

Current Benefits Issues  
Faculty Senate Assembly  
CESF Subcommittee on Benefits  
27 November 2006

*The University of Michigan's stated benefits strategies are as follows:*

- a. Provide faculty, staff and retirees quality benefit programs at an affordable cost;*
  - b. Provide benefit programs that are competitive within the market and support the University's recruitment and retention of faculty and staff;*
  - c. Act as a responsible fiscal agent for the University, faculty, staff and retirees;*
  - d. Offer plan choice whenever possible;*
  - e. Encourage informed decision-making by faculty, staff and retirees of the University of Michigan.*
1. Establish a Faculty Benefits Oversight Committee
    - a. Will help ensure that benefits strategy *e* (above) is fulfilled and provide vital assistance with the assessment of the effect changes on the second strategy;
    - b. The committee will work with and respond to the administration on projected changes and take whatever initiative is appropriate to make proposals to the administration;
    - c. Will support transparency about benefits decisions, a core faculty objective;
    - d. Some of the representatives should be chosen by SACUA and confirmed by the Faculty Senate;
    - e. Will assist with the oversight of the Blue Care Network implementation.
  2. Hire external consultants to assess the success of the benefits strategy *a* (above). We support the emphasis on affordability to all members of our community expressed in benefits strategy *a*.
  3. In considering consumer-driven health care benefits, work with carrots rather than sticks. For example, MCare has offered some non-UM groups financial rewards for meeting annual goals.
  4. We commend the University benefits office for the proactive program for diabetics.
    - a. Research at the University revealed that diabetics whose teeth were cleaned more frequently had more success in regulating their sugar levels. Delta Dental is offering to reimburse four cleanings a year in response to this study. Might we implement that structure with Metlife?
    - b. Plan to include retirees in the program as soon as possible.
  5. We also commend the University benefits office for the proactive program for cardiovascular patients. This program is much more restricted in scope. Are the results of this smaller study positive enough to enlarge the scope of patients covered to all those in the UM system?
  6. Our retirees face the same dental problems we all do. Could they have the annual choice to choose from among the three plans offered every current UM employee?
  7. Some of our retirees live on small, fixed incomes. Others have decreasing incomes. Could we consider capping the co-premiums for retirees? This fits in with the benefits strategy *e* (above).
  8. The benefits office is considering graduated premium support for part-time employees. When Ms. Thomas spoke to SACUA several months ago, she said that part-time employees under the current system would be grandparented and only new hires would face the graduated premium support. We encourage this idea as the best fit for benefits strategy *e* (above).
  9. We recommend that the University be a leader in its support of its faculty, staff and retirees and that the "market competition" (see benefits strategy *b*) be institutions chosen by the benefits oversight committee.