This enrollment guide is intended for those who become eligible for benefits throughout the 2016 plan year. It contains information about the benefits options available for eligible faculty and staff and their dependents for the remainder of 2016 plan year.

The next MSU Benefits Open Enrollment period will take place in October 2016. This is the time of year when eligible MSU faculty and staff can re-evaluate their benefits needs and make changes to benefits selections for the 2017 plan year.

If you have questions about benefits enrollment that aren’t addressed in this publication, contact MSU Human Resources by emailing your questions to SolutionsCenter@hr.msu.edu, or call 517-353-4434. For long-distance, call toll-free 800-353-4434.

Benefits Eligibility Information

New Hires and Newly Eligible Guidelines

Faculty and staff are eligible for benefits when they are hired for 9 months or longer at least 50% time.

If you are a new hire, you will be given 30 days from your hire date to make your benefits elections.

If you have a status that makes you newly eligible for benefits, you will be given 30 days from your status change date to make your benefits elections.

If you do not enroll in a benefit plan when you are first eligible, you must wait until the next open enrollment period before you can enroll, unless you experience an event that would permit a mid-year election change.

Mid-year Election Changes

A mid-year election change may allow you to begin, stop or change benefit plans. Qualifying mid-year/life event changes include:

- Marriage
- Divorce
- Birth, adoption or legal guardianship of your child
- Death of a spouse or dependent
- Change in your employment status
- Loss of previous coverage

See enrollment instructions on page five. If you have questions regarding enrollment and benefits, please contact MSU Human Resources at SolutionsCenter@hr.msu.edu, 517-353-4434 or toll-free at 800-353-4434.
Table of Contents

This enrollment guide contains information on health, dental, life, flexible spending account, voluntary and retirement benefits. Use this table of contents to help you navigate through the guide:

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Making Critical Decisions During Enrollment

When making benefits selections, it is important to keep in mind that the choices you make during enrollment typically cannot be reversed or changed until the next annual open enrollment period. Except in rare and specific circumstances, after your enrollment, you will not be able to make changes to benefits selections. Specifically, after your enrollment period ends you cannot do the following:

- Switch from one health plan to another.
- Switch from one dental plan to another.
- Add yourself or additional dependents to health, dental or Flexible Spending Account (FSA) coverage.
- Cancel or alter your own and/or your dependent's health or dental plan coverage.
- Cancel or alter your employee-paid life insurances.
- Add or alter Flexible Spending Account (FSA) contributions.
- Add, cancel or alter voluntary vision insurance, group legal services and critical illness insurance.

Exceptions can be made for certain qualifying life events, such as marriage, childbirth or adoption, loss of existing coverage for family members or loss of employment. Changes must be made within 30 days of the life event.

When participating in benefits enrollment, please keep in mind that with a few limited exceptions, the choices you make will be permanent until the next annual enrollment period arrives. For this reason, it is very important to spend time carefully reviewing enrollment materials to make sure you select the plans that best meet your coverage and financial needs.

Please note: retirement plans, health savings accounts (HSAs) and some voluntary benefits continue to be offered year round, and coverage can be added and modified outside of the enrollment period.

Dependent Age Criteria

It is important to note the following age criteria for dependent children.

Employee-Paid Life Insurance for children begins at live birth and continues to age 19. If the child is unmarried, dependent on you and a full-time student, or meets the IRS dependent gross income test, coverage continues to age 23. Dependent grandchildren, nieces and nephews may not be covered after age 19. It is the enrollee's responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions.

Dependent children who turn age 23 by December 31 will automatically be removed from dental coverage at the end of the calendar year. COBRA information and election opportunity will be issued.

Enrolled children who turn age 26 by December 31 will automatically be removed from health coverage at the end of the calendar year. COBRA information and election opportunity will be issued.

Please note: dependent children who will be losing their MSU health or dental benefits at the end of 2016 will not appear in your list of eligible dependents during open enrollment.

If you have questions, please contact MSU Human Resources at SolutionsCenter@hr.msu.edu or via phone at 517-353-4434 or 800-353-4434.
Lowest Cost Health Plans in 2016

The lowest cost plan for faculty and staff for the 2016 plan year is Blue Care Network (BCN). Support staff who select a plan other than the lowest cost plan will pay the difference between the two plans on a pre-tax basis (see premium rates on page 15). Faculty, academic staff and executive management pay 14% of the lowest cost plan premium on a pre-tax basis. In addition, they also pay the difference between BCN and Community Blue PPO if they select the Community Blue PPO. Faculty, academic staff, executive management and non-union support staff employees also have the option to select the Consumer Driven Health Plan with Health Savings Account (CDHP with HSA). They will pay seven percent of the plan premium on a pre-tax basis. (See premium rates on pages 13 and 19.)

Health Plan Affidavit for Spousal Coverage Is $850

Please note that spouses of MSU employees who have access to health care coverage through their own employers must purchase the coverage their own employers offer if the annual employee premium cost for single-person coverage is $850 or less. The MSU health plan would pay eligible claims for spouse/other eligible individuals as the secondary plan.

Consumer Driven Health Plan w/ HSA

The Consumer Driven Health Plan (CDHP) with an available Health Savings Account (HSA) has the unique feature of the HSA and lower pre-paycheck costs.

This plan is currently only available to regular faculty, academic staff and executive management, UNTF members, non-union support staff employees and their benefits-eligible dependents.

With this plan, you pay a higher deductible first before the plan pays medical and prescription benefits. Preventive care and certain generic preventive prescriptions for chronic conditions are covered at 100% with no deductible or co-pays.

The provider network is the same as the Community Blue PPO plan. This provider network allows eligible employees outside of mid-Michigan to have available in-network coverage.

The in-network deductible for 2016 is $2,000 per individual or $4,000 per family.

The plan limits the maximum amount of expenses you pay in any year to $3,000 for Single and $6,000 for Family-level coverage (using in-network providers). After your expenses reach that amount, you do not have to pay for any other health care expenses, including prescription drugs.

Your premium for this plan is lowered by as much as 90%. You can put those savings, or any percentage you choose, into an HSA (if eligible) on a tax-free basis, and you can increase or decrease your percentage throughout the year. Plus, MSU contributes up to $750 each year to those who enroll in the CDHP with HSA (this amount is based on work percentage). The combined employee and employer contribution amount cannot exceed $3,350* for Single and $6,650* for Family-level coverage.

Please visit www.hr.msu.edu/benefits/cdhp_hsa/index.htm for comparison tools and more information.

*Set by the IRS.
How to Complete Benefits Enrollment

Benefits-eligible employees must complete enrollment using Enterprise Business Systems (EBS) for health, dental, life and flexible spending accounts. (See pages 22-23 for MSU Benefits Plus enrollment instructions and page 24 for retirement enrollment instructions.) The process for completing Benefits Enrollment is as follows:

- Visit ebs.msu.edu and log in using your MSU NetID and password. You will also need to complete two-factor authentication. (If you have not yet registered for two-factor authentication, please visit https://secureit.msu.edu/two-factor/ for instructions.)

- Select the **My Benefits** link.

- Select the **New Hire** tile.

- A disclaimer that explains the CDHP/HSA plans (regardless of CDHP/HSA eligibility) will appear. Please read, and then select **OK** to continue.

- If you have a spouse or OEI on your benefits, the Affidavit will appear. Answer the questions and select **Next**. Read and acknowledge whether your spouse is required to enroll in their employer plan and select **Save**.

- Now you will see the **Personal Profile** screen. Verify Name and Address information and select **Next**. If information is inaccurate, contact MSU Human Resources.

- Now you will see the **Dependents** screen. Verify all Family Member/Dependents and select **Next**. If information is not listed, exit Benefits Enrollment and submit the Add a Family Member or Dependent form. If information is inaccurate, contact MSU Human Resources.

- Now you will see the **Benefits Summary** screen. Select **Next**.

- Following the Benefits Summary screen, the next several screens will walk you through the different types of plans available to you such as Health Plans, Flexible Spending Accounts, and Life/Accident Plans among others. You can choose to enroll in these plans or not.

- Once you are through the plans screens, you will reach the **Review and Save** screen, where you can add, change or remove information. Click **Save**.

- Lastly, the **Final Screen** will appear. Review information provided on the Benefit Elections Summary. From here, you will have the option to click on additional links such as MSU Benefits Plus or Retirement/Health Spending Accounts.

To see the full list of enrollment steps, visit http://www.hr.msu.edu/ebshelp/newhire/index.htm.

If you have technical system issues as you are completing enrollment, please call the MSU IT Service Desk at 517-432-6200.

Please Note: After completing enrollment, a confirmation statement will be emailed to your MSU NetID email address that confirms all of your plan selections. Please review this statement and contact MSU Human Resources at 517-353-4434 or SolutionsCenter@hr.msu.edu before the end of enrollment period if you do not believe the statement accurately represents your choices.
Employee Monthly Dental Plan Contributions

<table>
<thead>
<tr>
<th>PLAN</th>
<th>FULL-TIME (90% - 100%)</th>
<th>3/4 TIME (65% - 89.9%)</th>
<th>1/2 TIME (50% - 64.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
</tr>
<tr>
<td>2 Person Family</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
<td>$6.21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$32.34</td>
</tr>
<tr>
<td>Aetna (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
</tr>
<tr>
<td>2 Person Family</td>
<td>Paid by MSU</td>
<td>Paid by MSU</td>
<td>$6.21</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$32.34</td>
</tr>
<tr>
<td>Aetna Premium (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$3.14</td>
<td>$8.20</td>
<td>$13.26</td>
</tr>
<tr>
<td>2 Person</td>
<td>$5.75</td>
<td>$15.39</td>
<td>$25.02</td>
</tr>
<tr>
<td>Family</td>
<td>$9.13</td>
<td>$25.30</td>
<td>$41.47</td>
</tr>
</tbody>
</table>

1. This plan is available to AP members, AP confidential, FOP members, 274 members.
2. This plan is available to faculty, academic staff, executive management, UNTF members, APSA members, CT members, IS85 members, 324 members and 999 members, nurses, resident advisors, MSU Extension employees and non-union support staff.

Best Doctors Is Available to You

If you are facing a serious diagnosis or recommendations for medical care like surgery, chemotherapy, radiation or any number of other treatment options, Best Doctors can help. You can contact Best Doctors for help getting expert second opinions, help getting experts in the medical field to answer your questions or help locating doctors and specialists. Best Doctors is completely confidential and could provide you with vital information and options you might otherwise miss. There are no out-of-pocket costs to you for using Best Doctors. However, your medical providers may charge you for copying and forwarding your medical records to Best Doctors and you will be responsible for paying those charges.

There is a referral requirement for union employees. Any union employee or dependent considering non-emergent back surgery must contact Best Doctors for a second opinion consultation on their best course of action. Please note that those required to complete an opinion consultation are not required to follow the Best Doctors recommendation and may proceed with whatever course of treatment they believe best serves their medical needs. MSU’s ultimate goal is to ensure that staff and their dependents receive the best clinical advice available to them, and that they pursue a course of treatment that results in the highest quality care for their medical condition.

Learn more about Best Doctors at http://www.bestdoctors.com/what-we-do/members. Best Doctors can be reached at 866-904-0910.

Online Enrollment Steps

1. Visit ebs.msu.edu
2. Log in with your MSU NetID and password
3. Complete two-factor authentication
4. Select “My Benefits” application
5. Select “New Hire” tile
# Dental Plan Summary of Benefits

<table>
<thead>
<tr>
<th>DENTAL SERVICE</th>
<th>AETNA DMO</th>
<th>AETNA PREMIUM DMO</th>
<th>DELTA DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIAGNOSTIC AND PREVENTIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td>No co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Cleanings</td>
<td>$10 co-pay (child)</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>X-rays</td>
<td>No co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Fluoride</td>
<td>No co-pay</td>
<td>No co-pay (1 per year under age 16)</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Sealants (to prevent decay of permanent molars for dependents)</td>
<td>$10 co-pay per tooth</td>
<td>$10 co-pay per tooth</td>
<td>Not covered</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>$100 co-pay</td>
<td>$80 co-pay (fixed and removable)</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>MINOR RESTORATIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam (silver) fillings</td>
<td>$20 co-pay for one</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Composite (resin) fillings (anterior teeth)</td>
<td>$40 co-pay for one</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>PROSTHETICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns (semi-precious)</td>
<td>$325 co-pay</td>
<td>$315 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Bridges (per unit)</td>
<td>$325 co-pay</td>
<td>$315 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Denture (each)</td>
<td>$350 co-pay</td>
<td>$320 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Partial (each)</td>
<td>$320-400 co-pay</td>
<td>$320 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ORAL SURGERY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple extraction</td>
<td>$12 co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - erupted tooth</td>
<td>$30 co-pay</td>
<td>No co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - soft tissue impaction</td>
<td>$80 co-pay</td>
<td>$60 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - partial bony impaction</td>
<td>$100 co-pay</td>
<td>$80 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Extraction - complete bony impaction</td>
<td>$150 co-pay</td>
<td>$120 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ENDODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal - anterior</td>
<td>$150 co-pay</td>
<td>$120 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root canal - bicuspid</td>
<td>$195 co-pay</td>
<td>$180 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root canal - molar</td>
<td>$295 co-pay</td>
<td>$300 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Apicoectomy</td>
<td>$156 co-pay</td>
<td>$170 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>PERIODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gingivectomy (per quadrant)</td>
<td>$160 co-pay</td>
<td>$125 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Osseous surgery (per quadrant)</td>
<td>$340 co-pay</td>
<td>$375 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Root scaling (per quadrant)</td>
<td>$65 co-pay</td>
<td>$60 co-pay</td>
<td>50% co-pay</td>
</tr>
<tr>
<td><strong>ORTHODONTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child (under age 19)</td>
<td>$1,500 co-pay *</td>
<td>$1,500 co-pay *</td>
<td>50% co-pay</td>
</tr>
<tr>
<td>Adult (age 19 or older)</td>
<td>$1,500 co-pay *</td>
<td>$1,500 co-pay *</td>
<td>Not covered</td>
</tr>
<tr>
<td>* includes screening exam, diagnostic records, orthodontic treatment and orthodontic retention.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DENTAL PLAN MAXIMUMS

<table>
<thead>
<tr>
<th></th>
<th>Annual</th>
<th>Lifetime Orthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>No maximum</td>
<td>No maximum</td>
<td>$600 maximum</td>
</tr>
</tbody>
</table>

The plan summary on this page is intended to help you compare your options. The plan design is governed by the master contract.

---

### Which Aetna Plan Applies to You?

The Aetna dental plan you are offered in 2016 depends on your employee group.

The **Aetna DMO** plan is available to 274 members, AP employees and FOP employees.

The **Aetna Premium DMO** Plan is available to faculty, academic staff, executive management, CT employees, UNTF members, APSA employees, 324 employees, 1585 employees, and 999 employees, nurses, resident advisors and MSU Extension employees.

**Special Note:** Please verify that the dentist you want to use accepts “Aetna DMO” (whether you are eligible for the Aetna DMO or Aetna Premium DMO plan), rather than just “Aetna,” to avoid rejected claims.

---

### Provider Contact Information

Aetna Dental - 877-238-6200
Delta Dental - 800-524-0149
### Health Plans Coverage Summary

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA (7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVENTIVE SERVICES</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Health Maintenance Exam</td>
<td>Covered 100% (1)</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Annual Gynecological Exam</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Pap Smear Screening (lab services only)</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Mammmography Screening</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td>Subject to faculty deductible (2)</td>
<td></td>
<td>Covered 80% after deductible (3)</td>
</tr>
<tr>
<td>Contraceptive Devices (IUD, Diaphragm, Norplant)</td>
<td>Covered 100%</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Contraceptive Injections</td>
<td>Covered 100%</td>
<td>Covered 100% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Well-Baby and Child Care Exams</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Immunizations (as recommended by the Advisory Committee on Immunization Practices or mandated by the Affordable Care Act)</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Flu Shots</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Fecal Occult Blood Screening</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Colonoscopy (6)</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Subject to faculty deductible (2)</td>
<td></td>
<td></td>
<td>Covered 80% of eligible expenses after deductible (3)</td>
</tr>
<tr>
<td>Flexible Sigmoidoscopy Exam</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Prostate Exam (6)</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Prostate Specific Antigen (PSA) Screen (6)</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>1 per calendar year</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
<tr>
<td>Benefit</td>
<td>Community Blue</td>
<td>Blue Care Network</td>
<td>CDHP w/ HSA (7)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>PHYSICIAN OFFICE SERVICES (Medically Necessary)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visits/Consultations</td>
<td>Co-pay: $20</td>
<td>Covered 80% after deductible</td>
<td>Co-pay: $20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Covered 80% after deductible (a)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td><strong>EMERGENCY MEDICAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room</td>
<td>Co-pay: $250 (waived based on signs and symptoms, accident or if admitted)</td>
<td>Co-pay: $250 (waived based on signs and symptoms, accident or if admitted)</td>
<td>Co-pay: $250 (waived based on signs and symptoms, accident or if admitted)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Co-pay: $250 (waived based on signs and symptoms, accident or if admitted)</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Emergency Room Physician’s Services</td>
<td>Co-pay: $20 (when medical emergency criteria not met)</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>Covered 100% of the approved amount Subject to faculty deductible</td>
<td>Covered 100% of the approved amount</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% of the approved amount</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory and Pathology Tests</td>
<td>Covered 100% Subject to faculty deductible</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Diagnostic Tests and X-Rays</td>
<td>Covered 100% Subject to faculty deductible</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible Prior authorization may be required (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible Prior authorization may be required (5)</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Covered 100% Subject to faculty deductible</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td><strong>MATERNITY SERVICES PROVIDED BY A PHYSICIAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Natal and Post-Natal Care</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Delivery and Nursery Care</td>
<td>Covered 100% Subject to faculty deductible</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible Prior authorization may be required (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible Prior authorization may be required (5)</td>
</tr>
<tr>
<td>Semi-Private Room, General Nursing Care, Hospital Services and Supplies</td>
<td>Covered 100% (unlimited days) Subject to faculty deductible</td>
<td>Covered 80% after deductible Prior authorization may be required (5)</td>
<td>Covered 80% after deductible (unlimited days) Prior authorization required (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible (unlimited days) Prior authorization required (5)</td>
<td>Covered 80% after deductible (unlimited days) Prior authorization required (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 80% after deductible (unlimited days) Prior authorization required (5)</td>
<td>Covered 80% after deductible (unlimited days) Prior authorization required (5)</td>
</tr>
</tbody>
</table>
# Health Plans Coverage Summary (continued)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Consultations</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Subject to faculty deductible</td>
<td></td>
<td>Covered 80% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 80% after deductible</td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Subject to faculty deductible</td>
<td></td>
<td>Covered 80% after deductible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible (2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covered 80% after deductible</td>
<td></td>
</tr>
<tr>
<td>SURGICAL SERVICES</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Surgery and Related Surgical Services</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Subject to faculty deductible</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td>Voluntary Sterilization</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Subject to faculty deductible</td>
<td></td>
<td>Male Sterilization: Covered 100% after deductible</td>
<td>Male Sterilization: Covered 50% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female Sterilization: Covered 100% under preventive benefit</td>
<td>Female Sterilization: Covered 100% under preventive benefit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior authorization required (5)</td>
<td>Prior authorization may be required (5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior authorization required (5)</td>
<td>Prior authorization may be required (5)</td>
</tr>
<tr>
<td>HUMAN ORGAN TRANSPLANTS</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Such as: Liver, Heart, Lung, Pancreas, Heart-Lung, Kidney, Cornea, and Skin and Bone Marrow (subject to program guidelines)</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Subject to faculty deductible</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td>NCI CLINICAL TRIALS</td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Cancer and life-threatening conditions (all stages, including routine care)</td>
<td>Prior authorization may be required (3)</td>
<td>Not covered</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization may be required (3)</td>
</tr>
<tr>
<td>ALTERNATIVES TO HOSPITAL CARE</td>
<td>Covered 100% (3) in approved facilities (up to 120 days per calendar year)</td>
<td>Covered 100% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year)</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 100 days per calendar year)</td>
</tr>
<tr>
<td>Skilled Nursing Care (must meet medical necessity guidelines for skilled care)</td>
<td>Prior authorization may be required (3)</td>
<td>Prior authorization required (5)</td>
<td>Prior authorization required (5)</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Subject to faculty deductible</td>
<td>Prior authorization required (5)</td>
</tr>
<tr>
<td>Hospice Care</td>
<td>Covered 100% (3) with approved providers</td>
<td>Covered 100% after deductible</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior authorization required (5)</td>
<td>Prior authorization required (5)</td>
</tr>
<tr>
<td>Home Health Care (medically necessary)</td>
<td>Covered 100% (3) with approved providers (unlimited visits)</td>
<td>Covered 100% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)</td>
<td>Covered 80% after deductible (combined in- and out-of-network benefits limited to 60 days per calendar year)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prior authorization required (5)</td>
<td>Prior authorization required (5)</td>
</tr>
</tbody>
</table>

(1) Benefits are subject to prior authorization.
(2) Benefits are subject to a deductible.
(3) Benefits are subject to co-payment.
(4) Benefits are subject to a deductible or co-payment.
(5) Benefits are subject to both a deductible and co-payment.
(6) Benefits are subject to co-insurance.

www.hr.msu.edu
Faculty & Staff

10
## Health Plans Coverage Summary (continued)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA <em>(6)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH CARE AND SUBSTANCE ABUSE TREATMENT (In approved facilities)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental Health/ Substance Abuse Care</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td></td>
<td>Prior authorization may be required <em>(5)</em></td>
<td>Prior authorization may be required <em>(5)</em></td>
<td>Prior authorization required <em>(5)</em></td>
</tr>
<tr>
<td>Outpatient Mental Health/ Substance Abuse Care - Office Visits</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Prior authorization may be required <em>(5)</em></td>
<td>Prior authorization required <em>(5)</em></td>
</tr>
<tr>
<td>Outpatient Mental Health/ Substance Abuse Care - Facility</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Prior authorization may be required <em>(5)</em></td>
<td>Prior authorization required <em>(5)</em></td>
</tr>
<tr>
<td><strong>OTHER SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Testing and Therapy (includes allergy injections)</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td></td>
<td>Covered 80% after deductible</td>
<td>Prior authorization may be required <em>(3)</em></td>
<td>Prior authorization required <em>(5)</em></td>
</tr>
<tr>
<td>Chiropractic Spinal Manipulation</td>
<td>Co-pay: $20</td>
<td>Covered 80% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td><em>(In- and out-of-network services have an annual combined maximum of 24 visits)</em></td>
<td><em>(In- and out-of-network services have an annual combined maximum of 24 visits)</em></td>
<td><em>(In-network only. Annual maximum of 24 visits, combined with Osteopathic Manipulations)</em></td>
<td><em>(In- and -out-of-network services have an annual combined maximum of 24 visits)</em></td>
</tr>
<tr>
<td>Outpatient Diabetes Management (certified providers)</td>
<td>Co-pay: $20</td>
<td>Not covered</td>
<td>Covered 100%</td>
</tr>
<tr>
<td></td>
<td>Covered 100%</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Co-pay: $20</td>
<td>Co-pay: $20</td>
<td>Not covered</td>
</tr>
<tr>
<td><em>(Visits are combined with Chiropractic Spinal Manipulations)</em></td>
<td><em>(In- and out-of-network services have an annual combined maximum of 60 visits)</em></td>
<td><em>(In-network only. Annual maximum of 24 visits, combined with Osteopathic Manipulations)</em></td>
<td><em>(In- and -out-of-network services have an annual combined maximum of 24 visits)</em></td>
</tr>
<tr>
<td>Osteopathic Manipulation by a Physician (D.O.)</td>
<td>Co-pay: $20</td>
<td>Covered 80% after deductible in approved facilities</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td></td>
<td>Co-pay: $20</td>
<td>Not covered</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td><em>(Visits are combined with Chiropractic Spinal Manipulations)</em></td>
<td><em>(In- and out-of-network services have an annual combined maximum of 60 visits)</em></td>
<td><em>(In-network only. Annual maximum of 24 visits, combined with Osteopathic Manipulations)</em></td>
<td><em>(In- and -out-of-network services have an annual combined maximum of 24 visits)</em></td>
</tr>
<tr>
<td>Outpatient Physical, Speech, and Occupational Therapy (subject to medical criteria)</td>
<td>Covered 100%</td>
<td>Covered 80% after deductible</td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td><em>(In- and out-of-network services have an annual combined maximum of 60 visits)</em></td>
<td><em>(In- and out-of-network services have an annual combined maximum of 60 visits)</em></td>
<td><em>(In-network only. Annual maximum of 24 visits, combined with Osteopathic Manipulations)</em></td>
<td><em>(In- and -out-of-network services have an annual combined maximum of 24 visits)</em></td>
</tr>
<tr>
<td></td>
<td>Covered 80% after deductible</td>
<td>Prior authorization required <em>(5)</em></td>
<td>Prior authorization required <em>(5)</em></td>
</tr>
<tr>
<td>Durable Medical Equipment (DME) and Medical Supplies (including breastfeeding supplies)</td>
<td>Covered 100% <em>(5)</em> of the approved amount</td>
<td>Covered 80%</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Prior authorization may be required <em>(5)</em></td>
<td>Not covered</td>
<td>Covered 80%</td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Covered 50%</td>
<td>Covered 50%</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Subject to faculty deductible</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
### Health Plans Coverage Summary (continued)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Community Blue</th>
<th>Blue Care Network</th>
<th>CDHP w/ HSA (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder (applied behavioral analysis (ABA) treatment</td>
<td>Covered 100% after deductible for applied behavioral analysis</td>
<td>Co-pay: $20 per visit for applied behavioral analysis</td>
<td>Cost sharing applies. For applied behavioral analysis see Office Visits/Consultations. For outpatient therapy services see Outpatient Physical, Speech and Occupational Therapy. Prior authorization required</td>
</tr>
<tr>
<td>– when rendered by an approved board-certified behavioral analyst – is</td>
<td>– limited through the calendar year in which the child turns age 19) (7)</td>
<td>Co-pay: $20 per visit for outpatient physical, speech, and occupational therapy</td>
<td>Prior authorization required</td>
</tr>
<tr>
<td>In-Network</td>
<td>Out-of-Network</td>
<td></td>
<td>Covered 80% after deductible</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEDUCTIBLES, CO-PAYS, AND DOLLAR MAXIMUMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>None for support staff</td>
<td>$250 per member/$500 per family per calendar year (services where no network exists are covered at the in-network level)</td>
<td>$2,000 for single/$4,000 for family-level coverage per calendar year. (The deductible is combined for both medical and prescription drug coverage. The full family deductible must be met under a 2-person or family contract before benefits are paid for any person on the contract.)</td>
</tr>
<tr>
<td>– Faculty/Acad Staff: $100 per member/$200 per family per calendar year</td>
<td>$100 per member/$200 per family per calendar year</td>
<td>$500 per member/$1,000 per family per calendar year</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$2,000 per member/$4,000 per family per calendar year</td>
<td>$3,000 per member/$6,000 per family per calendar year for medical services only</td>
<td>$3,000 per member/$6,000 per family per calendar year for both medical and prescription services</td>
</tr>
<tr>
<td>– This amount includes deductible, coinsurance and co-pays, where applicable.</td>
<td>$2,000 per member/$4,000 per family per calendar year for coinsurance, plus $250 per member/$500 per family out-of-network deductible (3)</td>
<td>$3,000 per member/$6,000 per family per calendar year for coinsurance, plus $500 per member/$1,000 per family out-of-network deductible (3)</td>
<td>$3,000 for single/$6,000 for family-level coverage per calendar year</td>
</tr>
<tr>
<td>Prescription Drug Benefit</td>
<td>$1,000 per member/$2,000 per family out-of-pocket maximum (see page 19 for co-pays)</td>
<td>$1,000 per member/$2,000 per family out-of-pocket maximum (see page 19 for co-pays)</td>
<td>Subject to deductible, coinsurance and out-of-pocket maximums (see page 19)</td>
</tr>
</tbody>
</table>

1. Chemical profile, complete blood count (CBC), urinalysis, cholesterol testing, chest x-ray and EKG are payable as part of the Health Maintenance Exam. However, these services become subject to the faculty deductible when billed as medical/diagnostic.
2. Subject to faculty deductible with medical diagnosis.
3. You may be responsible for the difference between BCBSM's or BCN's approved amount and the provider's charge when services are rendered by a non-participating provider, premiums and health care this plan doesn't cover, where applicable.
4. Skin, bone marrow, kidney and cornea transplants subject to faculty deductible.
5. Referrals to specialists are not required.
6. Age restrictions may apply.
7. Diagnosis of an autism spectrum disorder and a treatment recommendation for ABA services must be obtained by an MSU-approved autism evaluation center (AAEC) prior to seeking ABA treatment. ABA and AAEC services are not available outside of Michigan.
8. Out-of-network services are available and the deductible is $4,000 for single/$8,000 for family-level coverage per calendar year. Please see the Summary of Benefits and Coverage at www.hr.msu.edu/benefits/SBC.htm for details.

The Health Plans Coverage Summary provided in this document is not a contract. It is intended as an easy-to-read summary to help you compare the various MSU health plan offerings. It describes plan features in general terms and is not a full description of coverages.

From time to time we may need to update the information in this guide to ensure the clearest and most accurate information is always available. If updates occur, updated versions will be maintained on the HR website at www.hr.msu.edu.
Employee Monthly Health Plan Contributions
(Pre-Tax through Payroll Deduction)

Faculty and academic staff with 9-month academic year (AY) appointments should see page 19 for their contributions charts.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>COVERAGE TIER</th>
<th>FULL-TIME FACULTY (1)</th>
<th>FULL-TIME STAFF</th>
<th>3/4 TIME (65% - 89.9%) FACULTY (1)</th>
<th>3/4 TIME (65% - 89.9%) STAFF</th>
<th>1/2 TIME (50% - 64.9%) FACULTY (1)</th>
<th>1/2 TIME (50% - 64.9%) STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark</td>
<td>Single</td>
<td>$264.47</td>
<td>$232.63</td>
<td>$386.55</td>
<td>$354.71</td>
<td>$508.61</td>
<td>$476.77</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$555.34</td>
<td>$488.48</td>
<td>$811.73</td>
<td>$744.87</td>
<td>$1068.13</td>
<td>$1001.27</td>
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<tr>
<td></td>
<td>Family</td>
<td>$647.86</td>
<td>$569.83</td>
<td>$949.31</td>
<td>$871.28</td>
<td>$1250.76</td>
<td>$1172.73</td>
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<tr>
<td>Blue Care Network (BCN) with CVS/</td>
<td>Single</td>
<td>$53.31</td>
<td>Paid by MSU</td>
<td>$175.39</td>
<td>$122.08</td>
<td>$297.45</td>
<td>$244.14</td>
</tr>
<tr>
<td>Caremark</td>
<td>2 person</td>
<td>$111.95</td>
<td>Paid by MSU</td>
<td>$368.34</td>
<td>$256.39</td>
<td>$624.74</td>
<td>$512.79</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$130.62</td>
<td>Paid by MSU</td>
<td>$432.07</td>
<td>$301.45</td>
<td>$733.52</td>
<td>$602.90</td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark (2)</td>
<td>Single</td>
<td>$23.91</td>
<td>$23.91</td>
<td>$94.78</td>
<td>$94.78</td>
<td>$204.82</td>
<td>$204.82</td>
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<tr>
<td></td>
<td>2 person</td>
<td>$45.31</td>
<td>$45.31</td>
<td>$124.04</td>
<td>$124.04</td>
<td>$355.19</td>
<td>$355.19</td>
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<tr>
<td></td>
<td>Family</td>
<td>$52.16</td>
<td>$52.16</td>
<td>$135.27</td>
<td>$135.27</td>
<td>$406.22</td>
<td>$406.22</td>
</tr>
</tbody>
</table>

Part-time employees hired prior to July 1, 1998, with single or two-person coverage, may request the monthly hardship contribution for the following reasons: A) If they do not have access to other health coverage through a spouse’s group plan, or B) If they are not married and do not have access to other health care coverage from another employer as an active employee or retiree. Forms are available at www.hr.msu.edu/forms.htm.

Employee Monthly Health Plan Rider Contributions

<table>
<thead>
<tr>
<th>PLAN</th>
<th>SPONSORED DEPENDENT RIDER FACULTY (1)</th>
<th>SPONSORED DEPENDENT RIDER STAFF</th>
<th>SPONSORED DEPENDENT RIDER WITH MEDICARE FACULTY (1)</th>
<th>SPONSORED DEPENDENT RIDER WITH MEDICARE STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark</td>
<td>$839.35</td>
<td>$865.10</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Blue Care Network (BCN) with CVS/</td>
<td>$585.96</td>
<td>$585.96</td>
<td>$626.12</td>
<td>$626.12</td>
</tr>
<tr>
<td>Caremark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark</td>
<td>$406.24</td>
<td>$406.24</td>
<td>$425.86</td>
<td>$425.86</td>
</tr>
</tbody>
</table>

Footnotes: 1 - Refers to faculty, academic staff, and executive management (and includes 14% premium sharing when applicable).
2 - This plan is available to faculty, academic staff, executive management, UNTF members and non-union support staff.
Additional Enrollment Information

Health Plan Waivers.
MSU continues to offer all regular, 50 percent time or more faculty, academic and support staff an option to waive health care coverage in exchange for a payment of up to $600 per year. Payments will occur in February.

Employees currently covered by another health plan that adequately meets their health care needs may want to consider waiving their MSU health coverage. Enrollment is not automatic. Employees must enroll online for the waiver during enrollment to receive the benefit.

It is important to note that employees and spouses who are both employed at MSU are not eligible for the waiver option.

More detailed information about waivers is available in a set of questions and answers available at www.hr.msu.edu/benefits/healthcare/waiver.htm.

Need More Information?
Brochures about MSU benefits plans and options are available on the web at www.hr.msu.edu. You can refer questions via email to the SolutionsCenter@hr.msu.edu or call at 517-353-4434 or 800-353-4434.

Plan Provider Contact Information.
BCN - Call 800-662-6667 or visit www.bcbsm.com.
Community Blue - Call 877-354-2583 or visit www.bcbsm.com.
CDHP (administered by BCBSM) - Call 877-354-2583 or visit www.bcbsm.com.
HSA (administered by Health Equity) - Call 877-219-4506.
CVS/Caremark prescription services - Call 800-565-7105.
Aetna Dental - Call 877-238-6200.
Delta Dental - Call 800-524-0149.
Prudential - Call 877-232-3555.
CONEXIS - Call 877-266-3947.
MSU Benefits Plus - Call 888-758-7575.

Look for Legal Notices.
Our legal notice publication is attached to the end of this PDF document. It includes some important legal notices regarding health care privacy and other laws.

Summaries of Benefits and Coverage.
The Affordable Care Act requires that health plans and employers that provide self-insured plans provide comparative information to consumers on health plan options. Summary of Benefits and Coverage (SBC) documents are available for health plan options MSU makes available to faculty and staff at www.hr.msu.edu/benefits/SBC.htm.

Mac User?
It is recommended that Mac users access enrollment in the EBS Portal using the Safari Web browser for Mac OS.

Users who need to add dependents to their coverage must use a Windows machine and Internet Explorer to complete the Add a Family Member or Dependent Form online. Windows computers are available at the Solutions Center during regular business hours. Visit www.hr.msu.edu.
Prescription Drug Information

The prescription drug plan is administered through CVS/Caremark. Employees are automatically enrolled for prescription drug coverage in CVS/Caremark when they enroll in one of the health plans (Community Blue PPO, Blue Care Network (BCN) or the CDHP with HSA).

Please note: CDHP with HSA enrollees have different prescription benefits. Prescription drug costs under this plan are subject to plan deductible and coinsurance, and then the total cost is covered after they reach the out-of-pocket maximum. This means that enrollees will pay 100% of prescription costs until they reach their deductible, and once the deductible is met, MSU covers 80% of the costs while enrollees pay 20% coinsurance. Once the out-of-pocket maximum is reached, CDHP enrollees will have prescriptions covered 100%. Also under the CDHP, preventive generic prescription drugs for asthma, cholesterol, diabetes and anti-hypertension are covered at 100% without a deductible or coinsurance (where a generic is available).

The table below shows co-pay rates for various types of prescription drugs for Community Blue and BCN enrollees effective January 1, 2016. Complete information detailing prescription drug coverage under CVS/Caremark is available on MSU HR website at www.hr.msu.edu/benefits/PrescriptionDrugPlan.htm. You can become an engaged member by creating a profile on the CVS/Caremark website at www.Caremark.com and by downloading the Caremark app on Apple and Android devices.

| CVS/Caremark Prescription Plan Co-Pays for BCN and Community Blue - 2016 |
|---|---|---|
| Drug Tier | 34-Day Supply Co-Pays | 90-Day Supply Co-Pays** |
| 1. Generic Medications | $10 | $20 |
| 2. Preferred Brand-Name Medications* | $20 | $40 |
| 3. Non-Preferred Brand-Name Medications | $40 | $80 |
| 4. Bio-Tech Drugs/Specialty Drugs*** | $50 | **90-day supplies of bio-tech/specialty drugs are not offered |

*Some formulary medications may require a Prior Authorization.

**90-day supply medications (except for Bio-Tech/Specialty Drugs) may be filled at MSU Pharmacies or through CVS/Caremark mail order. 90-day supplies of Bio-Tech/Specialty Drugs are not allowed.

***Some specialty drugs will require step therapy. Step therapy is a type of prior authorization that begins medication for a medical condition with the most cost-effective drug therapy and progresses to other more costly or risky therapies only if necessary. Specialty injectable medications (medications for conditions such as Hepatitis B & C, RSV, Hemophilia, Immune Deficiency, and Osteo & Rheumatoid Arthritis) are only covered through CVS/Caremark Specialty Pharmacy. Please call 1-800-237-2767 for more information on this benefit.

A preferred brand-name medication is one that is listed on the plan’s formulary or preferred list of prescription drugs.

A non-preferred brand-name medication is one not included on the plan’s formulary or list of preferred prescriptions. Non-preferred brand-name drugs have a higher coinsurance than preferred brand-name drugs. You pay more if you use non-preferred drugs than if you opt for generics and preferred brand-name drugs.

If Preferred Brand-Name Medications or Non-Preferred Brand-Name Medications are selected, you may have a pricing penalty. This means you will need to pay the difference in cost between the brand drug and generic drug.

Please note: Compound medications over $300 will require a Prior Authorization.
Online Enrollment Steps

1. Visit ebs.msu.edu
2. Log in with your MSU NetID and password
3. Complete two-factor authentication
4. Select “My Benefits” application
5. Select “New Hire” tile

Life Insurance and Accidental Death and Dismemberment (AD&D) Information

Prudential is the plan administrator for both the optional employee-paid life insurance and optional employee-paid accidental death and dismemberment (AD&D) insurance.

Both employee-paid life insurance and AD&D insurance are offered for all regular full-time and part-time (50% or more) faculty, academic staff and support staff, as well as for spouses and dependents.

Life. Optional employee-paid life insurance is offered at 1 to 8 times your base annual earnings. There are various levels of coverage for spouses and children.

You must provide evidence of insurability when enrolling or increasing your optional employee-paid life insurance coverage for yourself or your spouse. Evidence of insurability is not required for children. Prudential will contact you via your MSU NetID email address after enrollment to instruct you on how to submit evidence of insurability.

AD&D. You can enroll for AD&D coverage at 1 to 8 times your base annual earnings. Benefit levels vary by type of insurance selected (individual or family) and the extent of injury. Evidence of insurability is not required.

The tables on page 17 contain coverage levels and rates for optional employee-paid life insurance and optional employee-paid AD&D.

If you have any questions, contact MSU Human Resources at 517-353-4434, toll-free at 800-353-4434, or by email at SolutionsCenter@hr.msu.edu.
Optional Employee-Paid Life Insurance

<table>
<thead>
<tr>
<th>PLAN</th>
<th>COVERAGE LEVELS FOR EMPLOYEE</th>
<th>COVERAGE LEVELS FOR SPOUSE</th>
<th>COVERAGE LEVELS FOR CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Employee-Paid Life Insurance</td>
<td>1 x Base Annual Earnings</td>
<td>$10,000</td>
<td>$5,000</td>
</tr>
<tr>
<td></td>
<td>2 x Base Annual Earnings</td>
<td>$25,000</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td>3 x Base Annual Earnings</td>
<td>$50,000</td>
<td>$15,000</td>
</tr>
<tr>
<td></td>
<td>4 x Base Annual Earnings</td>
<td>$75,000</td>
<td>$20,000</td>
</tr>
<tr>
<td></td>
<td>5 x Base Annual Earnings</td>
<td>$100,000</td>
<td>$25,000</td>
</tr>
<tr>
<td></td>
<td>6 x Base Annual Earnings</td>
<td>$125,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 x Base Annual Earnings</td>
<td>$150,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8 x Base Annual Earnings</td>
<td>$175,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum Benefit:</td>
<td>$200,000</td>
<td></td>
</tr>
</tbody>
</table>

Monthly Rates:

- Employee Rates: $0.015 per $1,000 of coverage
- Spouse Rates: $0.023 per $1,000 of benefit coverage for family coverage

Optional Employee-Paid Accidental Death and Dismemberment Coverage and Rates

<table>
<thead>
<tr>
<th>PLAN</th>
<th>COVERAGE LEVELS FOR EMPLOYEE ONLY</th>
<th>FAMILY COVERAGE LEVELS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death and Dismemberment (Optional Employee-Paid)</td>
<td>The benefit for employee-only coverage will be 100% of:</td>
<td>The benefit when spouses and no children are covered under family coverage will be 60% of:</td>
</tr>
<tr>
<td></td>
<td>1 x Employee’s Base Annual Earnings</td>
<td>1 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>2 x Employee’s Base Annual Earnings</td>
<td>2 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>3 x Employee’s Base Annual Earnings</td>
<td>3 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>4 x Employee’s Base Annual Earnings</td>
<td>4 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>5 x Employee’s Base Annual Earnings</td>
<td>5 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>6 x Employee’s Base Annual Earnings</td>
<td>6 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>7 x Employee’s Base Annual Earnings</td>
<td>7 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>8 x Employee’s Base Annual Earnings</td>
<td>8 x Employee’s Base Annual Earnings</td>
</tr>
<tr>
<td></td>
<td>Maximum Employee Benefit: $1,000,000</td>
<td>Maximum Emploee Benefit: $1,000,000</td>
</tr>
<tr>
<td></td>
<td>Maximum Spouse Benefit $600,000</td>
<td>Maximum Spouse Benefit $600,000</td>
</tr>
<tr>
<td></td>
<td>Maximum Benefit per Child $100,000</td>
<td>Maximum Benefit per Child $100,000</td>
</tr>
</tbody>
</table>

Monthly Rate Per $1,000 of Coverage:

- Employee: $0.015 per $1,000 of benefit coverage for employee-only coverage
- Spouse: $0.023 per $1,000 of benefit coverage for family coverage

1. Evidence of insurability is required for enrolling or increasing your coverage for you or your spouse.

2. Academic Year (AY) faculty and academic staff on 9-month appointments can calculate their contributions by multiplying the rate shown next to their age group by each $1,000 worth of coverage, then multiplying by 12 and dividing by 8.

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

4. Employee-Paid Life Insurance for children begins at live birth and continues to age 19. If the child is unmarried, dependent on you and a full-time student, or meets the IRS dependent gross income test, coverage continues to age 23. It is the enrollee’s responsibility to cancel coverage when dependent children no longer qualify in order to stop premium deductions. Children who become incapacitated before the age limit can continue coverage after the age limit if (1) the child is mentally and physically incapable of earning a living AND (2) Prudential has received proof of incapacity within 31 days. If the child becomes incapacitated after the age limit, they will not be able to continue coverage.
Benefits Deductions Reminder for Those with 9-Month Academic Year Appointments

Instead of receiving 12 monthly paychecks throughout the year, faculty and academic staff who have 9-month (AY) appointments receive 10 checks over the duty period (August 16 through May 15).

Benefits coverage is in effect for AY faculty and academic staff for a full 12 months, July 1 through June 30.

Health benefit deductions are taken out of 8 full monthly paychecks (September through April).

Retirement, Flexible Spending Account and Health Savings Account deductions are taken out of all 10 paychecks (August through May as appropriate).

Your monthly health plan contributions for the 8 full monthly paychecks in September through April are on the charts on page 19.

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

If you have questions, please contact MSU Human Resources at SolutionsCenter@hr.msu.edu or via phone at 517-353-4434 or 800-353-4434.
Academic Year (AY) Faculty Monthly Health Plan Contributions (Pre-Tax through Payroll Deduction)

Part-time employees hired prior to July 1, 1998, with single or two-person coverage, may request the monthly hardship contribution for the following reasons: A) If they do not have access to other health coverage through a spouse's group plan, or B) If they are not married and do not have access to other health care coverage from another employer as an active employee or retiree. Forms are available at: www.hr.msu.edu/forms.htm.

AY Faculty Monthly Health Plan Rider Contributions

<table>
<thead>
<tr>
<th>PLAN</th>
<th>COVERAGE TIER</th>
<th>FULL-TIME FACULTY (65% - 89.9%)</th>
<th>3/4 TIME FACULTY (50% - 64.9%)</th>
<th>1/2 TIME FACULTY (25% - 49.9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Blue PPO with CVS/Caremark</td>
<td>Single</td>
<td>$396.71</td>
<td>$579.82</td>
<td>$762.94</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$833.01</td>
<td>$1217.61</td>
<td>$1602.20</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$971.79</td>
<td>$1423.98</td>
<td>$1876.15</td>
</tr>
<tr>
<td>Blue Care Network (BCN) with CVS/Caremark</td>
<td>Single</td>
<td>$79.96</td>
<td>$263.07</td>
<td>$446.19</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$167.92</td>
<td>$552.51</td>
<td>$937.10</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$195.93</td>
<td>$648.12</td>
<td>$1100.29</td>
</tr>
<tr>
<td>CDHP with HSA with CVS/Caremark</td>
<td>Single</td>
<td>$35.86</td>
<td>$142.15</td>
<td>$307.24</td>
</tr>
<tr>
<td></td>
<td>2 person</td>
<td>$67.97</td>
<td>$156.92</td>
<td>$513.34</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$78.24</td>
<td>$202.92</td>
<td>$720.13</td>
</tr>
</tbody>
</table>

Footnotes:
1 - These charts are for faculty and academic staff on 9-month academic year (AY) appointments. The health plan contributions listed will be taken out of 8 full monthly paychecks (September through April). Deductions taken from January through April cover the time period of January through June, and deductions taken from September through December cover the time period of July through December.

2 - Refers to faculty, academic staff, and executive management (and includes 14% premium sharing when applicable).
$pend Less. $ave More. Flexible Spending Accounts Enrollment.

You work hard for your money, so why not keep a little more of it? Enroll in a Flexible Spending Account (FSA) and join the thousands of other MSU employees who have discovered the advantages of paying for certain medical and child care expenses with pre-tax dollars.

Let’s face it, some expenses in life just aren’t negotiable. Nearly everybody spends money each year on out-of-pocket medical expenses such as prescription drug and office visit co-pays, deductibles, prescription eye glasses, dental work and even over-the-counter items like contact lens solution, thermometers and more. And many working parents spend thousands of dollars each year on child care.

Many have found that buying these items and services with pre-tax dollars is a sound strategy for saving money. FSAs let you trim your taxes while purchasing the medical and child care services you need.

MSU offers eligible faculty and staff two different kinds of FSAs. The Health FSA can be used for eligible medical expenses. The Dependent Care FSA can be used for eligible child and dependent care expenses. For examples of eligible expenses, please visit our website at http://www.hr.msu.edu/benefits/fsa.

FSA Important Dates

Flexible Spending Accounts can offer some great tax advantages, but it’s important that you are familiar with the program deadlines. If you have not used all of your funds and submitted your receipts by the required deadlines, IRS code requires that remaining funds be forfeited. It is very important to remember that the deadlines for using funds are different for Dependent Care FSAs and Health FSAs. Important deadlines to note include the following:

For the 2016 Program Year
- The deadline to use your Dependent Care FSA funds: March 15, 2017
- The deadline to submit receipts for your Dependent Care FSA: April 30, 2017
- The deadline to use your Health FSA funds: March 15, 2017
- The deadline to submit receipts for your Health FSA: April 30, 2017
Key Health Care Spending Account Facts

- Debit cards offer you the convenience of paying with the swipe of a card – but you still need to keep those receipts! IRS rules require Flexible Spending Account administrators to substantiate the eligibility of all items and services billed to Flexible Spending Accounts (FSA), including those transactions using Health FSA debit cards. Some types of expenses, like doctor visits or prescription drug co-pays, can be automatically substantiated because co-pays are predictable amounts from medical providers.

- Due to IRS regulations, Health FSAs are not compatible with Health Savings Accounts (HSAs). Faculty, academic staff, executive managers, UNTF members and non-union support staff are unable to participate in a Health FSA if they choose the CDHP/HSA health plan option. Also, if your spouse's health plan has an HSA and you enroll in a Health FSA, you may have IRS compatibility issues.

More Details on Flexible Spending Accounts

How FSAs Work

When you enroll in an FSA, you will need to decide on your annual contribution amount for the 2016 calendar year (January – December).

Your contributions will be deducted from your paychecks and will not be taxed.

It is important to estimate as closely as possible how many eligible expenses you are likely to incur in the 2016 calendar year because any funds not used during the plan year must be forfeited under Internal Revenue Code. With a little advance planning, you can match your FSA withholdings to the amount you are likely to spend on eligible health care and dependent care out-of-pocket costs.

When you have paid an eligible medical or dependent care expense, you will fill out a simple reimbursement request form. You'll submit receipts for the expense with the request form. You will then be reimbursed for those expenses with the tax-free dollars from the accounts.

For some expenses like prescriptions and office visit co-pays, you can pay for the purchase directly with your Health FSA debit card. You need to save your receipt and itemized statements if a substantiation request is made by CONEXIS.

How Much Can I Contribute to an FSA?

Eligible employees may contribute up to $5,000 to their Dependent Care FSA (per-household total).

Eligible employees may contribute up to $2,550 to their Health FSA in 2016. This is a per-eligible individual total. For spouses who both work at MSU and are eligible, this means each spouse may contribute up to $2,550 for a household total of $5,100.

Your savings will vary based on your income tax rate and the number of out-of-pocket health and child care costs you typically incur. Please view additional FSA information at: www.hr.msu.edu/benefits/fsa.

FSA Plan Vendor: CONEXIS

Our plan vendor CONEXIS offers customer support as well as easy-to-use online tools to help you make the most of your FSA. Use the CONEXIS website to access interactive claim forms, upload claims, use online calculators and view account balances and reimbursement histories. To learn more about CONEXIS, visit www.conexis.com/myfisa. Contact CONEXIS directly if you have questions about the eligibility of an item or service. The phone number for CONEXIS is 877-CONEXIS (877-266-3947).
Voluntary Benefits via MSU Benefits Plus

MSU offers employees access to a variety of additional optional, employee-paid benefits through an online voluntary benefits portal: www.MSUbeneftisplus.com

It's important to note that there is no university financial contribution toward these benefits. Enrollees pay the premiums for whatever benefits they select and those payments are collected via payroll deduction. Currently, the voluntary benefits available on www.MSUbeneftisplus.com include the following:

- Vision Insurance
- Group Legal Services
- Critical Illness Insurance
- Long-Term Care Insurance
- Auto and Home Insurance
- Pet Insurance

Shopping discounts are also available through www.MSUbeneftisplus.com.

How Do I Enroll or Learn More?

Visit www.MSUbeneftisplus.com to learn more about available programs and participate in online enrollment. On your first visit to the site, you will need to sign up for an account. Signing up for an account does not obligate you to enroll in any benefits; it merely gives you access to learn about and enroll in the various programs. To create your account, you must use your MSU email account. You will also need your MSU ZPID number. You must use a capital “Z” when entering your ZPID. You can locate your ZPID on your MSU Spartan Card ID badge, or you can find the number in EBS.

Can I Enroll or Cancel Any Time?

Newly hired faculty and staff can enroll within 30 days of their hire date. Changes can be made during open enrollment.

Vision, legal and critical illness insurance have an annual open enrollment period like our other benefits of October 1 through October 31, with coverage effective January 1. That means you can enroll at that time each year and once you enroll, you cannot change or cancel that enrollment until the next annual enrollment period (unless you have a qualifying life event). Other programs, like auto, home, long-term care and pet insurances allow you to enroll at anytime throughout the year.

Vision Insurance

Vision insurance coverage can help with the costs of glasses and contact lenses for you and your family. You can view a plan summary sheet with basic information about the plan coverage and rates at www.MSUbeneftisplus.com. Premiums will be deducted from your pay. You can enroll via the website or call MSU Benefits Plus Customer Care at 888-758-7575.
Group Legal Services

With pre-paid legal coverage, you can access legal assistance in a wide variety of situations when you need it without worrying about the costs. You can view a plan summary sheet with basic information about the two plan coverage and rates at www.MSUbenefitsplus.com. Premiums will be deducted from your pay. You can enroll via the website or call MSU Benefits Plus Customer Care at 888-758-7575.

Critical Illness

Critical Illness insurance gives you extra cash in the event you or covered family members experience a covered illness. This money can be used to offset unexpected medical expenses or for any other use you wish. Simplified plan options are offered with no evidence of insurability requirement. You can view a plan summary sheet at the www.MSUbenefitsplus.com site with basic information about the plan coverage and rates. Premiums will be deducted from your pay. You can enroll via the website or call MSU Benefits Plus Customer Care at 888-758-7575.

Long-Term Care Insurance

Benefits-eligible faculty and staff can enroll in Long-Term Care coverage with Transamerica. These policies are individual (as opposed to group) plans and evidence of insurability is required. There is no formal enrollment period for Long-Term Care insurance. You may apply anytime and your coverage start date will be determined by whether and when your application is approved through the underwriting process. Premiums will be deducted from your pay.

MSU is currently offering benefits-eligible faculty and staff opportunities to consult with Long-Term Care specialists from the Todd Benefits Group, a third party firm specializing in long-term-care benefits, to help you select the Transamerica options that may best meet your needs. You can contact the Todd Benefits Group at 888-310-8633. You also can find information about coverage options at www.MSUbenefitsplus.com.

Auto and Home Insurance

Benefits-eligible faculty and staff can get bids from and enroll in auto and home insurance with either MetLife or Liberty Mutual and pay for those policies via payroll deduction. There is no formal enrollment period for Auto and Home insurance. The coverage period will vary depending on when your policy is issued. Visit www.MSUbenefitsplus.com for more information.

Pet Insurance

Benefits-eligible faculty and staff can enroll for Pet Insurance through VPI and pay for those policies via payroll deduction. VPI offers several different levels of coverage and rates vary depending on the plan you select and the age of your pet. Pet Insurance can reimburse you for vet bills related to covered conditions. Visit www.MSUbenefitsplus.com for more information.

Discounts

For discounts on a variety of products and services just because you work at MSU, visit www.MSUbenefitsplus.com.

Who Do I Call for Help with Voluntary Benefits?

If you experience a problem with any of the voluntary benefits programs or providers, contact MSU Benefits Plus Customer Care at 888-758-7575. If you are unable to resolve the issue with the customer care staff, please contact MSU Human Resources at 517-353-4434 or 800-353-4434.
Retirement Programs at MSU

Investing for retirement is one of your most important financial goals. MSU is dedicated to offering you the best possible retirement plans for meeting your long-term investing needs, and we encourage you to take full advantage of the retirement savings vehicles available to you.

Why Save For Retirement?

Are you on track to living the life you want after you stop working? Many experts estimate that you may need 85% or more of your annual pre-retirement income to meet expenses each year in retirement. However, the typical working American household is on track to replace only about 58% of its income. Facing rising health care costs, inflation and a retirement that may last 30 years or more, you may need to save more to enjoy the retirement lifestyle you desire.

MSU is proud to bring you a program to help you prepare for the retirement you want to have. The university offers Fidelity and TIAA as providers of administration, recordkeeping and investment options for each of the Michigan State University Retirement Plans. Both companies offer resources and tools to help participants plan their investment strategy.

The university’s 403(b) Retirement Plan includes the MSU 403(b) Base Retirement Program and the MSU 403(b) Supplemental Retirement Program. These programs, as well as the MSU 457(b) Deferred Compensation Plan, are designed to help you invest more money today to help you have the income you need during your retirement years. Consider making contributions and see how investing even a small amount can add up over time.

Need Help Choosing an Investment Mix?

Fidelity and TIAA each have representatives who can meet with you to help you prepare for the retirement you want to have. The university offers Fidelity and TIAA as providers of administration, recordkeeping and investment options for each of the Michigan State University Retirement Plans. Both companies offer resources and tools to help participants plan their investment strategy.

The university’s 403(b) Retirement Plan includes the MSU 403(b) Base Retirement Program and the MSU 403(b) Supplemental Retirement Program. These programs, as well as the MSU 457(b) Deferred Compensation Plan, are designed to help you invest more money today to help you have the income you need during your retirement years. Consider making contributions and see how investing even a small amount can add up over time.

Fidelity and TIAA each have representatives who can meet with you to help you choose investments for your retirement portfolio. Each of the vendors also have additional resources available on their websites. For more information or to schedule a consultation, contact the following:

- Fidelity at 800-343-0860 or www.netbenefits.com/msu
- TIAA at 800-842-2252 or www.tiaa-cref.org/msu

For more detailed information on MSU retirement plans, please review the online Enrollment Guide at http://www.hr.msu.edu/benefits/retirement/Retirement_Enrollment_Guide.pdf or contact MSU Human Resources at 517-353-4434 or 1-800-353-4434.
Questions and Answers about Deductibles

Q: What is a deductible?
A: A deductible is a set dollar amount that enrollees must pay out-of-pocket toward certain health care services before insurance starts to pay. Deductibles run on a calendar-year basis. Deductibles for all plans will reset on January 1, 2017.

Q: Which of the MSU health plans have deductible requirements and do those requirements vary by employee type?
A: Under the BCN plan all enrollees (including faculty, academic staff, support staff and retirees) have an in-network deductible for certain types of services. Under the Community Blue PPO, support staff do not have an in-network deductible, but faculty and academic staff do have an in-network deductible. Under the CDHP with HSA plan, eligible faculty and staff have an in-network deductible for non-preventive medical and prescription benefits. You can identify some services that require meeting a deductible under all plans by looking at the health plan comparison grids on pages 8 through 12.

Q: What is the dollar amount of the deductible for the MSU health plans?
A: The BCN in-network deductible for the calendar year (January through December) is $100 per individual or $200 per family. This deductible applies to all BCN enrollees.

The Community Blue PPO plan does not have an in-network deductible requirement for support staff. The faculty and academic staff in-network deductible for the calendar year (January to December) is $100 per individual or $200 per family.

The CDHP with HSA plan in-network deductible for the calendar year (January to December) is $2,000 per individual or $4,000 per family.

For out-of-network deductible information, please call Blue Cross Blue Shield at 877-354-2583 or Blue Care Network at 800-662-6667.

Q: What types of services are subject to deductible requirements and do co-pays count toward meeting deductibles?
A: Deductibles only apply to certain types of services and care in the BCN and Community Blue plans. For many types of care, no deductibles apply. For example, in most cases, there are no deductible requirements for office visits. These services are typically either 100% covered or are covered with a $20 co-pay. Co-pays do not count toward meeting deductibles in most cases. For other types of services such as hospital care, diagnostic tests and x-rays, radiation therapy, hospice care, surgical services and other services, insurance begins paying only after deductibles for the year are met. For example, in the health plan comparison grids on pages 8 through 12, you will see some services identified as “covered 80% after deductible” or “covered 100% after deductible.” This means that the enrollee pays for the care until the deductible is met and then insurance will cover the remaining amount or a certain percentage of the remaining amount.

For the CDHP with HSA plan, the deductible applies for most non-preventive services. The deductible is combined for both medical and prescription drug coverage. The full family deductible must be met under a two-person or family contract before benefits are paid for any person on the contract. See the health plan comparison grids on pages 8 through 12 to review services with deductible requirements.
Important Notices About Your Health Care Rights

MSU Human Resources is pleased to provide you with this resource to help you learn about or refamiliarize yourself with various regulations intended to safeguard your health care rights. Included in this publication you will find health care notices regarding:

- A notice of privacy practices. This describes how medical information about you can be used and disclosed and how you can access this information.
- Information about Medicaid and the Children’s Health Insurance Program.

Women’s Health and Cancer Rights Act of 1998

As required by the Women’s Health and Cancer Rights Act of 1998 (effective October 21, 1998), MSU Health Plans provide the following coverage:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast for symmetrical appearance; and
- Prosthesis and treatment of physical complications in all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

If you have any additional questions, please contact your health plan administrator.

Contact Information for MSU Health and Dental Plans

Please keep the below contact information for MSU Health Plans in a safe place so you can call on our plans at any time with questions:

- Blue Care Network: 800-662-6667
- Blue Cross Blue Shield Community Blue: 877-354-2583
- Consumer Driven Health Plan (administered by Blue Cross Blue Shield): 877-354-2583
- Blue Cross Blue Shield Traditional Plan (Retirees with Medicare Only): 877-354-2583
- Blue Cross Blue Shield Transition Plan (Retirees with Mixed Medicare & Non-Medicare): 877-354-2583
- Delta Dental: 800-524-0149
- Aetna Dental Maintenance Organization (DMO): 877-238-6200
- CVS/Caremark: 800-565-7105
- Health Savings Account (administered by Health Equity): 877-219-4506

As always, please feel free to contact MSU Human Resources for assistance at: SolutionsCenter@hr.msu.edu, 517-353-4434 or 800-353-4434.
EFFECTIVE DATE
This Notice is effective January 1, 2013.

PURPOSE
This notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review it carefully.

The Michigan State University Health Plans (collectively referenced in this notice as the “Plan”) are regulated by numerous federal and state laws.

The Health Insurance Portability and Accountability Act (HIPAA) identifies protected health information (PHI) and requires that the Plan, with Michigan State University and the Plan administrator(s) and insurer(s) maintain a privacy policy and that it provides you with this notice of the Plan's legal duties and privacy practices. This notice provides information about the ways your medical information may be used and disclosed by the Plan and how you may access your health information.

PHI means individually identifiable health information that is created or received by the Plan that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you; and that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. If state law provides privacy protections that are more stringent than those provided by federal law, the Plan will maintain your PHI in accordance with the more stringent state law standard.

In general, the Plan receives and maintains health information only as needed for claims or Plan administration. The primary source of your health information continues to be the healthcare provider (for example, your doctor, dentist or hospital) that created the records. Most health plans are administered by a third party administrator (TPA) or insurer, and Michigan State University, the Plan sponsor, does not have access to the PHI.

The Plan is required to operate in accordance with the terms of this notice. The Plan reserves the right to change the terms of this notice. If there is any material change to the uses or disclosures, your rights, or the Plan's legal duties or privacy practices, the notice will be revised and you'll receive a copy. The new provisions will apply to all PHI maintained by the Plan, including information that existed prior to revision.

Uses and Disclosures Permitted Without Your Authorization or Consent
The Plan is permitted to use or disclose PHI without your consent or authorization in order to carry out treatment, payment or healthcare operations. Information about treatment involves the care and services you receive from a healthcare provider. For example, the Plan may use information about the treatment of a medical condition by a doctor or hospital to make sure the Plan is well run, administered properly and does not waste money. Information about payment may involve activities to verify coverage, eligibility, or claims management. Information concerning healthcare operations may be used to project future healthcare costs or audit the accuracy of claims processing functions.

The Plan may also use your PHI to undertake underwriting, premium rating and other insurance activities related to changing TPA contracts or health benefits. However, federal law prohibits the Plan from using or disclosing PHI that is genetic information for underwriting purposes which include eligibility determination, calculating premiums, the application of pre-existing conditions, exclusions and any other activities related to the creation, renewal, or replacement of a TPA contract or health benefit.

The Plan may disclose health information to the University if the information is needed to carry out administrative functions of the Plan. In certain cases, the Plan or TPA may disclose your PHI to specific employees of the University who assist in the administration of the Plan. Before your PHI can be used by or disclosed to these employees, the University must take certain steps to separate the work of these employees from the rest of the workforce so that the University cannot use your PHI for employment-related purposes or to administer other benefit plans. For example, a designated employee may have the need to contact a TPA to verify coverage status or to investigate a claim without your specific authorization.

The Plan may disclose information to the University that summarizes the claims experience of Plan participants as a group, but without identifying specific individuals, to get a new TPA contract, or to change the Plan. For example, if the University wants to consider adding or changing an organ transplant benefit, it may receive this summary health information to assess the cost of that benefit.
Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to Michigan State University Human Resources. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Michigan State University Human Resources.

Right to Amend. If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask it to amend the information. You may request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to Michigan State University Human Resources. In addition, you must provide a reason that supports your request.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask it to amend information that is not part of the medical information kept by or for the Plan; was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the information that you would be permitted to inspect and copy or is already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement. Any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Michigan State University Human Resources. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan may charge you for the costs of providing the list. You will be notified of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that is used or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that is disclosed to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, the Plan is not required to agree to your request. However, if it does agree to the request, it will honor the restriction until you revoke it or the Plan notifies you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to Michigan State University Human Resources. In your request, you must tell the Plan(1) what information you want to limit; (2) whether you want to limit the use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that you receive communications about medical matters in a certain way or at a certain location. For example, you can ask that you are only contacted at work or by mail.

To request confidential communications, you must make your request in writing to Michigan State University Human Resources. You will not be asked the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to be Notified of a Breach. You have the right to be notified in the event that the Plan (or a Business Associate) discover a breach of unsecured protected health information.

Right to Obtain a Paper Copy of This Notice. You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services. Michigan State University Human Resources can provide you with the address upon request.

Plan Contact Information:

Contact Person: Director of Total Compensation and Wellness
Contact Office: Michigan State University
Address: 1407 South Harrison Road, Suite 110 Nisbet Building
East Lansing, MI 48823-5287
Telephone: 517-353-4434
Fax: 517-432-3862

This contact information for the Plan may change from time to time. The most recent information will be included in the Plan's most recent benefit brochures and on the Michigan State University Human Resources website: www.hr.msu.edu/benefits.