

# MSU Benefits Open Enrollment is April 19 – May 10, 2010

The annual MSU Benefits Open Enrollment will be held from Monday, April 19 through Monday, May 10, 2010. This is the time of year when eligible MSU employees can re-evaluate their benefits needs and make changes to benefits selections. There will be three Benefits Fairs where faculty and staff can learn about benefits options and ask questions of benefits vendors and Human Resources staff. See information regarding fairs in the left column.

This Open Enrollment guide contains information about the benefits options available for eligible employees in the 2010-2011 plan year. If you have questions about Open Enrollment that aren't addressed in this publication, e-mail your questions to [benefitsinfo@hr.msu.edu](mailto:benefitsinfo@hr.msu.edu) or call 517-353-4434. For long-distance, call toll-free 1-800-353-4434.

## Benefits Fair Dates

**April 27, 2010**

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

**April 28, 2010**

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

**April 29, 2010**

Nisbet Building  
First Floor  
9 a.m. to 4 p.m.

## “Affidavit Only” Option Available Again This Year

Once again, employees who cover spouses on their health plan that do not work at MSU will be able to directly fill out their affidavit without going through the entire open enrollment process.

When you begin the open enrollment process, you will see a menu of options – and one of those choices will allow you to go directly to the affidavit and complete it without going through the entire open enrollment process! This will be a good option for you to select if you don't want to make any changes to your health plan or other benefits but still want to continue covering your spouse. The affidavit **MUST** be completed each year in order to continue coverage for spouses that do not work at MSU.

As in previous years, if you do not want to make any changes to your benefits selections AND you do not cover a spouse on your benefits plans – you do not need to complete the open enrollment process.

## At a Glance: What's New or Changing in the 2010-2011 Benefits Plan Year

This year, it will be particularly important that you read this Open Enrollment Guide thoroughly to make sure you are educated enough about your plan options to make the best enrollment decisions for you and your family. In brief, here are some of the major changes this year:

**1. Blue Care Network (BCN) replaces PHP as the lowest cost plan. The article on page 5 provides additional information, but a few important points to know about this transition and the new plan include:**

- PHP enrollees who don't participate in Open Enrollment will automatically be transferred to BCN.

**This article is continued on page 2**

# 2010



# Open Enrollment Guide



## Online Open Enrollment Steps

1. Go to [www.hr.msu.edu](http://www.hr.msu.edu) on the Web
2. Click on the “eHR Login” link
3. Enter your MSU NetID and Password
4. Click on “Benefits Enrollments & Information”
5. Select the appropriate link that applies to your needs.



## Changes at a Glance (continued from page 1)

- BCN requires enrollees to designate a primary care physician in mid-June from physicians who are in the BCN network. (Your current physician may or may not participate – it is wise to find out by visiting the BCN Web site at [www.MiBCN.com](http://www.MiBCN.com).)
  - If you do not designate a primary care physician to manage your care, BCN will assign you to a primary care physician. (You can change this selection to other physicians in the network who are accepting new patients.)
  - Pre-authorizations are required for some services.
  - The BCN plan comes with an in-network deductible requirement for all enrollees. Find out more about what deductibles are and how they work on page 4.
- 2. Community Blue PPO remains an option with the following changes:**
- Rates are different. These change each year, so please be sure to look at rates before making your selection.
  - Faculty/Academic Staff will have an in-network deductible requirement for this plan. Find out more about what deductibles are and how they work on page 4.
- 3. Emergency room co-pays** across all plan options will increase to \$250. As in the past, this may be waived upon hospital admission or the presence of appropriate signs and symptoms.
- 4. A Mental Health Parity law** will lead to increased access to mental health care at lower costs across both plans. (Learn more about this on page 17.)
- 5. Long-Term Care insurance plan** (self-paid) eligibility will be expanded to additional employee groups and retirees. Newly eligible employee groups are guaranteed acceptance during this open enrollment period only. (Learn more on page 14).
- 6. Academic Year (AY) pay modifications** will change the way premium deductions are taken from the paychecks of some faculty and academic staff who work less than 12-month appointments. (Learn more about this on pages 18-19.)
- 7. A change in timing of benefits deductions** will result in no deductions for some health benefits in June. (Learn more about this on page 20.)
- 8. Other Eligible Individual (OEI)** coverage is extended to additional support staff groups. Those currently covered are now eligible to enroll in life insurance and AD&D insurance. Learn more on page 6.

We hope you find this guide helpful in understanding all the new and recurring health care options available to you for the 2010-2011 plan year.

If you have questions after reviewing this guide, please contact MSU Human Resources Benefits at [benefitsinfo@hr.msu.edu](mailto:benefitsinfo@hr.msu.edu), 517-353-4434 or 800-353-4434.

## Open Enrollment Notes

### Should You Participate?

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 19 and May 10, 2010:

- You currently cover a spouse under your health benefits (who is NOT an MSU employee or retiree) and you want to continue to cover your spouse during the 2010-11 benefits year. (Or, see “affidavit only” option on page 1 as an alternative to Open Enrollment participation.)
- 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 are currently enrolled in PHP and don’t want to be automatically transferred to BCN.
- You want to switch health or dental plans for yourself and/or your eligible dependents.
- You want to enroll or change life insurance and/or accidental death & dismemberment options for yourself and/or your eligible dependents.

### BCN is Lowest Cost Plan in 2010-11

The lowest cost plan for faculty and staff for the 2010-11 plan year will be Blue Care Network (BCN). **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 13). **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 BCN and Community Blue PPO if they select the Community Blue PPO.

### Premium Threshold for Spousal Coverage Remains \$850

Please note that spouses of MSU employees who have access to coverage through their own employers must purchase the coverage their own employers offer if the annual employee premium cost toward single-person coverage is \$850 or less. This is the same as during the 2009-10 plan year.



## Traveling with BCN: Use BlueCard

Blue Care Network enrollees and their covered dependents will still be able to access care, even when traveling, working or going to school outside of the BCN network area.

BCN coverage includes BlueCard, a program of the Blue Cross and Blue Shield Association that allows access to Blue Plan physicians and hospitals nationwide.

You can locate BlueCard providers by using the BlueCard Doctor and Hospital Finder at [www.bcbs.com](http://www.bcbs.com) or by calling 800-810-2583.

Once you select a doctor, simply make an appointment with him or her and present your BCN Service Company ID card. You will pay your usual co-payments, and BlueCard will take care of processing any claims so you won’t have unexpected costs or paperwork. When traveling outside the United States, you may be required to pay for services and then file a reimbursement claim.



## About MSU NetIDs

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

# Questions and Answers about Deductibles

## **Q: What is a deductible?**

**A:** A deductible is a set dollar amount that enrollees must pay out-of-pocket toward certain health care services before insurance starts to pay.

## **Q: Which of the MSU health plans have deductible requirements and do those requirements vary by employee type?**

**A:** Under the BCN plan all enrollees (including faculty, academic staff, support staff and retirees) will have an in-network deductible for certain types of services. Under the Community Blue PPO, support staff do not have an in-network deductible, but executive managers, faculty and academic staff do have an in-network deductible. You can identify some services that require meeting a deductible under both plans by looking at the health plan comparison grids on pages 8 through 12.

## **Q: What is the dollar amount of the deductible for the MSU health plans?**

**A:** The BCN in-network deductible for the rest of the 2010 calendar year (July through December 2010) is \$50 per individual or \$100 per family. The BCN in-network deductible for the 2011 calendar year (January through December 2011) is \$100 per individual or \$200 per family. This deductible applies to all BCN enrollees.

The Community Blue PPO plan does not have an in-network deductible requirement for support staff. The faculty and academic staff in-network deductible for the rest of the 2010 calendar year (July through December 2010) is \$50 per individual or \$100 per family. The faculty and academic staff in-network deductible for the 2011 calendar year (January to December) is \$100 per individual or \$200 per family.

## **Q: Why are deductibles different between 2010 and 2011?**

**A:** Please note that deductibles are usually tracked on a calendar year basis (January to December) rather than a benefits plan year basis (July to June). Since deductible requirements become effective in July, enrollees will only have six months rather than a full calendar year to meet deductibles in 2010. For this reason, both plans have agreed to cut 2010 in-network deductible requirements by 50 percent since enrollees will only have half the year to meet the deductibles, and these in-network deductibles are new.

## **Q: What types of services are subject to deductible requirements and do co-pays count toward meeting deductibles?**

**A:** Deductibles only apply to certain types of services and care in the MSU plans. For many types of care, no deductibles apply. For example, in most cases, there are no deductible requirements for preventive services. These services are typically either 100 percent covered or are covered with a \$20 co-pay. Co-pays do not count toward meeting deductibles in most cases. For other types of services such as hospital care, diagnostic tests and x-rays, radiation therapy, hospice care, surgical services and other services, insurance begins paying only after deductibles for the year are met. For example, in the health plan comparison grids on pages 8 through 12, you will see some services identified as “covered 80% after deductible” or “covered 100% after deductible.” This means that the enrollee pays for the care until the deductible is met and then insurance will cover the remaining amount or a certain percentage of the remaining amount.

## Blue Care Network (BCN) Replaces PHP as Plan Option

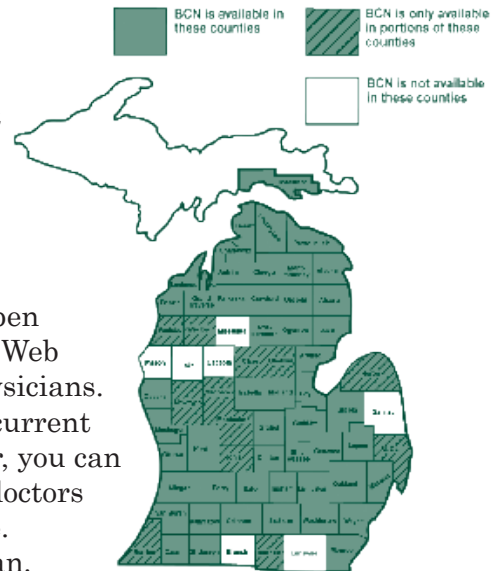
Blue Care Network is a new plan option available to faculty, staff and retirees for the 2010-2011 plan year. The BCN plan features a wider provider network than former lowest cost plan options, meaning better access to in-network coverage for MSU employees who work throughout Michigan. (See coverage map at right.)

The BCN plan is an HMO, meaning that enrollees will select and work closely with a primary care physician to manage care. Some services will require pre-authorizations, as noted in the health plans coverage summary on pages 8 to 12.

If you enroll in BCN, you will be able to designate a primary care physician in mid-June. You will receive a packet after open enrollment with more information from BCN. Visit the BCN Web site at [www.MiBCN.com](http://www.MiBCN.com) to find a searchable directory of physicians. You can use the "Find a Doctor" directory to search for your current physician and find out if he or she participates with BCN. Or, you can use the directory to locate a new physician by searching for doctors by zip code, county or number of miles from the area you live. You can choose an MD or a DO as your primary care physician.

Family members can have different primary care physicians with different backgrounds (e.g. internal medicine, pediatrics, family medicine, etc.). The health plan grids on pages 8 to 12 provide more information about the specific services covered by the BCN plan. Additional information also is available on the HR Web site at [www.hr.msu.edu](http://www.hr.msu.edu).

BCN service area



## MSU to Host 24 BCN Information Sessions

Representatives of Blue Care Network (BCN) will present information about MSU's new BCN plan option and then answer questions at a number of information sessions, including:

### Tuesday, April 20, 2010

International Center, Spartan Room C

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

### Wednesday, April 21, 2010

MSU Federal Credit Union, Crescent Branch  
(formerly main branch)

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

### Wednesday, April 28, 2010

MSU Union, Parlor A

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

### Thursday, April 29, 2010

Nisbet Building, Room 10B

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

### Tuesday, May 4, 2010

International Center, Spartan Room C

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

### Thursday, May 6, 2010

MSU Federal Credit Union, Crescent Branch  
(formerly main branch)

- 9:30 a.m. to 10:30 a.m.
- 11 a.m. to Noon
- 12:30 p.m. to 1:30 p.m.
- 2:30 p.m. to 3:30 p.m.

All handouts and information from these sessions also will be made available during open enrollment on the MSU Human Resources Web site at [www.hr.msu.edu](http://www.hr.msu.edu).



## OEI Eligibility Extended to Support Staff and Expanded

This year during Open Enrollment, the Other Eligible Individual (OEI) program will become available to all benefits-eligible MSU support staff.

The program will continue to be available to all benefits-eligible executive managers, faculty and academic staff. And new this year, OEIs enrolled in the program will now also be eligible to enroll in life insurance and accidental death and dismemberment insurance (AD&D).

An MSU employee who does not already enroll a spouse for health, dental and/or life insurance benefits may enroll one (1) individual for health, dental and/or life insurance coverage as an OEI or “other eligible individual”, but only if ALL of the following eligibility criteria are met:

- The OEI currently resides in the same residence as the employee and has done so for the last 18 continuous months, other than as a tenant;
- The OEI is not a “dependent” of the employee as defined by the IRS; and
- The OEI is not eligible to inherit from the employee under the laws of intestate succession in the State of Michigan.

Children who are qualified and claimed as IRS-defined dependents by an employee’s OEI are also eligible for health and dental benefits if they are members of the employee’s household or a full-time student and they are unmarried and under the age of 19 (up to age 23 if an IRS-defined dependent).

Eligibility to continue coverage for an OEI ceases at the end of the month in which the above criteria are not met. Employees must immediately notify MSU Human Resources Benefits of a change in eligibility status.

The following individuals do **NOT** fall within the eligibility criteria for the OEI program:

- Spouses
- Children and their descendents (i.e., children, grandchildren)
- Parents
- Parents’ descendents (i.e., siblings, nieces, nephews)
- Grandparents and their descendents (i.e., aunts, uncles, cousins)
- Renters, boarders, tenants, etc.

A few other important points to remember about the OEI program:

- OEI benefits are taxable.
- Support staff who have covered same-sex domestic partners in the past need to be aware that there is no automatic transference of the Same-Sex Domestic Partnership Agreements into the OEI program. You must fill out an OEI form and meet OEI program criteria in order to enroll someone for benefits under the OEI program. This form is available at [www.hr.msu.edu/forms.htm](http://www.hr.msu.edu/forms.htm).

If you have questions about the OEI program, please e-mail [cusick@hr.msu.edu](mailto:cusick@hr.msu.edu) or call 517-884-0150.

### Mac User?

MSU is pleased to announce that MAC users are now able to complete Open Enrollment from their MAC computers. MSU Human Resources updated their online enrollment system last year.

## Dental Plan Summary of Benefits

DENTAL SERVICE	AETNA DMO	DELTA DENTAL
<b>DIAGNOSTIC AND PREVENTIVE</b>		
Exams	No co-pay	50% co-pay
Cleanings	No co-pay	50% co-pay
X-rays	No co-pay	50% co-pay
Fluoride	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	Not covered
Space maintainers	\$80 co-pay (fixed and removable)	50% co-pay (less than age 19)
<b>MINOR RESTORATIVE</b>		
Amalgam (silver) fillings	No co-pay	50% co-pay
Composite (resin) fillings (anterior teeth)	No co-pay	50% co-pay
<b>PROSTHETICS</b>		
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
<b>ORAL SURGERY</b>		
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
<b>ENDODONTICS</b>		
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
<b>PERIODONTICS</b>		
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
<b>ORTHODONTICS</b>		
Child (under age 19)	\$1,500 co-pay *	50% co-pay
Adult (age 19 or older)	\$1,500 co-pay *	Not covered
* includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.		
<b>DENTAL PLAN MAXIMUMS</b>		
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 coverages.		

### What's the Difference? DMO vs. Traditional Plans

In a Dental Maintenance Organization (DMO) like Aetna, 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. Though choice of providers is more limited, a DMO tends to cover a greater range of services at lower co-pays than traditional dental plans. You can contact Aetna toll-free at 1-877-238-6200.

Traditional plans, like the Delta Dental plan, typically allow enrollees greater freedom in selecting service providers but tend to have higher co-pays and a more restricted range of coverage than DMO plans. Delta offers hundreds of participating providers and allows enrollees to seek care from both participating and non-participating providers. (If you select a non-participating provider, the dentist will bill you the full amount, and you will submit receipts for reimbursement of a portion of the bill.) You can contact Delta Dental toll-free at 1-800-482-8915.

## Health Plans Coverage Summary

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan <sup>(3)</sup>
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
<b>PREVENTIVE SERVICES</b>					
Health Maintenance Exam	Covered 100% 1 per calendar year <sup>(1)</sup>	Not covered	Co-pay: \$20	Not covered	Not covered
Annual Gynecological Exam	Covered 100% 1 per calendar year <sup>(1)</sup>	Not covered	Co-pay: \$20	Not covered	Not covered
Pap Smear Screening (lab services only)	Covered 100% 1 per calendar year <sup>(1)</sup>	Not covered	Covered 100%	Not covered	Covered 100%
Mammography Screening	Covered 100% 1 from age 35 to 40 1 per calendar year age 40 and up <sup>(2)</sup>	Covered 80% after deductible	Covered 100%	Covered 80% of eligible expenses after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100%
Contraceptive Devices (IUD, Diaphragm, Norplant)	Co-pay: \$20 <sup>(2)</sup>	Covered 80% after deductible	Co-pay: \$20	Not covered	Not covered
Well-Baby and Child Care Exams	Covered 100% <sup>(2)</sup>	Not covered	Co-pay: \$20	Not covered	Not covered
Immunizations	Covered 100% Through age 18 <sup>(2)</sup>	Not covered	Covered 100%	Not covered	Not covered
Flu Shots	Covered 100% <sup>(2)</sup>	Not covered	Covered 100%	Covered 100%	Not covered
Fecal Occult Blood Screening	Covered 100% 1 per calendar year age 50 and up <sup>(1)</sup>	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year age 50 and up
Colonoscopy	Covered 100% <sup>(2)</sup>	Covered 80% after deductible	Covered 100%	Covered 80% of eligible expenses after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100%
Flexible Sigmoidoscopy Exam	Covered 100% 1 per calendar year age 50 and up <sup>(1)</sup>	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year age 50 and up
Prostate Exam	Covered 100% 1 per calendar year age 40 and up <sup>(1)</sup>	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year age 40 and up
Prostate Specific Antigen (PSA) Screen	Covered 100% 1 per calendar year age 40 and up <sup>(1)</sup>	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year age 40 and up

The Health Plans Coverage Summary provided in this document 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.

## Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan <sup>(3)</sup>
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
<b>PHYSICIAN OFFICE SERVICES (Medically Necessary)</b>					
Office Visits/ Consultations	Co-pay: \$20	Covered 80% after deductible	Co-pay: \$20	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 80% of approved amount after deductible
<b>EMERGENCY MEDICAL CARE</b>					
Hospital Emergency Room	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)
Emergency Room Physician's Services	Co-pay: \$20	Covered 80% after deductible	Covered 100%	Covered 100%	Covered 100%
Urgent Care Center	Co-pay: \$20	Covered 80% after deductible	Co-pay: \$20	Co-pay: \$20	Covered 80% after deductible
Ambulance Service	Covered 100% of the approved amount	Covered 100% of the approved amount	Covered 80% after deductible, ground and air	Covered 80% after deductible, ground and air	Covered 80% of approved amount after deductible
<b>DIAGNOSTIC SERVICES</b>					
Laboratory and Pathology Tests	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 100%	Covered 100%
Diagnostic Tests and X-Rays	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%
Radiation Therapy	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%
<b>MATERNITY SERVICES PROVIDED BY A PHYSICIAN</b>					
Pre-Natal and Post-Natal Care	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 80% of approved amount after deductible
Delivery and Nursery Care	Covered 100%	Covered 80% after deductible	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100%
<b>HOSPITAL CARE</b>					
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100% (unlimited days) Subject to contact lifetime maximum (\$5 million) Prior authorization may be required	Covered 80% after deductible  Prior authorization may be required	Covered 100% after deductible  Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup>  Prior authorization may be required	Covered 100% (unlimited days) Subject to contact lifetime maximum (\$5 million) Prior authorization may be required
Inpatient Consultations	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible <sup>(4)</sup>	Covered 100% Prior authorization may be required

## Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan <sup>(3)</sup>
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
Chemotherapy	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%
<b>SURGICAL SERVICES</b>					
Surgery and Related Surgical Services	Covered 100% Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% Prior authorization may be required
Voluntary Sterilization	Covered 100%	Covered 80% after deductible	Covered 100% after deductible	Not covered	Covered 100%
<b>HUMAN ORGAN TRANSPLANTS</b>					
Such as: Liver, Heart, Lung, Pancreas, Heart-Lung, Kidney, Cornea, and Skin and Bone Marrow (subject to program guidelines)	Covered 100% Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Not covered	Covered 100% Prior authorization may be required
<b>NCI CLINICAL TRIALS</b>					
Stage II and III Breast Cancer, Ovarian Cancer	Covered 100% Prior authorization may be required	Not covered Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Not covered	Covered 100%
<b>ALTERNATIVES TO HOSPITAL CARE</b>					
Skilled Nursing Care (must meet medical necessity guidelines for skilled care)	Covered 100% <sup>(4)</sup> in approved facilities (up to 120 days per calendar year) Prior authorization may be required		Covered 100% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization may be required	Covered 80% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization may be required	Covered 100% <sup>(4)</sup> in approved facilities (unlimited days) Prior authorization may be required
Hospice Care	Covered 100% <sup>(4)</sup> in approved facilities, limited to the lifetime dollar maximum, which is adjusted annually		Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% <sup>(4)</sup> in approved facilities, limited to the lifetime dollar maximum, which is adjusted annually
Home Health Care (medically necessary)	Covered 100% <sup>(4)</sup> in approved facilities (unlimited visits)		Covered 100% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year)	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) Prior authorization may be required	Covered 100% <sup>(4)</sup> in approved facilities
Individual Case Management	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%

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## Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan <sup>(3)</sup>
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
<b>MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (In approved facilities)</b>					
Inpatient Mental Health Care	Covered 100% Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100% Subject to Blue Cross review Prior authorization may be required
Inpatient Substance Abuse Care	Covered 100% Prior authorization may be required	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100% Subject to Blue Cross review Prior authorization may be required
Outpatient Mental Health Care	Covered 100%	Covered 80% after deductible	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100%
Outpatient Substance Abuse Care (up to the annually adjusted state-mandated dollar amount)	Covered 100%	Covered 100%	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 100%
<b>OTHER SERVICES</b>					
Allergy Testing and Therapy (includes allergy injections)	Covered 100%	Covered 80% after deductible	Covered 100% Office visit co-pay may apply to consultations	Covered 80% after deductible <sup>(4)</sup> Prior authorization may be required	Covered 80% of approved amount after deductible
Chiropractic Spinal Manipulation	Co-pay: \$20 (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% after deductible up to 20 visits for the first 90 consecutive days, then 2 visits per month
Outpatient Diabetes Management (certified providers)	Co-pay: \$20	Not covered	Co-pay: \$20	Not covered	Covered 100%
Osteopathic Manipulation by a Physician (D.O.)	Co-pay: \$20	Covered 80% after deductible in approved facilities	Co-pay: \$20	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 an 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: \$20 (combined in- and out-of-network benefits limited to 60 visits per calendar year) Prior authorization may be required	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 visits per calendar year) <sup>(4)</sup> Prior authorization may be required	Covered 100% Subject to Blue Cross review

## Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan <sup>(3)</sup>
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
Durable Medical Equipment (DME) and Medical Supplies	Covered 100% <sup>(4)</sup> of the approved amount		Covered 80%	Covered 80%	Covered 80% of approved amount after deductible
Private Duty Nursing	Covered 50%	Covered 50%	Not covered	Not covered	Covered 50% after deductible
Vision Exams	Not covered	Not covered	Not covered	Not covered	Not covered
<b>DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS</b>					
Deductibles	None for support staff  Faculty/Acad Staff: \$100 per member/\$200 per family per calendar year, effective 1/1/11 (\$50 per member/\$100 per family 7/1/10-12/31/10)	\$250 per member/\$500 per family per calendar year (services where no network exists are covered at the in-network level)	\$100 per member/\$200 per family per calendar year, effective 1/1/11 (\$50 per member/\$100 per family 7/1/10-12/31/10)	\$500 per person/\$1,000 family per calendar year	Basic coverage: None  \$200 per person/\$400 per family per calendar year as noted in chart
Fixed Dollar Co-pays	As noted in chart	As noted in chart	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	As noted in chart	As noted in chart
Dollar Maximums	\$5 million combined lifetime maximum per member for covered services and as noted above for individual services		Unlimited	Unlimited	\$5 million combined lifetime maximum per member for covered services and as noted above for individual services
Transplant Maximum	\$1 million maximum per transplant		No maximum	Not covered	\$1 million maximum per transplant

1. Preventive 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. Colonoscopies, mammograms, well-baby and child care exams, immunizations, flu shots, and IUD/administration of contraception injections are excluded from the \$250 annual limit.

3. BCBSM Transition Plan is available when there is a mix of Medicare (Part B) and non-Medicare enrolled family members.

4. You may be responsible for the difference between BCBSM's or BCN's approved amount and the provider's charge when services are rendered by a non-participating provider.

**Note:** From time to time we may need to update the information in this guide to ensure the clearest and most accurate information is always available. If updates occur, updated versions will be maintained on the HR Web site at [www.hr.msu.edu](http://www.hr.msu.edu).

# 2010 Benefits Open Enrollment

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

PLAN	COVERAGE TIER	FULL-TIME FACULTY <sup>(1)</sup>	FULL-TIME STAFF	3/4 TIME (65% - 89.9%) FACULTY <sup>(1)</sup>	3/4 TIME (65% - 89.9%) STAFF	1/2 TIME (50% - 64.9%) FACULTY <sup>(1)</sup>	1/2 TIME (50% - 64.9%) STAFF
Community Blue PPO with CVS/Caremark	Single	\$90.30	\$55.50	\$197.65	\$162.85	\$305.00	\$270.20
	2 person	\$189.61	\$116.53	\$415.08	\$342.00	\$640.53	\$567.45
	Family	\$221.17	\$135.90	\$485.93	\$400.66	\$750.69	\$665.42
Blue Care Network (BCN) with CVS/Caremark	Single	\$48.99	Paid by MSU	\$156.34	\$107.35	\$263.69	\$214.70
	2 person	\$102.88	Paid by MSU	\$328.35	\$225.47	\$553.80	\$450.92
	Family	\$120.03	Paid by MSU	\$384.79	\$264.76	\$649.55	\$529.52
Blue Cross Blue Shield of Michigan Transition <sup>2</sup> with CVS/Caremark	2 person, 1 with Medicare	\$49.67	Paid by MSU	\$129.36	\$79.69	\$209.04	\$159.37
	Family, 1 with Medicare	\$66.77	Paid by MSU	\$135.91	\$69.14	\$253.31	\$186.54
	Family, 2 with Medicare	\$65.27	Paid by MSU	\$175.92	\$110.65	\$324.08	\$258.81

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

PLAN	COVERAGE TIER	3/4 TIME (65% - 89.9%) FACULTY <sup>(1)</sup>	3/4 TIME (65%-89.9%) STAFF	1/2 TIME (50% - 64.9%) FACULTY <sup>(1)</sup>	1/2 TIME (50% - 64.9%) STAFF
Community Blue PPO with CVS/Caremark	Single	\$90.30	\$55.50	\$90.30	\$55.50
	2 person	\$297.18	\$224.10	\$561.94	\$488.86
Blue Care Network (BCN) with CVS/Caremark	Single	\$48.99	Paid by MSU	\$48.99	Paid by MSU
	2 person	\$210.45	\$107.57	\$475.21	\$372.33
Blue Cross Blue Shield of Michigan Transition <sup>2</sup> with CVS/Caremark	2 person, 1 with Medicare	\$129.36	\$79.69	\$209.04	\$159.37

*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 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/forms.htm](http://www.hr.msu.edu/forms.htm).*

## Employee Monthly Health Plan Rider Contributions

PLAN	FAMILY CONTINUATION RIDER FACULTY <sup>(1)</sup>	FAMILY CONTINUATION RIDER STAFF	SPONSORED DEPENDENT RIDER FACULTY <sup>(1)</sup>	SPONSORED DEPENDENT RIDER STAFF	SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY <sup>(1)</sup>	SPONSORED DEPENDENT RIDER WITH MEDICARE STAFF
Community Blue PPO with CVS/Caremark	\$235.36	\$242.45	\$564.86	\$581.88	Not Applicable	Not Applicable
Blue Care Network (BCN) with CVS/Caremark	\$214.70	\$214.70	\$515.28	\$515.28	\$517.06	\$517.06
Blue Cross Blue Shield of Michigan Transition <sup>2</sup> with CVS/Caremark	\$217.13	\$217.13	\$521.10	\$521.10	\$421.04	\$421.04

**Footnotes:** 1 - Refers to faculty, academic staff, and executive management (and includes 14% premium sharing when applicable). Faculty and academic staff with 9-month academic year (AY) appointments should see page 19 for their contributions charts.  
2 - BCBSM Transition Plan is available when there is a mix of Medicare (Part B) and non-Medicare enrolled family members.

## Life Insurance and Accidental Death and Dismemberment (AD&D) Information

Prudential is the plan administrator for both the optional employee-paid life insurance and optional employee-paid accidental death and dismemberment (AD&D) insurance.

Both employee-paid life insurance and AD&D insurance are offered for all regular full-time and part-time (50% or more) faculty, academic staff and support staff, as well as for spouses and dependents.

**Life.** Optional employee-paid life insurance is offered at 1 to 8 times your base annual earnings for employees. There are various levels of coverage for spouses and children.

Employees must provide evidence of insurability when enrolling or increasing their optional employ-

ee-paid life insurance coverage for themselves or their spouses. Evidence of insurability is not required for children.

**AD&D.** You can enroll for AD&D coverage at 1 to 8 times your base annual earnings. Benefit levels vary by type of insurance selected (individual or family) and the extent of injury. Evidence of insurability is not required.

The tables on page 15 contain coverage levels and rates for optional employee-paid life insurance and optional employee-paid AD&D.

If you have any questions, contact MSU Benefits at 517-353-4434, toll-free at 800-353-4434, or by e-mail at [benefitsinfo@hr.msu.edu](mailto:benefitsinfo@hr.msu.edu).

## Online Open Enrollment Steps

1. Go to [www.hr.msu.edu](http://www.hr.msu.edu) on the Web
2. Click on the “eHR Login” link
3. Enter your MSU NetID and Password
4. Click on “Benefits Enrollments & Information”
5. Select the appropriate link that applies to your needs.

## Long-Term Care Insurance Eligibility Extended to New Groups

MSU currently provides executive managers, faculty, academic staff and administrative professional supervisors with options for employee-paid long-term care (LTC) insurance through John Hancock.

This year, the eligibility to participate in LTC open enrollment is being extended to all other (non-APSA) support staff and retirees.

This open enrollment period is separate from MSU’s benefits open enrollment and will run from May 24 to June 18. John Hancock will mail open enrollment packages directly to newly eligible support staff.

Groups that were eligible to enroll in the past, including executive managers, faculty, academic

staff and administrative professional supervisors, will now need to provide evidence of insurability in order to enroll or increase the level of coverage.

Employees becoming eligible for the first time this plan year will be guaranteed acceptance without providing evidence of insurability. Spouses and other family members do not get guaranteed acceptance and will require evidence of insurability.

Newly eligible employees will be required to provide evidence of insurability in future years to enroll or increase coverage. For more information about the plan, visit <http://msu.jhancock.com>. (username: msu; password: mybenefit)

# 2010 Benefits Open Enrollment

## Optional Employee-Paid Life Insurance Coverage Levels

PLAN	(1) COVERAGE LEVELS FOR EMPLOYEE	COVERAGE LEVELS FOR SPOUSE	COVERAGE LEVELS FOR CHILDREN
Optional Employee Paid Life Insurance	1 x Base Annual Earnings	\$10,000	\$5,000
	2 x Base Annual Earnings	\$25,000	\$10,000
	3 x Base Annual Earnings	\$50,000	\$15,000
	4 x Base Annual Earnings	\$75,000	\$20,000
	5 x Base Annual Earnings	\$100,000	\$25,000
	6 x Base Annual Earnings	\$125,000	
	7 x Base Annual Earnings	\$150,000	
	8 x Base Annual Earnings	\$175,000	
	Maximum Benefit: \$2,000,000	\$200,000	

## Optional Employee-Paid Life Insurance Monthly Rates

(2) EMPLOYEE RATES PER \$1,000 OF COVERAGE BY AGE	(3) SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
<25: \$0.031	<25: \$0.050	\$0.095 per \$1,000 of coverage - age is not a factor in rates for children.  Premium covers all children (e.g. you don't have to multiply it by 4 to cover 4 children.)
25-29: \$0.037	25-29: \$0.060	
30-34: \$0.050	30-34: \$0.080	
35-39: \$0.057	35-39: \$0.090	
40-44: \$0.063	40-44: \$0.100	
45-49: \$0.094	45-49: \$0.150	
50-54: \$0.144	50-54: \$0.230	
55-59: \$0.270	55-59: \$0.430	
60-64: \$0.414	60-64: \$0.660	
65-69: \$0.796	65-69: \$1.270	
70+: \$1.291	70+: \$2.060	

## Optional Employee-Paid Accidental Death and Dismemberment Coverage and Rates

PLAN	COVERAGE LEVELS FOR EMPLOYEE ONLY	FAMILY COVERAGE LEVELS		
Accidental Death and Dismemberment (Optional Employee-Paid)	The benefit for employee-only coverage will be 100% of:	The benefit when spouses and no children are covered under family coverage will be 60% of:	The benefit when children but no spouse are covered under family coverage will be 20% per child of:	The benefit when spouse and children are covered under family coverage will be 50% for the spouse and 15% for each child of:
		1 x Employee's Base Annual Earnings 2 x Employee's Base Annual Earnings 3 x Employee's Base Annual Earnings 4 x Employee's Base Annual Earnings 5 x Employee's Base Annual Earnings 6 x Employee's Base Annual Earnings 7 x Employee's Base Annual Earnings 8 x Employee's Base Annual Earnings  Maximum Employee Benefit: \$1,000,000 Maximum Spouse Benefit \$600,000 Maximum Benefit per Child \$100,000		
Monthly Rate Per \$1,000 of Coverage	\$0.016 per \$1,000 of benefit coverage for employee-only coverage	\$0.026 per \$1,000 of benefit coverage for family coverage		

1. Evidence of insurability is required for enrolling or increasing your coverage for you or your spouse.
2. Academic Year (AY) faculty and academic staff on 9-month appointments can calculate their contributions by multiplying the rate by their age, then multiplying by 12 and dividing by 8.
3. Spouse rates are based on the age of the employee, NOT the age of the spouse.

### Note on Dependents:

1. In past years, optional employee-paid life insurance coverage for spouses and children were grouped into one coverage category: family. Prudential allows you to separately cover a spouse OR children.
2. If you are increasing levels for yourself or your spouse, evidence of insurability is required at any level of coverage.

## Additional Open Enrollment Information

**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 who are both employed at MSU are not eligible for the waiver option.

More detailed information about waivers is available in a set of questions and answers available at [www.hr.msu.edu/benefits](http://www.hr.msu.edu/benefits). Click on Health Care. Next, click on FAQ: Employee.

**Prescription Coverage.** The prescription drug plan is still administered through CVS/Caremark. Employees continue to be automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of the health plans (Community Blue PPO, Blue Care Network (BCN) or BCBS Transition Plan).

The table on page 17 shows co-pay rates for various types of prescription drugs.

Complete information detailing prescription drug coverage under CVS/Caremark is available in the Benefits section of the MSU HR Web site at [www.hr.msu.edu](http://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 in the chart on page 13.

**Health Care Reform.** The Benefits office is beginning to review and assess the effects of the “Patient Protection and Affordable Care Act” on our MSU benefits plans. We also are continuing to monitor the developments of the “Health Care and Education Reconciliation Act of 2010”. As soon as we are able to determine the full effects on our plans, we will be sure to communicate to all faculty, academic staff and support staff, as well as retirees.

**Need More Information?** Brochures about all MSU benefits plans and options are available on the Web at [www.hr.msu.edu](http://www.hr.msu.edu). You can also refer questions via e-mail to [benefitsinfo@hr.msu.edu](mailto: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.

**Look for Legal Notices.** You will soon receive a publication under separate cover that includes some important legal notices regarding health care privacy and other laws.

### Did You Know?

Health care absorbs more than 7.5 percent of MSU’s general fund dollars. MSU spends more than \$2.3 million every week on health care for faculty, staff and retirees.

# 2010 Benefits Open Enrollment

CVS/Caremark Prescription Plan Co-Pays			
#	Drug Tier	34-Day Supply Co-Pays	90-Day Supply Co-Pays*
1.	Generic Drug	\$10	\$20
2.	Formulary Brand Drug (when no generic prescribing program alternatives are available)	\$20	\$40
3.	Non-Formulary Brand Drug (when no generic prescribing program alternatives are available)	\$40	\$80
4.	Formulary Brand Drug or Non-Formulary Brand Drug when a direct generic equivalent is available but not selected.	\$10 PLUS 100% of the difference in cost between the brand drug and the direct generic equivalent.	\$20 PLUS 100% of the difference in cost between the brand drug and the direct generic equivalent.
5.	Formulary Brand Drug or Non-Formulary Brand Drug when a "same class" generic drug is available from the Generic Prescribing Program "Level II" drug list. (See <a href="http://www.hr.msu.edu/generics">www.hr.msu.edu/generics</a> for a more detailed description of Generic Prescribing Program Level II drugs.)	\$10 PLUS 100% of the difference in cost between the brand drug and the average cost of all the generics available in the same class of drugs.	\$20 PLUS 100% of the difference in cost between the brand drug and the average cost of all the generics available in the same class of drugs.
6.	Bio-Tech Drugs	\$50	\$100

\*90-day supply medications may be filled at MSU Pharmacies or through CVS/Caremark mail order.

If you have questions regarding which drugs are covered and at what co-pay, please contact CVS/Caremark at 1-800-565-7105.

For more detailed information about the Generic Prescribing Program, visit [www.hr.msu.edu/generics](http://www.hr.msu.edu/generics).

Please note that Caremark representatives will be available at the Benefits Fairs and can answer Generic Prescribing Program questions.

## New Mental Health Parity Law Takes Effect

This year a new mental health parity law takes effect that requires that mental health services (e.g. services for depression, substance abuse, mental illness, etc.) must be treated the same under health insurance plans as any other type of covered health or medical conditions.

This means that mental health services cannot be subject to a more limited number of visits or higher co-pays than other medical services covered under the plan.

These changes are intended to increase access to mental health services under insurance plans by ensuring that these types of services aren't treated any differently than services provided for any other covered medical condition. Changes related to this law have been integrated into the health plan options for the 2010-11 plan year and are reflected in the Health Plans Coverage Summary on pages 8-12.



## Pay Schedule Changes Impact Benefits Deductions for Those with 9-Month AY Appointments

Because of IRS regulatory changes, effective August 16, MSU is changing the pay schedule for academic year faculty and academic staff who have 9-month (AY) appointments. Instead of receiving 12 monthly paychecks throughout the year, they will receive 10 monthly checks over the duty period (August 16 through May 15). This change only affects those with 9-month appointments. Faculty and academic staff with 12-month appointments will still receive 12 monthly checks.

Though the timing of pay is changing for those with 9-month (AY) appointments, total annual salary will not be impacted.

Benefits coverage will remain in effect for enrollees for the full 12 months, August 16 – August 15. However, all the payroll deductions for benefits will now need to be taken out of the reduced number of monthly paychecks. This will result in higher monthly deductions since there are fewer checks to divide deductions among.

Health benefit deductions will be taken out of 8 of the 10 monthly

paychecks (September through April). Since August and May are partial pay (rather than work) months, no health deductions will be taken from those paychecks. However, retirement and Flexible Spending Account deductions will be taken out of all 10 paychecks (August through May).

It is important to note that these changes do not impact your actual benefits (which continue all year long, e.g., August 16 – August 15). The change only impacts when deductions are taken from your paychecks to pay the premiums for your benefits.

The contribution charts on page 19 show your monthly contributions for the 8 monthly paychecks in September through April.

More information can be found at [www.hr.msu.edu/aypayschedule](http://www.hr.msu.edu/aypayschedule).

If you have questions about how the AY pay schedule changes will impact your benefits that aren't answered by this article, please contact the Benefits office at [benefitsinfo@hr.msu.edu](mailto:benefitsinfo@hr.msu.edu) or via phone at 517-353-4434 or 1-800-353-4434.

### Online Open Enrollment Steps

1. Go to [www.hr.msu.edu](http://www.hr.msu.edu) on the Web
2. Click on the “eHR Login” link
3. Enter your MSU NetID and Password
4. Click on “Benefits Enrollments & Information”
5. Select the appropriate link that applies to your needs.

## New Deductible Added to Community Blue PPO for Executive Managers, Faculty and Academic Staff

A new in-network deductible has been added to the Community Blue PPO. This deductible applies to executive managers, faculty and academic staff.

The deductible for the rest of the 2010 calendar year (July through December 2010) will be \$50 per individual or \$100 per family. The deductible for the 2011 calendar year (January to December) is \$100 per individual or \$200 per family.

For additional information about what deductibles are and how they work in MSU's plan options, see the questions and answers on page 4.

# 2010 Benefits Open Enrollment

## Academic Year (AY) Faculty<sup>(1)</sup> Monthly Health Plan Contributions (Pre-Tax through Payroll Deduction)

PLAN	COVERAGE TIER	FULL-TIME FACULTY <sup>(2)</sup>	3/4 TIME (65% - 89.9%) FACULTY <sup>(2)</sup>	1/2 TIME (50% - 64.9%) FACULTY <sup>(2)</sup>
Community Blue PPO with CVS/Caremark	Single	\$135.46	\$296.48	\$457.51
	2 person	\$284.41	\$622.62	\$960.82
	Family	\$331.76	\$728.91	\$1126.05
Blue Care Network (BCN) with CVS/Caremark	Single	\$73.49	\$234.51	\$395.54
	2 person	\$154.32	\$492.52	\$830.72
	Family	\$180.05	\$577.20	\$974.34
Blue Cross Blue Shield of Michigan Transition <sup>3</sup> with CVS/Caremark	2 person, 1 with Medicare	\$74.51	\$194.05	\$313.58
	Family, 1 with Medicare	\$100.16	\$203.88	\$379.99
	Family, 2 with Medicare	\$97.91	\$263.89	\$486.15

## AY Faculty<sup>(1)</sup> Monthly Health Plan Contributions for Part-Time Employees When Hardship Guidelines are Met

PLAN	COVERAGE TIER	3/4 TIME (65% - 89.9%) FACULTY <sup>(2)</sup>	1/2 TIME (50% - 64.9%) FACULTY <sup>(2)</sup>
Community Blue PPO with CVS/Caremark	Single	\$135.46	\$135.46
	2 person	\$445.78	\$842.91
Blue Care Network (BCN) with CVS/Caremark	Single	\$73.49	\$73.49
	2 person	\$315.68	\$712.82
Blue Cross Blue Shield of Michigan Transition <sup>3</sup> with CVS/Caremark	2 person, 1 with Medicare	\$194.05	\$313.58

*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 and do not have access to other health care coverage from another employer as an active employee or retiree. Forms are available at: [www.br.msu.edu/forms.htm](http://www.br.msu.edu/forms.htm).*

## AY Faculty<sup>(1)</sup> Monthly Health Plan Rider Contributions

PLAN	FAMILY CONTINUATION RIDER FACULTY	SPONSORED DEPENDENT RIDER FACULTY	SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY
Community Blue PPO with CVS/Caremark	\$353.04	\$847.29	Not Applicable
Blue Care Network (BCN) with CVS/Caremark	\$322.05	\$772.92	\$775.59
Blue Cross Blue Shield of Michigan Transition <sup>3</sup> with CVS/Caremark	\$325.07	\$781.65	\$631.56

**Footnotes: 1 -** These charts are for faculty and academic staff on 9-month academic year (AY) appointments. The health plan contributions listed will be taken out of 8 of your 10 paychecks (September through April).

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

**3 -** BCBSM Transition Plan is available when there is a mix of Medicare (Part B) and non-Medicare enrolled family members.



## Notice Regarding June Health Deductions

Currently, monthly deductions from your paychecks to pay for health benefits are taken on a one-month advance basis. Example: under this system, your April health plan deductions actually pay for May's health benefits. In contrast, monthly deductions for some other benefits, such as life insurance, pay for the benefits in the same month as the deduction. (Example: April deductions pay for April life insurance benefits.)

Effective July 1, 2010, deductions for all types of benefits will be taken on a same-month basis. Example: July deductions will pay for benefits coverage in July. There will no longer be any "advance" deductions that are used to pay for benefits in the month after the deduction occurs.

This change is being made to simplify accounting procedures and to ensure benefits deduction practices will work with the new EBSP HR/Payroll systems that are under development.

Many employees will experience an additional advantage of this transition in June. Since all deductions will be taken on a same-month basis starting in July, there will not be a need to collect advance deductions in June. This means that health plan deductions will not be taken from June paychecks. Please note, however, that deductions that were already taken on a same month basis (such as retirement and Flexible Spending Account deductions) will still occur in June.