

UNIVERSITY OF MISSOURI

*Benefits Summary
for Full-Time
Faculty & Staff*

Effective January 1, 2009



This benefits summary is designed to give you an overview of the major points of UM's various benefits programs. The programs are governed by legal plan documents. In the event of a conflict between this summary and the plan document, the terms of the plan document will be the final authority.

Columbia, System & Hospital Campus

Faculty & Staff Benefits
Woodrail Centre
1000 W. Nifong, Bld. 7 – Suite 210
Columbia, MO 65211-8220
(573) 882-2146 (Active Employees)
FAX (573) 882-9603
benefits@umsystem.edu

Rolla Campus

Missouri University of Science & Technology
Human Resource Services
113 University Center East
11th and Rolla Streets
Rolla, MO 65409-1050
(573) 341-4241 FAX (573) 341-4984

Kansas City Campus

U.S. Mail Address: Human Resource Dept.
226 Admin. Center
5100 Rockhill Road
Kansas City, MO 64110
Office Location: Univ of Missouri- Kansas City
Human Resource Dept.
226 Admin. Center
5115 Oak Street
Kansas City, MO 64112
(816) 235-1622 FAX (816) 235-5515
benefits@umkc.edu

St. Louis Campus

Office Location: Human Resource Dept.
211 General Services Bldg.
U.S. Mail Address: Univ of Missouri-St. Louis
Mark Twain Drive
211 General Services Bldg.
One University Blvd.
St. Louis, MO 63121
(314) 516-5639 FAX (314) 516-6463
joann_westbrook@umsl.edu

Retirees

Faculty & Staff Benefits
Woodrail Centre
1000 W. Nifong, Bldg. 7 – Suite 210
Columbia, MO 65211-8220
(573) 882-9810 or 800-488-5288 (Retirees)
FAX (573) 884-5422
retirement@umsystem.edu

Faculty & Staff Benefits Department Webpage:

<http://www.umsystem.edu/benefits>

UNIVERSITY OF MISSOURI SUMMARY OF BENEFITS - 2009

Included in this Summary of Benefits are the programs offered by the University of Missouri to its benefit eligible employees. To be eligible for benefits you must have an appointment FTE of at least 75% and an appointment duration of at least nine months. (Part-time and per diem employees are not eligible.)

Coverage is effective on the date of hire or the benefit eligibility date provided you are actively at work and enroll within 30 days¹ of your date of employment or your benefit eligibility date. After the initial enrollment, changes to your enrollment will only be allowed during the annual enrollment change period unless you have a qualified family status change.

¹. Long Term Care enrollment allows 90 days

MEDICAL

The University of Missouri offers employees and their eligible dependents the following medical coverage choices:

CHOICE – UM Choice Health Care Program (available to all employees)
The UM Choice Health Care Program provides two basic coverage levels:

Level A – Covers services provided by any network provider from a nationwide network of providers. The program allows direct access to all network physicians with no referral requirement.

Level B – Covers services provided by non-network providers.

CAT - UM Catastrophic Medical Program (available to all employees)
The UM Catastrophic Medical Program provides reduced health care coverage at a lower premium cost and a higher out-of-pocket amount. The Catastrophic Program provides the same benefits for care received from any qualified provider or medical facility.

<u>Monthly Premium</u>	<u>CHOICE</u>	<u>CAT</u>
Employee	\$ 101.88	\$ 43.94
Employee & Spouse	\$ 225.10	\$102.92
Employee & Children	\$ 172.28	\$ 61.50
Employee, Spouse & Children	\$ 293.92	\$123.50

Please see pages 4-6 for benefit plan schedules.

<p>DENTAL</p>	<p>UM offers dental coverage for three classes of expenses, not to exceed a maximum annual benefit of \$1,500 for each enrolled individual.</p> <p>Class A Services: 100% Preventative care for routine oral exams, cleaning, x-rays, sealants and fluoride treatments.</p> <p>Class B Services: 80% after annual deductible Services for treatments such as fillings, oral surgery, and extractions.</p> <p>Class C Services: 50% after annual deductible Services are for major treatment such as bridgework, dentures, and crowns.</p> <p><u>Monthly Premium</u></p> <table data-bbox="609 625 1209 756"> <tr> <td>Employee</td> <td>\$14.32</td> </tr> <tr> <td>Employee & Spouse</td> <td>\$28.66</td> </tr> <tr> <td>Employee & Child/ren</td> <td>\$34.78</td> </tr> <tr> <td>Employee, Spouse & Child/ren</td> <td>\$49.10</td> </tr> </table>	Employee	\$14.32	Employee & Spouse	\$28.66	Employee & Child/ren	\$34.78	Employee, Spouse & Child/ren	\$49.10
Employee	\$14.32								
Employee & Spouse	\$28.66								
Employee & Child/ren	\$34.78								
Employee, Spouse & Child/ren	\$49.10								
<p>VISION PROGRAM</p>	<p>The University offers the following vision coverage:</p> <p>Eye Exam: \$10 copay Materials: \$25 copay Lenses - once per calendar year Frames – once every other calendar up to \$130 limit* Contact Lens: No copay Exam and contacts – once per calendar year up to \$130* Lasik surgery: Discounts up to 15% available</p> <p><u>Monthly Premium</u></p> <table data-bbox="609 1144 1209 1274"> <tr> <td>Employee</td> <td>\$6.00</td> </tr> <tr> <td>Employee & Spouse</td> <td>\$12.00</td> </tr> <tr> <td>Employee & Child/ren</td> <td>\$13.00</td> </tr> <tr> <td>Employee, Spouse & Child/ren</td> <td>\$20.60</td> </tr> </table> <p>*Amounts over limits and optional features are discounted 20%.</p>	Employee	\$6.00	Employee & Spouse	\$12.00	Employee & Child/ren	\$13.00	Employee, Spouse & Child/ren	\$20.60
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Employee & Spouse	\$12.00								
Employee & Child/ren	\$13.00								
Employee, Spouse & Child/ren	\$20.60								
<p>BASIC TERM LIFE INSURANCE</p>	<p>The University offers basic term life insurance coverage as follows: Plan A: One times base salary - 100% paid by University Plan B: Two times base salary - University and Employee paid (Employee cost is \$.044 per \$1,000 of coverage)</p>								
<p>SUPPLEMENTAL TERM LIFE INSURANCE</p>	<p>Supplemental term life insurance is offered at one, two, or three times the annual base salary to a maximum amount of \$1,000,000 and a minimum of \$20,000 even if you earn less than that for your annual salary. Rates vary by age and the cost is 100% employee paid.</p>								
<p>DEPENDENT LIFE INSURANCE</p>	<p>Dependent Spouse life insurance is available in increments of \$10,000 up to a maximum of \$50,000. Evidence of insurability is required for amounts above \$20,000. Coverage is 100% employee paid.</p> <p>Dependent Child life insurance is available in increments of \$5,000 up to a maximum of \$25,000. Evidence of insurability is required for amounts above \$5,000. Coverage is 100% employee paid.</p>								
<p>ACCIDENTAL DEATH AND</p>	<p>Accidental Death and Dismemberment insurance is available up to \$150,000 in increments of \$25,000. You may also purchase coverage for your family at a</p>								

DISMEMBERMENT	percentage of your coverage. Coverage is 100% employee paid.
LONG TERM DISABILITY	<p>Long Term Disability coverage is available to provide eligible employees with replacement income due to disability. The following options are offered:</p> <p>Option A: Provides 60% of eligible salary. (Premium paid by the University)</p> <p>Option B: Provides 66 2/3% of eligible salary. (Employee premium required at \$.21 per \$100 of monthly salary up to \$12,500 per month.)</p>
FLEXIBLE SPENDING ACCOUNTS	Employees are eligible to participate in the Flexible Spending Account Programs. Pre-tax deductions are available to employees for Health Care and Dependent Care expenses. You may contribute up to \$4,500 to the Health Care account and up to \$5,000 to the Dependent Care account.
LONG TERM CARE	Long Term Care coverage is available for employees, their spouses, surviving spouses, parents, parents-in-law, grandparents, grandparents-in-law, and adult child or stepchild age 18 or older. The employee may select from several available options. Active employees have 90 days from the hire date or the benefit eligibility date to enroll in the Long Term Care Plan on a guarantee issue basis.
RETIREMENT, DISABILITY & DEATH BENEFIT	<p>The University provides at no cost to the employee the following retirement benefits to vested employees:</p> <ul style="list-style-type: none"> • 2.2% of final average salary times years of creditable service • Reduced benefits are available for early retirement • Pre-retirement death benefit is provided (this is in addition to any life or accidental death insurance) <p>To become vested in the Retirement Program, a University employee must complete five years of regular service credit.</p>
TAX DEFERRED INVESTMENT PROGRAMS	<p>The Tax Deferred Investment Programs allows the employer to set aside a portion of the employee salary to purchase an annuity contract or make a deposit into a mutual fund. A wide variety of investment companies are available. The pre-tax amounts set aside are taxable upon withdrawal. You may defer as little as \$200 per year or up to the maximum allowed by law. There are three types of programs offered:</p> <ul style="list-style-type: none"> • 403b – Tax Deferred Annuity Plan • 457b – Deferred Compensation Plan • 401a – Supplemental Retirement Plan
COMMUTER PARKING PROGRAM	Monthly parking fees may be paid on a pre-tax basis by employees who have payroll deductions for University parking fees in connection with University employment.
EDUCATIONAL ASSISTANCE PROGRAM	Employees may receive a 75 percent reduction of the educational and supplemental fee for six credit hours per semester (three credit hours for a summer semester) at any University of Missouri System Campus after successful completion of the six month probationary period. Campuses are located in Columbia, Kansas City, Rolla and St. Louis. Online and Evening Courses also apply.
EDUCATIONAL FEE REDUCTION FOR SPOUSES AND DEPENDENTS	Spouses and dependents of employees may receive a 50 percent reduction of eligible educational fees at any University of Missouri System Campus after five years of benefit-eligible employment. Campuses are located in Columbia, Kansas City, Rolla and St. Louis. Online and evening courses also apply.

Employee Cost Summary - UM Choice Health Care Program

(Available to all employees)

MEDICAL, MENTAL HEALTH & CHEMICAL DEPENDENCY (excludes prescription drug)

Medical Administrator: Coventry

Customer Service Phone: 800-613-7721 TDD: 800-328-4089

Pre-certification Phone: 866-876-7442

Web Site: www.ummedcvtv.com

Provider directory information can be found on the web site or by calling Coventry Health Care to request a directory.

Mental Health & Chemical Dependency Administrator: United Behavioral Health (UBH)

Phone: 877-660-4871 (for authorization and provider information)

Web Site: www.ubhprovidirect.com (for provider information)

Coventry Network Provider: Refers to any provider that is contracted with Coventry Health Care as a network provider – this includes the Coventry national network.

UofMO Network Provider: Refers only to University of Missouri Health Care providers

UBH Network Provider: Refers to any mental health or chemical dependency provider that is contracted with United Behavioral Health as a network provider – this includes the UBH national network.

This schedule represents amounts payable by a participant for covered charges under the Program:

		Amounts payable by the plan for Level B services are up to Reasonable and Customary determined amounts.	
When Benefits Apply	Level A For services provided by UM Choice network providers (includes Coventry network providers, University of MO providers, and United Behavioral Health providers)	Level B For services provided by non-network providers	
Annual Deductible (calendar year)	Not applicable	\$500 per person \$1,500 per family	
Out-of-Pocket Limit³ (includes annual deductible & coinsurance, but not copays or prescription drug costs)	No Out-of-Pocket limit.	\$2,500 per person \$5,000 per family	
Lifetime Maximum	\$2 million Waived for network benefits after the maximum is reached.	\$2 million	
Preventive Care	No Charge and includes: - Annual physical Exam (including lab and x-ray that are part of annual physical exam) - Age Specific Cancer Screenings - Well Child Care	20% up to \$200 annual maximum (no deductible)	
Hospital Care⁵ (Includes birthing centers and inpatient surgery)	Inpatient: Precertification Required	No charge after \$300 copay per confinement ⁴	\$325 copay per confinement, then 20% after annual deductible ^{1,4} Precertification Required
	Out Patient:	No charge after \$100 copay	20% after annual deductible
Emergency Room Care	No charge after \$100 copay ²	No charge after \$100 copay	
Urgent Care Center	No charge after \$50 copay	20% after annual deductible	
Surgery - Outpatient	No charge after \$100 copay Prior authorization required for non-network providers	20% after annual deductible ¹	
Physician Visits - Inpatient	No charge	20% after annual deductible	
Physician Visits - Outpatient Diagnostic (Includes mental health & chemical dependency providers- requires authorization)	Non-Specialist:	University of Missouri Network Provider Copay	Coventry Network Provider Copay
	Specialist: No charge after the copay	\$10.00 \$20.00	\$15.00 \$25.00
Lab & X-ray	No charge	20% after annual deductible	
Allergy Injections	\$5 copay per injection	20% after annual deductible	
Ambulance (to nearest medical facility)	No charge after \$100 copay	No charge after \$100 copay	
Blood Plasma	No charge	20% after annual deductible	
Cardiac Rehabilitation	No charge Limited to 36 Phase II visits in 12 week period	20% after annual deductible (limited to 36 Phase II visits in 12 week period)	

Chiropractic Care (annual maximum of \$1,000 for Level A & B combined)	20%	20% after annual deductible		
Durable Medical Equipment, Diabetic Supplies & Prosthetics (requires authorization for charges \$1,000 and above)	No charge	20% after annual deductible		
Home Health Care (requires authorization)	No charge	20% after annual deductible		
Hospice (requires authorization)	No charge	20% after annual deductible		
Maternity Prenatal Care	Specialist:	University of Missouri Network Provider Copay \$20.00	Other Coventry Network Provider Copay \$25.00	20% after annual deductible There is an initial one time copay for routine prenatal visits.
		University of Missouri Network Provider Copay \$20.00	Other Coventry Network Provider Copay \$25.00	
Physical, Occupational & Speech Therapy (Speech therapy requires authorization)	University of Missouri Network Provider Copay \$20.00	Other Coventry Network Provider Copay \$25.00	20% after annual deductible	
	60 visit yearly combined maximum		60 visit yearly combined maximum	
Podiatry Care (requires authorization)	No charge	20% after annual deductible		
Private Duty Nursing (requires authorization)	No charge	20% after annual deductible		
Skilled Nursing Facility (requires authorization)	No charge	20% after annual deductible		
Pulmonary Rehabilitation	No charge. Limited to 36 visits in 12 week period.	20% after annual deductible. Limited to 36 visits in 12 week period.		

¹ Precertification required before hospitalization or non-network outpatient surgery. Otherwise a \$500 penalty applies.

² Emergency room copay waived if admitted.

³ Level A and Level B annual deductibles and out-of-pocket maximums are separate and may not be combined.

⁴ You will pay no more than one hospital copay in a 60-day period for any subsequent admission for the same diagnosis.

⁵ Precertification required for birth at hospital or birthing center.

PRESCRIPTION DRUG			
Prescription Drug Administrator: Express Scripts Phone: 800-955-1201 Web Site: www.express-scripts.com		Specialty Drug Administrator: CuraScript Phone: 866-413-4135	
Retail Prescription Drugs^{2,4}	Network pharmacy: \$75 annual deductible (retail only and supply limited to 30 days)	Formulary Generic ³ :	greater of \$7 copay or 20% after deductible
	Formulary Brand:	greater of \$15 copay or 20% after deductible	
	Non-Formulary Brand:	greater of \$30 copay or 50% after deductible	
	Non-network pharmacy: greater of \$30 copay or 50% of network cost after \$75 annual deductible ¹		
Mail Order Prescription^{2,4}	Formulary Generic ³ :	greater of \$15 copay or 20% per individual Rx for up to a 90-day supply	
	Formulary Brand:	greater of \$30 copay or 20% per individual Rx for up to a 90-day supply	
	Non-Formulary Brand:	greater of \$60 copay or 50% per individual Rx for up to a 90 day supply	
Specialty Drugs²	Must be obtained from CuraScript except for initial fill. Supply limited to 30 days		
	Formulary Generic ³ :	greater of \$7 copay or 20% after deductible	
	Formulary Brand:	greater of \$15 copay or 20% after deductible	
	Non-Formulary Brand:	greater of \$30 copay or 50% after deductible	
Out of Pocket Limit	\$2,250/\$4,500 (combined limit to include retail, mail order, and Specialty Drugs)		

¹ For non-network pharmacies, you pay the difference between the pharmacy's charge and the amount that an Express Scripts pharmacy would charge for the same prescription, in addition to the deductible and a higher percentage of the covered charge.

² No benefit is payable for prescriptions that cost less than the stated copayment amount.

³ Mandatory generic substitution applies to all prescriptions. When a generic drug exists and an employee chooses to use a brand drug, without prior authorization from Express Scripts, the employee is responsible for the difference in cost between the brand drug and the generic drug.

⁴ Step Therapy process applies to applicable drugs.

Employee Cost Summary - The Catastrophic Program

(Available to all employees)

Administrator: Great-West Life Healthcare Phone: 800-227-6525 (St. Louis – 525-6525) Web Site: www.mygreatwest.com	
When Benefit Applies	Applies to any licensed Provider
Annual Deductible (calendar year)	\$1,500 per person \$3,750 per family
Out-of-Pocket Limit (includes deductibles & coinsurance)	\$ 6,000 per person \$12,000 per family
Hospital Care	Inpatient ¹ : \$300 copay per confinement, then 20% after deductible Outpatient: \$20% after deductible
Emergency Room Care	20% after deductible
Urgent Care Center	20% after deductible
Surgery (in and outpatient) ¹	20% after deductible
Physician Visits (inpatient and office visits)	20% after deductible
Lab & X-Ray	20% after deductible
Cardiac Rehabilitation	20% after deductible (subject to a limit of 36 Phase II visits in a 12 week period per incident).
Pulmonary Rehabilitation	20% after deductible (subject to a limit of 36 visits in a 12 week period per incident).
Prescription Drugs	20% after deductible
Preventive Care (including routine physicals)	Not covered
Chiropractic Care	20% after deductible
Mental Health and Chemical Dependency	Inpatient ¹ : \$300 copay per confinement, then 20% after deductible up to a maximum of 31 days in a calendar year Outpatient : 40% after deductible, up to a maximum of 30 visits in a calendar year
Lifetime Maximum (all UM self-insured programs)	\$2 million

¹Precertification by Great -West Healthcare required before hospitalization or outpatient surgery. Otherwise a \$500 penalty applies.

Campus Benefit Representative Offices	Columbia 573-882-2146 Kansas City..... 816-235-1622 Rolla 573-341-4241 St Louis..... 314-516-5639
Frequently Called Numbers	Medical – UM Choice Health Care Coventry Health Care 800-613-7721 Catastrophic (CAT) Plan Great West..... 800-227-6525 Mental Health/Chemical Dependency United Behavioral Health 877-660-4871 Dental – Great West..... 800-227-6525 Prescription - Express Scripts 800-955-1201 Vision VSP 800-877-7195 Long Term Care MetLife..... 800-438-6388 Life Insurance Minnesota Life 800-843-8358 Flexible Spending Accounts ASI 800/659-3035 COBRA Great West..... 800-392-5368 Retirement Benefits 573-882-9810 Tax Deferred Investment 573-882-6582
Web Sites	Faculty & Staff Benefits Department Website http://www.umssystem.edu/benefits Coventry Health Care http://www.ummedcvty.com Express Scripts: http://www.express-scripts.com VSP: http://www.vsp.com/go/universityofmissouri MetLife: http://www.metlife.com/mybenefits ASI: http://asiflex.com