

MSU RETIREE

Benefits Open Enrollment Guide



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MSU Retiree,

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 Retirees**.

You can find all Open Enrollment information, including guides for faculty, academic, support staff 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

Humana and Delta Dental will be offering presentations during the fair. 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 Benefit Provider Resources

Find resources, videos, webinars and more from our MSU benefit providers at hr.msu.edu/open-enrollment.

Contact MSU Human Resources

We 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.

SolutionsCenter@hr.msu.edu

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

1407 S. Harrison Road,
East Lansing, MI 48823

Contact MSU Benefit Providers

Aetna Dental
877-238-6200
aetna.com

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

Delta Dental
800-524-0149
deltadentalmi.com

Humana
Customer Care:
800-273-2509
Mail Order:
800-379-0092

Specialty Mail Order:
800-486-2668

*Group Medicare Advantage
PPO Plan:*

our.humana.com/msu/

MSU Non-Medicare PPO Plan:

our.humana.com/msu-commercial/

Prudential
877-232-3555
Prudential.com

Teladoc Medical Experts
800-835-2362 (prompt 4)
teladoc.com/medical-experts

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



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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.

2

Ask Questions or Learn More

[Page 2](#) provides contact information for MSU Human Resources and benefit providers. [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

Retirees do NOT need to complete the Spouse/ Other Eligible Individual (OEI) Affidavit.

[Page 8](#) provides instructions to enroll in/cancel health insurance, cancel life insurance, enroll in/change/cancel dental insurance, inform us of the death/divorce of a spouse/OEI, and inform us of enrollment in another Medicare Advantage plan.

[Page 25](#) provides instructions to enroll in, cancel or change legal or vision insurance. *You may only enroll in, change or cancel legal insurance during the Open Enrollment period.*

5

Other Items to Consider

To receive Open Enrollment materials electronically in the future, complete the Consent Form for Electronic Distribution of Benefit Materials and Notices on [page 29](#).

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

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 on [page 21](#).

MSU Non-Medicare PPO Plan Out-of-Network Coverage Update

Most out-of-network services for individuals enrolled in the MSU Non-Medicare PPO Plan are now covered at 90% (an increase from 80%). Review the charts starting on [page 12](#) for coverage details.

Medicare Open Enrollment Period

MSU's Open Enrollment period is from October 1-31 and NOT associated with the Medicare Open Enrollment period from October 15 – December 7. If you and your eligible dependents want to participate in the MSU Humana employer-sponsored group health/prescription plan outlined in this guide and are not currently enrolled, you must follow the enrollment instructions on [page 8](#). If you and your dependents are currently enrolled in the MSU Humana plan and want to continue enrollment, no action is needed. [Page 6](#) will help you determine if you need to take action. We strongly recommend you review the Medicare rules on [page 19](#).

Action Required if Eligible for More than One Medicare Advantage (MA) Plan

Centers for Medicare and Medicaid Services (CMS) allows individuals to be enrolled in only one MA plan at a time. The Group Medicare Advantage PPO Plan is an MA plan. If you or your dependent(s) are enrolled in or have the option to enroll in another MA plan (such as your spouse's benefits), choose which plan is right for you and take action. Find instructions on [page 8](#) to enroll or cancel coverage in the Humana plan for yourself or your spouse/OEI. If you do not take action, CMS will keep you enrolled in the last

plan you enrolled in and disenroll you from any previous plan(s). Find information about MA plans on [page 19](#).

Important Note about Humana

While Humana may send you materials about the MSU health care plan(s), they will never contact you to enroll in the MSU Humana employer-sponsored group health/prescription plan. You may only enroll in the MSU plans through MSU. If Humana calls you to enroll in a different MA plan and you take action, it will impact your eligibility to continue coverage with the MSU plan.

Humana FAQs

Find answers to some of your frequently asked questions about the Humana health plans on [page 17](#).

SilverSneakers

Individuals enrolled in the Group Medicare Advantage PPO Plan have access to SilverSneakers, which offers online workouts, fitness classes, special discounts, a fitness app and more. Learn more at 866-584-7389 or [SilverSneakers.com](https://www.silversneakers.com).

TruHearing for Hearing Aid Discounts

TruHearing offers discounts on hearing aids for members enrolled in a Humana plan. Humana will mail details about TruHearing after you're enrolled.

No Spousal Affidavit

You don't need to complete the affidavit for your spouse/OEI. However, in the unfortunate event of a death or divorce in 2023, please let us know if you have not already by contacting the HR Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434.

Action Required if Eligible for Medicare On or After January 1, 2024

Find out what to expect and steps to take on [page 18](#).

Do I Need to Do Anything?

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

	TRUE	FALSE
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">1</div> <p>I opted out of health coverage last year for myself and/or my dependent(s), and now I want to enroll myself or them in health coverage for the 2024 plan year.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">2</div> <p>I want to cancel health coverage for myself and/or my dependent(s). <i>Individuals enrolled in a Humana plan for the 2023 plan year will continue to be enrolled in that plan for the 2024 plan year.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">3</div> <p>I am or my dependent(s) is enrolled in another Medicare Advantage plan, and I need to cancel enrollment in the Group Medicare Advantage PPO Plan for myself and/or my dependent(s). See page 8 for instructions to cancel and page 19 for more information on Medicare Advantage plans.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">4</div> <p>I want to enroll in, change or cancel dental insurance for myself and/or my eligible dependent(s). Learn more about the dental plans, including the new Delta Dental PPO Premium plan, on page 21.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">5</div> <p>I want to cancel my life insurance.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">6</div> <p>I want to enroll in, change or cancel my legal insurance. See page 25 for instructions.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #004a7c; color: white; border-radius: 10px; padding: 10px; display: inline-block; width: 40px; height: 40px; text-align: center; line-height: 40px; margin-bottom: 10px;">7</div> <p>Unfortunately, I experienced the death or divorce of a spouse/other eligible individual during the 2023 plan year, and I need to notify MSU Human Resources. <i>If you've already informed us, no need to get in touch again.</i></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 find the most updated information about the following opportunities at hr.msu.edu/open-enrollment.** 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. at 517-353-4434, or via email at SolutionsCenter@hr.msu.edu. All services are closed during the lunch hour from 1 to 2 p.m.

MSU Benefits Fair

October 12

Noon to 7 p.m.

Breslin Student Events Center

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

Flu Shots

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.

Humana Presentations at the Fair

Humana will be presenting during the fair at the following times. Hear an overview of the Humana tools, learn how to read your Smart Summary and Smart EOB, and ask questions about the benefits of your plan.

Group Medicare Advantage PPO Plan:

2 p.m. to 3 p.m. | 3:30 p.m. to 4:30 p.m.

MSU Non-Medicare PPO Plan: 5 p.m. to 6 p.m.

Delta Dental Presentations at the Fair

Delta Dental will be presenting during the fair at the following times. Hear an overview and ask questions about the new Delta Dental PPO Premium plan.

2 p.m. to 3 p.m. | 3:30 p.m. to 4:30 p.m.

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.

Online MSU Benefit Provider Resources

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

Instructions to Make Changes



If you are enrolled in life, health, dental, vision, and/or legal insurance for the 2023 plan year it will carry over to the 2024 plan year without any action.

Find instructions below to cancel or enroll in health insurance, cancel life insurance, or enroll in, change, or cancel dental insurance by **October 31**. **We encourage you to make changes online** – you'll receive a confirmation statement to your MSU email. If you're unable to make changes online, you may submit a paper form (**please do NOT do both**).

HOW TO MAKE CHANGES ONLINE

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 (bottom-right corner of webpage). A Medicare Notice will appear. Read and click OK.
4. On the Personal Profile screen, verify name and address info and click Next. To make corrections, follow the steps at hr.msu.edu/ebshelp/personalprofile/addresses.html.
5. 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.
6. The Benefits Summary screen displays current coverage. For additional details about each plan, click on the plan name. When finished reviewing, click Next.
7. The next screens display the different types of plans available. You can Add, Edit or Delete enrollment in dental insurance, enroll in or cancel coverage in health insurance or cancel life insurance. You may click Cancel at any time to leave the system – all changes will be lost.
8. When you reach the Review and Save screen, **click Save**.
9. On the final screen, review info on the Benefit Elections Summary. You may wish to print this summary for your records. You can make corrections throughout the month of October.
10. Please review the confirmation statement sent to your email to ensure your elections are accurate.

HOW TO SUBMIT A PAPER FORM

1. *Please only submit a paper form if you are making changes to your benefits and have NOT already made changes online.* Fill out the Enrollment/Change form on [page 27](#)
2. Detach the form from the guide and return it to MSU HR by October 31 in the enclosed return envelope.

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

SPECIAL NOTES ABOUT ENROLLMENT

Medicare Advantage (MA) Plans

Centers for Medicare and Medicaid Services (CMS) allows individuals to be enrolled in only one MA plan at a time. The Group Medicare Advantage PPO Plan is an MA plan. If you or your dependent(s) have the option to enroll in another MA plan (such as your spouse's benefits), you need to choose which plan to be enrolled in and take action. If you do not take action, CMS will keep you enrolled in the last plan you enrolled in and disenroll you from any previous plan(s). Find instructions on this page to cancel coverage through Humana. Find more info about MA plans on [page 19](#).

Death or Divorce of a Spouse/OEI

In the unfortunate event of the death/divorce of a spouse/other eligible individual (OEI) in 2023, please let us know (if you haven't already) at SolutionsCenter@hr.msu.edu or 517-353-4434.

More special notes about enrollment on the next page ►

Voluntary Benefits

Find instructions to enroll in, change or cancel optional vision and/or legal insurance on [page 25](#).

Electronic Consent Form

To receive Open Enrollment materials via email only, complete the form on [page 29](#).

Qualifying Life Event

During Open Enrollment (Oct. 1-31) you make important decisions that impact the upcoming plan year, including:

- Add yourself or additional dependents to health or dental coverage.
- Cancel or change health or dental coverage for you or your dependent(s).

Your choices are permanent until the next Open Enrollment period, with changes effective January 1. Carefully review Open Enrollment materials to select the plans that best meet your coverage and financial needs.

Outside of Open Enrollment changes can be made to your benefits for certain qualifying life events, including Medicare eligibility, death/divorce, 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.

Moving Outside of the U.S.

Humana does not offer coverage for individuals living outside the U.S., Puerto Rico or the Virgin Islands. Coverage through the Cigna Global Plan may be an option. For more information, please contact Cigna directly at 954-514-6879 or globalsales@cigna.com.

Child Dependent Age Criteria

Life Insurance

Dependent children are eligible for life insurance until the end of the calendar year during which the child turns

age 23 with no eligibility requirements such as student enrollment or IRS dependence. It is your responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions. Read [page 24](#) if you have a disabled child over 23.

Dental Insurance

Enrolled children who turn age 23 by December 31 will automatically be removed from dental coverage at the end of the calendar year. We will send you information about COBRA.

Health Insurance

Enrolled children who turn age 26 by December 31 are no longer eligible for health insurance coverage under retiree plans and will automatically be removed from health coverage at the end of the calendar year. We will send you information about opportunities to continue coverage through either COBRA, Cigna or individual plans. Learn more at hr.msu.edu/benefits/documents/EligibleDependents.pdf.

Other eligible children (non-adopted grandchildren, nieces/nephews) who are enrolled and turn age 23 by December 31 are no longer eligible for health insurance coverage under retiree plans and will be automatically removed from health coverage at the end of the calendar year. We will send you information about COBRA, Cigna or individual plans.

Vision and Legal Insurance

Dependent children are eligible until the end of the calendar year in which they turn age 23, with no restrictions such as student enrollment or IRS dependency.

Add a Dependent to Your Benefits

Find instructions at hr.msu.edu/open-enrollment.

Glossary of Terms

Balance Billing: This occurs when providers bill a patient for the difference between the amount they charge and the amount the patient's insurance pays. Members in the Group Medicare Advantage PPO Plan seeking services with a provider that accepts Medicare should not be billed a balance beyond the Medicare allowable fee for any covered service or benefits.

Centers for Medicare and Medicaid Services (CMS): CMS is the federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Programs across the country. It is a division of the Department of Health and Human Services.

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

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

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

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

Medicare Advantage Prescription Drug Plan (MAPD): Medicare Advantage plans (also known as Medicare Part C) are a type of Medicare health plan offered by a private insurance company. These plans provide all your Medicare Part A and Part B benefits, and also offer additional benefits. Some also cover Medicare Part D benefits. If Medicare Part D benefits are included, this is called an MAPD plan.

Medicare Beneficiary Identifier (MBI): MBI stands for Medicare Beneficiary Identifier. In 2018, CMS started a project to replace the social security number on the Medicare Health Insurance card. It also replaced the Health Insurance Claim Number (HICN) that providers used to process claims. On your Medicare card it is the 11-digit identifier under the title "Medicare Number."

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

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

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

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

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

Out-of-pocket Maximum: The highest amount you are required to pay for covered services. Once you reach the out-of-pocket maximum, the plan pays 100% of expenses for covered services.

Passive PPO Network: You will have the same level of benefits at any provider nationwide who accepts Medicare and is willing to submit the claim to Humana regardless of whether the provider is considered in- or out-of-network.

Health and Prescription Plan Summary

Group Medicare Advantage PPO Plan

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

The plan covers preventative services at 100%. Selected services are covered at 96%-100% after the required annual deductible of \$192 per member. However, not all services are subject to the deductible. Participants should refer to the type of service for benefit details. The annual out-of-pocket maximum is \$1,200 per member per calendar year (extra services, plan premiums and prescriptions do not apply to this out-of-pocket maximum).

Prescription drug coverage is included in this plan and has an annual out-of-pocket maximum of \$1,000 per member. This chart shows co-pays for prescription drugs:

Prescription Co-Pays for Group Medicare Advantage PPO Plan			
Drug Tier	30-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at Mail Order or MSU Pharmacy
Generic*	\$10	\$20	\$20
Preferred Brand Name	\$30	\$60	\$60
Non-Preferred Brand Name	\$60	\$120	\$120
Specialty Drugs	\$75	N/A**	N/A**
Annual Out-of-Pocket Co-Pay Maximum			
Individual: \$1,000			

*Some generics may be on higher tiers.

**Specialty medications limited to 30-day supply.

For questions about specific coverage details visit our.humana.com/msu/ or call Humana at 800-273-2509.

MSU Non-Medicare PPO Plan

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

The plan covers in-network preventative services at 100%. The majority of the in-network diagnostic services are covered at 100% of the approved amount after either the required co-payment or annual deductible of \$100 for single and \$200 for family. Select in-network

services are covered at 50%-90% of the approved amount after the required in-network annual deductible of \$100 for single and \$200 for family. However, not all services are subject to the deductible. Participants should refer to the type of service for benefit details. The annual out-of-pocket maximum, which consists of applicable deductible and coinsurance, is \$3,000 for single and \$6,000 for family per calendar year.

Prescription drug coverage is included in this plan and has an annual out-of-pocket maximum of \$1,000 for individual or \$2,000 for family coverage. This chart shows co-pays for prescription drugs:

Prescription Co-Pays for MSU Non-Medicare PPO Plan			
Drug Tier	30-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at retail	90-Day Supply Co-Pays at Mail Order or MSU Pharmacy
Generic	\$10	\$30	\$20
Preferred Brand Name	\$30	\$90	\$60
Non-Preferred Brand Name	\$60	\$180	\$120
Specialty Drugs	\$75	N/A*	N/A*
Annual Out-of-Pocket Co-Pay Maximum			
Individual: \$1,000		Family: \$2,000	

*Specialty medications limited to 30-day supply.

For questions about specific coverage details visit our.humana.com/msu-commercial/ or call Humana at 800-273-2509.

Humana Transition PPO Plan

This plan is for families with both Medicare eligible and non-Medicare eligible people.

Those enrolled in Medicare should refer to the summary of the Group Medicare Advantage PPO Plan and those not enrolled in Medicare should refer to the summary of the MSU Non-Medicare PPO Plan.

Health Plan Coverage Chart

Benefit	Medicare Advantage PPO Plan*	MSU Non-Medicare PPO Plan	
	The in-network and out-of-network benefits are structured the same for any member of this plan. Any provider who is eligible to participate in Medicare can treat and receive payment from Humana. Humana pays providers according to the Original Medicare fee schedule less any member plan responsibility. Medicare participating providers may not balance bill members.	In-Network	Out-of-Network
Preventative Services⁸			
Health Maintenance Exam (1 per calendar year)	Covered – 100% Routine Physical Exam	Covered – 100%	Covered – 90% after deductible
Annual Gynecological Exam (1 per calendar year)	Covered – 100%	Covered – 100%	Covered – 90% after deductible
Pap Smear Screening (lab services only); See Humana explanation of coverage description for details	Covered – 100% Every 24 Months for Preventive	Covered – 100%	Covered – 90% after deductible
Contraceptive Devices (IUD, Diaphragm, Norplant) Note: Male Contraceptives are not covered	Not a Preventive service ¹	Covered – 100%	Covered – 90% after deductible
Contraceptive Injections	Not a Preventive service ¹	Covered – 100%	Covered – 90% after deductible
Mammography Screening (1 per calendar year)	Covered – 100%	Covered – 100%	Covered – 90% after deductible
Immunizations (as recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act) ⁶	Part B: Influenza and Pneumococcal Immunizations – Covered 100% Part D: Other immunizations (example Shingrix) are subject to co-pay through pharmacy benefit based on tier *Some immunizations require a determination to classify as Part B or Part D	Covered – 100%	Covered – 90% after deductible
Prostate Exam (1 per calendar year ²)	Covered – 100%	Covered – 100%	Covered – 90% after deductible
Fecal Occult Blood Screening (1 per calendar year)	Covered – 100%	Covered – 100%	Covered – 90% after deductible
Preventive Colonoscopy	Covered – 100%; Every 24 Months for Preventive	Covered – 100%	Covered – 90% after deductible
Flexible Sigmoidoscopy Exam	Covered – 100% Every 48 Months for Preventive	Covered – 100%	Covered – 90% after deductible
Prostate Specific Antigen Test (1 per calendar year ²)	Covered – 100%	Covered – 100%	Covered – 90% after deductible
Physician Office Services (Medically Necessary)			
Office Visits/Consultations	Covered - 96% after deductible	Co-pay: \$20	Covered – 90% after deductible
Emergency Medical Care⁽⁷⁾			
Hospital Emergency Room	Co-pay: \$50 (waived if admitted within 24 hours)	Co-pay: \$50 (waived if admitted during visit)	Co-pay: \$50 (waived if admitted during visit)
Emergency Room Physician's Services	Covered – 100%	Covered – 100%	Covered – 100%
Urgent Care Center	Covered - 96%	Co-pay: \$25	Co-pay: \$25
Ambulance Service (Must be medically necessary)	Covered – 96% after deductible, ground and air	Covered – 80% after deductible, ground and air	Covered – 80% after in-network deductible, ground and air
Diagnostic Services			
Laboratory and Pathology Tests	Covered – 100%	Covered – 100% for outpatient; Covered – 100% after deductible for inpatient	Covered – 90% after deductible

*Also referred to as the Group Medicare Advantage PPO Plan.

Visit hr.msu.edu/open-enrollment for all Open Enrollment Information

Benefit	MSU Non-Medicare PPO Plan		
	Medicare Advantage PPO Plan	In-Network	Out-of-Network
Diagnostic Services Cont.			
Diagnostic Tests and X-Rays (other than advanced imaging)	Covered – 96%- 100% Prior authorization may be required	Covered – 100% after deductible Prior authorization may be required	Covered – 90% after deductible
Radiation Therapy	Covered – 100% Prior authorization may be required	Covered – 100% after deductible	Covered – 90% after deductible
Maternity Services Provided by a Physician			
Pre-Natal and Post-Natal Care	Covered at the applicable service/place of treatment cost share	Covered – Same as Other Physician Services	Covered – Same as Other Physician Services
Delivery and Nursery Care	Covered at the applicable service/place of treatment cost share	Covered – 100% after deductible	Covered – 90% after deductible
Hospital Care			
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered – 100% after deductible (unlimited days) Prior authorization required	Covered – 100% after deductible (unlimited days) Prior authorization required	Covered – 90% after deductible
Inpatient Consultation	Covered – 100%	Covered – 100% after deductible	Covered – 90% after deductible
Chemotherapy	Covered – 100% ¹ (Inpatient)	Covered – 100% after deductible	Covered – 90% after deductible
Alternatives to Hospital Care			
Skilled Nursing Care (must meet medical criteria)	Covered – 100% (combined in-network and out-of-network benefits limited to 100 days per benefit period) Prior authorization required	Covered – 100% after deductible (combined in-network and out-of-network benefits limited to 100 days per calendar year) Prior authorization required	Covered – 90% after deductible (combined in-network and out-of-network benefits limited to 100 days per calendar year) Prior authorization required
Hospice Care	Covered under Original Medicare while on the plan	Covered – 100% after deductible Prior authorization required	Covered – 90% after deductible Prior authorization required
Home Health Care (Medically necessary)	Covered - 100% Excludes Personal Home Care	Covered – 100% after deductible (combined in-network and out-of-network benefits limited to 60 days per calendar year)	Covered – 90% after deductible (combined in-network and out-of-network benefits limited to 60 days per calendar year)
Surgical Services			
Surgery and Related Surgical Services	Covered – 96% - 100%	Covered 100% after deductible Prior authorization may be required	Covered – 90% after deductible
Mental Health Care and Substance Abuse Treatment (In approved facilities)			
Inpatient Mental Health/ Substance Abuse Care	Covered 100% (190 day limit in a psychiatric facility) Prior authorization required	Covered 100% after deductible Prior authorization required	Covered 90% after deductible
Outpatient Mental Health Care	Covered 96% - 100% after deductible	Covered 100% Prior authorization may be required	Covered 90% after deductible
Outpatient Substance Abuse Care	Covered 96% - 100% after deductible	Covered 100% Prior authorization may be required	Covered 90% after deductible
Other Services			
Allergy Testing and Therapy (includes allergy injections)	Covered 96% after deductible	Covered 100%; Office visit co-pay may apply to consultations	Covered 90% after deductible
Spinal and Osteopathic Manipulation	Covered 96% after deductible No Visit Limit	Co-pay: \$20; (Combined in-network and out-of-network benefits limited to 24 visits per calendar year)	Covered 90% after deductible Prior authorization may be required and number of visit limits may apply
Outpatient Diabetes Management Program (certified providers)	Covered 100% Diabetic training	Covered 100% Diabetic training	Covered 90% after deductible

Benefit	Medicare Advantage PPO Plan		MSU Non-Medicare PPO Plan	
			In-Network	Out-of-Network
Other Services Cont.				
Outpatient Physical, Speech, and Occupational Therapy	Covered 100% after deductible Prior authorization may be required No visit limit		Co-pay: \$20 (Combined in- and out-of-network benefits limited to 60 visits per calendar year) Prior authorization required	Covered 90% after deductible Prior authorization may be required and number of visit limits may apply
Durable Medical Equipment and Medical Supplies (including breastfeeding equipment)	Covered 96%-100% after deductible Prior authorization may be required		Covered 80% after deductible	Covered 80% after deductible Prior authorization may be required
Private Duty Nursing	Covered 80% after deductible		Not covered	Not covered
Autism Spectrum Disorder (applied behavioral analysis treatment – when rendered by an approved board-certified behavioral analyst – is limited through age 19)	Covered 96%-100% after deductible (Limited to Medicare covered services) Prior authorization may be required		Covered 80% after deductible	Covered 80% after deductible
Foreign Travel⁵				
Foreign Travel	Members will be required to pay for services received and submit a claim to Humana for reimbursement along with proof of payment and any medical information or records available from the provider. These charges would be converted to U.S. currency and reimbursed based on the Medicare allowed amount and plan maximums for out of country services.		Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Humana for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the \$50 emergency room co-payment or the out-of-network deductible of \$500 and 10% co-pay, depending on services received.	Emergency care received while traveling outside the U.S. or taking a cruise is covered. Members will be required to pay for services received and submit a claim to Humana for reimbursement along with proof of payment and any medical information or records available from the provider. The charges will be converted to U.S. currency and reimbursed to the member under the out-of-network benefits after first applying either the \$50 emergency room co-payment or the out-of-network deductible of \$500 and 10% co-pay, depending on services received.
Deductibles, Co-pays, and Dollar Maximums				
Deductibles	\$192 per member per calendar year. Not all services are subject to the deductible. Refer to the type of service for benefit details		\$100 per member/\$200 per family per calendar year	\$500 per member/\$1,000 per family per calendar year
Fixed Dollar Co-pays	As noted in chart		As noted in chart	As noted in chart
Percent Co-pays	As noted in chart		As noted in chart	As noted in chart
Out-of-Pocket Maximum (includes deductible, co-insurance and co-pays, where applicable)	\$1,200 per member per calendar year		\$3,000 per member/ \$6,000 per family per calendar year for medical services only ³	\$3,000 per member/\$6,000 per family per calendar year for medical services only ³ (Does not include copayments)
Transplant Maximum	No maximum		No maximum	No maximum

1. Covered at the applicable service/place of treatment cost share.
2. Age limits may apply.
3. Two separate limits apply to In-Network and Out-of-Network services. Contact the provider for more info about out-of-network services.
4. Example: \$100 total visit charge would cost \$4 for member after deductible (when applicable).
5. Individuals living internationally are not eligible for the Humana plans.
6. Coverage for immunizations on the Group Medicare Advantage PPO plan is determined by whether it is a Part B or Part D, which is decided by Medicare. If the immunization is Part D, such as Shingrix, it will have a co-pay, whereas Part B immunizations, such as influenza, are covered

- at 100%. For the MSU Non-Medicare PPO Plan, immunization coverage is determined by the Affordable Care Act. Immunizations at a pharmacy usually result in the lowest cost to you and the pharmacy can verify coverage or other as applicable.
7. For those enrolled in the MSU Non-Medicare PPO Plan Only: If you are hospitalized in an out of network facility, Humana may require that you be transferred to an in-network facility as soon as you are stabilized, if you refuse you will be charged out-of-network from the date of stabilization.
8. Preventive services are covered per the percentage noted, subject to the frequency and age limits as detailed in the evidence of coverage and/or summary plan descriptions.

This summary reviews the plan features in general terms, but is not a full description of coverage. The MSU Explanation of Coverage (EOC) Medicare Advantage PPO document and the MSU Non-Medicare PPO Summary Plan Description provides more detail. You may access these guides online at our.humana.com/msu for the Group Medicare Advantage PPO Plan and at our.humana.com/msu-commercial for the MSU Non-Medicare PPO Plan or by calling Humana Customer Care at 1-800-273-2509 (TTY: 711). Information provided in this guide may be updated periodically to ensure we provide the clearest and most accurate information.

Monthly Health Plan Premiums

The following charts show monthly health plan rates based on the Medicare eligibility of you and your dependents. These are for retirees that are 100% vested. Rates are prorated for part-time contributions. For part-time retiree monthly premium rates visit hr.msu.edu/benefits/healthcare/retiree-rates.html. Contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 with questions.

Retired Support Staff Hired Before July 1, 2002 and Retired Faculty Hired Before July 1, 2005			
Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	Paid by MSU	Paid by MSU	Paid by MSU
Family	Paid by MSU	Paid by MSU	(1 with Medicare): Paid by MSU (2 with Medicare): Paid by MSU (3 or more with Medicare): Paid by MSU

Retired Support Staff Hired July 1, 2002 – June 30, 2010			
Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	\$120.92	\$1,226.98	\$559.98
Family	\$241.84	\$2,331.26	(1 with Medicare): \$1,175.93 (2 with Medicare): \$680.90 (3 or more with Medicare): \$801.82

Retired Support Staff Hired July 1, 2002 – June 30, 2010 with 100% Coverage			
The following monthly rates are for support staff that have elected 100% MSU coverage for themselves and 0% for a spouse/OEI AND the retiree is deceased. The following premiums would be paid by the spouse/OEI.			
Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Surviving Spouse	\$120.92	\$1,226.98	N/A
2 Person	\$241.84	\$2,453.96	\$680.90
Family	\$362.76	\$3,558.24	(1 with Medicare): \$1,296.85 (2 with Medicare): \$801.82 (3 or more with Medicare): \$922.74

Find more charts on the following page ►

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

The following monthly rates are for faculty that have elected 100% MSU coverage for themselves and 0% for a spouse/other eligible individual (OEI) OR 50% MSU coverage for themselves and 50% for a spouse/OEI while both retiree and spouse/OEI are living.

Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Retiree only	Paid by MSU	Paid by MSU	N/A
2 Person	\$120.92	\$1,226.98	\$559.98
Family	\$241.84	\$2,331.26	(1 with Medicare): \$1,175.93 (2 with Medicare): \$680.90 (3 or more with Medicare): \$801.82

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

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

Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Retiree only	\$60.46	\$613.49	N/A
2 Person	\$181.38	\$1,840.47	\$620.44
Family	\$302.30	\$2,944.75	(1 with Medicare): \$1,236.39 (2 with Medicare): \$741.36 (3 or more with Medicare): \$862.28

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

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

Coverage	Group Medicare Advantage PPO Plan (Medicare Eligible Only)	MSU Non-Medicare PPO Plan (Non-Medicare Eligible Only)	Humana Transition PPO Plan (Mix of Medicare Eligible & Non-Medicare Eligible)
Surviving Spouse	\$120.92	\$1,226.98	N/A
2 Person	\$241.84	\$2,453.96	\$680.90
Family	\$362.76	\$3,558.24	(1 with Medicare): \$1,296.85 (2 with Medicare): \$801.82 (3 or more with Medicare): \$922.74

Humana FAQs

Please read the following frequently asked questions about the Group Medicare Advantage (MA) PPO Plan and the MSU Non-Medicare PPO Plan. Additional Open Enrollment FAQs can be found at hr.msu.edu/open-enrollment.

Is the Group Medicare Advantage PPO Plan provider network similar to the provider network I had access to as an active employee?

Yes, the provider network is similar but not exactly the same. The Group Medicare Advantage PPO Plan has a passive provider network. This means you have the same level of benefits at any provider nationwide, whether they are in-network or out-of-network, as long as they accept Medicare and are willing to submit the claim to Humana.

If a provider informs a Group Medicare Advantage PPO Plan member that they are not in-network, how should the member respond?

The Group Medicare Advantage PPO Plan has a passive provider network. This means members have the same level of benefits at any provider nationwide, whether they are in-network or out-of-network, if the provider accepts Medicare and is willing to submit a claim to Humana. Some providers are confused about passive provider network participation. Since Humana offers many individual MA plans that do not offer passive provider network participation, many providers will incorrectly assume they do not accept the Group Medicare Advantage PPO Plan.

Here's how to respond:

- Show the provider your Humana medical card and explain you are part of a “group” plan – not an individual plan.
- If further help is needed, call Humana Customer Care at 1-800-273-2509 (TTY:711), Monday to Friday, 8 a.m. to 8 p.m. EST. You may also find a provider at [Humana.com](https://www.humana.com).

Will I have to change providers to receive coverage in the MSU Non-Medicare PPO Plan?

Individuals enrolled in the MSU Non-Medicare PPO Plan have access to Humana's large provider network and can maximize benefits by seeking services from these providers. We recommend members verify provider participation prior to seeking services. You may need to present your Humana medical card to

the provider customer service representative and point out that the network also includes Cofinity (that information is on the back of the card) – which gives you access to a larger network of providers.

How do I confirm in-network participation?

To confirm in-network participation, you may call Humana Customer Care at 1-800-273-2509 (TTY: 711) Monday to Friday, 8:00 a.m. to 8:00 p.m. EST.

Find a provider online at finder.humana.com. Enter your zip code and select distance from zip code to search. Click Select a lookup method and enter your Member ID into the Member ID option. If you do not have your Member ID, select Coverage Type and then Medicare or Medicare-Medicaid for the Group Medicare Advantage PPO Plan. Click Network and select Medicare PPO. Select Search Category and enter Name, specialty, and condition. For the Non-Medicare PPO Plan select Coverage Type and then Insurance through your employer. Click Network and select Humana/ChoiceCare Network PPO.

What can I do if I think I am being charged by a provider for something that should have been covered by Humana?

Humana mails a SmartSummary statement for the Group Medicare Advantage PPO Plan and a Smart EOB for the MSU Non-Medicare PPO Plan to any member that has received services. This summary includes a line item that indicates “patient responsibility.” If it is \$0, you are not responsible for any charges. If it has an amount you disagree with, you should contact Humana Customer Care at 1-800-273-2509 (TTY: 711) Monday to Friday, 8:00 a.m. to 8:00 p.m. EST.

How can I be placed on a do not call list with Humana?

You may call Humana Customer Care at 1-800-273-2509 (TTY: 711) Monday to Friday, 8:00 a.m. to 8:00 p.m. EST. to make this request.

Action Required if Eligible for Medicare in 2024



The information below is important for individuals who will become eligible for Medicare on or after January 1, 2024.

About Medicare and Eligibility

Medicare is the federal health insurance program for individuals age 65 or older and some people with disabilities under age 65. It is administered by the Centers for Medicare and Medicaid Services (CMS). A person becomes eligible for Medicare the first day of the month in which that individual turns age 65, unless their birthday falls on the first of the month, in which case Medicare eligibility is the first of the prior month.

Action Required If Eligible for Medicare Soon

If you and/or your dependent(s) are turning 65 on or after January 1, 2024, you (or they) will become eligible for Medicare soon. You must complete the steps outlined on this page to continue receiving health care through the MSU health plan administered by Humana when you turn 65.

The Group Medicare Advantage PPO Plan is the MSU health care option available to you and/or your covered dependents once an individual is eligible for Medicare. If you choose not to enroll, coverage in the non-Medicare plan will end and you may not elect the Group Medicare Advantage PPO Plan again until you have a qualified life event or during the next MSU Open Enrollment period in October.

What to Expect and Steps to Follow

Approximately 90 days prior to being eligible for Medicare, you will receive a letter from MSU Human Resources (HR) regarding upcoming Medicare eligibility for you or your dependents. You as the retiree will take action to enroll in the plan at MSU for yourself and/or your dependent(s). The letter will be sent to the address on file with MSU and include an Enrollment/Change form.

Following that letter, Humana will send a packet of information advising you to take certain actions to initiate the change in coverage to the Group Medicare Advantage PPO Plan. If action is not taken, you will lose your health care coverage 30 days after your Medicare eligibility date.

Follow these Steps		
1	90 Days Prior to Turning 65 (approximately)	Contact Medicare to enroll in Medicare Parts A and B (see note on Medicare Parts A and B below).
2	45 Days Prior to Becoming Eligible for Medicare (approximately)	Provide a copy of your Medicare card to MSU HR and enroll in the Group Medicare Advantage PPO plan using the Enrollment/Change form provided in the letter sent from MSU HR.

Note About Medicare Parts A and B

When an individual becomes eligible for Medicare, they must enroll in and retain Medicare Parts A and B in order to enroll in the health care plan offered by MSU and continue health care coverage. Medicare Part D is included in MSU's Group Medicare Advantage PPO plan, which means **you do not need to enroll in Medicare Part D**; enrollment in Medicare Part D is automatic as part of the Group Medicare Advantage PPO plan.

MSU's Group Medicare Advantage PPO Plan Includes:
 (Also known as an MAPD Plan or Medicare Part C)



Medicare Part A
(Hospital Insurance)



Medicare Part B
(Medical Insurance)



Medicare Part D
(Prescription Drug Insurance)



Additional Benefits
(Wellness Programs)

Medicare Advantage Plans and Prescription Drug Coverage Rules

! The following information is important for individuals who are currently eligible for Medicare or will become eligible for Medicare before January 1, 2024.

Centers for Medicare and Medicaid Services (CMS) allows you to be enrolled in only one Medicare Advantage (MA), Medicare Advantage Prescription Drug (MAPD), or Medicare Part D plan at a time. The MSU Group Medicare Advantage PPO plan is an MAPD plan.

Please determine if you and/or any dependent(s) you want covered in the Group Medicare Advantage PPO plan are already enrolled in any other MA, MAPD or Medicare Part D prescription drug plan. If you and/or a dependent are enrolled in another plan, you should review each plan and make an informed decision about which plan is right for you and/or each covered dependent.

The Group Medicare Advantage PPO Plan
 The Group Medicare Advantage PPO plan is an MAPD plan. An MAPD plan—sometimes called "Medicare Part C" – bundles Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) and Medicare Part D (Prescription Drug Insurance) into an all in one plan, along with additional benefits.

MSU's Group Medicare Advantage PPO plan provides all the benefits of original Medicare in one plan and you do not lose any benefits or coverage of original Medicare.

- Review Medicare's Rules:**
 Those eligible for Medicare should review Medicare's rules before enrolling in the MSU Humana employer-sponsored group health plan.
- To participate in the Group Medicare Advantage PPO Plan you need to continue enrollment in Medicare Parts A and B the entire time.
 - In order to enroll in the MSU Humana employer-sponsored health plan, you must enroll through MSU Human Resources and not through Humana or an agent.
 - If you are responsible for any MSU Humana plan premiums, those amounts will be billed directly by MSU Human Resources.

Continued on next page ►

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

Action Required: Make a Decision

If you and/or your dependents are eligible for Medicare or will become eligible for Medicare by January 1, 2024, you must make a decision about which option to be enrolled in.

Review the Following Scenarios:

- If you and/or your dependents are enrolled in the MSU Group Medicare Advantage PPO plan and later enroll in another MA, MAPD, or Medicare Part D plan, or are auto-enrolled via a family member's employer group plan, and you do not opt out, CMS will automatically disenroll you from the MSU Group Medicare Advantage PPO plan.
- If you and/or your dependents cancel or CMS disenrolls you from the MSU Group Medicare Advantage PPO plan, you may not enroll in coverage through MSU again until the next Open Enrollment period in October unless you have a qualifying life event.
- If you are enrolled in a Medicare Supplement Insurance plan – sometimes called Medigap policies – please note that the MSU Group Medicare Advantage PPO plan does not coordinate with these plans. This means Medigap policies can't be used to pay your plan co-payments, deductibles or premiums.

Questions About Medicare

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

Visit [medicare.gov](https://www.medicare.gov) or call **800-633-4227** for more information.

TTY users should call **877-486-2048**, 24 hours/day, 7 days/week to find out more about how to enroll in Medicare.

Dental Plan Summary

Provider Contact Information

Aetna Dental

877-238-6200

aetna.com

Aetna app available

Delta Dental

800-524-0149

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.

Information about Moving

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

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

Aetna Premium DMO

In a Dental Maintenance Organization (DMO) like 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 with the MSU Aetna Premium DMO plan, 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 Premium DMO, please verify that the dentist you want to use accepts “Aetna Premium DMO” rather than just “Aetna” to avoid rejected claims.

Delta Dental PPO

This plan typically allows more freedom in selecting service providers and services performed. This coverage includes a 50% co-pay on all services, \$600 annual maximum, and \$600 lifetime orthodontic maximum. Delta 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, a \$2,000 annual maximum, and a \$2,000 lifetime orthodontic maximum. Additionally, diagnostic and preventative services do not apply to the annual maximum.

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.

Dental Plan Monthly Premiums

Please reference the appropriate chart to determine your monthly premium contribution. These premiums assume full-time (90-100%) university contribution. For part-time retiree monthly premium rates visit hr.msu.edu/benefits/healthcare/retiree-rates.html. Contact the Solutions Center at SolutionsCenter@hr.msu.edu or 517-353-4434 with questions.

Dental Plan Monthly Premiums			
COVERAGE	AETNA PREMIUM DMO	DELTA DENTAL PPO	DELTA DENTAL PPO PREMIUM
Retired Support Staff Hired Prior to July 1, 2002 and Retired Faculty Hired Prior to July 1, 2005			
Single	\$11.14	Paid by MSU	\$21.23
2 Person	\$20.81	Paid by MSU	\$40.48
Family	\$35.84	Paid by MSU	\$66.47
Retired Support Staff Hired between July 1, 2002 and June 30, 2010			
Single	\$11.14	Paid by MSU	\$21.23
2 Person	\$38.76	\$17.95	\$58.43
Family	\$77.67	\$41.83	\$108.30
Retired Support Staff Hired July 1, 2002 to June 30, 2010 with 100% Coverage and the Retiree is Deceased			
These rates are for support staff that have elected 100% MSU coverage for themselves and 0% for a spouse/OEI AND the retiree is deceased. The following premiums would be paid by the spouse/OEI.			
Single	\$30.79	\$19.65	\$40.88
2 Person	\$58.41	\$37.60	\$78.08
Family	\$97.32	\$61.48	\$127.95
Retired Faculty Hired July 1, 2005 to June 30, 2010 (MSU Contributes 100% or 50%/50%)			
These rates are for faculty retirees that have elected 100% MSU coverage for themselves and 0% for a spouse/other eligible individual (OEI) or 50% MSU coverage for themselves and 50% for their spouse/OEI while both retiree and spouse/OEI are living.			
Single	\$11.14	Paid by MSU	\$21.23
2 Person	\$38.76	\$17.95	\$58.43
Family	\$77.67	\$41.83	\$108.30
Retired Faculty Hired July 1, 2005 to June 30, 2010 with 100% Coverage and the Retiree is Deceased			
These rates are for faculty that have elected 100% MSU coverage for themselves and 0% for a spouse/OEI AND the retiree is deceased. The following premiums would be paid by the spouse/OEI.			
Single	\$30.79	\$19.65	\$40.88
2 Person	\$58.41	\$37.60	\$78.08
Family	\$97.32	\$61.48	\$127.95
Retired Faculty Hired July 1, 2005 to June 30, 2010 (MSU Contributes 50%) and Retiree or Spouse is Deceased			
These rates are for faculty retirees that have elected 50% coverage for themselves and 50% for a spouse/OEI AND either the retiree or spouse/OEI is deceased or they have divorced after retirement.			
Single	\$30.79	\$19.65	\$40.88
2 Person	\$58.41	\$37.60	\$78.08
Family	\$97.32	\$61.48	\$122.85

Dental Plan Coverage Chart

Dental Service	Aetna Premium DMO	Delta Dental	Delta Dental Premium
DIAGNOSTIC AND PREVENTATIVE			
Exams	No co-pay	50% co-pay	No co-pay
Cleanings	No co-pay	50% co-pay	No co-pay
X-rays	No co-pay	50% co-pay	No co-pay
Fluoride	No co-pay (1 per year under age 16)	50% co-pay (less than age 19)	No co-pay
Sealants (to prevent decay of permanent molars for dependents)	\$10 co-pay per tooth	Not covered	No co-pay (less than age 14)
Space maintainers	\$80 co-pay (fixed and removable)	50% co-pay (less than age 19)	No co-pay (less than age 19)
Minor Restorative			
Amalgam (silver) fillings	No co-pay	50% co-pay	30% co-pay
Composite (resin) fillings (anterior teeth)	No co-pay	50% co-pay	30% co-pay
PROSTHETICS			
Crowns (semi-precious)	\$315 co-pay	50% co-pay	50% co-pay
Bridges (per unit)	\$315 co-pay	50% co-pay	50% co-pay
Denture (each)	\$320 co-pay	50% co-pay	50% co-pay
Partial (each)	\$320 co-pay	50% co-pay	50% co-pay
ORAL SURGERY			
Simple extraction	No co-pay	50% co-pay	30% co-pay
Extraction - erupted tooth	No co-pay	50% co-pay	30% co-pay
Extraction - soft tissue impaction	\$60 co-pay	50% co-pay	30% co-pay
Extraction - partial bony impaction	\$80 co-pay	50% co-pay	30% co-pay
Extraction - complete bony impaction	\$120 co-pay	50% co-pay	30% co-pay
ENDODONTICS			
Root canal - anterior	\$120 co-pay	50% co-pay	30% co-pay
Root canal - bicuspid	\$180 co-pay	50% co-pay	30% co-pay
Root canal - molar	\$300 co-pay	50% co-pay	30% co-pay
Apicoectomy	\$170 co-pay	50% co-pay	30% co-pay
PERIODONTICS			
Gingivectomy (per quadrant)	\$125 co-pay	50% co-pay	30% co-pay
Osseous surgery (per quadrant)	\$375 co-pay	50% co-pay	30% co-pay
Root scaling (per quadrant)	\$60 co-pay	50% co-pay	30% co-pay
ORTHODONTICS			
Child (under age 19)	\$1,500 co-pay ¹	50% co-pay	50% co-pay
Adult (age 19 or older)	\$1,500 co-pay ¹	Not covered	50% co-pay
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.			
DENTAL PLAN MAXIMUMS			
Annual	No maximum	\$600 maximum ¹	\$2000 maximum ²
Lifetime Orthodontics	No maximum	\$600 maximum ¹	\$2000 maximum ²

1. Diagnostic and preventative services apply to the annual maximum.

2. Diagnostic and preventative services do not apply to the annual maximum.

The plan summary on this page is intended to help you compare your options. It is not intended to be a full description of coverage.

Life Insurance

If you are already enrolled in optional retiree-paid life insurance through Prudential, you can cancel your coverage during Open Enrollment, but you cannot re-enroll, increase or decrease your coverage. **If you are not already enrolled, you cannot enroll.**

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

Optional Retiree-Paid Life Insurance Monthly Rates			
AGE	RETIREE RATES PER \$1,000 OF COVERAGE BY AGE	SPOUSE/OEI RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILD PER \$1,000 OF COVERAGE
45-49	\$0.070	\$0.112	\$0.083 per \$1,000 of coverage — age is not a factor in rates for children.
50-54	\$0.107	\$0.167	
55-59	\$0.200	\$0.311	
60-64	\$0.308	\$0.478	
65-69	\$0.590	\$0.924	

Important Notes:

- Spouse/other eligible individual (OEI) rates are based on the age of the retiree, NOT the age of the spouse/OEI.
- The benefit amount will decrease to 65% at age 65 and coverage will be discontinued at age 70 for the retiree, spouse/OEI or child. For those that retired prior to July 1, 2008, there are no age-related reductions to your benefit amount, but coverage will be discontinued at age 70 for the retiree, spouse/OEI or child.
- You may convert your policy to individual coverage within 31 days of turning 70. For more information, call Prudential at 877-232-3555.
- Coverage for the Child(ren) Retiree-Paid Life Insurance begins at live birth and continues to age 23. You are responsible for canceling insurance when children are no longer eligible.

Children who become incapacitated before the age limit can continue coverage after the age limit if the following criteria are met:

1. The child is mentally and/or physically incapable of earning a living.
2. Prudential has received proof of the incapacity within 31 days.
3. If the child becomes incapacitated after the age limit they will not be able to continue coverage.

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

Provider Contact Information

Prudential

877-232-3555
Prudential.com

View Current Participation

You can view your coverage in the EBS Portal or contact MSU HR for assistance. Login to the EBS Portal at ebs.msu.edu and click the Current Benefits Participation tile.

Contact MSU HR

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

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

Vision Insurance

Provider Contact Information

VSP® Vision Insurance

800-400-4569

msuretierees.vspforme.com

How to Enroll, Make Changes or Learn More

Contact VSP directly to enroll, make changes, or learn more about this voluntary benefit.

If you are currently enrolled, you will automatically be re-enrolled for the next plan year.

You and your benefits-eligible dependents may enroll in voluntary vision coverage through VSP® Vision Care at any time of the year. Coverage is effective the first of the month following the month you enroll. You will pay monthly premiums directly to VSP. They offer savings on your eye exams and eye wear and discounts on laser vision correction and hearing aids.

Enroll in vision insurance by contacting VSP directly.

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

VSP Vision Monthly Plan Premiums			
	Member Only Coverage	Member + One Coverage	Member + Family Coverage
Standard Plan	\$8.55	\$17.09	\$17.51
Premium Plan	\$12.38	\$24.75	\$25.35

The frame/contact lens allowance is \$150 for both the standard and premium plan.

Legal Insurance

Provider Contact Information

ARAG® Legal Insurance

800-247-4184

ARAGLegal.com/myinfo

(Access code 17873ret)

How to Enroll, Make Changes or Learn More

Contact ARAG directly to enroll, make changes, or learn more about this voluntary benefit.

If you are currently enrolled, you will automatically be re-enrolled for the next plan year.

You may enroll in, change or cancel voluntary legal insurance with ARAG between October 1–31 for the 2024 plan year. You will pay monthly premiums directly to ARAG. Visit ARAGLegal.com/myinfo (Access code 17873ret) to view monthly premium rates.

Contact ARAG directly to enroll in legal insurance (use code 17873ret).

This voluntary benefit offers you and your family added protection from many common legal matters. Most covered legal matters with ARAG are paid 100% in-full. Some covered services include:

- Consumer protection, such as insurance disputes, warranty issues, telemarketing scams, auto purchase/repair and contractor problems.
- Financial protection for debt collection matters, Medicare/Medicaid, Social Security and veterans benefits.
- Real estate, such as buying/selling a home, home equity loans and refinancing.
- Wills and estate planning, including durable/financial power of attorney, inheritance rights, health care power of attorney, elder law and living wills.

You may also choose the UltimateAdvisor Plus™ plan, which includes additional benefits like identity theft protection, caregiving support and coverage for trusts.

Teladoc Medical Experts

Teladoc Medical Experts gives expert second opinions and provides answers to your medical questions. If you're facing a serious diagnosis, Teladoc Medical Experts can help you determine the best course of action. Some of the ways they can help include:

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

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

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

Support Options with Teladoc Medical Experts

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

The Treatment Decision Support service gives you access to coaching and interactive, online educational tools that offer in-depth and easy-to-follow information about your specific condition. Use these tools to help you make more educated, confident decisions about your health.

The Medical Records eSummary allows Teladoc Medical Experts, with your permission, to collect and organize your medical records for you and provide them on a USB drive. You will also receive a personal Health Alert Summary based on the records collected, giving you a total snapshot of your medical wellness.

Feel like yourself again with Mental Health Navigator. If you feel like your condition isn't improving or your treatment isn't working, medical experts can help you get the support you need to feel better.

Provider Contact Information

Teladoc Medical Experts

1-800-835-2362 (prompt 4)

teladoc.com/medical-experts

Teladoc app available

Please note: a code is not required when enrolling.

PLEASE READ FIRST ▼

- Do **NOT** complete this form if you completed enrollment online at ebs.msu.edu.
- Only use this form if you are making changes to your existing plans. Please only fill out the benefit sections you're making changes to. If you are not making any changes, you do not need to fill out this form.
- Do not use this form outside of Open Enrollment in October.

Complete this form to enroll in, change or cancel benefits for you and/or your eligible spouse/other eligible individual (OEI) or dependent(s).

- 1. Individuals enrolled in an MSU health or dental plan in 2023 will continue to be enrolled in that plan for 2024 and no action is needed.** To cancel coverage, select cancel in the appropriate section below. For individuals not enrolled in an MSU health/dental plan in 2023, you can enroll in coverage using the appropriate section below.
2. To add or delete a dependent to or from your health and/or dental plan, fill out the dependent info below. Please submit documentation with this form. Find required documentation here: hr.msu.edu/benefits/documents/EligibleDependents.pdf
3. Sign, date and return this form to MSU HR no later than October 31 in the enclosed return envelope. To send electronically, please use filedepot.msu.edu to submit the form securely. If you omit your social security number, you may submit via email to SolutionsCenter@hr.msu.edu.

Personal Information (You must fill out this section - please print clearly)			
Retiree Name (Last, First, Middle Initial)		ZIPID or Social Security Number (last 4 digits) ¹	Phone
Home Street Address		City	State Zip Code
If your spouse/OEI is an MSU employee/retiree, indicate their full name:			
Are you enrolled in any other health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Retiree Medicare Beneficiary Identifier (MBI): ¹	
If you are enrolled in another Medicare plan you will be automatically disenrolled from that other plan if you enroll in MSU's Group Medicare Advantage PPO Plan		MBI stands for Medicare Beneficiary Identifier. On your Medicare card, it is the 11-digit identifier under the title "Medicare Number."	

¹ An MBI and SSN is required for individuals enrolling in the Group Medicare Advantage PPO plan. If a SSN is on this form, please do NOT submit via email.

(Only fill out this section to enroll in, change or cancel health coverage)		COVERAGE EFFECTIVE 1/1/2024		
<input type="checkbox"/> Add Plan <input type="checkbox"/> Change Plan <input type="checkbox"/> Cancel Plan <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Remove Dependent(s)		Dependent Coverage Level		
Health Plan		Single	2 Person	Family
Group Medicare Advantage PPO Plan Everyone enrolled in this plan must have Medicare Part B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSU Non-Medicare PPO Plan No one in this plan is enrolled in Medicare Part B.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humana Transition PPO Plan ² One or more people enrolled in Medicare Part B, but not all		N/A	<input type="checkbox"/>	<input type="checkbox"/>

² Individuals who are on Medicare will be enrolled in the Group Medicare Advantage PPO Plan. Individuals not enrolled in Medicare will be enrolled in MSU Non-Medicare PPO Plan.

Enroll Eligible Dependents in Health							
To add an eligible spouse/other eligible individual (OEI) or dependent(s) to your health plan, provide all the requested information for each dependent in the spaces below.							
Dependent Name (Last, First, Middle Initial)	SSN	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship	Enrolled in Medicare Part B?		Medicare Beneficiary Identifier (MBI) ¹
					Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

If your dependents are enrolled in another Medicare Advantage plan they will be automatically disenrolled from that other plan if you enroll them in MSU's Group Medicare Advantage PPO Plan (MAPD)

Detach page along perforated line.

2024 Open Enrollment – Retiree Enrollment/Change Form (page 2)

(Only fill out this section to enroll in, change or cancel dental coverage)		COVERAGE EFFECTIVE 1/1/2024		
<input type="checkbox"/> Add Plan <input type="checkbox"/> Change Plan <input type="checkbox"/> Cancel Plan <input type="checkbox"/> Add Dependent(s) <input type="checkbox"/> Remove Dependent(s)		Dependent Coverage Level		
Dental Plan		Single	2 Person	Family
Aetna Premium DMO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental PPO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delta Dental PPO Premium		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enroll Eligible Dependents in Dental				
To add an eligible spouse/other eligible individual (OEI) or dependent(s) to your dental plan, provide all the requested information for each dependent in the spaces below.				
Dependent Name (Last, First, Middle Initial)	SSN (last 4 digits)	Date of Birth (MM/DD/YY)	Sex (M/F)	Relationship

Remove Dependents from Health and/or Dental Plans			
To remove an existing dependent from your plan, list the person(s) below.			
Dependent Name (Last, First, Middle Initial)	SSN (last 4 digits)	Check Box to Cancel MSU Coverage	
		Health	Dental
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Employee-Paid Life ³	Effective Date: 1/1/2024
<input type="checkbox"/> Cancel All Employee-Paid Life	
<input type="checkbox"/> Cancel Spouse/OEI Coverage Only	
<input type="checkbox"/> Cancel Child(ren) Coverage Only	

³If you want to change your beneficiary for Employee-Paid Life insurance, visit hr.msu.edu/benefits/beneficiaries.html for more information.

Authorization – Please read, sign and date this section.	
<p>I am applying for and/or changing coverage as specified in the Group Agreements between MSU and my selected benefit plan(s). I understand that only those dependents listed on this form who meet the definition of “Dependent” will be covered by the benefits I have elected (refer to the plan brochure for the definition of “Dependent”).</p> <p>I authorize my selected health plan to obtain, from providers of services and hospitals, the medical records relating to me and my enrolled spouse/OEI and/or dependent(s), which are necessary to the administration of my contract.</p> <p>I have read and agree to the terms and conditions above and outlined in the plan brochures. I verify all above information is true, correct and complete.</p> <p>In the event your health, prescription and dental coverage is canceled due to non-payment, your next opportunity to re-enroll in coverage is the next Open Enrollment period.</p> <p>If you have questions or need plan brochures describing your benefits, please contact MSU Human Resources at: Address: 1407 S Harrison Rd, Suite 110, East Lansing MI 48823-5287 Phone: 517-353-4434 or 800-353-4434 (toll-free) Fax: 517-432-3862 Email: SolutionsCenter@hr.msu.edu Website: hr.msu.edu</p>	
Signature: _____	Date: _____



Consent Form for Electronic Distribution of Benefit Materials and Notices

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

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

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

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

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

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

Detach page along perforated line.

Name

Last 4 Digits of Social Security Number

Signature

Date

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

Questions? Contact MSU Human Resources:
517-353-4434 (1-800-353-4434 toll-free)
SolutionsCenter@hr.msu.edu

Important Notices About Your Health Care Rights

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

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

Women's Health and Cancer Rights Act of 1998

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

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

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

Contact Information for MSU Health and Dental Plans

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

- Humana: 800-273-2509
- Blue Cross Blue Shield: 888-288-1726
- Delta Dental: 800-524-0149
- Aetna Dental Maintenance Organization (DMO): 877-238-6200
- Health Savings Account (administered by Health Equity): 877-219-4506

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

HIPAA: Notice of Privacy Practices Michigan State University Health Plans

EFFECTIVE DATE

This Notice is effective January 1, 2013.

PURPOSE

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

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

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

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

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

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

Uses and Disclosures Permitted Without Your Authorization or Consent

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

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

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

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

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

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

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

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

Your Rights

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

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

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

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

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

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

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

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

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

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

Except as provided in the next paragraph, the Plan is not required to agree to your request. However, if it does agree to the request, it will

honor the restriction until you revoke it or the Plan notifies you.

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

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

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

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

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

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

Complaints

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

Plan Contact Information:

Contact Person: Director of Benefits

Contact Office: Michigan State University

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

Telephone: 517-353-4434

Fax: 517-432-3862

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 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: myakhipp.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+)	KANSAS – Medicaid
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	Website: kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	OKLAHOMA – Medicaid and CHIP
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: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: insureoklahoma.org Phone: 1-888-365-3742
LOUISIANA – Medicaid	OREGON – 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)	Website: healthcare.oregon.gov/Pages/index.aspx oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MAINE – Medicaid	PENNSYLVANIA – 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	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	RHODE ISLAND – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102	Website: eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
MINNESOTA – Medicaid	SOUTH CAROLINA – 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	Website: www.scdhhs.gov Phone: 1-888-549-0820
MISSOURI – Medicaid	SOUTH DAKOTA - Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: dss.sd.gov Phone: 1-888-828-0059
MONTANA – Medicaid	TEXAS – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: gethipptexas.com/ Phone: 1-800-440-0493
NEBRASKA – Medicaid	UTAH – Medicaid and CHIP
Website: ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: medicaid.utah.gov/ CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669
NEVADA – Medicaid	VERMONT– Medicaid
Medicaid Website: dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
NEW HAMPSHIRE – Medicaid	VIRGINIA – Medicaid and CHIP
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	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	WASHINGTON – Medicaid
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	Website: hca.wa.gov/ Phone: 1-800-562-3022
NEW YORK – Medicaid	WEST VIRGINIA – Medicaid
Website: health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
NORTH CAROLINA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
NORTH DAKOTA – Medicaid	WYOMING – Medicaid
Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	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)

MSU Retiree,

MSU's Benefit Open Enrollment period occurs each year between October 1-31. Please review your benefit options and make any necessary changes for the 2024 plan year by October 31.

We're pleased to offer several options this year to help you learn more about your benefits, including the MSU Benefits Fair, HR Site Labs and Humana Presentations – learn more on **page 7** of this guide.

Questions? We're here to help:

SolutionsCenter@hr.msu.edu

517-353-4434

800-353-4434 (toll-free)

