

MSU Human Resources **Source**

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April 2004

People Making People Matter

MSU Human Resources Benefits Open Enrollment April 19 - May 9, 2004

The annual Benefits Open Enrollment is scheduled for April 19 through May 9, 2004. During Open Enrollment employees are eligible to enroll or make changes to their current benefit plans.

The MSU Human Resources Web site allows 24-hour access to Open Enrollment information. You may make plan selection changes, enroll, add eligible dependents, and correct enrollment information from the comfort of your home or office. Access the online enrollment feature at www.hr.msu.edu and select the **eHR Electronic Transactions** link. You will need your MSU NetID (Contact the MSU Libraries, Computing & Technology help-line at 800-500-1554 or 517-355-2345 if you do not have an MSU NetID). Upon successful log in, click the **Benefits Enrollment/Changes** link. If you don't have computer access at your home or office, you may utilize a computer at one of the Benefit Fairs listed on this page. MSU Human

Resources Benefits representatives will be available to assist you. You may also utilize a computer lab on campus, or come to MSU Human Resources Benefits located in room 140 Nisbet Building. Contact MSU Human Resources Benefits for enrollment assistance at 517-353-4434, or toll-free 800-353-4434.

Changes made during Open Enrollment become effective July 1, 2004.

Important Note: If you enroll or make changes online, the last confirmation statement you receive will reflect your enrollment status. All enrollments, plan changes, and corrections must be completed by May 9, 2004, or within seven days of receiving your confirmation statement, whichever is later.

Find step-by-step online Open Enrollment instructions at: www.hr.msu.edu

Benefits Fair:

Monday, April 19

7:30 a.m. - 4:30 p.m.
MSU Union Bldg.
Parlor Rooms B&C

Tuesday, April 20

7:30 a.m. - 4:30 p.m.
MSU Union Bldg.
Parlor Rooms B&C

Wednesday, April 21

7:30 a.m. - 4:30 p.m.
Nisbet Bldg. 1st Floor

Benefit plan representatives, retirement investment sponsors, and MSU Human Resources Benefits representatives will be available at the MSU Benefits Fair.

Ernie Harwell, retired sports broadcaster for the Detroit Tigers and Baseball Hall of Fame inductee, will be at the Benefits Fair on Wednesday, April 21, from 11 a.m. - 1 p.m. to talk with employees and sign autographs.

To request accommodations such as an interpreter or auxiliary aid, phone 517-353-4434 two days in advance.

Review Personal Statement of Benefits on the Web

Faculty/academic and support staff at MSU may access their personal statement of benefits on the Web at www.hr.msu.edu. Once at this site, click **eHR Electronic Transactions** and log in with your MSU NetID and password. (If you have not activated your MSU NetID, contact MSU Libraries, Computing & Technology at 800-500-1554 or 517-355-2345.) After you log in, click **Statement of Benefits**. Information on your statement is updated monthly to include salary, personal, or benefit changes. View dependents covered on your health and dental plans by clicking **Enrollees**. If you have questions, contact MSU Human Resources Benefits at 517-353-4434, toll-free 800-353-4434, or email benefitsinfo@hr.msu.edu.

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Summary of Health Plan Enrollment Information

Effective July 1, 2004

Health Plan Choices - See pages 7-11 for health plan summaries

Community Blue PPO

Community Blue will continue to be offered as a health plan option.

Physicians Health Plan (PHP)

Physicians Health Plan will continue to be offered as a health plan option. All active employees who elect this coverage will contribute the difference in premium cost between Community Blue PPO or BCBSM Transition (if eligible) and PHP. Effective July 1, 2004, PHP will make minor changes to several categories of coverage. The changes are printed in green in the Health Plan Coverage Summaries on pages 7-11 of this issue of *Source*.

MSU Prescription Drug Plan (Caremark)

Caremark will continue to provide pharmacy benefit management services to MSU. Enrollment is automatic upon selection of a health plan. As a reminder, prescription drug co-pays are:

Rx Tier		34-Day Retail	90-Day Mail	MSU Pharmacy 34-Day Supply	MSU Pharmacy 90-Day Supply
1	Generic	\$10	\$20	\$8	\$16
2	Brand Preferred (Formulary)	\$15	\$30	\$13	\$26
3	Brand Non-Preferred (Non-Formulary)	\$30	\$60	\$28	\$56

- When a non-formulary brand prescription is prescribed and there is no other formulary equivalent, the formulary brand co-pay will apply.
- An annual \$1,000 single and \$2,000 family maximum limit for employee out-of-pocket payments will apply per calendar year.
- Co-pays for prescriptions filled according to a "Dispense as Written" physician order will be consistent with the drug dispensed, regardless of whether or not a generic equivalent is available.

Health Plan Cost Sharing *

Full-time support staff electing PHP coverage will contribute the premium cost difference between PHP and the lower cost plan for which they are eligible.

Full-time faculty will contribute a total of 7.5% toward the premium cost of the health plan in which they enroll. For those enrolled in Physicians Health Plan (PHP), the 7.5% premium contribution plus the premium cost difference between Community Blue PPO or BCBSM Transition and PHP will be deducted on a pretax basis.

*See the *Employee Monthly Health Plan Contribution chart* on page 12.

MSU Health Plan Waiver Payments

Health plan waiver payments continue to be available to employees whose spouses or MSU recognized same-sex domestic partners are not employed by MSU.

Access to MSU Health Plan Coverage

To be covered by an MSU health plan, spouses or MSU recognized same-sex domestic partners of MSU employees who have access to coverage elsewhere must purchase single coverage through their own employer if his/her annual premium contribution toward that coverage is \$600 or less.

You **MUST** participate in online Open Enrollment by May 9, 2004 in order to maintain MSU health coverage for your spouse or MSU recognized same-sex domestic partner, who is **not** employed by MSU.

If you do not cover a spouse or MSU recognized same-sex domestic partner and do not wish to make benefit changes, you are not required to participate in Open Enrollment.

Reminder of Other Important Benefits Information

- Coverage for dependents will cease at the end of the calendar year they turn age 23. Employees may purchase continued coverage for these dependents through a plan rider or COBRA, in accordance with applicable eligibility criteria, by contacting MSU Human Resources Benefits. However, for those dependents covered as of 7/1/02 and who reached age 24 or 25 prior to January 1, 2003, coverage may continue until the end of the calendar year they turn age 25.
- Health and dental plan coverage will cease at the end of the month in which a leave of absence, layoff, or employment termination is effective (for reasons other than official retirement).

Payment Available For Waiving Health Care Coverage

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

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

Employees and spouses or MSU recognized same-sex domestic partners who are both employed at MSU are not eligible for the waiver option.

Employees may choose to waive MSU health care during Open Enrollment by accessing online enrollment on the web at www.hr.msu.edu. Log in using *eHR Electronic Transactions* and click on the *Benefits Enrollment/Changes* link.

Those enrolled for 2003-2004 do not need to complete another form during this year's Open Enrollment to continue the waiver for 2004-2005. The waiver period is July 1, 2004, through June 30, 2005. The employee will receive payment in July 2005.

When deciding whether to waive MSU health plan coverage, remember

to compare your current MSU plan with the other health plans available to you. Compare covered services, deductibles, and copays.

The \$600 (or prorated amount) received by you for waiving the MSU health plan *is taxable income*. To help reduce taxation, you may want to start or increase your contribution to a Supplemental Retirement Plan or a 457 (b) Deferred Compensation Plan. Visit Retirement's Web site at www.hr.msu.edu/HRsite/Benefits/FacStaff/Retire for more information.

If an employee's other health coverage is involuntarily discontinued, the employee has 31 days to re-enroll in an MSU health plan. Payment for time without MSU health coverage will be prorated using the Waiver Payments chart provided. Individuals accrue points based on their employment percent and number of months enrolled in the waiver program. A full-time employee accrues one point for each month they are enrolled in the waiver program. One-half or three-quarter time employees accrue .50 or .75 respectively, for each month they are enrolled in the waiver program. MSU reviews the employee's status each month to determine points.

Example: Joe Spartan is a full-time MSU employee covered under another health plan. During open enrollment, Joe decides to waive MSU's health coverage (which becomes effective July 1). On October 15, Joe terminates his MSU employment.

The waiver benefit will terminate effective October 31. Joe was in the waiver program for four months accruing four points and will be eligible for a \$150 payment upon termination from MSU.

Individuals hired during the plan year, or who go on unpaid leave of absence (except those on a family medical leave), will receive a prorated payment in July 2005 based on the chart below.

If you have questions, you may contact MSU Human Resources Benefits by phoning 517-353-4434, toll-free 800-353-4434, or email benefitsinfo@hr.msu.edu.

Waiver Payments	
Full 12 points	\$600
9 through 11.75 points	\$450
6 through 8.75 points	\$300
3 through 5.75 points	\$150
Less than 3 points	0

Increase Your Employee-Paid Life Insurance Coverage During Open Enrollment

During Open Enrollment, employees *currently enrolled* in Employee-Paid Life Insurance may add the dependent option or increase their life insurance coverage one plan higher without an *Evidence of Insurability Form (E of I Form)*. For example, if you are enrolled in Plan 1 and want to increase to Plan 2, or if you are enrolled in Plan B and want to increase to Plan C, an *E of I Form* will not be necessary if you make the change during Open Enrollment. Individuals are allowed to increase one level higher each year during open enrollment (until they reach the highest plan) without completing an *E of I Form*. Requests to increase more than one level or to change from the fixed benefit option to the salary indexed option will require enrollment on the Web and an *E of I Form* (www.hr.msu.edu/HRsite/forms).

Changes can be made online at www.hr.msu.edu. Once at this site, select the *eHR Electronic Transactions* link. Upon successful log in, click the *Benefits Enrollment/Changes* link. If you need assistance, contact MSU Human Resources Benefits (517-353-4434, or toll-free 800-353-4434) by Friday, May 7, 2004.

Individuals not currently enrolled or sixty days past their appointment/employment date will need to complete an *Evidence of Insurability Form (E of I Form)*.

Employee payroll deductions will be adjusted if the dependent option is added or if the level of coverage is increased. Any changes made during Open Enrollment will be reflected in June paychecks for July coverage. Life insurance coverage increases become effective July 1, 2004. Coverage becomes effective upon approval from the life insurance company when an *E of I Form* is required. Coverage requests made with an *E of I Form* will be approved or denied by the insurance company based on the health of the individual and may not have a July 1, 2004 effective date.

Questions? Phone 517-353-4434, toll-free 800-353-4434, or email benefitsinfo@hr.msu.edu

Open Enrollment Questions and Answers

If I don't want to make any changes to my health plan coverage, do I need to do anything during Benefits Open Enrollment?

If you do not cover a spouse or MSU recognized same-sex domestic partner and do not wish to make benefit changes, or increase your life insurance coverage, you are not required to participate in Open Enrollment.

You must participate in Benefits Open Enrollment in order to maintain MSU health plan coverage for your spouse or MSU recognized same-sex domestic partner, (who is not employed at MSU), and to make any changes in your benefits enrollment.

Enrollment

1. When and how do I make changes in my benefit plans?

You may make changes during the annual Open Enrollment period: April 19 – May 9, 2004. You may make plan selection changes, enroll, add eligible dependents, or correct inaccurate information through one of the options listed below.

- Use the Web-based online enrollment feature. You will need to use your MSU NetID. (Contact MSU Libraries, Computing & Technology help-line at 800-500-1554 for assistance with your MSU NetID.) To access the online enrollment, go to www.hr.msu.edu and select the **eHR Electronic Transactions** link. Click on **Benefit Enrollment/Changes** and follow the instructions.
- Contact MSU Human Resources Benefits if you need assistance, at 517-353-4434 or toll-free 800-353-4434.

2. When do Open Enrollment changes become effective?

Changes become effective July 1, 2004. Coverage for life insurance becomes effective upon approval from the life insurance company when an *Evidence of Insurability Form (E of I Form)* is required.

3. Which plans are available to employees?

- **Community Blue - PPO** with Caremark Rx coverage
- **Physicians Health Plan (PHP)** with Caremark Rx coverage
- **Blue Cross Blue Shield of Michigan Transition (BCBSM)** with Caremark Rx coverage (only available when there is a mix of Medicare and non-Medicare enrolled family members.)

- **Health Plan Waiver**
- **Delta Dental**
- **Employee-Paid Life Insurance**
- **Accidental Death and Dismemberment**

Health Plan Employee Contributions

4. Will I need to contribute toward the cost of my health plan coverage?

Eligible full-time faculty, academic staff and executive managers who enroll in the Community Blue health plan will contribute 7.5% of the premium cost. For payments paid through payroll deduction, the contributions will be taken on a pre-tax basis. For those enrolled in Physicians Health Plan (PHP), a 7.5% employee premium contribution plus the premium cost difference between Community Blue or BCBSM Transition and PHP coverage will be deducted on a pre-tax basis. (The calculation of the 7.5% employee premium contribution does not include the cost of the Caremark prescription drug plan.) *The monthly premium contributions are listed in the chart on the right.*

Faculty Monthly Health Plan Contributions			
	Coverage Tier	Employee Contribution	MSU Contribution*
Community Blue - PPO	Single	\$19.63	\$325.50
	2 Person	\$41.24	\$683.84
	Family	\$48.13	\$805.14
Physicians Health Plan (PHP)	Single	\$27.20	\$325.50
	2 Person	\$57.14	\$683.84
	Family	\$66.29	\$805.14
Blue Cross Blue Shield of Michigan Transition	2 Person, 1 with Medicare	\$22.37	\$610.06
	Family, 1 with Medicare	\$30.50	\$666.12
	Family, 2 with Medicare	\$29.76	\$831.08

*Includes the premium cost of Caremark

Eligible full-time support staff who enroll in the Community Blue or BCBSM Transition plan will not contribute toward the premium cost of those plans. Those electing PHP coverage will contribute the premium cost difference between Community Blue or BCBSM Transition and PHP coverage. For payments paid through payroll deduction, the contributions will be taken on a pre-tax basis. *The monthly premium contributions are listed in the chart on the right.*

Support Staff Monthly Health Plan Contributions			
	Coverage Tier	Employee Contribution	MSU Contribution*
Community Blue - PPO	Single	Paid by MSU	\$348.49
	2 Person	Paid by MSU	\$732.14
	Family	Paid by MSU	\$861.15
Physicians Health Plan (PHP)	Single	\$7.49	\$348.49
	2 Person	\$15.72	\$732.14
	Family	\$18.30	\$861.15
Blue Cross Blue Shield of Michigan Transition	2 Person, 1 with Medicare	Paid by MSU	\$635.71
	Family, 1 with Medicare	Paid by MSU	\$701.22
	Family, 2 with Medicare	Paid by MSU	\$865.38

*Includes the premium cost of Caremark

5. My spouse and I are both faculty members at MSU. My spouse has PHP for herself and our children and I have Community Blue coverage for myself. Do we both pay the 7.5% employee premium contribution?

Yes, you may wish to consider covering the entire family on one plan to reduce the amount of your employee premium contributions.

6. My spouse and I are both covered under PHP and we do not have any dependents. Is it less costly for MSU if we each have single coverage in our own name, or if both of us are covered together under one employee's enrollment?

For PHP, it is less expensive for MSU if spouses or MSU recognized same-sex domestic partners cover themselves in their own names. The opposite is true for Community Blue. Because MSU pays an administration fee for each Blue Cross contract (employee), it is less costly to MSU for both spouses to be covered under one employee's enrollment. For either PHP or Community Blue, if there are additional dependents being covered, it is less costly for MSU when all family members are covered under one health plan contract.

7. I understand there is a "hardship" application for health plan contributions for part-time employees. As a part-time employee, how do I know if I qualify and how do I apply?

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.

- If they do not have access to other health coverage through a spouse's group plan.
- If they are not married or in an MSU recognized same-sex domestic partnership and do not have access to other health care coverage from another employer as an active employee or retiree.

Forms are available at www.hr.msu.edu/HRsite/Forms.

Health Plan Waiver

8. Currently, MSU employees who waive MSU health plan coverage and are covered by another employer receive a payment up to \$600. Will they continue to receive this payment?

Yes, if an employee has waived MSU health plan coverage, then no re-election is required to continue to receive the waiver payment. Note: Employees and spouses or MSU recognized same-sex domestic partners who are both employed at MSU are not eligible for the waiver payment.

Access to MSU Health Plan Coverage For Spouse or MSU Recognized Same-Sex Domestic Partner

9. I have a spouse who currently works for another employer who can enroll for single health plan coverage and contribute \$600 or less per year toward the premium cost from that employer. I plan to have him/her enroll in that plan by July 1, 2004. Is there anything else I need to do?

Yes, employees with a spouse or MSU recognized same-sex domestic partner, who does not work at MSU, must participate in the online Open Enrollment in order to complete the **Health Plan Affidavit for Spouse or MSU Recognized Same-Sex Domestic Partner** to inform MSU of other coverage enrollment. Completion

of this Affidavit is required regardless of the premium contribution amount required of the spouse or MSU recognized same-sex domestic partner.

10. My spouse does not have access to other health plan coverage. Do I still need to complete the Health Plan Affidavit for Spouse or MSU Recognized Same-Sex Domestic Partner?

Yes, employees whose spouse or MSU recognized same-sex domestic partner, does not work at MSU, and who does not have access to other health plan coverage still need to participate in online Open Enrollment in order to complete the **Health Plan Affidavit for Spouse or MSU Recognized Same-Sex Domestic Partner** to inform MSU that access to other health plan coverage is not available..

11. My spouse currently works for another employer and is required to take that employer's health plan coverage. Is my spouse also required to cover our dependent children under his/her employer's health plan?

No, MSU does not require that dependent children be covered under the health plan of your spouse's or MSU recognized same-sex domestic partner's employer. However, you may wish to have them covered under the other employer's plan depending on your cost for this coverage and your health plan needs.

12. When does my spouse need to enroll in his/her employer's health plan?

Your spouse or MSU recognized same-sex domestic partner must enroll by July 1, 2004.

Caremark Prescription Drug Plan

13. Do I need to enroll in the Caremark prescription drug plan if I change health plans?

No, if you are enrolled in any of the MSU health plans, you'll automatically be covered by the Caremark prescription drug plan.

Life Insurance

14. I am not currently enrolled in the Employee-Paid Life Insurance plan. Can I enroll for this coverage during the 2004 Benefits Open Enrollment?

Yes, eligible faculty and support staff may enroll for this coverage for the first time during this Benefits Open Enrollment. However, you must complete an **Evidence of Insurability Form (E of I Form)** and cannot enroll online. The form is available on the Web at www.hr.msu.edu/HRsite/forms. Coverage becomes effective upon approval from the life insurance company when an **E of I Form** is required.

15. I am currently enrolled in the Employee-Paid Life Insurance plan. Can I increase that amount during this Benefits Open Enrollment, and if so, by how much?

The maximum amount of life insurance available under the Employee-Paid Life Insurance plan is \$500,000. During this Benefits Open Enrollment you may increase one level of coverage without an **Evidence of Insurability Form (E of I Form)** by accessing the **Benefits Enrollment/Changes** link on the Human Resources Web site (www.hr.msu.edu). You will also be able to see the cost of increasing coverage by accessing this Web site.

Your Health Plan Costs and Coverage Summary for 2004-2005

The coverage summary and health plan costs on the following pages will help you compare health plan options available to you through Michigan State University. The summary compares essential features of the health plan options available to MSU faculty and staff: Community Blue, Physicians Health Plan, and the Blue Cross Blue Shield of Michigan Transition Plan (for those with a mix of Medicare and non-Medicare enrolled family members). It is not intended to be a full description of coverage. Brochures are available from MSU Human Resources Benefits, 140 Nisbet Building, from 8:00 a.m. to 5:00 p.m., including the lunch hour, Monday through Friday, or on the Web at www.hr.msu.edu/HRsite/Benefits/FacStaff/Summaries/.

Community Blue is a Preferred Provider Organization (PPO) and allows you to choose whether you receive health care services from a Blue Preferred PPO physician (in-network) or to choose any physician (out-of-network). There is a nationwide network of participating PPO physicians and hospitals which allows you to choose any physician in the network without requiring a referral from a primary care physician. Choosing an in-network provider will allow members to receive up to \$250 per member in preventive services per calendar year without a copay. For out-of-network services there is a \$250 calendar year deductible per person or \$500 per family, and usually a 20 percent copay. For faculty, academic staff, and executive management, the annual copay maximum is \$240 for single and \$480 for family and includes office visits, consultations, chiropractics, urgent care, and emergency room (excludes out-of-network copays). For questions about specific coverage details, please call Blue Cross Blue Shield at 1-800-322-4447.

Dependents under all plans remain covered under your plan until the end of the calendar year they turn 19 (23 if a full-time student and a dependent based on the IRS definition). Employees may purchase continued coverages for dependents, age 23 - 25, through a rider or COBRA.

Physicians Health Plan (PHP) is a Health Maintenance Organization (HMO) offering services through statewide primary care physicians and referral specialists practicing from their own community offices. PHP is available to employees living in Clinton, Eaton, Ingham, Isabella, Shiawassee, Gratiot, Montcalm, Ionia, and Saginaw counties. A complete listing of participating providers for each area is available at MSU Human Resources Benefits, or by calling PHP's Customer Service Department (517-364-8500 or 800-832-9186). With PHP, you receive HMO benefits through participating PHP providers, and you automatically receive supplemental benefits through United HealthCare Insurance Company. When receiving United HealthCare benefits, it is not necessary to use PHP participating providers. Most services covered by United HealthCare require prior authorization. United HealthCare benefits are covered at levels indicated in the chart, after satisfying a \$500 deductible per individual or \$1,000 deductible per family per calendar year. For faculty, academic staff, and executive management, the annual copay maximum is \$240 for single and \$480 for family and includes office visits, consultations, urgent care, and emergency room (excludes out-of-network copays).

Blue Cross Blue Shield of Michigan Transition Plan

This plan is only available to employees 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. This plan consists of two parts: a basic benefit portion as well as Master Medical. Basic benefits are paid at 100 percent of the approved fixed fee amount to participating providers. **PLEASE NOTE:** Any residual charges from non-participating providers from the basic plan above the approved fixed fee amount cannot be submitted to Master Medical for reimbursement. Reimbursement begins after a covered individual has met the calendar-year deductible of \$100 (\$200 per family). The annual Master Medical deductible for faculty and academic staff is \$150 (\$300 per family). Master Medical reimburses 80 percent of UCR (usual, customary, and reasonable) after the required deductible, and 100 percent after \$1,000 of out-of-pocket expenses with a lifetime maximum of \$5 million. Outpatient mental health benefits are reimbursed at 50 percent of the UCR amount (after the deductible) and are limited to 25 visits in a calendar year. For questions about specific coverage details, please call Blue Cross Blue Shield at 1-800-322-4447.

Health Plans - Coverage Summary

S- Staff
F-Faculty

Benefit	Community Blue		Physicians Health Plan		BCBSM Transition Plan ⁴
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Preventive Services Health Maintenance Exam (including specific screening tests)	Covered - 100% 1 per calendar year ¹	Not covered	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Not covered
Annual Gynecological Exam	Covered - 100% 1 per calendar year	Not covered	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Not covered
Pap Smear Screening (laboratory services only)	Covered - 100% 1 per calendar year ^{S1 F2}	Not covered	Covered - 100%	Not covered	Covered - 100%
Well-Baby and Child Care Exams	Covered - 100% ² (6 visits per year for children from 1 to 24 months; 2 visits per year for children from 24 months to 48 months; 1 visit per year age 4 through 15)	Not covered	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Not covered
Immunizations	Covered - 100% ² through age 15	Not covered	Covered - 100%	Not covered	Not covered
Flu Shots	Covered - 100% ²	Not covered	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Not covered
IUD, Diaphragm, Norplant	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Not covered
Fecal Occult Blood Screening	Covered - 100% 1 per calendar year after age 50 ^{S1 F2}	Not covered	Covered - 100%	Not covered	Covered - 100%
Flexible Sigmoidoscopy Exam	Covered - 100% 1 per calendar year after age 50 ^{S1 F2}	Not covered	Covered - 100%	Not covered	Covered - 100%
Prostate Exam	Covered - 100% 1 per calendar year after age 40 ^{S1 F2}	Not covered	Covered - 100%	Not covered	Covered - 100%
Prostate Specific Antigen (PSA) Screening	Covered - 100% 1 per calendar year after age 40 ^{S1 F2}	Not covered	Covered - 100%	Not covered	Covered - 100%
Mammography Screening	Covered - 100% 1 baseline for ages 35-40, 1 annually after age 40 ²	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible	Covered - 100%
Physician Office Services Office Visits (medically necessary)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	80% of EE ⁶ after deductible (prior authorization is not required for services in a physician's office)	Covered - 80% after deductible - UCR ⁵
Minimal Office Visits (medically necessary)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	80% of EE ⁶ after deductible	Not covered
Outpatient and Home Visits (medically necessary)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	80% of EE ⁶ after deductible	Covered - 80% after deductible - UCR ⁵
Office Consultations (medically necessary)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	80% of EE ⁶ after deductible	Covered - 80% after deductible - UCR ⁵
Outpatient Diabetes Management (Certified Providers)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Not covered	Covered - 100%

1- Preventative services covered up to \$250 per member per calendar year. American Cancer Society and U.S. Preventive Service Task Force guidelines are used.

2- Mammograms, well-baby and child care (up to age 2), immunizations, flu shots, and IUD/administration of contraception injections are not included in the \$250 annual limit.

3- Copay applies a calendar year maximum out-of-pocket (MOOP) of \$240/\$480 for faculty, academic staff, and executive management.

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

5- UCR is a Blue Cross term for a payment level that providers of medical care have agreed to in exchange for participation in the Blue Cross network.

6- **EE** stands for Eligible Expenses which are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amounts health care providers in a certain area usually charge for certain treatments/procedures and can include a negotiable fee for that service.

Health Plans - Coverage Summary

(Continued)

S- Staff
F- Faculty

Benefit	Community Blue		Physicians Health Plan		BCBSM Transition Plan ⁴
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Emergency Medical Care Hospital Emergency Room (approved diagnosis)	Covered - \$50 copay ³ (waived for emergency or accident, or if admitted)	Covered - \$50 copay (waived for emergency or accident, or if admitted)	Covered - \$25 copay ^S (waived if admitted) Covered - \$50 copay ^{F3} (waived if admitted)	80% of EE ⁶ after deductible if HMO benefits don't apply	Covered - 100%
Physician's Office (approved diagnosis)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	80% of EE ⁶ after deductible if HMO benefits don't apply	Covered - 100%
Urgent Care Center (approved diagnosis)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$15 copay ³	80% of EE ⁶ after deductible if HMO benefits don't apply	Covered - 100%
Ambulance Services (medically necessary)	Covered - 100% of the approved amount	Covered** - 100% of the approved amount	Covered - 80%	Not covered (emergency ambulance covered worldwide as an in-network benefit)	Covered - 80% after deductible - UCR ⁵
Diagnostic Services Laboratory and Pathology Tests	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible	Covered - 100%
Diagnostic Tests and X-Rays	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible	Covered - 100%
Radiation Therapy	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible	Covered - 100%
Maternity Services Provided by a Physician Pre-Natal and Post-Natal Care	Covered - 100%	Covered - 80% after deductible	Covered 100%	80% of EE ⁶ after deductible	Covered - 80% after deductible - UCR ⁵
Delivery and Nursery Care	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible	Covered - 100%
Hospital Care Semi-Private Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies	Covered - 100% (unlimited days) Subject to contract lifetime maximum (\$5 million)	Covered - 80% after deductible (unlimited days) Subject to contract lifetime maximum (\$5 million)	Covered - 100% (unlimited days) Subject to contract lifetime maximum (\$5 million)	80% of EE ⁶ after deductible *	Covered - 100% unlimited days subject to contract lifetime maximum (\$5 million)
Inpatient Consultations	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible *	Covered - 100%
Chemotherapy	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible *	Covered - 100%
Alternatives to Hospital Care Skilled Nursing Care (must meet medical necessity guidelines for skilled care)	Covered - 100% (up to 120 days per calendar year) Subject to contract lifetime maximum (\$5 million) in Approved Facilities		Covered - 100% (up to 100 days per calendar year)	80% of EE ⁶ after deductible (up to 60 days per calendar year) *	Covered - 100% unlimited days subject to contract lifetime maximum (\$5 million) in Approved Facilities
Hospice Care	Covered - 100% limited to the lifetime dollar maximum which is adjusted annually		Covered - 80%	80% of EE ⁶ (maximums apply)	Covered - 100% limited to the lifetime dollar maximum which is adjusted periodically
Home Health Care	Covered - 100% (unlimited visits)		Covered 100% (60 visits per calendar year)	80% of EE ⁶ after deductible (combined network and non-network benefits limited to 60 visits per calendar year)	Covered - 100%
Individual Case Management	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%

* Prior authorization required

3- Copay applies a calendar year maximum out-of-pocket (MOOP) of \$240/\$480 for faculty, academic staff, and executive management.

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

5- UCR is a Blue Cross term for a payment level that providers of medical care have agreed to in exchange for participation in the Blue Cross network.

6- EE stands for Eligible Expenses which are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amounts health care providers in a certain area usually charge for certain treatments/procedures and can include a negotiable fee for that service.

Health Plans - Coverage Summary

(Continued)

S- Staff
F- Faculty

Benefit	Community Blue		Physicians Health Plan		BCBSM Transition Plan ⁴
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Surgical Services Surgery, including all related Surgical Services, Anesthesia, and Surgical Assistance	Covered - 100%	Covered - 80% after deductible	Covered - 100%	80% of EE ⁶ after deductible *	Covered - 100%
Voluntary Sterilization	Covered - 100%	Covered - 80% after deductible	Covered - 100%	Not covered	Covered - 100%
Human Organ Transplants * Such as Liver, Heart, Lung, Pancreas, Heart-Lung, Kidney, Cornea, and Skin and Bone Marrow (subject to program guidelines)	Covered - 100%	Covered - 80% after deductible	Covered - 100% **	Not covered	Covered - 100%**
Transplant Benefits Maximum	\$1 million maximum per transplant *		No maximum	Not covered	\$1 million maximum per transplant **
NCI Clinical Trials Stage II and III Breast Cancer, All Stages Ovarian Cancer	Covered - 100% *	Not covered	Covered - 100%	Not covered	Covered - 100%**
Mental Health Care and Substance Abuse Treatment Inpatient Mental Health Care and Substance Abuse Care	Covered - 100% (inpatient mental health) Covered - 50% (inpatient substance abuse) up to 30 days combined inpatient mental health and substance abuse care	Covered - 100% after deductible (for inpatient mental health) and covered - 50% (for inpatient substance abuse) up to 30 days combined inpatient mental health and substance abuse care	Inpatient physician: 60% coverage Inpatient hospital: 80% coverage (30 days per calendar year) for mental health care Intermediate care for substance abuse: 60%	Not covered for inpatient mental health; Inpatient substance abuse - 80% of EE ⁶ after deductible (\$1,000 maximum per calendar year)	Covered - 100% subject to Blue Cross review
Outpatient Mental Health Care	Covered - 50% (in- and out-of-network services have an annual combined maximum of 25 visits)	Covered - 50% after deductible (annual combined maximum of 25 visits for in- and out-of-network services)	Covered - \$20 copay per visit (up to 20 visits per calendar year)	80% of EE ⁶ after deductible (combined network and out-of-network benefits limited to 20 visits per calendar year); not subject to annual deductible	Covered - 50% after deductible - UCR ⁵ (up to 25 visits per year)
Outpatient Substance Abuse Care	Covered - 50% up to the state-mandated dollar amount which is adjusted annually	Covered - 50% after deductible; up to the state-mandated dollar amount which is adjusted annually	Covered - \$20 copay per visit (maximums apply)	80% of EE ⁶ after deductible (maximums apply)	Covered up to the state-mandated dollar amount which is adjusted annually
Other Services Allergy Testing and Therapy	Covered - 100%	Covered - 80% after deductible	Covered - \$10 copay ^S Covered - \$12 copay ^{F3} Injections - 100%	80% of EE ⁶ after deductible	Covered - 80% after deductible - UCR ⁵
Chiropractic Spinal Manipulation	Covered - \$10 copay ^S Covered - \$12 copay ^{F3} (in- and out-of-network services have an annual combined maximum of 24 visits)	Covered - 80% after deductible (in out-of-network services have an annual combined maximum of 24 visits)	Not covered	Not covered	Covered - 80% after deductible - UCR ⁵
Osteopathic Manipulation by a Physician (D.O.)	Covered - \$10 copay ^S Covered - \$12 copay ^{F3}	Covered - 80% after deductible	Covered - \$10 copay ^S (included as part of office visit) Covered - \$12 copay ^{F3} (included as part of office visit)	Not covered	Covered - 80% after deductible - UCR ⁵
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	Covered - \$10 copay ^S Covered - \$12 copay ^{F3} (60 visits per calendar year)	80% of EE ⁶ after deductible (60 combined visits per calendar year; prior authorization is not required)	covered - 100% subject to Blue Cross review

* Prior authorization required

** Does not apply to non-network providers

3- Copay applies a calendar year maximum out-of-pocket (MOOP) of \$240/\$480 for faculty, academic staff, and executive management.

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

5- UCR is a Blue Cross term for a payment level that providers of medical care have agreed to in exchange for participation in the Blue Cross network.

6- EE stands for Eligible Expenses which are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amounts health care providers in a certain area usually charge for certain treatments/procedures and can include a negotiable fee for that service.

Health Plans - Coverage Summary

(Continued)

S- Staff
F- Faculty

Benefit	Community Blue		Physicians Health Plan		BCBSM ⁴ Transition Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Other Services (cont'd) Cardiac Rehabilitation Therapy	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	Covered - \$10 copay ^S Covered - \$12 copay ^{F3} (36 visits per calendar year)	80% of EE ⁶ after deductible (36 combined visits per calendar year; prior authorization is not required)	Covered - 100% subject to Blue Cross review
Durable Medical Equipment and Medical Supplies	Covered - 100% of the approved amount	Covered - 100%	Covered - 80%	80% of EE ⁶ after deductible, prior authorization required	Covered - 80% after deductible - UCR ⁵
Prosthetic and Orthotic Appliances	Covered - 100% (Corrective shoes must be attached to a leg brace.)	Covered - 100% (Corrective shoes must be attached to leg a brace.)	Covered - 80% (prosthetics); orthotic appliances not covered	80% of EE ⁶ after deductible, prior authorization required (prosthetics); orthotic appliances not covered	Covered - 80% after deductible - UCR ⁵ (Corrective shoes must be attached to leg a brace.)
Private Duty Nursing	Covered - 50%	Covered - 50%	Not covered	Not covered	Covered - 50% after deductible - UCR ⁵
Vision Exams	Not covered	Not covered	Covered - \$15 copay (1 per calendar year)	Not covered	Not covered
Deductible, Copays, and Dollar Maximums Deductible	None (All international services are considered in-network.)	\$250 per member/\$500 family per calendar year (All international services and services where no network exists are considered in-network.)	None	\$500 per person/\$1,000 family per calendar year	Base Plan: None UCR ⁵ : \$150 per person/\$300 family for faculty/academic staff and executive management; \$100 per person/\$200 family for all others per calendar year (All international services and services where no network exists are considered in-network.)
Copays - Fixed - Percent	As noted 50% for mental health care, substance abuse care, and private duty nursing	As noted 20% for general services and 50% for mental health, and substance abuse care and private duty nursing; services where no network exists are covered at the in-network level	As noted in chart As noted in chart	Not applicable 20%	None General Services: None UCR ⁵ : 20% as noted, 50% on mental health and private duty nursing
Copay Dollar Maximums (Excludes Mental Health, Substance Abuse, and Private Duty Nursing)	Annual copay ^F maximum of \$240 for single and \$480 for family (includes office visits, consultations, chiropractics, urgent care and emergency room)(excludes out-of-network copays)	Annual copay maximum of \$2,000 per member, \$4,000 per family per calendar year	Copayments charged as a flat dollar amount: \$240 for covered person and \$480 for family per calendar year. ^F (excluding vision, mental health and substance abuse) Copayments charged as a percentage of eligible expenses: \$3,000 per covered person/\$6,000 per family per calendar year. (excludes out-of-network copays)	Out-of-network copays do not apply to the \$240/\$480 flat dollar amount Copayments charged as a percentage of eligible expenses: \$3,000 per covered person or per family per calendar year	Annual copay maximum of \$1,000 per contract per calendar year for UCR ⁵
Dollar Maximums	\$5 million combined lifetime maximum per member for all in- and out-of-network covered services and as noted above for individual services Additional \$1 million for specified organ transplants		Unlimited (transportation for member and family member for transplant surgery up to \$10,000 for travel and lodging)	\$250,000 lifetime maximum	\$5 million lifetime per member for all covered services as noted for individual services Additional \$1 million for specified organ transplants

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

5- UCR is a Blue Cross term for a payment level that providers of medical care have agreed to in exchange for participation in the Blue Cross network.

6- EE stands for Eligible Expenses which are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amounts health care providers in a certain area usually charge for certain treatments/procedures and can include a negotiable fee for that service.

Health Plans - Coverage Summary

(Continued)

S- Staff
F- Faculty

Benefit	Community Blue		Physicians Health Plan		BCBSM Transition Plan ⁴
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Dollar Maximums (cont'd.)					Outpatient substance abuse: state-mandated amount which is adjusted annually
Payment of Benefits	<p>Community Blue PPO Network Hospitals: 100% of covered benefits</p> <p>Non-Network Hospitals: 80% of the BCBSM-approved amount unless emergency or referral care</p> <p>Community Blue PPO Network Physicians: 100% of the BCBSM-approved amount</p> <p>Non-Network Physicians: 80% of the BCBSM-approved amount unless emergency or referral care</p>		<p>PHP Network Hospitals: 100% of covered benefits; emergency services covered with \$25 copay</p> <p>Non-Network Hospitals: 80% of EE⁶ charges after deductible</p> <p>PHP Network Physicians: 100% of covered benefits after copay</p> <p>Non-Network Physicians: 80% of EE⁶ charges after deductible</p>		<p>Participating Hospitals: 100% of covered benefits</p> <p>Nonparticipating Hospitals:</p> <ul style="list-style-type: none"> - \$70 per day for inpatient care in acute-care hospitals less deductible and/or copays - \$15 per day for inpatient care in other hospitals less deductible and/or copays <p>Medical Surgical Care: 100% of BCBSM approved amount less deductible and/or copays</p> <p>UCR⁵: 100% of BCBSM approved amount after deductible and/or copay</p>

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

5- UCR is a Blue Cross term for a payment level that providers of medical care have agreed to in exchange for participation in the Blue Cross network.

6- EE stands for Eligible Expenses which are determined in accordance with reimbursement policy guidelines. Eligible expenses are based on the amounts health care providers in a certain area usually charge for certain treatments/procedures and can include a negotiable fee for that service.

This is not a contract but intended as an easy-to-read summary designed to help you compare various health plans available through Michigan State University. It describes features of the plans in general terms and is not intended to be a full description of coverages.

Employee Monthly Health Plan Contributions

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/Caremark	Single	\$19.63	Paid by MSU	\$105.91	\$ 87.12	\$192.19	\$174.24
	2 Person	\$41.24	Paid by MSU	\$222.51	\$183.04	\$403.77	\$366.06
	Family	\$48.13	Paid by MSU	\$261.44	\$215.28	\$474.76	\$430.57
Physicians Health Plan (PHP)/ Caremark	Single	\$27.20	\$ 7.49	\$113.48	\$ 94.61	\$199.76	\$181.73
	2 Person	\$57.14	\$15.72	\$238.41	\$198.76	\$419.67	\$381.78
	Family	\$66.29	\$18.30	\$279.60	\$233.58	\$492.92	\$448.87
Blue Cross Blue Shield of Michigan Transition ² / Caremark	2 Person, 1 with Medicare	\$22.37	Paid by MSU	\$105.93	\$ 83.56	\$212.71	\$190.09
	Family, 1 with Medicare	\$30.50	Paid by MSU	\$103.00	\$ 72.50	\$261.23	\$231.39
	Family, 2 with Medicare	\$29.76	Paid by MSU	\$145.78	\$116.02	\$337.66	\$308.50

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/Caremark	Single	\$ 19.63	Paid by MSU	\$ 19.63	Paid by MSU
	2 Person	\$126.36	\$ 86.27	\$339.68	\$301.56
	Family	\$261.44	\$215.28	\$474.76	\$430.57
Physicians Health Plan (PHP)/ Caremark	Single	\$ 27.20	\$ 7.49	\$ 27.20	\$ 7.49
	2 Person	\$142.26	\$101.99	\$355.58	\$317.28
	Family	\$279.60	\$233.58	\$492.92	\$448.87
Blue Cross Blue Shield of Michigan Transition ² / Caremark	2 Person, 1 with Medicare	\$105.93	\$ 83.56	\$189.48	\$167.11
	Family, 1 with Medicare	\$103.00	\$ 72.50	\$261.23	\$231.39
	Family, 2 with Medicare	\$145.78	\$116.02	\$337.66	\$308.50

Employee Monthly Health Plan Rider Contributions

Plan	Family Continuation Rider - Faculty	Family Continuation Rider - Staff	Sponsored Dependent Rider - Faculty	Sponsored Dependent Rider - Staff	Sponsored Dependent Rider with Medicare - Faculty	Sponsored Dependent Rider with Medicare - Staff
Community Blue/Caremark	\$151.74	\$153.43	\$447.74	\$451.77	N/A	N/A
Physicians Health Plan (PHP)/ Caremark	\$155.53	\$157.17	\$402.96	\$406.24	\$410.53	\$412.70
Blue Cross Blue Shield of Michigan Transition ² / Caremark	\$106.44	\$107.41	\$346.10	\$349.69	\$358.44	\$359.72

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
	2 Person	Paid by MSU	\$ 3.95
	Family	Paic by MSU	\$27.31
Midwestern ³	Single	Paid by MSU	Paid by MSU
	2 Person	Paid by MSU	Paid by MSU
	Family	Paid by MSU	\$18.48

- 1- Refers to faculty, academic staff, and executive management (and includes 7.5% premium sharing when applicable).
 2- BCBSM Transition Plan is available when there is a mix of Medicare and non-Medicare enrolled family members.
 3- Midwestern Dental is not available for new enrollment.

Retirement - Individual Counseling Sessions

Individual appointments may be scheduled by contacting the investment sponsor directly. Availability and times are at the discretion of the investment sponsor.

Fidelity Investments by phone at 800-642-7131

Vanguard Group by phone at 800-523-1188 (Counseling Center)

TIAA-CREF on their Web site at www.tiaa-cref.org/moc or by contacting the following regional agents:

Kandyce Walker (to schedule an appointment only)	800-842-2044
Lisa Wright	800-842-2044
Fernando Ortiz	800-842-2044

Lord, Abbett & Co. by contacting the following local agents:

James Huber	517-324-4616	Kim Seymour	517-351-4877
Jeffrey Richards	517-351-4877	Rick Scherer	517-339-7988

AXA Advisors/Equitable by contacting the following local agents:

Rick Audus	517-347-4646	Bill Burke	517-347-4646
Jeff West	517-347-4646	Bill Ferguson	517-347-4646
Robert Courtney	517-347-4646		

AIG VALIC by contacting the following local agents:

Daniel Watson	800-448-2542	Todd Dowrick	800-448-2542
MSU Voicemail Hotline:	800-892-5558, ext. 89105		

2004 Employee Recognition Award For Clerical-Technical Employees *Nominations accepted through May 14, 2004*

Human Resources is pleased to accept nominations for the Clerical-Technical employee recognition award established in honor of **Thomas and Concettina Gliozzo**.

In 2001, Dr. Charles and Marjorie Gliozzo established a fund to recognize clerical and technical employees who assist students, faculty, and staff at Michigan State University. This endowment has been established in honor of **Thomas and Concettina Gliozzo**, immigrants who became U.S. citizens and recognized the importance of education.

This endowment focuses on recognizing the outstanding clerical-technical employees, especially those who are actively engaged in any phase of international activities. The following is criteria for selecting recipients.

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

Individuals may be nominated by any member of the university community (co-worker, supervisor, faculty member, or student). Selection of the award recipient is based solely on the nomination and support letters. The selection committee, composed of individuals from across campus, will be responsible for reviewing and evaluating the nominations and selecting the final recipient and presenting the monetary award. The recipient of the award will be announced in the fall.

To nominate an individual:

- Complete a nomination form (available on page 14 or at www.hr.msu.edu - look under *HR News*).
- Include a minimum of two support letters (maximum of five) by MSU colleagues.
- Include additional information if it supports the applicant's nomination.
- Submit the nomination form and attachments **by 5:00 p.m., May 14, 2004**

To: **CT Recognition Award Selection Committee, Room 120 Nisbet Building.**



Clerical-Technical Recognition Award
Thomas & Concettina Giozzo Endowment Fund
NOMINATION FORM

Directions: Complete this nomination form and submit it with a minimum of two support letters (maximum of five) by MSU colleagues by **5:00 p.m., May 14, 2004**, to CT Recognition Award Selection Committee, Room 120 Nisbet Building. Additional information may be included if it supports the applicant's nomination.

Nominee's Name: _____

Nominee's Department: _____ Position: _____

Nominee's Work Address/Phone: _____

Nominee's Supervisor (if known): _____

Describe the nominee's job duties: _____

Your Name: _____ Department: _____

Work Address/Phone: _____

E-mail Address: _____

Your Employee Group (circle one):

APSA APA CT FOP 1585 999 547 274 Nurses Non-Union Other

Please attach additional pages describing the nominee's accomplishments in the five rating categories listed below using specific examples. Selection of the award recipient is based on the nomination and support letters.

1. Respect of their peers and continuous diligence in attending to their daily responsibilities.
2. Concern for students, faculty, staff and colleagues in their respective units, particularly (but not limited to) those assisting overseas U.S. students and faculty, international students, international faculty, etc.
3. Extraordinary and significant contributions to the community or public service.
4. Innovative thinking in facilitating unit tasks and responsibilities.
5. Involvement in international studies, activities, and programs is preferred.



Family Resource Center celebrates new name, location and 10th Anniversary!

Formerly Child and Family Care Resources, the Family Resource Center held an Open House March 2 & 3, 2004 and invited the campus community to see their new space in Suite 225 Nisbet. The celebration also recognized the name change which better reflects the broad scope of services they offer to staff, faculty and students. The Resource and Referral services provided by Lori Strom and Michelle Artibee range from breastfeeding support and parenting information to eldercare resources and assistance for people caring for aging family members. A new feature on the FRC website is the "Relocation Links" which assists people who are new to the community, or are considering joining MSU.



The FRC motto, "Helping Families Navigate Their Work and Personal Lives" illustrates the FRC's advocacy and policy efforts, encouragement of flexible work schedules and support of individuals in their balance of their personal and professional responsibilities. One of their initiatives is the establishment of the Supervisor Recognition Award. If you have a supervisor who understands your diverse personal demands off campus you may want to nominate them for this award. Nominations for the 4th Annual Award are due June 1, 2004, and the winners will be announced on National Bosses Day, October 16, 2004. For more information contact strom@hr.msu.edu, call 432-3745 ext. 146 or online at www.vps.msu.edu/frc.

The following FREE workshops are co-sponsored by the MSU Family Resource Center, Women's Resource Center and Healthy U. MSU staff, faculty and students are welcome to attend. Please bring your lunch!

Parenting Education Series - April 2004

Ready to Learn: School Readiness - Jean Brisbo, with MSU's WKAR TV Ready to Learn Service will help you help your kids get excited to read and be ready for school. Learn new ways to use PBS programs to promote learning. During this session you will have fun watching program clips and doing related activities. Free materials and books will be given to all participants. This session is appropriate for parents of preschool children.

Wednesday, April 14th, 2004

12:00 - 1:00 p.m.

Room 125 Nisbet Bldg.

Positive Parenting - Jo Cooper from the MSU Extension's Building Strong Families 0-3 year-old program will discuss positive parenting. *Topics will include:* Developing strong relationships and building a foundation of mutual respect with children. Reading cues and listening so you are able to promote powerful communication. Teaching children to listen and choosing language that promotes those skills. Making the most of your own strengths to develop assets in their lives and creating a cooperative atmosphere in your home.

Tuesday, April 27th, 2004

12:00 - 1:00 p.m.

Room 27 Nisbet Bldg.

Breastfeeding: How to Get Started and Keep Going - Dawn Dedrick, MSU Extension Breastfeeding Peer Counselor will present this three-part program that is designed to give pregnant women and their partner's information on preparing to breastfeed and strategies for continuing to breastfeed upon returning to work or school. Participants are eligible to be in a drawing to receive the LaLeche League's book "The Womanly Art of Breastfeeding".

Wednesdays, April 14th, 21st, 28th

12:00 - 1:00 p.m.

Room 27 Nisbet Bldg.

Employee Handbook for Support Staff

If you have not already done so, you may view and electronically acknowledge receipt of your new Support Staff Employee Handbook by accessing the Human Resources home page at www.hr.msu.edu and selecting the *eHR Electronic Transactions* link. After logging in with your MSU NetID and password, click on the *Employee Handbook* link.

Olin Health Center Summer Hours

Summer hours begin
Monday, May 10

Olin Health Center Clinics

Monday through Friday
8:00 a.m. to 5:00 p.m.

Olin Pharmacy

Monday through Friday
7:30 a.m. to 5:00 p.m.

Pharmacy delivery service will be available on weekdays throughout the summer.

Saturday clinic and pharmacy hours will resume on August 28, and regular

Fall semester hours will resume on August 30, 2004

Hours may vary for specific services during the summer. Please phone 517-355-4510 or refer to the Olin Web site at <http://olin.msu.edu> for more information.

Human Resources Bulletins

MSU Human Resources is pleased to provide services and programs for employees in accessible facilities. To request accommodations such as an interpreter or auxiliary aid, phone 517-353-4434 two weeks in advance.

Course Fee Courtesy Deadline:

Fall Semester 2004: June 1, 2004

Spring Semester 2005: October 1, 2004

Educational Assistance Deadlines: MSU Courses

Fall Semester 2004: June 19, 2004

Spring Semester 2005: October 10, 2004

Educational Assistance Deadlines: Non-MSU Courses

30 days before the class begins

All applicants must be approved before class begins.

Source

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