

# Faculty Benefit Summary

## 2026 Plan Year



**Missouri State**  
UNIVERSITY

MAKE YOUR MISSOURI STATEMENT.

## 2026 Faculty New Hire



*Educational purposes only. Full plan documents and policies are available online.*


|                                         |                                                                            |
|-----------------------------------------|----------------------------------------------------------------------------|
| Online Platform/ New hire virtual Fair  | Fee Waiver: Credit & Non Credit                                            |
| Change of information/ Required Notices | Athletic Tickets                                                           |
| Vision, Medical, RX, Samaritan Fund     | Term and Universal Life Insurance                                          |
| Dental                                  | Retirement: CURP, 403(b), 457(b)                                           |
| Hospital Indemnity, Flex Spending       | MOST, Child Development Center, MOABLE                                     |
| Employee assistance (EAP)               | Worker's Compensation                                                      |
| Identity protection                     | Leave: Sick and Vacation                                                   |
| Accident and Critical Illness Insurance | Leave: Personal, Bereavement, Shared, FMLA,<br>Domestic violence, Holidays |
| Disability: Short and Long Term         | Other University Facilities and Services                                   |


 **Online Benefit Platform:** Enroll or decline benefits to fit your needs. Access through the Benefit Card on [MyMissouriState.edu](https://mymissouristate.edu), or enroll by phone:  877-282-0808


**New Hire Virtual Fair-** Join us for the **Virtual Benefit Fair hosted by AIRBO**, where you can learn more about your benefits, explore helpful resources, and even invite a decision-making partner to join you.





 **When coverage begins:** **Enrollment within 31 days of hire.** Coverage starts the first day of the month following the hire date.  *Note:* Medical and Dental coverages are paid in advance, which may result in multiple deductions on your first paycheck depending on enrollment timing and payroll periods.

 **Changes outside of new hire period:** **Annual Open enrollment:** Nov 1– Dec 1. Modify or enroll in medical, dental, vision, or cafeteria plan benefits for the next calendar year. Voluntary benefit carriers may offer special enrollment options. **Mid-year changes:** within 31 days of a qualified event.


 **Update personal information:** Notify HR within 31 days of changes to: address or telephone number, birth of a child, marriage, or divorce.

 **BearPass Identification card:** Use for library access, bookstore purchases, Magers Health & Wellness Center, recreational facilities, community discounts, and more.


 **Required Notices:** Required notices (Legal, CHIP, SBC-Base, SBC-Buy up) are listed on the benefits site: <https://www.missouristate.edu/Human/medical-insurance.aspx>


 **Disclaimer-** Summary is for educational purposes. For complete details, refer to the plan documents at  [www.missouristate.edu/Human/benefits](https://www.missouristate.edu/Human/benefits). *Plan documents take precedence over any discrepancies.*

Vision, Medical and Prescription

 **Vision Insurance:** Two plan options: Base or Premium. Both plans offer a \$10 copay for well-vision exams with a VSP provider and include various discounts, such as discounted Laser vision correction.

| VSP Vision            | Base (Per Month) | Premium (Per Month) |
|-----------------------|------------------|---------------------|
| Employee Only         | \$7.46           | \$13.04             |
| Employee + Spouse     | \$14.75          | \$25.47             |
| Employee + Child(ren) | \$15.83          | \$27.35             |
| Employee + Family     | \$23.53          | \$40.65             |


 **Medical and Prescription Drugs:** Two PPO medical plans—Base and Buy-Up—administered by Point-C. 100% coverage for preventive care, reduced costs at Magers Health and Wellness Center, and tiered benefits for Mercy PPO and out-of-network providers. MSU subsidizes a large portion of premiums, and employees can earn up to \$30/month through the wellness incentive.

 *New employees receive the incentive in their hire year. Those hired on or after Sept. 1 receive it for the rest of the year and the full following year.*

**On-campus clinics:** Utilization of On-Campus clinics provide highest level of savings under both PPO plans.

Clinics include:

|                          |                            |                               |
|--------------------------|----------------------------|-------------------------------|
| Magers Health & Wellness | Magers Pharmacy            | Physical Therapy clinic       |
| Speech & Hearing Clinic  | Learning Diagnostic Clinic | Center City Counseling Center |


 **Prescription coverage:** Prescription drug coverage is included medical plan. Using **Magers Pharmacy** offers an extra 10% savings over other in-network options. Both plans participate in the following RX programs:

*Generic Incentive* – Covered expenses are limited to the cost of a generic drug if one is available when a brand name drug is dispensed. In addition to the coinsurance, you pay the difference between the generic and brand name drug costs. This encourages the use of generic drugs and helps lower pharmaceutical costs for the health plan.

*Step Therapy* - Program mandates trying a lower-cost drug initially. If prior use was unsuccessful, documentation from your provider may waive this requirement

**Samaritan Fund – Help for High Cost Medical Expenses**

Facing major medical bills or high cost claims? The Samaritan Fund Program provides confidential financial assistance for out-of-pocket expenses like deductibles, copays, and premiums. Approved expenses are paid with a preloaded debit card, helping you focus on recovery instead of the cost.

 **Declining Medical coverage:** Employees may decline MSU’s medical plan and choose a Marketplace plan under ACA rules. Re-enrollment is allowed only during open enrollment or within 31 days of a qualifying life event.

## 2026 Medical and Pharmacy Benefits

| <b>Base Plan</b>                       | <b>Magers Health Center</b> | <b>In-Network</b>                                                                                              | <b>Out-of-Network</b> |
|----------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Medical Benefits</b>                |                             |                                                                                                                |                       |
| Preventive Care                        | 0%<br>Plan Pays<br>100%     | 0%<br>Plan Pays 100%                                                                                           | Regular Benefits      |
| <b>Deductible</b>                      |                             |                                                                                                                |                       |
| Individual (maximum)                   | \$0                         | \$1,600                                                                                                        | \$3,200               |
| Family (maximum)                       | \$0                         | \$3,200                                                                                                        | \$6,400               |
| <b>Coinsurance</b>                     |                             | 20%                                                                                                            | 40%                   |
| Individual (maximum)                   |                             | \$2,000                                                                                                        | \$4,000               |
| Family (maximum)                       |                             | \$4,000                                                                                                        | \$8,000               |
| <b>Office Visit Copay</b>              |                             |                                                                                                                |                       |
| Primary Care*                          | \$10                        | \$40                                                                                                           | N/A                   |
| Specialist*                            | \$10                        | \$60                                                                                                           | N/A                   |
| <b>Emergency Room (per incident) *</b> | N/A                         | \$500                                                                                                          | \$500                 |
| <b>Copay &amp; ER Deductible</b>       |                             |                                                                                                                |                       |
| Individual (maximum)                   |                             | \$1,750                                                                                                        | No Maximum            |
| Family (maximum)                       |                             | \$3,500                                                                                                        | No Maximum            |
| <b>Total Medical Out of Pocket</b>     |                             |                                                                                                                |                       |
| Individual (maximum)                   |                             | \$5,350                                                                                                        | No Maximum            |
| Family (maximum)                       |                             | \$10,700                                                                                                       | No Maximum            |
| <b>Pharmacy Benefits</b>               |                             |                                                                                                                |                       |
| Pharmacy Preventive                    | 0%<br>Plan pays<br>100%     | 0%<br>plan pays 100%                                                                                           | N/A                   |
| Pharmacy All Other                     | 20%                         | 30%                                                                                                            | N/A                   |
| <b>Total Pharmacy Out of Pocket</b>    |                             |                                                                                                                |                       |
| Individual (maximum)                   |                             | \$2,000                                                                                                        |                       |
| Family (maximum)                       |                             | \$4,000                                                                                                        |                       |
| <b>Total Out of Pocket Maximum **</b>  |                             | Magers + In-Network                                                                                            | Out-of-Networks       |
| Individual (maximum)                   |                             | \$7,350                                                                                                        | No Maximum            |
| Family (maximum)                       |                             | \$14,700                                                                                                       | No Maximum            |
|                                        |                             | ** Total Out of pocket Maximum does not include ineligible amounts, including amounts over Usual and Customary |                       |


### Monthly Premium (Base Plan)

| <b>Coverage Tier</b>  | <b>Without Incentive</b> | <b>With Incentive</b> |
|-----------------------|--------------------------|-----------------------|
| Employee Only         | \$48                     | \$18                  |
| Employee + Spouse     | \$458                    | \$428                 |
| Employee + Child(ren) | \$338                    | \$308                 |
| Employee + Family     | \$524                    | \$494                 |

## 2026 Medical and Pharmacy Benefits

| <b>Buy-Up Plan</b>                                                                                             | <b>Magers Health Center</b> | <b>In-Network</b>    | <b>Out-of-Network</b> |
|----------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|-----------------------|
| <b>Medical Benefits</b>                                                                                        |                             |                      |                       |
| Preventive Care                                                                                                | 0%<br>Plan Pays<br>100%     | 0%<br>Plan Pays 100% | Regular Benefits      |
| <b>Deductible</b>                                                                                              |                             |                      |                       |
| Individual (maximum)                                                                                           | \$0                         | \$800                | \$1,600               |
| Family (maximum)                                                                                               | \$0                         | \$1,600              | \$3,200               |
| <b>Coinsurance</b>                                                                                             |                             |                      |                       |
| Individual (maximum)                                                                                           | 20%                         |                      | 40%                   |
| Family (maximum)                                                                                               | \$2,000                     |                      | \$4,000               |
|                                                                                                                | \$4,000                     |                      | \$8,000               |
| <b>Office Visit Copay</b>                                                                                      |                             |                      |                       |
| Primary Care*                                                                                                  | \$5                         | \$20                 | N/A                   |
| Specialist*                                                                                                    | \$5                         | \$30                 | N/A                   |
| <b>Emergency Room (per incident) *</b>                                                                         | N/A                         | \$250                | \$250                 |
| <b>Copay &amp; ER Deductible</b>                                                                               |                             |                      |                       |
| Individual (maximum)                                                                                           | \$700                       |                      | No Maximum            |
| Family (maximum)                                                                                               | \$1400                      |                      | No Maximum            |
| <b>Total Medical Out of Pocket</b>                                                                             |                             |                      |                       |
| Individual (maximum)                                                                                           | \$3500                      |                      | No Maximum            |
| Family (maximum)                                                                                               | \$7000                      |                      | No Maximum            |
|                                                                                                                |                             |                      |                       |
| <b>Pharmacy Benefits</b>                                                                                       |                             |                      |                       |
| Pharmacy Preventive                                                                                            | 0%<br>Plan pays<br>100%     | 0%<br>plan pays 100% | N/ A                  |
| Pharmacy All Other                                                                                             | 20%                         | 30%                  | N/ A                  |
| <b>Total Pharmacy Out of Pocket</b>                                                                            |                             |                      |                       |
| Individual (maximum)                                                                                           | \$1500                      |                      |                       |
| Family (maximum)                                                                                               | \$3,000                     |                      |                       |
|                                                                                                                |                             |                      |                       |
| <b>Total Out of Pocket Maximum **</b>                                                                          | Magers + In-Network         |                      | Out-of-Networks       |
| Individual (maximum)                                                                                           | \$5,000                     |                      | No Maximum            |
| Family (maximum)                                                                                               | \$10,000                    |                      | No Maximum            |
| ** Total Out of pocket Maximum does not include ineligible amounts, including amounts over Usual and Customary |                             |                      |                       |
|                                                                                                                |                             |                      |                       |
| <b>Monthly Premium (Buy-up Plan)</b>                                                                           |                             |                      |                       |
| <b>Coverage Tier</b>                                                                                           | <b>Without Incentive</b>    |                      | <b>With Incentive</b> |
| Employee Only                                                                                                  | \$107                       |                      | \$77                  |
| Employee + Spouse                                                                                              | \$589                       |                      | \$559                 |
| Employee + Child(ren)                                                                                          | \$447                       |                      | \$417                 |
| Employee + Family                                                                                              | \$664                       |                      | \$634                 |

Dental, Hospital Indemnity Plan


 **Dental Plan:** Dental Network: dental directory option on [www.gehasolutions.com](http://www.gehasolutions.com)

**2026 Dental Benefits**


| <b>Dental Plan</b>                                       | <b>Participating and Non-Participating Providers</b> |
|----------------------------------------------------------|------------------------------------------------------|
| <b>Dental Benefits</b>                                   |                                                      |
| Type 1/ Class A — Paid by plan 100%<br>Preventative Care | 0%                                                   |
| <b>Deductible– Type II, III, IV / Class B, C, D</b>      |                                                      |
| Individual (maximum)                                     | \$50                                                 |
| Family (maximum)                                         | \$150                                                |
| <b>Type II/ Class B</b>                                  |                                                      |
| Basic Restorative Servies                                | 20%                                                  |
| Fillings, Extractions, Periodontics, Endodon-            | + Deductible                                         |
| <b>Type III/ Class C</b>                                 |                                                      |
| Major Restorative Servies<br>Crowns, Dentures            | 50%<br>+ Deductible                                  |
| <b>Type IV/ Class D</b>                                  |                                                      |
| TMJ (Temporomandibular Joint Dysfunction)                | 50%<br>+ Deductible                                  |
| <b>Deductible– Type V / Class E</b>                      |                                                      |
| Individual (maximum)                                     | \$50                                                 |
| Family (maximum)                                         | \$150                                                |
| <b>Type V/ Class E</b>                                   |                                                      |
| Orthodontia and Implants                                 | 50%<br>+ Deductible                                  |
| <b>Maximum Benefit Paid by Plan</b>                      |                                                      |
| (per calendar year/ per covered person)                  | \$3000                                               |

**Monthly Premium (Base Plan)**

| <b>Coverage Tier</b>  | <b>Monthly Premium</b> |
|-----------------------|------------------------|
| Employee Only         | \$0                    |
| Employee + Spouse     | \$27.25                |
| Employee + Child(ren) | \$21.22                |
| Employee + Family     | \$42.78                |


 **Hospital Indemnity Insurance** Pays cash benefits directly to you for hospital admission and confinement—helping with costs like deductibles, copays, and daily expenses.

- Two coverage levels available
- Includes **\$50 annual wellness benefit** for preventive screenings

 **Cafeteria and flexible spending Accounts (FSA):** Use pre-tax dollars for eligible medical (\$3,300) and dependent care (\$7,500) expenses. Debit cards available via ASIFlex.


- Annual enrollment required — no carryover
- Pre-tax premium deductions for medical, dental, vision coverage apply unless opted out

**New hires:** Submit FSA forms directly to HR-Benefits *Note: Voluntary benefits (e.g., Critical Illness, Life, STD) are **not** pre-tax*


 **EMPLOYEE ASSISTANCE PROGRAM (EAP):** Free, confidential support for personal or work-related challenges — includes counseling, mental health, financial, and legal resources.

Two programs available for assistance:


- **Mercy EAP:** toll free phone number 800-413-8008 (option 2)  
<https://helpwhereyouare.com/CompanyLogin/1515/mercy> (Login: MSU / MSU)
- **UNUM EAP:** toll free phone number 800-854-1446  
[Unum.com/lifebalance](https://Unum.com/lifebalance)

 **Identity protection:** Comprehensive financial and identity monitoring with full-service fraud resolution.


- Up to **\$1 Million** in identity theft reimbursement
- Up to **\$500,000** in stolen funds reimbursement

 **Accident insurance:** Pays cash benefits directly to you for accident-related services based on a set schedule.


- Spouse: 50% | Child: 25% of listed benefit
- Two coverage levels available
- Includes **\$50/\$75 outpatient physician benefit**, even for non-accident visits

 **Critical Illness insurance:** Provides a lump-sum payment upon diagnosis of a covered condition—paid directly to you for any use.


- Includes **\$100 annual wellness benefit** for completing a preventive screening
- Multiple coverage options available

 **Short Term disability:** Replaces a portion of income if you're unable to work due to an off-the-job illness or injury.


- Choose coverage up to **60% of base salary**
- Weekly payments continue until return to work or long-term disability eligibility
- **Pre-existing condition limit:** 4 weeks (waived after 1 year of coverage)
- **Guaranteed issue** — no medical questions
- **Benefits do not offset sick or vacation time**
- Two plan options: • **Option 1:** 15-day waiting for injury/illness • **Option 2:** No wait for accident, 7-day wait for illness


 **Long Term disability (LTD):** Provided at **no cost** to full-time benefit-eligible employees. Helps protect income during extended absence from work.

- For illnesses or injuries lasting **6 months or more**, Pays **60% of salary** (minus other income)


 **Credit Fee Waiver:** Full-time employees and eligible dependents may receive up to **15 credit hours per academic year** (7.5 hours for Greenwood Laboratory School tuition).

- Non-taxable for undergraduate courses and employee graduate courses (taxes applicable for dependent graduate courses)
- Request via the Credit Fee Waiver platform on **my.missouristate.edu**

 **Non-Credit Fee Waiver:** Get a **\$150 waiver** per fiscal year (July 1 – June 30) for professional or personal development courses at MSU. *Not available for spouses, sponsored dependents/domestic partners, or dependent children.* Register and apply waiver in: **MyLearningConnection**

 **MSU Athletics:** Faculty and staff receive **50% off** single-game and season tickets for football, volleyball, basketball, and baseball.

 Kids 12 & under can join the **free Future Bears Fan Club** with a youth season ticket, membership card, event invites, and giveaways.

 **West Plains Grizzly Athletics:** Tickets available at West Plains Civic Center, Ticketmaster, at the door, or by calling 417-256-8087.

- Volleyball & Basketball: \$7, free for kids 12 & under (seat required)
- Baseball & Softball: \$2 general admission, free for kids 12 & under


## Term Life Insurance, Universal Life Insurance

 **Term Life Insurance:** Basic term life and AD&D coverage provided for full-time employees.

- Supplemental term life available for employees and dependents, with premiums based on age and salary (post-tax payroll deduction)
- Rates increase annually with age and adjust with salary changes
- New hires have **guaranteed issue** up to \$300,000 during enrollment period (no medical questions)
- Coverage over \$300,000 **requires UNUM medical approval**


| Employee Supplemental Life Insurance Rates |                  |               |                  |
|--------------------------------------------|------------------|---------------|------------------|
| Age Brackets                               | Cost per \$1,000 | Age Brackets  | Cost per \$1,000 |
| Less than age 30                           | \$0.04           | 50-54         | \$0.22           |
| 30-34                                      | \$0.05           | 55-59         | \$0.42           |
| 35-39                                      | \$0.07           | 60-64         | \$0.65           |
| 40-44                                      | \$0.09           | 65-69         | \$1.26           |
| 45-49                                      | \$0.14           | 70 and older* | \$1.83           |

\*Basic & supplemental coverage reduces to 65% at age 70; to 50% at age 75; and to 30% at age 80.


 **Dependent term Life insurance:** Choose from five coverage levels with monthly post-tax payroll deductions. The same premium applies whether covering spouse, children, or both.


- New hires get **guaranteed issue** up to \$30,000 (Option 3) with no medical questions during enrollment
- Coverage above Option 3 **requires UNUM medical approval** for spouse/domestic partner
- Children are **not** required to answer medical questions

| Dependent Life Insurance Rates |                  |                      |              |
|--------------------------------|------------------|----------------------|--------------|
| Options                        | Coverage         |                      | Monthly Cost |
| Option 1                       | Spouse: \$10,000 | Child(ren): \$5,000  | \$2.30       |
| Option 2                       | Spouse: \$20,000 | Child(ren): \$10,000 | \$4.60       |
| Option 3                       | Spouse: \$30,000 | Child(ren): \$20,000 | \$7.80       |
| Option 4                       | Spouse: \$40,000 | Child(ren): \$20,000 | \$17.40      |
| Option 5                       | Spouse: \$50,000 | Child(ren): \$20,000 | \$27.40      |

 **Group Universal Life Insurance:** Permanent life insurance providing a lump-sum cash benefit at death, plus riders for long-term care and terminal illness.

- Guaranteed issue for employees, spouses, and children under 25
- Portable policy with locked rates and coverage at purchase


 **RETIREMENT:** Faculty are enrolled in CURP, a defined contribution plan with immediate vesting. Employees contribute 2%, with the University 6%. After six years, participants may switch to the MOSERS defined benefit plan. For details on retirement eligibility and plan benefits, visit [www.mosers.org](http://www.mosers.org).

 **403(b) & 457 (b) Retirement Savings Plans:** Missouri State offers two voluntary retirement savings options with **pre-tax or Roth after-tax** contributions:


**403(b) Plan:** Available to all employees (except student workers). Contributions are made through [www.myretirementmanager.com](http://www.myretirementmanager.com).

**457(b) State Deferred Compensation Plan:** Available to benefit-eligible employees and administered by ICMA-RC. Enroll at [www.modeferrredcomp.org](http://www.modeferrredcomp.org) or call **(800) 392-0925 (option 2)**.


Contribution limits for both plans are set by the IRS.

 **Missouri's MOST 529 Education Savings Plan :** The **MOST 529 Plan** offers tax-advantaged savings for education expenses. Missouri taxpayers can contribute up to **\$8,000 annually per person** (\$16,000 for joint filers), with earnings growing **tax-free** when used for qualified K–12 and post-secondary expenses—such as tuition, room and board, and computers.

Learn more at [www.most529.com](http://www.most529.com).


 **Child Development Center:** Missouri State's Child Development Center, part of the College of Education, offers priority enrollment and discounted rates for employees with children ages 6 weeks to 6 years. Located at 609 E. Cherry, the center is open year-round, Monday–Friday, 7 a.m. to 5:45 p.m., and is staffed by qualified teachers and supervised practicum students.

For details or enrollment, contact 417-836-6759.

 **MOABLE – Missouri's ABLE Savings Program:** MOABLE helps individuals with disabilities and their families save money **without impacting eligibility** for benefits like **Medicaid or SSI**. Similar to a 529 plan, MOABLE can be used alongside a **Special Needs Trust** and functions like a **checking account** with investment options. For direct deposit, provide payroll with account details

Learn more at [www.moable.com](http://www.moable.com).

**Worker's compensation (On-The-Job Injuries):** If injured on the job, call 1-800-624-2354 for State Workers' Compensation approval before seeking medical attention. For life-threatening injuries, go to the nearest ER or call 911. Without approval, non-emergency treatment may result in a denial of benefits. Complete and submit the required injury forms.


 **Vacation Leave:** Nine-month faculty, including clinical faculty, do not accrue vacation time. Policy Section 7.5. Full-time 12-month administrative and professional employees with faculty rank accrue 13.34 hours of vacation per pay period


- Must have 80 hours paid in a pay period to accrue
- Vacation accrual caps at 2× annual allowance; excess hours are lost at fiscal year-end
- See employee handbook for full policy details


 **Sick Leave:** Full-time faculty accrue 8 hours/month if they have 80 hours paid per pay period.


- No maximum accrual limit
- Upon retirement, Nine-month faculty receive no payout; their leave is reported to MOSERS for service credit (168 hours = 1 month), while CURP enrollees receive no credit. 12 month faculty, receive payment of 40% of unused sick leave (up to 384 hours) with the rest reported to MOSERS.


Leave: Personal, Bereavement, Shared Leave Pool, FMLA, Domestic Violence, Holidays

 **Personal Leave:** Full-time employees may use up to **3 days of sick leave per fiscal year** for personal reasons like community service, legal matters, family events, or important personal business.


 **Bereavement Leave:** Supervisors may approve up to 5 workdays of leave for the death of a family member, per *Employee Handbook* definitions.


 **Shared Leave Pool:** Eligible employees can donate vacation hours to support coworkers unable to work due to qualifying events. See *Employee Handbook* for details.

 **Parental Leave:** Eligible employees receive 80 hours paid for birth, foster care, or adoption—funded by the Shared Leave Pool. No need to use sick, vacation, or comp time first. Refer to the *Employee Handbook* for policy specifics.

 **Family Medical Leave (FMLA):** Eligible employees with a qualifying event may take up to 12 weeks unpaid, job-protected leave (up to 26 weeks for military caregiver leave) in a rolling 12-month period, with continued health insurance. See *Employee Handbook* for details.

- FMLA runs concurrently with other leaves
- *Eligibility requires:* • 12+ months of employment • 1,250+ hours worked in past 12 months  
Remaining FML time available • Qualifying event occurred
- Full-time faculty members (as defined by Section 6.6.6) are eligible for up to one semester of paid leave, subject to recommendation by the Department Head and college Dean, and approval by the Provost. For details on requesting this benefit, visit the Office of the Provost website: <https://www.missouristate.edu/provost/medleave.htm>.

 **Victims of Domestic & Sexual Violence:** The University offers unpaid leave to employees affected by domestic or sexual violence, as required by Mo. Rev. Stat. § 285.630. See policy 7.21 for details.

 **Holidays & Extra given days:** MSU observes 9 holidays annually. Additional “extra given days” may be designated by the university president. (<https://calendar.missouristate.edu/#events/tag/Staff%20Holidays>)

|                                      |                           |               |
|--------------------------------------|---------------------------|---------------|
| New Year’s Day                       | Martin Luther King Jr Day | Memorial Day  |
| Juneteenth National Independence Day | Independence Day          | Labor Day     |
| Thanksgiving Day                     | Day After Thanksgiving    | Christmas Day |

 Other University Facilities and Services:

BearLine Shuttle Service

Bookstore Discounts (10%)

Campus Communications

Campus Recreation

Check Cashing (Bursar's Office)

Copy This

Credit Union <https://educationalccu.org/>

Designated Performing Arts Activities

Food Service – <https://dineoncampus.com/missouristate/faculty-and-staff>

Library

Notary Public [www.missouristate.edu/dos/notaries.htm](http://www.missouristate.edu/dos/notaries.htm)

Plaster Student Union Facilities

Postal Services

Safety & Transportation

Spouse BearPass Card

Testing Services (Located in the Library)

***Get HR news, benefits insights, & professional development opportunities, follow the [HR Blog](#).***

