

Retiree Edition

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.

2010



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 retirees can re-evaluate their benefits needs and make changes to benefits selections. There will be three Benefits Fairs where employees and retirees 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 retirees in the 2010-11 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 or call 517-353-4434. For long-distance, call toll-free 1-800-353-4434.

Should You Participate?

If you are an MSU retiree 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.
- You are currently enrolled in PHP and don't want to be automatically transferred to BCN.
- You want to add an eligible dependent to your health or dental benefits (or you want to remove someone from your benefits).
- You want to switch health or dental plans for yourself and/or your eligible dependents.

Easy Open Enrollment Steps

To enroll using the enclosed forms:

- Fill out the enrollment change form
- Complete the affidavit (the yellow form)
- Return them to MSU HR Benefits by May 10 in the enclosed return envelope

To enroll on the Web:

1. Go to 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

Open Enrollment Guide

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 HMO plan. The articles on pages 3 and 4 provide 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.
- 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 calling BCN at 1-800-662-6667 or by visiting the BCN Web site at 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 includes an in-network deductible requirement for all enrollees. Find out more about what deductibles are and how they work on page 13.

2. Community Blue PPO remains an option for retirees not eligible for Medicare with the following changes:

- Rates are different. These change each year, so please be sure to look at rates before making your selection.
- There is a new in-network deductible requirement for pre-Medicare retirees (under age 65) who retired from faculty/academic staff or executive management roles. Find out more about what deductibles are and how they work on page 13.

3. The deductibles for Master Medical on the BCBSM Traditional and Transition plans have increased to \$200 per individual and \$400 per family.

4. 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.

5. A Mental Health Parity law will lead to increased access to mental health care at lower costs across all plans. (Learn more about this on page 12.)

6. Long-Term Care insurance plan (self-paid) eligibility will soon be expanded to retirees. There will be a separate open enrollment period. Plan administrator John Hancock will mail you additional information in the future.

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, 517-353-4434 or 1-800-353-4434.

Your Billing Options

Did you know that retirees can be billed monthly, quarterly, semi-annually or annually for their plan contributions? Indicate in writing on your bill if you want your billing frequency changed. If you have questions, contact MSU Human Resources Benefits at 517-353-4434 or 1-800-353-4434.



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 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 and want to complete Open Enrollment online, 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>.

Differences for Retirees Between PHP and BCN

Blue Care Network (BCN) is replacing PHP as an MSU health plan option. Though every effort has been made to minimize the changes that retirees who switch from PHP to BCN may experience as part of this transition, retirees should be aware of some differences between PHP and the new BCN plan. This list is not exhaustive, but is intended to identify the most significant differences between the two plans.

- An increase in office visit co-pays from \$15 to \$20.
- The addition of an in-network deductible of \$100 per person/\$200 per family.
- An increase in the Emergency Room co-pay from \$100 to \$250.
- Vision exams are not covered.
- Improved access to mental health services. (This is due to the impact of the Mental Health Parity law described on page 12.)

If you are currently enrolled in PHP and are considering enrolling in BCN, consider attending one of the 24 BCN information sessions listed on page 3. Or, direct your questions to MSU Human Resources Benefits at benefitsinfo@hr.msu.edu, 517-353-4434 or 1-800-353-4434.

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
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)
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
* includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.		
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 coverages.		

Dental Maintenance Organization or Traditional Dental Plan: What's the Difference?

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.

Faculty/Staff Directory Updates

Have you moved or relocated? If so, it is important that you take steps to update your address and phone information in the MSU Faculty and Staff Directory. To update your address and phone number, contact Karen Tindall at 517-355-4521 or e-mail her at tindall@msu.edu.

Monthly Retiree Contributions for 2010-11*

The chart below will help you determine which health plan options are available to you and the monthly rates that are associated with each plan. After determining which plans are available to you, the tables on the following pages can help you compare some basic information about the coverage offered by each plan.

Coverage Tier	BCBS Traditional	BCBS Transition	Blue Care Network (BCN)		Community Blue PPO	
			Faculty	Staff	Faculty	Staff
No Medicare (Part B)						
Retiree only (not on Medicare)	Not available	Not available	\$0	\$0	\$41.31	\$55.50
2 Person (with no Medicare)	Not available	Not available	\$0	\$0	\$86.73	\$116.53
Family (with no Medicare)	Not available	Not available	\$0	\$0	\$101.14	\$135.90
With Medicare (Part B)						
Retiree (with Medicare)	\$0	Not available	\$80.02	\$80.02	Not available	
2 Person (both with Medicare)	\$0	Not available	\$160.40	\$160.40	Not available	
Family (all with Medicare)	\$0	Not available	\$246.49	\$246.49	Not available	
Mixed - some with Medicare (Part B)						
2 Person Mixed (1 with Medicare)	Not available	\$0	\$231.97	\$231.97	Not available	
Family (1 with Medicare)	Not available	\$0	\$227.97	\$227.97	Not available	
Family (2 with Medicare)	Not available	\$0	\$113.34	\$113.34	Not available	

* Assumes full University contribution - prorated for part-time (see note below)



Note: If you need additional information about part-time retiree contribution requirements or rates for health plan riders for sponsored dependents or family continuation, visit the HR Web site at www.hr.msu.edu, e-mail benefitsinfo@hr.msu.edu, or call 517-353-4434 (toll-free at 1-800-353-4434).

An Important Note About Health Plans Coverage Summaries

The health plan summaries provided on the following pages are not a contract. The information is intended to be an easy-to-read summary to help you compare the various MSU health plan offerings. The summaries describe plan features in general terms and do not provide a full description of coverages or conditions of coverage. 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.

More detailed brochures and coverage summaries can be viewed on the MSU Human Resources Web site at www.hr.msu.edu or obtained through MSU Benefits. To request this information, call 1-800-353-4434 or send an e-mail to benefitsinfo@hr.msu.edu.

Health Plans Coverage Summary

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Blue Care Network In-Network	BCBS Community Blue In-Network
PREVENTIVE SERVICES				
Health Maintenance Exam	Not covered	Not covered	Co-pay: \$20	Covered - 100% 1 per calendar year ⁽¹⁾
Annual Gynecological Exam	Not covered	Not covered	Co-pay: \$20	Covered - 100% 1 per calendar year ⁽¹⁾
Pap Smear Screening (lab services only)	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% 1 per calendar year ⁽¹⁾
Mammography Screening	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% 1 from age 35-40, 1 per calendar year age 40 and up
Well-Baby and Child Care Exams	Not covered	Not covered	Co-pay: \$20	Covered - 100%
Immunizations	Not covered	Not covered	Covered - 100%	Covered - 100% through age 18
Flu Shots	Not covered	Not covered	Covered - 100%	Covered - 100%
Prostate Exam	Covered - 100% 1 per calendar year age 40 and up	Covered - 100% 1 per calendar year age 40 and up	Covered - 100%	Covered - 100% 1 per calendar year age 40 and up ⁽¹⁾
Fecal Occult Blood Screening	Covered - 100% 1 per calendar year age 50 and up	Covered - 100% 1 per calendar year age 50 and up	Covered - 100%	Covered - 100% 1 per calendar year age 50 and up ⁽¹⁾
Colonoscopy	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Flexible Sigmoidoscopy Exam	Covered - 100% 1 per calendar year age 50 and up	Covered - 100% 1 per calendar year age 50 and up	Covered - 100%	Covered - 100% 1 per calendar year age 50 and up ⁽¹⁾
Prostate Specific Antigen (PSA) Test	Covered - 100% 1 per calendar year age 40 and up	Covered - 100% 1 per calendar year age 40 and up	Covered - 100%	Covered - 100% 1 per calendar year age 40 and up ⁽¹⁾
PHYSICIAN OFFICE SERVICES (Medically Necessary)				
Office Visits/Consultations	Covered - under Master Medical - 80% after deductible	Covered - 80% after deductible	Co-pay: \$20	Co-pay: \$20
EMERGENCY MEDICAL CARE				
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)

Health Plans Coverage Summary (continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Blue Care Network In-Network	BCBS Community Blue In-Network
Emergency Room Physician's Services	Covered - 100%	Covered - 100%	Covered - 100%	Co-pay: \$20
Urgent Care Center	Covered - under Master Medical - 80% after deductible	Covered - 80% after deductible	Co-pay: \$20	Co-pay: \$20
Ambulance Service	Covered - under Master Medical - 80% after deductible	Covered - 80% after deductible	Covered - 80% after deductible, ground and air	Covered - 100% of the approved amount
DIAGNOSTIC SERVICES				
Laboratory and Pathology Tests	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Diagnostic Tests and X-Rays	Covered - 100%	Covered - 100%	Covered - 100% after deductible	Covered - 100%
Radiation Therapy	Covered - 100%	Covered - 100%	Covered - 100% after deductible	Covered - 100%
MATERNITY SERVICES PROVIDED BY A PHYSICIAN				
Pre-Natal and Post-Natal Care	Covered - under Master Medical - 80% after deductible	Covered - 80% after deductible	Covered - 100%	Covered - 100%
Delivery and Nursery Care	Covered - 100%	Covered - 100%	Covered - 100% after deductible Prior authorization may be required	Covered - 100%
HOSPITAL CARE				
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered - 100% up to 365 days, 60-day renewal, additional days under Master Medical at 100%, no deductible Prior authorization may be required	Covered - 100% (unlimited days) Subject to contract lifetime maximum (\$5 million) Prior authorization may be required	Covered - 100% after deductible Prior authorization may be required	Covered - 100% (unlimited days) Subject to contract lifetime maximum (\$5 million) Prior authorization may be required
Inpatient Consultation	Covered - 100% Prior authorization may be required	Covered - 100% Prior authorization may be required	Covered - 100% after deductible	Covered - 100%
Chemotherapy	Covered - 100%	Covered - 100%	Covered - 100% after deductible	Covered - 100%
ALTERNATIVES TO HOSPITAL CARE				
Skilled Nursing Care (must meet medical criteria)	Covered - 100% in approved facilities (up to 730 days for general medical conditions) Prior authorization may be required	Covered - 100% in approved facilities (unlimited days) Prior authorization may be required	Covered - 100% after deductible (combined in-network and out-of-network benefits limited to 100 days per calendar year) Prior authorization may be required	Covered - 100% in approved facilities (up to 120 days per calendar year) Prior authorization may be required
Hospice Care	Covered - 100%, in approved facilities, limited to the lifetime dollar maximum, which is adjusted periodically	Covered - 100%, limited to the lifetime dollar maximum, which is adjusted periodically	Covered - 100% after deductible Prior authorization may be required	Covered - 100%, in approved facilities, limited to the lifetime dollar maximum, which is adjusted periodically

Health Plans Coverage Summary (continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Blue Care Network In-Network	BCBS Community Blue In-Network
Home Health Care (medically necessary)	Covered - 100%	Covered - 100% In approved facilities	Covered - 100% after deductible (combined in-network and out-of-network benefits limited to 60 visits per calendar year)	Covered - 100% In approved facilities (unlimited visits)
SURGICAL SERVICES				
Surgery and Related Surgical Services	Covered 100% Prior authorization may be required	Covered 100% Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered 100% Prior authorization may be required
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (In approved facilities)				
Inpatient Mental Health Care	Covered - 100% Prior authorization may be required	Covered - 100% Subject to Blue Cross review Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered 100% Prior authorization may be required
Inpatient Substance Abuse Care	Covered - 100% Prior authorization may be required	Covered - 100% Subject to Blue Cross review Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Covered - 100% Prior authorization may be required
Outpatient Mental Health Care	Covered - 80% under Master Medical after deductible	Covered - 100%	Covered 100% after deductible 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 - 100%
OTHER SERVICES				
Allergy Testing and Therapy (includes allergy injections)	Covered under Master Medical 80% after deductible	Covered - 80% after deductible	Covered 100% Office visit co-pay may apply to consultations	Covered - 100%
Chiropractic Spinal Manipulation (must be medically necessary)	Covered under Master Medical - 80% after deductible, up to 20 visits for first 90 consecutive days, then 2 visits per month	Covered - 80% after deductible up to 20 visits for the first 90 consecutive days, then 2 visits per month	Not covered	Co-pay: \$20 (in-network and out-of-network services have an annual combined maximum of 24 visits)
Outpatient Diabetes Management Program (Certified Provider)	Covered - 100% Diabetic training	Covered - 100% Diabetic training	Co-pay: \$20	Co-pay: \$20
Outpatient Physical, Speech, and Occupational Therapy	Covered - 100% up to 60 consecutive days of treatment per condition, additional benefits under Master Medical at 80% after deductible	Covered - 100% Subject to Blue Cross review	Co-pay: \$20 (60 combined visits per calendar year) Prior authorization may be required	Covered - 100% (in- and out-of-network services have an annual combined maximum of 60 visits)

Health Plans Coverage Summary (continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Blue Care Network In-Network	BCBS Community Blue In-Network
Durable Medical Equipment (DME) and Medical Supplies	Covered under Master Medical - 80% after deductible	Covered - 80% after deductible	Covered - 80% Prior authorization may be required	Covered - 100%
Private Duty Nursing	Covered under Master Medical - 50% after deductible	Covered - 50% after deductible	Not covered	Covered - 50%
Vision Exams	Not covered	Not covered	Not covered	Not covered
FOREIGN TRAVEL				
Hospital Services	Covered - 100%	Covered - 100%	Covered - up to the group's level of benefits, subject to applicable co-pays if approved emergency	Covered - up to the group's level of benefits, subject to applicable co-pays
Physician Services	Basic services covered at 100%. Master Medical deductible and co-pay may apply to some physician outpatient services	Covered - 100%	Covered - up to the group's level of benefits, subject to applicable co-pays if approved emergency	Covered - up to the group's level of benefits, subject to applicable co-pays
DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS				
Deductibles	Basic coverage - none Master Medical: \$200 per member/\$400 family	Basic coverage - none Master Medical: \$200 per member/\$400 family	\$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)	None for support staff retirees \$100 per member/\$200 per family per calendar year for pre-65 faculty and academic staff retirees effective 1/1/11 (\$50 per member/\$100 per family 7/1/10-12/31/10)
Fixed Dollar Co-pays	As noted in chart	As noted in chart	As noted in chart	As noted in chart
Percent Co-pays	General services: none Master Medical: 20% as noted, 50% on private duty nursing, except where otherwise indicated	General services: none 20% as noted, 50% on private duty nursing, except where otherwise indicated	As noted in chart	As noted in chart 50% for private duty nursing
Co-pay Maximum	Basic coverage: none Master Medical: \$1,000 contract per calendar year	Basic coverage: none Cost sharing services: \$1,000 per contract per calendar year	\$3,000 per member/\$6,000 per family per calendar year for out-of-network services	As noted in chart
Dollar Maximums	Basic coverage: none except as noted above Master Medical: \$1 million dollar lifetime	\$5 million lifetime combined maximum per member for all covered services	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	\$1 million maximum per transplant	No maximum	\$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.

Prescription Coverage Information

The prescription drug plan is still administered through CVS/Caremark. Retirees 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), BCBS Transition Plan and BCBS Traditional Plan).

The table below 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.

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 www.hr.msu.edu/generics 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 .			
Please note that Caremark representatives will be available at the Benefits Fairs and can answer Generic Prescribing Program questions.			

Why is an Affidavit Necessary Each Year?

People often forget to notify Human Resources when circumstances in their lives change that impact their benefits coverage. In the unfortunate event of a death or divorce, we need to know about it to make the appropriate benefits changes. The affidavit helps people remember to notify us of changes we need to know about in order to reserve all our health care resources for those who are eligible for coverage. The affidavit is also required for continued coverage of spouses.



Life Insurance Information

If you are already enrolled in optional retiree-paid life insurance, you can decrease or cancel your coverage during Open Enrollment, but you cannot increase your coverage or add new dependents.

If you are not already enrolled, you cannot enroll at this time.

As in the past, retirees will be billed for their life insurance premiums. You can estimate your rates using the below table. If you need help determining what your current coverage level is, contact MSU Human Resources Benefits at 517-353-4434 or toll-free at 1-800-353-4434.

Optional Retiree-Paid Life Insurance Monthly Rates

RETIREE RATES PER \$1,000 OF COVERAGE BY AGE	SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
45-49: \$0.094	45-49: \$0.150	\$0.095 per \$1,000 of coverage - age is not a factor in rates for children.
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	

Notes:

1. Spouse rates are based on the age of the retiree, NOT the age of the spouse.
2. The benefit amount will decrease to 60% at age 65 and coverage will be discontinued at age 70.
3. For those that retired prior to July 1, 2008, there are no age-related reductions to your benefit amount, but coverage will be discontinued at age 70.

Mac User?

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

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 7-10.

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 will have an in-network deductible for certain types of services. Under the Community Blue PPO, support staff retirees do not have an in-network deductible, but Pre-Medicare (under 65) executive managers, faculty and academic staff retirees do have an in-network deductible. The deductibles for Master Medical on the BCBSM Traditional and Transition plans have increased. You can identify some services that require meeting a deductible by looking at the health plan comparison grids on pages 7 through 10.

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 retirees. The faculty and academic staff retirees in-network deductible (for those 65 and younger) 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 those 65 and younger) for the 2011 calendar year (January to December) is \$100 per individual or \$200 per family.

The deductibles for Master Medical on the BCBSM Traditional and Transition plans have increased to \$200 per individual and \$400 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. BCN and Community Blue 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 deductible 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 7 through 10, 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.

Summary of Health Plan Provisions for Retirees Effective July 1, 2010

Blue Cross Blue Shield of Michigan (BCBSM) **TRADITIONAL** Plan

This program is only available to retirees when the retiree and all covered family members are enrolled in Medicare (Part B).

The plan consists of two parts: a basic benefit portion as well as Master Medical. Basic benefits are paid at 100 percent of the approved fixed fee amount to participating providers. Payment levels from BCBSM for participating and non-participating providers are the same. The Master Medical portion provides partial reimbursement for medically necessary expenses which may not be covered by the BCBSM basic plan (example: days covered for hospital care).

PLEASE NOTE: Any residual charges from non-participating providers from the basic plan above the approved fixed-fee amount cannot be submitted to Master Medical for reimbursement.

Master Medical reimbursement begins after a covered individual has met the calendar-year deductible of \$200 (\$400 per family) for retirees. (This is an increase from last year.)

Master Medical reimburses 80 percent of eligible claims after the required deductible, and 100 percent after the \$1,000 of out-of-pocket annual maximum has been met.

For questions about specific coverage details, please call Blue Cross Blue Shield at 1-800-322-4447.

Blue Cross Blue Shield of Michigan (BCBSM) **TRANSITION** Plan

This plan is only available to retirees when there is a mix of Medicare (Part B) and non-Medicare enrolled family members on the plan or when there is a sponsored dependent rider with Medicare (Part B).

This plan consists of two parts: a basic benefit portion as well as Master Medical. Basic benefits are paid at 100 percent of the approved fixed fee amount to participating providers.

PLEASE NOTE: Any residual charges from non-participating providers from the basic plan above the approved fixed-fee amount cannot be submitted to Master Medical for reimbursement.

Master Medical reimbursement begins after a covered individual has met the calendar-year deductible of \$200 (\$400 per family) for retirees. (This is an increase from last year.)

Master Medical reimburses 80 percent of usual, customary and reasonable costs after the required deductible, and 100 percent after the \$1,000 of out-of-pocket annual maximum has been met.

For questions about specific coverage details please call Blue Cross Blue Shield at 1-800-322-4447.

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.

Blue Care Network (BCN)

This plan is available to retirees with and without Medicare (Part B).

This is a Health Maintenance Organization (HMO) offering services through statewide primary care physicians and referral specialists practicing from their own community offices.

Reimbursement begins after a covered individual has met the calendar-year deductible of \$100 (\$200 per family) for retirees. (The deductible for the rest of the calendar year, July through December 2010, is \$50 per individual or \$100 per family.)

BCN is available to retirees in most counties in lower Michigan. See the coverage area image on page 3.

A complete listing of participating providers for each area is available at MSU Human Resources Benefits, or by phoning BCN's Customer Service Department at 1-800-662-6667 or visiting www.MiBCN.com.

Community Blue - PPO

Community Blue PPO will continue as a health plan option for all retirees without Medicare (Part B).

This is a Preferred Provider Organization (PPO) and allows you to choose whether you receive health care services from a Blue Preferred PPO physician (in-network) or to choose any physician (out-of-network).

There is a nationwide network of participating PPO physicians and hospitals which allows you to choose any physician in the network without requiring a referral from a primary care physician.

Faculty, academic staff and executive management retirees will have to meet the calendar-year deductible of \$100 (\$200 per family) for retirees. (The deductible for the rest of the calendar year, July through December 2010, is \$50 per individual or \$100 per family.)

Choosing an in-network provider will allow members up to \$250 per member in preventive services per calendar year without any co-pay. For out-of-network services there is a \$250 calendar year deductible per person or \$500 per family with higher out-of-pocket costs, usually a 20 percent co-pay. For questions about specific coverage details, please call Blue Cross Blue Shield at 1-800-322-4447.

Health Plan Cost Sharing

There are differences in cost between the various available health plans. Currently, all active employees and retirees pay the difference in these costs if they choose a higher cost plan. There is a chart on page 6 to help you determine what will be the lowest cost plan for your circumstances.

Spousal Coverage Note

To be eligible to enroll in MSU health plan coverage, spouses of MSU retirees who have access to coverage elsewhere must purchase single coverage through their own employer if his/her annual premium cost for that coverage is \$850 or less.

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 of the MSU community.

Look for Legal Notices

A publication is enclosed in your open enrollment packet that includes some important legal notices regarding health care privacy and other laws.

MSURA Annual Meeting

Don't miss the MSU Retirees Association annual meeting and awards luncheon on May 10, 2010. See the Spartan Senior insert in your open enrollment packet for details.

Retiree Edition

2010 Open Enrollment Guide

Easy Open Enrollment Steps

To enroll using the enclosed forms:

- Fill out the enrollment change form
- Complete the affidavit
- Return them to MSU HR Benefits by May 10 in the enclosed return envelope

To enroll on the Web:

To participate in Open Enrollment online, take the following steps between April 19 and May 10, 2010:

1. Go to 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.

Questions?

Contact MSU Human Resources Benefits at 517-353-4434, toll-free at 1-800-353-4434 or by e-mail at benefitsinfo@hr.msu.edu.

www.hr.msu.edu