

Annual Benefits Notice

2027 Plan Year



Missouri State
U N I V E R S I T Y

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

Online Platform/ Open Enrollment / Fair	Disability: Short-term and Long-term
Change of information/ Required Notices	Whole Life Insurance
Cafeteria Plan/ Flexible Spending	Term Life Insurance
Samaritan Fund Program	Retirement Plans: MOSERS, CURP, 403(b), 457(b)
Med-pay rebrand/ Medical/Prescription	Missouri MOST Program/ MOABLE/ ECCU
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
Employee Assistance Program	Legal Notices/ Medicaid notice

Online Benefit Platform: Enroll or decline benefits. Access the Benefit Card on [MyMissouriState.edu](https://my.missouristate.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, 2026. You can update your Medical, Dental, Vision, and Cafeteria plan benefits for 2027. 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 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 The Standard, Unum, Corebridge Financial, ECCU, TIAA, 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 plan documents at www.missouristate.edu/Human/benefits. Plan documents take precedence over any discrepancies.

Flex spending, Samaritan Fund, Magers Health

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: \$3,400 medical, \$7,500 dependent care (see IRS definition on Asiflex). Debit cards available.

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

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



The Samaritan fund 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.
- **Enrollment:** Enrollment for the program occurred in October as advertised through HR Blog; Employees are still encouraged to apply, as applications may continue to be considered.
- **Eligibility:** The program can assist in identifying a health plan that best fits your needs and, if approved, help cover medical expenses and 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.

♥ Magers Health & Wellness

Magers Health and Wellness Center is our **Springfield Campus clinic**, offering convenient and affordable care for employees and their families.

- Deductibles are waived and co-pays are reduced at on-campus clinics.
 - Call **417-836-4000** to schedule an appointment or establish a Primary Care Provider (PCP).
- Visit health.missouristate.edu for services and hours.

After-Hours Care:

Employees with a Magers or Non-Mercy PCP may call **Nurse On Call** at **417-841-5566** for free guidance from a registered nurse.

Follow the **Wellness Blog** for campus wellness programs, screenings, and health challenges that keep you engaged and motivated.



Med-Pay is now Point C. While the name has changed, Missouri State health plan benefits and plan designs remain the same. Members now have access to the new Point C Member Portal and Mobile App for convenient online benefit management. To register visit the <https://portal.pointctpa.com/Logon/>

For step-by-step registration instructions, review the https://www.missouristate.edu/Human/_Files/Point_C_Portal_Access_Instructions_080126.pdf

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 . 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	\$54.00	\$119.00
Employee + Spouse	\$512.00	\$654.00
Employee + Child(ren)	\$378.00	\$497.00
Employee + Family	\$585.00	\$738.00

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 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.

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, Whole 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)
 - MercyEAP@mylifeexpert.com Create personal account; access code: MSU
- **UNUM EAP:** toll free phone number 800-854-1446: 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)

NEW! Group Whole Life Insurance Permanent life insurance that stays with you through every stage of life. Group Whole Life Insurance provides a guaranteed cash benefit to your beneficiaries and builds cash value over time. Coverage is available for employees, spouses, and dependent children. Portable coverage that can continue if you leave the University. Additional rider options, including long-term care and terminal illness benefits.

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 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.

SECTION 403(b) – Available to all employees (except student workers). Contributions are made through 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.moderferredcomp.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. Visit **MOST529.com** to open or access a MOST 529 account, then set up your first payroll direct deposit contribution using promo code **EMPLOYER50** to receive an additional **\$50 contribution**.*



*Subject to eligibility requirements and program terms. See www.most529.com for details.

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.

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.

Credit Fee Waiver – Full-time employees and eligible dependents may receive up to 15 credit hours annually (7.5 for Greenwood Lab School). Fee waiver is non-taxable for undergrad courses; graduate courses are subject to IRS rules for taxation. Request via the 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– 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, 12 & under free (seat required)
- Baseball & Softball: \$2 general admission; kids 12 & under free

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 The Standard, Unum, Corebridge Financial, ECCU, TIAA, 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: 01/01/2027 – 12/31/2027

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 \$800 person / \$1,600 family For out-of-network providers \$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 https://www.healthcare.gov/coverage/preventive-care-benefits/ .
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 \$5,000 person / \$10,000 family For out-of-network providers 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. Maximum Coinsurance network providers : \$2,000 per person / \$4,000 per family Maximum Coinsurance out-of-network providers : \$4,000 per person / \$8,000 per family Additional Deductibles + copays network providers : \$700 per person / \$1,400 per family Additional Deductibles + copays out-of-network providers : Unlimited 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: http://mercyoptions.net Wrap: www.healthlink.com , www.phpkc.com , www.firsthealth.com 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 copayment	\$20 copayment	40% coinsurance	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.
	Specialist visit	\$5 copayment	\$30 copayment	40% coinsurance	Copayment only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.
	Preventive care/ screening /immunization	0%, deductible waived	0%, deductible waived	40% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test Physician's office (x-ray, blood work)	20% coinsurance (deductible waived)*	20% coinsurance *	40% coinsurance	*Breast examination services subject to Missouri Revised Statutes 376.1183 will be covered at 100%, deductible waived.
	Imaging (CT/PET scans, MRIs)	Not Available	20% coinsurance *	40% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.elixirsolutions.com (800) 771-4648 and https://www.missouristate.edu/Human/prescription-drug-plan.htm	Generic drugs (Tier 1)	20% coinsurance	30% coinsurance		Maximum of \$1,500 out-of-pocket per person per Calendar Year (\$3,000 max per family) then 100% paid by plan.
	Preferred brand drugs (Tier 2)	20% coinsurance	30% coinsurance		Medications that are preventive care services under the Affordable Care Act will be covered at 100% and not require coinsurance . This includes all Generic and certain Brand Name oral contraceptives, aspirin, certain vitamins and supplements, smoking deterrents, certain vaccinations / immunizations, etc.
	Non-preferred brand drugs (Tier 3)	20% coinsurance	30% coinsurance	Allowed at contracted rate.	Contact PBM for the list of the \$0 coinsurance items.
	Specialty drugs (Tier 4)	20% coinsurance	30% coinsurance		
	Affordable Care Act preventive services	\$0 copayment	\$0 copayment		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Available	20% coinsurance	40% coinsurance	None
	Physician/surgeon fees	Not Available	20% coinsurance	40% coinsurance	None
If you need immediate medical attention	Emergency room care	Not Available	20% coinsurance *	20% coinsurance *	*\$250 Emergency Room Deductible may apply.
	Emergency medical transportation	Not Available	20% coinsurance	40% coinsurance	None
	Urgent care	\$5 copayment	\$20 copayment	40% coinsurance	Copayment 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% coinsurance at the semiprivate rate	40% coinsurance 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% coinsurance	40% coinsurance	None
	Outpatient services	20% coinsurance (deductible waived)	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.
	Physician services	\$5 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	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.
	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 need help recovering or have other special health needs	Home health care	Not Available	20% coinsurance	40% coinsurance	40 visits per Calendar Year
	Rehabilitation services	20% coinsurance (deductible waived)	20% coinsurance	40% coinsurance	None
	Habituation services	Not Available	20% coinsurance	40% coinsurance	90 days per Calendar Year
	Skilled nursing care	Not Available	20% coinsurance	40% coinsurance	At the facility's semiprivate room rate. 40 days per Calendar Year maximum
	Durable medical equipment	Not Available	20% coinsurance	40% coinsurance	None
	Hospice services	Not Available	20% coinsurance	40% coinsurance	\$10,000 Lifetime maximum; 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 .)	
• Acupuncture • Cosmetic Surgery (Limited coverage exceptions apply.) • Dental Care	• Hearing Aids, except for newborn children as required under Missouri Revised Statutes • Infertility Treatment • Long-term care (other than medically necessary skilled nursing care) • Routine Eye Care (including exam) and glasses (Limited coverage exceptions apply.)
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Bariatric Surgery • Habilitative Services	• Non-emergency care when traveling outside the U.S. • Private Duty Nursing (criteria applies). • Routine Foot Care (i.e., for diabetics) • Tobacco Use Cessation (criteria applies). • Weight Loss Programs

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.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](#) 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](#) \$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: 01/01/2027 – 12/31/2027

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 \$1,600 person / \$3,200 family For out-of-network providers \$3,200 person/ \$6,400 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 https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Emergency room care \$500 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 \$7,350 person / \$14,700 family For out-of-network providers 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. Maximum Coinsurance network providers : \$2,000 per person / \$4,000 per family Maximum Coinsurance out-of-network providers : \$4,000 per person / \$8,000 per family Additional Deductibles + copays network providers : \$1,750 per person / \$3,500 per family Additional Deductibles + copays out-of-network providers : Unlimited Maximum RX (OOP): \$2,000 per individual / \$4,000 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: http://mercypoptions.net Wrap: www.healthlink.com , www.phokc.com , www.firsthealth.com 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	\$10 copayment	\$40 copayment	40% coinsurance	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.
	Specialist visit	\$10 copayment	\$60 copayment	40% coinsurance	Copayment only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.
	Preventive care/ screening /immunization	0%, deductible waived	0%, deductible waived	40% coinsurance	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive . Then check what your plan will pay for.
If you have a test	Diagnostic test Physician's office (x-ray, blood work)	20% coinsurance (deductible waived)*	20% coinsurance *	40% coinsurance	*Breast examination services subject to Missouri Revised Statutes 376.1183 will be covered at 100%, deductible waived.
	Imaging (CT/PET scans, MRIs)	Not Available	20% coinsurance *	40% coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.elixirsolutions.com (800) 771-4648 and https://www.missouristate.edu/Human/prescription-drug-plan.htm	Generic drugs (Tier 1)	20% coinsurance	30% coinsurance	Allowed at contracted rate.	Maximum of \$2,000 out-of-pocket per person per Calendar Year (\$4,000 max per family) then 100% paid by plan.
	Preferred brand drugs (Tier 2)	20% coinsurance	30% coinsurance		Medications that are preventive care services under the Affordable Care Act will be covered at 100% and not require coinsurance . This includes all Generic and certain Brand Name oral contraceptives, aspirin, certain vitamins and supplements, smoking deterrents, certain vaccinations / immunizations, etc. Contact PBM for the list of the \$0 coinsurance items.
	Non-preferred brand drugs (Tier 3)	20% coinsurance	30% coinsurance		
	Specialty drugs (Tier 4)	20% coinsurance	30% coinsurance		
	Affordable Care Act preventive services	\$0 copayment	\$0 copayment		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Not Available	20% coinsurance	40% coinsurance	None
	Physician/surgeon fees	Not Available	20% coinsurance	40% coinsurance	None
	Emergency room care	Not Available	20% coinsurance *	20% coinsurance *	*\$500 Emergency Room Deductible may apply.
If you need immediate medical attention	Emergency medical transportation	Not Available	20% coinsurance	40% coinsurance	None
	Urgent care	\$10 copayment	\$40 copayment	40% coinsurance	Copayment 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% 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.
	Physician/surgeon fees	Not Available	20% coinsurance	40% coinsurance	None
	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	Copayment only applies to the visit charge. All other services provided in the office are subject to deductible and/or coinsurance.
If you need mental health, behavioral health, or substance abuse services	Inpatient services	Not Available	20% coinsurance	40% coinsurance	
	Office visits	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.
	Childbirth/delivery professional services	Not Available	20% coinsurance	40% coinsurance	40 visits per Calendar Year
	Childbirth/delivery facility services	Not Available	20% coinsurance	40% coinsurance	None
If you are pregnant	Home health care	Not Available	20% coinsurance	40% coinsurance	90 days per Calendar Year
	Rehabilitation services	20% coinsurance (deductible waived)	20% coinsurance	40% coinsurance	At the facility's semiprivate room rate.
	Habitatation services	Not Available	20% coinsurance	40% coinsurance	40 days per Calendar Year maximum
	Skilled nursing care	Not Available	20% coinsurance	40% coinsurance	None
If you need help recovering or have other special health needs	Durable medical equipment	Not Available	20% coinsurance	40% coinsurance	\$10,000 Lifetime maximum; 3 bereavement visits Lifetime maximum
	Hospice services	Not Available	20% coinsurance	40% coinsurance	Routine exam not covered.
	Children's eye exam	Not covered.	Not covered.	Not covered.	Not covered unless following eye surgery.
	Children's glasses	Not covered.	Not covered.	Not covered.	Dental care not covered. Refer to the separate dental plan.
If your child needs dental or eye care	Children's dental check-up	Not covered.	Not covered.	Not covered.	

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.)	
• Acupuncture • Cosmetic Surgery (Limited coverage exceptions apply.) • Dental Care	• Long-term care (other than medically necessary skilled nursing care) • Routine Eye Care (including exam) and glasses (Limited coverage exceptions apply.)
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
• Bariatric Surgery • Habilitative Services	• Non-emergency care when traveling outside the U.S. • Private Duty Nursing (criteria applies). • Routine Foot Care (i.e., for diabetics) • Tobacco Use Cessation (criteria applies). • Weight Loss Programs

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.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 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 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 following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for eligibility information:

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 (HIBI) Health Insurance Buy-In : https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	ILLINOIS– Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	IOWA – Medicaid and CHIP (Hawki)
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 800-257-8563 HIPP Phone: 888-346-9562 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov)
KANSAS – Medicaid	KENTUCKY – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Phone: 1-855-459-6328 Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid	LOUISIANA – Medicaid Cont.
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP)	https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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

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

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

