







University of Missouri System

Dear Colleagues:

Annual Enrollment is October 21 – November 1, 2024. This is the annual opportunity for faculty and staff to review and change insurance elections for the next calendar year. As always, we hope you will take some time to learn about the plan options available and make an informed decision about the coverage that will work best for you in 2025.

Each year, the Office of Human Resources conducts a benefits review in collaboration with the UM System Office of Finance, our vendor partners, and the Total Rewards Advisory Committee (TRAC), comprised of members representing faculty and staff from each university, MU Health Care and retirees (<u>umurl.us/trac</u>). This annual process helps us proactively manage costs and provide a competitive benefit to the university community. Healthcare costs continue to rise nationally, and the university is dedicated to offering solutions that will best support your needs.

Just like it is important to get your health checked annually, the same annual "benefit checkup" is important to help you make choices that are right for you for the coming year. Even if you do not plan to make changes to your insurance plans, I encourage you to take time to review your current elections, make the most of the resources to learn about plan options, and double check your dependent, beneficiary, and address information is accurate.

The decisions you make about health care and other benefits are personal and important. Thank you for engaging in your benefit enrollment process.

Sincerely, Marsha Fischer Vice President for the Office of Human Resources, University of Missouri



Marsha Fischer
Vice President for Human Resources
University of Missouri

Need assistance?

Book a one-on-one appointment with your HR Generalist for personalized insurance and enrollment assistance (<u>umurl.us/cbr</u>). For additional assistance, visit AskHR (askhr.umsystem.edu) or contact the HR Service Center by phone at (573) 882-2146 (toll-free (800) 488-5288), and via email at hrservicecenter@umsystem.edu. Learn more at <u>umurl.us/hrsc</u>.



Visit the Annual Enrollment webpage (umurl.us/enrollment) for additional information.

What's new for 2025

- Monthly premiums: Premium amounts vary depending on plan type and coverage level.
 - Medical plan increases from \$3-\$34 a month.
 - Dental plan increases from \$0.33-\$10.62 a month.
- Prescription-related changes: Increases across Custom Network and PPO Plans.
 - Prescription out-of-pocket maximum increases to \$5,450/self and \$10,900/family.
 - Minimum dollar threshold for retail maintenance prescription drugs* increases \$5-\$20 depending on prescription type.
- Annual contribution limits: IRS-approved increases for tax-favored accounts.
 - Health Savings Account: Increase to \$4,300/individual and \$8,550/family.
 - Health Care Flexible Spending Account: Increase to \$3,200.

*Maintenance prescription drugs are those taken on a regular basis to treat long-term conditions.

Refer to umurl.us/SBC for details.

Plans At-A-Glance

Healthy Savings Plan

High-deductible plan available regardless of location and administered by UnitedHealthcare. Has the lowest monthly premiums and features only one deductible and out-of-pocket maximum (medical and prescription combined). Utilizes UHC's broad nationwide network and associated discounts on services. Can be coupled with a Health Savings Account (HSA) to help maximize savings for health expenses, including an annual university contribution up to \$1,200 depending on coverage level and enrollment date. Learn more: <u>umurl.us/HSP</u>.

Custom Network Plan (Columbia and St. Louis)

Available to those who live or work in eligible counties near Columbia or St. Louis and administered by UnitedHealthcare. Features a narrow network of providers who offer quality care and share savings when you stay in-network. Participants only have in-network access to providers specific to that plan (i.e., Columbia *or* St. Louis). Columbia-area network has providers affiliated with MU Health Care and the St. Louis-area has providers affiliated with Mercy Health System. Learn more: <u>umurl.us/CNP</u>.

PPO Plan

Available to those who live or work outside of the eligible counties for the Tiered Feature (see below) and administered through UnitedHealthcare. This traditionally structured plan has a broad network of providers but also generally highest premiums of the available plans. Participants pay deductibles for most medical expenses and prescription drugs even when using in-network services. Learn more: umurl.us/PPO.

PPO Plan with Tiered Feature (also called Tiered PPO Plan)

Available to those who live or work in eligible counties around Kansas City and Rolla and administered by UnitedHealthcare. Structured like the base PPO Plan (above), this plan offers two tiers within that same broad network of providers which may result in enhanced savings when using providers recognized as offering high-quality, cost-effective care. Learn more: umurl.us/TierPPO.

Dental (Dental Base Plan and Dental Buy Up Plan)

Administered by Delta Dental and available regardless of location. Two coverage options are available, the Dental Base Plan and the Dental Buy Up Plan. Both options cover three classes of reasonable and customary expenses: preventive, basic and major services, and the Buy Up Plan expands coverage to include orthodontics (\$1,500 maximum lifetime benefit), a lower deductible and higher annual maximum. No matter the provider, deductible and coinsurance remain the same if charges are reasonable and customary but using Delta Dental's networks can help provide savings. Learn more: umurl.us/dental.

Vision

Vision insurance is administered and available through VSP. The university does not subsidize premiums, but VSP provides a discounted group rate available at all locations where VSP is accepted. The plan does not have a deductible and offers coverage for a number of eye care expenses. Learn more: <u>umurl.us/vision</u>.

Disability and Life insurance

Employees have several options for life insurance to help give peace of mind. In fact, Basic Life and Short-Term Disability (benefit-eligible staff and certain non-regular academic employees) have options that are 100% university-paid—available at no cost to you. Other voluntary life and disability plan options are also available. The university does not subsidize premiums for these plans, but negotiates to offer them at a reduced cost. MetLife administers all Life, Short-Term Disability, Long-Term Disability and Accidental Death and Dismemberment insurance options. Learn more: umurl.us/dlins.



Visit <u>umurl.us/dlin</u> for more on disability and life options.

Enroll in myHR

If you are a current faculty or staff member, Annual Enrollment is your annual opportunity to review and change your benefits for next year. If you do not make changes, your current enrollments will continue into the new calendar year, except for Flexible Spending Accounts (FSAs). You must re-enroll in Health Care and Dependent Care FSAs each year. Learn more: umurl.us/enrollment.

If you are a newly benefit-eligible faculty or staff member, you must take action during your initial enrollment period, even if your decision is to waive coverage. Otherwise, you will default to the self-only coverage level of the Healthy Savings Plan and pay taxes on your premiums. Learn more: <u>umurl.us/enrolling</u>.

Enroll in myHR (myhr.umsystem.edu) once you've decided which insurance plans are best for you:

- Visit myhr.umsystem.edu (Firefox or Chrome recommended) and log in.
- Click the "My Benefits" tile and select "Benefits Enrollment" from the left menu to access the self-service application.
- Follow the instructions provided to submit your plan choices or waive coverage. Click "Submit Enrollment" button.
- Once submitted, you will see a "Benefits Alerts" pop-up confirming your submission and receive an email to your university email address.
 - o If these options do not appear, you must enable pop-up windows.
 - o You are not done with enrollment until you click both the "Submit Enrollment" and "Done" buttons on the pop-up screen.
- You will receive another email notification when your Confirmation Statement is available to view in myHR.
- Watch the mail for important documents, such as new insurance ID cards.
 - For 2025 coverage, you will receive a new single card for medical and prescription coverage if you are newly enrolled or have changed plans. Dental ID cards will be issued only if you are newly enrolled, and the card will be in the subscriber's name. No card is issued for vision insurance.

Comparison Chart | What You Pay for Covered Expenses in 2025 **CUSTOM NETWORK PLAN PPO PLAN HEALTHY SAVINGS PLAN** (Columbia and St. Louis networks) (with Tiered Feature, where available) In-network Out-of-network** Out-of-network** Out-of-network** In-network In-network Tiered PPO Plan: PPO Plan: Tiered PPO Plan: PPO Plan: \$200/self \$1.500/self DEDUCTIBL Medical deductible \$500/self: \$800/self: \$1.000/self: \$1.600/self: \$1.750/self: \$3.500/self: \$600/family* \$4.500/family* \$1,500/family* \$2,400/family * \$3,000/family* \$4,800/family \$3.500/family* \$7,000/family* (combined) (combined) Retail: \$50/person Retail: \$50/person Retail: \$75/person Rx deductible Mail-order: \$0/person Mail order: \$0/person Mail order: \$0/person \$0 \$0 Preventive care \$0 35% or more (AD) 50% or more (AD) 40% or more (AD) Tiered PPO Plan: PPO Plan: Tier 1 (♥♥): \$15 copay/visit; Primary care 15% (AD) 35% or more (AD) \$15 copay/visit 50% or more (AD) 40% or more (AD) \$20 copay/visit Tier 2 (♥): \$30 copay/visit Tiered PPO Plan: PPO Plan: Tier 1 (♥♥): \$35 copay/visit: 40% or more (AD) Specialist care 15% (AD) 35% or more (AD) \$40 copay/visit 50% or more (AD) \$40 copay/visit Tier 2 (♥): \$45 copay/visit \$50 copay/visit **Urgent care** 15% (AD) 35% or more (AD) \$50 copay/visit \$50 copay/visit or more 40% or more (AD) Lab and x-ray***** 40% or more (AD) 15% (AD) 35% or more (AD) \$5 (basic)/\$100 (advanced) 50% or more (AD) Applicable coinsurance (AD)[^] **Outpatient care** 15% (AD) 35% or more (AD) 10% (AD) 50% or more (AD) Applicable coinsurance (AD)[^] 40% or more (AD) Inpatient care 15% (AD) 35% or more (AD) 10% (AD) 50% or more (AD) Applicable coinsurance (AD)[^] 40% or more (AD) (incl. maternity delivery) 15% (AD) 35% or more (AD) 10% (AD) 50% or more (AD) Applicable coinsurance (AD)^A 40% or more (AD) \$250 copay/visit \$250 copay/visit **Emergency room** 15% (AD) 15% or more (AD) \$250 copay/visit (AD) \$250 copay/visit (AD) or more (AD) or more (AD) \$200 or more \$200 or more Ambulance 15% (AD) 15% or more (AD) \$200 copay/occurrence (AD) \$200 copay/occurrence (AD) copay/occurrence (AD) copay/occurrence (AD) Rx drug: Greater of copav Greater of copay Non-Maintenance or coinsurance (AD): or coinsurance (AD): Greater of \$30 copay Retail/Mail*** Greater of \$30 copay or 15% (AD) 35% or more (AD) ■ \$10 (retail)/\$20 (mail) or 20% or 50% network cost ■ \$10 (retail)/\$20 (mail) or 20% 50% network cost (AD)**** Formulary generic • \$30 (retail)/\$60 (mail) or 25% (AD)**** ■ \$30 (retail)/\$60 (mail) or 25% Formulary brand ■ \$50 (retail)/\$100 (mail) or 50% ■ \$50 (retail)/\$100 (mail) or 50% Non-formulary brand \$3.750/self: \$11.250 or more/self: \$3.750/self: \$11.250 or more/self: Medical limit \$3.750/self: \$7.000 or more/self: \$7.500/family* \$22.500 or more/family* \$7.500/family* \$22.500 or more/family* \$7,500/family* \$14,000 or more/family* (combined) (combined) \$5.450/self: \$10.900/family* \$5.450/self: \$10.900/family* **^Tiered PPO Plan:** Note: "(AD)" indicates "after deductible." ^PPO Plan: *Considerations for "self" and "family" are different for the Healthy Savings Plan than for the Custom Network Plans and the In-network In-network PPO Plans. See the glossary (umurl.us/glossary) for details. 10% after deductible: Tier 1 (♥♥) providers: all 20% coinsurance **Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-ofdurable medical equipment, services obtained at

free-standing facilities, ambulatory surgical centers and physician offices

20% after deductible: Tier 2 (♥) providers; services obtained at outpatient hospital facilities

after deductible

network provider.

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

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

^{*****}For lab and x-ray services, "Basic" includes services such as x-ray, blood work, lipid panel, etc. "Advanced" includes services such as CT scan. PET scan. MRI. etc.

Monthly Premiums and Other Employee Benefit Information

Healthy Savings Plan				
Coverage level	Employee Cost	UM Cost		
Self only	\$65	\$433		
Self and spouse	\$185	\$910		
Self and child(ren)	\$164	\$923		
Self, spouse and child(ren)	\$317	\$1,446		

Custom Network Plan (Columbia and St. Louis networks)					
Coverage level	Employee Cost	UM Cost			
Self only	\$96	\$526			
Self and spouse	\$271	\$1,097			
Self and child(ren)	\$253	\$1,102			
Self, spouse and child(ren)	\$457	\$1,745			

PPO Plan (with Tiered Feature, where available)				
Coverage level	Employee Cost	UM Cost		
Self only	\$196	\$657		
Self and spouse	\$479	\$1,398		
Self and child(ren)	\$455	\$1,403		
Self, spouse and child(ren)	\$769	\$2,251		

Dental Base Plan				
Coverage level	Employee Cost	UM Cost		
Self only	\$15.86	\$15.86		
Self and spouse	\$31.72	\$31.72		
Self and child(ren)	\$38.49	\$38.49		
Self, spouse and child(ren)	\$54.35	\$54.35		

Dental Buy Up Plan				
Coverage level	Employee Cost	UM Cost		
Self only	\$28.83	\$15.86		
Self and spouse	\$57.61	\$31.72		
Self and child(ren)	\$90.68	\$38.49		
Self, spouse and child(ren)	\$121.66	\$54.35		

Vision Plan				
Coverage level	Employee Cost			
Self only	\$5.06			
Self and spouse	\$10.08			
Self and child(ren)	\$11.00			
Self, spouse and child(ren)	\$17.41			

Basic Life* (per \$1,000 of coverage)				
Plan Type	Employee Cost	UM Cost		
Option A	\$0	\$0.046		
Option B	\$0.022	\$0.046		

Additional Life Insurance* (also called "Optional Life"; per \$1000 of coverage)										
Age as of January 1 (top row) Amount (bottom row)										
<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$0.043	\$0.051	\$0.068	\$0.077	\$0.085	\$0.128	\$0.196	\$0.366	\$0.561	\$1.08	See below*

Long-Term Disability* (per \$100/covered monthly salary)					
Coverage level Employee Cost UM Co					
Core Plan (Option A)	\$0	\$0.124			
Buy-Up Plan (Option B)	\$0.133	\$0.124			

Short-Term Disability* (per \$100/covered monthly salary)				
Coverage level Employee UM Cost				
Base Plan	\$0	\$0.52		
Buy-Up Plan	\$0.74	\$0.52		

Life and Accidental Death and Dismemberment (AD&D) Insurance*

Life and accidental death and dismemberment insurance are available at multiple coverage levels:

- **AD&D:** Coverage from \$25,000 to \$150,000 for self only or self and dependent(s).
- Dependent Life-Child: Coverage from \$5,000 to \$25,000.
- Dependent Life-Spouse: Coverage from \$10,000 to \$100,000; statement of health form* may be required.
- Additional Life: Coverage of up to 8x annual salary to a maximum of \$1,000,000; statement of health form* may be required.

myHR

You can view and update your personal information or access your paychecks and benefit information in myHR. Log in to your myHR at myhr.umsystem.edu. For more information or assistance logging in to your account, visit umurl.us/pshr or call HR Information Systems at (573) 884-6996.

Premium Deductions

Monthly premiums are deducted during the month of coverage. Employees who are paid bi-weekly will have half the monthly premium deducted from their first two bi-weekly paychecks of the month. For more benefit information, visit umurl.us/benefits.

HR Service Center

Web: askHR.umsystem.edu or umurl.us/hrsc Phone: (573) 882-2146, Fax: (573) 882-9603 Email: hrservicecenter@umsystem.edu

To contact your HR Generalist, visit umurl.us/cbr.

Plan contact information

Additional plan contact information can be found at umurl.us/benadmin.

United Healthcare

Phone: (844) 634-1237 myuhc.com

Delta Dental

Phone: (866) 276-8329 deltadentalmo.com/UM

UHC Nurse Liaison

Phone: (573) 296-0158 umurl.us/nurse

VSP Vision Care

Phone: (800) 877-7195 universityofmo.vspforme.com

^{*}Visit <u>umurl.us/dlins</u> for eligibility, premium information and statement of health process requirements for each plan.