

**MISSOURI STATE UNIVERSITY  
MEDICAL AND DENTAL PREMIUM RATES EFFECTIVE 01/01/2025**

| WITHOUT WELLNESS INCENTIVE |             |             |           |      |             |              | WITH \$30 PER MONTH WELLNESS INCENTIVE |             |             |           |      |            |              |
|----------------------------|-------------|-------------|-----------|------|-------------|--------------|--|-------------|-------------|-----------|------|------------|--------------|
| MEDICAL                    | BASE PLAN   | ER PAY      | EE PAY    | EE % | COBRA RATE  | RETIREE RATE | MEDICAL                                | BASE PLAN   | ER PAY      | EE PAY    | EE % | COBRA RATE | RETIREE RATE |
| Employee Only              | \$ 648.20   | \$ 604.20   | \$ 44.00  | 7%   | \$ 661.16   | N/A          | Employee Only                          | \$ 648.20   | \$ 634.20   | \$ 14.00  | 2%   | NOT ELIG   | \$ 618.20    |
| Employee + Spouse          | \$ 1,386.49 | \$ 966.49   | \$ 420.00 | 30%  | \$ 1,414.22 | N/A          | Employee + Spouse                      | \$ 1,386.49 | \$ 996.49   | \$ 390.00 | 28%  | NOT ELIG   | \$ 1,356.49  |
| Employee + Child(ren)      | \$ 1,191.64 | \$ 881.64   | \$ 310.00 | 26%  | \$ 1,215.47 | N/A          | Employee + Child(ren)                  | \$ 1,191.64 | \$ 911.64   | \$ 280.00 | 23%  | NOT ELIG   | \$ 1,161.64  |
| Employee + Family          | \$ 1,929.91 | \$ 1,448.91 | \$ 481.00 | 25%  | \$ 1,968.51 | N/A          | Employee + Family                      | \$ 1,929.91 | \$ 1,478.91 | \$ 451.00 | 23%  | NOT ELIG   | \$ 1,899.91  |
| Spouse Only                |             |             |           |      | \$ 753.06   | \$ 738.29    | Spouse Only                            |             |             |           |      | NOT ELIG   | NOT ELIG     |
| Spouse + Children          |             |             |           |      | \$ 1,307.36 | \$ 1,281.73  | Spouse + Children                      |             |             |           |      | NOT ELIG   | NOT ELIG     |
| Child(ren) Only            |             |             |           |      | \$ 306.24   | \$ 300.24    | Child(ren) Only                        |             |             |           |      | NOT ELIG   | NOT ELIG     |

| WITHOUT WELLNESS INCENTIVE |             |             |           |      |             |              | WITH \$30 PER MONTH WELLNESS INCENTIVE |             |             |           |      |            |              |
|----------------------------|-------------|-------------|-----------|------|-------------|--------------|--|-------------|-------------|-----------|------|------------|--------------|
| MEDICAL                    | BUY-UP PLAN | ER PAY      | EE PAY    | EE % | COBRA RATE  | RETIREE RATE | MEDICAL                                | BUY-UP PLAN | ER PAY      | EE PAY    | EE % | COBRA RATE | RETIREE RATE |
| Employee Only              | \$ 753.74   | \$ 655.74   | \$ 98.00  | 13%  | \$ 768.81   | N/A          | Employee Only                          | \$ 753.74   | \$ 685.74   | \$ 68.00  | 9%   | NOT ELIG   | \$ 723.74    |
| Employee + Spouse          | \$ 1,612.66 | \$ 1,073.66 | \$ 539.00 | 33%  | \$ 1,644.91 | N/A          | Employee + Spouse                      | \$ 1,612.66 | \$ 1,103.66 | \$ 509.00 | 32%  | NOT ELIG   | \$ 1,582.66  |
| Employee + Child(ren)      | \$ 1,385.72 | \$ 976.72   | \$ 409.00 | 30%  | \$ 1,413.43 | N/A          | Employee + Child(ren)                  | \$ 1,385.72 | \$ 1,006.72 | \$ 379.00 | 27%  | NOT ELIG   | \$ 1,355.72  |
| Employee + Family          | \$ 2,244.66 | \$ 1,636.66 | \$ 608.00 | 27%  | \$ 2,289.55 | N/A          | Employee + Family                      | \$ 2,244.66 | \$ 1,666.66 | \$ 578.00 | 26%  | NOT ELIG   | \$ 2,214.66  |
| Spouse Only                |             |             |           |      | \$ 876.10   | \$ 858.92    | Spouse Only                            |             |             |           |      | NOT ELIG   | NOT ELIG     |
| Spouse + Children          |             |             |           |      | \$ 1,520.72 | \$ 1,490.90  | Spouse + Children                      |             |             |           |      | NOT ELIG   | NOT ELIG     |
| Child(ren) Only            |             |             |           |      | \$ 356.14   | \$ 349.16    | Child(ren) Only                        |             |             |           |      | NOT ELIG   | NOT ELIG     |

| DENTAL                | ACTIVE RATE | ER PAY    | EE PAY   | EE % | COBRA RATE |
|-----------------------|-------------|-----------|----------|------|------------|
| Employee Only         | \$ 40.30    | \$ 40.30  | \$ -     | 0%   | \$ 41.11   |
| Employee + Spouse     | \$ 80.60    | \$ 53.35  | \$ 27.25 | 34%  | \$ 82.21   |
| Employee + Child(ren) | \$ 103.33   | \$ 82.11  | \$ 21.22 | 21%  | \$ 105.40  |
| Employee + Family     | \$ 143.64   | \$ 100.86 | \$ 42.78 | 30%  | \$ 146.51  |
| Spouse Only           |             |           |          |      | \$ 41.11   |
| Spouse + Children     |             |           |          |      | \$ 105.40  |
| Child Only            |             |           |          |      | \$ 33.52   |

| VISION BASE PLAN      | TOTAL PREMIUM | EMPLOYER PAY | EMPLOYEE PAY | EE % | COBRA RATE |
|-----------------------|---------------|--------------|--------------|------|------------|
| Employee Only         | \$ 7.46       | \$ -         | \$ 7.46      | 100% | \$ 7.61    |
| Employee + Spouse     | \$ 14.75      | \$ -         | \$ 14.75     | 100% | \$ 15.05   |
| Employee + Child(ren) | \$ 15.83      | \$ -         | \$ 15.83     | 100% | \$ 16.15   |
| Employee + Family     | \$ 23.53      | \$ -         | \$ 23.53     | 100% | \$ 24.00   |
| Spouse Only           |               |              |              |      | \$ 7.61    |
| Spouse + Children     |               |              |              |      | \$ 16.15   |
| Child Only            |               |              |              |      | \$ 7.61    |

| VISION PREMIUM PLAN   | TOTAL PREMIUM | EMPLOYER PAY | EMPLOYEE PAY | EE % | COBRA RATE |
|-----------------------|---------------|--------------|--------------|------|------------|
| Employee Only         | \$ 13.04      | \$ -         | \$ 13.04     | 100% | \$ 13.30   |
| Employee + Spouse     | \$ 25.47      | \$ -         | \$ 25.47     | 100% | \$ 25.98   |
| Employee + Child(ren) | \$ 27.35      | \$ -         | \$ 27.35     | 100% | \$ 27.90   |
| Employee + Family     | \$ 40.65      | \$ -         | \$ 40.65     | 100% | \$ 41.46   |
| Spouse Only           |               |              |              |      | \$ 13.30   |
| Spouse + Children     |               |              |              |      | \$ 27.90   |
| Child Only            |               |              |              |      | \$ 13.30   |