MICHIGAN STATE
UNIVERSITY

SUMMARY OF BENEFITS PROVIDED TO

REGULAR FULL-TIME AND PART-TIME (50-89.9%) UNIVERSITY SUPPORT STAFF

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This material has been prepared to provide job candidates with a general overview of the benefits available to full-time and part-time (50-89.9%) university support staff appointed for 9 months or longer at Michigan State University. For further information, please contact MSU Human Resources Benefits at 353-4434, toll-free at 800-353-4434, or email **benefitsinfo@hr.msu.edu**.

I. HEALTH CARE COVERAGE

Health care coverage is available under a Preferred Provider Organization (PPO) or a Health Maintenance Organization (HMO). Currently MSU offers coverage through the following two plans:

- Community Blue—PPO
- Blue Care Network—HMO

For those families affected by End Stage Renal Failure, Blue Cross Blue Shield of Michigan Transition is available to employees in lieu of Community Blue. Blue Cross Blue Shield of Michigan Transition is available when there is a mix of Medicare and non-Medicare enrolled family members on the plan or when there is a sponsored dependent rider with Medicare. For specific information, premium costs, and brochures, visit **www.hr.msu.edu/ Benefits//HealthCare.**

Premiums

Eligible support staff employees[1] may elect health care coverage for themselves and the following:

- Spouse
- Dependent children
- Other Eligible Individual[2]
- Dependent children of Other Individual Individual[2]

Health and prescription coverage for eligible support staff hired on or after July 1, 2006, will be effective on the first day of the month following their official hire date.

Full-time employees receive the University contribution for the lowest cost health plan.

Part-time (50-89.9%) employees receive a ½-time or ¾-time university contribution based on the percentage of employment; the remainder of the premium is taken as a payroll deduction. Payroll deductions for health plan premiums are withheld on a pre-tax basis (before federal, state, city, and social security taxes are calculated).

[1] *Eligible employees work a continuing schedule of predetermined hours each week for a duration exceeding the length of the probation period, at half-time (50%) or more.*
[2] *The fair market value of this coverage is taxable income to the employee. Taxation summaries are available at MSU Human Resources Benefits or on the Web at* ***www.hr.msu.edu/forms.htm****.*

Employee premiums are as follows:

Plan	Coverage Tier	Full-time	¾ time (65-89.9%)	½ time (50-64.9%)
Community Blue PPO/CVS/Caremark	Single	$101.45	$212.03	$322.60
	Two-Person	$213.04	$445.29	$677.53
	Family	$248.49	$521.43	$794.36
Blue Care Network (BCN) HMO/CVS/Caremark	Single	Paid by MSU	$110.58	$221.15
	Two-Person	Paid by MSU	$232.25	$464.49
	Family	Paid by MSU	$272.94	$545.87
Blue Cross Blue Shield Transition/CVS/Caremark	Two-Person, One w/Medicare	Paid by MSU	$91.96	$227.41
	Family, One w/Medicare	Paid by MSU	$79.79	$283.43
	Family, Two w/Medicare	Paid by MSU	$127.69	$366.77

New employees have 60 days (newly eligible have 30 days) from the date of appointment to enroll. If enrollment does not occur within 60 days (newly eligible have 30 days), the employee must wait until the next annual open enrollment period.

Employees enrolling a spouse or dependent children on their health plan coverage will be asked to provide a copy of the marriage certificate and/or birth certificate for dependent children. In addition, social security numbers for those individuals over age 45 will be requested. Information outlining the enrollment guidelines for Other Eligible Individuals is available online at: **www.hr.msu.edu/benefits/oei.htm**.

Retiree Premiums

Support staff hired on or after July 1, 2005, the University will contribute[3] to the lowest cost health plan's single rate for which the employee/retiree is eligible. At retirement, the employee must designate whether the employee receives the University contribution or whether the contribution is to be split 50/50 between the employee and his/her spouse or an Other Eligible Individual. This designation is irrevocable regardless of circumstance, including returning to work or death. The designation of the 50/50 contribution is also non-transferable to future spouses or Other Eligible Individuals.

For employees hired on or after July 1, 2010, the University will not provide contributions toward retiree health benefits for employees. This has no effect on current employees or retirees.

[3] *The contribution is based on the full-time equivalent (FTE) service months at the time of retirement. See http://www.hr.msu.edu/documents/supportstaffpolproc/retirement.htm for more information.*

Health Plan Affidavit

Michigan State University requires that spouses or Other Eligible Individuals (OEI) eligible for health plan coverage through another employer for an annual employee premium cost of $850 or less must enroll in that employer's coverage in order to enroll/maintain coverage through MSU.

A Health Plan Affidavit must be completed by support staff employees at the time of hire and each year during open enrollment for their spouse or OEI to be enrolled in an MSU health plan.

Coverage

The comparison summary on the following pages describes essential features of the three health plan options available to eligible MSU support staff employees: Community Blue, Blue Care Network, and Blue Cross Blue Shield Transition Plan. It is not intended to be a full description of coverage. Brochures are available online at **www.hr.msu.edu/Benefits/HealthCare** or at MSU Human Resources Benefits from 8:00 a.m. to 5:00 p.m. Monday through Friday including the lunch hour.

Dependents

- Covered on the health/prescription insurance until the end of the calendar year they turn 26.
- Eligible dependents include son, daughter, stepchild, adopted child, or eligible foster child (which only goes to age 18).
- We also cover other types of "dependents" which include grandchildren, nieces, and nephews who are not legally adopted. Because of this, the following eligible criteria will still remain with the applicable FC and SD rates applied. Also, we will be applying the old dental eligibility criteria to these groups.
    a. 19-22 year old grandchildren, nieces, and nephews not adopted:
        i. Health coverage: If meet the below criteria, continue as a normal dependent under health plan (no FC/SD rate applied).
        ii. Dental coverage: If meet the below criteria, continue as a normal dependent under dental plan.

b. 23 year old grandchildren, nieces, and nephews not adopted:
    i. Health coverage: If meet the below criteria, can transfer over to an FC Rider and must pay the applicable premium rate.
    ii. Dental coverage: No longer eligible for dental coverage even if they meet the below criteria.
c. 24 year old grandchildren, nieces, and nephews not adopted:
    i. Health coverage: If meet the below criteria, can continue coverage as an FC Rider and must pay the applicable premium rate.
    ii. Dental coverage: No longer eligible for dental coverage.
d. 25 year old grandchildren, nieces, and nephews not adopted:
    i. Health coverage: If meet the below criteria, can continue coverage as a SD Rider and must pay the applicable premium rate.
    ii. Dental coverage: No longer eligible for dental coverage.

Eligibility criteria for all ages:

- Be unmarried and also
- Legally residing with you (unless a full-time student at an accredited college or university) and also
- Be a US citizen or resident, or a resident of Canada or Mexico for some part of the calendar year in which your tax year began and also
- Be primarily dependent on you (according to IRS definition) for support and maintenance and also …

If the dependent is 19-23 they must:

- Be a full-time student at an accredited college or university. If not a full-time student, the dependent must meet the IRS dependency gross income test (for the 2010 taxable year the dependent could not earn more than $3,650 and still be claimed for income tax purposes).
- For dental, they must be a full-time student – no exceptions.

If the dependent is 24 or 25 they must:

- Meet the IRS dependency gross income test (for the 2010 taxable year the dependent could not earn more than $3,650 and still be claimed for income tax purposes).

- Adult family members (parent), grandchildren (non-adopted), nieces (non-adopted) and nephews (non-adopted) age 25 and over can be covered, provided IRS dependent guidelines are met, by purchasing a Sponsored Dependent Rider through payroll deduction.

- Son, daughter, stepchildren and grandchildren (legally-adopted), nieces (legally-adopted) and nephews (legally-adopted) age 26 and over can be covered, provided IRS dependent guidelines are met, by purchasing a Sponsored Dependent Rider through payroll deduction.

Health Plans Coverage Summary

	Community Blue		Blue Care Network		BCBSM Transition Plan[3]
Benefit	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)

	Community Blue		Blue Care Network		BCBSM Transition Plan[3]
Benefit	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)

	Community Blue		Blue Care Network		BCBSM Transition Plan[3]
Benefit	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)

	Community Blue		Blue Care Network		BCBSM Transition Plan[3]
Benefit	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)

	Community Blue		Blue Care Network		BCBSM Transition Plan[3]
Benefit	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% Prior authorization may be required	Covered 80% Prior authorization may be required	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.

CVS/Caremark

The prescription drug plan is a co-pay plan for generic or brand drugs and is administered through CVS/Caremark. CVS/Caremark has a network of over 57,000 participating retail pharmacies, which include some of the largest drug store chains. Full and part-time (50-89.9%) support staff employees may choose to purchase their prescriptions at a participating retail pharmacy, at an MSU pharmacy (Olin Health Center or the Clinical Center pharmacies), or through CVS/Caremark's mail order program. Prescription drug co-pays are as follows:

#	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.	$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**
Annual Out-of-Pocket Maximum	**Individual $1000**	**Family $2000**	
CVS CVS Caremark Customer Service	1-800-565-7105	www.cvscaremark.com	

***Generic Prescribing Program:** Brand-name drugs available under the plan may be affected by the Generic Prescribing Program. This program includes the following provisions:

Level I of the Program: If you or your dependent selects a brand-name prescription drug for which a direct generic equivalent is available, in addition to the generic copay, you will also need to pay the difference in cost between the brand-name drug and the direct generic equivalent that could have been chosen.

Level II of the Program: For certain therapeutic classes of drugs, if you or your dependent choose a brand-name drug for which generic options exist within the same therapeutic class of drugs, in addition to the generic copay, you will also need to pay the difference in cost between the brand-name drug and the average cost of the generic alternatives available in the therapeutic class. The therapeutic classes of drugs impacted by Level II of the program include osteoporosis, nasal steroids, high cholesterol, allergies, sleep problems and GERD/acid reflux. (Effective 7/1/11, migraine medications, blood pressure drugs (ARBs and ACEs) and acne antibiotics will be part of this class of drugs.)

Excluded-Drugs: Under Level I and Level II of the program include: Premarin, Lanoxin, Dilantin, Coumadin and Synthroid.

Exception-Process: In rare cases, some people are unable to use a certain generic drug for documented medical reasons. There is an exception process through CVS Caremark that physicians can use to request an exception if there is a documented medically necessary reason that a patient needs to take a brand medication instead of a generic. There will be no additional charge to you or your physician to file an exception (however, your physician may charge you a fee or copay for their time). Form can be found here: www.hr.msu.edu/forms.htm.

Additional information about the Generic Prescribing Program can be found at: www.hr.msu.edu/generics/index.htm.

** "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.

II. HEALTH CARE WAIVER

If the full or part-time (50-89.9%) employee, spouse, or an Other Eligible Individual and dependents have adequate health care coverage through another employer, the employee may waive MSU's health care coverage and receive a cash payment.

- Employee must enroll within 60 days of appointment (newly eligible have 30 days) or apply during the next annual open enrollment period.
- Eligible to receive up to $600 cash payment the following July.
- Payment is considered taxable income.

- An employee whose spouse or Other Eligible Individual is either an MSU employee or retiree is not eligible for the waiver. For additional information on the Health Care Waiver, see: **www.hr.msu.edu/Benefits/HealthCare/**.

III. DENTAL COVERAGE

Dental Coverage is available through two plans:

- Aetna DMO—a dental maintenance organization plan
- Delta Dental of Michigan—a traditional dental coverage plan

Dental coverage for eligible support staff hired on or after July 1, 2006, will be effective on the first day of the month following their official hire date.

These plans are available for regular full-time and part-time (50-89.9%) support staff employees. New employees have 60 days from the date of appointment (newly eligible have 30 days) to enroll. If enrollment does not occur within 60 days (newly eligible have 30 days), the employee must wait until the next annual open enrollment period. Part-time (50-89.9%) employees receive a ½-time or ¾-time university contribution based on percent of employment and could have a payroll deduction. Payroll deductions for dental premiums, if applicable, are withheld on a pre-tax basis (before federal, state, city, and social security taxes are calculated) so employees may save money on their premium. The employee dental premiums are listed below.

Plan	Coverage Tier	Full-time	¾ time (65-89.9%)	½ time (50-64.9%)
Aetna DMO	Single	Paid by MSU	Paid by MSU	Paid by MSU
	Two-Person	Paid by MSU	Paid by MSU	$5.17
	Family	Paid by MSU	$16.19	$32.37
Delta Dental of Mid Michigan	Single	Paid by MSU	Paid by MSU	Paid by MSU
	Two-Person	Paid by MSU	Paid by MSU	$5.17
	Family	Paid by MSU	$16.19	$32.37

Aetna DMO

Aetna DMO utilizes primary care dentists to lower the cost—it is a managed-care dental plan. Members select a primary care dentist (PCD) from the provider network and visit their PCD as needed for treatment and care.

Highlights of the plan include:

- Fixed co-pays for services.
- No annual or lifetime benefit maximum.
- No annual or lifetime deductible.
- Orthodontia is offered to adults and children.

Delta Dental of Michigan

- 50% of the reasonable and customary costs of most dental services.
- $600 per person calendar year maximum.
- 50% co-payment for orthodontia for persons under age 19. Orthodontia has a separate $600 lifetime maximum.

Dependents

- Covered on dental insurance until the end of the calendar year they turn age 23.

For additional information on dental coverage, see **www.hr.msu.edu/Benefits/Dental/**.

IV. LIFE INSURANCE PLANS

The university offers two life insurance plans. Both plans are term insurance that provide no loan or cash value.

Basic Employer-Paid Life Insurance Plan

Provided for regular full-time support staff employees.

- University pays the entire premium.
- Coverage is equal to one year's base salary or wage up to a maximum of $50,000.
- The amount of coverage in force will be paid to the named beneficiary in the event of the death of the employee from any cause, at any time, while insured under this policy. Exceptions may apply.
- Seatbelt benefit provides 10% additional benefit ($10,000 max.) if the individual dies in an auto accident while wearing their seatbelt.
- Coverage is automatic and no enrollment form is necessary.

Optional Employee-Paid Life Insurance Plan

Provided for regular full-time and part-time (50-89.9%) support staff employees.

- Employee pays the entire premium.
- If coverage is desired, employee must enroll within 60 days of appointment (newly eligible have 30 days); otherwise, an *Evidence of Insurability* must be completed during open enrollment for employee and spouse coverage.
- Coverage may be selected in increments ranging from 1 to 8 times an employee's base annual earnings with a maximum employee benefit of $2,000,000.
- Spouse/Other Eligible Individual coverage is available in amounts ranging from $10,000 to $200,000.
- Dependent child coverage (up to age 23) is available in amounts ranging from $5,000 to $25,000. No evidence of insurability is required.
- Seatbelt benefit provides an additional 10% benefit ($10,000 max.) if individual dies in an auto accident while wearing their seatbelt.
- Accelerated Death Benefit for terminal illness provides 50% of coverage amount ($750,000 max.) if terminally ill with a life expectancy of 12 months or less. Benefits are payable to the designated beneficiary in the event of death from any cause—at any time—while insured under this policy. Exceptions may apply.

For additional information on life insurance plans, see: **www.hr.msu.edu/Benefits/LifeIns/**.

V. VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Provided for regular full-time and part-time (50-89.9%) support staff employees.

- Employee pays entire premium.
- If AD&D coverage is desired, enrollment must be completed within 60 days of the Appointment (newly eligible have 30 days), otherwise the employee will need to wait for the next annual open enrollment period.
- Benefits are payable for accidental death, loss of limb, or loss of sight.
- Coverage may be selected in increments ranging from 1 to 8 times an employee's base annual earnings with a maximum employee benefit of $1,000,000.
- Dependent coverage is available.

For additional information on Accidental Death & Dismemberment insurance see: **www.hr.msu.edu/hrsite/Benefits/FacStaff/LifeIns/**.

VI. UNIVERSITY TRAVEL ACCIDENT

Anyone traveling on or off campus on authorized university business is automatically covered under the Travel Accident Plan. This does not include travel to and from work. Travel while on a sabbatical leave of absence is excluded unless it is an authorized business trip for the university. Coverage is automatic; no enrollment form is necessary. The University pays the premium.

For additional information on University Travel Accident insurance, see: **www.hr.msu.edu/Benefits/LifeIns/**.

VII. LONG-TERM CARE INSURANCE

Available for regular full-time and part-time (50-89.9%) employees.

- Employee pays the entire premium.
- If coverage is desired, employee must enroll within 60 days of appointment date (newly eligible have 30 days), otherwise an *Evidence of Insurability* must be completed.
- Coverage may be selected from three daily maximum benefit options.
- Coverage is also available for the spouses, Other Eligible Individuals, parents, parents-in-law, grandparents, grandparents-in-law, adult children, and siblings of eligible employees.

For additional information on Long Term Care plans, see: **www.hr.msu.edu/ Benefits/LTC/**.

VIII. LONG-TERM DISABILITY

Provided for active, regular full-time support staff employees. There is a service requirement of 12 or 36 full-time equivalent (FTE) service months, depending on the employee group for most employees (FOP employees have coverage on the first month coinciding with or next following the date of employment).

- University pays the premium.
- No enrollment form is necessary.
- The Long-Term Disability plan provides financial protection if the employee should become totally disabled by sickness, injury, or pregnancy.
- Benefits commence after 180 days of total disability and continue for the period of the disability or until age 65 (Benefits may be payable beyond age 65 if disability commenced after age 60).

A brief summary of benefits is outlined in the following table:

LTD BENEFIT SUMMARY SHEET

EMPLOYEE GROUP	ELIGIBILITY	*MONTHLY INCOME BENEFIT
FOP	COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH COINCIDING WITH OR NEXT FOLLOWING THE DAY OF EMPLOYMENT	60% OF MONTHLY BASE SALARY UP TO $15,000 PER MONTH
NURSE, AP & CT CONFIDENTIAL	COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER 12 FTEs	60% OF MONTHLY BASE SALARY UP TO $15,000 PER MONTH
ADMINISTRATIVE PROFESSIONAL AND ADMINISTRATIVE PROFESSIONAL SUPERVISOR, 999, 547, 274, CLERICAL-TECHNICAL	COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER 12 FTEs	60% OF MONTHLY BASE SALARY UP TO $15,000 PER MONTH
1585	COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER 36 FTEs	60% OF MONTHLY BASE SALARY UP TO $15,000 PER MONTH
NON-UNION AND OFF CAMPUS	COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH AFTER 36 FTEs	60% OF MONTHLY BASE SALARY UP TO $15,000 PER MONTH

**Any social security, workers' compensation or other applicable wage replacement benefits offset initial benefit amount. All employee groups are eligible to receive a monthly $50 minimum even if workers' compensation, social security and/or other applicable wage replacement benefit offsets equal the employee's monthly income benefit amount.*

All employee groups are eligible to receive a monthly waiver benefit equal to 15% of the monthly base salary that is put into the employee's base retirement account.

For more information on Long-Term Disability, see **www.hr.msu.edu/ Benefits/LTD/**.

IX. RETIREMENT PLANS

MSU 403(b) Retirement Plan

Base Retirement Program

MSU provides a Base Retirement Program for eligible faculty, academic staff, and executive management employees working at least half-time (50% or greater) for at least 9 months.

The Base Retirement Program is a defined contribution plan consisting of a pretax employee contribution of 5% of base salary and a University contribution of 10% of base salary (Note: for some employee groups there is a service requirement before they are eligible for the MSU contribution. Contact MSU Human Resources Benefits for further details).

Participation in the plan is voluntary for full and part-time (50% or greater) employees until age 35 and 24 full-time equivalent service months, at which time participation is mandatory as a condition of employment (Note: for some employees, participation is required at age 35 regardless of service).

Enrollment: Employees may enroll in the plan at any time. For information on how to enroll, go to **www.hr.msu.edu/HRsite/Benefits/FacStaff/EnrollChg/Retire/retirementenrollment.htm**. Your enrollment must be completed online prior to the first day of the month it is to be in effect.

Base Retirement Program

In addition to the Base Retirement Program, MSU offers a voluntary tax-deferred Supplemental Retirement Program as part of the MSU 403(b) Retirement Plan. This program is funded entirely by employee contributions on a pretax basis. Contributions are deducted from salary before taxes are taken out. No taxes are paid on the earnings in the Supplemental Retirement Program until funds are withdrawn from the account. Enrollment in the Supplemental Retirement Program and changes or cancellation of the amount of your contribution is permitted at any time. For more information, see: **www.hr.msu.edu/ Benefits/Retirement/.**

MSU 457(b) Deferred Compensation Plan

The MSU 457(b) Deferred Compensation Plan is also a voluntary tax-deferred retirement plan funded entirely by employee contributions on a pretax basis. The amount that can be contributed is completely separate from the amounts contributed to the 403(b) Plan, as set each year by the IRS. Enrollment in the 457(b) Deferred Compensation Plan and changes or cancellation of the amount of your contribution is permitted at any time. To learn more about this plan, go to: **www.hr.msu.edu/ Benefits/Retirement/**.

Retirement Investment Advisory Service

MSU selected an independent third party that can provide unbiased retirement investment advice to MSU employees and retirees regarding their 403(b) Retirement Plan (Base and Supplemental) and 457(b) Deferred Compensation Plan accounts. The provider, StraightLine Group, LLC, was selected through an extensive proposal process. This is an optional service and the cost, if any, will be paid by the individual. For more detail on their service, you can reach StraightLine at 877-EDU-403B (877-338-4032) or visit their website at **www.myrplan.com/msu**.

X. EDUCATIONAL PRIVILEGES

Course Fee Courtesy

The Course Fee Courtesy program offered by MSU permits support staff employee's spouse and/or dependent children to enroll in MSU courses and pay half-tuition. Course Fee Courtesy is valid only for the first bachelor's degree and through the semester in which the 120th credit is attempted.

There is a service requirement of 60 FTEs for full-time university support staff eligibility for this benefit. For more information, see: **www.hr.msu.edu/ProDev/ss_prodev/TuitionAsst.htm**.

Educational Assistance

This program is for university support staff employees. The university provides assistance immediately for Local 547 employees, or after 12 FTEs for all other support staff employee groups interested in furthering their education. This assistance constitutes tuition payment for MSU and non-MSU courses offered at accredited institutions.

The amount of assistance available varies by employee group. Most employee groups are eligible for 14 semester credits per academic year (FOP and AP Confidentials eligible for 16 semester credit hours per academic year). Part-time (50-89.9%) employees are also eligible. For more information, see: **www.hr.msu.edu/ProDev/ss_prodev/TuitionAsst.htm**.

XI. FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts (FSA) provide tax-free reimbursement to full and part-time (50-89.9%) employees appointed for 9 months or longer for health care and dependent care expenses that are not reimbursed by any other insurance or reimbursement program. New employees have 60 days (newly eligible have 30 days) from the date of appointment to enroll. If enrollment does not occur within 60 days (newly eligible have 30 days), the employee must wait until the next annual open enrollment period

Health Care Spending Account (HCSA)

Health Care Spending Accounts provide employees the opportunity, on a pre-tax basis, to pay for medically related expenses that are not covered by insurance and/or eligible over-the-counter medications. The amount contributed and the amount reimbursed from a HCSA account is income tax-free. Annual contributions of up to $5,000 per eligible employee may be made per calendar year. For spouses who both work at MSU and are eligible, this means each spouse may contribute up to $5,000 for a household total of $10,000. Examples of eligible expenses are: physician office and prescription co-pays/deductibles, eyeglasses, contact lenses, orthodontics and over-the-counter medications.

Dependent Care Spending Account (DCSA)

Dependent Care Spending Accounts provide employees the opportunity to pay for dependent daycare expenses for a child, disabled spouse or dependent parent. The amount contributed and the amount reimbursed from a DCSA account is income tax-free. Contributions may be made up to $5,000 per household, per calendar year.[4] Daycare is an eligible expense if it is provided in or outside of your home for a qualifying dependent by an eligible care provider. These eligible expenses must be incurred by qualifying dependents to allow you and your spouse to work or attend school full-time.

Due to IRS requirements, any unused money left in a HCSA/DCSA at the end of the plan (calendar) year will be forfeited. For additional information and requirements (including a list of eligible and ineligible expenses), see: **www.hr.msu.edu/Benefits/FSA/**.

[4]*If you are married and file a separate income tax return, contributions cannot exceed $2,500 for each of you, with a $5,000 maximum.*

XII. ON THE JOB INJURY OR ILLNESS

Illness or injuries that arise from and in the course of employment at MSU should immediately be reported to the supervisor, director, or chairperson. Support staff employees may qualify for loss of income protection benefits pursuant to the State of Michigan Workers' Disability Compensation Act. This law also provides for medical coverage for work-related illness or injury. For more information, see: **www.hr.msu.edu/Benefits/WorkersComp/**.

For more information on the benefits listed in this document, visit MSU Human Resources Benefits' Web site at **www.hr.msu.edu/Benefits/**.