

# Annual Benefits Notice

2026 Plan Year

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UNIVERSITY

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2026 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.

<p>Online Platform/ Open enrollment / Fair Change of information/ Required Notices</p> <p>Cafeteria Plan/ Flexible spending</p> <p>Samaritan Fund Program</p> <p>Med-pay rebrand/ Medical/Prescription</p> <p>Dental/ Vision</p> <p>Identity protection/ Critical Illness Insurance</p> <p>Hospital Indemnity</p> <p>Accident insurance</p> <p>Employee Assistance Program</p>	<p>Disability: Short-term and Long-term</p> <p>Universal Life Insurance</p> <p>Term Life Insurance</p> <p>Retirement Plans: MOSERS, CURP, 403(b), 457(b)</p> <p>Missouri MOST Program/ MOABLE/ ECCU</p> <p>Fee Waiver Program: Credit and Non-Credit</p> <p>Workers Compensation</p> <p>Child Development center/ Athletic Tickets</p> <p>Benefits Summary/ Legal notices/ Medicaid notice</p> <p>Child Development center/ Athletic Tickets</p>
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**Online Benefit Platform:** Enroll or decline benefits. Access the Benefit Card on [MyMissouriState.edu](http://MyMissouriState.edu), or enroll by phone: 877-282-0808. Even if you do not make changes, please **Review elections for accuracy.**

**Open Enrollment for Benefits** - Open enrollment is Nov. 1 - Dec. 1, 2025. You can update your medical, dental, vision, and Cafeteria plan benefits for 2026. Voluntary benefit carriers may allow special enrollments during this time. Changes outside Open Enrollment are allowed only within 31 days of a qualified event. Visit [www.missouristate.edu/human/open-enrollment](http://www.missouristate.edu/human/open-enrollment) for more information.

**Virtual Benefit Fair-** Join us for the **Virtual Benefit Fair hosted by AIRBO**, where you can learn more about your benefits, explore helpful resources, and even invite a decision-making partner to join you—thanks to sponsorship from Corebridge Financial, Allstate, UNUM, Education Community Credit Union (ECCU), TIAA, and VSP! Nov 1– Dec 1.



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

**Open Enrollment lets you update beneficiaries, review information, and confirm accuracy.**

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

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

## Flex spending, Samaritan Fund

**Cafeteria and Flexible Spending Plan (FSA)**- FSAs use pre-tax dollars for medical or dependent care. **Enrollment required yearly**; funds don't roll over. Premiums deducted pre-tax unless you opt out annually. Limits: \$3,300 medical, \$7,500 dependent care (see IRS definition on Asiflex). Debit cards 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>



samaritan  
fund  
program

Missouri  
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Missouri State University is excited to introduce the Samaritan Fund Program for employees and their dependents. This program is designed to provide financial relief to those facing significant challenges with high-cost medications or medical expenses.

- **Voluntary & Confidential:** Participation is voluntary and completely confidential.
- **Year-Round Applications:** Employees may apply at any time throughout the year.
- **Eligibility:** The program can assist in identifying a health plan that best fits your needs and, if approved, help cover medical expenses or provide support for premiums on individual health insurance plans.
- **Funding:** If deemed an ideal candidate, and approved funds will be sourced directly through the Samaritan Fund to assist you and your healthcare providers.
  - The program will enroll you in *individual* health insurance plan along with sourcing financial assistance that should eliminate the out-of-pocket costs for insurance premiums for medical care.

**Please note:** Benefit plan changes can only be made during Open Enrollment or within 31 days of a qualifying life event, per IRS regulations.

For questions or assistance, please reach out to the Samaritan Fund Program team.





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## Important Update: Med-Pay is Becoming Point C

Effective **January 1, 2026**, Med-Pay will rebrand as **Point C**. This change reflects growth and continued commitment to providing the best possible service. The people, partnerships, and purpose remain the same. The team you know and trust will continue to manage your benefits and support your needs. The rebrand expands offerings, providing enhanced infrastructure, in-house services, and customer support, which means faster responses, more resources, and improved access to information. MSU will maintain the same plan designs. The Med-Pay website will redirect to Point C's site for tools, benefit management, and other resources—all designed to make managing your benefits easier and more efficient.

**Medical and Prescription Drugs** – Two PPO plans—Base & Buy-Up. Preventive care 100% covered, lower costs at Magers, tiered benefits for Mercy PPO & out-of-network. MSU heavily subsidizes premiums, plus earn up to \$30/month with **wellness incentive**: *Complete 2 of 3 by Dec 1: Educational video, flu shot, or biometric screening. Submit flu/biometric records to Magers by Dec 1.*

Flu shot and biometric screenings completed outside Magers: email records, with the subject “Flu Shot” or “Biometrics.” to [MagersMedicalRecords@Missouristate.edu](mailto:MagersMedicalRecords@Missouristate.edu). Biometrics **must include** A1C and lipid panel results.

Medical Premiums (*without wellness incentive applied)	Base Plan (per month)	Buy-Up Plan (per month)
Employee Only	\$48.00	\$107.00
Employee + Spouse	\$458.00	\$589.00
Employee + Child(ren)	\$338.00	\$447.00
Employee + Family	\$524.00	\$664.00

**Prescription Drug Coverage:** Prescription drug coverage is included in the medical plan. Save an additional 10% with Magers Pharmacy. Coverage includes these RX programs:

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

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

**Declination of Medical Coverage:** Employees may decline the 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.

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## Dental, Vision, ID Protection, Critical Illness, Hospital Insurance

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

Dental	Premium (Per Month)
Employee Only	\$0
Employee + Spouse	\$27.25
Employee + Child(ren)	\$21.22
Employee + Family	\$42.78

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

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

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

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

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

- Payments go directly to you
- Two coverage levels available
- Includes **\$50 annual wellness benefit** for preventive screenings

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

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

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

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

Two programs available for assistance:

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

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

- Flexible coverage choose from \$100 weekly up to approximately **60% of base salary weekly**
- Weekly payments continue until return to work or long-term disability eligibility
- **Pre-existing condition limit:** 4 weeks (waived after 1 year of coverage)
- **Guaranteed issue** — no medical questions
- **Benefits do not offset sick or vacation time**
- Two plan options: • **Option 1:** 15-day waiting for injury/illness • **Option 2:** No wait for accident, 7-day wait for illness

**Long-Term Disability** — Provided at **no cost** to full-time benefit-eligible employees. Helps protect income during extended absence from work.

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

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

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

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**Employee and Dependent Supplemental Term Life**

**Term Life Insurance** – Full-time employees receive basic term life and AD&D coverage. Supplemental term life insurance for employees and dependents is available; rates based on age and annual salary. Premiums increase with age brackets annually and adjust automatically with salary changes. Premiums are post-tax deductions.

*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 new enrollment supplemental term life insurance, **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 dependent coverage. See chart below for coverage options and premiums; 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 post-tax deductions.

*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, ECCU, Fee Waiver, Worker's Comp**

**RETIREMENT PLANS** –Full-time staff and faculty are automatically enrolled in MOSERS (staff) or CURP (newer faculty). CURP faculty considering a transfer to MOSERS after 6 years—which may be financially advantageous—consult a MOSERS representative at 800-827-1063. (*Switching affects the MSU provided term life coverage*). More info: [www.mosers.org](http://www.mosers.org).

**SECTION 403(b)** – Available to all employees (except student workers). Contributions are made through [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 offers tax-advantaged savings for K–12 and post-secondary education. Taxpayers can contribute up to \$8,000 per year, with tax-free earnings for qualified expenses like tuition, room and board, and computers. More info: [www.most529.com](http://www.most529.com)



**MOABLE** –A savings account for individuals with disabilities that preserves benefits like Medicaid or SSI. It works like a 529 plan or checking account and can pair with Special Needs Trusts. For direct deposit, provide payroll with account info. Learn more: [www.moable.com](http://www.moable.com).

**Educational Community Credit Union**- member-owned, not-for-profit financial institution serving the educational community and their families, offering savings, checking, loans, and online banking. Learn more at [educationalccu.org](http://educationalccu.org).

**Credit Fee Waiver** – Full-time employees and eligible dependents may receive up to 15 credit hours annually (7.5 for Greenwood Lab School). The fee waiver is non-taxable for undergrad courses and employee graduate courses (taxes apply for dependents). Request via the [my.missouristate.edu](http://my.missouristate.edu) portal, search “fee waiver”.

**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. Not available to spouses, sponsored dependents/domestic partners, or children. Apply in MyLearningConnection.

**Worker's Compensation (On-The-Job Injuries)** - For on-the-job injuries, call 1-800-624-2354 for Workers' Compensation approval before seeking care. For life-threatening injuries, call 911 or go to the nearest ER. Non-emergency treatment without approval may be denied. Submit all required injury forms.

**Child Development Center, Discounted Athletic Tickets**

**Child Development center**– MSU’s Child Development Center, part of the College of Education, serves up to 88 children ages 6 weeks to 6 years, offering priority enrollment and discounted rates for employees. Open year-round, Mon–Fri, 7 a.m.–5:45 p.m., it features activity areas and classrooms staffed by qualified teachers and practicum students. For info and enrollment, contact Director Jamie Cornelsen at 417-836-6759.

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

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

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

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

**Employee Wellness**- Employee Wellness Program aims to offer meaningful programming that supports all aspects of well-being: social, emotional, spiritual, environmental, financial, intellectual, physical, and occupational.

***Find additional benefit information at the Virtual Benefit Fair hosted by AIRBO from Nov 1–Dec 1.***



*Sponsored by Corebridge Financial, Allstate, UNUM, Education Community Credit Union (ECCU), TIAA, and VSP!*

***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: 01/01/2026 – 12/31/2026

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> \$800 person / \$1,600 family For <a href="#">out-of-network providers</a> \$1,600 person/ \$3,200 family	Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , 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 Health and Wellness Center & Other On-Campus Facilities – 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 <a href="#">plan</a> 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 <a href="#">plan</a> covers certain <a href="#">preventive</a> services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive</a> 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?	<a href="#">Emergency room care</a> \$250 per visit	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> 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 <a href="#">network providers</a> \$5,000 person / \$10,000 family For <a href="#">out-of-network providers</a> Unlimited	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 <a href="#">plan</a> , 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. Maximum <a href="#">Coinsurance network providers</a> : \$2,000 per person / \$4,000 per family Maximum <a href="#">Coinsurance out-of-network providers</a> : \$4,000 per person / \$8,000 per family Additional <a href="#">Deductibles</a> + <a href="#">copays network providers</a> : \$700 per person / \$1,400 per family Additional <a href="#">Deductibles</a> + <a href="#">copays out-of-network providers</a> : Unlimited Maximum RX (OOP): \$1,500 per individual / \$3,000 per family
What is not included in the out-of-pocket limit?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> 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 <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> 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> 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 <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . 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 <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> 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 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="#">Copayment</a> 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>	
	Preventive care/screening/immunization	0%, deductible waived	0%, deductible waived	40% <a href="#">coinsurance</a>	
If you have a test	Diagnostic test Physician's office (x-ray, blood work)	20% <a href="#">coinsurance</a> (deductible waived)*	20% <a href="#">coinsurance</a> *	40% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for. *Breast examination services subject to Missouri Revised Statutes 376.1183 will be covered at 100%, <a href="#">deductible</a> waived.
	Imaging (CT/PET scans, MRIs)	Not Available	20% <a href="#">coinsurance</a> *	40% <a href="#">coinsurance</a>	
If you need drugs to treat your illness or condition 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>	Generic drugs (Tier 1)	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Maximum of \$1,500 out-of-pocket per person per Calendar Year (\$3,000 max per family) then 100% paid by plan. 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.	
	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>		
	<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>	
	Physician/surgeon fees	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Emergency room care</a>	Not Available	20% <a href="#">coinsurance</a> *	20% <a href="#">coinsurance</a> *	
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 None *\$250 Emergency Room Deductible may apply. None
	<a href="#">Urgent care</a>	\$5 <a href="#">copayment</a>	\$20 <a href="#">copayment</a>	40% <a href="#">coinsurance</a>	

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	Recertification is required. If you don't get recertification, 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>	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>	
If you are pregnant	Inpatient services	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.
	Office visits	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	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>	
	Rehabilitation services	20% <a href="#">coinsurance</a> ( <a href="#">deductible</a> waived)	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Habilitation services	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Skilled nursing care	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Durable medical equipment	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Hospice services	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	Children's eye exam	Not covered.	Not covered.	Not covered.	\$10,000 Lifetime maximum; 3 bereavement visits Lifetime maximum Routine exam not covered. Not covered unless following eye surgery. Dental care not covered. Refer to the separate dental plan.
	Children's glasses	Not covered.	Not covered.	Not covered.	
	Children's dental check-up	Not covered.	Not covered.	Not covered.	

**Excluded Services & Other Covered Services:**

<b>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</b>	
<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>

<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</b>	
<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.cciio.cms.gov](http://www.cciio.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 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](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
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,860</b>

### 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
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,620</b>

### 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
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,360</b>

## Missouri State University Group Medical Plan - Base Plan

Coverage Period: 01/01/2026 – 12/31/2026  
 Coverage for: EE, EE/SP, EE/CH, Family | Plan Type: PPO

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



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> \$1,600 person / \$3,200 family For <a href="#">out-of-network providers</a> \$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 <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , 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 <b>Health and Wellness Center &amp; Other On-Campus Facilities</b> – 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 <a href="#">plan</a> 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 <a href="#">plan</a> 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	You must pay all of the costs for these services up to the specific <a href="#">deductible</a> amount before this <a href="#">plan</a> 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 <a href="#">network providers</a> \$7,350 person / \$14,700 family For <a href="#">out-of-network providers</a> Unlimited	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 <a href="#">plan</a> , 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. Maximum <a href="#">Coinsurance network providers</a> : \$2,000 per person / \$4,000 per family Maximum <a href="#">Coinsurance out-of-network providers</a> : \$4,000 per person / \$8,000 per family Additional <a href="#">Deductibles + copays network providers</a> : \$1,750 per person / \$3,500 per family Additional <a href="#">Deductibles + copays out-of-network providers</a> : Unlimited 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://mercvoptions.net">http://mercvoptions.net</a> Wrap: <a href="http://www.healthlink.com">www.healthlink.com</a> , <a href="http://www.phkcc.com">www.phkcc.com</a> , <a href="http://www.firsthealth.com">www.firsthealth.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 <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> 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	Health and Wellness Center & Other On-Campus Clinical Facilities	What You Will Pay		Out-of-Network Provider	Limitations, Exceptions, & Other Important Information
			Network Provider	Health and Wellness Center & Other On-Campus Clinical Facilities		
If you visit a health care provider's office or clinic	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="#">Copayment</a> only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance. You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services you need are preventive. Then check what your <a href="#">plan</a> will pay for. *Breast examination services subject to Missouri Revised Statutes 376.1183 will be covered at 100%, <a href="#">deductible</a> waived.	
	<a href="#">Specialist</a> visit	\$10 <a href="#">copayment</a>	\$60 <a href="#">copayment</a>	40% <a href="#">coinsurance</a>		
	Preventive care/ <a href="#">screening</a> /immunization	0%, <a href="#">deductible</a> waived	0%, <a href="#">deductible</a> waived	40% <a href="#">coinsurance</a>		
If you have a test	<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>	Maximum of \$2,000 out-of-pocket per person per Calendar Year (\$4,000 max per family) then 100% paid by plan. 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.	
	Imaging (CT/PET scans, MRIs)	Not Available	20% <a href="#">coinsurance</a> *	40% <a href="#">coinsurance</a>		
If you need drugs to treat your illness or condition 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>	Generic drugs (Tier 1)	20% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	Allowed at contracted rate.		
	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>			
	<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>		
	Physician/surgeon fees	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>		
If you need immediate medical attention	<a href="#">Emergency room care</a>	Not Available	20% <a href="#">coinsurance</a> *	20% <a href="#">coinsurance</a> *	None None *\$500 Emergency Room Deductible may apply. None	
	<a href="#">Emergency medical transportation</a>	Not Available	20% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>		
	<a href="#">Urgent care</a>	\$10 <a href="#">copayment</a>	\$40 <a href="#">copayment</a>	40% <a href="#">coinsurance</a>		

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% coinsurance at the semiprivate rate	40% coinsurance at the semiprivate rate	Precertification is required. If you don't get precertification, benefit payment will be reduced by \$200. None
	Physician/surgeon fees	Not Available	20% coinsurance	40% coinsurance	
	Outpatient services	20% coinsurance (deductible waived)	20% coinsurance	40% coinsurance	
	Physician services	\$10 Copayment per visit	Applicable Copayment per visit (based upon provider)	40% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Not Available	20% coinsurance	40% coinsurance	Copayment only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.
	Office visits	Not Available	20% coinsurance	40% coinsurance	
	Childbirth/delivery professional services	Not Available	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	Not Available	20% coinsurance	40% coinsurance	
If you are pregnant	Home health care	Not Available	20% coinsurance	40% coinsurance	Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance 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. 40 visits per Calendar Year
	Rehabilitation services	20% coinsurance (deductible waived)	20% coinsurance	40% coinsurance	
	Habilitation services	Not Available	20% coinsurance	40% coinsurance	
	Skilled nursing care	Not Available	20% coinsurance	40% coinsurance	
If you need help recovering or have other special health needs	Durable medical equipment	Not Available	20% coinsurance	40% coinsurance	None 90 days per Calendar Year At the facility's semiprivate room rate. 40 days per Calendar Year maximum
	Hospice services	Not Available	20% coinsurance	40% coinsurance	
	Children's eye exam	Not covered.	Not covered.	Not covered.	
	Children's glasses	Not covered.	Not covered.	Not covered.	
If your child needs dental or eye care	Children's dental check-up	Not covered.	Not covered.	Not covered.	None \$10,000 Lifetime maximum; 3 bereavement visits Lifetime maximum Routine exam not covered. Not covered unless following eye surgery. Dental care not covered. Refer to the separate dental plan.

**Excluded Services & Other Covered Services:**

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<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>

<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <a href="#">plan document</a>.)</b>	
<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>

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**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](http://www.insurance.mo.gov). Other states' contact information can be obtained 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:



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**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
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,660</b>

**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
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,820</b>

**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
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,300</b>

# 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

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

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

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  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>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542  Adult Expansion Website <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  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>  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>  <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>  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>  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>  Medicaid Phone: 304-558-1700  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>  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, 2025, 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 OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsaopr@dol.gov](mailto:ebsaopr@dol.gov) and reference the OMB Control Number 1210-0137.

