



2020 Benefit **Summary**

OUR MISSION

Missouri Western State University is a student-centered learning community preparing individuals for lives of excellence through applied learning.

OUR VISION

Missouri Western will be the premier open access regional university, known for transforming the lives of our students and communities we serve.

OUR VALUES

Service

We share the common purpose of serving students, one another and the people of the region.

Quality

We are committed to the quality of our programs, our students and our partnerships with the people of the region.

Enthusiasm

We are enthusiastic about learning and confident that we can make a difference in the lives of students through their learning.

Freedom

We promote the free exchange of ideas that makes education liberating and democracy unique.

Respect

We act as individuals and as a campus community with respect for diversity and for the best in human potential.

Courage

We seek the challenge and adventure of shaping the future with an increasingly global perspective.

Diversity Statement

As a student-centered learning community, Missouri Western is dedicated to inclusion and the promotion of diversity as essential to our mission as a public university. This commitment contributes to transforming lives and demonstrates our values of freedom, respect, and courage.



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Human Resources – Missouri Western State University

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The information in this Benefit Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

— Benefit Eligibility, Effective Date and Dependent Age Limit—

Benefit Plan Entry Date	
Eligibility: All full-time faculty and staff working 30 hours per week are eligible for benefits. Eligible employees may also choose to cover their spouse and any eligible dependents.	
Coverage Type	Effective Date
Medical Dental Vision Employee Assistance Program (EAP) Basic Life / Accidental Death & Dismemberment Voluntary Life Flexible Spending Account – Medical and Dependent Health Savings Account Long Term Disability	1 st of the month following Date of Hire
Short Term Disability	After completing 5 years of service
Dependent Age Limits	
Medical Dental Vision Employee Assistance Program (EAP) Voluntary Life Flexible Spending Account – Dependent Care	End of calendar year dependent turns age 26 End of calendar year dependent turns age 26 End of calendar year dependent turns age 26 End of calendar year dependent turns age 26 End of calendar year dependent turns age 26 (if unmarried) Up to age 13

— Mid-Year Enrollment Changes—

Qualifying Life Events

The elections you make are for the entire calendar year and generally cannot be changed outside of the Open Enrollment period. However, if you have a Qualified Life Event as defined by the IRS, you will be able to make benefit changes that are consistent with your life event.

Qualified Life Events include:

- Marriage or divorce
- Birth or adoption of a child
- Death of your spouse or dependent child
- A dependent becoming ineligible for coverage
- Your spouse gaining or losing coverage at his/her job
- You transferring between full-time and part-time status
- You moving from a non-benefit eligible position to a benefit eligible position

Benefit changes must be consistent with your event. For example, if you have a baby, you may add the baby to your medical coverage. You cannot, however, drop dental coverage for other family members at this time.

You must contact Human Resources at 816-271-4259 within 30 calendar days of the Qualified Life Event providing supporting documentation to make changes to your benefit elections.

To encourage the health and well-being of our employees, Missouri Western State University has implemented non-tobacco use and wellness initiatives beginning January 1, 2020.

Non-Tobacco/Nicotine Use

Every employee enrolled in Missouri Western State University's group health plan must certify whether he or she uses tobacco products by completing a Tobacco/Nicotine Use Affidavit provided by Human Resources. **Those that certify they are tobacco/nicotine-free, will receive a \$50 per month discount on their medical plan premium for 2020.**

Tobacco/nicotine users will have the option of completing a free online 3-month *Digital Tobacco Health Coaching* program, through Blue Cross and Blue Shield of Kansas City, in order to receive the medical plan premium discount. See included *Digital Tobacco Health Coaching* flyer on page 29.

Any employee enrolled in Missouri Western State University's group health plan who does not complete and submit the Tobacco/Nicotine Use Affidavit, will be considered a tobacco/nicotine user and will not receive the medical plan premium discount for the current plan year.

Wellness Screening Medical Premium Discount

All benefit eligible employees will have the opportunity to complete a Biometric Wellness Screening at an on-campus screening event each calendar year. **Those employees that complete the wellness screening will receive a \$25 per month discount on their medical plan premium for the following plan year.**

New employees will automatically receive the \$25 per month discount during medical plan year 2020. New employees will have the opportunity to complete the wellness screening in the fall of the current plan year in order to receive the discount for the next plan year. Details for the on-campus screening event will be communicated during benefits open enrollment.

How to Enroll

Access the benefitsCONNECT website at: <https://enroll.benefitsconnect.net/mwsu>

Username: Your username is the first six characters of your last name, followed by the first letter of your first name, followed by the last four digits of your social security number

Password: Your initial password is your social security number (no spaces or dashes)

Enrollment Instructions

- Be sure to verify your personal information in the system. Then add/verify your dependent and beneficiary information (have name, date of birth, SSN and contact information before enrolling).
- Click on **MY BENEFITS** to begin making your benefit elections. You must either elect or waive benefit selections.
- When you are finished, you must click **FINISH ELECTIONS** in the orange box to complete your enrollment process.
- You may print or save the benefit summary for your records.

— Medical Insurance —

BlueKC

This chart gives a brief glance at the amounts you pay and the In Network coverage offered when using your medical benefits. Please see the following summaries for additional information on your plan options. **Group # 34607000**

BlueKC				
Plan Features (Network)	HMO Plan (Blue-Care)	PPO Base Plan (Preferred Care Blue)	PPO Buy Up Plan (Preferred Care Blue)	HDHP with HSA (Preferred Care Blue)
Deductible	N/A	\$2,750 Individual \$5,500 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family
Co-insurance	100% BCBSKC 0% Member	80% BCBSKC 20% Member	85% BCBSKC 15% Member	70% BCBSKC 30% Member
Out-of-Pocket	\$7,000 Individual \$14,000 Family	\$6,000 Individual \$12,000 Family	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family
Physician Office Visit	\$40 Copay	Deductible + 20%	\$35 Copay	Deductible + 30%
Specialist Office Visit	\$80 Copay	Deductible + 20%	\$70 Copay	Deductible + 30%
Emergency Room Visit (copay waived if admitted)	\$200 Copay	\$150 Copay + Deductible + 20%	\$150 Copay + Deductible + 15%	Deductible + 30%
Urgent Care Visit	\$80 Copay	Deductible + 20%	\$70 Copay	Deductible + 30%
Inpatient / Outpatient	\$750 Copay/day \$3,750/year	Deductible + 20%	Deductible + 15%	Deductible + 30%
Retail Prescription Drugs	RX Deductible \$100 Individual \$200 Family then \$12/\$60/\$100 Copay	\$12/ \$60 / \$100 Copay	\$12 / \$60 / \$100 Copay	Deductible, then \$12/ \$60/\$100 Copay
Mail Order Prescription Drugs PBM: Optum Rx	RX Deductible \$100 Individual \$200 Family then \$24/\$120/\$200 Copay	\$24 / \$120 / \$200 Copay	\$24 / \$120 / \$200 Copay	Deductible, then \$24/\$120/ \$200 Copay
Routine Preventive Care	Covered at 100% (In Network)			
Telehealth Online Doctor Visits (Amwell)	\$49 Copay			

Employee Cost Per Month				
Option	Basic Rate	Non- Tobacco Rate (\$50 Tobacco Discount)	Wellness Rate (\$25 Wellness Discount)	Combined Discount Rate (\$75 Tobacco & Wellness Discount)
HMO Plan				
Employee Only	\$196.99	\$146.99	\$171.99	\$121.99
Employee & Spouse	\$864.13	\$814.13	\$839.13	\$789.13
Employee & Child(ren)	\$655.01	\$605.01	\$630.01	\$580.01
Family	\$1,367.45	\$1,317.45	\$1,342.45	\$1,292.45
PPO Base Plan				
Employee Only	\$75.00	\$25.00	\$50.00	\$0.00
Employee & Spouse	\$703.81	\$653.81	\$678.81	\$628.81
Employee & Child(ren)	\$512.43	\$462.43	\$487.43	\$437.43
Family	\$1,072.88	\$1,022.88	\$1,047.88	\$997.88
PPO Buy Up Plan				
Employee Only	\$221.77	\$171.77	\$196.77	\$146.77
Employee & Spouse	\$950.10	\$900.10	\$925.10	\$875.10
Employee & Child(ren)	\$728.44	\$678.44	\$703.44	\$653.44
Family	\$1,377.48	\$1,327.48	\$1,352.48	\$1,302.48
HDHP with HSA				
Employee Only	\$75.00	\$25.00	\$50.00	\$0.00
Employee & Spouse	\$583.96	\$533.96	\$558.96	\$508.96
Employee & Child(ren)	\$429.07	\$379.07	\$404.07	\$354.07
Family	\$882.71	\$832.71	\$857.71	\$807.71

These rates reflect the employee's actual contribution amount after Missouri Western State University paid Employee Only base rate of \$634.24 across all tiers of coverage.

BlueKC Contact Information

BlueKC Member Services: 816-395-3558 www.bluekc.com

Optum RX: 1-855-427-4682 www.blueKC.com/pharmacy



An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 01/01/2020

Missouri Western State University

Health Benefit Plan Summary - Blue-Care HMO Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type

Health Maintenance Organization (HMO)

Members must receive all care from HMO providers except for emergency services. Members choose a primary care physician. Members may self-refer to physician specialists in the Blue-Care network. Urgent care and an exclusive network of specialists are also covered; other services must be ordered by an HMO physician.

Medical Network(s)

In Area: Blue-Care

A complete listing of network hospitals and physicians is available on MyBlueKC.com.

Deductible –

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

Other Deductible: Prescription Drugs

In-Network

Not applicable

Coinsurance

Applies only as specified in your contract. Coinsurance is noted in this summary where applicable.

In-Network

Member Pays: Not applicable
Plan Pays: 100%

Out-of-Pocket Limits – Embedded

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Copays

Applies to: All Medical and Rx Cost Sharing

In-Network

Individual: \$7,000
Family: \$14,000

Blue KC 24-Hour Nurse Line

Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.

PH: (877) 852-5422

Customer Service

PH: 888-989-8842 or (816) 395-3558

Plan Benefits - Medical

When you visit a health care provider's office or clinic...

In-Network

Physician

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician. You select a Blue-Care PCP to manage your healthcare needs.

PCP Office Visit: \$40 Copay/Visit

Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Specialist Office Visit: \$80 Copay/Visit
Other Services & Procedures performed in a provider's office and not included with an office visit	Other Services: No member cost share
Urgent Care Center	Office Visit: \$80 Copay/Visit
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share
Allergy	
Allergy Testing	\$100 Copay/Visit
Allergy Treatment	Allergy Treatment Included in Office Visit Copay
<i>When you need radiology services...</i>	In-Network
X-Ray	No member cost share
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies In-Network	\$200 Copay/Provider per Day
<i>When you have out-patient surgery...</i>	In-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies In-Network	\$750 Copay/Day
Physician (Surgeon) Services	Limited to Inpatient/Outpatient \$3,750 Copay Max per Calendar Year
	No member cost share
<i>If you need immediate medical attention...</i>	In-Network
Urgent Care Center Office Visit	\$80 Copay/Visit
Emergency Services Copay Waived if Admitted	\$200 Copay/Visit
Ground Ambulance Out-of-Network Benefits: In-Area benefits are subject to billed charges. Out-of-Area benefits are subject to the host plan's allowable charges, and providers may bill the member for the remaining balance. See Certificate for details.	No member cost share
Air Ambulance	No member cost share
<i>If you have a hospital stay...</i>	In-Network
Hospital Facility Fees Prior Authorization Policy Applies In-Network	\$750 Copay/Day Limited to Inpatient/Outpatient \$3,750 Copay Max per Calendar Year
Physician (Surgeon) Services	No member cost share
<i>If you need help recovering or have other special health needs...</i>	In-Network

Skilled Nursing Care Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	No member cost share
Home Health Services Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	No member cost share
Occupational Therapy Combined with Physical Therapy Limits	No member cost share
Skeletal Manipulation performed in a Chiropractic Office	No member cost share
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	No member cost share
Hearing Therapy Combined with Speech Therapy Limits	No member cost share
Durable Medical Equipment Prior Authorization Policy Applies In-Network	No member cost share
Inpatient Hospice Services Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	\$375 Copay/Day Limited to Inpatient/Outpatient \$3,750 Copay Max per Calendar Year
Home Hospice Services	No member cost share
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	\$40 Copay/Visit
Therapy	No member cost share
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies In-Network	\$750 Copay/Day Limited to Inpatient/Outpatient \$3,750 Copay Max per Calendar Year
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	No member cost share
<i>Family Planning & Pregnancy...</i>	In-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.	No member cost share
Elective Sterilization – Women	No member cost share
Elective Sterilization – Men	No member cost share
Maternity Dependent daughters are covered for maternity services	Covered

Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.	Not covered
<i>Routine Vision Care...</i>	In-Network
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network	\$10 Copay/Visit
General Pharmacy Information	
Retail Pharmacy Network(s)	RxPremier
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services PH: 855-427-4682
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Individual: \$100 Family: \$200
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket Limits
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476
Plan Benefits – Pharmacy	
<i>When you use a retail or specialty pharmacy...</i>	In-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)	
Drug Tier 1: Generic / Generic Specialty	RxPremier: Deductible, then \$12 Copay/Fill Contraceptives – No member cost share
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty	RxPremier: Deductible, then \$60 Copay/Fill
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then \$100 Copay/Fill
<i>When you use a mail order pharmacy...</i>	In-Network
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)	
Drug Tier 1: Generic	Deductible, then \$24 Copay/Fill Contraceptives – No member cost share
Drug Tier 2: Preferred Brand / Non-Preferred Generic	Deductible, then \$120 Copay/Fill
Drug Tier 3: Non-Preferred Brand	Deductible, then \$200 Copay/Fill



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Effective Date: 01/01/2020

Missouri Western State University

Health Benefit Plan Summary - Preferred-Care Blue PPO Base Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type

Preferred Provider Organization (PPO)

Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.

Medical Network(s)

A complete listing of network hospitals and physicians is available on MyBlueKC.com.

Deductible – Embedded

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

Coinsurance

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

Out-of-Pocket Limits – Embedded

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays

Applies to: All Medical and Rx Cost Sharing

Blue KC 24-Hour Nurse Line

Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.

Customer Service

PH: (877) 852-5422

PH: 888-989-8842 or (816) 395-3558

Plan Benefits - Medical

When you visit a health care provider's office or clinic...

Physician

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.

In-Network

PCP Office Visit: 20% Coinsurance after Deductible

Out-of-Network

50% Coinsurance after Deductible

Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Specialist Office Visit: 20% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	Other Services: 20% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care Center	Office Visit: 20% Coinsurance after Deductible	50% Coinsurance after Deductible
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	50% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy		
Allergy Testing	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you need radiology services...	In-Network	Out-of-Network
X-Ray Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
When you have out-patient surgery...	In-Network	Out-of-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
If you need immediate medical attention...	In-Network	Out-of-Network
Urgent Care Center Office Visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$150 Copay/Visit, then Deductible, then 20% Coinsurance	\$150 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Air Ambulance	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
If you have a hospital stay...	In-Network	Out-of-Network

Hospital Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you need help recovering or have other special health needs...</i>	In-Network	Out-of-Network
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Family Planning & Pregnancy...		In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.		No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Women		No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Men		No member cost share	50% Coinsurance after Deductible
Maternity Dependent daughters are covered for maternity services		Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.		Not covered	Not covered
Routine Vision Care...		In-Network	Out-of-Network
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network and Out-of-Network		20% Coinsurance after Deductible	50% Coinsurance after Deductible
General Pharmacy Information			
Retail Pharmacy Network(s)		RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		OptumRx Specialty Services PH: 855-427-4682	
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.		In-Network Combined with Medical Out-of-Pocket Limits	Out-of-Network Combined with Medical Out-of-Pocket Limits
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.		Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsinc.com PH: 1-800-268-4476	
Plan Benefits – Pharmacy			
When you use a retail or specialty pharmacy...		In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)			
Drug Tier 1: Generic / Generic Specialty		RxPremier: \$12 Copay/Fill Contraceptives – No member cost share	\$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty		RxPremier: \$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty		RxPremier: \$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)			
Drug Tier 1: Generic		\$24 Copay/Fill Contraceptives – No member cost share	\$24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic		\$120 Copay/Fill	\$120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand		\$200 Copay/Fill	\$200 Copay/Fill, then 50% Coinsurance



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Effective Date: 01/01/2020

Missouri Western State University

Health Benefit Plan Summary - Preferred-Care Blue PPO Buy-Up Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type

Preferred Provider Organization (PPO)

Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.

Medical Network(s)

A complete listing of network hospitals and physicians is available on MyBlueKC.com.

In Area: Preferred-Care Blue

Out-of-Area: BlueCard PPO/EPO

Deductible – Embedded

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

In-Network

Individual: \$2,000

Family: \$4,000

Out-of-Network

Individual: \$2,000

Family: \$4,000

Coinsurance

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

In-Network

Member Pays: 15%

Plan Pays: 85%

Out-of-Network

Member Pays: 40%

Plan Pays: 60%

Out-of-Pocket Limits – Embedded

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays

Applies to: All Medical and Rx Cost Sharing

In-Network

Individual: \$5,000

Family: \$10,000

Out-of-Network

Individual: \$15,000

Family: \$30,000

Blue KC 24-Hour Nurse Line

Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.

PH: (877) 852-5422

Customer Service

PH: 888-989-8842 or (816) 395-3558

Plan Benefits - Medical

When you visit a health care provider's office or clinic...

In-Network

Physician

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.

Out-of-Network

40% Coinsurance after Deductible

Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Specialist Office Visit: \$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	Other Services: 15% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care Center	Office Visit: \$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	40% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	No member cost share	40% Coinsurance after Deductible
Allergy		
Allergy Testing	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	15% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>When you need radiology services...</i>	In-Network	Out-of-Network
X-Ray Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	15% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>When you have out-patient surgery...</i>	In-Network	Out-of-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	15% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>If you need immediate medical attention...</i>	In-Network	Out-of-Network
Urgent Care Center Office Visit	\$70 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Emergency Services Copay Waived if Admitted Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	\$150 Copay/Visit, then Deductible, then 15% Coinsurance	\$150 Copay/Visit, then In-Network Deductible, then 15% Coinsurance
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	15% Coinsurance after Deductible	15% Coinsurance after In-Network Deductible
Air Ambulance	15% Coinsurance after Deductible	15% Coinsurance after In-Network Deductible
<i>If you have a hospital stay...</i>	In-Network	Out-of-Network

Hospital Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Physician (Surgeon) Services	15% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>If you need help recovering or have other special health needs...</i>	In-Network	Out-of-Network
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice Services	15% Coinsurance after Deductible	40% Coinsurance after Deductible
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	\$35 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Therapy	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	15% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	15% Coinsurance after Deductible	40% Coinsurance after Deductible

Family Planning & Pregnancy...		In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections See also pharmacy benefits.		No member cost share	40% Coinsurance after Deductible
Elective Sterilization – Women		No member cost share	40% Coinsurance after Deductible
Elective Sterilization – Men		No member cost share	40% Coinsurance after Deductible
Maternity Dependent daughters are covered for maternity services		Covered	Covered
Infertility and Impotency Diagnosis and Treatment Pharmacy Coverage: See Member Certificate for more details.		Not covered	Not covered
Routine Vision Care...		In-Network	Out-of-Network
Routine Eye Exam Maximum benefit of 1 Exam(s)/Calendar Year for In-Network and Out-of-Network		\$35 Copay/Visit; no Deductible	40% Coinsurance after Deductible
General Pharmacy Information			
Retail Pharmacy Network(s)		RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		Blue KC Preferred Formulary	
Specialty Pharmacy A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com		OptumRx Specialty Services PH: 855-427-4682	
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.		In-Network Combined with Medical Out-of-Pocket Limits	Out-of-Network Combined with Medical Out-of-Pocket Limits
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.		Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
Plan Benefits – Pharmacy			
When you use a retail or specialty pharmacy...		In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)			
Drug Tier 1: Generic / Generic Specialty		RxPremier: \$12 Copay/Fill Contraceptives – No member cost share	\$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty		RxPremier: \$60 Copay/Fill	\$60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty		RxPremier: \$100 Copay/Fill	\$100 Copay/Fill, then 50% Coinsurance
When you use a mail order pharmacy...		In-Network	Out-of-Network
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)			

Drug Tier 1: Generic		\$24 Copay/Fill Contraceptives – No member cost share	\$24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic		\$120 Copay/Fill	\$120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand		\$200 Copay/Fill	\$200 Copay/Fill, then 50% Coinsurance



Kansas City

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Effective Date: 01/01/2020

Missouri Western State University

Health Benefit Plan Summary - Preferred-Care Blue PPO BlueSaver Plan

This Benefit Summary provides only highlights of the services covered by Blue Cross and Blue Shield of Kansas City (Blue KC). For Additional details, exclusions and limitations refer to your member certificate available at MyBlueKC.com.

General Plan Information

Plan Type

Preferred Provider Organization (PPO)

Members can receive services from any hospital or physician, but receive greater benefits when using in-network providers.

This plan is an HSA Qualified High Deductible Health Plan.

Medical Network(s)

A complete listing of network hospitals and physicians is available on MyBlueKC.com.

In Area: Preferred-Care Blue

Out-of-Area: BlueCard PPO/EPO

Deductible – Embedded

You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.

In-Network

Individual: \$3,000
Family: \$6,000

Out-of-Network

Individual: \$3,000
Family: \$6,000

Coinsurance

The amount the plan pays for covered services is based on the allowed amount. If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

In-Network

Member Pays: 30%
Plan Pays: 70%

Out-of-Network

Member Pays: 50%
Plan Pays: 50%

Out-of-Pocket Limits – Embedded

The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.

These cost shares apply to the Out-of-Pocket Limit: Coinsurance, Deductibles, Copays

Applies to: All Medical and Rx Cost Sharing

In-Network

Individual: \$4,000
Family: \$8,000

Out-of-Network

Individual: \$8,000
Family: \$16,000

Blue KC 24-Hour Nurse Line

Available 7 days a week, 365 days a year to help you with symptoms or answer health-related questions.

PH: (877) 852-5422

Customer Service

PH: 888-989-8842 or (816) 395-3558

Plan Benefits - Medical

When you visit a health care provider's office or clinic...

Physician

Primary Care Physician (PCP) - An internist, family practitioner, general practitioner, or pediatrician.

In-Network

PCP Office Visit: 30% Coinsurance after Deductible

Out-of-Network

50% Coinsurance after Deductible

Specialist - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Specialist Office Visit: 30% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Services & Procedures performed in a provider's office and not included with an office visit	Other Services: 30% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care Center	Office Visit: 30% Coinsurance after Deductible	50% Coinsurance after Deductible
Preventive Screenings & Immunizations (Children & Adults) Blue KC health plans include routine preventive benefits that are consistent with the guidelines developed by the United States Preventive Services Task Force (USPSTF), Health Resources and Services Administration (HRSA), and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Services must be billed with a primary diagnosis of preventive to be covered at 100%. Refer to your member certificate for additional details.	No member cost share	50% Coinsurance after Deductible
Labs Performed in a Provider's Office/Independent Lab/Urgent Care Facility	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy		
Allergy Testing	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	30% Coinsurance after Deductible	50% Coinsurance after Deductible
When you need radiology services...	In-Network	Out-of-Network
X-Ray Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Other Radiology Procedures (MRI, CT/PET Scans, MRA) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	30% Coinsurance after Deductible	50% Coinsurance after Deductible
When you have out-patient surgery...	In-Network	Out-of-Network
Outpatient Surgery Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	30% Coinsurance after Deductible	50% Coinsurance after Deductible
If you need immediate medical attention...	In-Network	Out-of-Network
Urgent Care Center Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Emergency Services Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	30% Coinsurance after Deductible	30% Coinsurance after In-Network Deductible
Ground Ambulance Out-of-Network benefits are subject to the plan's allowable charge. Out-of-Network providers may bill the member for the remaining balance. See Certificate for details.	30% Coinsurance after Deductible	30% Coinsurance after In-Network Deductible
Air Ambulance	30% Coinsurance after Deductible	30% Coinsurance after In-Network Deductible
If you have a hospital stay...	In-Network	Out-of-Network

Hospital Facility Fees Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Physician (Surgeon) Services	30% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you need help recovering or have other special health needs...</i>	In-Network	Out-of-Network
Skilled Nursing Care Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Services Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Physical Therapy Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Occupational Therapy Combined with Physical Therapy Limits	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Skeletal Manipulation performed in a Chiropractic Office Prior Authorization Policy Applies Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Speech Therapy Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Hearing Therapy Combined with Speech Therapy Limits	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Durable Medical Equipment Prior Authorization Policy Applies	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospice Services Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice Services	30% Coinsurance after Deductible	50% Coinsurance after Deductible
<i>If you have behavioral health, or substance abuse needs...</i>	In-Network	Out-of-Network
Outpatient Mental Health, Behavioral Health, and Substance Abuse Services Office Visit	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Therapy	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Facility Fees) Prior Authorization Policy Applies Maximum benefit of \$200/Day for Out-of-Network/Non-Participating/In-Area Provider	30% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Mental Health, Behavioral Health, and Substance Abuse Services (Physician) Includes: Therapy & Other Services, partial hospitalizations	30% Coinsurance after Deductible	50% Coinsurance after Deductible

Family Planning & Pregnancy...		In-Network	Out-of-Network
Contraceptive Devices, Implants, and Injections	See also pharmacy benefits.	No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Women		No member cost share	50% Coinsurance after Deductible
Elective Sterilization – Men		Deductible, then no charge	50% Coinsurance after Deductible
Maternity	Dependent daughters are covered for maternity services	Covered	Covered
Infertility and Impotency Diagnosis and Treatment	Pharmacy Coverage: See Member Certificate for more details.	Not covered	Not covered
Routine Vision Care...		In-Network	Out-of-Network
Routine Eye Exam	Maximum benefit of 1 Exam(s)/Calendar Year for In-Network and Out-of-Network	30% Coinsurance after Deductible	50% Coinsurance after Deductible
General Pharmacy Information			
Retail Pharmacy Network(s)		RxPremier	
Prescription Drug List	Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	Blue KC Preferred Formulary	
Specialty Pharmacy	A Specialty Pharmacy is one that provides specialized care for patients with complex chronic health conditions. Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list at MyBlueKC.com	OptumRx Specialty Services PH: 855-427-4682	
Outpatient Prescription Drug Deductible	You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	In-Network Combined with Medical Deductible	Out-of-Network Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits	The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	In-Network Combined with Medical Out-of-Pocket Limits	Out-of-Network Combined with Medical Out-of-Pocket Limits
Rx Savings Solutions	A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. Email: info@rxsavingsllc.com PH: 1-800-268-4476	
Plan Benefits – Pharmacy			
When you use a retail or specialty pharmacy...		In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days)			
Drug Tier 1: Generic / Generic Specialty		RxPremier: Deductible, then \$12 Copay/Fill Contraceptives – No member cost share	Deductible, then \$12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic / Preferred Brand Specialty		RxPremier: Deductible, then \$60 Copay/Fill	Deductible, then \$60 Copay/Fill, then 50% Coinsurance

Drug Tier 3: Non-Preferred Brand / Non-Preferred Brand Specialty	RxPremier: Deductible, then \$100 Copay/ Fill	Deductible, then \$100 Copay/Fill, then 50% Coinsurance
<i>When you use a mail order pharmacy...</i>	In-Network	Out-of-Network
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days)		
Drug Tier 1: Generic	Deductible, then \$24 Copay/Fill Contraceptives – No member cost share	Deductible, then \$24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred Brand / Non-Preferred Generic	Deductible, then \$120 Copay/Fill	Deductible, then \$120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred Brand	Deductible, then \$200 Copay/Fill	Deductible, then \$200 Copay/Fill, then 50% Coinsurance



ROUTINE PREVENTIVE SERVICES

Covered by Your Blue KC Health Plan

Information about in-network routine preventive care and the related office visit

ROUTINE PREVENTIVE SERVICES

In-Network routine preventive care services and the related office visit for routine preventive care services is covered at 100%. Services must be billed with a primary diagnosis of preventive to be covered at 100%.

Your provider may order tests during your preventive care visit that are not preventive care.

These tests may be subject to deductibles, copays, and/or coinsurance. Your provider may also treat an existing condition (or you may have symptoms of an illness at the time of your visit). Treatment or tests for that existing condition are not preventive care and are subject to deductibles, copays, and/or coinsurance.

Prostate exams and prostate specific antigen (PSA) tests	Additional examinations, testing and services:
Pelvic exams and pap smears*, including those performed at the direction of a Physician in a mobile facility certified by Centers for Medicare and Medicaid Services (CMS)	<ul style="list-style-type: none"> • Hemoglobin/Complete Blood Count (CBC) • Metabolic screening* • Hearing exams
Mammograms if ordered by a Physician, including those performed at the direction of a Physician in a mobile facility certified by CMS	Immunizations:
Colorectal cancer exams* and laboratory tests consisting of a digital rectal exam and the following: Fecal occult blood test, Flexible sigmoidoscopy, Colonoscopy; Double contrast barium enema	Covered Immunizations are limited to the parameters recommended by the Advisory Committee on Immunization Practices and/or adopted by the Center for Disease Control.*
Newborn hearing screening, audiological assessment and follow-up, and initial amplifications	<ul style="list-style-type: none"> • Catch-up for Hepatitis B • Catch-up for varicella • Catch-up for MMR • Tetanus boosters as necessary, including tetanus, diphtheria and pertussis; diphtheria and tetanus; and tetanus only • Pneumococcal vaccine • Influenza virus vaccine • Meningococcal vaccine • Catch-up for Hepatitis A • HPV vaccine • Zoster vaccine • Polio vaccine • Haemophilus Influenza Type b (Hib) vaccine
Childhood Immunizations*	Urinalysis
<ul style="list-style-type: none"> • At least 5 doses of vaccine against diphtheria, pertussis, tetanus; • At least 4 doses of vaccine against polio, Haemophilus Influenza Type b (Hib); • At least 3 doses of vaccine against Hepatitis B; • 2 doses of vaccine against measles, mumps, and rubella; • 2 doses of vaccine against varicella; • At least 4 doses of vaccine against pediatric pneumococcal (PCV7); • 1 dose of vaccine against influenza; • At least one dose of vaccine against Hepatitis A; • 3 doses of vaccine against Rotavirus; • Such other vaccines and dosages as may be prescribed by the State Department of Health 	Glucose screening
Lead testing	Thyroid stimulating hormone screening
Outpatient physician examinations*	Lipid cholesterol panel
Chest x-ray	HIV screening
Electrocardiogram (EKG)	HPV testing†
	Chlamydia Trachomatis testing
	Gonorrhea testing

Rh incompatibility screening: first pregnancy visit	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Rh incompatibility screening: 24–28 weeks' gestation	Repeated Rh (D) antibody testing for all un-sensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Sexually transmitted infections counseling†	Intensive behavioral counseling for all sexually active adolescents and for adults at increased risk for sexually transmitted infections.
Statin preventive medication: adults ages 40–75 years with no history of CVD, 1 or more CVD risk factors, and a calculated 10-year CVD event risk of 10% or greater	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are ages 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Skin cancer behavioral counseling	Counseling children, adolescents, and young adults ages 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Syphilis screening: non-pregnant persons	Clinicians screen persons at increased risk for syphilis infection.
Syphilis screening: pregnant women	Clinicians screen all pregnant women for syphilis infection.
Tobacco use counseling and interventions: non-pregnant adults	Clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tobacco use counseling: pregnant women	Clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tobacco use interventions: children and adolescents	Clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents. This includes two tobacco cessation attempts per year (both prescription and over-the-counter medications) for a 90-day treatment regimen when prescribed by an in-network health care provider without prior authorization.
Tuberculosis screening: adults	Screening for latent tuberculosis infection in populations at increased risk.
Visual screening: children	Vision screening at least once in all children ages 3 to 5 years to detect amblyopia or its risk factors.

OUT-OF-NETWORK SERVICES

All services received from an out-of-network provider are subject to the out-of-network deductible and coinsurance, except for childhood immunizations, which are paid at 100%. This summary is being provided for informational purposes only, and is subject to change. Routine Preventive Care Services are subject to the terms, conditions, and limitations of your Contract/Certificate of Coverage.

* Indicates services that are required by the Affordable Care Act (ACA), but are already covered by Blue KC.

† Indicates services that are required by the ACA as part of the Preventive Services for Women.

This information is intended as a reference tool for your convenience and is not a guarantee of payment. Your provider has access to current diagnosis and procedure codes associated with these services for correct claims submission.



Kansas City

NURSE LINE BENEFITS

24-Hour Nurse Line



As a Blue KC member, you deserve to be confident in your health. That's why we have a team of experienced and registered nurses ready and waiting to answer questions, offer advice and help you live healthy and well.

Our nurses have an average of 18 years of clinical experience, and most important, they're available to you 24 hours a day, 7 days a week, 365 days a year.

How can we help?

These are just a few of the many ways our Care Advisors can help you:

- Gain convenient access to quality care
- Become better informed about healthcare
- Gain confidence when speaking to providers during office visits
- Become educated on self-care for non-urgent injuries and illnesses
- Improve your knowledge of drugs and medications
- Live better with healthy lifestyle tips

As part of this service, you'll also have 24-hour access to an Audio Health Library that contains more than 1,500 topics in English and Spanish, as well as current community health concerns and announcements.

Call us. You'll be glad you did.

877-852-5422



IMMEDIATE ACCESS TO CARE

Telehealth Online Doctor Visits

Live and Immediate 24/7 Access to Care for Common Medical Issues.

SAVE TIME WITH AMWELL TELEHEALTH VISITS

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why we've expanded our networks to include American Well (Amwell)*, and to bring you care from the comfort and convenience of your home or wherever you are. Amwell is available to most Blue KC members (Medicare Advantage members do not have access).

Use this service for easy access to care for common medical issues like cold, flu, fever, abdominal pain, migraines, possible ear infection, rash and sinusitis.

Amwell office visits are considered "urgent care" and will process according to your urgent care benefits, cost sharing or copay unless otherwise noted in your member certificate.**

GET STARTED TODAY

1. Download the Amwell Mobile App or visit Amwell.com
2. Create an account in a few simple steps. Be sure to use your **Blue KC** member ID card in order to input your insurance information.
3. View a list of available doctors, their experience and ratings, and select one.
4. Stream a live visit directly from the Web or your mobile device.



TELEHEALTH BENEFITS



Open 24 Hours

Doctors are available 24 hours a day, 365 days a year.



Safe & Secure

Your information is kept private throughout the visit.



Care that Goes Anywhere

Install the Amwell mobile app and access healthcare from anywhere, anytime.



No Appointments

Just sign in – no more waiting rooms.

To learn more about Amwell, visit Amwell.com.

*American Well's Online Care Group is an independent provider contracted to participate in Blue KC's commercial provider networks.

**If special Amwell benefits apply, this will be noted as a "Designated Telehealth" benefit on your certificate. You can access your certificate on your member portal at MyBlueKC.com.

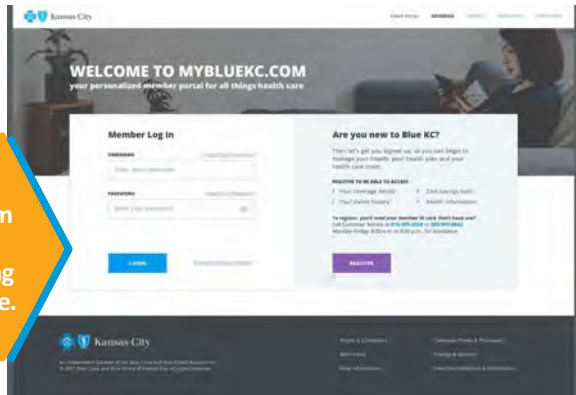


Kansas City

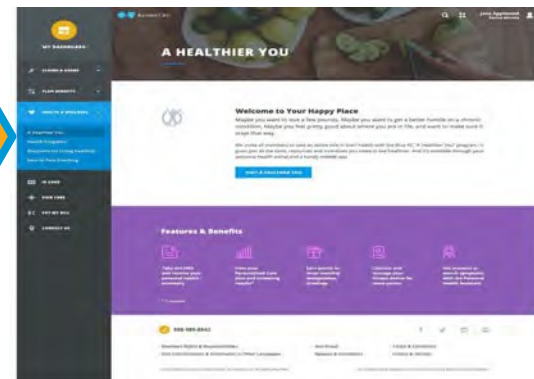
Digital Tobacco Health Coaching

Are you still using tobacco? Or are you trying to quit? Blue Cross and Blue Shield of Kansas City (BlueKC) A Healthier You program offers FREE online digital tobacco health coaching. The program is based on a proven model of change that comes from over 30 years of research and shows you how to change at your own pace. The tobacco cessation program includes an average quit rate of 26% after 3 months.

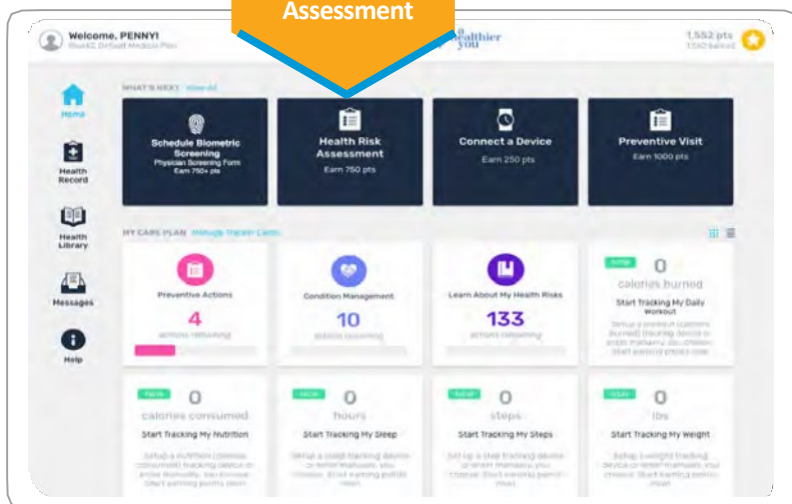
1.
Log into
MyBlueKC.com
from your
computer using
Google Chrome.



2.
Click on Health
& Wellness to
access A
Healthier You.



3.
Complete
Health Risk
Assessment



4.
Register for
Tobacco Cessation
Coaching



Get Started:

1. Start on your first coaching session assessment.
2. New sessions available every 30 days.
3. Completion of 3 session earns you 500 bonus points.
 - a. Your Tobacco Cessation Coaching Card shows a checkmark and date of each session completed.



All employees planning to enroll in the university's health plan must certify whether they use tobacco products. Tobacco/nicotine users may complete the Digital Tobacco Health Coaching program in order to receive the \$50 medical plan premium discount for the current plan year.

Having Trouble? Email AHY@BlueKC.com

CLOSE-UP ON GENERIC DRUGS

A Quality, Cost-Efficient Alternative

Using a generic instead of a brand name drug can help save you money.

Understanding Generics

What are generic drugs?

Generic drugs are less expensive, unbranded versions of brand name drugs. They are made with the same active ingredients and are available in the same strength and dosage as the brand name versions.

What process do generic drugs go through for approval?

A generic drug has to meet the same strict standards the U.S. government sets for a brand name drug.

Do all drugs have generic equivalents?

No. A generic version does not exist for every brand name drug. Some brand name drugs are protected by patents for up to 20 years, so a generic cannot be produced immediately. However, about half of all prescription drugs currently on the market do have a generic version available.

Availability

How can I get generic drugs?

Call your doctor and ask if any prescriptions you are currently taking can be filled with a generic version, or double-check with your pharmacist to be sure that you're receiving the most cost-effective prescription medication.



OptumRx: Pharmacy Benefit

SAVE MONEY AT THE PHARMACY



Blue KC has partnered with OptumRx to provide pharmacy benefits, including a home program.

3 WAYS TO REGISTER

There are three ways to register with our home delivery program:

1. Your doctor can send in an electronic prescription.
2. You can log into MyBlueKC.com.
3. You can call customer service.



Easily set up your home delivery

OptumRx Home Delivery

Customer Service: 1-844-579-7774

Website: MyBlueKC.com and click “Plan Benefits”, “Pharmacy Info”, and then “View Your Pharmacy Benefits.”

You’ll need to provide shipping and payment preferences before you can receive your first shipment through our new home delivery program.



To keep personal information safe, payment information that you have on file with Express Scripts will not transfer to our new home delivery program. You’ll need to provide shipping and payment preferences before you can receive your first shipment through our new home delivery program.



Credit cards are preferred to allow for variations in the prices of drugs and are required when placing an order through the home delivery program. For your convenience, your credit card number will be maintained on a secured site for future orders. Other forms of payment, such as checks or money orders, can be arranged.”

— Health Savings Account —

Available when you enroll in the HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

UMB Bank

Eligibility

- You have no other health coverage (dual coverage through your spouse)
- You are not enrolled in any part of Medicare
- You cannot be claimed as a dependent on someone else's tax return (filing jointly with a spouse is acceptable)
- You cannot have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last three months
- You cannot be enrolled in Tricare (military insurance) as it does not offer a HDHP at this time
- You cannot have a HSA if your spouse's FSA or HRA can pay for any of your medical expenses before your HDHP deductible is met

2020 Annual Contributions Limits	
Single	\$3,550
Family	\$7,100
HSA Catch Up (Age 55 or Older Only)	\$1,000
MWSU Contribution	\$55.40 Per Month

Use Your Money

- If you enroll in the HDHP Plan, UMB will send a Welcome Kit to set up your HSA
- You will be provided a debit card
- Access your account online at www.hsa.umb.com or use a single sign-on at www.bluekc.com
- Funds may be used to pay qualified medical expenses for you, your spouse, and/or your dependents; regardless whether the spouse/dependent health coverage is on your HDHP Plan
- Qualified Medical Expenses include doctor visits, hospital charges, chiropractic care, prescriptions, dental/vision care, COBRA premiums and qualified long-term care insurance premiums
- To access a list of all qualified medical expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

UMB Fees

- Average Balance in Deposit Account \$3,000 or more = FREE
- Average Balance in Deposit Account under \$3,000 = \$2.50/month
- A detailed list of fees can be found on the MWSU benefit website

UMB Bank Contact Information

HSA/UMB Customer Service:

1-866-520-4472

www.hsa.umb.com

— Flexible Spending Accounts (FSA) —

Discovery Benefits

You can reallocate a portion of your annual compensation to pay for eligible health care costs (that may not be covered by your benefit plan) and/or dependent care expenses. This is a voluntary plan and the amount you contribute should be conservative; therefore *any funds you are unable to submit a claim for at the end of the claims period will be forfeited.*

2020 Annual Contribution Limits	
Medical	\$2,750 pre-tax
Dependent Care	\$5,000 pre-tax / \$2,500 if married filing separately
*Participants may incur expenses and use remaining 2020 monies through March 15, 2021 *Participants may submit claims through March 31, 2021	

Medical Reimbursement FSA

- Qualified Medical Expenses include doctor visits, hospital charges, chiropractic care, prescriptions, dental/vision care, COBRA premiums and qualified long-term care insurance premiums
- To access a list of all qualified medical expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf
- Discovery Benefits will mail out a debit card for eligible expenses

Dependent Care FSA

- Qualified Dependent Expenses include:
 - The cost of child care (for children under the age of 13) or adult/elder dependent care
 - The cost for an individual to provide care either in or out of their house
 - The cost of nursery schools and preschool (excluding kindergarten)
- Discovery Benefits will mail out a debit card for eligible expenses

Termination of Employment

A participant has 30 days after termination (last day of work) to submit receipts that were incurred prior to the termination date. All receipts must have dates of service prior to the termination date. All expenses must be incurred prior to or on date of termination.

To File a Claim

The Discovery Benefits debit card can be used to immediately pay claims such as co-pays or payments at the provider's office or pharmacy. You can file a claim for reimbursement and set up automatic deposit for reimbursements at www.discoverybenefits.com.

Discovery Benefits FSA Contact Information

Discovery Customer Service: 1-866-451-3399

www.discoverybenefits.com

customerservice@discoverybenefits.com

— Dental Insurance —

The Standard

This chart gives you a brief glance at the amounts you pay for both in and out of network providers for The Standard dental plan. Usual, Customary, and Reasonable (UCR) charges for out of network providers are factored at 95%. If going out of network for dental procedures balance billing may occur. Please see the following for additional information on your plan options. **Group#: 757041**

Type of Service	In Network Dental Benefits	Out of Network Dental Benefits
	(Ameritas PPO)	95% Usual & Customary
Preventive Services	100% covered	100% covered
Exams & Cleanings	100% covered	100% covered
X-rays		
Bitewing	100% covered	100% covered
Full-mouth	100% covered	100% covered
Sealants (under age 13)	100% covered	100% covered
Deductible (Individual)	\$50 Per Person	\$50 Per Person
Deductible (Family)	\$150 Per Family	\$150 Per Family
Fillings (amalgam & composite)	Deductible then 90%	Deductible then 90%
Oral Surgery/Extractions	(see plan summary for exact procedure benefit)	(see plan summary for exact procedure benefit)
Simple Extractions:	Deductible then 90%	Deductible then 90%
Surgical Extractions:	Deductible then 90%	Deductible then 90%
Endodontics (root canal treatment)	(see plan summary for exact procedure benefit) Deductible then 90%	(see plan summary for exact procedure benefit) Deductible then 90%
Periodontics (gum disease treatment)	(see plan summary for exact procedure benefit) Deductible then 90%	(see plan summary for exact procedure benefit) Deductible then 90%
Crowns, Bridges, & Dentures	Deductible then 60%	Deductible then 60%
Annual Maximum Limit Paid	\$2,000 Per Person	\$2,000 Per Person
Orthodontia (children through age 19)	50% up to a lifetime maximum of \$1,500	50% up to a lifetime maximum of \$1,500
Option	Employee Cost Per Month	
Employee	\$0.00	
Employee + Spouse	\$31.68	
Employee + Child (ren)	\$48.88	
Family	\$84.64	

These rates reflect the employee's actual contribution amount after Missouri Western State University has paid the Employee Only base rate of \$32.49 across all tiers of coverage.

ID Cards will be mailed out to your physical home address. ID cards may also be printed online at www.standard.com/dental once logged into the portal.

The Standard Dental Contact Information

Customer Service:

1-800-547-9515

www.standard.com/dental

Missouri Western State University

Dental Highlight Sheet



Plan 1: Dental Plan Summary

Effective Date: 1/1/2020

Plan Benefit	
Type 1	100%
Type 2	90%
Type 3	60%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$2,000 per calendar year
Allowance	95th U&C
Max BuilderSM	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,500
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (1 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Cleaning (2 per benefit period) Fluoride for Children 18 and under (2 per benefit period) Sealants (age 13 and under) Space Maintainers Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Periapical X-rays Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Denture Repair Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to standard.com, click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.



Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$400	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Max Builder and PPO Bonus combined

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist."

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard [or your employer] for additional information, including costs and complete details of coverage.

— Vision Insurance —

The Standard

This chart gives a brief glance at the amounts you pay when you use in network providers for The Standard vision plan. Please see the following summaries for additional information on your plan options. **Group#: 757041**

VSP Signature Vision Network + Affiliates	Core Plan	Buy Up Plan
Eye Exam	\$20 Copay	\$20 Copay
Lenses	20% Discount	\$20 Copay
Frames	20% Discount	\$130 Allowance for Frames and 20% off additional cost
Contacts	15% Discount off Contact Lens Exam	\$130 Allowance for Exam and Contact Lens Purchase *(Instead of Glasses)
Frequency (Months) Exam / Lens / Frames	12/0/0 Based on date of service	12/12/12 Based on date of service

Employee Cost Per Month		
Option	Core Plan	Buy Up Plan
Employee	\$0.00	\$12.29
Employee + Spouse	\$.59	\$20.58
Employee + Child(ren)	\$.64	\$21.04
Family	\$1.55	\$34.42

These rates reflect the employee's actual contribution amount after Missouri Western State University has paid the Employee Only base rate of \$0.87 across all tiers of coverage.

ID Cards will be mailed out to your physical home address. ID cards may also be printed online at www.standard.com/vision once logged into the portal.

The Standard Vision Contact Information

Customer Service:

1-800-877-7195

www.standard.com/vision

Missouri Western State University Group Vision Insurance



Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 1: Balanced Care Vision Core Plan Summary

Effective Date: 1/1/2020

	VSP Network + Affiliates	Out of Network
Deductibles		
	\$20 Exam	\$20 Exam
	\$0 Eye Glass Lenses or Frames*	\$0 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$50
Lenses (per pair)		
Single Vision	NA	NA
Bifocal	NA	NA
Trifocal	NA	NA
Lenticular	NA	NA
Progressive	NA	NA
Contacts		
Fit & Follow Up Exams	NA	NA
Elective	NA	NA
Medically Necessary	NA	NA
Frame Allowance	NA	NA
Frequencies (months)		
Exam/Lens/Frame	12/0/0	12/0/0
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Additional Benefits through a VSP Network Provider	
Glasses	<ul style="list-style-type: none"> 20% off complete pairs of prescription glasses 20% off all lens enhancements
Additional Glasses	<ul style="list-style-type: none"> Within 12 months of exam: 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor
Elective Contact Lenses	<ul style="list-style-type: none"> Contact lens exam (fitting and evaluation): Member receives 15% off of contact lens exam services
VSP Laser VisionCare Program	<ul style="list-style-type: none"> Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK and IntraLase <p>Discounts are only available from VSP contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.</p>

Based on applicable laws, reduced costs may vary by doctor location.

Missouri Western State University Group Vision Insurance



Help protect your eye health with coverage for exams, glasses and contacts.

This summary of benefits and coverage shows how you and The Standard would share the cost for covered vision care services.
NOTE: This is only a summary; for detailed information on coverage, please consult your certificate of coverage.

Plan 2: Balanced Care Vision Buy-Up Plan Summary

Effective Date: 1/1/2020

	VSP Network + Affiliates	Out of Network
Deductibles		
	\$20 Exam	\$20 Exam
	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$50
Lenses (per pair)		
Single Vision	Covered in full	Up to \$50
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$100
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Participant cost up to \$60	Not covered
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected. **The Costco allowance will be the wholesale equivalent.

Lens Options (participant cost)*

	VSP Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children \$25 adults	Not covered
Solid Plastic Dye	\$13 (except Pink I & II)	Not covered
Plastic Gradient Dye	\$15	Not covered
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	Not covered
Scratch Resistant Coating	\$15-\$29	Not covered
Anti-Reflective Coating	\$39-\$75	Not covered
Ultraviolet Coating	\$14	Not covered

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Additional Balanced Care Vision I Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).



eCard

Once you are enrolled in the plan, your plan participant ID card is provided electronically. Access your eCard online by creating a Secure Member Account – it's fast, easy and secure. Go to standard.com, click on log in (at top right). Enrolled participants may receive care without the card just by giving the provider their name, date of birth, and social security number/member identification number.

Retail Chain Affiliate Providers Available With Balanced Care Vision I Plans

Retail chain affiliate providers, which include Costco® Optical and Visionworks, give participants added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Participants enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Vision Plan Participant Service

Balanced Care Vision I from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 800.877.7195

- Service representative hours: 5 a.m. to 7 p.m. Pacific Monday through Friday, 6 a.m. to 2:30 p.m. Pacific Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at:

www.standard.com/services

About The Standard

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This form is a benefit highlight, not a certificate of insurance. This policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard or your employer for additional information, including costs and complete details of coverage

— Life & AD&D Insurance —

Prudential

Basic Life & Accidental Death & Dismemberment Insurance

Missouri Western State University provides a Basic Life & AD&D benefit at no cost to the employee. The amount of coverage will be reduced beginning at age 65, as outlined in your Group Life Insurance Plan Certificate Booklet. You should contact Human Resources if you ever wish to change your beneficiary information in the future. **Group#: 51798**

Basic Life & AD&D		
Coverage Type	Benefit	Maximum
Employee Coverage	Up to 1 times base salary	\$200,000

Voluntary Life Insurance

Employees who want to supplement their group life insurance benefit may purchase additional coverage on themselves and/or their dependents. **Group#: 51798**

Voluntary Life				
Coverage Type	Benefit	Increments	Guarantee Issue	Maximum
Employee Coverage	Up to 7 times base salary	\$10,000	\$150,000	\$500,000
Spouse Coverage	Up to 50% of employee term life coverage	\$5,000	\$20,000	\$250,000
Child(ren) Coverage	---	\$2,000	---	\$10,000

Guarantee Issue Amount

Employee: New Hires can elect coverage amount up to Guarantee Issue amount of \$150,000 without providing evidence of insurability (EOI).

Spouse: Newly eligible spouses can elect coverage amount up to Guarantee Issue amount of \$20,000 without providing evidence of insurability (EOI).

Open Enrollment

During the annual enrollment period, you can increase your current coverage amount by \$40,000, up to a total coverage amount of the plan maximum, without providing evidence of insurability, unless previously denied. Evidence of insurability is required for all increases over \$40,000.

Prudential Contact Information

Customer Service: 1-800-778-2255

www.prudential.com

www.prudential.com/EZlifeNeeds

Summary of Benefits

Missouri Western State University

All Active Employees

All coverages are issued by The Prudential Insurance Company of America.

Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Term Life and Long Term Disability

Basic Term Life - 100% Employer Paid

- Basic Term Life: You are automatically enrolled for 1 times your covered annual earnings to \$200,000. The minimum coverage is \$5,000.
- If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details.
- Payment of premium can be waived if you are totally disabled for 180 days, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.
- Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70.
- Coverage will end on your termination of employment or as specified in the plan booklet. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment - 100% Employer Paid

- Basic AD&D pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident -- 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic AD&D benefits are paid regardless of other coverages you may have.
- Basic AD&D: You are automatically enrolled for 1.0 times your covered annual earnings to \$200,000.

Optional Term Life - 100% Employee Paid

- Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 7.0 times your covered annual earnings.
 - If enrolling when first eligible within the specified period of your date of hire, you can elect up to the guaranteed issue amount of \$150,000, without providing proof of good health to Prudential.
 - During the annual enrollment period, you can increase your current coverage amount by \$40,000, up to a total coverage of the guaranteed issue amount, without providing proof of good health to Prudential
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If you have been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive.
- Payment of premium can be waived if you are totally disabled for 180 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state. Refer to the plan booklet for details.
- Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70.
- Upon termination of employment, you (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts will be subject to maximum of five times your annual earnings or \$1 million, whichever is less.

Spouse - Optional Dependent Term Life - 100% Employee Paid

- Purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$250,000. **Please note:** The Dependent Term Life Insurance coverage amount on your spouse may not exceed 50% of your Optional Term Life coverage amount.
 - If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$20,000, on your spouse, without providing proof of good health to Prudential.
 - All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.
 - If your spouse has been previously denied coverage in the past, proof of good health satisfactory to Prudential is required for all coverage amounts.
- Coverage will be reduced as you age - by 35% at age 65 and 50% at age 70.
- Upon termination of employment, your spouse (if eligible to port) may choose to continue a coverage amount equal to or lower than your current benefit amount. Coverage amounts for you and your spouse will be subject to a maximum of five times your annual earnings or \$1 million, whichever is less.

Child Optional Dependent Term Life - 100% Employee Paid

- Purchase coverage for your children in increments of \$2,000 up to a maximum of \$10,000. **Please note:** The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 100% of your Optional Term Life coverage amount. There are no health requirements for this coverage.
- Coverage begins from 14 days, and continues to age 26, if unmarried (end of calendar year in which limiting age is attained).
- Upon termination of employment, you (if eligible to port) may choose to continue a dependent child coverage amount equal to or lower than your current benefit amount.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.





Live Forward.®

Rate Sheet

Missouri Western State University

All Active Employees

Issued by The Prudential Insurance Company of America

Effective: 01/01/2020

Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 7.0 times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
Age													
0-19	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
20-24	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
30-34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
35-39	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00	\$6.60	\$7.20	\$7.80
40-44	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50
45-49	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00	\$16.50	\$18.00	\$19.50
50-54	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
55-59	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
60-64	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
65-69	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
70-74	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20
75-100	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00	\$59.40	\$64.80	\$70.20

The cost of insurance will depend upon having a specific percentage of all eligible employees enrolling in the plans. If this enrollment level is not achieved, the cost of these coverages may change from the rates noted here.

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Employee - Optional Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 7.0 times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
Age													
0-19	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
20-24	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
25-29	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
30-34	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
35-39	\$8.40	\$9.00	\$9.60	\$10.20	\$10.80	\$11.40	\$12.00	\$12.60	\$13.20	\$13.80	\$14.40	\$15.00	\$15.60
40-44	\$21.00	\$22.50	\$24.00	\$25.50	\$27.00	\$28.50	\$30.00	\$31.50	\$33.00	\$34.50	\$36.00	\$37.50	\$39.00
45-49	\$21.00	\$22.50	\$24.00	\$25.50	\$27.00	\$28.50	\$30.00	\$31.50	\$33.00	\$34.50	\$36.00	\$37.50	\$39.00
50-54	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
55-59	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
60-64	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
65-69	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
70-74	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40
75-100	\$75.60	\$81.00	\$86.40	\$91.80	\$97.20	\$102.60	\$108.00	\$113.40	\$118.80	\$124.20	\$129.60	\$135.00	\$140.40

	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	
Age													
0-19	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
20-24	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
25-29	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
30-34	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
35-39	\$16.20	\$16.80	\$17.40	\$18.00	\$18.60	\$19.20	\$19.80	\$20.40	\$21.00	\$21.60	\$22.20	\$22.80	
40-44	\$40.50	\$42.00	\$43.50	\$45.00	\$46.50	\$48.00	\$49.50	\$51.00	\$52.50	\$54.00	\$55.50	\$57.00	
45-49	\$40.50	\$42.00	\$43.50	\$45.00	\$46.50	\$48.00	\$49.50	\$51.00	\$52.50	\$54.00	\$55.50	\$57.00	
50-54	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	
55-59	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	
60-64	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	
65-69	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	
70-74	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	
75-100	\$145.80	\$151.20	\$156.60	\$162.00	\$167.40	\$172.80	\$178.20	\$183.60	\$189.00	\$194.40	\$199.80	\$205.20	

	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000	
Age													
0-19	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00	
20-24	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00	
25-29	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00	
30-34	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00	
35-39	\$23.40	\$24.00	\$24.60	\$25.20	\$25.80	\$26.40	\$27.00	\$27.60	\$28.20	\$28.80	\$29.40	\$30.00	
40-44	\$58.50	\$60.00	\$61.50	\$63.00	\$64.50	\$66.00	\$67.50	\$69.00	\$70.50	\$72.00	\$73.50	\$75.00	
45-49	\$58.50	\$60.00	\$61.50	\$63.00	\$64.50	\$66.00	\$67.50	\$69.00	\$70.50	\$72.00	\$73.50	\$75.00	
50-54	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	
55-59	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	
60-64	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	
65-69	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	
70-74	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	
75-100	\$210.60	\$216.00	\$221.40	\$226.80	\$232.20	\$237.60	\$243.00	\$248.40	\$253.80	\$259.20	\$264.60	\$270.00	

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000
Age													
0-19	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
20-24	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
30-34	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
35-39	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00	\$3.30	\$3.60	\$3.90
40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50	\$8.25	\$9.00	\$9.75
45-49	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50	\$8.25	\$9.00	\$9.75
50-54	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10
55-59	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10
60-64	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10
65-69	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10
70-74	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10
75-100	\$2.70	\$5.40	\$8.10	\$10.80	\$13.50	\$16.20	\$18.90	\$21.60	\$24.30	\$27.00	\$29.70	\$32.40	\$35.10

	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$105,000	\$110,000	\$115,000	\$120,000	\$125,000	\$130,000
Age													
0-19	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
20-24	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
25-29	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
30-34	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
35-39	\$4.20	\$4.50	\$4.80	\$5.10	\$5.40	\$5.70	\$6.00	\$6.30	\$6.60	\$6.90	\$7.20	\$7.50	\$7.80
40-44	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00	\$15.75	\$16.50	\$17.25	\$18.00	\$18.75	\$19.50
45-49	\$10.50	\$11.25	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00	\$15.75	\$16.50	\$17.25	\$18.00	\$18.75	\$19.50
50-54	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20
55-59	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20
60-64	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20
65-69	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20
70-74	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20
75-100	\$37.80	\$40.50	\$43.20	\$45.90	\$48.60	\$51.30	\$54.00	\$56.70	\$59.40	\$62.10	\$64.80	\$67.50	\$70.20

	\$135,000	\$140,000	\$145,000	\$150,000	\$155,000	\$160,000	\$165,000	\$170,000	\$175,000	\$180,000	\$185,000	\$190,000	
Age													
0-19	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	
20-24	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	
25-29	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	
30-34	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	
35-39	\$8.10	\$8.40	\$8.70	\$9.00	\$9.30	\$9.60	\$9.90	\$10.20	\$10.50	\$10.80	\$11.10	\$11.40	
40-44	\$20.25	\$21.00	\$21.75	\$22.50	\$23.25	\$24.00	\$24.75	\$25.50	\$26.25	\$27.00	\$27.75	\$28.50	
45-49	\$20.25	\$21.00	\$21.75	\$22.50	\$23.25	\$24.00	\$24.75	\$25.50	\$26.25	\$27.00	\$27.75	\$28.50	
50-54	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	
55-59	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	
60-64	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	
65-69	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	
70-74	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	
75-100	\$72.90	\$75.60	\$78.30	\$81.00	\$83.70	\$86.40	\$89.10	\$91.80	\$94.50	\$97.20	\$99.90	\$102.60	

Spouse - Optional Dependent Term Life Monthly Cost per Coverage Amount

Coverage is available in increments of \$5,000 to a maximum of \$250,000, not to exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$195,000	\$200,000	\$205,000	\$210,000	\$215,000	\$220,000	\$225,000	\$230,000	\$235,000	\$240,000	\$245,000	\$250,000	
Age													
0-19	\$11.70	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	
20-24	\$11.70	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	
25-29	\$11.70	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	
30-34	\$11.70	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	
35-39	\$11.70	\$12.00	\$12.30	\$12.60	\$12.90	\$13.20	\$13.50	\$13.80	\$14.10	\$14.40	\$14.70	\$15.00	
40-44	\$29.25	\$30.00	\$30.75	\$31.50	\$32.25	\$33.00	\$33.75	\$34.50	\$35.25	\$36.00	\$36.75	\$37.50	
45-49	\$29.25	\$30.00	\$30.75	\$31.50	\$32.25	\$33.00	\$33.75	\$34.50	\$35.25	\$36.00	\$36.75	\$37.50	
50-54	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	
55-59	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	
60-64	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	
65-69	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	
70-74	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	
75-100	\$105.30	\$108.00	\$110.70	\$113.40	\$116.10	\$118.80	\$121.50	\$124.20	\$126.90	\$129.60	\$132.30	\$135.00	

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse rate is based on Spouse's age.

Children - Optional Dependent Term Life Monthly Cost per Coverage Amount

One premium rate covers all eligible children

Coverage is available in increments of \$2,000 to a maximum of \$10,000, not to exceed 100% of your Optional Term Life coverage amount.

\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.18	\$0.36	\$0.53	\$0.71	\$0.89

Rates may change if plan experience requires a change for all insureds.

The cost of insurance will depend upon having a specific percentage of all eligible employees enrolling in the plans. If this enrollment level is not achieved, the cost of these coverages may change from the rates noted here.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

Optional Term Life, Dependent Term Life, Long Term Disability, Short Term Disability, Accidental Death & Dismemberment Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500

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— Long Term Disability —

Prudential

Missouri Western State University provides full-time employees with long-term disability income benefits through Prudential and pays 100% of the cost for this benefit. In the event that you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. A detailed plan summary is outlined in the following pages. **Group#:51798**

Plan Specifics	Long Term Disability
Benefits Begin	180 days after disability
Benefits Duration	Retirement
Percentage of Income Replaced	Up to 60%
Maximum Benefit	\$10,000 monthly

Prudential Contact Information

Customer Service: 1-800-842-1718

www.prudential.com

— Short Term Disability —

Missouri Western State University (In House Policy)

The short-term disability policy provides assistance to employees who, due to unfortunate circumstances of illness or injury, have used all accumulated leave and are not yet eligible for long-term disability. This benefit is provided by Missouri Western State University and is at no extra cost to eligible employees.

Eligibility: Benefit Eligible Employees who complete 5 years of service are eligible for the provided short-term disability benefit subject to the following provisions:

- Employees eligible for long-term disability coverage shall not receive short-term disability assistance.
- All accumulated leave shall be exhausted before consideration is given to short-term disability assistance.
- There shall be clear proof of disability by the attending physician to support the employee's statement.
- Disability/Disabled means that because of injury or sickness, the employee is:
 - Completely and continuously unable to do each of the material duties of his/her regular job.
 - Requires the regular care and attendance of a physician. Condition certification by an independent physician may be required.
- All regular benefits provided to employees shall continue during the short-term disability period.
- The President shall have final approval for the short-term disability applications.

Years of Service	Benefit Level and Maximum Duration
0 – 5 Years	No benefit available
6 – 10 Years	40% of salary up to 13 weeks
11+ Years	50% of salary up to 13 weeks

****For more information, please contact Human Resources at 816-271-4259****

Summary of Benefits

Missouri Western State University

All Active Employees

All coverages are issued by The Prudential Insurance Company of America.
Long Term Disability

Long Term Disability - 100% Employer Paid

- Your monthly Long Term Disability benefit will be 60% of your monthly pre-disability earnings, up to the maximum of \$10,000, less deductible sources of income. The minimum monthly benefit is the greater of \$100 or 15% of your gross monthly benefit.
- Deductible sources of income may include benefits from statutory plans, Social Security to you and your dependents, workers' compensation, unemployment income and other income.
- If you meet the definition of disability, your benefits will begin 180 days following an accidental injury or sickness. The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule. Refer to the Booklet-Certificate for details.
- You are considered disabled when, because of injury or sickness, you are under the regular care of a doctor, you are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of income of at least 20%. After receiving benefits for 24 months, you are considered disabled when, due to the same sickness or injury, you are unable to perform the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience, and disability results in a loss of income of a specified percentage determined by your plan.
- Disabilities due to mental illness are limited to 24 months of benefits during your lifetime. Examples of mental illness include schizophrenia, depression, manic depressive or bipolar illness, anxiety, somatization, substance related disorders (including drug and alcohol abuse), and/or adjustment disorders. Disabilities due to mental illness have a combined limited pay period during your lifetime.
- LTD benefits will not be paid for a disability that begins during the first 12 months of coverage and due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- During the first 12 months of part-time work while disabled, you can receive full benefits as long as your combined income and disability benefits do not exceed your monthly pre-disability earnings.
- If you die while collecting disability benefits, a lump sum payment may be paid to your eligible survivors.
- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.

Benefits, exclusions and provisions may vary by state. Refer to the plan booklet for details.

For your coverage to become effective, you must be actively at work on the effective date of the plan. If you apply for an amount that requires satisfactory evidence of insurability to The Prudential Insurance Company of America, you must be actively at work on the date of approval for the amount requiring satisfactory evidence of insurability.

— State Retirement Plans —

STAFF / FACULTY

Missouri State Employees' Retirement System (MOSERS) is a defined benefit plan, sometimes known as a traditional pension, is not an individual retirement account, but one based on a retirement formula defined by law. Your pension is calculated using your service, salary, and a multiplier established by the state.

For specific information on your plan's vesting and eligibility requirements, please consult the appropriate retirement handbook for your plan online at www.mosers.org.

One of the ways the state rewards your continued employment is by increasing the value of your retirement benefit for each additional year of service. In general, the longer you work in a benefit-eligible position and the higher your annual salary, the higher your retirement benefit will be.

MOSERS Defined Benefit Pension Formula

Final Average Pay (FAP) x Multiplier (depending on plan membership/set by the state) x Credited Service
= Monthly Base Benefit

- **MSEP/MSEP2000** – staff hired prior to Jan 1, 2011 and faculty hired prior to July 1, 2002; contributions are provided by MWSU with full vesting after 5 years.
- **MSEP2011** – staff hired after Jan 1, 2011; contributions provided by MWSU, and staff are required to contribute 4%; full vesting after 5 years.

University Contribution Rates:

FY19-20 (21.77%)
FY20-21 (22.88%)



FACULTY

College and University Retirement Plan (CURP) is a 401(a) defined contribution plan designed to provide a retirement benefit that offers "interstate portability" for education employees in Missouri.

To be eligible to participate in the plan, participants must be "education employees," defined as teaching personnel, instructors, professors, assistant professors, associate professors, and academic administrators holding faculty rank. The MOSERS Board of Trustees has further clarified this definition, stating that the primary duty of education employees in CURP is to teach or perform research, except for academic administrators holding faculty rank. These administrators will be eligible for CURP regardless of whether their primary duty is to teach or perform research.

MOSERS is responsible for overseeing administration of the plan; however, TIAA-CREF is the third-party administrator and manages the investment options.

After participating in CURP for at least six (6) years, you may elect to transfer from CURP to MOSERS. Your date of hire will dictate which MOSERS plan you will be transferred to and you will receive immediate vesting (depending on date of hire). Specific information regarding this transfer can be found on the MOSERS website in the *Transferring from CURP to MOSERS Brochure*.

CURP retirement information is available online:

www.tiaa-cref.org/curp
<https://www.mosers.org/Employers/CURP.aspx>

- **FACULTY hired after July 1, 2002** and no prior service with MOSERS; contributions are provided by MWSU with immediate full vesting.
- **FACULTY hired after July 1, 2018** and no prior service with MOSERS or CURP; contributions provided by MWSU, and faculty are required to contribute 2%; immediate full vesting.

University Contribution Rates:

FY19-20 (6.0%)
FY20-21 (6.0%)



— Voluntary Retirement Plans —

SAVING | INVESTING | PLANNING | UNDERSTAND THE DIFFERENCES

403(b)	457(b)
Less stringent withdrawal restrictions while you are employed, but a 10% federal early withdrawal penalty might apply	More stringent withdrawal restrictions while you are employed, but no 10% federal early withdrawal penalty after severance from employment (except in the case of rollovers from non-457b plans, including IRAs)
Generally withdrawals made prior to severance from employment or the year you attain 59½ can only be made due to financial hardship.	Generally withdrawals made prior to severance from employment or the year in which you reach age 70½ can only be made for an unforeseeable emergency.
A financial hardship withdrawal is considered less restrictive – while you are employed – than a 457b unforeseeable emergency. Examples of financial hardship include: <ul style="list-style-type: none"> ➤ Unreimbursed medical expenses ➤ Payment to purchase a principal residence ➤ Higher education expenses ➤ Payments to prevent eviction or foreclosure of a mortgage 	An unforeseeable emergency is more restrictive – while you are employed – than a 403b hardship. Examples: <ul style="list-style-type: none"> ➤ A sudden and unexpected illness or accident for you or a dependent. ➤ Loss of your property due to causality ➤ Other similar extraordinary circumstances arising as a result of events beyond your control. Sending a child to college or purchasing a home, two common reasons 403b hardship withdrawals, generally are not considered unforeseeable emergencies.
Withdrawals can be subject to a 10% federal early withdrawal penalty prior to age 59½.	The 10% federal early withdrawal penalty, generally applicable to distributions prior to age 59½ from a 403b plan, does not apply to distributions from 457b plans except on amounts rolled into the plan from non-457b plans (including IRAs).

Traditional	Roth
Pre-Tax Contributions Tax-Deferred Earnings Taxable Withdrawals	After-Tax Contributions Tax-Deferred Earnings Tax-Free Withdrawals

DID YOU KNOW?

As a part-time or full-time higher education employee, you can contribute to the Missouri Deferred Comp 457(b) Plan in addition to 403(b) options. This allows you to potentially double your tax-deferred contributions for the year.



457(b); Traditional/Roth
Contact: David Gibson
Phone: 573-644-1261
Email: davidg@mosers.org
Web: www.modeferredcomp.org



403(b); Traditional/Roth
Contact: Customer Service
Phone: 855-663-8692
Web: www.voya.com



403(b)/457(b); Traditional/Roth
Contact: Customer Service
Phone: 800-732-8353
Web: www.tiaa.org



403(b); Traditional/Roth
Contact: Customer Service
Phone: 800-345-3533
Web: www.americancentury.com



403(b)/457(b); Traditional/Roth
Contact: Christopher Smiley
Phone: 913-402-5000 (office)
Phone: 816-599-1017 (cell)
Email: christopher.smiley@valic.com

OR

Contact: Mark Fuson
Phone: 816-676-1575 (office)
Phone: 816-387-3775 (cell)
Email: mark.fuson@valic.com
Web: www.valic.com

HOW TO ENROLL:

Contact the financial provider of your choice to set up your account. Then complete and submit the Voluntary Salary Deferral Agreement to HR (located on the HR website).

EMPLOYEE ASSISTANCE PROGRAM - EAP

When life's a little much, reach out and get in touch.

Let's be real: life can be tough. When your responsibilities start to feel overwhelming and showing up each day with a smile on your face seems difficult, it's important to reach out for help. You can lean on your free and confidential Employee Assistance Program (EAP) for support.

We've got your back.

A free benefit from your workplace, the EAP can help you or anyone in your household:

- Be more present and productive at work
- Receive support when you don't feel like yourself
- Get help with responsibilities that are distracting or stressful
- Grow personal and career skills
- Be a caring, loving friend or family member
- Receive care after a traumatic event or diagnosis
- Make healthy lifestyle choices
- Improve and inspire daily life

We're here for you, always.

Life happens, regardless of the day or time. That's why we make ourselves available 24/7, even on holidays. So whenever you need to reach out, we're here for you.



Support Line
Call anytime
800-624-5544



Mobile app
Search for New
Directions EAP



Web
Visit eap.ndbh.com
for resources

SERVICES

- ✓ **Counseling**
 - In-person
 - Telephone
 - Online messaging
 - In-the-moment
- ✓ **Consultation on**
 - Finances
 - Legal needs
 - Managing employees
 - Life
- ✓ **Crisis support**
- ✓ **Coaching**
- ✓ **Adult and child care resources**
- ✓ **Personal and professional training**
- ✓ **Digital behavioral health tools**

eap.ndbh.com
800-624-5544

Services are free and your employer will not know you reached out.

Flip this sheet over to see some common reasons people use EAP.

“The EAP has been beneficial in so many ways I don’t know how I would have gotten through without it.”

Check out our app.

Search for
New Directions EAP
in your app store.



Whatever life throws your way, we're here to help.

Stress, relationships, work and money. These are the most common reasons people reach out to the EAP every year. But no matter what issues you're facing, the EAP is the perfect first step for you or your family members to:

Reduce stress

Some stress can be a good thing, but too much can be debilitating and unhealthy. Counseling, assessments, coaching, apps, meditation practices, online tools and more can help you improve areas that need work.

Handle a life curve ball

Divorce, adoption, losing a loved one, career changes and moving can all interrupt one's daily life. Counseling, thousands of online tools, coaching and consultations can help you adjust.

Cope after crisis

Mentally processing and coping after a traumatic event generally takes time and expert care. Counseling, education sheets and communication can help when a crisis occurs.

Support and improve relationships

Raising kids, living with others or improving friendships can take guidance and investment. Counseling, videos, tip sheets and advice make this easier. Referrals to credible daycares, assisted living facilities, dog walkers, physicians, etc. can also help.

Focus at work

We all experience feeling a lack of productivity and engagement at work sometimes. Trainings, advice and custom behavioral strategies can help you become more focused.

Lead others

If you supervise people at work, it's likely you handle difficult things like performance issues, troubled employees, HR law and hard conversations. Dedicated consultants can provide guidance so you can do your job and have less stress.

Navigate the legal system

Handling a landlord, large purchase, estate or even an infraction can be easier with the help of a legal expert and thousands of online templates to put into action.

Reduce debt

Money worries can be minimized with custom action plans developed with a financial expert to save, reduce debt or afford a life desired.

Live a healthy life

Changing behaviors to quit smoking, lose weight, manage a disease or exercise more can be more manageable when broken into baby steps. Coaching, videos, counseling and digital tools can help you start living healthy.

Take the first step and call today.

eap.ndbh.com
800-624-5544

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Take the first step and call today.

eap.ndbh.com
800-624-5544

Company Code: MWSU

— Fringe Benefits —

(Refer to the [MWSU Policy Guide](#) or contact Human Resources for more detailed information)

Sick Leave

Sick leave is defined to mean any period of time an employee is absent from work due to illness, injury, or any physical incapacitation without loss of normal pay. Sick leave may be used for illness of the employee or an immediate family member. A doctor's certification may be required at any time.

- **Faculty** will accrue 8 hours per month during their regular academic contract.
- **Exempt and Non-Exempt Staff** accrue 8.67 hours per month. Sick leave is **prorated** for employees working half time or more, but less than full-time.
- **Maximum accrual** is capped at 1,008 hours for in-house use; cap is removed for reporting to MOSERS at time of termination of employment.

Vacation Leave

Vacation time is time off with pay for relaxation for use by all Administrators, Exempt, and Non-Exempt Staff.

- **Faculty** do not accrue vacation.
- **Exempt Staff** accrue 13.34 hours per month.
- **Non-Exempt Staff** with 0-6 years of service accrue 8 hours per month; 7-10 years of service accrue 10 hours per month; and 11 or more years of service earn 13.34 hours per month.
- **Maximum accrual** may reach an equivalent of 2 years' accumulation. If no vacation is taken, the amount that exceeds the maximum accrual will be forfeited. Employees are entitled to payment for any earned, unused vacation at time of termination of employment.

Personal Leave

Personal days are provided for use by all Administrators, Exempt, and Non-Exempt Staff.

- **Faculty** do not accrue personal leave.
- **New Hires** will be eligible for personal days **after** the completion of six (6) months continuous employment.
- **All Staff** will receive two personal days per fiscal year (July 1-June 30).
- **All Staff** will receive one additional day **after** five (5) years of continuous employment.
- **Unused** personal days **DO NOT** carry forward from year to year.

Floating Holiday

A floating holiday is provided for use by all Administrators, Exempt, and Non-Exempt Staff.

- **Faculty** do not accrue a floating holiday.
- **New Hires** are eligible for one floating holiday at time of hire.
- **All Staff** will receive one floating holiday per fiscal year (July 1-June 30).
- **Unused** floating holidays **DO NOT** carry forward from year to year.

Holidays

Faculty, Administrators, Exempt, and Non-Exempt Staff will receive holiday pay when the university is closed to observe the following holidays: **Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Fall Break (week of Thanksgiving) and Winter Break (December 24 through January 1)**. In order to receive payment for a holiday, you must work or have leave accumulation to cover the day before and after the holiday if absent.

Campus Closure

Campus closures could include closures due to inclement weather, extraordinary events, emergencies, or additional days surrounding a scheduled holiday. Full-time benefit eligible faculty and staff whose regular hours are scheduled on a campus closure day will receive 7.5 hours of compensation for that day at their regular rate of pay. Essential personnel who work during a campus closure will be paid time and one-half for their time worked. However, they will not receive any additional pay for the campus closure. If an employee works less than 7.5 hours on the campus closure day, then they will receive additional pay up to 7.5 hours for the day.

Overtime, Flex Time, and Comp Time

Non-Exempt employees are eligible for overtime, flex time and comp time. Overtime is not to be performed at the discretion of the employee; the supervisor must approve all overtime. Overtime is paid at 1½ times the employee's hourly rate of pay for time beyond 37.5 hours per week. Flex time is time off within the same work week. Comp time may be used in lieu of the payment of overtime at the discretion of the supervisor.

Family Bereavement Time

Faculty, Administrators, Exempt, and Non-Exempt Staff will be eligible for a maximum of three (3) working days per fiscal year for bereavement used in connection with the death of an immediate family member. Accrual takes place on July 1 of each year and unused bereavement days **WILL NOT** carry forward from year to year.

For purposes of this policy, immediate family is defined as : *spouse, parents, including step-parents and in-laws; grandparents, including step or in-laws; child, including step, half, or adopted; grandchild, including step, half, or adopted; sibling, including step, half, adopted, or in-law; any other relative residing in the employee's household.*

Jury Duty

All employees who are requested by proper authorities to appear as a witness or serve as a member of a jury are entitled to their regular compensation and no deduction will be made for time absent. Absence due to jury duty should be reported to immediate supervisor; with a copy of the jury duty notice forwarded to HR for the employee's personnel file.

Family Medical Leave Act (FMLA)

FMLA enables eligible employees to take unpaid leaves for certain family and medical events. The law provides these eligible employees with up to 12 weeks of unpaid leave and allows them to return to their job or an equivalent position after the leave has expired. To be eligible, employees must have worked at least 12 months prior to the commencement of the leave and have worked at least 1250 hours. Employees need to notify Human Resources to request leave under the FMLA if the absence (other than vacation) exceeds three days. A *Certification of Medical Condition* will be required from your health care provider in order to approve FMLA. FMLA will run concurrently with your paid leave benefits.

Paid Parental Leave

Paid Parental Leave is to enable employees to care for and bond with a child following birth, adoption or court-ordered guardianship of a newly placed minor. The university will provide employees who have given birth to a child up to 6 weeks of paid leave. In addition, an employee whose spouse or domestic partner gives birth to a child or an employee who has adopted or been placed with a child in connection with court-ordered guardianship, will receive up to 6 weeks of paid leave. To be eligible, employees must have been employed with the university for at least 12 months. Employees must notify Human Resources to request leave and must apply for FMLA to qualify for both leave programs.

Crisis Leave

Full-time and part-time benefit eligible faculty and staff in a leave-earning position are eligible for use of *Crisis Leave* in situations where they have exhausted their accrued leave benefits as the result of their own serious medical condition or due to the need to care for a spouse, child or parent who is suffering from a serious medical condition. Requesting employee must have exhausted all available accrued leave benefits and not be receiving long-term disability. Requesting employee must also have worked at least one year continuously and 1250 hours in a benefit eligible position in order to apply and must be approved for coverage under FMLA prior to receiving the benefit. *Crisis Leave* funds are provided by employees voluntarily donating accumulated sick and vacation leave hours. Employees requesting *Crisis Leave* do not have to donate leave in order to receive leave.

Workers' Compensation Benefits

Workers' Compensation benefits are provided to all employees to protect employees who are injured on the job. Work-related injuries are subject to the provisions of the Workers' Compensation law. This coverage may provide medical treatment and payment for lost earnings. Employees should report all injuries to their supervisor and MWSU Risk Manager at 816-271-4466. If the injury is life threatening, the employee should proceed to the nearest hospital emergency room and contact the Risk Manager as soon as possible.

Tuition Reduction Program

We encourage employees to further their education by offering a tuition reduction program. Qualified employees will receive a 100% reduction of undergraduate in-state tuition; spouses and qualified dependents of those same employees will receive an 80% reduction of undergraduate in-state tuition or tuition for dual-credit courses. Employees will also receive a 50% reduction on graduate tuition. Any fees associated with courses are the responsibility of the student. Employees are required to complete a *Tuition Reduction Program Application*, which can be found at <https://intranet.missouriwestern.edu/faculty-staff/forms/>.

Recreation Services and Facilities

All MWSU employees may use the recreation facilities by presenting their employee ID. Employees may be accompanied by their immediate family or one guest. Dependents under the age of 16 must be accompanied by the valid ID holder. Dependents ages 16-24 and spouses may obtain an ID by completing the *Griffon ID form* and submitting to HR for processing. The form can be found at <https://intranet.missouriwestern.edu/faculty-staff/forms/>.

- Baker Fitness Center
- Looney: arena, gymnasium, racquetball courts, swimming pool
- Trap Range
- Walking Trails
- Recreation Equipment (check-out program)

Use of these facilities is dependent on availability; operation hours may vary due to classes, athletics, and special events. Contact Recreation Services for available times at 816-271-4200 or www.missouriwestern.edu/recreation/.

In order to use the Baker Fitness Center, you must submit a Physicians Consent form for men 45 and over and women 55 and over. No one under the age of 12 will be admitted. Individuals aged 12-15 are allowed to work-out under the direct supervision of a parent/guardian. If an individual is under 18, he/she must have a Liability Form and a Permission of Care Form signed by his/her parents before being allowed use of the facility.

Miscellaneous Additional Benefits

- MWSU Discounts:
 - Barnes & Noble Bookstore – 20% discount; textbooks not included
 - Athletic Events – 50% discount; advance purchase only
 - Athletic Gold Coat Club Memberships – 50% discount available on each membership level
 - Theatrical Events – \$2 off adult priced tickets; immediate family only
- MWSU Library Use
- MWSU Business Office (\$25 check cashing)
- Notary Public Services - www.missouriwestern.edu/hr/benefits/AdditionalBenefits.
- Aramark – Casual Meals discounts available for faculty and staff with the purchase of a Declining Balance Plan. Some restrictions and promotional offers may apply - available for lunch in Campus Dining Hall only, Monday-Friday.
- Payroll Deductions Available:
 - Postal & Community Credit Union and St Joseph's Teachers' Credit Union
 - United Way
 - Allied Arts Fund
 - MOST – Missouri's 529 College Savings Plan (www.missourimost.org)
 - Athletic Gold Coat Club Memberships
 - Fraternal Order of Police
- MWSU Community Discounts – <https://www.missouriwestern.edu/hr/benefits/>

Griffon Alert Notification System

Griffon Alert Emergency Notification System is a comprehensive, redundant, emergency notification system at MWSU. The system is activated by the MWSU Police Department and is designed to be used for emergencies on campus that affect or could affect multiple persons and/or cause significant infrastructure or property damage. Notifications will be sent via: *text messaging, email, voice messaging, alert beacons, outdoor public address systems and light strobes*. Griffon Alert will be used for: *tornado warnings, bomb threat, emergency evacuations, active shooter on campus, campus closing*.

<https://www.missouriwestern.edu/policedepartment/griffonalert/>

– Wellness Program –

Missouri Western State University supports employees making healthy lifestyle choices by creating a culture of wellness on campus. The Employee Wellness Program strives to provide programming that addresses various components of wellness such as physical, mental, emotional, social and financial wellness. By offering a variety of wellness options, we can provide our faculty and staff the support to achieve their personal wellness goals.

Health & Wellness Opportunities	
Annual Biometric Wellness Screenings	Annual Flu Shots
National Walk @ Lunch Day	Lunch & Learn Programs
On-Campus Fitness Classes	Group Wellness Challenges
Financial & Pre-Retirement Workshops	Medicare Educational Sessions
<p>A Healthier You™ Program (by Blue Cross & Blue Shield of Kansas City) Offering employees personalized resources to achieve better health:</p> <p style="text-align: center;">Digital Tobacco Health Coaching Program Diabetes Prevention Program Online Health Risk Assessment Monthly eNewsletter</p> <p>Visit MyBlueKC.com or download the Blue KC A Healthier You app today!</p>	
<p style="text-align: center;">Watch your MWSU email for event details or visit our Missouri Western Wellness Facebook page for more information.</p>	

FITgriffs
Missouri Western Wellness Program



— Payroll —

Faculty and Exempt Employees (Monthly Pay Schedule)

Payrolls will be issued on the last working day of each month. Faculty will receive a 12-month pay schedule on their contracts.

January 31	April 30	July 31	October 30
February 28	May 29	August 31	November 30
March 31	June 30	September 30	December 22

Non-Exempt Employees (Bi-Weekly Pay Schedule)

Payrolls will be issued the following Friday or the last workday of the week following the close of the bi-weekly payroll cycle. Non-Exempt employees are encouraged to enter their time daily in the University timekeeping system (Banner). On the last worked day of the bi-weekly cycle, the employee will submit the time recordkeeping to the employee's supervisor for approval. Instructions on how to enter time in Banner Self Service online at [https:// www.missouriwestern.edu/businessoffice/payroll/](https://www.missouriwestern.edu/businessoffice/payroll/).

January 3, 17 & 31	April 10 & 24	July 2, 17 & 31	October 9 & 23
February 14 & 28	May 8 & 22	August 14 & 28	November 6 & 20
March 13 & 27	June 5 & 19	September 11 & 25	December 4 & 18

Direct Deposit

The University requires payroll be direct deposit for all employees. Direct deposit documentation must be completed and submitted to payroll five working days prior to their respective pay day in which the employee is scheduled to receive their first paycheck. Direct deposit can be changed at any time by completing a new direct deposit form and submitting to the Payroll Office.

<https://intranet.missouriwestern.edu/faculty-staff/forms/>

State and Federal W4's

The Missouri and Federal W4 must be completed prior to an employee's first payroll. You may change your withholdings on your W4s at any time by completing a new direct deposit form and submitting to the Payroll Office. <https://intranet.missouriwestern.edu/faculty-staff/forms/>

W2's

Federal guidelines for W2's requires MWSU to have W2's mailed and postmarked by January 31. An email will be sent for individuals to pick up their W2's if they are available prior to January 31. W2's not picked up will be mailed by January 31.

1095C

The Affordable Care Act includes a provision that an employer must provide employees with a tax form called the 1095C. This form is provided to you for your tax filing each year. The form will include the type of health coverage offered; the timeline you (and your dependents) have been covered; and the employee share of the lowest cost self-only coverage. The 1095C is required to be mailed by January 31.

— Compliance Documents & Health Plan Notices —

Below outlines the mandatory federal health plan notices that Missouri Western State University must provide to employees on an annual basis. Full page documents can be reviewed at www.missouriwestern.edu/hr/benefits.

CHIP Notice

Provides contact information on state premium assistance programs.

COBRA General Notice

Informs plan participants of general COBRA rights.

HIPAA Privacy Notice

Informs plan participants how the uses and discloses participant health information and how participants can get access to this information.

HIPAA Special Enrollment

Details plan participant's special enrollment rights upon acquiring a new dependent or loss of other coverage.

Marketplace Notice

Details that the employer offers a medical plan and it is deemed affordable based on the guidelines under the Affordable Care Act.

Medicare Part D Notice

Details medical drug coverage for Medicare Part D.

Patient Protection Notice

Informs plan participants of their rights to choose a primary care provider or pediatrician when a plan requires designation of a primary care physician; or obtain obstetrical or gynecological care without prior authorization.

Wellness Notice

Informs plan participants how medical information will be used and disclosed if wellness program includes disability-related inquires or medical exam.

Women's Health and Cancer Rights (WHCRA)

Informs plan participants of plan's mastectomy- related benefits required under WHCRA.



▶ Christopher S. "Kit" Bond Science & Technology Incubator across I-29

MITCHELL AVE

TO RIVERSIDE