:

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

Example

Child coverage level = \$10,000

$$\mathbf{\$10,000}$$
 (Child coverage level) \times $\mathbf{\$0.083} \div$ $\mathbf{1,000} = \mathbf{\$0.83/\text{month}}$

Chart D. Child Coverage Levels
\$5,000
\$10,000
\$15,000
\$20,000
\$25,000

AD&D Insurance

Accidental death and dismemberment (AD&D) insurance 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- and part-time (50% or more) employees, your spouse/other eligible individual (OEI) and dependent children.

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

Please see Dependent Age Criteria on [page 27](#).

Provider Contact Information

Prudential
877-232-3555
Prudential.com

Learn More

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

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:

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

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

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

Example

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

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

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

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

Flexible Spending Accounts (FSA)

We all spend money on medical expenses such as prescription and office visit co-pays, dental work and over-the-counter items like bandages. Many people spend thousands of dollars each year on child or elder care. An FSA allows you to use pre-tax dollars to buy these common household items and services – saving you an average of 30%!

MSU's FSA vendor is HealthEquity and they offer eligible employees two different kinds of FSAs.

The **Health Care FSA** can be used for eligible medical expenses for you and your eligible dependents.

The **Dependent Care FSA** can be used for eligible child and dependent care expenses (daycare).

Note: Due to IRS regulations, eligible employees are unable to enroll in a Health Care FSA if they enroll in the Health Savings Account offered with the Consumer Driven Health Plan.

What's the Difference?

You have the option to enroll in two different FSA types: Dependent Care and/or Health Care. Before you enroll, learn the differences between the two. Visit hr.msu.edu/benefits/flexible-spending-accounts to find information on all eligible expenses for both the Health Care and Dependent Care FSAs.

Health Care FSA

Overview

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

Examples of Eligible Expenses

- Medical/dental plan deductible/co-pays
- Eyeglasses
- Hearing aids
- Pain relievers
- And much more!

How Much Can I Contribute?

An individual may contribute up to \$3,050. If both you and your spouse have a Health Care FSA, you each may contribute up to \$3,050. Savings vary based on your income tax rate and the number of out-of-pocket health care costs you typically incur.

Dependent Care FSA

Overview

Use money from your Dependent Care FSA on eligible child and dependent care expenses. **This plan is NOT for dependent health care expenses.**

Examples of Eligible Expenses

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

How Much Can I Contribute?

A household may contribute up to \$5,000. If you and your spouse both have a Dependent Care FSA, your combined household contributions cannot total more than \$5,000 at MSU or through another employer. Savings vary based on your income tax rate and the number of out-of-pocket child care costs you typically incur.

How FSAs Work

You will confirm your contribution amount for the 2024 plan year when you enroll. Your contributions will be deducted from your paycheck and will not be taxed. See maximum contribution amounts on the previous page.

Carefully estimate the eligible expenses you are likely to incur in 2024. The IRS mandates any unused funds must be forfeited, so it's important you plan ahead to match your FSA withholdings to the amount you are likely to spend on eligible health care and/or dependent care costs. Review important deadlines for using your funds and submitting claims in the left side panel.

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

Helpful Health Care FSA Information

- **Keep all of your receipts for eligible expenses.** IRS rules require FSA administrators to substantiate the eligibility of all items and services, including those transactions using Health Care FSA debit cards. Some types of expenses, like doctor visits or prescription drug co-pays, can be automatically substantiated because co-pays are predictable amounts from medical providers.
- **HealthEquity may ask you to send in supporting documentation for a card transaction.** Acceptable documentation contains the following five pieces of information:
 - Date of Service
 - Description of Service (such as co-pay)
 - Patient Name
 - Provider's Name
 - Amount of Transaction
- An **Explanation of Benefits (EOB)** from your insurance carrier contains all five pieces of information and is available from your insurance carrier if you used insurance for your card transaction.
- **Due to IRS regulations, Health Care FSAs are not compatible with Health Savings Accounts (HSA).** Eligible employees are unable to participate in a Health Care FSA if they enroll in the HSA offered with the CDHP. 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 about more IRS regulations.
- **Visit the FSA Store at FSASStore.com to buy your eligible expenses online.**

Provider Contact Information

HealthEquity

877-924-3967

participant.wageworks.com

EZ Receipts app available

HealthEquity offers a mobile 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."

FSA Important Deadlines

Deadlines For the 2023 Plan Year

Use FSA Funds: **March 15, 2024**

Submit claims for FSA Funds:

April 30, 2024

Deadlines For the 2024 Plan Year

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

Submit claims for FSA Funds:

April 30, 2025

Voluntary Benefits

Customer Service Information

MSU Benefits Plus
888-758-7575
msubenefitsplus.com

The MSU Benefits Plus Customer Care Team is available to answer questions and help you enroll in new plans or make changes.

Access the Website

Visit msubenefitsplus.com to access the portal and sign up or find more information.

You have access to optional, employee-paid benefits via the voluntary benefits portal at MSUBenefitsPlus.com.

There is no university financial contribution toward these benefits. Enrollees pay the premiums for the benefits they select and those payments are collected via payroll deduction. The voluntary benefits available include:

- Vision Insurance with VSP
- Pet Insurance with Nationwide
- Legal Insurance with ARAG
- Critical Illness Insurance with MetLife
- Auto and Home Insurance with Farmers Insurance (formerly MetLife) or Liberty Mutual

Enroll, Change or Cancel Vision, Legal and Critical Illness Insurance in October

Vision, legal and critical illness insurance have an annual Open Enrollment period of October 1 – 31 with coverage effective January 1.

This means you can only enroll in, change or cancel these voluntary benefits in October each year and once you enroll, you cannot change or cancel that enrollment until the next annual Open Enrollment period (unless you have a qualifying life event). Your enrollment in vision, legal and critical illness insurance will continue automatically each year unless you cancel.

Other programs, like auto, home and pet insurance, allow you to enroll in, change or cancel at anytime throughout the year.

How to Enroll

Visit MSUBenefitsPlus.com to learn more about available programs and enroll online. Find a guide to help you enroll at msubenefitsplus.com/faq.

First Time Users: Enter your MSU email, click Get Started and fill out the form. Signing up for an account does not obligate you to enroll in any benefits; it just gives you access to learn about and enroll in the various programs. You will need your MSU ZPID number, which is located on your MSU Spartan ID Card or in the EBS Portal.

Use a capital “Z” when putting in your ZPID number.

Existing Users: Enter your email address and click Get Started, then enter your password and click Log In.

Vision Insurance (VSP) can help with the cost of glasses and contact lenses for you and your family. VSP is the benefit provider and they offer two plan options: the standard coverage plan or a premium coverage plan with an additional enhanced eyewear option of your choice. Visit the MSU Benefits Plus website to view a plan summary sheet with basic information about the two coverage options and rates. Payments are made via payroll deduction.

Legal Insurance (ARAG) makes it affordable to get the legal help you need. Network attorney fees are 100% paid-in-full for most covered matters. Life is full of legal situations. Some you plan for, like creating a will, and others are more unexpected—like fighting a traffic ticket. Choose between two plans for coverage that best fit the needs of you and your family. UltimateAdvisor® covers most common legal issues. UltimateAdvisor Plus™ includes more robust coverage plus additional services. Visit the MSU Benefits Plus website to view a plan summary with basic information about the two coverage options and rates. Payments are made via payroll deduction. ARAG® Legal Insurance Plan excludes most pre-existing legal issues and business-related matters. A pre-existing condition, which ARAG has defined as any legal matter which is initiated prior to the effective date of coverage, will be considered excluded and no benefits will apply.

Critical Illness Insurance (MetLife) 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. Visit the MSU Benefits Plus website to view a plan summary sheet with basic information about the plan coverage and rates. Payments are made via payroll deduction.

Pet Insurance (Nationwide) can reimburse you for eligible vet bills related to covered conditions for dogs, cats, avian and exotic pets. Nationwide is the benefit provider and they offer two levels of coverage. Rates are based on the plan you select, age, location and breed of the pet. Visit the MSU Benefits Plus website to view coverage options and rates. Payments are made via payroll deduction.

Auto and Home Insurance (Farmers Insurance or Liberty Mutual) is available from either Farmers Insurance (formerly MetLife) or Liberty Mutual. You may apply for auto or home insurance at anytime throughout the year and the coverage period depends on when your policy is issued. Visit the MSU Benefits Plus website for additional information or to obtain quotes. Payments are made via payroll deduction.

Dependent Age Criteria

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

Current Participation & Deduction History

After you log in to the MSU Benefits Plus website, click on the My Benefits tab at the top of the page to view a summary of your enrollment elections. Click on My Deductions to view an itemized list of your voluntary benefit deductions.

The My Benefits section only provides participation status on products you have enrolled in within the MSU Benefits Plus website—such as vision, legal and critical illness insurance.

Teladoc Health

Provider Contact Information

Teladoc Health

1-800-teladoc

teladoc.com

Teladoc app available

Set-Up Your Teladoc Health Account

Visit teladoc.com and click on “Register Now” to set up your account. You can then request a consult with an available doctor.

Teladoc Health offers 24/7 access to a health care professional by phone, web or mobile app. Talk to a doctor about your care needs from anywhere in the USA. 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 a cold/flu, bronchitis, allergies, pink eye, dermatology and more. Eligible employees and their dependents who are over the age of 18 can also receive medical care for mental health (depression, anxiety, grief counseling, addiction, etc.)

How Does it Work?

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

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

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

Teladoc Medical Experts

Teladoc Medical Experts is available to benefit-eligible employees and no enrollment in the plan is required. Teladoc provides expert second opinions and answers to your medical questions. If you're facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action. Some of the ways they can help include:

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

Teladoc Medical Experts is completely confidential and provides vital information and options you might otherwise miss.

There are no out-of-pocket costs to you for using Teladoc Medical Experts. However, your medical providers may charge you to copy and forward your medical records to Teladoc Medical Experts – you are responsible for paying those charges.

Livongo by Teladoc Health

Livongo helps you manage your diabetes by delivering tools and resources directly to your home – all **completely free** to you and/or your eligible dependents. Livongo is available to all benefit-eligible employees and their dependents (age 19 or older) that are not enrolled in Medicare. After you sign up, you will have access to unlimited supplies, smart meter, and optional coaching.

Benefits of the Program:

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

You may enroll in Livongo at anytime throughout the year.

Provider Contact Information

Teladoc Medical Experts

1-800-teladoc

teladoc.com/medical-experts

Teladoc app available

Provider Contact Information

Livongo

800-945-4355

livongo.com

Livongo app available

How to Sign Up

Visit welcome.livongo.com/MSU to learn more and sign up.

Retirement Programs

Provider Contact Information

Fidelity

800-343-0860

netbenefits.com/msu

NetBenefits app available

TIAA

800-842-2252

tiaa.org/msu

TIAA app available

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

The university'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.

Retirement plans are offered year round, and coverage can be added and modified outside of the Open Enrollment period. Learn more about the available MSU retirement plans and how to maximize your contributions on the HR website 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 refamiliarize 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. This describes 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:

- Blue Cross Blue Shield: 888-288-1726
- Blue Care Network: 800-662-6667
- Delta Dental: 800-524-0149
- Aetna Dental Maintenance Organization (DMO): 877-238-6200
- Health Savings Account (administered by Health Equity): 877-219-4506

As always, please feel free to contact MSU Human Resources for assistance at: SolutionsCenter@hr.msu.edu, 517-353-4434 or 800-353-4434.

HIPAA: Notice of Privacy Practices Michigan State University Health Plans

EFFECTIVE DATE

This Notice is effective January 1, 2013.

PURPOSE

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

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

The Health Insurance Portability and Accountability Act (HIPAA) identifies protected health information (PHI) and requires that the Plan, with Michigan State University and the Plan administrator(s) and insurer(s) maintain a privacy policy and that it provides you with this notice of the Plan's legal duties and privacy practices. This notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

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

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

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

Uses and Disclosures Permitted Without Your Authorization or Consent

The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or healthcare operations. Information about treatment involves the care and services you receive from a healthcare provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning healthcare operations may be used to project future healthcare costs or audit the accuracy of claims processing functions.

The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit.

The Plan may disclose health information to the University if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of the University who assist in the administration of the Plan. Before your PHI can be used by or disclosed to these employees, the University must take certain steps to separate the work of these employees from the rest of the workforce so that the Uni-

versity cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, a designated employee may have the need to contact a TPA to verify coverage status or to investigate a claim without your specific authorization.

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

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

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

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

You should be aware that the Plan is not responsible for any further disclosures made by the party to whom you authorize the release of your PHI. If you provide the Plan with authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization.

Your Rights

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

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Michigan State University Human Resources. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Michigan State University Human Resources.

Right to Amend. If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask it to amend the information. You may request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Michigan State University Human Resources. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the plan may deny your request if you ask it to amend information that is not part of the medical information kept by or for the Plan; was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy or is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement. Any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Michigan State University Human Resources. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan may charge you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that is used or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, the Plan is not required to agree to your request. However, if it does agree to the request, it will honor the restriction until you revoke it or the Plan notifies you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to Michigan State University Human Resources. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that you receive communications about medical matters in a certain way or at a certain location. For example, you can ask that you are only contacted at work or by mail.

To request confidential communications, you must make your request in writing to Michigan State University Human Resources. You will not be asked the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly

provide information that the disclosure of all or part of your protected information could endanger you.

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

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

Complaints

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

Plan Contact Information:

Contact Person: Director of Compensation and Benefits

Contact Office: Michigan State University

Address: 1407 South Harrison Road, Suite 110, East Lansing, MI 48823-5287

Telephone: 517-353-4434

Fax: 517-432-3862

This contact information for the Plan may change from time to time. The most recent information will be included in the Plan's most recent benefit brochures and on the Michigan State University Human Resources website at hr.msu.edu/benefits.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid Website: myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: myalhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
ARKANSAS – Medicaid Website: myarhipp.com/ Phone: 1-855-MyARHIPP (1-855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: in.gov/medicaid/ Phone 1-800-457-4584
CALIFORNIA – Medicaid Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	IOWA – Medicaid and CHIP (Hawki) Medicaid Website: dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	KANSAS – Medicaid Website: kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
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: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	OKLAHOMA – Medicaid and CHIP Website: insureoklahoma.org Phone: 1-888-365-3742
LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	OREGON – Medicaid Website: healthcare.oregon.gov/Pages/index.aspx oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/mashealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102	RHODE ISLAND – Medicaid and CHIP Website: eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlts Share Line)
MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	SOUTH CAROLINA – Medicaid Website: www.scdhhs.gov Phone: 1-888-549-0820
MISSOURI – Medicaid Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	SOUTH DAKOTA – Medicaid Website: dss.sd.gov Phone: 1-888-828-0059
MONTANA – Medicaid Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	TEXAS – Medicaid Website: gethipptexas.com/ Phone: 1-800-440-0493
NEBRASKA – Medicaid Website: ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	UTAH – Medicaid and CHIP Medicaid Website: medicaid.utah.gov/ CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
NEVADA – Medicaid Medicaid Website: dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	VERMONT – Medicaid Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
NEW HAMPSHIRE – Medicaid Website: https://www.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 5218	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
NEW JERSEY – Medicaid and CHIP Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	WASHINGTON – Medicaid Website: hca.wa.gov/ Phone: 1-800-562-3022
NEW YORK – Medicaid Website: health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	WEST VIRGINIA – Medicaid Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
NORTH CAROLINA – Medicaid Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
NORTH DAKOTA – Medicaid Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	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, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)



Disclaimer: This guide is not a contract. It is intended to help you compare the various MSU health plans. The summary describes plan features in general terms, but is not a full description of coverages. Please contact BCBSM or BCN directly if you need to confirm coverage or determine if prior authorization is required. Information provided in this guide may be updated periodically to provide the clearest and most accurate information. If updates occur, the updated version will be available on the HR website.