

MSU Benefits Open Enrollment is April 18 – May 17, 2011

The annual MSU Benefits Open Enrollment will be held from Monday, April 18 through Tuesday, May 17, 2011. 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 2011-2012 plan year. If you have questions about Open Enrollment that aren't addressed in this publication, email your questions to benefitsinfo@hr.msu.edu or call 517-353-4434. For long-distance, call toll-free 1-800-353-4434.



Open Enrollment Has Changed with EBS

With the implementation of the new HR/Payroll System part of the Enterprise Business Systems (EBS), the process that faculty and staff need to complete open enrollment has changed. You will now complete open enrollment in the Employee Self-Service (ESS) section of EBS. You can log into EBS at ebs.msu.edu. Detailed enrollment instructions are on page 4.

There also is a new process for adding dependents to your benefits. See the article on page 5 to learn how to add and enroll your dependents.

Because of the new processes, EBS staff will be hosting open enrollment site labs each day during open enrollment. Attend a site lab and staff will walk you through how to enroll in your benefits. If you are unable to attend a site lab, video tutorials are available online. To see the up-to-date site lab schedule and video tutorials, visit www.hr.msu.edu/openenrollment.



At a Glance: What's New or Changing in the 2011-2012 Benefits Plan Year

There are some important changes to be aware of that will become effective for the new plan year beginning July 1, 2011. Some of these changes came about as a result of the "Patient Protection and Affordable Care Act" and other changes are the result of MSU efforts to hold down health care cost increases. The changes include:

1. **Dependent age restriction will change.** Eligible dependents will be able to be covered on health plans through the calendar year that they turn 26. Dependents can be covered on dental plans through the calendar year that they turn 23. There will be no eligibility criteria other than age (e.g., dependents don't need to be in college or a tax dependent, can be married, etc.).

This article is continued on page 2

Benefits Fair Dates

April 26, 2011

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

April 27, 2011

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

April 28, 2011

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

2011



Open Enrollment Guide

Changes at a Glance (continued from page 1)

Continuation riders will no longer be necessary. Overage dependents will be treated like normal dependents. Check the rates on page 13 to determine your best option for coverage. Please note that if your dependent was recently taken off your plan or is on COBRA, you will need to add them as a dependent in the new system before you can enroll them in benefits. See the article on how to add a dependent in ESS on page 5.

2. **There will no longer be lifetime plan maximums** on any of the MSU health plans.

3. **There will be no co-pays or coinsurance on preventive services** (excluding contraceptive devices). This will include some preventive medicines with a prescription. You can determine which services do and don't have co-pays or coinsurance in the Health Plan Coverage Summary on pages 8-12.

4. **Expansion of the Generic Prescribing Program.** Three additional classes of drugs will be added to the part of the Generic Prescribing Program that requires prescription drug plan enrollees to use a "same-class" generic when available to avoid paying the cost between a brand drug and the same-class generic option. These new classes of drugs being added to the program include migraine medications, blood pressure drugs (ARBs and ACEs), and acne antibiotics.

5. **Non-Sedating Antihistamines excluded from coverage.** Non-Sedating Antihistamines (NSAs) will no longer be covered under the MSU prescription drug plan. NSAs are the drugs used to treat hay fever or other allergies. Many of these brand name drugs are now available over-the-counter (such as Claritin, Allegra and Zyrtec).

6. **"Specialty Drugs" will be limited to 34-day supplies** (90-day supplies will be prohibited for these drugs). Specialty drugs also are known as bio-tech drugs. These are very expensive medications used to treat conditions like hemophilia, multiple sclerosis, hepatitis C and some cancers. (Rheumatoid arthritis prescriptions are an exception to this list and can still be filled in 90-day supplies.) Specialty medications are the fastest growing component of our health care budget growing at a rate of 20% per year. The average cost of a prescription is \$2,500. Unfortunately, it is not uncommon for many doses of these expensive drugs to be wasted when patients need to switch to a different drug or a different dosage just a few days or weeks into treatment. Limiting these prescriptions to 34 days worth of medication at a time will help avoid waste and unnecessary cost.

7. **Use of CVS/Caremark Specialty Pharmacy for specialty drugs.** Specialty drug prescriptions will need to be filled exclusively through the CVS/Caremark Specialty Pharmacy. Please note this change only applies to "specialty" or bio-tech drugs. You will still be able to fill 34-day supplies of other types of prescriptions at the MSU pharmacies or other retail pharmacies. Under the new process, specialty drugs can be delivered by the CVS/Caremark Specialty Pharmacy within 24 hours to various locations such as your doctor's office or your home.

8. **Use of EBS to participate in Open Enrollment.** You will need to participate in online open enrollment using EBS this year for the first time. For instructions on how to complete Open Enrollment using EBS, see page 4.

Online Open Enrollment Steps

1. Visit ebs.msu.edu and select "EBS Portal Login"
2. Login with your MSU NetID and password
3. Select the ESS tab
4. Select the Benefits link
5. Select the Enrollment Services link
6. Select the Open Enrollment link

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 18 and May 17, 2011:

- 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 2011-12 benefits year.
- You want to add an eligible dependent to your health, dental or life insurance benefits (or you want to remove someone from your benefits).
- You want to switch health or dental plans for yourself and/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 2011-12

The lowest cost plan for faculty and staff for the 2011-12 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 the lowest cost plan premium 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 2010-11 plan year.

Legal Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended or were not eligible for coverage because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in MSU group health plans (excluding dental). Enrollment will be effective July 1, 2011. For more information, contact MSU Human Resources Benefits at benefitsinfo@hr.msu.edu, 517-353-4434 or 800-353-4434.



How to Complete Benefits Open Enrollment

This year, benefits-eligible employees will complete open enrollment using Employee Self-Service (ESS) in the new Enterprise Business Systems (EBS). Here is the process for completing open enrollment:

- Visit ebs.msu.edu and select “EBS Portal Login.”
- Log in using your MSU NetID and password.
- Select the ESS tab.
- Select the **Benefits** link.
- Select the **Enrollment Services** link.
- Select the **Open Enrollment** link.
- If you have a spouse or OEI on your benefits, the Affidavit will appear. Answer the questions, select **Next**, then **Save**.
- Now you will see the **Plan Selections** screen. Select the first plan you would like to add or edit.
- Select your desired plan and level of coverage, then click **Select Dependents**.
- Select the dependents you would like to cover on the plan. Then click **Add Plan to Selection**.
 - If you do not see one of your dependents, it is either because they are not eligible for the plan or they need to be added as a dependent in the new system. See page 5 for how to add a dependent.
- Once you have added or edited all of your desired plans, select **Review Enrollment**.
- Review your plan selections, then select **Save**.
- You now have completed open enrollment!

Open Enrollment site labs are offered daily to guide you through the enrollment process. Visit www.hr.msu.edu/openenrollment for the current schedule. Video tutorials for enrolling also are available at this site. If you have systems questions as you are completing open enrollment, please call the AIS Help Desk at 517-884-3000.

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>.

Adding Dependents to Your Benefits

With the new HR/Payroll System as part of the Enterprise Business Systems (EBS), the process that faculty and staff need to use to add a dependent to their health benefits has changed.

You can still add dependents at any time throughout the year if you have a qualifying life event, such as a marriage, birth or adoption. Otherwise, making changes to dependent coverage can only occur during benefits open enrollment. There are several important steps to know about:

1. Get your dependent added to your list of eligible dependents in the new system. To add a dependent to your records in the system,

- Visit ebs.msu.edu and select “EBS Portal Login.”
- Log in using your MSU NetID and password.
- Select the ESS tab.
- Select the **Benefits** link.
- Select the **Add A Family Member or Dependent** link.
- This will open an electronic form that you will need to complete and send by clicking the **Check and send** button once you have completed the form.

PLEASE NOTE: THIS STEP ALONE DOES NOT ENROLL YOUR DEPENDENT FOR BENEFITS! Completing this form (and providing required documentation) results in your dependent being added in the system and making them an eligible dependent to add to your plans during open enrollment. *

2. Provide documents required to prove eligibility. In the past, you were asked to provide documentation for your dependent, such as birth certificate, marriage license, etc, within a certain number of days after enrolling that dependent. If you failed to follow up with documentation in the allotted time, the enrollment was cancelled. With the new system, you will need to provide the documentation to Human Resources Benefits **first**, before you can enroll a dependent. *

3. Complete the Enrollment Process. Once your form and documentation have been approved by Human Resources Benefits, you will be able to re-enter the system and enroll your dependent. See page 4 for open enrollment instructions.

Make sure to add your dependents in the system early in the open enrollment period if you want them added to your benefits! You will need to leave time for processing your form and documentation before you can complete open enrollment.

* **Special note**, some people may not need to complete steps 1 and 2 because their dependents are already listed in the system as being a dependent who is eligible for enrollment in benefits. On the Benefits screen in ESS, if you click on the **View Family Members and Dependents** link and you can see the name of the dependent you are trying to add, you may skip steps 1 and 2 and proceed to step 3.

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) 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 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 calendar year (January through December) 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 calendar year (January to December) is \$100 per individual or \$200 per family.

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 office visits. 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.

MAC User?

MAC users can complete their enrollment online using the Firefox browser only; Safari will not display enrollment options properly. Users who need to add dependents to their coverage must use a Windows machine and Internet Explorer to complete the Dependent Add Form online. Site labs are available to complete enrollment. Visit www.hr.msu.edu for more information.

2011 Benefits Open Enrollment

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.		

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 1-800-524-0149.

Employee Monthly Dental Plan Contributions

PLAN	FULL-TIME (90% - 100%)	3/4 TIME (65%-89.9%)	1/2 TIME (50% - 64.9%)
Delta Dental Single	Paid by MSU	Paid by MSU	Paid by MSU
2 Person	Paid by MSU	Paid by MSU	\$5.17
Family	Paid by MSU	\$16.19	\$32.37
Aetna Single	Paid by MSU	Paid by MSU	Paid by MSU
2 Person	Paid by MSU	Paid by MSU	\$5.17
Family	Paid by MSU	\$16.19	\$32.37

Health Plans Coverage Summary

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan ⁽³⁾
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
PREVENTIVE SERVICES					
Health Maintenance Exam	Covered 100% ⁽¹⁾ 1 per calendar year	Not covered	Covered 100%	Not covered	Covered 100%
Annual Gynecological Exam	Covered 100% 1 per calendar year	Not covered	Covered 100%	Not covered	Covered 100%
Pap Smear Screening (lab services only)	Covered 100% 1 per calendar year	Not covered	Covered 100%	Not covered	Covered 100%
Mammography Screening	Covered 100% 1 per calendar year Subject to faculty deductible ⁽²⁾	Covered 80% after deductible	Covered 100%	Covered 80% of eligible expenses after deductible ⁽⁴⁾ Prior authorization may be required	Covered 100%
Contraceptive Devices (IUD, Diaphragm, Norplant)	Co-pay: \$20	Covered 80% after deductible	Co-pay: \$20	Not covered	Not covered
Well-Baby and Child Care Exams	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%
Immunizations	Covered 100%	Not covered	Covered 100%	Not covered	Covered 100%
Flu Shots	Covered 100%	Not covered	Covered 100%	Covered 100%	Covered 100%
Fecal Occult Blood Screening	Covered 100% 1 per calendar year	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year
Colonoscopy	Covered 100% Subject to faculty deductible ⁽²⁾	Covered 80% after deductible	Covered 100%	Covered 80% of eligible expenses after deductible ⁽⁴⁾ Prior authorization may be required	Covered 100%
Flexible Sigmoidoscopy Exam	Covered 100% 1 per calendar year	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year
Prostate Exam	Covered 100% 1 per calendar year age 40 and up	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	Not covered	Covered 100%	Not covered	Covered 100% 1 per calendar year age 40 and up
PHYSICIAN OFFICE SERVICES (Medically Necessary)					
Office Visits/ Consultations	Co-pay: \$20	Covered 80% after deductible	Co-pay: \$20	Covered 80% after deductible ⁽⁴⁾ Prior authorization may be required	Covered 80% of approved amount after deductible

Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan ⁽³⁾
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
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)	Co-pay: \$250 (waived based on signs and symptoms, accident or if admitted)
Emergency Room Physician's Services	Co-pay: \$20 (when medical emergency criteria not met)	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 Subject to faculty deductible	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
DIAGNOSTIC SERVICES					
Laboratory and Pathology Tests	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100%	Covered 100%	Covered 100%
Diagnostic Tests and X-Rays	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%
Radiation Therapy	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%
MATERNITY SERVICES PROVIDED BY A PHYSICIAN					
Pre-Natal and Post-Natal Care	Covered 100%	Covered 80% after deductible	Covered 100%	Covered 80% after deductible ⁽⁴⁾ Prior authorization may be required	Covered 80% of approved amount after deductible
Delivery and Nursery Care	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible Prior authorization may be required	Covered 80% after deductible ⁽⁴⁾ Prior authorization may be required	Covered 100%
HOSPITAL CARE					
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered 100% (unlimited days) Prior authorization may be required Subject to faculty deductible	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible (unlimited days) Prior authorization required	Covered 80% after deductible ⁽⁴⁾ (unlimited days) Prior authorization required	Covered 100% (unlimited days) Prior authorization may be required
Inpatient Consultations	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible ⁽⁴⁾	Covered 100% Prior authorization may be required
Chemotherapy	Covered 100% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible	Covered 80% after deductible Prior authorization may be required	Covered 100%

Health Plans Coverage Summary (continued)

Benefit	Community Blue		Blue Care Network		BCBSM Transition Plan ⁽³⁾
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
SURGICAL SERVICES					
Surgery and Related Surgical Services	Covered 100% Prior authorization may be required Subject to faculty deductible	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% Subject to faculty deductible	Covered 80% after deductible	Covered 100% after deductible	Not covered	Covered 100%
HUMAN ORGAN TRANSPLANTS					
Such as: Liver, Heart, Lung, Pancreas, Heart-Lung, Kidney, Cornea, and Skin and Bone Marrow (subject to program guidelines)	Covered 100% Prior authorization may be required Subject to faculty deductible ⁽⁵⁾	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization is required	Not covered	Covered 100% Prior authorization may be required
NCI CLINICAL TRIALS					
Stage II and III Breast Cancer, Ovarian Cancer	Covered 100% Prior authorization may be required Subject to faculty deductible	Not covered Prior authorization may be required	Covered 100% after deductible Prior authorization may be required	Not covered	Covered 100%
ALTERNATIVES TO HOSPITAL CARE					
Skilled Nursing Care (must meet medical necessity guidelines for skilled care)	Covered 100% ⁽⁴⁾ in approved facilities (up to 120 days per calendar year) Prior authorization may be required Subject to faculty deductible		Covered 100% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization required	Covered 80% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year) Prior authorization required	Covered 100% ⁽⁴⁾ in approved facilities (unlimited days) Prior authorization may be required
Hospice Care	Covered 100% ⁽⁴⁾ in approved facilities		Covered 100% after deductible Prior authorization required	Covered 80% after deductible Prior authorization required	Covered 100% ⁽⁴⁾ in approved facilities
Home Health Care (medically necessary)	Covered 100% ⁽⁴⁾ in approved facilities (unlimited visits) Subject to faculty deductible		Covered 100% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)	Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year) Prior authorization may be required	Covered 100% ⁽⁴⁾ in approved facilities
Individual Case Management	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%

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 ⁽³⁾
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (In approved facilities)					
Inpatient Mental Health/ Substance Abuse Care	Covered 100% Prior authorization may be required Subject to faculty deductible	Covered 80% after deductible Prior authorization may be required	Covered 100% after deductible Prior authorization required	Covered 80% after deductible ⁽⁴⁾ Prior authorization required	Covered 100% Subject to Blue Cross review Prior authorization may be required
Outpatient Mental Health/ Substance Abuse Care - Office Visits	Covered 100%	Covered 80% after deductible	Covered 100% Prior authorization may be required	Covered 80% after deductible ⁽⁴⁾ Prior authorization may be required	Covered 100%
Outpatient Mental Health/ Substance Abuse Care - Facility	Covered 100% Subject to faculty deductible	Covered 100%	Covered 100% Prior authorization may be required	Covered 80% after deductible ⁽⁴⁾ Prior authorization may be required	Covered 100%
OTHER SERVICES					
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 ⁽⁴⁾ 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	Covered 100%	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) ⁽⁴⁾ 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 ⁽³⁾
	In-Network	Out-of-Network	In-Network	Out-of-Network	Mixed Medicare ONLY
Durable Medical Equipment (DME) and Medical Supplies	Covered 100% ⁽⁴⁾ of the approved amount		Covered 80%	Covered 80%	Covered 80% of approved amount after deductible
Private Duty Nursing	Covered 50% Subject to faculty deductible	Covered 50%	Not covered	Not covered	Covered 50% after deductible
Vision Exams	Not covered	Not covered	Not covered	Not covered	Not covered
DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS					
Deductibles	None for support staff Faculty/Acad Staff: \$100 per member/\$200 per family per calendar year	\$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	\$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
Co-Pay Maximum	Unlimited	\$2,000 per member/ \$4,000 per family per calendar year ⁽⁶⁾	\$3,000 per member/ \$6,000 per family per calendar year for ambulance (combined in- and out-of-network)	\$3,000 per member/ \$6,000 per family per calendar year \$3,000 per member/ \$6,000 per family per calendar year for ambulance (combined in- and out-of-network)	\$1,000 per contract per calendar year
Transplant Maximum	No maximum		No maximum	Not covered	No maximum
Dollar Maximums	Unlimited		Unlimited	Unlimited	Unlimited

1. Chemical profile, complete blood count (CBC), urinalysis, cholesterol testing, chest x-ray and EKG are payable as part of the Health Maintenance Exam. However, these services become subject to the faculty deductible when billed as medical/diagnostic.
2. Subject to faculty deductible with medical diagnosis.
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.
5. Skin, bone marrow, kidney and cornea transplants subject to faculty deductible.
6. Fixed dollar co-pays and percent co-pays for private duty nursing services are NOT applied toward this co-pay maximum.

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 website at www.hr.msu.edu/openenrollment.

2011 Benefits Open Enrollment

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

PLAN	COVERAGE TIER	FULL-TIME FACULTY ⁽¹⁾	FULL-TIME STAFF	3/4 TIME (65% - 89.9%) FACULTY ⁽¹⁾	3/4 TIME (65% - 89.9%) STAFF	1/2 TIME (50% - 64.9%) FACULTY ⁽¹⁾	1/2 TIME (50% - 64.9%) STAFF
Community Blue PPO with CVS/Caremark	Single	\$134.71	\$101.45	\$245.29	\$212.03	\$355.86	\$322.60
	2 person	\$282.88	\$213.04	\$515.13	\$445.29	\$747.37	\$677.53
	Family	\$329.99	\$248.49	\$602.93	\$521.43	\$875.86	\$794.36
Blue Care Network (BCN) with CVS/Caremark	Single	\$49.08	Paid by MSU	\$159.66	\$110.58	\$270.23	\$221.15
	2 person	\$103.07	Paid by MSU	\$335.32	\$232.25	\$567.56	\$464.49
	Family	\$120.26	Paid by MSU	\$393.20	\$272.94	\$666.13	\$545.87
Blue Cross Blue Shield of Michigan Transition ² with CVS/Caremark	2 person, 1 with Medicare	\$57.63	Paid by MSU	\$149.59	\$91.96	\$285.04	\$227.41
	Family, 1 with Medicare	\$77.47	Paid by MSU	\$157.26	\$79.79	\$360.90	\$283.43
	Family, 2 with Medicare	\$75.73	Paid by MSU	\$203.42	\$127.69	\$442.50	\$366.77

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

PLAN	COVERAGE TIER	3/4 TIME (65% - 89.9%) FACULTY ⁽¹⁾	3/4 TIME (65%-89.9%) STAFF	1/2 TIME (50% - 64.9%) FACULTY ⁽¹⁾	1/2 TIME (50% - 64.9%) STAFF
Community Blue PPO with CVS/Caremark	Single	\$134.71	\$101.45	\$134.71	\$101.45
	2 person	\$393.05	\$323.21	\$665.98	\$596.14
Blue Care Network (BCN) with CVS/Caremark	Single	\$49.08	Paid by MSU	\$49.08	Paid by MSU
	2 person	\$213.24	\$110.17	\$486.17	\$383.10
Blue Cross Blue Shield of Michigan Transition ² with CVS/Caremark	2 person, 1 with Medicare	\$149.59	\$91.96	\$241.55	\$183.92

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.

Employee Monthly Health Plan Rider Contributions

PLAN	SPONSORED DEPENDENT RIDER FACULTY ⁽¹⁾	SPONSORED DEPENDENT RIDER STAFF	SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY ⁽¹⁾	SPONSORED DEPENDENT RIDER WITH MEDICARE STAFF
Community Blue PPO with CVS/Caremark	\$633.54	\$652.52	Not Applicable	Not Applicable
Blue Care Network (BCN) with CVS/Caremark	\$529.97	\$529.97	\$554.03	\$554.03
Blue Cross Blue Shield of Michigan Transition ² with CVS/Caremark	\$604.00	\$604.00	\$487.02	\$487.02

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 employee-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 email at benefitsinfo@hr.msu.edu.

Online Open Enrollment Steps

1. Visit ebs.msu.edu and select “EBS Portal Login”
2. Login with your MSU NetID and password
3. Select the ESS tab
4. Select the Benefits link
5. Select the Enrollment Services link
6. Select the Open Enrollment link



Open Enrollment is Going Green Next Year at MSU!

MSU Human Resources is working toward greatly reducing our reliance on print- and mail-based processes to reach faculty and staff with various types of employment-related information in the coming year. Why? Because we think it's the right thing to do. This change is one way Human Resources is showing our support of the strong organizational commitment MSU has made to environmental stewardship. We also are committed to being good stewards of MSU's limited economic resources, and shifting from print-based to electronic communications whenever possible saves resources that can then be dedicated to other important MSU priorities. Next year, open enrollment materials for faculty and staff will be online at www.hr.msu.edu/openenrollment. We'll also be redesigning our materials to make them easier to use electronically and easy to print out from the website for those customers who strongly prefer or need print. We know how important it is to make sure every benefits-eligible faculty and staff member at MSU has a good understanding of your benefits options. As always, we will work with anyone who faces any barriers or difficulties to accessing our materials to make sure everyone is able to access the information you need to understand and use your benefits. If you want to share your perspectives with us on this change, please email us at hrmail@msu.edu. We hope you will support us as we make this important transition that will better align us with MSU environmental and economic stewardship goals.

2011 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: \$0.028	<25: \$0.050	\$0.095 per \$1,000 of coverage - age is not a factor in rates for children.
25-29: \$0.033	25-29: \$0.050	
30-34: \$0.045	30-34: \$0.070	
35-39: \$0.051	35-39: \$0.080	
40-44: \$0.057	40-44: \$0.090	
45-49: \$0.085	45-49: \$0.140	
50-54: \$0.130	50-54: \$0.210	
55-59: \$0.243	55-59: \$0.390	
60-64: \$0.373	60-64: \$0.600	
65-69: \$0.716	65-69: \$1.160	
70+: \$1.162	70+: \$1.870	Premium covers all children (e.g. you don't have to multiply it by 4 to cover 4 children.)

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	\$0.015 per \$1,000 of benefit coverage for employee-only coverage	\$0.023 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.

Updated Optional Employee-Paid Life Rates Due to Premium Reduction - Effective 7/1/2011-6/30/2012

Optional Employee-Paid Life Insurance Monthly Rates All Active Employees Except AY Faculty & Academic Staff

EMPLOYEE RATES PER \$1,000 OF COVERAGE BY AGE	⁽¹⁾ SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
<25: \$0.021	<25: \$0.038	\$0.071 per \$1,000 of coverage - age is not a factor in rates for children.
25-29: \$0.025	25-29: \$0.038	
30-34: \$0.034	30-34: \$0.053	
35-39: \$0.038	35-39: \$0.060	
40-44: \$0.043	40-44: \$0.068	
45-49: \$0.064	45-49: \$0.105	
50-54: \$0.098	50-54: \$0.158	
55-59: \$0.182	55-59: \$0.293	
60-64: \$0.280	60-64: \$0.450	
65-69: \$0.537	65-69: \$0.870	
70+: \$0.872	70+: \$1.403	Premium covers all children (e.g. you don't have to multiply it by 4 to cover 4 children.)

1. Spouse rates are based on the age of the employee, NOT the age of the spouse.

Optional Employee-Paid Life Insurance Monthly Rates AY Faculty & Academic Staff ⁽¹⁾

EMPLOYEE RATES PER \$1,000 OF COVERAGE BY AGE	⁽²⁾ SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
<25: \$0.032	<25: \$0.056	\$0.107 per \$1,000 of coverage - age is not a factor in rates for children.
25-29: \$0.037	25-29: \$0.056	
30-34: \$0.051	30-34: \$0.079	
35-39: \$0.057	35-39: \$0.090	
40-44: \$0.064	40-44: \$0.101	
45-49: \$0.096	45-49: \$0.158	
50-54: \$0.146	50-54: \$0.236	
55-59: \$0.273	55-59: \$0.439	
60-64: \$0.420	60-64: \$0.675	
65-69: \$0.806	65-69: \$1.305	
70+: \$1.307	70+: \$2.104	Premium covers all children (e.g. you don't have to multiply it by 4 to cover 4 children.)

1. Academic Year (AY) faculty and academic staff on 9-month appointments have deductions taken out from September through April.

2. Spouse rates are based on the age of the employee, NOT the age of the spouse.

Optional Retiree-Paid Life Insurance Monthly Rates

RETIREE RATES PER \$1,000 OF COVERAGE BY AGE	⁽¹⁾ SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
45-49: \$0.064	45-49: \$0.105	\$0.071 per \$1,000 of coverage - age is not a factor in rates for children.
50-54: \$0.098	50-54: \$0.158	
55-59: \$0.182	55-59: \$0.293	
60-64: \$0.280	60-64: \$0.450	
65-69: \$0.537	65-69: \$0.870	

1. Spouse rates are based on the age of the retiree, NOT the age of the spouse.

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. 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 website at www.hr.msu.edu.

Need More Information?

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

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

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.

2011 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 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/Specialty Drugs	\$50	*Effective 7/1/11 90-day supplies of bio-tech/specialty drugs will no longer be offered

*90-day supply medications (except for Bio-Tech/Specialty Drugs) may be filled at MSU Pharmacies or through CVS/Caremark mail order. 90-day supplies of Bio-Tech/Specialty Drugs will no longer be allowed effective 7/1/11.

Changes to the Prescription Drug Plan for the 2011-12 Plan Year

You may want to consider clipping this page out of your open enrollment guide and keeping it as a reference whenever you have a prescription to fill. The above chart shows the co-pays that will be in effect for the 2011-12 plan year, beginning 7/1/11. There also are several changes to the prescription drug plan that become effective 7/1/11. Those changes are fully described on page 2, but for quick reference, the changes include:

- **Three new classes of drugs have been added to the Generic Prescribing Program**, including migraine medications, blood pressure drugs (ARBs and ACEs), and acne antibiotics. If you need to use these types of drugs, please remember to ask about generics to hold down your co-pay costs.
- **Non-Sedating Antihistamines or NSAs** (such as Claritin, Allegra, and Zyrtec, among others) will no longer be covered under the MSU prescription drug plan. Many NSA options are now available over-the-counter.
- **"Bio-Tech/Specialty Drugs" will be limited to 34-day supplies** (90-day supplies will no longer be available for these drugs). In addition, effective 7/1/11 these types of drug prescriptions can only be filled by the CVS/Caremark Specialty Pharmacy. Rheumatoid arthritis prescriptions are an exception and can continue to be filled in 90-day supplies.

If you have questions about what drugs are and aren't covered under the MSU Prescription Plan, what your co-pay would be for a particular drug, or whether a particular drug is impacted by the Generic Prescribing Program or the new specialty drug changes, you can call CVS/Caremark at 1-800-565-7105.

Additional information about the MSU Generic Prescribing Program is available at www.hr.msu.edu/generics.

For help with general questions about your benefits, call the Benefits office at 517-353-4434 or send an email to benefitsinfo@hr.msu.edu.



Benefits Deductions Reminder for Those with 9-Month AY Appointments

On August 16, 2010, MSU changed 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 receive 10 monthly checks over the duty period (August 16 through May 15). This change only affected those with 9-month appointments. Faculty and academic staff with annual (AN) appointments still receive monthly checks over the appointment period.

Benefits coverage remains in effect for AY faculty and academic staff for the full 12 months, August 16 – August 15. However, all payroll deductions for benefits are now taken out of the reduced number of monthly paychecks. This results in higher monthly deductions since there are fewer checks to divide deductions among.

Health benefit deductions are taken out of 8 of the 10 monthly paychecks (September through April). Retirement and Flexible Spending Account deductions are taken out of all 10 paychecks (August through May).

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

More information about the AY pay schedule change can be found at www.hr.msu.edu/aypayschedule.

If you have questions, please contact the Benefits office at benefitsinfo@hr.msu.edu or via phone at 517-353-4434 or 1-800-353-4434.

Online Open Enrollment Steps

1. Visit ebs.msu.edu and select “EBS Portal Login”
2. Login with your MSU NetID and password
3. Select the ESS tab
4. Select the Benefits link
5. Select the Enrollment Services link
6. Select the Open Enrollment link

Impressive Early Results from the Generic Prescribing Program

There's good news to share. The MSU Generic Prescribing Program, which MSU Human Resources implemented in March 2010, saved approximately \$4 million during its first year. Employees and retirees worked together with MSU to constrain health care costs by changing more than 8,000 of our medication prescriptions from brand-name drugs to less expensive generic versions in order to achieve these impressive savings.

This is a true example of a win-win method of constraining health care costs. Individuals who made the switch from a brand drug to a generic saw their own out-of-pocket costs drop 50 percent or more. And trimming \$4 million from MSU's overall prescription drug spending is good news for all of us because it preserves resources to help MSU continue providing high-quality health care benefits and retain staffing to support MSU's core teaching, research and outreach functions.

Happily, this significant savings was achieved collaboratively, in a way that allows faculty and staff who switch to generics to save money too while still accessing high-quality, affordable medications.

2011 Benefits Open Enrollment

Academic Year (AY) Faculty⁽¹⁾ Monthly Health Plan Contributions (Pre-Tax through Payroll Deduction)

PLAN	COVERAGE TIER	FULL-TIME FACULTY ⁽²⁾	3/4 TIME (65% - 89.9%) FACULTY ⁽²⁾	1/2 TIME (50% - 64.9%) FACULTY ⁽²⁾
Community Blue PPO with CVS/Caremark	Single	\$202.06	\$367.93	\$533.80
	2 person	\$424.32	\$772.69	\$1121.07
	Family	\$494.98	\$904.40	\$1313.81
Blue Care Network (BCN) with CVS/Caremark	Single	\$73.62	\$239.49	\$405.36
	2 person	\$154.61	\$502.97	\$851.35
	Family	\$180.39	\$589.80	\$999.21
Blue Cross Blue Shield of Michigan Transition ³ with CVS/Caremark	2 person, 1 with Medicare	\$86.44	\$224.38	\$427.56
	Family, 1 with Medicare	\$116.20	\$235.89	\$541.35
	Family, 2 with Medicare	\$113.59	\$305.13	\$663.75

AY Faculty⁽¹⁾ Monthly Health Plan Contributions for Part-Time Employees When Hardship Guidelines are Met

PLAN	COVERAGE TIER	3/4 TIME (65% - 89.9%) FACULTY ⁽²⁾	1/2 TIME (50% - 64.9%) FACULTY ⁽²⁾
Community Blue PPO with CVS/Caremark	Single	\$202.06	\$202.06
	2 person	\$589.57	\$998.98
Blue Care Network (BCN) with CVS/Caremark	Single	\$73.62	\$73.62
	2 person	\$319.87	\$729.28
Blue Cross Blue Shield of Michigan Transition ³ with CVS/Caremark	2 person, 1 with Medicare	\$224.38	\$362.32

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.

AY Faculty⁽¹⁾ Monthly Health Plan Rider Contributions

PLAN	SPONSORED DEPENDENT RIDER FACULTY	SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY
Community Blue PPO with CVS/Caremark	\$950.31	Not Applicable
Blue Care Network (BCN) with CVS/Caremark	\$794.96	\$831.05
Blue Cross Blue Shield of Michigan Transition ³ with CVS/Caremark	\$906.00	\$730.53

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.

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