

msu human resources Source

2006 Benefits Open Enrollment Edition

www.hr.msu.edu

Don't Miss MSU Benefits Open Enrollment April 17 to May 8, 2006

If you are an MSU employee and ANY of the following statements are true, then you DO need to participate in Open Enrollment between April 17 and May 8, 2006:



Find out if
YOU
should
participate
in
Open
Enrollment!

More details
inside!

- You currently cover a spouse or an MSU-recognized same-sex domestic partner under your benefits *and you want to continue that coverage during the 2006-2007 benefits year.*
- You want to add an eligible dependent to your health, dental or life insurance benefits (or you want to remove someone from your benefits).
- You want to switch health or dental plans for yourself and your eligible dependents.
- You want to change life insurance options for yourself and/or your eligible dependents.

If you have questions about open enrollment that aren't addressed in this *Source*, e-mail your questions to benefitsinfo@hr.msu.edu or call 517-353-4434. For long-distance call toll-free 1-800-353-4434. ♿

MSU HR Profile: Student Insurance

Going to college is a time for students to expand their horizons. A time to test their limits. A time to pursue their dreams. It's not, however, a good time for them to go without health insurance!

That's why Michigan State University provides MSU students with access to a student health insurance plan. A Student Health Subsidy Plan (SHSP) is also available for students with low incomes.

For many students, college is the first time in their lives they've had to deal with concepts like health insurance premiums, deductibles, coverage descriptions and enrollment processes on their own.

Health insurance provisions can be confusing, but that's where MSU HR staff members Havilah Cunningham and Ann Eure come in. They are the Student Insurance experts at MSU Human Resources.

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Advancing Knowledge. Transforming Lives.

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A Note from the Assistant Vice President . . .



Pamela S. Beemer
Assistant Vice President
for Human Resources

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We are pleased to present you with the annual Open Enrollment Special Edition of *Source*. The following pages are packed with important information about the benefits options available to eligible MSU faculty and staff during the 2006-2007 plan year. The annual open enrollment period is your chance each year to re-evaluate your needs and review the coverage options available to you through Michigan State University.

The article on the facing page summarizes some of the benefits changes that will occur in the 2006-2007 plan year, which runs from July 1, 2006 to June 30, 2007. The changes include increases in co-pays for some services and the addition of a fourth tier under the Caremark Prescription Plan for bio-tech drugs.

When the cost of any benefit or service that is important to us increases, it is natural to wonder about the reasons behind the change. Health care continues to be a fast-growing segment of the MSU budget. Michigan State University's annual investment in health and dental plans for employees and retirees and their eligible dependents currently exceeds \$100 million. The size of that investment grows to more than \$200 million per year when you add in the cost of other benefits such as life insurance and retirement programs. Working together, we all must strive to be good stewards of Michigan State University resources.

There are two questions we expect to hear a lot this year during open enrollment. The first is why a new tier with a higher co-pay for bio-tech drugs is necessary in the prescription drug plan. The second is why MSU employees who cover spouses or MSU-recognized same-sex domestic partners on their health plans must participate every year in open enrollment even if they do not intend to make changes to their benefits choices. The answer to both questions has to do with the responsibility we all share to use university resources efficiently and responsibly.

Recent advances in bio-tech drugs have made living with a number of rare but serious health conditions much easier. But these drugs are expensive, with a single prescription sometimes costing thousands of dollars. Creating a special tier in the prescription drug plan will help us to offset some of the tremendous costs associated with these life-saving medications while also ensuring they are available to the small percentage of employees who need them.

As for the second question, we know that often people forget to notify Human Resources when circumstances in their lives change that impact their benefits coverage. If a covered spouse or MSU-recognized same-sex domestic partner dies or the relationship ends, we need to know about it to discontinue providing benefits to that person and notify him or her about COBRA rights. Similarly, when a spouse or MSU-recognized same-sex domestic partner's employer makes changes to its health care benefits options, that can impact the coverage available through MSU. The open enrollment process includes an Affidavit that helps people remember to notify us of such changes so that we can ensure that our health care resources are being used only by our employees and their family members who are eligible for coverage. Taking a few moments to fill out the Affidavit each year is one way you can help control MSU health care costs. Using your benefits wisely and understanding the connection between health care usage and the overall budget at MSU is another.

Working together, we can all make a difference in ensuring MSU's limited resources are used effectively and responsibly.

Pam Beemer

What's NEW This Year in Benefits . . .

2006-2007 Benefits Open Enrollment Dates

Benefits Open Enrollment for the 2006-2007 benefits plan year will run from **Monday, April 17 to Monday, May 8, 2006.**

Benefits Fair Dates

MSU Human Resources invites you to a Benefits Fair where you can meet with plan representatives and discuss your questions with MSU Benefits staff. Fairs will be held at the following dates and locations:

April 25, 2006

MSU Union
Parlors B & C
8 a.m. to 4 p.m.

April 26, 2006

International Center
Spartan Rooms B & C
8 a.m. to 4 p.m.

April 27, 2006

Nisbet Building
Room 125
8 a.m. to 4 p.m.

**2006-2007 Benefits
Open Enrollment
April 17 to May 8, 2006
at
www.hr.msu.edu**

Caremark Prescription Plan Changes


Changes in the Caremark Prescription Plan for the 2006-2007 benefits plan year include increased co-pays and the addition of a new tier or co-pay for bio-tech drugs. Bio-tech drugs are genetically engineered proteins, enzymes and antibodies that are increasingly being used in the treatment of cancer, autoimmune diseases and other serious conditions. The table below shows both the current co-pays and the new co-pay structure which takes effect on July 1, 2006.

| # | Drug Tier | 34-Day Supply Co-pays | | 90-Day Supply Co-Pays ¹ | |
|---|--|-----------------------|------------------|------------------------------------|------------------|
| | | Current | New ³ | Current | New ³ |
| 1. | Generic | \$10 | \$10 | \$20 | \$20 |
| 2. | Formulary Brand | \$15 | \$20 | \$30 | \$40 |
| 3. | Non-Formulary Brand | \$30 | \$40 | \$60 | \$80 |
| 4. | Bio-Tech Drugs (new tier) ² | \$15 | \$50 | \$30 | \$100 |
| 1. 90-day supply medications may be filled at MSU Pharmacies or through Caremark mail order. | | | | | |
| 2. If you have questions regarding which drugs are covered under the new bio-tech drug tier, please contact Caremark at 1-800-565-7105. | | | | | |
| 3. The \$2 MSU Pharmacy discount will no longer be available effective July 1, 2006. | | | | | |

Health Plan Changes

- Community Blue and PHP office visit co-pays will increase to \$15 for faculty and staff.
- Community Blue and PHP urgent care co-pays will increase to \$20 for faculty and staff.
- Community Blue and PHP emergency room co-pays will increase to \$100 for faculty and staff. (This co-pay may be waived based on certain signs and symptoms or if you are admitted to the hospital.)
- If your spouse or MSU-recognized same-sex domestic partner is eligible to receive health plan coverage through his or her employer at an annual premium cost of \$700 or less, he or she must enroll in the other employer's health plan in order to maintain coverage under an MSU health plan. (This is an increase from the current threshold amount of \$600.) The other employer's health plan will be the primary coverage for your spouse or MSU-recognized same-sex domestic partner.

Other Important Information

- **PHP will remain the lowest-cost health plan for faculty and staff.**
- If you currently cover a spouse or an MSU-recognized same-sex domestic partner under your benefits *and you want to continue that coverage during the 2006-2007 benefits year*, you must participate in open enrollment and complete an affidavit. This is required every year. 

Dental Plan Summary of Benefits

| DENTAL SERVICE | AETNA DMO | DELTA DENTAL |
|--|-------------------------------------|-------------------------------|
| DIAGNOSTIC AND PREVENTIVE | | |
| Exams | No co-pay | 50% co-pay |
| Cleanings | No co-pay | 50% co-pay |
| X-rays | No co-pay | 50% co-pay |
| Flouride | No co-pay (1 per year under age 16) | 50% co-pay |
| Sealants (to prevent decay of permanent molars for dependents) | \$10 co-pay per tooth | 50% co-pay |
| Space maintainers | \$80 co-pay (fixed and removable) | 50% co-pay (less than age 19) |
| MINOR RESTORATIVE | | |
| Amalgam (silver) fillings | No co-pay | 50% co-pay |
| Composite (resin) fillings (anterior teeth) | No co-pay | 50% co-pay |
| PROSTHETICS | | |
| Crowns (semi-precious) | \$315 co-pay | 50% co-pay |
| Bridges (per unit) | \$315 co-pay | 50% co-pay |
| Denture (each) | \$320 co-pay | 50% co-pay |
| Partial (each) | \$320 co-pay | 50% co-pay |
| ORAL SURGERY | | |
| Simple extraction | No co-pay | 50% co-pay |
| Extraction - erupted tooth | No co-pay | 50% co-pay |
| Extraction - soft tissue impaction | \$60 co-pay | 50% co-pay |
| Extraction - partial bony impaction | \$80 co-pay | 50% co-pay |
| Extraction - complete bony impaction | \$120 co-pay | 50% co-pay |
| ENDODONTICS | | |
| Root canal - anterior | \$120 co-pay | 50% co-pay |
| Root canal - bicuspid | \$180 co-pay | 50% co-pay |
| Root canal - molar | \$300 co-pay | 50% co-pay |
| Apicoectomy | \$170 co-pay | 50% co-pay |
| PERIODONTICS | | |
| Gingivectomy (per quadrant) | \$125 co-pay | 50% co-pay |
| Osseous surgery (per quadrant) | \$375 co-pay | 50% co-pay |
| Root scaling (per quadrant) | \$60 co-pay | 50% co-pay |
| ORTHODONTICS | | |
| Child (under age 19) | \$1,500 co-pay | 50% co-pay |
| Adult (age 19 or older) | \$1,500 co-pay | Not covered |
| DENTAL PLAN MAXIMUMS | | |
| Annual | No maximum | \$600 maximum |
| Lifetime Orthodontics | No maximum | \$600 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. Complete information on both Delta Dental and Aetna is available at www.br.msu.edu under the Benefits link. | | |

Online Enrollment Steps

To participate in open enrollment, take the following steps between April 17 and May 8, 2006:

1. Go to www.br.msu.edu on the Web
2. Click on "eHR" link
3. Enter your MSU NetID and Password
4. Click on "Benefits Enrollment & Information"
5. Click on "Benefits Enrollment/Changes"
6. Click on "2006 Benefits Open Enrollment" and follow the on-screen instructions

About MSU NetIDs

If you do not have an MSU NetID, please visit <https://netid.msu.edu> on the Web or call the ACNS Help Desk at 517-432-6200. You can also access additional helpful information at <http://help.msu.edu>.

A Note to Mac Users

Due to vendor software limitations, our online open enrollment system is not compatible with Mac computers. If you need access to a PC to complete your open enrollment, visit MSU HR Benefits at 140 Nisbet Building or visit one of the open computer labs on campus. Or, Mac users can contact MSU HR for enrollment assistance at 517-353-4434 or toll-free 1-800-353-4434. We apologize for any inconvenience this creates for Mac users.

Employee Monthly Dental Plan Contributions

| PLAN | FULL-TIME (90% - 100%) | 3/4 TIME (65%-89.9%) | 1/2 TIME (50% - 64.9%) |
|---------------------|------------------------|----------------------|------------------------|
| Delta Dental | | | |
| Single | Paid by MSU | Paid by MSU | Paid by MSU |
| 2 Person | Paid by MSU | Paid by MSU | \$4.22 |
| Family | Paid by MSU | \$14.88 | \$29.76 |
| Aetna | | | |
| Single | Paid by MSU | Paid by MSU | Paid by MSU |
| 2 Person | Paid by MSU | Paid by MSU | Paid by MSU |
| Family | Paid by MSU | \$3.89 | \$18.77 |

Health Plans Coverage Summary

| Benefit | Community Blue | | Physicians Health Plan | | BCBSM Transition Plan ⁽³⁾ |
|--|--|---------------------------------|------------------------|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Mixed Medicare ONLY |
| PREVENTIVE SERVICES | | | | | |
| Health Maintenance Exam (including specific screening tests) | Covered 100% 1 per calendar year ⁽¹⁾ | Not covered | Co-pay: \$15 | Not covered | Not covered |
| Annual Gynecological Exam | Covered 100% 1 per calendar year ⁽¹⁾ | Not covered | Co-pay: \$15 | Not covered | Not covered |
| Pap Smear Screening (lab services only) | Covered 100% 1 per calendar year ⁽¹⁾⁽²⁾ | Not covered | Covered 100% | Not covered | Covered 100% |
| Well-Baby and Child Care Exams | Covered 100% ⁽²⁾ (6 visits per birth year for kids from 1 to 24 months; 2 visits per birth year for kids 24 to 48 months; 1 visit per birth year for kids 4 through 15 years.) | Not covered | Co-pay: \$15 | Not covered | Not covered |
| Immunizations | Covered 100% Through age 16 ⁽²⁾ | Not covered | Covered 100% | Not covered | Not covered |
| Flu Shots | Covered 100% ⁽²⁾ | Not covered | Covered 100% | Not covered | Not covered |
| IUD, Diaphragm, Norplant | Co-pay: \$15 ⁽²⁾ | Covered 80% after deductible | Co-pay: \$15 | Not covered | Not covered |
| Fecal Occult Blood Screening | Covered 100% 1 per calendar year after age 50 ⁽¹⁾⁽²⁾ | Not covered | Covered 100% | Not covered | Covered 100% 1 per calendar year after age 50 |
| Flexible Sigmoidoscopy Exam | Covered 100% 1 per calendar year after age 50 ⁽¹⁾⁽²⁾ | Not covered | Covered 100% | Not covered | Covered 100% 1 per calendar year after age 50 |
| Prostate Exam | Covered 100% 1 per calendar year after age 40. ⁽¹⁾⁽²⁾ | Not covered | Covered 100% | Not covered | Covered 100% 1 per calendar year after age 40 |
| Prostate Specific Antigen (PSA) Screen | Covered 100% 1 per calendar year after age 40 ⁽¹⁾⁽²⁾ | Not covered | Covered 100% | Not covered | Covered 100% 1 per calendar year after age 40 |
| Mammography Screening | Covered 100% 1 from age 35 to 40 1 per year after 40 ⁽²⁾ | Covered 80% after deductible | Covered 100% | Covered 80% of eligible expenses after deductible ⁽⁴⁾ | Covered 100% 1 from age 35 to 40 1 per year after 40 |
| PHYSICIAN OFFICE SERVICES | | | | | |
| Office Visits (medically necessary) | Co-pay: \$15 | Covered 80% after deductible | Co-pay: \$15 | Covered 80% of eligible expenses ⁽⁴⁾ after deductible. Prior authorization not required for services in a physicians office. | Covered 80% of approved amount after deductible |
| Minimal Office Visits (medically necessary) | Co-pay: \$15 | Covered 80% after deductible | Co-pay: \$15 | 80% of eligible expenses after deductible ⁽⁴⁾ | Not covered |
| Outpatient and Home Visits (medically necessary) | Co-pay: \$15 | Covered 80% after deductible | Co-pay: \$15 | 80% of eligible expenses after deductible ⁽⁴⁾ | Covered 80% of approved amount after deductible |
| Office Consultations (medically necessary) | Co-pay: \$15 | Covered 80% after deductible | Co-pay: \$15 | 80% of eligible expenses after deductible ⁽⁴⁾ | Covered 80% of approved amount after deductible |

Health Plans Coverage Summary (Continued)

| Benefit | Community Blue | | Physicians Health Plan | | BCBSM Transition Plan ⁽³⁾ |
|---|--|--|---|--|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Mixed Medicare ONLY |
| Outpatient Diabetes Management (certified providers) | Co-pay: \$15 | Not covered | Co-pay: \$15 | Not covered | Covered 100% |
| EMERGENCY MEDICAL CARE | | | | | |
| Hospital Emergency Room (approved diagnosis) | Co-pay: \$100 (waived based on signs and symptoms, accident or if admitted) | Co-pay: \$100 (waived based on signs and symptoms, accident or if admitted) | Co-pay: \$100 (waived based on signs and symptoms, accident or if admitted) | 80% of eligible expenses ⁽⁴⁾ after deductible if HMO benefits don't apply | Covered 100% |
| Emergency Room Physician's Services (approved diagnosis) | Co-pay: \$15 | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible if HMO benefits don't apply | Covered 100% |
| Urgent Care Center (approved diagnosis) | Co-pay: \$20 | Covered 80% after deductible | Co-pay: \$20 | 80% of eligible expenses ⁽⁴⁾ after deductible if HMO benefits don't apply | Covered 100% |
| Ambulance Service (medically necessary) | Covered 100% of the approved amount | Covered 100% of the approved amount | Covered 80% | Not covered (emergency ambulance covered worldwide as an in-network benefit) | Covered 80% of approved amount after deductible |
| DIAGNOSTIC SERVICES | | | | | |
| Laboratory and Pathology Tests | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 100% |
| Diagnostic Tests and X-Rays | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 100% |
| Radiation Therapy | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 100% |
| MATERNITY SERVICES PROVIDED BY A PHYSICIAN | | | | | |
| Pre-Natal and Post-Natal Care | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 80% of approved amount after deductible |
| Delivery and Nursery Care | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 100% |
| HOSPITAL CARE | | | | | |
| Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies | Covered 100% (unlimited days) Subject to contract lifetime maximum (\$5 million) | Covered 80% after deductible (unlimited days) Subject to contract lifetime maximum (\$5 million) | Covered 100% (unlimited days) | 80% of eligible expenses ⁽⁴⁾ after deductible* | Covered 100% (unlimited days) subject to contract lifetime maximum (\$5 million) |
| Inpatient Consultations | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible* | Covered 100% |
| Chemotherapy | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible* | Covered 100% |

Health Plans Coverage Summary (Continued)

| Benefit | Community Blue | | Physicians Health Plan | | BCBSM Transition Plan ⁽³⁾ |
|---|--|---|--|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Mixed Medicare ONLY |
| ALTERNATIVES TO HOSPITAL CARE | | | | | |
| Skilled Nursing Care (must meet medical necessity guidelines for skilled care) | Covered 100% ** in approved facilities (up to 120 days per calendar year) subject to contract lifetime maximum (\$5 million) | | Covered 100% (up to 100 days per calendar year) | 80% of eligible expenses ⁽⁴⁾ after deductible (up to 100 days per calendar year)* | Covered 100% ** (unlimited days) subject to contract lifetime maximum (\$5 million) in approved facilities |
| Hospice Care | Covered 100% ** in approved facilities, limited to the lifetime dollar maximum, which is adjusted annually | | Covered 80% | 80% of eligible expenses ⁽⁴⁾ (maximums apply) | Covered 100% ** in approved facilities, limited to the lifetime dollar maximum, which is adjusted annually. |
| Home Health Care | Covered 100% ** in approved facilities (unlimited visits) | | Covered 100% (60 visits per calendar year) | 80% of eligible expenses ⁽⁴⁾ after deductible (combined network and non-network benefits limited to 60 visits per calendar year) | Covered 100% ** in approved facilities |
| Individual Case Management | Covered 100% | Covered 100% | Covered 100% | Covered 100% | Covered 100% |
| SURGICAL SERVICES | | | | | |
| Surgery, including all related Surgical Services, Anesthesia, and Surgical Assistance | Covered 100% | Covered 80% after deductible | Covered 100% | 80% of Eligible expenses ⁽⁴⁾ after deductible* | Covered 100% |
| Voluntary Sterilization | Covered 100% | Covered 80% after deductible | Covered 100% | Not covered | Covered 100% |
| HUMAN ORGAN TRANSPLANTS* | | | | | |
| Such as: Liver, Heart, Lung, Pancreas, Heart-Lung, Kidney, Cornea, and Skin and Bone Marrow (subject to program guidelines) | Covered 100% | Covered 80% after deductible | Covered 100% | Not covered | Covered 100% |
| Transplant Benefits Maximum | \$1 million maximum per transplant* | | No maximum | Not covered | \$1 million maximum per transplant* |
| NCI CLINICAL TRIALS | | | | | |
| Stage II and III Breast Cancer, All Stages Ovarian Cancer | Covered 100%* | Not covered | Covered 100% | Not covered | Covered 100%* |
| MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT | | | | | |
| Inpatient Mental Health Care and Substance Abuse Care | In approved facilities; Covered 100% (inpatient mental health) Covered 50% (inpatient substance abuse) up to 30 days combined inpatient mental health and substance abuse care | In approved facilities; Covered 100% after deductible (inpatient mental health) Covered 50% (inpatient substance abuse) up to 30 days combined inpatient mental health and substance abuse care | Inpatient physician: 80% coverage Inpatient hospital: 80% coverage (30 days per calendar year) for mental health care. Intermediate care for substance abuse: 60% coverage | Not covered for inpatient mental health. Inpatient substance abuse: 80% of eligible expenses ⁽⁴⁾ after deductible (\$1,000 maximum per calendar year) | Covered 100% in approved facilities |

Health Plans Coverage Summary (Continued)

| Benefit | Community Blue | | Physicians Health Plan | | BCBSM Transition Plan ⁽³⁾ |
|---|--|--|---|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Mixed Medicare ONLY |
| Outpatient Mental Health Care | Covered 50% in approved facilities (in-and out-of-network services have an annual combined maximum of 25 visits) | Covered 50% in approved facilities after deductible (annual combined maximum of 25 visits for in- and out-of-network services) | Covered \$20 co-pay per visit (up to 20 visits per calendar year) | 80% of eligible expenses ⁽⁴⁾ after deductible (combined network and out-of-network benefits limited to 20 visits per calendar year) not subject to annual deductible | Covered 50% in approved facilities after deductible (up to 25 visits per year) |
| Outpatient Substance Abuse Care | Covered 50% in approved facilities up to the state-mandated dollar amount, which is adjusted annually | Covered 50% in approved facilities after deductible up to the state-mandated dollar amount which, is adjusted annually | Covered \$20 co-pay per visit (maximums apply) | 80% of eligible expenses ⁽⁴⁾ after deductible (maximums apply) | Covered up to the state-mandated dollar amount in approved facilities, which is adjusted annually |
| OTHER SERVICES | | | | | |
| Allergy Testing and Therapy | Covered 100% | Covered 80% after deductible | Co-pay: \$15 Injections covered 100% | 80% of eligible expenses ⁽⁴⁾ after deductible | Covered 80% of approved amount after deductible |
| Chiropractic Spinal Manipulation | Co-pay: \$15 In- and out-of-network services have an annual combined maximum of 24 visits | Covered 80% after deductible (in- and out-of-network services have an annual combined maximum of 24 visits) | Not covered | Not covered | Covered 80% of approved amount after deductible |
| Osteopathic Manipulation by a Physician (D.O.) | Co-pay: \$15 | Covered 80% after deductible in approved facilities | Co-pay: \$15 | Not covered | Covered 80% of approved amount after deductible |
| Outpatient Physical, Speech, and Occupational Therapy (subject to medical criteria) | Covered 100% (in- and out-of-network services have a annual combined maximum of 60 visits) | Covered 80% after deductible (in- and out-of-network services have an annual combined maximum of 60 visits) | Co-pay: \$15 60 visits per calendar year | 80% of eligible expenses ⁽⁴⁾ after deductible (60 combined visits per calendar year; prior authorization is not required) | Covered 100% |
| Durable Medical Equipment and Medical Supplies | Covered 100% ** of the approved amount | | Covered 80% | 80% of approved amount after deductible, prior authorization is required | Covered 80% of approved amount after deductible |
| Vision Exams | Not covered | Not covered | Covered \$15 co-pay | Not covered | Not covered |
| DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS | | | | | |
| Deductibles | None (all international services are considered in-network) | \$250 per member/\$500 per family per calendar year (all international services are considered in-network; services where no network exists are covered at the in-network level) | None | \$500 per person/\$1,000 family per calendar year | Basic Coverage: None Staff: \$100/person, \$200/family per calendar year as noted in chart. Faculty: \$150/person, \$300/family per calendar year as noted in chart |
| Fixed Co-pays | As noted in chart | As noted in chart | As noted in chart | Not applicable | None |

Health Plans Coverage Summary (Continued)

| Benefit | Community Blue | | Physicians Health Plan | | BCBSM Transition Plan ⁽³⁾ |
|----------------------------|---|---|--|----------------------------|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | Mixed Medicare ONLY |
| Percent Co-pays | 50% for outpatient mental health care, substance abuse care, and private duty nursing | 20% for general services and 50% for mental health, and substance abuse care and private duty nursing; services where no network exists are covered at the in-network level | As noted in chart | 20% | Basic Coverage: None 20% as noted in chart, 50% for mental health and private duty nursing |
| Dollar Maximums | \$5 million combined lifetime maximum per member for all in- and out-of-network covered services and as noted above for individual services | | Unlimited (transportation for member and family member for transplant surgery up to \$10,000 for travel and lodging) | \$250,000 lifetime maximum | \$5 million lifetime per member for all covered services as noted for individual services Outpatient substance abuse: state-mandated amount which is adjusted annually |
| PAYMENT OF BENEFITS | | | | | |
| | Community Blue PPO Network Hospitals: 100% of covered benefits | | PHP Network Hospitals: 100% of covered benefits; emergency services covered with \$100 co-pay | | Participating Hospitals: 100% of covered benefits |
| | Non-Network Hospitals: 80% of the BCBSM-approved amount unless emergency or referral care | | Non-Network Hospitals: 80% of eligible expenses ⁽⁴⁾ charges after deductible | | Non-participating Hospitals: \$70 per day for inpatient care in acute-care hospitals less deductible and/or co-pays; \$15 per day for inpatient care in other hospitals less deductible and/or co-pays |
| | Community Blue PPO Network Physicians: 100% of the BCBSM-approved amount | | PHP Network Physicians: 100% of covered benefits after co-pay | | Medical Surgical Care: 100% of BCBSM-approved amount less deductible and/or co-pays for cost-sharing services |
| | Non-Network Physicians: 80% of the BCBSM-approved amount unless emergency or referral care | | Non-Network Physicians: 80% of eligible expenses ⁽⁴⁾ charges after deductible | | 100% of BCBSM-approved amount after deductible and/or co-pays for cost-sharing services |

Footnotes:

1. Preventative services are covered up to \$250 per member per calendar year. American Cancer Society and U.S. Preventive Service Task Force guidelines are used.
 2. Mammograms, well-baby and child care, immunizations, flu shots, and IUD/administration of contraception injections are not included in the \$250 annual limit.
 3. BCBSM Transition Plan is available when there is a mix of Medicare and non-Medicare enrolled family members.
 4. Eligible expenses are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amount health care providers in a certain area usually charge for certain treatments/procedures, and can include a negotiable fee for that service.
- * Prior authorization required.
- ** You may be responsible for the difference between BCBSM's approved amount and the provider's charge when services are rendered by a non-participating provider.

The Health Plans Coverage Summary provided in this Source is not a contract. It is intended as an easy-to-read summary to help you compare the various MSU health plan offerings. It describes plan features in general terms and is not a full description of coverages.

Employee Monthly Health Plan Contributions (Pre-Tax through Payroll Deduction)

| PLAN | COVERAGE TIER | FULL-TIME FACULTY ⁽¹⁾ | FULL-TIME STAFF | 3/4 TIME (65% - 89.9%) FACULTY ⁽¹⁾ | 3/4 TIME (65% - 89.9%) STAFF | 1/2 TIME (50% - 64.9%) FACULTY ⁽¹⁾ | 1/2 TIME (50% - 64.9%) STAFF |
|--|---------------------------|----------------------------------|-----------------|---|------------------------------|---|------------------------------|
| Community Blue PPO with Caremark | Single | \$53.42 | \$11.60 | \$148.94 | \$107.12 | \$244.45 | \$202.63 |
| | 2 person | \$112.19 | \$24.37 | \$312.81 | \$224.99 | \$513.42 | \$425.60 |
| | Family | \$130.86 | \$28.39 | \$366.71 | \$264.24 | \$602.57 | \$500.10 |
| Physicians Health Plan (PHP) with Caremark | Single | \$41.82 | Paid by MSU | \$137.34 | \$95.52 | \$232.85 | \$191.03 |
| | 2 person | \$87.82 | Paid by MSU | \$288.44 | \$200.62 | \$489.05 | \$401.23 |
| | Family | \$102.47 | Paid by MSU | \$338.32 | \$235.85 | \$574.18 | \$471.71 |
| Blue Cross Blue Shield of Michigan Transition ² with Caremark | 2-person, 1 with Medicare | \$42.50 | Paid by MSU | \$126.06 | \$83.56 | \$209.61 | \$167.11 |
| | Family, 1 with Medicare | \$57.32 | Paid by MSU | \$129.82 | \$72.50 | \$245.82 | \$188.50 |
| | Family, 2 with Medicare | \$56.00 | Paid by MSU | \$172.02 | \$116.02 | \$322.07 | \$266.07 |

Employee Monthly Health Plan Contributions for Part-Time Employees When Hardship Guidelines are Met

| PLAN | COVERAGE TIER | 3/4 TIME (65% - 89.9%) FACULTY ⁽¹⁾ | 3/4 TIME (65%-89.9%) STAFF | 1/2 TIME (50% - 64.9%) FACULTY ⁽¹⁾ | 1/2 TIME (50% - 64.9%) STAFF |
|--|---------------------------|---|----------------------------|---|------------------------------|
| Community Blue PPO with Caremark | Single | \$53.42 | \$11.60 | \$53.42 | \$11.60 |
| | 2 person | \$207.09 | \$119.27 | \$442.95 | \$355.13 |
| | Family | \$366.71 | \$264.24 | \$602.57 | \$500.10 |
| Physicians Health Plan (PHP) with Caremark | Single | \$41.82 | Paid by MSU | \$41.82 | Paid by MSU |
| | 2 person | \$182.72 | \$94.90 | \$418.58 | \$330.76 |
| | Family | \$338.32 | \$235.85 | \$574.18 | \$471.71 |
| Blue Cross Blue Shield of Michigan Transition ² with Caremark | 2-person, 1 with Medicare | \$126.06 | \$83.56 | \$209.61 | \$167.11 |
| | Family, 1 with Medicare | \$129.82 | \$72.50 | \$245.82 | \$188.50 |
| | Family, 2 with Medicare | \$172.02 | \$116.02 | \$322.07 | \$266.07 |

Part-time employees hired prior to July 1, 1998, with single or two-person coverage, may request the monthly hardship contribution for the following reasons: A) If they do not have access to other health coverage through a spouse's group plan, or B) If they are not married or in an MSU-recognized same-sex domestic partnership and do not have access to other health care coverage from another employer as an active employee or retiree. Forms are available at www.hr.msu.edu/HRsite/Forms.

Employee Monthly Health Plan Rider Contributions

| PLAN | FAMILY CONTINUATION RIDER FACULTY | FAMILY CONTINUATION RIDER STAFF | SPONSORED DEPENDENT RIDER FACULTY | SPONSORED DEPENDENT RIDER STAFF | SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY | SPONSORED DEPENDENT RIDER WITH MEDICARE STAFF |
|--|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|---|---|
| Community Blue PPO with Caremark | \$171.47 | \$171.47 | \$506.00 | \$506.00 | Not Applicable | Not Applicable |
| Physicians Health Plan (PHP) with Caremark | \$169.92 | \$169.92 | \$432.34 | \$432.34 | \$428.50 | \$428.50 |
| Blue Cross Blue Shield of Michigan Transition ² with Caremark | \$104.54 | \$105.32 | \$337.74 | \$339.65 | \$364.84 | \$364.84 |

Footnotes: 1 - Refers to faculty, academic staff, and executive management (and includes 14% premium sharing when applicable).

2 - BCBSM Transition Plan is available when there is a mix of Medicare and non-Medicare enrolled family members.

Important Things to Note About Open Enrollment . . .

☑ Lowest Cost Plan. The lowest cost plan for faculty and staff for the 2006-2007 plan year will again be Physicians Health Plan (PHP).

Support staff who select a plan other than the lowest cost plan will pay the difference between the two plans on a pre-tax basis (see premium rates on page 10). *Faculty, Academic Staff and Executive Management* pay 14 percent of their premiums on a pre-tax basis. In addition, they also pay the difference between PHP and Community Blue PPO if they select the Community Blue PPO.

☑ Health Plan Waivers.

MSU continues to offer all regular, 50 percent time or more faculty, academic and support staff an option to waive health care coverage in exchange for a payment of *up to* \$600 per year.

Employees currently covered by another health plan that adequately meets their health care needs may want to consider waiving their MSU health coverage.

It is important to note that employees and spouses or MSU-recognized same-sex domestic partners who are both employed at MSU are not eligible for the waiver option.

More detailed information about applying for a waiver is available in a set of questions and answers available at www.hr.msu.edu. Log on to eHR and select the Benefits Enrollments and Information Link. Next, click on Benefits Enrollment/Changes and then click on the Contacts and FAQs link.

☑ Covering Spouses/Partners.

Please note that spouses or MSU-recognized same-sex domestic partners of MSU employees who have access to coverage through their own employers must purchase the

coverage their own employer offers if the annual employee premium cost toward that coverage is \$700 or less.

☑ Prescription Coverage.

The prescription drug plan is still administered through Caremark and employees continue to be automatically enrolled for prescription drug coverage in Caremark regardless of the health plan they select (Community Blue PPO, Physicians Health Plan or BCBS Transition Plan.)

The table on page three shows co-pay rates for various types of prescription drugs. Please note that a fourth tier of coverage has been added for bio-tech drugs.

Complete information detailing prescription drug coverage under Caremark is available on the Benefits section of the MSU HR Web site at www.hr.msu.edu.

☑ Covering Dependents.

Coverage for dependents ceases at the end of the calendar year they turn age 23. Employees may purchase continued coverage for these dependents through a plan rider or COBRA in accordance with applicable eligibility criteria by contacting MSU Human Resources Benefits. See rider premium rates on the chart on page 10.

☑ Ending Coverage. Health, dental and prescription plan coverage will cease at the end of the month in which a leave of absence, layoff or employment termination is effective (for reasons other than official retirement).

☑ Increasing Your Life Insurance. During open enrollment, employees who are currently enrolled in Employee-Paid Life Insurance may add the dependent option or increase their life insurance coverage one plan higher without filing an

Evidence of Insurability Form (E of I Form.)

Requests to increase more than one level or to change from the fixed benefit option to the salary indexed option will require enrollment on the Web and an E of I form.

Non-enrolled employees who are 60 days or more past their appointment date can enroll for Employee-Paid Life Insurance, but will need to prove insurability by completing the E of I form (which can be found on the forms section of the MSU HR Web site).


Log on to eHR, and select the Benefits Enrollments and Information Link and then click on Benefits Enrollment/Changes to enroll or change your life insurance enrollments.

☑ When Coverage Begins.

In the 2006-2007 plan year, insurance coverage for new *support staff* who enroll within 60 days of employment will become effective the first of the month following the date of hire. For *Faculty, Academic Staff and Executive Management* who enroll within 60 days of employment, coverage is immediately available upon hire. If enrollment occurs within the first 60 days of employment, coverage will be retroactive to the date of hire.

☑ Need More Information?

Brochures about all MSU benefits plans and options are available on the Web at www.hr.msu.edu. You can also refer questions via e-mail to benefitsinfo@hr.msu.edu or call the MSU Benefits Service Center at 517-353-4434 or 1-800-353-4434.

Paper brochures on plans are available from the MSU HR Benefits office in room 140 of the Nisbet Building. 

Michigan State University Human Resources Health Plans NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duty

We (Michigan State University and the administrator(s) or insurer(s) of your health benefit plan(s)) are required by applicable federal and state laws to maintain the privacy of your protected health information. This notice describes the protected health information MSU collects, how that information is used, and when and to whom it may be disclosed.

Protected health information is current, past or future information created or received by MSU as part of maintaining the health benefit plans. It relates to the physical or mental condition of a person covered by a health benefit plan, the provision of health care to that person, or payment for the provision of health care to that person. Protected health information generally does not include information that is publicly available or information available in a summarized or group manner. For example, we collect protected health information from you such as name, address, telephone number, social security number, date of birth and related information as part of the enrollment process. The organizations that administer the health benefit plans for MSU – commercial health benefit plans, pharmacy benefits managers, and others – may also collect and exchange additional information such as medical diagnosis and treatment information, but MSU's Human Resources Benefits Office generally does not request copies of such information without your authorization. Protected health information does not include individually identifiable health information contained in education records covered by the Family Educational Rights and Privacy Act, records described in 20 U.S.C. 1232g(a)(4)(B)(iv) and employment records held by MSU.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Michigan State University Health Plans

This notice applies to the privacy practices of the group health plans and health insurers or HMOs contracted with or maintained by MSU.

Our Uses and Disclosures of Your Protected Health Information

We use and disclose protected health information about you as follows:

Treatment: We may disclose your protected health information to a health care provider who asks us for it to assist in your treatment. If you are an unemancipated minor, we may disclose your protected health information to your parent, guardian, or other person acting in loco parentis as permitted or required by law.

Payment: We may use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to disclose whether or not an individual is participating in the group health plan, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your protected health information to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers, to engage in care coordination or case management, or to manage our business. Summary or aggregate information about the enrollees

NOTICE OF PRIVACY PRACTICES (Continued)

in your group health plan is also used to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan and make other decisions related to providing health benefits to the MSU community. The summary or aggregate information may summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan.

We may also contact you or have the administrator of your health benefit plan contact you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

You and Your Authorization: We must disclose your protected health information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Your Family and Friends: We may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your protected health information that is directly relevant to their involvement. We may use or disclose your name, location and general condition or death to notify, or help with notification, of a family member, your personal representative, or other persons involved in your care about your situation. If you are present, we will give you the opportunity to object before we disclose your protected health information to these persons. If you are incapacitated or in an emergency, we may disclose your protected health information to these persons if we determine that the disclosure is in your best interest.

Underwriting: We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your protected health information will only be as described in this notice.

Although occurring less frequently than the instances above, the law allows MSU to do the following:

Marketing: We may use your protected health information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Disaster Relief: We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

Death, Organ Donation: We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Research: We may use or disclose your protected health information for research purposes, in accordance with certain safeguards.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.

Law Enforcement: Under circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials. We may disclose limited protected health information to a law

NOTICE OF PRIVACY PRACTICES (Continued)

enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the protected health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Rights

Access: You have the right to review or obtain copies of your protected health information in our possession, with limited exceptions. MSU generally maintains only your eligibility information. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates, disclosed your protected health information for purposes other than for treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Minimizing Disclosures: You have the right to have any disclosures of protected health information or any requests for health information from any health clearinghouse, health care provider, or other health plan, be made using reasonable efforts to limit the use, disclosure, or request. This right is inapplicable, however, as applied to disclosures to a health provider for your treatment, to you, disclosures or requests made pursuant to your authorization, disclosures made, as required, to the Secretary of Health and Human Services, or to disclosures which are required by law.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on your behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for healthcare that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this

NOTICE OF PRIVACY PRACTICES (Continued)

notice in paper form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Contact Person: Director of Benefits
Contact Office: Michigan State University
Address: 1407 South Harrison Road, Suite 140 Nisbet Building, East Lansing, MI 48823-5287
Telephone: 517-353-4434
Fax: 517-353-1869

Student Insurance Profile (Continued)

“We act as advocates for students,” Ann Eure, administrative assistant, said. “If a student has a problem understanding or using their coverage, I consider it my own problem and I’ll work with the student and Chickering until the issue is resolved. It’s important students know they can count on us when they need help with their insurance.”

Chickering is the plan administrator for the University’s student health insurance.

Currently about 7,000 students are enrolled in the program.

Students who have questions about their insurance often will go to faculty and staff in their own departments for guidance.

“It is very important that all MSU faculty and staff members are aware of the right place to send students seeking help with the MSU student insurance options,”

said Renee Rivard, director of Benefits.

Students with last names that start with the letters A through K can contact Ann Eure for assistance at 517-884-0144.

Students with last names beginning with letters L through Z should contact Havilah Cunningham at 517-884-0170.

“Insurance issues can be confusing, intimidating and frustrating for some students,” said Havilah Cunningham, administrative assistant. “I really enjoy interacting with and helping students. It’s very rewarding to see them walk away satisfied because we were able to answer their questions and help resolve their concerns.”

Though purchasing insurance coverage through MSU is an option for all students, certain groups of students, including international students and medical school




Ann Eure



Havilah Cunningham

students, are required to enroll for coverage through the Chickering plan or provide proof that they already have suitable coverage through another source.

Additional information describing student insurance options at MSU can be found on the MSU Human Resources Web site at: www.br.msu.edu. Click on the Benefits link and then look under the Student Information heading. 

Pamela S. Beemer
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Suggestions are Welcome!

Contributors:

Special thanks to the following individuals for their assistance and contributions to *Source*.

Karen Bauman, Tom Block, Havilah Cunningham, Patrick Cusick, Ann Eure, Guy Eckinger, Chris Hanna, Dawn Hecker, Kris Hynes, Lauren Marinez, Diane Mayers, Jim Nash, Becky Proctor, Renee Rivard, Steve Rummel, Harley Seeley, Nick Smith, Corie Snelberger, Scott Sowulewski, Jan Underwood, Jamin Villarreal, Shelley Wells.

Visit us online at:


www.hr.msu.edu

Seeking Nominations for 2006 CT Award

Is there an outstanding CT in your unit who deserves special recognition for his or her skills, abilities and dedication to excellence? Nominate that special person for the 2006 Clerical Technical Recognition Award! The winner will be profiled in *Source* and will receive the award at a special recognition reception. The winner also will receive a monetary award of \$1,000 in recognition of their outstanding service. Criteria for the award include:

- Respect of their peers and continuous diligence in attending to their daily responsibilities;
- Concern for students, faculty, staff, and colleagues in their respective units, particularly (but not limited to) those assisting overseas U.S. students and faculty, international students, international faculty, etc.;
- Extraordinary and significant contributions to the community or public service;
- Innovative thinking in facilitating unit tasks and responsibilities;

You don't have to be an individual's supervisor to submit a nomination. Individuals may be nominated by any member of the university community. To nominate an individual you will need to complete a nomination form and collect a minimum of two support letters (maximum of five) by MSU colleagues. You may include additional information if it supports the applicant's nomination. You can find nomination forms under the HR News section of the MSU Human Resources Web site at www.hr.msu.edu.

Submit the nomination form and attachments by 5 p.m., May 19, 2006 to: CT Recognition Award Selection Committee, Room 120 Nisbet Building. Questions? Contact Karen Bauman at 517-884-0110 or karenb@hr.msu.edu. 

MSU Human Resources
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