

msu human resources Source

2008 Benefits Open Enrollment Edition

RETIREE EDITION

Open Enrollment April 21 through May 12, 2008

The annual MSU Benefits Open Enrollment will be held from Monday, April 21 through Monday, May 12, 2008. This is the time of year when all eligible MSU retirees can re-evaluate their benefits needs and make changes to benefits selections. There will be three Benefits Fairs where employees and retirees can learn about benefits options and ask questions of benefits plan vendor representatives and Human Resources staff members:

- **Tuesday, April 29, 2008** from 8 a.m. until 4 p.m. at the International Center, Spartan Rooms B & C.
- **Wednesday, April 30, 2008** from 8 a.m. until 4 p.m. at the MSU Union, Parlors B & C.
- **Thursday, May 1, 2008** from 8 a.m. to 4 p.m. at the Nisbet Building, First Floor.

This annual Open Enrollment edition of *Source* contains information about the benefits options available for eligible employees in the 2008-2009 plan year. This edition also is posted on the MSU HR Web site at www.hr.msu.edu. If you have questions about open enrollment that aren't addressed in this *Source*, e-mail your questions to benefitsinfo@hr.msu.edu or call 517-353-4434. For long-distance call toll-free 1-800-353-4434. ♣

MSURA Retirees Conference

The MSU Retirees Association (MSURA) is holding its Annual Meeting & Volunteer Award Luncheon on Monday, May 12, 2008 at 11:30 a.m. The event will be held at the Kellogg Center Big Ten Room in East Lansing, Michigan.

In addition to the regular annual meeting, the event will feature a performance by the Young-at-Heart Singers. Maple glazed chicken, salad, roasted potatoes, corn/tomatoes, rolls, a beverage and carrot cake will be on the menu for you to enjoy. The luncheon costs \$18.50 per person, including tax, gratuity and free parking.

A registration form for this event is enclosed in the Source mailing packet. ♣

Advancing Knowledge. Transforming Lives.

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Chris Hanna
Interim Assistant Vice President
for Human Resources

We are pleased to present you with the annual Open Enrollment Edition of *Source*. The following pages are packed with important information about the benefits options available to eligible MSU retirees during the 2008-09 plan year, which runs from July 1, 2008 to June 30, 2009.

The annual Open Enrollment is your chance to re-evaluate and review the coverage options available to you through Michigan State University.

We hope you will take advantage of this opportunity to optimize your benefits selections for yourself and your eligible dependents.

Chris Hanna



Prudential is New Life Insurance Carrier

MSU Human Resources has selected Prudential as the new life insurance plan administrator. After a formal bid process and careful review of several potential carriers, Prudential was selected as the carrier able to provide the best levels of coverage at competitive pricing.

If you are currently enrolled in life insurance (either paid-up or self-paid) your coverage will automatically be transitioned to Prudential as of July 1, 2008. If you currently cover family members under your benefit, their coverage will automatically transition as well. You and any covered family members will retain your current level of coverage. For those that retire prior to July 1, 2008, there will be no age-related reductions to your benefit amount. During Open Enrollment you can decrease or cancel your coverage, but you cannot increase your coverage or add new dependents.

As in the past, retirees will be billed for their life insurance premiums. In most but not all cases, rates for your coverage will decrease from what you are used to paying. You can estimate your rates using the below table. For example, if you are 57 and are currently insured at a benefit of \$7,000, your new monthly rate would be $7 \times \$0.270 = \1.89 per month. If you need help determining what your current coverage level is, contact the MSU Human Resources Benefits office at 517-353-4434 or toll-free at 1-800-353-4434.

Optional Retiree-Paid Life Insurance Monthly Rates

RETIREE RATES PER \$1,000 OF COVERAGE BY AGE	SPOUSE RATES PER \$1,000 OF COVERAGE BY AGE	RATES FOR CHILDREN PER \$1,000 OF COVERAGE
45-49: \$0.094	45-49: \$0.150	\$0.095 per \$1,000 of coverage - age is not a factor in rates for children.
50-54: \$0.144	50-54: \$0.230	
55-59: \$0.270	55-59: \$0.430	
60-64: \$0.414	60-64: \$0.660	
65-69: \$0.796	65-69: \$1.270	

- Spouse rates are based on the age of the retiree, NOT the age of the spouse.**
- In past years, optional retiree-paid life insurance coverage for spouses and children were grouped into one coverage category: family. Prudential allows you to separately cover a spouse OR children. However, when previous coverage transitions to Prudential, the online enrollment system will automatically translate family to mean spouse AND children. If you only want to cover a spouse OR children, you will need to unselect the parties you don't want on the policy while in the online open enrollment system. If you aren't enrolling online, you can remove spouse or children coverage using your paper enrollment form.**

Dental Plan Summary of Benefits

DENTAL SERVICE	AETNA DMO	DELTA DENTAL
DIAGNOSTIC AND PREVENTIVE		
Exams	No co-pay	50% co-pay
Cleanings	No co-pay	50% co-pay
X-rays	No co-pay	50% co-pay
Flouride	No co-pay (1 per year under age 16)	50% co-pay
Sealants (to prevent decay of permanent molars for dependents)	\$10 co-pay per tooth	Not covered
Space maintainers	\$80 co-pay (fixed and removable)	50% co-pay (less than age 19)
MINOR RESTORATIVE		
Amalgam (silver) fillings	No co-pay	50% co-pay
Composite (resin) fillings (anterior teeth)	No co-pay	50% co-pay
PROSTHETHICS		
Crowns (semi-precious)	\$315 co-pay	50% co-pay
Bridges (per unit)	\$315 co-pay	50% co-pay
Denture (each)	\$320 co-pay	50% co-pay
Partial (each)	\$320 co-pay	50% co-pay
ORAL SURGERY		
Simple extraction	No co-pay	50% co-pay
Extraction - erupted tooth	No co-pay	50% co-pay
Extraction - soft tissue impaction	\$60 co-pay	50% co-pay
Extraction - partial bony impaction	\$80 co-pay	50% co-pay
Extraction - complete bony impaction	\$120 co-pay	50% co-pay
ENDODONTICS		
Root canal - anterior	\$120 co-pay	50% co-pay
Root canal - bicuspid	\$180 co-pay	50% co-pay
Root canal - molar	\$300 co-pay	50% co-pay
Apicoectomy	\$170 co-pay	50% co-pay
PERIODONTICS		
Gingivectomy (per quadrant)	\$125 co-pay	50% co-pay
Osseous surgery (per quadrant)	\$375 co-pay	50% co-pay
Root scaling (per quadrant)	\$60 co-pay	50% co-pay
ORTHODONTICS		
Child (under age 19)	\$1,500 co-pay *	50% co-pay
Adult (age 19 or older)	\$1,500 co-pay *	Not covered
* includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.		
DENTAL PLAN MAXIMUMS		
Annual	No maximum	\$600 maximum
Lifetime Orthodontics	No maximum	\$600 maximum
The plan summary on this page is intended to help you compare your options. It is not intended to be a full description of coverages.		

Dental Maintenance Organization or Traditional Dental Plan:

What's the Difference?

In a Dental Maintenance Organization (DMO) like Aetna, enrollees select a participating primary care dentist. Their primary dental care is provided by that dentist and only at locations and by dentists that participate in the plan. Though choice of providers is more limited, a DMO tends to cover a greater range of services at lower co-pays than traditional dental plans. You can contact Aetna toll-free at 1-877-238-6200.

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

Retiree Monthly Dental Plan Contributions

PLAN	FULL-TIME (90% - 100%)	3/4 TIME (65%-89.9%)	1/2 TIME (50% - 64.9%)
Delta Dental			
Single	Paid by MSU	Paid by MSU	Paid by MSU
2 Person	Paid by MSU	Paid by MSU	\$8.44
Family	Paid by MSU	\$15.73	\$31.45
Aetna			
Single	Paid by MSU	Paid by MSU	Paid by MSU
2 Person	Paid by MSU	Paid by MSU	\$3.43
Family	Paid by MSU	\$13.10	\$28.82

Summary of Health Plan Provisions for Retirees

Effective July 1, 2008

Blue Cross Blue Shield of Michigan Traditional Plan (BCBSM)

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

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

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

Master Medical reimbursement begins after a covered individual has met the calendar-year deductible of \$100 (\$200 per family) for support staff or \$150 (\$300 per family) for faculty and academic staff retirees.

Master Medical reimburses 80 percent of eligible claims after the required deductible, and 100 percent after \$1,000 of out-of-pocket expenses with a lifetime maximum of \$1 million.

Outpatient mental health benefits are reimbursed at 50 percent of the reasonable and customary 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.

Blue Cross Blue Shield of Michigan Transition Plan (BCBSM)

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

Medicare (Part B).

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

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

Master Medical reimbursement begins after a covered individual has met the calendar-year deductible of \$100 (\$200 per family) for support staff or \$150 (\$300 per family) for faculty and academic staff retirees.

Master Medical reimburses 80 percent of usual, customary and reasonable costs 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 (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.

Physicians Health Plan (PHP)

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

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

PHP is available to retirees 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 phoning 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 charts on the following pages, after satisfying a \$500 deductible per individual or \$1,000 deductible per family per calendar year.

Community Blue - PPO

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

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

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

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

Prescription Drug Plan (CVS/Caremark)

CVS/Caremark will continue to provide pharmacy benefit management services to MSU.

- When a non-formulary brand prescription is prescribed and there is no other formulary equivalent, the formulary brand co-pay will apply. (A formulary is a list of approved drugs.)
- An annual \$1,000 single and \$2,000 family


maximum limit for retiree 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.

Health Plan Cost Sharing

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

Spousal Coverage Note

To be eligible to enroll in MSU health plan coverage, spouses of MSU retirees who have access to coverage elsewhere must purchase single coverage through their own employer if his/her annual premium cost for that coverage is \$800 or less. 



Catch the “Blues Cruiser” at the Nisbet Building on May 1

Don't miss the opportunity to climb aboard The Blues CruiserSM from Blue Cross Blue Shield of Michigan (BCBSM). The Cruiser will be located in the Nisbet Building parking lot on May 1 from 8 a.m. to 4 p.m. In addition to providing information on insurance options and free chair massages, **during 11 a.m. to 3 p.m. free health screenings will be offered**, including tests for Body Mass Index (BMI), glucose, cholesterol and blood pressure. For additional information on The Blues Cruiser, visit www.bcbsm.com/bluescruiser.

Monthly Retiree Contributions for 2008-09*

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

Coverage Tier	BCBS Traditional	BCBS Transition	Physicians Health Plan (PHP)		Community Blue PPO
			Faculty	Staff	
No Medicare (Part B)					
Retiree only (not on Medicare)	Not available	Not available	\$0	\$0	\$7.64
2 Person (with no Medicare)	Not available	Not available	\$0	\$0	\$16.03
Family (with no Medicare)	Not available	Not available	\$0	\$0	\$18.66
With Medicare (Part B)					
Retiree (with Medicare)	\$0	Not available	\$47.53	\$45.59	Not available
2 Person (both with Medicare)	\$0	Not available	\$95.53	\$90.85	Not available
Family (all with Medicare)	\$0	Not available	\$148.68	\$142.87	Not available
Mixed - some with Medicare (Part B)					
2 Person Mixed (1 with Medicare)	Not available	\$0	\$195.46	\$193.68	Not available
Family (1 with Medicare)	Not available	\$0	\$179.53	\$179.53	Not available
Family (2 with Medicare)	Not available	\$0	\$72.43	\$72.43	Not available

* Assumes full University contribution
- prorated for part-time (see page 12)



An Important Note About Health Plans Coverage Summaries

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

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

Health Plans Coverage Summary

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Physicians Health Plan In-Network	BCBS Community Blue In-Network
PREVENTIVE SERVICES				
Health Maintenance Exam	Not covered	Not covered	Co-pay: \$15	Covered - 100% 1 per calendar year
Annual Gynecological Exam	Not covered	Not covered	Co-pay: \$15	Covered - 100% 1 per calendar year (no age restrictions)
Pap Smear Screening (lab services only)	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100% 1 per calendar year
Mammography Screening	Covered - 100% 1 from age 35-40, 1 per calendar year age 40 and up	Covered - 100% 1 from age 35-40, 1 per calendar year age 40 and up	Covered - 100%	Covered - 100% 1 from age 35-40, 1 per calendar year age 40 and up
Well-Baby and Child Care Exams	Not covered	Not covered	Co-pay: \$15	Covered - 100%
Immunizations	Not covered	Not covered	Covered - 100%	Covered - 100% through age 16
Flu Shots	Not covered	Not covered	Covered - 100%	Covered - 100%
Prostate Exam	Covered - 100% 1 per calendar year age 40 and up	Covered - 100% 1 per calendar year age 40 and up	Covered - 100%	Covered - 100% 1 per calendar year age 40 and up
Fecal Occult Blood Screening	Covered - 100% 1 per calendar year age 50 and up	Covered - 100% 1 per calendar year age 50 and up	Covered - 100%	Covered - 100% 1 per calendar year age 50 and up
Colonoscopy	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Flexible Sigmoidoscopy Exam	Covered - 100% 1 per calendar year age 50 and up	Covered - 100% 1 per calendar year age 50 and up	Covered - 100%	Covered - 100% 1 per calendar year age 50 and up
Prostate Specific Antigen (PSA) Test	Covered - 100% 1 per calendar year age 40 and up	Covered - 100% 1 per calendar year age 40 and up	Covered - 100%	Covered - 100% 1 per calendar year age 40 and up
PHYSICIAN OFFICE SERVICES (Medically Necessary)				
Office Visits/Consultations	Covered - under Master Medical (MM) - 80% after deductible	Covered - 80% after deductible	Co-pay: \$15	Co-pay: \$15
EMERGENCY MEDICAL CARE (Medically Necessary)				
Hospital Emergency Room	Covered - 100%	Covered - 100%	Co-pay: \$100 (waived based on signs and symptoms, accident or if admitted)	Co-pay: \$100 (waived based on signs and symptoms, accident or if admitted)

Health Plans Coverage Summary (Continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Physicians Health Plan In-Network	BCBS Community Blue In-Network
Emergency Room Physician's Services	Covered - 100%	Covered - 100%	Covered - 100%	Co-pay: \$20
Urgent Care Center	Covered - under Master Medical (MM) - 80% after deductible	Covered - 80% after deductible	Co-pay: \$20	Co-pay: \$20
Ambulance Service	Covered - under Master Medical - 80% after deductible	Covered - 80% after deductible	Covered - 80%	Covered - 100% of the approved amount
DIAGNOSTIC SERVICES				
Laboratory and Pathology Tests	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Diagnostic Tests and X-Rays	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Radiation Therapy	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
MATERNITY SERVICES PROVIDED BY A PHYSICIAN				
Pre-Natal and Post-Natal Care	Covered - under Master Medical (MM) - 80% after deductible	Covered - 80% after deductible	Covered - 100%	Covered - 100%
Delivery and Nursery Care	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
HOSPITAL CARE (Prior authorization may be required)				
Semi-Private Room, General Nursing Care, Hospital Services and Supplies	Covered - 100% up to 365 days, 60-day renewal, additional days under Master Medical at 100%, no deductible	Covered - 100% (unlimited days) Subject to contract lifetime maximum (\$5 million)	Covered - 100% (unlimited days)	Covered - 100% (unlimited days)
Inpatient Consultation	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
Chemotherapy	Covered - 100%	Covered - 100%	Covered - 100%	Covered - 100%
ALTERNATIVES TO HOSPITAL CARE				
Skilled Nursing Care (must meet medical criteria)	Covered - 100% in approved facilities (up to 730 days for general medical conditions; up to 90 days for mental health care)	Covered - 100% in approved facilities subject to contract lifetime maximum (\$5 million)	Covered - 100% (up to 100 days per year) Benefit will be reduced to 50% if claims administrator is not notified	Covered - 100% (up to 120 days per year)
Hospice Care	Covered - 100%, in approved facilities, limited to the lifetime dollar maximum, which is adjusted periodically	Covered - 100%, limited to the lifetime dollar maximum, which is adjusted periodically	Covered - 80%	Covered - 100%, in approved facilities, limited to the lifetime dollar maximum, which is adjusted periodically

Health Plans Coverage Summary (Continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Physicians Health Plan In-Network	BCBS Community Blue In-Network
Home Health Care (medically necessary)	Covered - 100%	Covered - 100%	Covered - 100% (combined network and non-network benefits limited to 60 visits per calendar year)	Covered - 100%
SURGICAL SERVICES				
Surgery and Related Surgical Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%
MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (In approved facilities)				
Inpatient Mental Health Care	Covered - 100% (up to 45 days, 60-day renewal, additional days under Master Medical at 50% after deductible up to 50 days per member per calendar year)	Covered - 100% Subject to Blue Cross review	Inpatient physician: 80% coverage Inpatient hospital: 80% coverage (30 days per calendar year)	Covered 100% (up to 30 days combined for inpatient mental health and substance abuse care)
Inpatient Substance Abuse Care	Substance abuse care: Covered - 100% unused mental health care days, no Master Medical benefits	Covered - 100% Subject to Blue Cross review	Not covered Covered 100% for detoxification	Covered - 50% up to 30 days combined inpatient mental health and substance abuse care
Outpatient Mental Health Care	Covered - 50% under Master Medical after deductible (up to 25 visits per calendar year)	Covered - 50% after deductible (up to 25 visits per calendar year)	Co-pay: \$20 (combined network and out-of-network benefits limited to 20 visits per calendar year)	Covered - 50% (in and out-of-network services have a combined up to 25 visits per calendar year)
Outpatient Substance Abuse Care (up to the annually adjusted state-mandated dollar amount)	Covered	Covered	Intermediate care for substance abuse: 60% Co-pay: \$20	Covered - 50%
OTHER SERVICES				
Allergy Testing and Therapy	Covered under Master Medical 80% after deductible	Covered - 80% after deductible	Co-pay: \$15 Injections covered 100%	Covered - 100%
Chiropractic Spinal Manipulation (must be medically necessary)	Covered under Master Medical - 80% after deductible, up to 20 visits for first 90 consecutive days, then 2 visits per month	Covered - 80% after deductible up to 20 visits for the first 90 consecutive days, then 2 visits per month	Not covered	Co-pay: \$15 (in-network and out-of-network services have an annual combined maximum of 24 visits)
Outpatient Diabetes Management Program (Certified Provider)	Covered - 100% Diabetic training	Covered - 100% Diabetic training	Co-pay: \$15	Covered - 100% Diabetic Training
Outpatient Physical, Speech, and Occupational Therapy	Covered - 100% up to 60 consecutive days of treatment per condition, additional benefits under Master Medical at 80% after deductible	Covered - 100% Subject to Blue Cross review	Co-pay: \$15 (60 combined visits per calendar year)	Covered - 100%

Health Plans Coverage Summary (Continued)

Benefit	BCBS Traditional Plan	BCBS Transition Plan	Physicians Health Plan In-Network	BCBS Community Blue In-Network
Durable Medical Equipment (DME) and Medical Supplies	Covered under Master Medical - 80% after deductible	Covered - 80% after deductible	Covered - 80% (Prior authorization for DME that exceeds \$500)	Covered 100%
Private Duty Nursing	Covered under Master Medical - 50% after deductible	Covered - 50% after deductible	Not covered	Covered - 50%
Vision Exams	Not covered	Not covered	Co-pay: \$15	Not covered
FOREIGN TRAVEL				
Hospital Services	Covered - 100%	Covered - 100%	Covered - up to the group's level of benefits, subject to applicable co-pays if approved emergency	Covered - up to the group's level of benefits, subject to applicable co-pays
Physician Services	Basic services covered at 100%. Master Medical deductible and co-pay may apply to some physician outpatient services	Covered - 100%	Covered - up to the group's level of benefits, subject to applicable co-pays if approved emergency	Covered - up to the group's level of benefits, subject to applicable co-pays
DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS				
Deductibles	Basic coverage - none Master Medical: \$150 per member/\$300 family for faculty/academic/exec mgt; \$100 per member/\$200 family for all others	Basic coverage - none \$150 per member/\$300 family for faculty/academic/exec mgt; \$100 per member/\$200 family for all others	None	None
Fixed Dollar Co-pays	None	None	As noted in chart	As noted in chart
Percent Co-pays	General services: none Master Medical: 20% as noted, 50% on mental health and private duty nursing, except where otherwise indicated	General services: none 20% as noted, 50% on mental health and private duty nursing, except where otherwise indicated	As noted in chart	As noted in chart 50% for mental health, substance abuse and private duty nursing
Co-pay Maximum	Basic coverage: none Master Medical: \$1,000 contract per calendar year	Basic coverage: none Cost sharing services: \$1,000 per contract per calendar year	\$3,000 per member/\$6,000 per family per calendar year	As noted in chart
Dollar Maximums	Basic coverage: none except as noted above Master Medical: \$1 million dollar lifetime	\$5 million lifetime combined maximum per member for all covered services	Unlimited	\$5 million
Transplant Maximum	\$1 million maximum per transplant	\$1 million maximum per transplant	No maximum	\$1 million maximum per transplant

Monthly Health Plan Contributions for Retirees Eligible for Part-Time Hardship MSU Contributions (2008-09)

PLAN	Participants	3/4 TIME (65% - 89.9%)		1/2 TIME (50% - 64.9%)	
		Faculty	Staff	Faculty	Staff
Blue Cross Blue Shield of Michigan Traditional with Caremark	Single with Medicare 2 person, both with Medicare	Paid by MSU Faculty: \$114.51	Paid by MSU Staff: \$114.51	Paid by MSU Faculty: \$229.01	Paid by MSU Staff: \$229.01
Blue Cross Blue Shield of Michigan Transition with Caremark	2 person, 1 with Medicare	Faculty: \$90.62	Staff: \$90.62	Faculty: \$181.25	Staff: \$181.25
Physicians Health Plan (PHP) with Caremark	Single with Medicare 2 person, both with Medicare Single, no Medicare 2 person, no Medicare	Faculty: \$47.53 Faculty: \$166.42 Paid by MSU Faculty: \$104.92	Staff: \$45.59 Staff: \$162.06 Paid by MSU Staff: \$104.92	Faculty: \$47.53 Faculty: \$409.38 Paid by MSU Faculty: \$365.34	Staff: \$45.59 Staff: \$406.47 Paid by MSU Staff: \$365.34
Community Blue PPO with Caremark	Single 2 person	\$7.64 \$120.95		\$7.64 \$381.37	

Retiree Monthly Health Plan Rider Contributions

PLAN	SPONSORED DEPENDENT RIDER	SPONSORED DEPENDENT RIDER WITH MEDICARE	FAMILY CONTINUATION RIDER
Blue Cross Blue Shield of Michigan Traditional with Caremark	Faculty: N/A Staff: N/A	Faculty: \$422.19 Staff: \$424.13	Faculty: \$152.50 Staff: \$153.44
Blue Cross Blue Shield of Michigan Transition with Caremark	Faculty: \$388.60 Staff: \$390.89	Faculty: \$408.30 Staff: \$408.30	Faculty: \$137.64 Staff: \$137.64
Physicians Health Plan (PHP) with Caremark	\$476.49	\$469.72	\$188.06
Community Blue PPO with Caremark	\$551.89	N/A	\$192.98

CVS/Caremark Prescription Plan Co-pays

#	Drug Tier	34-day Supply Co-Pays	90-day Supply Co-Pays
1.	Generic	\$10	\$20
2.	Formulary Brand	\$20	\$40
3.	Non-Formulary Brand	\$40	\$80
4.	Bio-Tech Drugs	\$50	\$100
90-day supply medications may be filled at MSU Pharmacies or through CVS/Caremark mail order.			
If you have questions regarding which drugs are covered, please contact CVS/Caremark at 1-800-565-7105.			

Answer to a Commonly Asked Question

Question: I filled out an Affidavit form last year. Why do I have to do it again this year?

Answer: People often forget to notify Human Resources when circumstances in their lives change that impact their benefits coverage. If a spouse dies or the relationship ends, we need to know about it to make the appropriate benefits changes. The Affidavit helps people remember to notify us of changes we need to know about in order to reserve all our health care resources for those who are eligible for coverage.

Taking a few moments to fill out the Affidavit each year is one way you can help control MSU health care costs and support our efforts to provide you with good health care coverage options.


Monthly Health Plan Contributions for Retirees with Part-Time MSU Contributions (2008-09)

This chart reflects the most prevalent enrollment options. Contact Human Resources Benefits for further information on part-time retiree contribution requirements.

PLAN	Participants	3/4 TIME (65% - 89.9%)		1/2 TIME (50% - 64.9%)	
		Faculty	Staff	Faculty	Staff
Blue Cross Blue Shield of Michigan Traditional with Caremark	Single with Medicare	\$56.86	\$56.86	\$119.20	\$121.14
	2 person, both with Medicare	\$114.51	\$114.51	\$229.01	\$229.01
	Family, 3+ with Medicare	\$176.65	\$176.65	\$460.95	\$466.76
Blue Cross Blue Shield of Michigan Transition with Caremark	2 person, 1 with Medicare	\$90.62	\$90.62	\$193.61	\$195.49
	Family, 1 with Medicare	\$78.63	\$78.63	\$239.47	\$239.47
	Family, 2 with Medicare	\$125.83	\$125.83	\$322.17	\$322.17
Physicians Health Plan (PHP) with Caremark	Single	\$105.49	\$105.49	\$210.97	\$210.97
	Single, 1 with Medicare	\$147.21	\$145.76	\$246.88	\$245.91
	2 person	\$221.55	\$221.55	\$443.10	\$443.10
	2 person, 1 with Medicare	\$376.21	\$374.87	\$556.96	\$556.06
	2 person, 2 with Medicare	\$295.48	\$291.97	\$495.42	\$493.08
	Family	\$260.44	\$260.44	\$520.86	\$520.86
	Family, 1 with Medicare	\$380.26	\$380.26	\$580.99	\$580.99
	Family, 2 with Medicare	\$317.44	\$317.44	\$562.44	\$562.44
	Family, 3+ with Medicare	\$453.79	\$449.43	\$758.90	\$755.99
Community Blue PPO with Caremark	Single	\$113.13	\$113.13	\$218.61	\$218.61
	2 person	\$237.58	\$237.58	\$459.13	\$459.13
	Family	\$279.10	\$279.10	\$539.52	\$539.52

Faculty/Staff Directory Updates

Have you moved or relocated? If so, it is important that you take steps to update your address and phone information in the MSU Faculty and Staff Directory.

To update your address and phone number, contact Karen Tindall at 517-355-4521 or e-mail her at tindall@msu.edu. 

Michigan State University Human Resources Health Plans NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Legal Duty

We (Michigan State University and the administrator(s) or insurer(s) of your health benefit plan(s)) are required by applicable federal and state laws to maintain the privacy of your protected health information. This notice describes the protected health information MSU collects, how that information is used, and when and to whom it may be disclosed.

Protected health information is current, past or future information created or received by MSU as part of maintaining the health benefit plans. It relates to the physical or mental condition of a person covered by a health benefit plan, the provision of health care to that person, or payment for the provision of health care to that person. Protected health information generally does not include information that is publicly available or information available in a summarized or group manner. For example, we collect protected health information from you such as name, address, telephone number, social security number, date of birth and related information as part of the enrollment process. The organizations that administer the health benefit plans for MSU – commercial health benefit plans, pharmacy benefits managers, and others – may also collect and exchange additional information such as medical diagnosis and treatment information, but MSU's Human Resources Benefits Office generally does not request copies of such information without your authorization. Protected health information does not include individually identifiable health information contained in education records covered by the Family Educational Rights and Privacy Act, records described in 20 U.S.C. 1232g(a)(4)(B)(iv) and employment records held by MSU.

We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect 04/14/03, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including protected health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Michigan State University Health Plans

This notice applies to the privacy practices of the group health plans and health insurers or HMOs contracted with or maintained by MSU.

Our Uses and Disclosures of Your Protected Health Information

We use and disclose protected health information about you as follows:

Treatment: We may disclose your protected health information to a health care provider who asks us for it to assist in your treatment. If you are an unemancipated minor, we may disclose your protected health information to your parent, guardian, or other person acting in loco parentis as permitted or required by law.

Payment: We may use and disclose your protected health information to pay claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to disclose whether or not an individual is participating in the group health plan, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your protected health information to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to credential providers, to engage in care coordination or case management, or to manage our business. Summary or aggregate information about the enrollees in your group health plan is also used to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan and make other decisions related to providing health benefits to the MSU community. The summary or aggregate information may summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group health plan.

We may also contact you or have the administrator of your health benefit plan contact you with information about alternative treatments or other health-related benefits and services that may be of interest to you.

You and Your Authorization: We must disclose your protected health information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect

NOTICE OF PRIVACY PRACTICES (Continued)

any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your protected health information for any reason except those described in this notice.

Your Family and Friends: We may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your protected health information that is directly relevant to their involvement. We may use or disclose your name, location and general condition or death to notify, or help with notification, of a family member, your personal representative, or other persons involved in your care about your situation. If you are present, we will give you the opportunity to object before we disclose your protected health information to these persons. If you are incapacitated or in an emergency, we may disclose your protected health information to these persons if we determine that the disclosure is in your best interest.

Underwriting: We may receive your protected health information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this protected health information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your protected health information will only be as described in this notice.

Although occurring less frequently than the instances above, the law allows MSU to do the following:

Marketing: We may use your protected health information to contact you with information about health-related products and services or about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Disaster Relief: We may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts.

Death, Organ Donation: We may disclose the protected health information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Research: We may use or disclose your protected health information for research purposes, in accordance with certain safeguards.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your protected health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.

Law Enforcement: Under circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your protected health information to law enforcement officials. We may disclose limited protected health information to a law enforcement official concerning a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the protected health information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Your Rights

Access: You have the right to review or obtain copies of your protected health information in our possession, with limited exceptions. MSU generally maintains only your eligibility information. You must make a request in writing to obtain access to your protected health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.25 for each page, \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you.

Disclosure Accounting: You have the right to receive a list of instances in which we, or our business associates, disclosed your

NOTICE OF PRIVACY PRACTICES (Continued)

protected health information for purposes other than for treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the 6 years prior to your request, though not earlier than April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to which we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Minimizing Disclosures: You have the right to have any disclosures of protected health information or any requests for health information from any health clearinghouse, health care provider, or other health plan, be made using reasonable efforts to limit the use, disclosure, or request. This right is inapplicable, however, as applied to disclosures to a health provider for your treatment, to you, disclosures or requests made pursuant to your authorization, disclosures made, as required, to the Secretary of Health and Human Services, or to disclosures which are required by law.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on your behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which you participate. An explanation of benefits issued to the subscriber for healthcare that you received for which you did not request confidential communications or about the subscriber or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in paper form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made to amend or restrict the use or disclosure of your protected health information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

Contact Person: Director of Benefits
Contact Office: Michigan State University
Address: 1407 South Harrison Road, Suite 140 Nisbet Building
East Lansing, MI 48823-5287
Telephone: 517-353-4434
Fax: 517-353-1869

Chris Hanna
Interim

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Suggestions are Welcome!

*For Benefits-Related Questions
call 1-800-353-4434 or
517-353-4434*

Contributors:

Special thanks to the following individuals for their assistance and contributions to *Source*.

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Visit us online at:

www.hr.msu.edu

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Easy Open Enrollment Steps

To enroll using the enclosed forms:

- Fill out the enrollment change form
- Complete the Affidavit
- Return them to MSU HR Benefits by May 12 in the enclosed return envelope

To enroll on the Web:

To participate in Open Enrollment online, take the following steps between April 21 and May 12, 2008:

1. Go to *www.hr.msu.edu* on the Web
2. Click on the “eHR” link
3. Enter your MSU NetID and Password
4. Click on “Benefits Enrollment & Information”
5. Click on “Benefits Enrollment/Changes”
6. Click on “2008 Benefits Open Enrollment” then follow the on-screen instructions

About MSU NetIDs

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

A Note to Mac Users

Due to vendor software limitations, our online open enrollment system is not compatible with Mac computers. If you need access to a PC to complete your open enrollment, visit MSU HR Benefits at 140 Nisbet Building or visit one of the open computer labs on campus.

We apologize for any inconvenience this creates for Mac users.