

20
27

Annual Enrollment Overview



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Welcome!



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What is Annual Enrollment and What's New



Medical Insurance Plans



HSA, FSA and HPA Accounts



Dental, Vision, Life and Disability Insurance Plans



Enrollment Documentation



Other Benefits



Conclusion



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What is Annual Enrollment and What's New

2027 Annual Enrollment Overview



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What is Annual Enrollment?

- The period of time during which faculty, staff and other eligible parties are able to make changes to their insurance plan elections*
- Generally, two weeks each fall; this year, **Oct. 26 – Nov. 6, 2026**, for all benefit-eligible faculty, staff and retirees**

* Some changes may be made outside of Annual Enrollment if you have experienced a qualified family/employment status change.

** Retirees are not eligible for some things discussed in this presentation, such as a pre-tax premium and some decision-making tools geared for employees' insurance options. Retirees will receive their own decision-making guides in the mail.



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New for 2027

Monthly premiums

Premium amounts vary depending on plan type and coverage level.

Medical plans: Increases from \$0-\$83 a month.

Dental plans: Increases from \$0.69-\$5.29 a month.

Short-Term Disability Buy-Up Plan: Increase of \$0.52 per \$100 of monthly income.

Vision plans: Increases from \$0.23-\$0.43 a month.

Annual contribution limits

IRS-approved increases for tax-favored accounts.

Health Savings Account: Increase to \$4,500/individual and \$9,000/family.

Health Care Flexible Spending Account: Increase to \$3,400



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Medical Insurance Options



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Medical insurance options and premiums

Columbia area

Medical plan option	Coverage level	You pay in 2026 (monthly premium)	You will pay in 2027 (monthly premium)
Healthy Savings Plan - Lowest premium - Combined medical and R deductible - HSA w/ University contribution - Broad network	Self	\$71	\$78
	Self and spouse	\$205	\$225
	Self and children	\$181	\$199
	Self and family	\$350	\$386
Columbia Custom Network Plan - Mid-level premium - Regional plan available based on county where you live or work - Medical deductible; separate R deductible - Focused network; other providers are considered out-of-network, even if they accept UHC	Self	\$106	\$119
	Self and spouse	\$298	\$334
	Self and children	\$278	\$311
	Self and family	\$502	\$562
PPO Plan - Highest premium - Medical deductible; separate R deductible - Broad network	Self	\$216	\$237
	Self and spouse	\$526	\$579
	Self and children	\$500	\$550
	Self and family	\$847	\$930



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Medical insurance options and premiums

Kansas City area

Medical plan option	Coverage level	You pay in 2026 (monthly premium)	You will pay in 2027 (monthly premium)
Healthy Savings Plan - Lowest premium - Combined medical and R deductible - HSA w/ University contribution - Broad network	Self	\$71	\$78
	Self and spouse	\$205	\$225
	Self and children	\$181	\$199
	Self and family	\$350	\$386
Kansas City Core Network Plan - Mid-level premium - Regional plan available based on county where you live or work - Medical deductible; separate R deductible - Smaller pool of in-network providers including such as St. Luke's, Children's Mercy and others	Self	\$150	\$150
	Self and spouse	\$404	\$404
	Self and children	\$372	\$372
	Self and family	\$675	\$675
PPO Plan - Highest premium - Medical deductible; separate R deductible - Broad network	Self	\$216	\$237
	Self and spouse	\$526	\$579
	Self and children	\$500	\$550
	Self and family	\$847	\$930



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Medical insurance options and premiums

Rolla area

Medical plan option	Coverage level	You pay in 2026 (monthly premium)	You will pay in 2027 (monthly premium)
Healthy Savings Plan - Lowest premium - Combined medical and R deductible - HSA w/ University contribution - Broad network	Self	\$71	\$78
	Self and spouse	\$205	\$225
	Self and children	\$181	\$199
	Self and family	\$350	\$386
Rolla Surest Plan - Mid-level premium - Regional plan available based on county where you live or work - No medical deductible; separate R deductible - Broad network; uses a fixed single copay per specific service	Self	\$165	\$165
	Self and spouse	\$445	\$445
	Self and children	\$409	\$409
	Self and family	\$743	\$743
PPO Plan - Highest premium - Medical deductible; separate R deductible - Broad network	Self	\$216	\$237
	Self and spouse	\$526	\$579
	Self and children	\$500	\$550
	Self and family	\$847	\$930



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Medical insurance options and premiums

St. Louis area

Medical plan option	Coverage level	You pay in 2026 (monthly premium)	You will pay in 2027 (monthly premium)
Healthy Savings Plan - Lowest premium - Combined medical and R deductible - HSA w/ University contribution - Broad network	Self	\$71	\$78
	Self and spouse	\$205	\$225
	Self and children	\$181	\$199
	Self and family	\$350	\$386
St. Louis Core Network Plan - Mid-level premium - Regional plan available based on county where you live or work - Medical deductible; separate R deductible - Smaller pool of in-network providers including Mercy, SSM Health and others	Self	\$106	\$106
	Self and spouse	\$298	\$298
	Self and children	\$278	\$278
	Self and family	\$502	\$502
PPO Plan - Highest premium - Medical deductible; separate R deductible - Broad network	Self	\$216	\$237
	Self and spouse	\$526	\$579
	Self and children	\$500	\$550
	Self and family	\$847	\$930



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Medical plan comparison

Columbia area

For employees who live or work in **Missouri counties:** Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage and Randolph.

^{*1} Coinsurance percentage after deductible is met.

^{*2} Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plan, and the PPO Plans.

^{*3} Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

^{*4} Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

^{*5} 90-day fill/refill at Mizzou pharmacies at same cost as mail order.

	◀ Lowest monthly premium			Regional plan (mid-level premiums)		Highest monthly premium ▶	
	HEALTHY SAVINGS PLAN			COLUMBIA CUSTOM NETWORK PLAN		PPO PLAN	
	In-network ^{*3}			In-network ^{*3}		In-network ^{*3}	
Medical deductible	\$2,200/self; \$4,400/family ^{*2} (combined)			\$500/self; \$1,500/family ^{*2}		\$800/self; \$2,400/family ^{*2}	
Rx deductible				Retail: \$75/person Mail order: \$0/person		Retail: \$75/person Mail order: \$0/person	
Preventive care	\$0			\$0		\$0	
Primary care	20% ^{*1}			\$20 copay/visit		\$25 copay/visit	
Specialist care	20% ^{*1}			\$40 copay/visit		\$40 copay/visit	
Urgent care	20% ^{*1}			\$100 copay/visit		\$100 copay/visit	
Lab and x-ray	20% ^{*1}			10% ^{*1}		20% ^{*1}	
Outpatient care	20% ^{*1}			10% ^{*1}		20% ^{*1}	
Inpatient care (incl. maternity delivery)	20% ^{*1}			10% ^{*1}		20% ^{*1}	
DME	20% ^{*1}			10% ^{*1}		20% ^{*1}	
Emergency room	20% ^{*1}			\$250 copay/visit		\$250 copay/visit	
Ambulance	20% ^{*1}			10% ^{*1}		20% ^{*1}	
Rx drug: Non-Maintenance Retail/Mail ^{*5}	20% ^{*1}			Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%		Greater of copay or coinsurance ^{*1} ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%	
Medical limit	\$4,200/self; \$8,400/family ^{*2} (combined)			\$3,750/self; \$7,500/family ^{*2}		\$3,750/self; \$7,500/family ^{*2}	
Rx limit				\$6,850/self; \$13,700/family ^{*2}		\$6,850/self; \$13,700/family ^{*2}	



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Medical plan comparison

Kansas City area

For employees who live or work in
Missouri counties:
 Cass, Clay, Jackson, Johnson,
 Lafayette, Platte and Ray.
Kansas counties: Johnson and
 Wyandotte.

*1 Coinsurance percentage after deductible is met.

*2 Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plan, and the PPO Plans.

*3 Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

*4 Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

	◀ Lowest monthly premium	Regional plan (mid-level premiums)	Highest monthly premium ▶
	HEALTHY SAVINGS PLAN	KANSAS CITY CORE NETWORK PLAN	PPO PLAN
	In-network*3	In-network*3	In-network*3
Medical deductible	\$2,200/self; \$4,400/family*2 (combined)	\$500/self; \$1,500/family*2	\$800/self; \$2,400/family*2
Rx deductible		Retail: \$75/person Mail order: \$0/person	Retail: \$75/person Mail order: \$0/person
Preventive care	\$0	\$0	\$0
Primary care	20%*1	\$20 copay/visit	\$25 copay/visit
Specialist care	20%*1	\$40 copay/visit	\$40 copay/visit
Urgent care	20%*1	\$100 copay/visit	\$100 copay/visit
Lab and x-ray	20%*1	10%*1	20% *1
Outpatient care	20%*1	10%*1	20% *1
Inpatient care (incl. maternity delivery)	20%*1	10%*1	20% *1
DME	20%*1	10%*1	20% *1
Emergency room	20%*1	\$250 copay/visit	\$250 copay/visit
Ambulance	20%*1	10%*1	20% *1
Rx drug: Non-Maintenance Retail/Mail*5	20%*1	Greater of copay or coinsurance*1: ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of copay or coinsurance*1 ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%
Medical limit	\$4,200/self; \$8,400/family*2 (combined)	\$3,750/self; \$7,500/family*2	\$3,750/self; \$7,500/family*2
Rx limit		\$6,850/self; \$13,700/family*2	\$6,850/self; \$13,700/family*2



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Medical plan comparison

Rolla area

For employees who live or work in **Missouri counties:** Crawford, Dent, Gasconade, Maries, Phelps, Pulaski and Texas.

*1 Coinsurance percentage after deductible is met.

*2 Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plan, and the PPO Plans.

*3 Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

*4 Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

*5 For lab and x-ray services, “Routine” includes services such as x-ray, blood work, ultrasound, etc. “Complex” includes services such as CT scan, PET scan, MRI, etc.

*6 Copay is inclusive of all services received. On the Surest plan, member costs vary depending on provider, location and services received. Use the Surest App [hyperlink] to see service costs by provider before receiving care.

	◀ Lowest monthly premium	Regional plan (mid-level premiums)	Highest monthly premium ▶
	HEALTHY SAVINGS PLAN	ROLLA SUREST PLAN	PPO PLAN
	In-network*3	In-network*3	In-network*3
Medical deductible	\$2,200/self; \$4,400/family*2 (combined)	N/A	\$800/self; \$2,400/family*2
Rx deductible		Retail: \$75/person Mail order: \$0/person	Retail: \$75/person Mail order: \$0/person
Preventive care	\$0	\$0	\$0
Primary care	20%*1	\$25- \$130/visit	\$25 copay/visit
Specialist care	20%*1	\$25-\$130/visit	\$40 copay/visit
Urgent care	20%*1	\$80/visit	\$100 copay/visit
Lab and x-ray	20%*1	\$0/routine \$150-\$1,900/complex	20% *1
Outpatient care	20%*1	\$200-\$1,050	20% *1
Inpatient care (incl. maternity delivery)	20%*1	\$400-\$3,500 \$1,300-\$2,750/maternity	20% *1
DME	20%*1	\$0-\$1,000	20% *1
Emergency room	20%*1	\$900/visit	\$250 copay/visit
Ambulance	20%*1	\$500	20% *1
Rx drug: Non-Maintenance Retail/Mail*5	20%*1	Greater of copay or coinsurance*1: ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of copay or coinsurance*1 ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%
Medical limit	\$4,200/self; \$8,400/family*2 (combined)	\$5,500/self; \$11,000/family*2	\$3,750/self; \$7,500/family*2
Rx limit		\$6,850/self; \$13,700/family*2	\$6,850/self; \$13,700/family*2



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Medical plan comparison

St. Louis area

For employees who live or work in
Missouri counties: Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Pike, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, and Washington.
Illinois counties: Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Pike, Randolph and St. Clair.

^{*1} Coinsurance percentage after deductible is met.

^{*2} Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plan, and the PPO Plans.

^{*3} Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

^{*4} Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

	◀ Lowest monthly premium	Regional plan (mid-level premiums)	Highest monthly premium ▶
	HEALTHY SAVINGS PLAN	ST. LOUIS CORE NETWORK PLAN	PPO PLAN
	In-network ^{*3}	In-network ^{*3}	In-network ^{*3}
Medical deductible	\$2,200/self; \$4,400/family ^{*2} (combined)	\$500/self; \$1,500/family ^{*2}	\$800/self; \$2,400/family ^{*2}
Rx deductible		Retail: \$75/person Mail order: \$0/person	Retail: \$75/person Mail order: \$0/person
Preventive care	\$0	\$0	\$0
Primary care	20% ^{*1}	\$20 copay/visit	\$25 copay/visit
Specialist care	20% ^{*1}	\$40 copay/visit	\$40 copay/visit
Urgent care	20% ^{*1}	\$100 copay/visit	\$100 copay/visit
Lab and x-ray	20% ^{*1}	10% ^{*1}	20% ^{*1}
Outpatient care	20% ^{*1}	10% ^{*1}	20% ^{*1}
Inpatient care (incl. maternity delivery)	20% ^{*1}	10% ^{*1}	20% ^{*1}
DME	20% ^{*1}	10% ^{*1}	20% ^{*1}
Emergency room	20% ^{*1}	\$250 copay/visit	\$250 copay/visit
Ambulance	20% ^{*1}	10% ^{*1}	20% ^{*1}
Rx drug: Non-Maintenance Retail/Mail ^{*5}	20% ^{*1}	Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of copay or coinsurance ^{*1} ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%
Medical limit	\$4,200/self; \$8,400/family ^{*2} (combined)	\$3,750/self; \$7,500/family ^{*2}	\$3,750/self; \$7,500/family ^{*2}
Rx limit		\$6,850/self; \$13,700/family ^{*2}	\$6,850/self; \$13,700/family ^{*2}



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Medical provider lookup options

Website	Best For	Link
myUHC	Search for doctors, hospitals, and facilities in the UHC network in your current plan.	www.myuhc.com
UHC Benefit Explorer	Compare plan options, and search providers for a plan you aren't enrolled in.	https://exploreuhcplans.com/universityofmissouri
Surest App / Website	Search for Surest providers, view prices, and compare care options.	https://benefits.surest.com/UniversityMissouri Access Code: UNIVERSITYMISSOURI2027

Information for the 2027 plan year will be available on the UHC Benefit Explorer and Surest Websites by October 1, 2026.



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Virtual Visits

- **Lower cost than urgent care or emergency room**

- Talk to a doctor from your mobile device or computer without an appointment, any time
- Great option when your doctor is not available or if you get sick while traveling with a non-emergency health situation

- **Accessing virtual visits**

- Columbia CNP can access through MUHC's video visits portal
- SUREST can access through the SUREST website or the SUREST App
- All other plans can access through myuhc.com or the United Healthcare App

Bladder infection

Sore throat

Pink eye

Bronchitis

Fever

Rash

Cold/flu

Stomachache or diarrhea

Sinus issues

See umurl.us/VirtualVis



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Options for Prescription Medications



Retail Pharmacies

- Physical location you walk into
- 31 day supply



Mail-Order Pharmacy

- Sends Rx to your home
- Up to 90-day supply
- Maintenance meds or long-term therapies
- 90-day supply = same cost as 60-day supply



Mizzou Pharmacy

- Treated as mail-order
- Same reduced cost as mail-order



Specialty Prescriptions

- Managed and Processed through ArchimedesRx for all plans



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Prescription pharmacy lookup and pricing (non-specialty)

How to Choose Your Plans

umurl.us/Research

Research Resources

[UHC Medical Comparison & Provider Tool](#)

[UHC Current Medical Coverage](#)

[Plan Documents & Required Notices](#)

[Express Scripts Prescription Cost Estimator](#)

[2026 Specialty Drug List \(PDF\)](#)

[2026 Preferred Drug Formulary](#)

[Pre-Tax vs. After-Tax Premiums \(video\)](#)

[HSA & FSA Differences \(video\)](#)

Filter by available plans

Plan Year

2027

Plan

Healthy Savings Active

Healthy Savings Active

Explore plan details to see if it's right for you. Check medication prices, see what pharmacies are in-network, and find out what medications are covered.



Learn about your plan

Get a better understanding of how you and your plan work together to cover your medication.

[Benefits Overview](#)



Compare medication prices

Find medication covered by your plan and compare current prices across pharmacies.

[Search for Medication](#)



Find pharmacies

Search the network of participating pharmacies to find one that works best for you.

[Find a Pharmacy](#)



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HSA, HPA and FSA Accounts

2027 Annual Enrollment



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Health savings account (HSA)

Eligibility requirements

- Must be in a high-deductible plan on the first day of the month
(The Healthy Savings Plan is the university's IRS-designated high-deductible plan)
- Cannot be claimed as a dependent on some else's taxes
- Other coverage may disqualify you
- You or your spouse may not be enrolled in a general-purpose health care flexible spending account (FSA)

Funds must be available in account prior to use

If you leave, switch plans or retire, funds stay with you

Learn more at umurl.us/HSA



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Health savings account (HSA)

University contributes seed money in one lump sum

- Self: \$400
- Self and spouse: \$800
- Self and children: \$800
- Self and family: \$1,200

Option to contribute money pre-tax via payroll deduction, up to IRS limit:

- \$4,500 per individual
(\$1,000 additional catch-up for 55 or older)
- \$9,000 per family
(\$1,000 additional catch-up for 55 or older)

**If switching from a Health FSA to an HSA in 2027, your FSA must have a zero balance by 12/31/26, or contributions to your HSA will not begin until 04/01/27.*

Learn more at umurl.us/HSA



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Health savings account (HSA)



For medical, prescription, dental and vision expenses



Tax-free deposits, interest and withdrawals
(for eligible expenses)



Unused funds roll over from year to year



May be invested in stocks, mutual funds and other investment vehicles



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Health savings account (HSA)

Example #1- From Custom Network, self and children coverage

- Premiums: \$311 (CNP) - \$199 (HSP) = \$112 lower
- Seed money from university: \$800
- Contribution via payroll deduction: \$112/month; \$1,344/year

\$2,144
Total 2027
HSA contribution

Example #2- From Custom Network, self and family coverage

- Premiums: \$562 (CNP) - \$386 (HSP) = \$176 lower
- Seed money from university: \$1,200
- Contribution via payroll deduction: \$176/month; \$2,112/year

\$3,312
Total 2027
HSA contribution

Example #3- From PPO, self coverage

- Premiums: \$237 (PPO) - \$78 (HSP) = \$159 lower
- Seed money from university: \$400
- Contribution via payroll deduction: \$159/month; \$1,908/year

\$2,308
Total 2027
HSA contribution

Example #4- From PPO, self and family coverage

- Premiums: \$930 (PPO) - \$386 (HSP) = \$544 lower
- Seed money from university: \$1,200
- Contribution via payroll deduction: \$544/month; \$6,528/year

\$7,728
Total 2027
HSA contribution



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Health payment account (HPA)

How to enroll

- Employees in the Healthy Savings Plan receive a welcome email from Paytient inviting you to create an account.
 - Paytient is required to confirm employees are able to afford payments by comparing income to expenses during application. This is not a credit check.
- Once the account is created, the employee receives a Paytient Visa® Card that can be used to pay for up to \$2,000 of out-of-pocket health care expenses.

Using funds

- Use your Paytient Visa® Card to pay for current or previous expenses related to medical, pharmacy, dental and mental health for you or your dependents.
- After using your Paytient Visa® Card, you will select a repayment plan that you can pay back without interest or fees through a payroll deduction from your University paycheck.

Learn more at umurl.us/HPA



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Flexible spending account (Health Care FSA)

Eligibility requirements

- Cannot be enrolled in the Healthy Savings Plan
- If you leave the university, you will no longer be eligible to participate
Any remaining funds can only be used for expenses incurred prior to coverage end date
- Enrollment does not automatically roll over year-to-year
*If you wish to contribute funds in 2027, **you must re-enroll** during Annual Enrollment*

Using funds

- University does not contribute
- Can contribute money pre-tax via payroll deduction, up to IRS limit
\$3,400 per individual
- For medical, prescription, dental and vision expenses
- Cannot roll over funds
2.5 month grace period allows extra time to incur expenses through March 15 of following year
- ASI FlexCard option

** If you have an FSA in 2026 and are changing to the Healthy Savings Plan with an HSA in 2027, your 2026 FSA must have a zero balance by December 31. A balance of any other amount will prevent you and the university from contributing to your HSA until April 1.*

Learn more at umurl.us/FSA



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Flexible spending account

(Dependent Care
FSA)

Eligibility requirements

- Can be enrolled in any medical plan
- If you leave the university, you will no longer be eligible to participate

Any remaining funds can only be used for expenses incurred prior to coverage end date
- Enrollment does not automatically roll over year-to-year

*If you wish to contribute funds in 2027, **you must re-enroll** during Annual Enrollment*

Using funds

- University does not contribute
- Can contribute money pre-tax via payroll deduction, up to IRS limit

\$7,500 per single individual or married couples filing jointly
- For childcare and/or elder care dependent expenses
- Cannot roll over funds

2.5 month grace period allows extra time to incur expenses through March 15 of following year

Learn more at umurl.us/FSA



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Insurance Options

Dental, Vision, Life and Disability Plans



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Dental insurance options and premiums

Dental plan option	Coverage level	You pay in 2026 (monthly premium)	You will pay in 2027 (monthly premium)
Base Plan	Self	\$15.94	\$16.63
	Self and spouse	\$31.88	\$33.26
	Self and children	\$38.68	\$40.35
	Self and family	\$54.62	\$56.98
Buy Up Plan	Self	\$28.98	\$30.23
	Self and spouse	\$57.90	\$60.40
	Self and children	\$91.14	\$95.08
	Self and family	\$122.28	\$127.56



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Side-by-side
comparison
of dental
plans

2027 Dental plan options

	Base Plan	Buy Up Plan
Deductible	\$100/person \$300/family	\$50/person \$150/family
Preventive services	100% (no deductible)	100% (no deductible)
Basic services	80% after deductible	80% after deductible
Major services	50% after deductible	50% after deductible
Annual maximum	\$1,500 per calendar year for each covered individual	\$2,000 per calendar year for each covered individual
Orthodontia services	N/A	50% (no deductible)
Orthodontia lifetime maximum	N/A	\$1,500 per lifetime for each covered individual
Orthodontia eligibility	N/A	Adults and children



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Dental provider lookup

You have access to two very strong networks – Delta Dental PPO™ and Delta Dental Premier® networks.

Find a dentist ready to serve you.

Quick access to your member tools

-  My benefits
-  Find a dentist
-  Cost estimator
-  Contact us

To download a claim form, please click "My benefits" and log in to your member portal.

University-customized Delta Dental site
www.deltadentalmo.com/um



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Vision insurance

	Coverage level	<i>You pay in 2026 (monthly premium)</i>	<i>You will pay in 2027 (monthly premium)</i>
Vision Plan	Self	\$5.06	\$5.19
	Self and spouse	\$10.08	\$10.33
	Self and children	\$11.00	\$11.27
	Self and family	\$17.41	\$17.84



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Vision insurance

Benefit	Description	Copay	Frequency
Well vision exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Essential medical eye care	- Retinal screening for members with diabetes - Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or disease, glaucoma and more - Coordination with medical coverage may apply; ask your VSP doctor for details	\$0 per screening \$20 per exam	Available as needed
Rx glasses		\$25	
Frame	\$190 featured frame brands allowance \$140 frame allowance 20% savings on the amount over your allowance \$75 Costco/Walmart/Sam's frame allowance	Included in prescription glasses	Every other calendar year
Lenses	- Single vision, lined bifocals, lined trifocal and lenticular lenses - Polycarbonate lenses- Children - Standard progressive lenses - Tint (Pink I and II)	Included in prescription glasses	Every calendar year
Lens enhancements	- Premium and custom progressive lenses - UV protection - Tint (solid and gradient) - Scratch-resistant coating - Photochromic lenses - High-index lenses - Polycarbonate lenses- Adult - Average savings of 30% on other lens enhancements	\$95-\$175 \$10-\$17 \$15-\$17 \$17-\$33 \$41-\$85 \$75 \$56-\$60 \$31-35	Every calendar year
Contacts (instead of glasses)	\$140 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation) - Necessary contact lenses	Up to \$40 \$25	Every calendar year
Lightcare	\$140 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	Every other calendar year

*Group Authorized Providers (GAP), such as Mason Eye, have some limitations on services. See umurl.us/vision for more information.



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Vision provider lookup

vsp University of Missouri System
COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

PLAN EFFECTIVE DATE
January 1, 2023

Welcome to VSP Vision Care

As a VSP® member, you have access to quality eye care and eyewear at low out-of-pocket costs. Enjoy convenience and savings by choosing a VSP in-network doctor! Get started: Log in or create a [vsp.com](#) account to view your personalized benefits and find a doctor who's right for you.

Member Quick Links

- Create An Account
- Get the Details: VSP LightCare
- Mason Eye Clinic
- Find a Provider**
- Visit the UM Benefits Website

Our Doctor Network

To ensure you see an in-network eye doctor for your plan, [Create an Account](#) or [Log In](#) before you search! You'll get more and save more in-network!

[SEARCH BY LOCATION](#) | [SEARCH BY OFFICE](#) | [SEARCH BY DOCTOR](#) | [ADVANCED SEARCH +](#)

Zip OR Street Address (optional) City State

University-customized VSP site
universityofmo.vspforme.com
VSP Choice Plan



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Life and AD&D insurance

Employees have several options for life insurance to help give peace of mind, including:

- Basic Life, Plan A (100% university-paid—available at no cost to you)

Other voluntary life options are also available. The university does not subsidize premiums for these plans but negotiates to offer them at a reduced cost. These include:

- Basic Life, Plan B
- Spousal Life
- Child Life
- Additional Life
- Accidental Death and Dismemberment (AD&D)

MetLife administers all Life and Accidental Death and Dismemberment insurance options.

Learn more: umurl.us/dlins.



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Disability insurance

Employees have disability options to help give peace of mind, including two options that are 100% university-paid—available at no cost to you.

- Long-Term Disability, Core Plan
- Short-Term Disability, Base Plan (available to benefit-eligible staff and certain non-regular academic employees)

Other voluntary disability plan options are also available. The university does not subsidize premiums for these plans but negotiates to offer them at a reduced cost.

- Long-Term Disability, Buy-Up
- Short-Term Disability, Buy-Up (available to benefit-eligible staff and certain non-regular academic employees)

MetLife administers both the Short-Term Disability and Long-Term plan options.

Learn more: umurl.us/dlins.



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Enrollment Documentation

2027 Annual Enrollment



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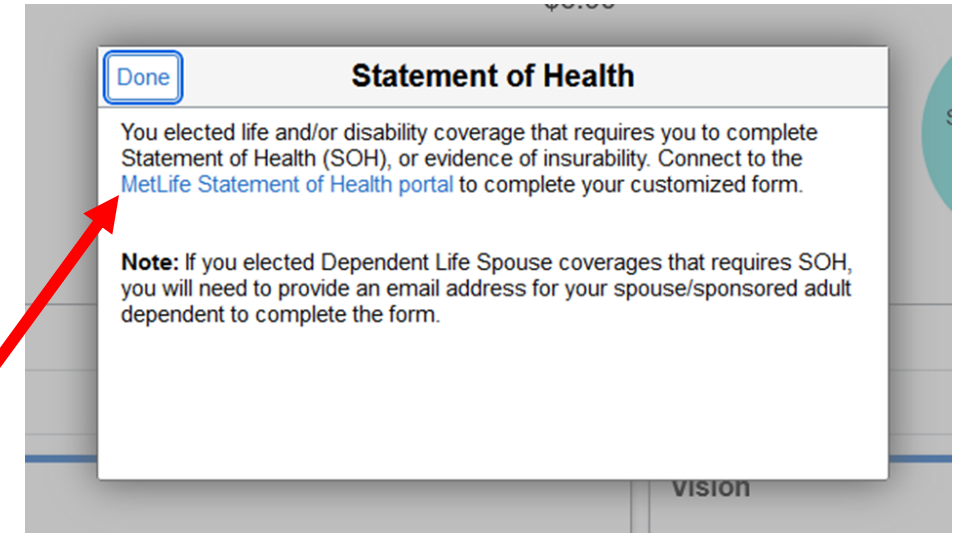
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Statement of Health

If a **Statement of Health (SOH)** form is required, you will receive a pop-up message after you click “Submit” and “Done”.

- The pop-up will contain a hyperlink to connect you to your customized form on MetLife’s portal.



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Statement of Health

Employee Coverage

- Click the blue button to complete your SOH application

You need to complete your Statement of Health application.

[Redacted]

Additional Life

Coverage that requires proof of good health: ? \$520,000.00

[Complete Online Now](#)

Dependent Life-Spouse

- you will need to provide an email address for your spouse or sponsored adult dependent to complete the form.

Your dependent needs to complete a Statement of Health application. Please pre-register them today!

[Redacted]

Dependent Life

Coverage that requires proof of good health: ? \$30,000.00

Please provide your dependent's email address so we can email your dependent a link to the online Statement of Health.

[Provide Email Address](#)

Prefer to print the Statement



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Enrollment confirmation

Confirmation email

- When you submit your enrollment in myHR, an email confirmation will be sent to your university email account
- If you don't receive an email, you have not completed your enrollment

Confirmation statements

- Contains a summary report of your enrollments
- Available in myHR in mid-December
- An email will be sent to your university email account once your confirmation statement is ready to be viewed and printed in myHR



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Proof of relationship requirement

Proof of Relationship must be provided for any new dependents enrolled

- After Annual Enrollment ends, you have 31 days to provide required documentation
- If documentation is not submitted by **December 7, 2026**, dependent(s) will be removed from coverage

Form and accepted documentation can be found online

Learn more at umurl.us/proof



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Other Benefits

Voluntary Retirement Plans, Tuition Assistance, Public Service Loan Forgiveness and Employee Assistance Program



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Voluntary retirement plans

- All employees, regardless of benefit eligibility, are able to participate in University-sponsored voluntary retirement plans

457(b) Plan

May increase or decrease contribution percentage at any time

Pre-tax deferrals

403(b) Plan

May increase or decrease contribution percentage at any time

Pre-tax or Roth (after-tax) deferrals



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umurl.us/Fidelity

Fidelity NetBenefits®

[FAQs](#)

Log in

Username

Password

☐ Remember my username

Log in

[Forgot username or password?](#)

New to Fidelity NetBenefits®? [Register as a new user](#)

Explore investment
options

Name beneficiaries

Review contribution
and account details

Voluntary retirement plans



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Retirement planning

Fidelity Resources

- One-on-one consultations with Fidelity Workplace Financial Consultants
- Live and on-demand workshops
- Online resources and tools

Visit umurl.us/RetConsult to learn more.

University Resources

- Three-part virtual seminar series
 1. *Planning for and preserving retirement savings*
 2. *Navigating Social Security and Medicare*
 3. *The University's retirement plans*
- Designed for those within 10 years of retirement but all are welcome to attend.

Visit umurl.us/RetSem to learn more.



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Other benefits

Tuition Assistance*

- Available for UM college credit courses offered through all UM Campuses and online learning.
- Deadlines for requests are due mid-semester. Visit umurl.us/tuition for more.
 - Active employees: 75% of tuition/supplemental fees.
 - Spouse/dependents**: 50% tuition waived for UM System college-level credit courses up to a total of 140 credit hours.
 - Retirees: 100%

Public Service Loan Forgiveness (PSLF)

- If you work for the university and have federal student loans, you may qualify for loan forgiveness. Visit umurl.us/EmpRel for more.

* Eligibility requirements apply; visit umurl.us/tuition for information on eligibility and other deadlines.

**Eligible employee must have one year of continuous full-time service in a fully benefit-eligible position before spouse/dependents are eligible



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Employee Assistance Program (EAP)

- Emotional wellbeing tools, resources and counseling services for employees and household members

Connect with your Employee Assistance Program.

24/7. Confidential. Available to you at no cost.

All records are kept confidential in accordance with federal and state laws.



Register and log in today:

liveandworkwell.com

Enter access code:
UMISSOURI



Or call us 24/7 at

866-248-4094

See umurl.us/EAP for more

Optum



Support for emotional wellbeing



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Calm Health

- Free, premium access to Calm Health app through the Employee Assistance Program

- Visit supportfinder.optum.com/umissouri2
- Register or Sign in with Support Finder.
- Select the Calm Health spotlight tile, linking to the Calm Health registration page.



Relieve stress and anxiety



Sleep better



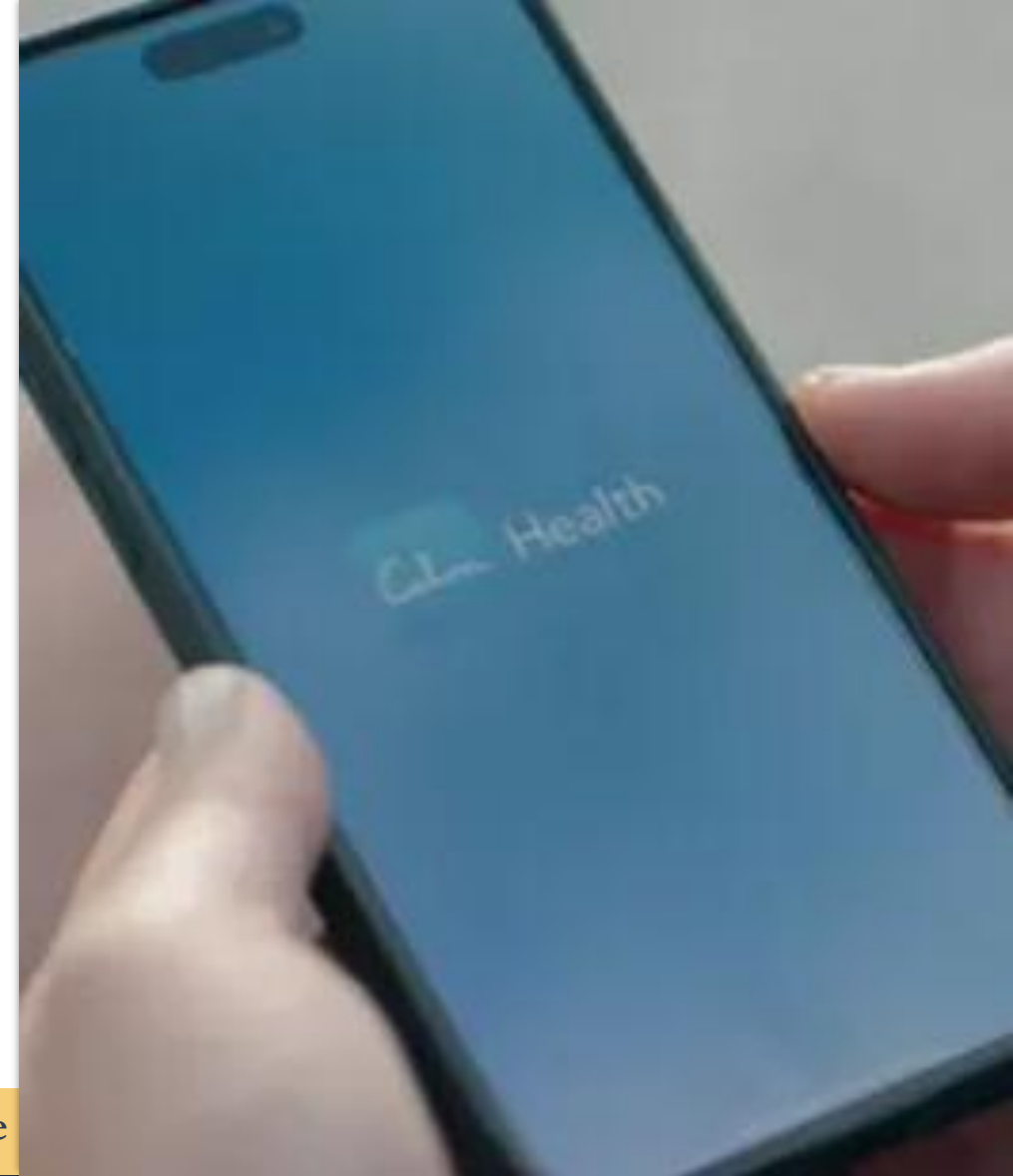
Live more mindfully

Optum



To register and download the Calm Health app, scan the QR code or go to supportfinder.optum.com/umissouri
access code univmissouri

See umurl.us/EAP for more



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Conclusion

2027 Annual Enrollment



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Insurance- related notices

Notices will be made available during the enrollment process in myHR:

- Women's Health and Cancer Rights Act of 1998
- Your Right to Receive A Notice of Privacy Practices
- Notice to Employees of Coverage Options
- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Medicare Modernization Act (MMA)
- Newborns' and Mothers' Health Protection Act of 1996

Notices are also always available online

Learn more at umurl.us/notices



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Important reminders

If you do not wish to make changes to your elections, no action is required on your part. The benefit elections you made in 2026 will continue into 2027, **except for Flexible Spending Accounts (FSA), which require re-enrollment each year.**



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**There's
help!**

Our university benefits website has many of the answers you're looking for. Regularly check the Annual Enrollment webpage at:

umurl.us/enrollment

- Updates will always appear there
- Schedule one-on-one meetings with your campus HR Generalist

Need help along the way?

- Submit a question through [AskHR](http://askhr.umsystem.edu) (askhr.umsystem.edu); or
- contact the [HR Service Center](http://umurl.us/hrsc) (umurl.us/hrsc); or
- reach out to your [HR Generalist](http://umurl.us/cbr) (umurl.us/cbr) for assistance.

UnitedHealthcare has tools available to help

- Visit the Annual Enrollment webpage for a list

Remember to review and make changes between October 26 and November 6!



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Visit umurl.us/enrollment for more

HR Service Center

umurl.us/hrsc

(573)882-2146

hrservicecenter@umsystem.edu



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