

# **Annual Benefits Notice**

**2025 Plan Year**

**Missouri State**  
UNIVERSITY

**MAKE YOUR MISSOURI STATEMENT.**

## 2024/2025 EMPLOYEE GROUP INSURANCE BENEFIT PLANS UPDATE

This aims to inform you about your benefits package and fulfill annual legal notice requirements, including an overview of benefits and changes

|                                                 |                                                  |
|-------------------------------------------------|--------------------------------------------------|
| Online Benefit Platform                         | Disability: Short-term and Long-term             |
| Open Enrollment for benefits                    | Universal Life Insurance                         |
| Change of information/ Required Notices         | Term Life Insurance                              |
| Cafeteria Plan/ Flexible spending               | Retirement Plans: MOSERS, CURP, 403(b), 457(b)   |
| Medical/Prescription                            | Missouri MOST Program/ MOABLE                    |
| Dental/ Vision                                  | Fee Waiver Program: Credit and Non-Credit        |
| Identity protection/ Critical Illness Insurance | Workers Compensation                             |
| Hospital Indemnity                              | Child Development center/ Athletic Tickets       |
| Accident insurance                              | Benefits Summary/ Legal notices/ Medicaid notice |
| Employee Assistance Program                     | Child Development center/ Athletic Tickets       |

**Online Benefit Platform** – Enroll, make changes, or decline benefits to fit your unique needs. You may enroll by phone 417-836-3000/ 877-282-0808 or utilize the online enrollment platform on the benefit card [my.missouristate.edu](https://my.missouristate.edu) Platform houses benefit information as well as your personalized enrollment elections. Even if you do not make changes, please **review elections for accuracy**.

**Open Enrollment for Benefits** - Open enrollment for benefit-eligible employees is November 1 - December 1, 2024. During this time, you can adjust your medical, dental, vision, and Cafeteria plan benefits for the next year. Voluntary benefit carriers may also allow special enrollments during this period. **Changes outside of Open Enrollment are allowed only within 31 days of a qualified event.** Visit [www.missouristate.edu/human/open-enrollment](https://www.missouristate.edu/human/open-enrollment) for more information.

## Personal Information Changes, Flex spending

**Change of Personal Information** - Contact the Office of Human Resources within 31 days of a change in personal information such as address or telephone number, birth of a child, marriage, or divorce. **Open Enrollment gives you the opportunity to elect/change beneficiary and the opportunity to review this information and to confirm its validity.**

**Required Notices** - Several required notices on a variety of topics are also available on the Open Enrollment page at [www.missouristate.edu/human/open-enrollment](http://www.missouristate.edu/human/open-enrollment).

**Disclaimer-** This memo is for informational purposes. For complete details, review the plan documents on the Human Resources benefits page at [www.missouristate.edu/Human/benefits](http://www.missouristate.edu/Human/benefits). Plan documents take precedence over any discrepancies.

---

**Cafeteria and Flexible Spending Plan-** Flexible spending accounts (FSAs) use pre-tax dollars for eligible medical or dependent care expenses. **Annual enrollment is required**, and funds cannot be carried forward. Eligible premiums are deducted pre-tax unless opted out annually. The FSA limit is \$3,200 for medical and \$5,000 for dependent care (*Review IRS definition of Dependent care expenses on Asiflex site*). Debit cards are available.

- *Voluntary benefit premiums (Critical Illness, Accident, Voluntary Life, Hospital Indemnity, Short-Term Disability, Identity Protection) cannot be deducted pre-tax.*

**Complete Flex Enrollment:** <https://asiflex.com/MissouriState/Enrollment.aspx>



## Medical and Prescription, Dental

**Medical and Prescription Drugs** – Choose between base and buy up plan options, both offering 100% preventive care and reduced costs at Magers Health. MSU covers a significant portion of premiums, and employees can save \$30/month by participating in the annual wellness incentive. Review the plan options and benefits summary.

**Complete 2 of these 3 activities by December 1 for an incentive:** educational questionnaire, flu vaccination, or biometric screening. Submit records Flu shot/Biometric records to Magers Health and Wellness by December 1. For accommodations, contact Julia Holmes at [JuliaHolmes@missouristate.edu](mailto:JuliaHolmes@missouristate.edu) by November 1. Visit [www.missouristate.edu/Human/wellness-incentive](http://www.missouristate.edu/Human/wellness-incentive) for more information on the Wellness incentive.

### 2025 Rates

| Medical Premiums<br>(*without wellness incentive applied) | Base Plan<br>(per month) | Buy-Up Plan<br>(per month) |
|-----------------------------------------------------------|--------------------------|----------------------------|
| Employee Only                                             | \$44                     | \$98                       |
| Employee + Spouse                                         | \$420                    | \$539                      |
| Employee + Child(ren)                                     | \$310                    | \$409                      |
| Employee + Family                                         | \$481                    | \$608                      |

**Prescription Drug Coverage:** Both base and buy-up plans include prescription drug coverage. Magers Health Pharmacy, a preferred provider, offers an additional 10% savings over other in-network pharmacies. Both plans also participate in the following RX programs:

**Generic Incentive** – Covered expenses are limited to the cost of a generic drug if available. If a brand name drug is chosen, the patient pays the difference, in addition to coinsurance. This policy encourages using generics to help lower costs for the health plan.

**Step Therapy** - This program requires starting with a lower-cost drug. If it hasn't worked for you before, your doctor can provide documentation to bypass this requirement.

**Declination of Medical Coverage:** Employees may decline the MSU medical plan and purchase coverage through the Health Insurance Marketplace under ACA rules. Re-enrollment is only allowed during open enrollment or within 31 days of a qualifying life event.

**Dental Plan-** Plan includes 100% preventative service coverage and \$3000 per person calendar year benefit maximum.

| Dental                | Premium (Per Month) |
|-----------------------|---------------------|
| Employee Only         | \$0                 |
| Employee + Spouse     | \$27                |
| Employee + Child(ren) | \$21                |
| Employee + Family     | \$43                |

**Vision, ID Protection, Critical Illness, Hospital Insurance**

**Vision Insurance** – Choose between two plans: Base and 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             |

**Identity Protection-** Plan offers comprehensive financial and identity monitoring to safeguard against identity theft. In case of fraud, it includes full-service remediation up to \$1 million in identity theft reimbursement, and up to \$500,000 in stolen funds reimbursement

**Critical Illness Insurance-** Plan offers a lump-sum benefit to covered individuals diagnosed with a qualifying critically ill medical condition, paid directly to the member for discretionary use.

*Critical illness plan options include \$100 per year wellness benefit for completing wellness screening.*

### **!NEW BENEFIT OPTION!**

**Hospital Indemnity Insurance** The plan offers a cash benefit for hospital stays, including admissions and confinement, to help cover out-of-pocket expenses like deductibles, copayments, and daily living costs. Payments go directly to the policyholder, providing financial support during hospitalizations. The plan includes childbirth benefits, requires no health questions for enrollment, has no pre-existing condition limitations. Two coverage levels to choose from.

*Hospital insurance plan options include \$50 per year wellness benefit for completing wellness screening.*

| Plan Benefits:                                                        | Coverage Option 1 | Coverage Option 2 |
|-----------------------------------------------------------------------|-------------------|-------------------|
| Admission (1 day per year)                                            | \$1,000           | \$500             |
| Daily Stay (per day up to 90 days)                                    | \$100             | \$100             |
| Hospital ICU (per Day up to 30 days)<br>(added to Daily stay Benefit) | \$100             | \$100             |

| Hospital Insurance    | Option 1 (per month) | Option 2 Per Month) |
|-----------------------|----------------------|---------------------|
| Employee Only         | \$15.05              | \$10.05             |
| Employee + Spouse     | \$30.20              | \$20.10             |
| Employee + Child(ren) | \$20.50              | \$14.17             |
| Employee + Family     | \$35.65              | \$24.22             |

**Accident, EAP, Short & Long Term Disability, Universal Life**

**Accident Insurance-** Plan pays benefits for accident-related services based on a set schedule. Covered spouses receive 50% and Covered children receive 25% of the amount shown in the injury benefit schedule. *Plan has two coverage levels available. Benefits are paid directly to the insured and used at your discretion.*

*Plan options include outpatient physician treatment benefit (\$50/\$75) Payable on non-accident related services.*

**Employee Assistance Program EAP)** – EAP provides free and confidential assessments, short-term counseling, referrals, and follow-up services for employees dealing with personal and work-related issues. It supports mental and emotional well-being and offers services such as mental health support, financial wellness, legal resources, and more.

**Mercy EAP** - Services offered for full and part-time employees and household members

Mercy EAP toll free phone number 800-413-8008 (option 2)

<https://helpwhereyouare.com/CompanyLogin/1515/mercy>

**UNUM EAP** - Services offered in conjunction with group life insurance coverage, and available to full time employees only

UNUM EAP toll free phone number 800-854-1446

[Unum.com/lifebalance](http://Unum.com/lifebalance)

**Short-Term Disability-** Benefit designed to protect employee income when an employee is unable to work related to an off-the-job illness or injury. Plans allows employees to choose amount of coverage (not to exceed 60% of base salary rate) . Payments are made weekly based on medical necessity, continuing until the employee can return to work or becomes eligible for long-term disability. Pre-existing conditions are covered with a maximum allowable period of 4 weeks. Limitation does not apply after the coverage has been in force for 1 year. ***Guaranteed issue means no medical questions. Benefits will not offset sick or vacation time.*** Two plan levels to accommodate different needs and budget.

- Option 1 has a fifteen (15) day covered injury and illness waiting period.
- Option 2 does not have a waiting period for a covered accident and has a seven (7) day waiting period for illness.

**Long-Term Disability** – MSU offers full-time benefit-eligible employees long-term disability (LTD) insurance at no cost. LTD coverage pays 60% of salary, minus other income, for employees unable to work due to an illness or injury lasting 6 months or longer.

**Group Universal Life Insurance** – Permanent life insurance policy offers a lump-sum cash benefit upon death and life event riders for accessing benefits for long-term care or terminal illness. Guaranteed issue is available for employees, spouses, and children under 25. Premiums, based on age and coverage, are paid post-tax through monthly payroll deduction. Policy is portable with locked rates and coverage at purchase.

## Employee and Dependent Supplemental Term Life

**Term Life Insurance** – Full-time employees receive basic term life and AD&D coverage. Additional supplemental term life insurance for employees and dependents can be purchased with rates based on age and annual salary. Premiums increase with age brackets annually and adjust automatically with salary changes. Payments are deducted monthly post-tax from payroll.

*During open enrollment, employees with current supplemental term life insurance may increase coverage by one benefit level, up to \$300,000, without medical questions. Benefit levels correspond to salary multipliers (e.g., moving from 1x salary to 2x salary constitutes one benefit level).*

*Requests to increase coverage more than 1 benefit level, increases exceeding \$300,000 or requests to enroll in supplemental term life insurance when not currently participating, **require medical approval by UNUM.***

| 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 levels of supplemental dependent coverage. See the chart below for coverage options and premiums; monthly rate is a unit price. Pay the specified amount from the table, whether covering a spouse/domestic partner, child(ren), or a family with both. Premiums are deducted monthly post-tax from payroll.

*During open enrollment, employees with current supplemental dependent policies may increase coverage by one benefit level without medical questions, up to option 3.*

*Requests for coverage increases beyond one benefit level, increases exceeding option 3, or initial enrollment in dependent term life insurance **require medical approval** for spouses/domestic partners before coverage can begin. Children are exempt from 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      |

**Retirement, MOST, MOABLE, Fee Waiver, Worker's Compensation**

**RETIREMENT PLANS** – Fulltime staff and faculty are automatically enrolled in retirement plans: MOSERS (Staff) and CURP (Newer Faculty Members). Refer to [www.mosers.org](http://www.mosers.org) for more information.

CURP enrolled faculty can transfer to MOSERS after 6 years, which may be financially advantageous. Employees considering this transfer should consult with a MOSERS representative at 800-827-1063. Note that switching from CURP to MOSERS affects the University's Term life coverage provided.

**SECTION 403(b)** – Employees (except student workers), may participate in the 403(b) program. Enrollment in retirement savings can be elected outside of open enrollment.  
[www.myretirementmanager.com](http://www.myretirementmanager.com)

**SECTION 457(b)** – State of Missouri Deferred Compensation Plan – Benefit eligible employees may choose to participate in the 457(b) program. Enrollment in retirement savings can be elected outside of open enrollment. <https://www.modeferrredcomp.org/>

**Missouri's MOST Program** - Missouri's 529 Education Plan allows tax-favored savings for educational expenses. Missouri taxpayers can contribute up to \$8,000 annually per taxpayer. Earnings are tax-exempt when used for qualified expenses, covering K-12 tuition and post-secondary education at eligible institutions, including tuition, room and board, and computer equipment. Learn more:  
[www.most529.com](http://www.most529.com)



**MOABLE** -MOABLE is an investment account for individuals with disabilities or their guardians to save money without losing eligibility for benefits like Medicaid or SSI. Similar to 529 college savings accounts, MOABLE can also work with Special Needs Trusts and function like a checking account. For direct deposit, provide payroll with account details. Learn more at [www.moable.com](http://www.moable.com).

**Credit Fee Waiver** – Full-time employees and eligible dependents may receive up to 15 credit hours annually (7.5 hours for Greenwood Laboratory School tuition). The fee waiver is non-taxable for undergraduate courses and for employee use in graduate courses (taxes apply for dependents in graduate courses). Request your fee waiver through the credit fee waiver platform on the [my.missouristate.edu](http://my.missouristate.edu) portal.

**Non-Credit Fee Waiver** - A \$150 non-credit course fee waiver is available each fiscal year (July 1 - June 30) for professional and personal development courses at Missouri State University. Benefit not available to spouses, sponsored dependents/domestic partners, or dependent children. Use the waiver when registering in MyLearningConnection.

**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 be result in a denial of benefits. Complete and submit the required injury forms.

**Child Development Center, Discounted Athletic Tickets**

**Child Development center-** Missouri State University's Child Development Center, part of the College of Education, serves up to 88 children from 6 weeks to 6 years old, offering priority enrollment and discounted rates for employees. Located at 609 E. Cherry, it features various activity areas and classrooms, staffed by qualified teachers and supervised practicum students. Open year-round, Monday -Friday from 7 a.m. to 5:45 p.m., the center provides peace of mind for employee families. For more information and enrollment, contact Director Jamie Cornelsen at 417-836-6759.

**Athletics-** MSU faculty and staff get 50% off single-game and season tickets for football, volleyball, basketball, and baseball. Children 12 and under can join the free Future Bears fan club, which includes a youth season ticket, membership card, event invitations, and giveaways.

**West Plains - Grizzly Athletics-** Get Grizzly Athletics tickets at the West Plains Civic Center, via Ticketmaster, at the door, or by calling 417-256-8087. Volleyball and basketball tickets are \$7, with free admission for children 12 and under (seat assignment required). Softball tickets are \$2 general admission

**Employee Wellness-** The Employee Wellness Program strives to provide meaningful programming that addresses all components of the human being namely social, emotional, spiritual, environmental, financial, intellectual, physical and occupational in a manner that is respectful of the diversity of the community at large.

***Get Employee Wellness news, learn about wellness events, and find out about city wide wellness activities, follow the [wellness blog](#).***

***Get HR news, benefits insights, notifications about on campus activities & professional development opportunities, follow The [HR Blog](#).***

## Missouri State University Group Medical Plan - Buy-Up Plan

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2025 – 12/31/2025

Coverage for: EE, EE/SP, EE/CH, Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to

<http://www.missouristate.edu/human/3876.htm> or call (417) 836-5102. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. <http://www.missouristate.edu/human/3876.htm> or call (417) 836-5102.

| Important Questions                                         | Answers                                                                                                                                                                                                                                                                                                                                                                                                | Why This Matters:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the overall deductible?                             | For network providers<br>\$800 person / \$1,600 family<br>For out-of-network providers<br>\$1,600 person / \$3,200 family                                                                                                                                                                                                                                                                              | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible. For Health and Wellness Center & Other On-Campus Facilities – the deductible is waived.                                                                                                                                                                                                                        |
| Are there services covered before you meet your deductible? | Yes. Preventive care services are covered before you meet your deductible.                                                                                                                                                                                                                                                                                                                             | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .                                                                                                                                                                                                          |
| Are there other deductibles for specific services?          | Emergency room care \$250 per visit                                                                                                                                                                                                                                                                                                                                                                    | You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. (NOTE: Waived if admitted on an emergency basis directly from the ER or if treatment is substantiated by severity of the Sickness or Injury.)                                                                                                                                                                                                                                                                                                                                                                      |
| What is the out-of-pocket limit for this plan?              | For network providers<br>\$5,000 person / \$10,000 family<br>For out-of-network providers<br>Unlimited                                                                                                                                                                                                                                                                                                 | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.<br>Maximum Coinsurance network providers: \$2,000 per person / \$4,000 per family<br>Maximum Coinsurance out-of-network providers: \$4,000 per person / \$8,000 per family<br>Additional Deductibles + copays network providers: \$700 per person / \$1,400 per family<br>Additional Deductibles + copays out-of-network providers: Unlimited<br>Maximum RX (OOP): \$1,500 per individual / \$3,000 per family |
| What is not included in the out-of-pocket limit?            | Premiums, balance-billing charges, penalties and ineligible expenses, including amounts over the usual and customary or contracted rates.                                                                                                                                                                                                                                                              | Even though you pay these expenses, they don't count toward the out-of-pocket limit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Will you pay less if you use a network provider?            | Yes. Primary: <a href="http://mercyoptions.net">http://mercyoptions.net</a><br>Wrap: <a href="http://www.healthlink.com">www.healthlink.com</a> , <a href="http://www.phpkc.com">www.phpkc.com</a> , <a href="http://www.firsthealth.com">www.firsthealth.com</a><br>for a list of network providers. Refer to the plan document for when network or non-network benefits apply for the wrap networks. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.                                                                                                                                                                                        |
| Do you need a referral to see a specialist?                 | No.                                                                                                                                                                                                                                                                                                                                                                                                    | You can see the specialist you choose without a referral.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event                                                                                                                                                                                                                                                                                                                                                                                                            | Services You May Need                                    | What You Will Pay                                                    |                                      |                                   | Limitations, Exceptions, & Other Important Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | Health and Wellness Center & Other On-Campus Clinical Facilities     | Network Provider                     | Out-of-Network Provider           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| If you visit a health care provider's office or clinic                                                                                                                                                                                                                                                                                                                                                                          | Primary care visit to treat an injury or illness         | \$5 <a href="#">copayment</a>                                        | \$20 <a href="#">copayment</a>       | 40% <a href="#">coinsurance</a>   | Chiropractic services limited to 10 visits per Calendar Year. Copay only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Specialist</a> visit                         | \$5 <a href="#">copayment</a>                                        | \$30 <a href="#">copayment</a>       | 40% <a href="#">coinsurance</a>   | <a href="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Preventive care/ <a href="#">screening</a> /immunization | 0%, <a href="#">deductible</a> waived                                | 0% <a href="#">deductible</a> waived | 40% <a href="#">coinsurance</a>   | You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Diagnostic test Physician's office (x-ray, blood work)   | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>      | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If you have a test                                                                                                                                                                                                                                                                                                                                                                                                              | Imaging (CT/PET scans, MRIs)                             | Not Available                                                        | 20% <a href="#">coinsurance</a>      | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Generic drugs (Tier 1)                                   | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| If you need drugs to treat your illness or condition<br>More information about prescription drug coverage is available at <a href="https://www.missouristate.edu/Human/prescription-drug-plan.htm">www.missouristate.edu/Human/prescription-drug-plan.htm</a><br>(800) 771-4648 and <a href="https://www.missouristate.edu/Human/prescription-drug-plan.htm">https://www.missouristate.edu/Human/prescription-drug-plan.htm</a> | Preferred brand drugs (Tier 2)                           | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-preferred brand drugs (Tier 3)                       | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>      | Allowed at contracted rate.       | Maximum of \$1,500 out-of-pocket per person per Calendar Year (\$3,000 max per family) then 100% paid by plan.<br>Medications that are <a href="#">preventive</a> care services under the Affordable Care Act will be covered at 100% and not require <a href="#">coinsurance</a> . This includes all Generic and certain Brand Name oral contraceptives, aspirin, certain vitamins and supplements, smoking deterrents, certain vaccinations / immunizations, etc.<br>Contact Elixir for the list of the \$0 <a href="#">coinsurance</a> items. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Specialty drugs</a> (Tier 4)                 | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>      |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Affordable Care Act preventive services                  | \$0 <a href="#">copayment</a>                                        | \$0 <a href="#">copayment</a>        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| If you have outpatient surgery                                                                                                                                                                                                                                                                                                                                                                                                  | Facility fee (e.g., ambulatory surgery center)           | Not Available                                                        | 20% <a href="#">coinsurance</a>      | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | Physician/surgeon fees                                   | Not Available                                                        | 20% <a href="#">coinsurance</a>      | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If you need immediate medical attention                                                                                                                                                                                                                                                                                                                                                                                         | <a href="#">Emergency room care</a>                      | Not Available                                                        | 20% <a href="#">coinsurance</a> *    | 20% <a href="#">coinsurance</a> * | *\$250 Emergency Room Deductible may apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Emergency medical transportation</a>         | Not Available                                                        | 20% <a href="#">coinsurance</a>      | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Urgent care</a>                              | \$5 <a href="#">copayment</a>                                        | \$20 <a href="#">copayment</a>       | 40% <a href="#">coinsurance</a>   | <a href="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                                                                                                                                              |

| Common Medical Event                                                      | Services You May Need                     | What You Will Pay                                                    |                                                                      |                                                         | Limitations, Exceptions, & Other Important Information                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                           |                                           | Health and Wellness Center & Other On-Campus Clinical Facilities     | Network Provider                                                     | Out-of-Network Provider                                 |                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you have a hospital stay                                               | Facility fee (e.g., hospital room)        | Not Available                                                        | 20% <a href="#">coinsurance</a> at the semiprivate rate              | 40% <a href="#">coinsurance</a> at the semiprivate rate | Pre-certification is required. If you don't get pre-certification, benefit payment will be reduced by \$200.                                                                                                                                                                                                                                                                                                   |
|                                                                           | Physician/surgeon fees                    | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                           |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services                       | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | Copayment only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                            |
|                                                                           | Physician services                        | \$5 <a href="#">copayment</a> per visit                              | Applicable <a href="#">Copayment</a> per visit (based upon provider) | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                           | Inpatient services                        | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you are pregnant                                                       | Office visits                             | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | Cost sharing does not apply to certain preventive services. Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Two ultrasounds will be considered an eligible expense for a routine Pregnancy (age determination and routine screening). Pregnancy not covered for dependent daughters. |
|                                                                           | Childbirth/delivery professional services | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                           | Childbirth/delivery facility services     | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                           | Home health care                          | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                |
| If you need help recovering or have other special health needs            | <a href="#">Rehabilitation services</a>   | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                           | <a href="#">Habililitation services</a>   | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | 90 days per Calendar Year                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                           | <a href="#">Skilled nursing care</a>      | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | At the facility's semiprivate room rate.<br>40 days per Calendar Year maximum                                                                                                                                                                                                                                                                                                                                  |
|                                                                           | <a href="#">Durable medical equipment</a> | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                           | <a href="#">Hospice services</a>          | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | \$10,000 Lifetime maximum;<br>3 bereavement visits Lifetime maximum                                                                                                                                                                                                                                                                                                                                            |
| If your child needs dental or eye care                                    | Children's eye exam                       | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Routine exam not covered.                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                           | Children's glasses                        | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Not covered unless following eye surgery.                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                           | Children's dental check-up                | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Dental care not covered. Refer to the separate dental plan.                                                                                                                                                                                                                                                                                                                                                    |

**Excluded Services & Other Covered Services:**

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)    |                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic Surgery (Limited coverage exceptions apply.)</li><li>• Dental Care</li></ul> | <ul style="list-style-type: none"><li>• Hearing Aids, except for newborn children as required under Missouri Revised Statutes</li><li>• Infertility Treatment</li><li>• Long-term care (other than medically necessary skilled nursing care)</li><li>• Routine Eye Care (including exam) and glasses (Limited coverage exceptions apply.)</li></ul> |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)                        |                                                                                                                                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"><li>• Bariatric Surgery</li><li>• Habilitative Services</li></ul>                                                 | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li><li>• Private Duty Nursing (criteria applies)</li><li>• Routine Foot Care (i.e., for diabetics)</li><li>• Tobacco Use Cessation (criteria applies)</li><li>• Weight Loss Programs</li></ul>                                                          |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the Human Resources department at (417) 836-5102. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.ccoio.cms.gov](http://www.ccoio.cms.gov)

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your plan. For more information about your rights, this notice, or assistance, contact: The Human Resources department at (417) 836-5102 or MedPay's Customer Service department at (417) 886-6886 or (800) 777-9087. Additionally, a consumer assistance program can help you file your appeal. Contact the Missouri Department of Insurance, 301 W. High Street, Room 830, Jefferson City, MO 65101, (800) 726-7390, [www.insurance.mo.gov](http://www.insurance.mo.gov). Other states' contact information can be obtained at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) (under Consumer Assistance Programs) above or at <https://www.cms.gov/ccio/resources/consumer-assistance-grants>.

**Does this plan provide Minimum Essential Coverage? Yes.**

Minimum Essential Coverage generally includes [plans](#), [health insurance](#) available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet Minimum Value Standards? Yes.**

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the Marketplace.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next section.

### About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

#### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$800
- [Specialist copayment](#) \$30
- [Hospital \(facility\) coinsurance](#) 20%
- [Other coinsurance](#) 20%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

|                    |          |
|--------------------|----------|
| Total Example Cost | \$12,700 |
|--------------------|----------|

#### In this example, Peg would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles                | \$800   |
| Copayments                 | \$0     |
| Coinsurance                | \$2,000 |
| What isn't covered         |         |
| Limits or exclusions       | \$60    |
| The total Peg would pay is | \$2,860 |

#### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$800
- [Specialist copayment](#) \$30
- [Hospital \(facility\) coinsurance](#) 20%
- [Other coinsurance](#) 20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$5,600 |
|--------------------|---------|

#### In this example, Joe would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles*               | \$100   |
| Copayments                 | \$1,500 |
| Coinsurance                | \$0     |
| What isn't covered         |         |
| Limits or exclusions       | \$20    |
| The total Joe would pay is | \$1,620 |

#### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$800
- [Specialist copayment](#) \$30
- [Hospital \(facility\) coinsurance](#) 20%
- [Other coinsurance](#) 20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$2,800 |
|--------------------|---------|

#### In this example, Mia would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles*               | \$1,000 |
| Copayments                 | \$60    |
| Coinsurance                | \$300   |
| What isn't covered         |         |
| Limits or exclusions       | \$0     |
| The total Mia would pay is | \$1,360 |

# Missouri State University Group Medical Plan - Base Plan

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Coverage Period: 01/01/2025 – 12/31/2025  
Coverage for: EE, EE/SP, EE/CH, Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <http://www.missouristate.edu/human/3876.htm> or call (417) 836-5102. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. <http://www.missouristate.edu/human/3876.htm> or call (417) 836-5102.

| Important Questions                                         | Answers                                                                                                                                                                                                                                                                                                                                                                                                                   | Why This Matters:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| What is the overall deductible?                             | For <a href="#">network providers</a><br>\$1,600 person / \$3,200 family<br>For <a href="#">out-of-network providers</a><br>\$3,200 person/ \$6,400 family                                                                                                                                                                                                                                                                | Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> . For <a href="#">Health and Wellness Center &amp; Other On-Campus Facilities</a> – the <a href="#">deductible</a> is waived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Are there services covered before you meet your deductible? | Yes. <a href="#">Preventive care</a> services are covered before you meet your <a href="#">deductible</a> .                                                                                                                                                                                                                                                                                                               | This plan covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this plan covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Are there other deductibles for specific services?          | <a href="#">Emergency room care</a> \$500 per visit<br><br>For <a href="#">network providers</a><br>\$7,350 person / \$14,700 family<br>For <a href="#">out-of-network providers</a><br>Unlimited                                                                                                                                                                                                                         | You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this plan begins to pay for these services. (NOTE: Waived if admitted on an emergency basis directly from the ER or if treatment is substantiated by severity of the Sickness or Injury.)<br>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.<br>Maximum <a href="#">Coinsurance network providers</a> : \$2,000 per person / \$4,000 per family<br>Maximum <a href="#">Coinsurance out-of-network providers</a> : \$4,000 per person / \$8,000 per family<br>Additional <a href="#">Deductibles + copays network providers</a> : \$1,750 per person / \$3,500 per family<br>Additional <a href="#">Deductibles + copays out-of-network providers</a> : Unlimited<br>Maximum RX (OOP): \$2,000 per individual / \$4,000 per family |
| What is not included in the out-of-pocket limit?            | <a href="#">Premiums</a> , <a href="#">balance-billing charges</a> , penalties and ineligible expenses, including amounts over the usual and customary or contracted rates.                                                                                                                                                                                                                                               | Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Will you pay less if you use a network provider?            | Yes. Primary: <a href="http://mercyoptions.net">http://mercyoptions.net</a><br>Wrap: <a href="http://www.healthlink.com">www.healthlink.com</a> ,<br><a href="http://www.phpkc.com">www.phpkc.com</a> , <a href="http://www.firstthealth.com">www.firstthealth.com</a> for a list of <a href="#">network providers</a> . Refer to the plan document for when network or non-network benefits apply for the wrap networks. | This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays ( <a href="#">balance billing</a> ). Be aware, your network provider might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your provider before you get services.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Do you need a referral to see a specialist?                 | No.                                                                                                                                                                                                                                                                                                                                                                                                                       | You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event                                                                                                                                                                                                                                                                                                                                                          | Services You May Need                                                  | What You Will Pay                                                    |                                       |                                   | Limitations, Exceptions, & Other Important Information                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | Health and Wellness Center & Other On-Campus Clinical Facilities     | Network Provider                      | Out-of-Network Provider           |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If you visit a health care <a href="#">provider's office or clinic</a>                                                                                                                                                                                                                                                                                                        | Primary care visit to treat an injury or illness                       | \$10 <a href="#">copayment</a>                                       | \$40 <a href="#">copayment</a>        | 40% <a href="#">coinsurance</a>   | Chiropractic services limited to 10 visits per Calendar Year. Copay only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                               | <a href="#">Specialist visit</a>                                       | \$10 <a href="#">copayment</a>                                       | \$60 <a href="#">copayment</a>        | 40% <a href="#">coinsurance</a>   | <a href="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                               | Preventive care/ <a href="#">screening/immunization</a>                | 0%, <a href="#">deductible</a> waived                                | 0%, <a href="#">deductible</a> waived | 40% <a href="#">coinsurance</a>   | You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for.                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                               | <a href="#">Diagnostic test</a> Physician's office (x-ray, blood work) | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>       | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                        |
| If you have a test                                                                                                                                                                                                                                                                                                                                                            | Imaging (CT/PET scans, MRIs)                                           | Not Available                                                        | 20% <a href="#">coinsurance</a>       | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                               | Generic drugs (Tier 1)                                                 | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If you need drugs to treat your illness or condition<br>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.elixirsolutions.com">www.elixirsolutions.com</a> (800) 771-4648 and <a href="https://www.missouristate.edu/Human/prescription-drug-plan.htm">https://www.missouristate.edu/Human/prescription-drug-plan.htm</a> | Preferred brand drugs (Tier 2)                                         | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>       |                                   | Maximum of \$2,000 out-of-pocket per person per Calendar Year (\$4,000 max per family) then 100% paid by plan.                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                               | Non-preferred brand drugs (Tier 3)                                     | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>       | Allowed at contracted rate.       | Medications that are <a href="#">preventive</a> care services under the Affordable Care Act will be covered at 100% and not require <a href="#">coinsurance</a> . This includes all Generic and certain Brand Name oral contraceptives, aspirin, certain vitamins and supplements, smoking deterrents, certain vaccinations / immunizations, etc. Contact Elixir for the list of the \$0 <a href="#">coinsurance</a> items. |
|                                                                                                                                                                                                                                                                                                                                                                               | <a href="#">Specialty drugs</a> (Tier 4)                               | 20% <a href="#">coinsurance</a>                                      | 30% <a href="#">coinsurance</a>       |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                               | Affordable Care Act <a href="#">preventive</a> services                | \$0 <a href="#">copayment</a>                                        | \$0 <a href="#">copayment</a>         |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| If you have outpatient surgery                                                                                                                                                                                                                                                                                                                                                | Facility fee (e.g., ambulatory surgery center)                         | Not Available                                                        | 20% <a href="#">coinsurance</a>       | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                               | Physician/surgeon fees                                                 | Not Available                                                        | 20% <a href="#">coinsurance</a>       | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                               | <a href="#">Emergency room care</a>                                    | Not Available                                                        | 20% <a href="#">coinsurance</a> *     | 20% <a href="#">coinsurance</a> * | *\$500 Emergency Room Deductible may apply.                                                                                                                                                                                                                                                                                                                                                                                 |
| If you need immediate medical attention                                                                                                                                                                                                                                                                                                                                       | <a href="#">Emergency medical transportation</a>                       | Not Available                                                        | 20% <a href="#">coinsurance</a>       | 40% <a href="#">coinsurance</a>   | None                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                               | <a href="#">Urgent care</a>                                            | \$10 <a href="#">copayment</a>                                       | \$40 <a href="#">copayment</a>        | 40% <a href="#">coinsurance</a>   | <a href="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                         |

| Common Medical Event                                                      | Services You May Need                     | What You Will Pay                                                    |                                                                      |                                                         | Limitations, Exceptions, & Other Important Information                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                           |                                           | Health and Wellness Center & Other On-Campus Clinical Facilities     | Network Provider                                                     | Out-of-Network Provider                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| If you have a hospital stay                                               | Facility fee (e.g., hospital room)        | Not Available                                                        | 20% <a href="#">coinsurance</a> at the semiprivate rate              | 40% <a href="#">coinsurance</a> at the semiprivate rate | <a href="#">Precertification</a> is required. If you don't get <a href="#">precertification</a> , benefit payment will be reduced by \$200.                                                                                                                                                                                                                                                                                                     |
|                                                                           | Physician/surgeon fees                    | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                           | Outpatient services                       | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| If you need mental health, behavioral health, or substance abuse services | Physician services                        | \$10 <a href="#">Copayment</a> per visit                             | Applicable <a href="#">Copayment</a> per visit (based upon provider) | 40% <a href="#">coinsurance</a>                         | <a href="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.                                                                                                                                                                                                                                                                                             |
|                                                                           | Inpatient services                        | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| If you are pregnant                                                       | Office visits                             | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | <a href="#">Cost sharing</a> does not apply to certain <a href="#">preventive services</a> . Depending on the type of services, <a href="#">coinsurance</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Two ultrasounds will be considered an eligible expense for a routine Pregnancy (age determination and routine screening). Pregnancy not covered for dependent daughters. |
|                                                                           | Childbirth/delivery professional services | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                           | Childbirth/delivery facility services     | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                           | <a href="#">Home health care</a>          | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | 40 visits per Calendar Year                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If you need help recovering or have other special health needs            | <a href="#">Rehabilitation services</a>   | 20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived) | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                           | <a href="#">Habitatation services</a>     | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | 90 days per Calendar Year                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                           | <a href="#">Skilled nursing care</a>      | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | At the facility's semiprivate room rate.<br>40 days per Calendar Year maximum                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                           | <a href="#">Durable medical equipment</a> | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | None                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                           | <a href="#">Hospice services</a>          | Not Available                                                        | 20% <a href="#">coinsurance</a>                                      | 40% <a href="#">coinsurance</a>                         | \$10,000 Lifetime maximum;<br>3 bereavement visits Lifetime maximum                                                                                                                                                                                                                                                                                                                                                                             |
| If your child needs dental or eye care                                    | Children's eye exam                       | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Routine exam not covered.                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                           | Children's glasses                        | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Not covered unless following eye surgery.                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                           | Children's dental check-up                | Not covered.                                                         | Not covered.                                                         | Not covered.                                            | Dental care not covered. Refer to the separate dental plan.                                                                                                                                                                                                                                                                                                                                                                                     |

**Excluded Services & Other Covered Services:**

| Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .) |                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic Surgery (Limited coverage exceptions apply.)</li><li>• Dental Care</li></ul>                                               | <ul style="list-style-type: none"><li>• Hearing Aids, except for newborn children as required under Missouri Revised Statutes</li><li>• Infertility Treatment</li><li>• Long-term care (other than medically necessary skilled nursing care)</li><li>• Routine Eye Care (including exam) and glasses (Limited coverage exceptions apply.)</li></ul> |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan</a> document.)                                                      |                                                                                                                                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"><li>• Bariatric Surgery.</li><li>• Habilitative Services (criteria apply)</li></ul>                                                                             | <ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li><li>• Private Duty Nursing (criteria apply).</li><li>• Routine Foot Care (i.e., for diabetics)</li><li>• Tobacco Use Cessation (criteria apply).</li><li>• Weight Loss Programs</li></ul>                                                            |

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. For more information on your rights to continue coverage, contact the Human Resources department at (417) 836-5102. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](#), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cms.gov](#)

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](#) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: The Human Resources department at (417) 836-5102 or Med-Pay's Customer Service department at (417) 886-6886 or (800) 777-9087. Additionally, a consumer assistance program can help you file your appeal. Contact the Missouri Department of Insurance, 301 W. High Street, Room 830, Jefferson City, MO 65101, (800) 726-7390, [www.insurance.mo.gov](#). Other states' contact information can be obtained at [www.dol.gov/ebsa/healthreform](#) (under Consumer Assistance Programs) above or at [https://www.cms.gov/ccio/resources/consumer-assistance-grants](#).

**Does this plan provide Minimum Essential Coverage? Yes.**

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

**Does this plan meet Minimum Value Standards? Yes.**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

\_\_\_\_\_To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,600
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

|                    |          |
|--------------------|----------|
| Total Example Cost | \$12,700 |
|--------------------|----------|

In this example, Peg would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles                | \$1,600 |
| Copayments                 | \$0     |
| Coinsurance                | \$2,000 |
| What isn't covered         |         |
| Limits or exclusions       | \$60    |
| The total Peg would pay is | \$3,660 |

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,600
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$5,600 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles*               | \$100   |
| Copayments                 | \$1,700 |
| Coinsurance                | \$0     |
| What isn't covered         |         |
| Limits or exclusions       | \$20    |
| The total Joe would pay is | \$1,820 |

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,600
- Specialist copayment \$60
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

|                    |         |
|--------------------|---------|
| Total Example Cost | \$2,800 |
|--------------------|---------|

In this example, Mia would pay:

| Cost Sharing               |         |
|----------------------------|---------|
| Deductibles*               | \$2,100 |
| Copayments                 | \$100   |
| Coinsurance                | \$100   |
| What isn't covered         |         |
| Limits or exclusions       | \$0     |
| The total Mia would pay is | \$2,300 |

# Missouri State University – Annual Notices

## Women's Health and Cancer Rights Act of 1998

In compliance with the Women's Health and Cancer Rights Act of 1998, the Policy provides benefits for mastectomies, including breast reconstruction, surgery to ensure breast symmetry, prosthetics, and treatment for complications arising from a mastectomy, such as lymphedema. If you are receiving benefits related to a mastectomy, coverage is also available for the following health services, as determined by you and your attending physician: (1) All stages of breast reconstruction on the breast that underwent the mastectomy, (2) Surgery and reconstruction of the other breast to create a symmetrical appearance, and (3) Prosthetics and treatment for physical complications, including lymphedema. The costs you are responsible for, such as copayments and any annual deductible, will be the same as for other covered health services. Benefit limitations also follow the same guidelines as other covered health services.

## Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers are generally prohibited from limiting hospital stays related to childbirth for the mother or newborn to less than 48 hours following a vaginal delivery or less than 96 hours after a cesarean section. However, federal law allows the mother's or newborn's attending provider to discharge them earlier than these timeframes, after consulting with the mother. Additionally, plans and issuers cannot require the provider to obtain prior authorization for a hospital stay of up to 48 hours (or 96 hours, if applicable).

## Continuation of Benefits (COBRA)

When employment ends for reasons other than gross misconduct, employees and their insured dependents may continue their medical, dental, and vision coverage for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee responsible for all premium costs. If the employee is disabled, COBRA coverage can be extended to 29 months. Upon termination, the employee will receive personalized information regarding COBRA continuation procedures. Additionally, "qualified beneficiaries" may continue coverage for up to 36 months if one of the following qualifying events occurs: the death of the covered employee, divorce or legal separation, the employee becoming eligible for Medicare, or a dependent child reaching the maximum age allowed under the group plan.

**Please note:** The employee or qualified beneficiary must notify HR of qualifying events like divorce, legal separation, or a dependent aging out of coverage to receive COBRA notification.

## Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Policy

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires this Plan and certain other entities to maintain the confidentiality of participants' protected health information (PHI), with limited exceptions for when PHI may be disclosed. You can find this notice in the health care plan booklet or request a full copy of the policy by contacting the Office of Human Resources at (417) 836-6616. The Privacy Notice is also available online at: <http://privacy.missouristate.edu/hipaa/EmployeeBenefits.htm>.

## Medicaid and the Children's Health Insurance Program ("CHIP")

If you are eligible for health coverage through your employer but find the premiums unaffordable, certain states offer premium assistance programs to help cover the costs. These states use Medicaid or CHIP (Children's Health Insurance Program) funds to assist individuals who qualify for employer-sponsored health coverage but need financial help with their premiums. If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to check if premium assistance is available.

(<https://www.cms.gov/ccio/resources/consumer-assistance-grants>). If you or your dependents are not currently enrolled in Medicaid or CHIP but believe you may qualify, you can reach out to your State Medicaid or CHIP office, call 1-877-KIDS-NOW, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to learn how to apply. If eligible, ask the State if there is a program that can assist with paying your employer-sponsored plan premiums.

Once it's determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, you qualify for a Special Enrollment opportunity under this Plan. You must request coverage within 60 days of becoming eligible for premium assistance. To complete the enrollment, provide proper documentation confirming eligibility for the subsidy along with the enrollment form. For additional details, visit:

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.pdf>.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan

| ALABAMA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ALASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a></p> <p>Phone: 1-855-692-5447</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>The AK Health Insurance Premium Payment Program</p> <p>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861</p> <p>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a></p> <p>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p> |
| ARKANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CALIFORNIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                          |
| <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a></p> <p>Phone: 1-855-MyARHIPP (855-692-7447)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>Health Insurance Premium Payment (HIPP) Program</p> <p>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a></p> <p>Phone: 916-445-8322 Fax: 916-440-5676</p> <p>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>                                                                                                                                         |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FLORIDA – Medicaid                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711</p> <p>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a></p> <p>HIBI Customer Service: 1-855-692-6442</p>  | <p>Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>                                                                                                                                                                         |
| GEORGIA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INDIANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                             |
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program</p> <p>All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p><a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a></p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>                             |
| IOWA – Medicaid and CHIP (Hawki)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | KANSAS – Medicaid                                                                                                                                                                                                                                                                                                                                                                              |
| <p>Medicaid Website: <a href="#">Iowa Medicaid   Health &amp; Human Services</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a></p> <p>HIPP Phone: 1-888-346-9562</p>                                                                                                                                           | <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>                                                                                                                                                                                                                                           |
| KENTUCKY – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LOUISIANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                           |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Phone: 1-855-459-6328</p> <p>Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>       | <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>                                                                                                                                                                    |

| MAINE – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                         | MASSACHUSETTS – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a><br>Phone: 1-800-442-6003 TTY: Maine relay 711<br>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-977-6740 TTY: Maine relay 711                                   | Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>                                                                                                                                                       |
| MINNESOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                     | MISSOURI – Medicaid                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a><br>Phone: 1-800-657-3672                                                                                                                                                                                                                                                                                                                        | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005                                                                                                                                                                                                                                |
| MONTANA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                       | NEBRASKA – Medicaid                                                                                                                                                                                                                                                                                                                                                                      |
| Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084<br>Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>                                                                                                                                                                                                                           | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633 Lincoln: 402-473-7000<br>Omaha: 402-595-1178                                                                                                                                                                                                                           |
| NEVADA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                        | NEW HAMPSHIRE – Medicaid                                                                                                                                                                                                                                                                                                                                                                 |
| Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Medicaid Phone: 1-800-992-0900                                                                                                                                                                                                                                                                                                                                                | Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a><br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a> |
| NEW JERSEY – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                           | NEW YORK – Medicaid                                                                                                                                                                                                                                                                                                                                                                      |
| Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 (TTY: 711)                                                                     | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831                                                                                                                                                                                                                                             |
| NORTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                | NORTH DAKOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br>Phone: 919-855-4100                                                                                                                                                                                                                                                                                                                                                  | Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a><br>Phone: 1-844-854-4825                                                                                                                                                                                                                                                                      |
| OKLAHOMA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                             | OREGON – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                               |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742                                                                                                                                                                                                                                                                                                                                              | Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br>Phone: 1-800-699-9075                                                                                                                                                                                                                                              |
| PENNSYLVANIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                         | RHODE ISLAND – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                         |
| Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462<br>CHIP Website: <a href="http://www.pa.gov/Children's%20Health%20Insurance%20Program%20(CHIP)">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437) | Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RItE Share Line)                                                                                                                                                                                                                                           |
| SOUTH CAROLINA – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                | SOUTH DAKOTA – Medicaid                                                                                                                                                                                                                                                                                                                                                                  |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820                                                                                                                                                                                                                                                                                                                                                            | Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059                                                                                                                                                                                                                                                                                                      |

| TEXAS – Medicaid                                                                                                                                                      | UTAH – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a><br><br>Phone: 1-800-440-0493                               | Utah's Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a><br><br>Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542<br><br>Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a><br><br>Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a><br><br>CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a> |
| VERMONT– Medicaid                                                                                                                                                     | VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a><br><br>Phone: 1-800-250-8427                           | Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a><br><br><a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a><br><br>Medicaid/CHIP Phone: 1-800-432-5924                                                                                                                            |
| WASHINGTON – Medicaid                                                                                                                                                 | WEST VIRGINIA – Medicaid and CHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br><br>Phone: 1-800-562-3022                                                                   | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)                                                                                                                                                                                                                                                                                                                                                      |
| WISCONSIN – Medicaid and CHIP                                                                                                                                         | WYOMING – Medicaid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br><br>Phone: 1-800-362-3002 | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269                                                                                                                                                                                                                                                                                                                                                                                          |

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov) 1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid

