Board of Curators Meeting
November 21, 2019
Public Session

Vision

To advance the opportunities for success and well-being for Missouri, our nation and the world through transformative teaching, research, innovation, engagement and inclusion.

Missouri Compacts for Achieving Excellence

The Missouri Compacts for Achieving Excellence provide unifying principles that inform and guide the four universities and their strategic plans. Learn more about the compacts, below, at http://umurl.us/prespri.

Excellence in Student Success

Excellence in Research and Creative Works

Excellence in Engagement and Outreach

Inclusive Excellence

Excellence in Planning, Operations and Stewardship

Core Values

Our institution collectively embraces a series of core values that serve as the foundation upon which we build new knowledge and provide outstanding programs for students and citizens of our state and beyond.

- Academic freedom
- Access
- Accountability
- Civility
- Collaboration
- Creativity
- Discovery
- Engagement
- Excellence
- Freedom of expression
- Inclusion
- Innovation
- Integrity
- Respect
- Responsibility
- Transparency

Guiding Principles

1. Support courageous and proactive leadership that is articulate, unified and committed to excellence in carrying out our existing core missions of teaching, research, engagement and economic development and in meeting the changing needs of the world and the state.
2. Establish a collaborative environment in which UM System universities work together to achieve collective results that cannot be achieved individually and are committed to each other and our mutual success.
3. Exercise central authority that recognizes and respects institutional distinctiveness, appropriate deference and accountability.
4. Enact informed decisions based on collaboratively developed strategic directions and planning.
5. Identify and promote systemwide core values, including respect for all people, transparency, accountability, stewardship and purposeful self-assessment of performance.

Strategic Investments

The UM System is providing up to $260M in strategic investments to support financially viable, mission-centric projects that will offer a positive return on investment and help the University move toward excellence. Investments in support of the Missouri compacts will be made over a five-year period. For a list of investments, visit http://umurl.us/stratinv.

UNIVERSITY OF MISSOURI
BOARD OF CURATORS MEETING

Thursday, November 21, 2019
University of Missouri – St. Louis Campus
St. Louis, Missouri

AGENDA

Unless otherwise noted, public session meetings will be conducted in Century Rooms A & B of the Millennium Student Center on the University of Missouri – St. Louis campus.

Board Committee meetings were held November 12 and 13, 2019 in conjunction with the November 21, 2019 Board meeting.

BOARD OF CURATORS MEETING – PUBLIC SESSION

9:30 A.M. Call to Order

General Business

Information
1. University of Missouri Board Chair's Report
2. University of Missouri System President's Report

Action
1. Amendment, University of Missouri System Mission Statement (Choi)

Information
3. Research and Economic Development Annual Report
4. Student Representative to the Board of Curators' Report
5. Review Consent Agenda

Consent Agenda

Action
1. Minutes, September 26, 2019 Board of Curators Meeting
2. Minutes, September 26, 2019 Board of Curators Committee Meetings
3. Clarification and Amendments to the Active and Retiree Medical Plans Due to New

Defined Contribution Plan – Amendments Collected Rules and Regulations 520.010, Benefit Programs
4. Sole Source, Y-90 Microspheres, MUHC
5. Sole Source, 340B Contract Pharmacy Distribution Services, MUHC
6. Amendment to Collected Rules and Regulations 80.010 Procurement, UM

10:40 A.M. COMPENSATION AND HUMAN RESOURCES COMMITTEE MEETING
(Curators Snowden, Brncic, Chatman, Layman)

Action
1. New Collected Rule and Regulation 340.035, Organ and Bone Marrow Donor Leave (Fischer)
2. Resolution for Executive Session of the Compensation and Human Resources Committee

10:50 A.M. FINANCE COMMITTEE CHAIR REPORT
(Curators Brncic, Chatman, Steelman, Williams)

Information
1. Fiscal Year 2019 Investment Performance Review, UM

Action
1. Fiscal Year 2021 Student Housing and Dining Rates, UM
2. Project Approval, Bloch Heritage Hall Renovation & Addition, UMKC

11:05 A.M. HEALTH AFFAIRS COMMITTEE CHAIR REPORT
(Curator Graham, Snowden, Steelman, Mr. Ashworth, Mr. Phillips)

Information
1. Quarterly Financial Report, MUHC – Written Report Only
2. Quarterly Compliance Report, MUHC – Written Report Only
3. MU Health Care and School of Medicine Report
4. Quality and Safety Report, MUHC
5. Introduction Clinical Scale and Community Hospital Framework

Action
1. Minutes, September 18, 2019 Health Affairs Committee Meeting
2. Resolution for Executive Session of the Health Affairs Committee Meeting

General Business (approximately 11:30 am)

<u>Information</u>
6. University of Missouri – St. Louis Campus Highlights – Interim Chancellor Sobolik

12:00 P.M. Luncheon hosted by UMSL Faculty Senate with the Board of Curators, President and University of Missouri System Leaders (by invitation)
Topic: Internships at UMSL: Pathways to Career Success
Location: Century Room C, Millennium Student Center

1:15 P.M. PUBLIC SESSION MEETING

General Business

<u>Information</u>
7. Strategic Theme Discussion – Increasing Retention and Graduation Rates

<u>Action</u>
2. Election of Board of Curators Chair, 2020
3. Election of Board of Curators Vice Chair, 2020

<u>Information</u>
8. Good and Welfare of the Board

<u>Action</u>
4. Resolution for Executive Session of the Board of Curators Meeting, November 21, 2019

3:00 P.M. Press Conference with Board of Curators Leadership and UM System President (time is approximate)
Location: Room 314, Millennium Student Center

3:10 P.M. BOARD OF CURATORS COMPENSATION AND HUMAN RESOURCES COMMITTEE MEETING - EXECUTIVE SESSION
(time is approximate)
Location: Room 302, Millennium Student Center

The Compensation and Human Resources Committee will hold an executive session of the November 21, 2019 meeting, pursuant to Section 610.021(1), 610.021(3), 610.021(12) and 610.021(13) RSMo, for consideration of certain confidential or privileged communications with university counsel, contract and personnel items, as authorized by law and upon approval by resolution of the Compensation and Human Resources Committee.

4:00 P.M. **BOARD OF CURATORS MEETING-EXECUTIVE SESSION** (time is approximate)
Location: Room 302, Millennium Student Center

The Board of Curators will hold an executive session of the November 21, 2019 meeting, pursuant to Sections 610.021(1), 610.021(2), 610.021(3), 610.021(12), 610.021(13) and 610.021(14) RSMo, for consideration of certain confidential or privileged communications with University Counsel, personnel, real estate, litigation, contract items, and records protected by law, all as authorized by law and upon approval by resolution of the Board of Curators.

6:00 P.M. **Reception by Invitation for Board of Curators, President and University Leaders**
Hosted by: Interim Chancellor Kristin Sobolik
Location*:* Blanche M. Touhill Performing Arts Center

Upcoming meetings of the Board of Curators:

February 6, 2020	University of Missouri - Columbia
April 9, 2020	Missouri University of Science and Technology
June 18-19, 2020	University of Missouri System, Columbia, Missouri
September 23, 2020	Special Finance Committee Meeting, UMKC
September 24, 2020	University of Missouri – Kansas City
November 19, 2020	University of Missouri – St. Louis

GENERAL BUSINESS

UNIVERSITY OF MISSOURI

BOARD CHAIR REPORT

There are no materials for this information item.

November 21, 2019

UNIVERSISTY OF MISSOURI SYSTEM

PRESIDENT'S REPORT

There are no materials for this information item.

Amendment
University of Missouri System Mission Statement

Executive Summary

A proposed amendment to the University of Missouri System Mission Statement is presented to the Board of Curators. In July 2018, the Board of Curators adopted and revised a report from the University of Missouri Task Force on Governance. The Board directed the President "to review [the University of Missouri System Mission Statement] for possible revision."

The President has reviewed the statement and suggested amendments. The proposed amendments were vetted through and received input from chancellors and provosts, and faculty, staff and students through the Intercampus Faculty Council, Intercampus Student Council and Intercampus Staff Advisory Council. The input and vetting provided the basis for the amendments (as seen highlighted in red in the attachment) that consider research, innovation, economic interests and a commitment to academic freedom and freedom of expression. These proposed amendments better reflect the strategic direction and values of the University of Missouri System.

No. 1

Recommended Action - Amendment, University of Missouri System Mission Statement

It was recommended by President Choi, moved by Curator _________________ and seconded by Curator ________________, that the following action be approved:

that the University of Missouri System Mission Statement be amended to state in its entirety as below:

"The mission of the University of Missouri System, as a land-grant university and Missouri's only public research and doctoral-level institution, is to achieve excellence in the discovery, dissemination, preservation and application of knowledge. With an unwavering commitment to academic freedom and freedom of expression, the university educates students to become leaders, promotes lifelong learning by Missouri's citizens, fosters meaningful research and creative works, and serves as a catalyst for innovation, thereby advancing the educational, health, cultural, social and economic interests to benefit the people of Missouri, the nation, and the world."

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion ___________________.

November 21. 2019

Current Mission Statement

The mission of the University of Missouri System, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

Proposed Mission Statement (In red highlights the proposed revisions)

The mission of the University of Missouri System, as a land-grant university and Missouri's only public research and doctoral-level institution, is to achieve excellence in the discovery, dissemination, preservation and application of knowledge.

With an unwavering commitment to academic freedom and freedom of expression, the university educates students to become leaders, promotes lifelong learning by Missouri's citizens, fosters meaningful research and creative works, and serves as a catalyst for innovation, thereby advancing the educational, health, cultural, social and economic interests to benefit the people of Missouri, the nation, and the world.

RESEARCH AND ECONOMIC DEVELOPMENT
ANNUAL REPORT

There are no materials for this information item.

STUDENT REPRESENTATIVE TO THE
BOARD OF CURATORS REPORT

There are no materials for this information item.

REVIEW CONSENT AGENDA

There are no materials for this information item.

CONSENT AGENDA

CONSENT

Recommended Action - Consent Agenda

It was endorsed by President Choi, moved by Curator ___________ and seconded by Curator ___________, that the following items be approved by consent agenda:

CONSENT AGENDA

Action

1. Minutes, September 26, 2019 Board of Curators Meeting
2. Minutes, September 26, 2019 Board of Curators Committee Meetings
3. Clarification and Amendments to the Active and Retiree Medical Plans Due to New Defined Contribution Plan – Amendments Collected Rules and Regulations 520.010, Benefit Programs
4. Sole Source, Y-90 Microspheres, MUHC
5. Sole Source, 340B Contract Pharmacy Distribution Services, MUHC
6. Amendment to Collected Rules and Regulations 80.010 Procurement, UM

Roll call vote of the Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion __________________.

No. 1

Recommended Action - Minutes, September 26, 2019 Board of Curators Meeting Minutes

It was moved by Curator ________________ and seconded by Curator ________________, that the minutes of the September 26, 2019 Board of Curators meeting be approved as presented.

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion ___________________.

Consent 2

Recommended Action - Minutes, September 26, 2019 Board of Curators Committee Meeting Minutes

It was moved by Curator ________________ and seconded by Curator ________________, that the minutes of the September 17, 18 and 26, 2019 Board of Curators committee meetings, held in conjunction with the September 26, 2019 Board of Curators meeting, be approved as presented.

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion __________________.

Collected Rules and Regulations 520.010 -
Benefit Programs

Executive Summary

In April 2019, the Board of Curators approved amendments to the language in Section 530.010 of the Collected Rules and Regulations for the RDD and additional retirement plan documents to provide that newly hired or rehired employees on or after October 1, 2019 will not accrue a benefit under the RDD and will be enrolled in the defined contribution plan upon hire. Administration has moved forward with implementation for the defined contribution retirement plan, and has identified points of clarification required in the medical plans.

The proposed action item is to approve administration's recommendation of Amendments to The Curators of the University of Missouri Medical Plans (The Curators of the University of Missouri PPO Plan, The Curators of the University of Missouri Custom Network Plan, The Curators of the University of Missouri Healthy Savings Plan, The Curators of the University of Missouri Retiree and Disability Health PPO Plan, The Curators of the University of Missouri Retiree and Disability Healthy Savings Plan, and The Curators of the University of Missouri Group Medicare Advantage PPO Plan). Board materials include a side-by-side comparison of the current and proposed language. Following is a summary of the proposed changes:

- Eligibility for medical insurance for Long Term Disability (LTD) members currently coordinates with vesting in the defined benefit plan. It is proposed that clarification is made that LTD members are eligible for UM sponsored medical coverage if they reach 5 years of benefit eligible employment as of the date of disability, no longer connecting LTD medical coverage eligibility to vesting in the retirement plans. Further, this benefit eligible service must be consecutive and immediately preceding the total and permanent disability that would qualify LTD status.
- Clarify if an employee terminates and does not meet eligibility requirements for retiree insurance coverage, their access category for retiree insurance is forfeited, regardless of reemployment.
- Clarify in the case of a Retiree who is re-employed on or after January 1, 2020, restrict such Retiree’s subsidy calculation to the Retiree’s age and years of service credit at the time of the Retiree’s initial retirement.
- Eligibility for medical insurance for surviving spouses currently coordinates with vesting in the defined benefit plan. It is proposed that clarification is made that surviving spouses are eligible for UM sponsored retiree medical coverage if the deceased employee or LTD recipient reached 5 years of benefit eligible employment as of the date of death, no longer connecting surviving spouses' medical coverage eligibility to vesting in the retirement plans. Further, this benefit eligible service must be consecutive and immediately preceding death of the employee or LTD recipient.

- Further clarify who is an eligible surviving spouse and surviving sponsored adult dependent on or after January 1, 2020 (consistent with historical plan administration practice).
- Formally adopt a Summary Plan Description outlining eligibility and administrative provisions to supplement the insurance documents for The Curators of the University of Missouri Group Medicare Advantage PPO Plan.
- Otherwise implement eligibility provisions and align the medical plans with the October 1, 2019 changes to the retirement plans, with such changes to be effective January 1, 2020.

No. 3

Recommended Action – Clarification and Amendments to the Active and Retiree Medical Plans Due to New Defined Contribution Plan – CRR 520.010, Benefit Programs

It was recommended by Associate Vice President and Chief Human Resources Officer Marsha Fischer, endorsed by President Choi, recommended by the Compensation and Human Resources Committee, moved by Curator _______________, and seconded by Curator _______________, that the following actions be approved:

> that The Curators of the University of Missouri Medical Plans (The Curators of the University of Missouri PPO Plan, The Curators of the University of Missouri Custom Network Plan, The Curators of the University of Missouri Healthy Savings Plan, The Curators of the University of Missouri Retiree and Disability Health PPO Plan, The Curators of the University of Missouri Retiree and Disability Healthy Savings Plan) be amended as indicated in the attached documents containing proposed language changes; and
>
> that the attached plan document be adopted for The Curators of the University of Missouri Group Medicare Advantage PPO Plan.

Roll call vote of the Committee:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Layman		
Curator Snowden		

The motion ________________.

Roll call vote of the Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _________________.

RECOMMENDATION TO AMEND BENEFIT PROGRAM

☐ Retirement ☒ Medical ☐ Long Term Disability ☐ Life Insurance ☐ Dental
☐ Accidental Death & Dismemberment ☐ Flexible Benefits ☐ Tax Deferred Annuity

Effective Date of Amendment to Program: January 1, 2020

Purpose of Recommendation: To amend The Curators of the University of Missouri Retiree and Disability Health PPO Plan and The Curators of the University of Missouri Retiree and Disability Healthy Savings Plan (collectively, the "Retiree Plans") to:

1) prohibit a reemployed Retiree rehired on or after January 1, 2020, who retired but was not previously eligible for coverage under the Retiree Plans, from participating in the Retiree Plans upon a subsequent retirement following reemployment ;

2) prohibit a reemployed Employee rehired on or after January 1, 2020, who experienced a termination from employment other than retirement and was not eligible for coverage under the Retiree Plans at the time of that termination, from participating in the Retiree Plans upon a subsequent retirement following reemployment ;

3) permit a reemployed Retiree to enroll a Dependent in a University-sponsored active medical plan (if otherwise eligible under that plan) and to permit such Dependent to continue coverage in a Retiree Plan upon the Retiree's retirement following reemployment, even if that Dependent was not previously covered by a Retiree Plan upon the Retiree's initial retirement;

4) in the case of a Retiree who is reemployed on or after January 1, 2020, restrict such Retiree's subsidy calculation to the Retiree's age and years of service credit at the time of the Retiree's initial retirement;

5) in the case of a Retiree who, on or after January 1, 2020, retires and elects Retiree coverage while awaiting a disability determination under the University's Long Term Disability Plan and who subsequently "freezes" Retiree coverage to participate as an LTD Recipient, restrict such Retiree's subsidy calculation upon the Retiree's subsequent retirement following the end of long-term disability coverage to the Retiree's age and years of UM service credit at the time of the Retiree's initial retirement while awaiting a disability determination;

6) in the case of an Employee who experiences a termination from employment and is reemployed on or after January 1, 2020, restrict such Employee's subsidy calculation to the Employee's age and years of service credit at the time of the Employee's initial termination from employment (and not at the time of the Employee's subsequent retirement following reemployment);

7) redefine service credit requirements with respect to:

- an LTD Recipient's eligibility to participate in the Retiree Plans;
- a Surviving Spouse's/ Surviving Sponsored Adult Dependent's eligibility for continued coverage after the death of a LTD Recipient; and
- a Spouse/Sponsored Adult Dependent's eligibility for continued coverage after the death of an Employee who dies while actively employed

to align with the change to service credit accruals under the University of Missouri Retirement, Disability and Death Benefit Plan, and, beginning January 1, 2020, to require five years of benefit eligible service which is both consecutive and accrued immediately preceding the event triggering eligibility;

8) Further clarify who is an eligible Surviving Spouse and Surviving Sponsored Adult Dependent on or after January 1, 2020 (consistent with historical plan administration practice); and

Current Language: See Attached

Proposed Language: See Attached

Cost, if Applicable: $0

Recommended for Approval:	Marsha Fischer Chief Human Resources Officer	11/1/19 Date
Approval as to Legal Form:	Paul R. Maguffee Legal Counsel	11/1/19 Date
Final Approval:	Mun Choi President	Date

Copy to General Counsel, Human Resources, Board of Curators

Amendment to The Curators of the University of Missouri
Retiree PPO Plan and Retiree Healthy Savings Plan
(This table represents identical changes to both the Retiree PPO Plan and Retiree Healthy Savings Plan)

Current with Changes

Section 2 – Introduction

Eligibility

You are eligible to enroll in the Plan if:

- you are not eligible for Medicare (unless the "ESRD Medicare Exception," below, applies), or you are eligible for Medicare, but you first became eligible for Medicare prior to January 1, 2018; and either
- you are a **Long Term Disability Recipient (LTD Recipient)**; or
- you are a **Retired Employee (Retiree)** and the following conditions are met:
  - o you were covered under a University of Missouri sponsored health plan for active employees immediately prior to your retirement; and
  - o you re-enroll when you retire; and
  - o if you retired on or before December 31, 2017, you were either:
    - ▪ age 55 or older with at least 10 years of service, or
    - ▪ age 60 or older with at least 5 years of service; or
  - o if you retire on or after January 1, 2018, you must have been employed in a UM System benefit eligible-position and accumulated at least five years of service, as measured by the University of Missouri Retirement, Disability and Death Benefit Plan, ~~the Defined Benefit Portion of the Employee Retirement Investment Plan,~~ on December 31, 2017, and on your retirement date you must:
    - ▪ be at least 60 years old; and
    - ▪ have at least 20 years of service with the UM System.

If you are a Retired Employee, are reemployed by the University after your retirement, and subsequently retire again, special rules apply:

- If, upon your initial retirement from the University, you were eligible to enroll in the Plan based on your satisfaction of the eligibility requirements above, you will be eligible to reenroll in

Proposed

Section 2 – Introduction

Eligibility

You are eligible to enroll in the Plan if:

- you are not eligible for Medicare (unless the "ESRD Medicare Exception," below, applies), or you are eligible for Medicare, but you first became eligible for Medicare prior to January 1, 2018; and either
- you are a **Long Term Disability Recipient (LTD Recipient)**; or
- you are a **Retired Employee (Retiree)** and the following conditions are met:
  - o you were covered under a University of Missouri sponsored health plan for active employees immediately prior to your retirement; and
  - o you re-enroll when you retire; and
  - o if you retired on or before December 31, 2017, you were either:
    - ▪ age 55 or older with at least 10 years of service, or
    - ▪ age 60 or older with at least 5 years of service; or
  - o if you retire on or after January 1, 2018, you must have been employed in a UM System benefit eligible-position and accumulated at least five years of service, as measured by the University of Missouri Retirement, Disability and Death Benefit Plan, on December 31, 2017, and on your retirement date you must:
    - ▪ be at least 60 years old; and
    - ▪ have at least 20 years of service with the UM System.

If you are a Retired Employee, are reemployed by the University after your retirement, and subsequently retire again, special rules apply:

- If, upon your initial retirement from the University, you were eligible to enroll in the Plan based on your satisfaction of the eligibility requirements above, you will be eligible to reenroll in the Plan upon your retirement following reemployment (even if you did not initially enroll after your initial retirement), provided

the Plan upon your retirement following reemployment (even if you did not initially enroll after your initial retirement), provided you still meet all requirements above. For purposes of determining whether you still meet the requirements above upon your retirement following reemployment, your initial date of retirement will determine which eligibility requirements apply. For example, if you initially retired on August 1, 2017, and retired following reemployment on August 1, 2019, you must meet the age and service requirements above for individuals who retired on or before December 31, 2017, not the age and service requirements for individuals who retire on or after January 1, 2018. • If, upon your initial retirement from the University, you <u>were not</u> eligible to enroll in the Plan, your eligibility to enroll in the Plan upon your retirement following reemployment depends on your reemployment date: o If you are reemployed prior to January 1, 2020, and upon your retirement following reemployment you now satisfy the eligibility provisions above, you may enroll in this Plan upon your retirement following reemployment. You must meet the eligibility requirements above applicable to the date of your retirement following reemployment. o If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your retirement following reemployment, even if you now satisfy the eligibility provisions above. If you experience a termination from employment, but were not eligible for retirement under the University's Retirement, Disability and Death Benefit Plan, are reemployed by the University, and subsequently separate from employment again, special rules apply: • If you are reemployed prior to January 1, 2020, and upon your separation following reemployment you satisfy the eligibility provisions above, you may enroll in this Plan upon your separation following reemployment. You must meet the eligibility requirements above applicable to the date of your separation following reemployment. • If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your separation following reemployment if you did not meet the eligibility requirements above on the date of your initial termination from employment, even if you satisfy	you still meet all requirements above. For purposes of determining whether you still meet the requirements above upon your retirement following reemployment, your initial date of retirement will determine which eligibility requirements apply. For example, if you initially retired on August 1, 2017, and retired following reemployment on August 1, 2019, you must meet the age and service requirements above for individuals who retired on or before December 31, 2017, not the age and service requirements for individuals who retire on or after January 1, 2018. • If, upon your initial retirement from the University, you <u>were not</u> eligible to enroll in the Plan, your eligibility to enroll in the Plan upon your retirement following reemployment depends on your reemployment date: o If you are reemployed prior to January 1, 2020, and upon your retirement following reemployment you now satisfy the eligibility provisions above, you may enroll in this Plan upon your retirement following reemployment. You must meet the eligibility requirements above applicable to the date of your retirement following reemployment. o If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your retirement following reemployment, even if you now satisfy the eligibility provisions above. If you experience a termination from employment, but were not eligible for retirement under the University's Retirement, Disability and Death Benefit Plan, are reemployed by the University, and subsequently separate from employment again, special rules apply: • If you are reemployed prior to January 1, 2020, and upon your separation following reemployment you satisfy the eligibility provisions above, you may enroll in this Plan upon your separation following reemployment. You must meet the eligibility requirements above applicable to the date of your separation following reemployment. • If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your separation following reemployment if you did not meet the eligibility requirements above on the date of your initial termination from employment, even if you satisfy the eligibility provisions above at the time of your separation following reemployment.

the eligibility provisions above at the time of your separation following reemployment. If you are eligible to reenroll (or enroll for the first time) upon retirement or separation after reemployment, you must enroll in this Plan consistent with the requirements in *How to Enroll*, Section 2, *Introduction*. If you are first eligible for Medicare on or after January 1, 2018, you are not eligible to participate in this Plan (unless the "ESRD Medicare Exception" applies), but you may be eligible ~~for a UM Sponsored~~ to participate in The Curators of the University of Missouri Group Medicare Advantage PPO Plan. For more information on eligibility and coverage under that Plan, see the ~~University's~~ Group Medicare Advantage PPO Plan ~~Guide~~SPD. If you or your Dependent becomes Medicare eligible, it is your responsibility to notify the HR Service Center at **http://umurl.us/CBR** within 31 days of your Medicare eligibility. Failure to do so may result in unpaid claims.	If you are eligible to reenroll (or enroll for the first time) upon retirement or separation after reemployment, you must enroll in this Plan consistent with the requirements in *How to Enroll*, Section 2, *Introduction*. If you are first eligible for Medicare on or after January 1, 2018, you are not eligible to participate in this Plan (unless the "ESRD Medicare Exception" applies), but you may be eligible to participate in The Curators of the University of Missouri Group Medicare Advantage PPO Plan. For more information on eligibility and coverage under that Plan, see the Group Medicare Advantage PPO Plan SPD. If you or your Dependent becomes Medicare eligible, it is your responsibility to notify the HR Service Center at **http://umurl.us/CBR** within 31 days of your Medicare eligibility. Failure to do so may result in unpaid claims.
Section 2 – Introduction **Eligibility** Dependents If you are eligible for coverage under this Plan as both a Retiree and a Dependent Spouse of a Retiree with the same type of subsidized cost of coverage (percentage subsidy vs. flat subsidy), you have an important decision to make. If you elect to enroll as a Dependent Spouse of a Retiree, you will forfeit your right to enroll in this Plan at a future date as a Retiree, unless you divorce your Retiree Spouse or unless you are reemployed by the University and meet the eligibility requirements of this Plan upon your retirement following reemployment. If divorce occurs, you must contact the the HR Service Center at **http://umurl.us/CBR** ~~HR Service Center~~ within 31 days of the effective date of the divorce to obtain information about continued eligibility under this Plan as a Retiree. If you are eligible for coverage under this Plan as both a Participant and Dependent, you may enroll as either a Participant or Dependent, but not both.	**Section 2 – Introduction** **Eligibility** Dependents If you are eligible for coverage under this Plan as both a Retiree and a Dependent Spouse of a Retiree with the same type of subsidized cost of coverage (percentage subsidy vs. flat subsidy), you have an important decision to make. If you elect to enroll as a Dependent Spouse of a Retiree, you will forfeit your right to enroll in this Plan at a future date as a Retiree, unless you divorce your Retiree Spouse or unless you are reemployed by the University and meet the eligibility requirements of this Plan upon your retirement following reemployment. If divorce occurs, you must contact the HR Service Center at **http://umurl.us/CBR** within 31 days of the effective date of the divorce to obtain information about continued eligibility under this Plan as a Retiree. If you are eligible for coverage under this Plan as both a Participant and Dependent, you may enroll as either a Participant or Dependent, but not both.

Your eligible **Dependents** may also participate in the Plan. Dependent means: ▪ the Spouse of a Retiree/LTD Recipient; ▪ each Child of a Retiree/LTD Recipient through the end of the month such Child reaches 26 years of age including: step children, foster children, adopted children or a child placed in your home for adoption; ▪ each unmarried Child of a Retiree/LTD Recipient who is mentally or physically incapable of self-sustaining employment prior to reaching the maximum age (26 years old) and who is dependent on you or your Spouse for Principal Financial Support. o Application for continuation of Dependent status for such a Child and proof of the Child's status must be made with the University 31 days prior to the Child's attaining such maximum age. The University has the right to require proof of the continuation of such disability upon attainment of such age as often as deemed necessary by the University. If the Retiree/LTD Recipient fails to submit such proof, coverage shall be discontinued at the end of the month in which the Dependent attains maximum age (26 years old). This definition shall be effective January 1, 1994 and shall not be construed to eliminate the eligibility of any Dependent covered by the Plan as of December 31, 1993. To be eligible for continuation of Dependent status once an individual has reached the maximum age, the individual must be covered as a Dependent as defined in this Plan on the day immediately preceding the day the individual reaches the maximum age. ▪ the Sponsored Adult Dependent of a Retiree/LTD Recipient, so long as the Retiree/LTD Recipient does not have a Spouse. ▪ a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order, as described in Section 12, *Other Important Information.* If you are a Retiree, the Plan will not cover a person who: ▪ becomes your Dependent after the date of your retirement; or ~~a person who~~ ▪ was your Dependent prior to retirement but who you did not enroll in this Plan at the time of your retirement~~,~~; or	Your eligible **Dependents** may also participate in the Plan. Dependent means: ▪ the Spouse of a Retiree/LTD Recipient; ▪ each Child of a Retiree/LTD Recipient through the end of the month such Child reaches 26 years of age including: step children, foster children, adopted children or a child placed in your home for adoption; ▪ each unmarried Child of a Retiree/LTD Recipient who is mentally or physically incapable of self-sustaining employment prior to reaching the maximum age (26 years old) and who is dependent on you or your Spouse for Principal Financial Support. o Application for continuation of Dependent status for such a Child and proof of the Child's status must be made with the University 31 days prior to the Child's attaining such maximum age. The University has the right to require proof of the continuation of such disability upon attainment of such age as often as deemed necessary by the University. If the Retiree/LTD Recipient fails to submit such proof, coverage shall be discontinued at the end of the month in which the Dependent attains maximum age (26 years old). This definition shall be effective January 1, 1994 and shall not be construed to eliminate the eligibility of any Dependent covered by the Plan as of December 31, 1993. To be eligible for continuation of Dependent status once an individual has reached the maximum age, the individual must be covered as a Dependent as defined in this Plan on the day immediately preceding the day the individual reaches the maximum age. ▪ the Sponsored Adult Dependent of a Retiree/LTD Recipient, so long as the Retiree/LTD Recipient does not have a Spouse. ▪ a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order, as described in Section 12, *Other Important Information.* If you are a Retiree, the Plan will not cover a person who: ▪ becomes your Dependent after the date of your retirement; or ▪ was your Dependent prior to retirement but who you did not enroll in this Plan at the time of your retirement; or ▪ was covered but later dropped from coverage by you, the

▪ was covered but later dropped from coverage by you, the Retiree~~,~~ unless: ▪ the Dependent is a Child and experiences a qualifying family/employment status change; or ▪ your Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible employee who separates from the ~~u~~University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee; or ▪ you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment (and all other eligibility requirements are satisfied with respect to that Dependent and you at the time of your retirement following reemployment). If you are a LTD Recipient, you may change your medical election each year during Annual Enrollment. Dependents may be dropped from coverage at any time; however, if you are a Retiree, Dependents ~~(but~~ may not be re-enrolled once dropped, ~~if you are a Retiree)~~ unless you are reemployed by the University and meet the eligibility requirements, and reenroll your dropped Dependents at that time. ~~(but may not be re-enrolled once dropped, if you are a Retiree)~~. To be eligible for coverage under the Plan, a Dependent must reside within the United States. Your Dependents may not enroll in the Plan unless you are also enrolled in this Plan or ~~a UM sponsored~~ The Curators of the University of Missouri Group Medicare Advantage PPO Plan. If your Dependent becomes Medicare eligible, he or she will no longer be eligible to participate in this Plan, but may be eligible to participate in the Group Medicare Advantage PPO Plan.	Retiree unless: ▪ the Dependent is a Child and experiences a qualifying family/employment status change; or ▪ your Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible employee who separates from the University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee; or ▪ you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment (and all other eligibility requirements are satisfied with respect to that Dependent and you at the time of your retirement following reemployment). If you are a LTD Recipient, you may change your medical election each year during Annual Enrollment. Dependents may be dropped from coverage at any time; however, if you are a Retiree, Dependents may not be re-enrolled once dropped, unless you are reemployed by the University and meet the eligibility requirements, and reenroll your dropped Dependents at that time. To be eligible for coverage under the Plan, a Dependent must reside within the United States. Your Dependents may not enroll in the Plan unless you are also enrolled in this Plan or The Curators of the University of Missouri Group Medicare Advantage PPO Plan. If your Dependent becomes Medicare eligible, he or she will no longer be eligible to participate in this Plan, but may be eligible to participate in the Group Medicare Advantage PPO Plan.
Section 2 – Introduction **Cost of Coverage** The premium of the cost of medical coverage is shared between you and the University. The amount the University contributes toward the cost of your coverage depends on your retirement date, as described below, and may be modified in the future. If you retire or experience a	**Section 2 – Introduction** **Cost of Coverage** The premium of the cost of medical coverage is shared between you and the University. The amount the University contributes toward the cost of your coverage depends on your retirement date, as described below, and may be modified in the future. If you retire or experience a

termination of employment (other than retirement) from the University, are subsequently reemployed by the University or "freeze" your retirement coverage to instead receive coverage under this Plan as an LTD Recipient, and you retire (either for the first time or again) and are eligible to enroll in this Plan (see *Eligibility*, Section 2, *Introduction*), your subsidy category will be determined by your original retirement date (not a subsequent retirement date in the event of a second retirement following reemployment). How your subsidy is calculated upon your retirement following reemployment or coverage as an LTD Recipient depends on when you were reemployed or switched to coverage as an LTD Recipient:

- If, prior to January 1, 2020, you are reemployed as an active Employee or choose to participate under this Plan as an LTD Recipient instead of a Retiree after previously retiring, your subsidy amount (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit at your retirement following reemployment or following the end of your coverage under this Plan as an LTD Recipient. In other words, upon your subsequent retirement following reemployment or the end of your coverage as an LTD Recipient, your subsidy amount will be determined using any additional UM credit you accrue while reemployed or as an LTD Recipient (in accordance with the University's Retirement, Disability and Death Benefit Plan) and your age at the time of your subsequent retirement. Nothing in this paragraph should be construed to supersede the requirements set forth below with respect to Employees who retire on or after January 1, 2018. That is, additional service and age does not affect your Access Category as determined on January 1, 2018 (but such additional service and age may affect your subsidy amount under such Access Category).

- If, on or after January 1, 2020, you are reemployed as an active Employee or choose to participate under this Plan as an LTD Recipient instead of a Retiree after previously retiring, your subsidy amount (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit on the date of your:
    - initial termination if your reemployment followed a termination from employment other than for retirement; or
    - initial retirement, if your reemployment followed a retirement.

termination of employment (other than retirement) from the University, are subsequently reemployed by the University or "freeze" your retirement coverage to instead receive coverage under this Plan as an LTD Recipient, and you retire (either for the first time or again) and are eligible to enroll in this Plan (see *Eligibility*, Section 2, *Introduction*), your subsidy category will be determined by your original retirement date (not a subsequent retirement date in the event of a second retirement following reemployment). How your subsidy is calculated upon your retirement following reemployment or coverage as an LTD Recipient depends on when you were reemployed or switched to coverage as an LTD Recipient:

- If, prior to January 1, 2020, you are reemployed as an active Employee or choose to participate under this Plan as an LTD Recipient instead of a Retiree after previously retiring, your subsidy amount (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit at your retirement following reemployment or following the end of your coverage under this Plan as an LTD Recipient. In other words, upon your subsequent retirement following reemployment or the end of your coverage as an LTD Recipient, your subsidy amount will be determined using any additional UM credit you accrue while reemployed or as an LTD Recipient (in accordance with the University's Retirement, Disability and Death Benefit Plan) and your age at the time of your subsequent retirement. Nothing in this paragraph should be construed to supersede the requirements set forth below with respect to Employees who retire on or after January 1, 2018. That is, additional service and age does not affect your Access Category as determined on January 1, 2018 (but such additional service and age may affect your subsidy amount under such Access Category).

- If, on or after January 1, 2020, you are reemployed as an active Employee or choose to participate under this Plan as an LTD Recipient instead of a Retiree after previously retiring, your subsidy amount (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit on the date of your:
    - initial termination if your reemployment followed a termination from employment other than for retirement; or
    - initial retirement, if your reemployment followed a retirement.

In other words, upon your subsequent retirement following reemployment, your subsidy will not be adjusted to account for your increased age or any additional UM service credit you may have accrued while reemployed. Likewise, if you retire while you are awaiting a disability determination under the University's Long Term Disability Plan, are subsequently determined to be totally and permanently disabled under such plan and "freeze" Retiree coverage under this Plan to participate instead as an LTD Recipient, for purposes of this Plan and the subsidies offered hereunder, only your age and UM service credit at the time of your initial retirement will be considered.	In other words, upon your subsequent retirement following reemployment, your subsidy will not be adjusted to account for your increased age or any additional UM service credit you may have accrued while reemployed. Likewise, if you retire while you are awaiting a disability determination under the University's Long Term Disability Plan, are subsequently determined to be totally and permanently disabled under such plan and "freeze" Retiree coverage under this Plan to participate instead as an LTD Recipient, for purposes of this Plan and the subsidies offered hereunder, only your age and UM service credit at the time of your initial retirement will be considered.
Section 2 – Introduction **How to Enroll** ***Retirees*** ***. . .*** If after retirement you become reemployed by the University or a University Subsidiary Entity and you become eligible for coverage as an "Employee" under (and as defined by) a University-sponsored active ~~E~~employee medical insurance plan, your coverage under such active plan will commence on the later of your date of hire or the first of the month following the date when you first meet the eligibility requirements of that active plan, and your retiree medical coverage under this Plan will "freeze" ~~beginning the first of the following month after your effective date of becoming eligible for coverage as an Employee, unless your effective date is the first on the month, then, coverage will "freeze" on the first of that month~~ on the day immediately preceding the date in which coverage under the active plan commences. For example, if you are reemployed on October 1 and meet the eligibility requirements of a University-sponsored active employee medical insurance plan on October 1, your coverage under that active plan will commence October 1 and your coverage under this Plan will "freeze" September 30. If you are reemployed on October 1 and do not meet the eligibility requirements of an active employee medical insurance plan until November 15 (because, for example, you were not initially in benefit eligible employment), your active coverage will begin December 1, and your coverage under this Plan will freeze November 30. Upon your termination from regular employment and loss of University-sponsored active Employee medical insurance coverage (or upon loss of University-sponsored active Employee medical insurance coverage even while you are still employed, because you no longer meet the definition of Employee), if you are eligible to enroll in this Plan, you must	**Section 2 – Introduction** **How to Enroll** ***Retirees*** ***. . .*** If after retirement you become reemployed by the University or a University Subsidiary Entity and you become eligible for coverage as an "Employee" under (and as defined by) a University-sponsored active employee medical insurance plan, your coverage under such active plan will commence on the later of your date of hire or the first of the month following the date when you first meet the eligibility requirements of that active plan, and your retiree medical coverage under this Plan will "freeze" on the day immediately preceding the date in which coverage under the active plan commences. For example, if you are reemployed on October 1 and meet the eligibility requirements of a University-sponsored active employee medical insurance plan on October 1, your coverage under that active plan will commence October 1 and your coverage under this Plan will "freeze" September 30. If you are reemployed on October 1 and do not meet the eligibility requirements of an active employee medical insurance plan until November 15 (because, for example, you were not initially in benefit eligible employment), your active coverage will begin December 1, and your coverage under this Plan will freeze November 30. Upon your termination from regular employment and loss of University-sponsored active Employee medical insurance coverage (or upon loss of University-sponsored active Employee medical insurance coverage even while you are still employed, because you no longer meet the definition of Employee), if you are eligible to enroll in this Plan, you must ***immediately enroll in (if you have not previously been eligible to do so) or reinstate retiree medical insurance coverage*** or you will forfeit your right to participate in the retiree insurance plan(s) at a later date.

immediately enroll in (if you have not previously been eligible to do so) or reinstate retiree medical insurance coverage or you will forfeit your right to ~~re-enroll~~participate in the retiree insurance plan(s) at a later date. ~~You will return to the same University Contribution Amount that you were eligible for prior to your reemployment to the University in a benefit-eligible position.~~	
Section 2 – When Coverage Begins ***Dependents of Retirees*** If Dependents are Covered prior to your retirement, you may elect to continue coverage for those Dependents. Dependent coverage is effective on the date your coverage becomes effective, provided that you have completed and returned the Plan Enrollment Form for each Dependent within 31 days after your retirement date. Retirees are not eligible to add Dependents to this Plan after the date of retirement, unless the Dependent is a Child that experiences a qualifying family/employment status change or the Retiree's Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible employee who separates from the ~~u~~University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee. In the event of a qualifying family/employment status change, the Dependent Child will become a Participant provided you make written application (including proof of relationship) for such Child within 31 days of the date of the event. Coverage will become effective for the Child as follows: ▪ in the case of birth or adoption or placement for adoption, on the date of the event, as applicable, and ▪ in the case of any other event, on the first of the month following the date of the event (provided the necessary forms are submitted to the University). In the event that your Spouse or Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the university and/or loses eligibility for retiree medical insurance, you may add your Spouse or Sponsored Adult Dependent as a Dependent to your retiree medical insurance (and any eligible Dependent Children) if they were enrolled in active medical insurance under your Spouse's	**Section 2 – When Coverage Begins** ***Dependents of Retirees*** If Dependents are Covered prior to your retirement, you may elect to continue coverage for those Dependents. Dependent coverage is effective on the date your coverage becomes effective, provided that you have completed and returned the Plan Enrollment Form for each Dependent within 31 days after your retirement date. Retirees are not eligible to add Dependents to this Plan after the date of retirement, unless the Dependent is a Child that experiences a qualifying family/employment status change or the Retiree's Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible employee who separates from the University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee. In the event of a qualifying family/employment status change, the Dependent Child will become a Participant provided you make written application (including proof of relationship) for such Child within 31 days of the date of the event. Coverage will become effective for the Child as follows: ▪ in the case of birth or adoption or placement for adoption, on the date of the event, as applicable, and ▪ in the case of any other event, on the first of the month following the date of the event (provided the necessary forms are submitted to the University). In the event that your Spouse or Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the university and/or loses eligibility for retiree medical insurance, you may add your Spouse or Sponsored Adult Dependent as a Dependent to your retiree medical insurance (and any eligible Dependent Children) if they were enrolled in active medical insurance under your Spouse's

coverage as an eligible Employee. You must make written application (including proof of relationship) for such Spouse or Sponsored Adult Dependent and eligible Dependent Children within 31 days after the change in status. Coverage will become effective for participants as follows:	coverage as an eligible Employee. You must make written application (including proof of relationship) for such Spouse or Sponsored Adult Dependent and eligible Dependent Children within 31 days after the change in status. Coverage will become effective for participants as follows:
• on the first of the month following the date of the event (provided the necessary forms are submitted to the University).	• on the first of the month following the date of the event (provided the necessary forms are submitted to the University).
For more information on what constitutes a qualifying family/employment status change, please refer to "*Changing your Coverage*," below.	For more information on what constitutes a qualifying family/employment status change, please refer to "*Changing your Coverage*," below.
Notwithstanding the foregoing, if you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment, that Dependent may remain covered by this Plan upon your retirement following reemployment, provided all other eligibility requirements are satisfied with respect to that Dependent.	Notwithstanding the foregoing, if you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment, that Dependent may remain covered by this Plan upon your retirement following reemployment, provided all other eligibility requirements are satisfied with respect to that Dependent.
LTD Recipients	***LTD Recipients***
Your enrollment in the Plan will become effective the first of the month following the date on which your benefit enrollment form is submitted to the HR Service Center, or the effective date of your Disability (as defined in the University's Long Term Disability Plan), whichever is later.	Your enrollment in the Plan will become effective the first of the month following the date on which your benefit enrollment form is submitted to the HR Service Center, or the effective date of your Disability (as defined in the University's Long Term Disability Plan), whichever is later.
Dependents of LTD Recipient	***Dependents of LTD Recipient***
A Dependent of a LTD Recipient is eligible to participate in the Plan on the later of:	A Dependent of a LTD Recipient is eligible to participate in the Plan on the later of:
• The date the LTD Recipient becomes a Participant, as long as the Dependent was previously covered by University-sponsored active Employee medical insurance coverage (or retiree coverage in the event the Employee retires while awaiting a disability determination and subsequently elects to participate as an LTD Recipient, instead) immediately prior to the LTD Recipient's disability, or if the Dependent was not previously covered, January 1 of the year immediately following the year in which the LTD Recipient became a Participant (unless the Dependent is eligible for a Special Enrollment Right or	• The date the LTD Recipient becomes a Participant, as long as the Dependent was previously covered by University-sponsored active Employee medical insurance coverage (or retiree coverage in the event the Employee retires while awaiting a disability determination and subsequently elects to participate as an LTD Recipient, instead) immediately prior to the LTD Recipient's disability, or if the Dependent was not previously covered, January 1 of the year immediately following the year in which the LTD Recipient became a Participant (unless the Dependent is eligible for a Special Enrollment Right or

experiences a qualifying family/employment status change); or • The date the person becomes a Dependent of a participating LTD Recipient. (A) A Dependent becomes eligible for coverage as follows: • On the same date that the LTD Recipient becomes a Participant, provided the Dependent was previously covered by University-sponsored active Employee medical insurance coverage (or retiree coverage in the event the Employee retires while awaiting a disability determination and subsequently elects to participate as an LTD Recipient, instead) immediately prior to the LTD Recipient's disability and provided that the LTD Recipient makes written application for such Dependent (including proof of relationship) on or prior to the date the LTD Recipient became eligible to participate in this Plan; • On January 1 of the year immediately following the year in which the LTD Recipient becomes a Participant if Dependent was not previously covered by University-sponsored ~~active Employee~~ medical insurance coverage immediately prior to the LTD Recipient's disability, provided that the LTD Recipient makes written application for such Dependent (including proof of relationship) during Annual Enrollment; or • On the first of the month following the date of a qualifying family/employment status change, provided the LTD Recipient makes written application (including proof of relationship and proof of the change) for such Dependent within 31 days of the date on which the Dependent becomes eligible.	experiences a qualifying family/employment status change); or • The date the person becomes a Dependent of a participating LTD Recipient. (A) A Dependent becomes eligible for coverage as follows: • On the same date that the LTD Recipient becomes a Participant, provided the Dependent was previously covered by University-sponsored active Employee medical insurance coverage (or retiree coverage in the event the Employee retires while awaiting a disability determination and subsequently elects to participate as an LTD Recipient, instead) immediately prior to the LTD Recipient's disability and provided that the LTD Recipient makes written application for such Dependent (including proof of relationship) on or prior to the date the LTD Recipient became eligible to participate in this Plan; • On January 1 of the year immediately following the year in which the LTD Recipient becomes a Participant if Dependent was not previously covered by University-sponsored medical insurance coverage immediately prior to the LTD Recipient's disability, provided that the LTD Recipient makes written application for such Dependent (including proof of relationship) during Annual Enrollment; or • On the first of the month following the date of a qualifying family/employment status change, provided the LTD Recipient makes written application (including proof of relationship and proof of the change) for such Dependent within 31 days of the date on which the Dependent becomes eligible.
Section 2 – Introduction **Changing Your Coverage** As a Retiree or LTD Recipient, you may decrease your Coverage level (ending Coverage or dropping Dependents) during the Plan year at any time because premiums are paid on an after-tax basis. However, if you are a Retiree, you may not add Dependents back to the Plan once they have been removed (even during Annual Enrollment), unless the Dependent is a Child that experiences a qualifying family/employment status change or unless you are reemployed by the University and you enroll the Dependent in University-sponsored active Employee medical coverage during that time. If you are a LTD Recipient, Dependents may	**Section 2 – Introduction** **Changing Your Coverage** As a Retiree or LTD Recipient, you may decrease your Coverage level (ending Coverage or dropping Dependents) during the Plan year at any time because premiums are paid on an after-tax basis. However, if you are a Retiree, you may not add Dependents back to the Plan once they have been removed (even during Annual Enrollment), unless the Dependent is a Child that experiences a qualifying family/employment status change or unless you are reemployed by the University and you enroll the Dependent in University-sponsored active Employee medical coverage during that time. If you are a LTD Recipient, Dependents may

be added during Annual Enrollment or in the event of a qualifying family/employment status change (these changes must be made within 31 days of the event). As a Retiree, if your Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the U~~u~~niversity and/or loses eligibility for retiree medical insurance, you may add your Spouse/Sponsored Adult Dependent as a Dependent to your retiree medical insurance. If your Spouse/Sponsored A~~a~~dult D~~d~~ependent was covering eligible Dependent Child(ren), under their UM eligibility, your Child(ren) are also eligible to be added to your retiree medical insurance. You must provide written application (including proof of relationship) for such Spouse/Sponsored Adult Dependent and eligible Dependent Child(ren) within 31 days after the change in status. Please keep in mind, your newly covered Spouse/Sponsored Adult Dependent and any eligible Child(ren) are eligible only for continued coverage in this P~~p~~lan, if they were enrolled in active medical insurance under your Spouse's/Sponsored Adult Dependent's coverage as an eligible Employee. **Retirees -** qualifying family/employment status changes are limited to: ▪ divorce, legal separation, annulment or termination of Sponsored Adult Dependent Partnership; ▪ death of Spouse or Sponsored Adult Dependent; ▪ a change in the number of Dependent Children as a result of birth, adoption, death or a Child ceasing to be eligible as described above under "Dependent Eligibility"; ▪ loss of coverage by Dependent Child(ren); ~~or~~ ▪ a change in entitlement to Medicare or Medicaid for you, your Spouse, your Sponsored Adult Dependent or a Dependent Child;~~.~~ ▪ issuance to the University of a valid Notice of Order to Enroll, as described in the definition of Child or Children; ▪ change in entitlement to coverage for a Dependent Child under any group health coverage sponsored by a governmental or educational institution, including Medicare, Medicaid, Children's Health Insurance Program Coverage (CHIP), a medical care program of an Indian Tribal government, the Indian Health Service, or a tribal organization, a State health benefits risk pool, or a foreign government group health plan; ▪ you or your Dependent Child become eligible for a contribution assistance subsidy under Medicare, Medicaid, or CHIP (you	be added during Annual Enrollment or in the event of a qualifying family/employment status change (these changes must be made within 31 days of the event). As a Retiree, if your Spouse/Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the University and/or loses eligibility for retiree medical insurance, you may add your Spouse/Sponsored Adult Dependent as a Dependent to your retiree medical insurance. If your Spouse/Sponsored Adult Dependent was covering eligible Dependent Child(ren), under their UM eligibility, your Child(ren) are also eligible to be added to your retiree medical insurance. You must provide written application (including proof of relationship) for such Spouse/Sponsored Adult Dependent and eligible Dependent Child(ren) within 31 days after the change in status. Please keep in mind, your newly covered Spouse/Sponsored Adult Dependent and any eligible Child(ren) are eligible only for continued coverage in this Plan, if they were enrolled in active medical insurance under your Spouse's/Sponsored Adult Dependent's coverage as an eligible Employee. **Retirees -** qualifying family/employment status changes are limited to: ▪ divorce, legal separation, annulment or termination of Sponsored Adult Dependent Partnership; ▪ death of Spouse or Sponsored Adult Dependent; ▪ a change in the number of Dependent Children as a result of birth, adoption, death or a Child ceasing to be eligible as described above under "Dependent Eligibility"; ▪ loss of coverage by Dependent Child(ren); ▪ a change in entitlement to Medicare or Medicaid for you, your Spouse, your Sponsored Adult Dependent or a Dependent Child; ▪ issuance to the University of a valid Notice of Order to Enroll, as described in the definition of Child or Children; ▪ change in entitlement to coverage for a Dependent Child under any group health coverage sponsored by a governmental or educational institution, including Medicare, Medicaid, Children's Health Insurance Program Coverage (CHIP), a medical care program of an Indian Tribal government, the Indian Health Service, or a tribal organization, a State health benefits risk pool, or a foreign government group health plan; ▪ you or your Dependent Child become eligible for a contribution assistance subsidy under Medicare, Medicaid, or CHIP (you

must contact the HR Service Center within 60 days of determination of subsidy eligibility); ▪ Benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent Child; or~~.~~ ▪ Spouse or Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the U~~u~~niversity and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee. Additionally, as described above, if you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment, that Dependent may remain covered by this Plan upon your retirement following reemployment, provided all other eligibility requirements are satisfied with respect to that Dependent (and even if you previously removed the Dependent from coverage under this Plan during your initial retirement).	must contact the HR Service Center within 60 days of determination of subsidy eligibility); ▪ Benefits are no longer offered by the Plan to a class of individuals that include you or your eligible Dependent Child; or ▪ Spouse or Sponsored Adult Dependent is also a University of Missouri benefit eligible Employee who separates from the University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in active medical insurance as an eligible Employee. Additionally, as described above, if you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment, that Dependent may remain covered by this Plan upon your retirement following reemployment, provided all other eligibility requirements are satisfied with respect to that Dependent (and even if you previously removed the Dependent from coverage under this Plan during your initial retirement).
Section 11 – When Coverage Ends . . . Plan coverage will terminate and entitlement to Benefits will end for a ~~Participant~~ Covered Person upon the first to occur of the following: ▪ the last day of the month in which: o the ~~Participant~~ Covered Person ceases to meet the eligibility requirements described in *Eligibility* in Section 2, *Introduction*~~. A Dependent's eligibility for the Plan will cease on the date the Retiree/LTD Recipient ceases to be eligible (unless certain Surviving Spouse/Dependent provisions apply (see *Continuation of Medical Coverage for Dependents After the Death of a Retiree/LTD Recipient*, below))~~; or o ~~the last day of the month~~ UnitedHealthcare receives written notice from the University to end your coverage, or the date requested in the notice, if later;~~.~~ ▪ ~~the last day of the month your Dependents no longer qualify as Dependents under this Plan;~~ ▪ the end of the period for which required after-tax Contributions have not been paid; or ▪ the date the Plan terminates.	**Section 11 – When Coverage Ends** . . . Plan coverage will terminate and entitlement to Benefits will end for a Covered Person upon the first to occur of the following: ▪ the last day of the month in which: o the Covered Person ceases to meet the eligibility requirements described in *Eligibility* in Section 2, *Introduction*; or o UnitedHealthcare receives written notice from the University to end your coverage, or the date requested in the notice, if later; ▪ the end of the period for which required after-tax Contributions have been paid; or ▪ the date the Plan terminates. Notwithstanding the foregoing, if the Covered Person ceases to meet the eligibility requirements described in *Eligibility* in Section 2, *Introduction* as a result of becoming Medicare eligible, and the Covered Person is eligible to enroll in The Curators of the University of Missouri Group Medicare Advantage PPO Plan, coverage under this Plan will terminate on the earliest of the following: ▪ the day immediately preceding the effective date of coverage

Notwithstanding the foregoing, if the Covered Person ceases to meet the eligibility requirements described in *Eligibility* in Section 2, *Introduction* as a result of becoming Medicare eligible, and the Covered Person is eligible to enroll in The Curators of the University of Missouri Group Medicare Advantage PPO Plan, coverage under this Plan will terminate on the earliest of the following: ▪ the day immediately preceding the effective date of coverage under The Curators of the University of Missouri Group Medicare Advantage PPO Plan; or ▪ the last day of the month that is 31 days after the Covered Person's Medicare eligibility effective date.	under The Curators of the University of Missouri Group Medicare Advantage PPO Plan; or ▪ the last day of the month that is 31 days after the Covered Person's Medicare eligibility effective date.
Section 11 – When Coverage Ends **Continuation of Medical Coverage for Dependents After the Death of a Retiree/LTD Recipient** If you die after retirement or while receiving LTD benefits from the University, your ~~eligible~~ Surviving Spouse or Surviving Sponsored Adult Dependent may continue coverage under this Plan, including for your eligible Children, after your death subject to the payment of monthly Contributions by your Surviving Spouse or Surviving Sponsored Adult Dependent. However, coverage under this Plan for your Children is available only to the extent your Surviving Spouse or Surviving Sponsored Adult Dependent remains covered under this Plan. Refer to *Continuing Coverage Through COBRA*, above, for information on continuation of coverage for Dependent Children upon a Retiree's/LTD Recipient's death, when no Surviving Spouse or Surviving Sponsored Adult Dependent is covered under the Plan. It is important to note that the Coverage for the Surviving Spouse or Surviving Sponsored Adult Dependent of a Retiree/LTD Recipient is available only to the person to whom the Retiree/LTD Recipient was married or had an affidavit of Adult Sponsored partnership with the University on the date of the Retiree's/LTD Recipient's death (and to whom the Retiree (but not the LTD Recipient) was married to or had a partnership with at the time of retirement). ~~retirement and to whom the Retiree had been married to or had a partnership with for at least one year preceding death.~~ Additionally, continued Coverage under this Plan is available only to Dependent Children covered at the time of the Retiree's/LTD Recipient's death. The subsidized level of Premiums will	**Section 11 – When Coverage Ends** **Continuation of Medical Coverage for Dependents After the Death of a Retiree/LTD Recipient** If you die after retirement or while receiving LTD benefits from the University, your Surviving Spouse or Surviving Sponsored Adult Dependent may continue coverage under this Plan, including for your eligible Children, after your death subject to the payment of monthly Contributions by your Surviving Spouse or Surviving Sponsored Adult Dependent. However, coverage under this Plan for your Children is available only to the extent your Surviving Spouse or Surviving Sponsored Adult Dependent remains covered under this Plan. Refer to *Continuing Coverage Through COBRA*, above, for information on continuation of coverage for Dependent Children upon a Retiree's/LTD Recipient's death, when no Surviving Spouse or Surviving Sponsored Adult Dependent is covered under the Plan. It is important to note that the Coverage for the Surviving Spouse or Surviving Sponsored Adult Dependent of a Retiree/LTD Recipient is available only to the person to whom the Retiree/LTD Recipient was married or had an affidavit of Adult Sponsored partnership with the University on the date of the Retiree's/LTD Recipient's death (and to whom the Retiree (but not the LTD Recipient) was married to or had a partnership with at the time of retirement). Additionally, continued Coverage under this Plan is available only to Dependent Children covered at the time of the Retiree's/LTD Recipient's death. The subsidized level of Premiums will be somewhat different for Surviving Spouses and Surviving Adult Sponsored Dependents in that the

be somewhat different for Surviving Spouses and Surviving Adult Sponsored Dependents in that the Surviving Spouse or Surviving Adult Sponsored Dependent will be responsible for a larger portion of the cost (see *Cost of Coverage* in Section 2, *Introduction*). Eligibility under this Plan will depend on the Surviving Spouse's or Surviving Sponsored Adult Dependent's eligibility. Enrollment for continued coverage under this Plan must be made within 31 days after the Retiree's/LTD Recipient's death. Continued coverage under this Plan will terminate for any Dependent on the earliest of the following dates: ▪ The date the individual no longer meets this Plan's definition of an eligible Dependent. ▪ The date the Surviving Spouse or Surviving Sponsored Adult Dependent is no longer covered under this Plan. ▪ The date all Dependent Coverage is discontinued under this Plan with respect to either Retirees or LTD Recipients. ▪ The end period for which the required Contributions have been made.	Surviving Spouse or Surviving Adult Sponsored Dependent will be responsible for a larger portion of the cost (see *Cost of Coverage* in Section 2, *Introduction*). Eligibility under this Plan will depend on the Surviving Spouse's or Surviving Sponsored Adult Dependent's eligibility. Enrollment for continued coverage under this Plan must be made within 31 days after the Retiree's/LTD Recipient's death. Continued coverage under this Plan will terminate for any Dependent on the earliest of the following dates: ▪ The date the individual no longer meets this Plan's definition of an eligible Dependent. ▪ The date the Surviving Spouse or Surviving Sponsored Adult Dependent is no longer covered under this Plan. ▪ The date all Dependent Coverage is discontinued under this Plan with respect to either Retirees or LTD Recipients. ▪ The end period for which the required Contributions have been made.
Section 13 – Glossary **Long Term Disability Recipient (LTD Recipient)-** an individual who while covered as an Employee (as defined in University Collected Rules and Regulations (CRR) 310.020 and CRR 320.050), became totally and permanently disabled in accordance with the University's Long Term Disability Plan and who is entitled to continued service credit (*i.e.* vested) as a disabled Employee under the University's Retirement, Disability and Death Benefit Plan, or, effective January 1, 2020, who has been a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled. ~~is eligible to enroll in this plan.~~	**Section 13 – Glossary** **Long Term Disability Recipient (LTD Recipient)-** an individual who while covered as an Employee (as defined in University Collected Rules and Regulations (CRR) 310.020 and CRR 320.050), became totally and permanently disabled in accordance with the University's Long Term Disability Plan and who is entitled to continued service credit (*i.e.* vested) as a disabled Employee under the University's Retirement, Disability and Death Benefit Plan, or, effective January 1, 2020, who has been a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled.
Section 13 – Glossary **Retiree** means any individual, other than a "subsidiary employee" (as defined by CRR 320.050), who terminates coverage under a University-sponsored active Employee medical insurance plan, and on the date following such termination of coverage is eligible for early retirement, normal retirement, or disability retirement benefits under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan. A Retiree shall also mean an individual who is either:	**Section 13 – Glossary** **Retiree** means any individual, other than a "subsidiary employee" (as defined by CRR 320.050), who terminates coverage under a University-sponsored active Employee medical insurance plan, and on the date following such termination of coverage is eligible for early retirement, normal retirement, or disability retirement benefits under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan. A Retiree shall also mean an individual who is either:

▪ in phased retirement under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan; or ▪ a Surviving Spouse/Surviving Sponsored Adult Dependent. In the event that a Retiree is rehired by the University, or a University Subsidiary Entity, and such Retiree is eligible for coverage as an Employee under a University-sponsored active Employee medical insurance plan, such Retiree's coverage under this Plan will "freeze" and active coverage will commence in accordance with the provisions set forth above in *How to Enroll – Retirees* located in Section 2, *Introduction*. ~~beginning The first of the following month after their effective date of becoming eligible for coverage as an Employee, unless their effective date is the first of the month, then, coverage will begin on the first of that month.~~ Upon termination from regular employment and loss of University-sponsored active Employee medical insurance coverage (or upon loss of University-sponsored active Employee coverage (or upon loss of University-sponsored active Employee medical insurance coverage even while the individual is still employed, because he or she no longer meets the definition of Employee), if the Retiree is eligible to enroll in this Plan, the Retiree must immediately enroll in (if the Retiree has not previously been eligible to do so) or reinstate retiree medical insurance coverage or the Retiree will forfeit the right to re-enroll in the retiree insurance plan(s) at a later date.	▪ in phased retirement under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan; or ▪ a Surviving Spouse/Surviving Sponsored Adult Dependent. In the event that a Retiree is rehired by the University, or a University Subsidiary Entity, and such Retiree is eligible for coverage as an Employee under a University-sponsored active Employee medical insurance plan, such Retiree's coverage under this Plan will "freeze" and active coverage will commence in accordance with the provisions set forth above in *How to Enroll – Retirees* located in Section 2, *Introduction*. Upon termination from regular employment and loss of University-sponsored active Employee medical insurance coverage (or upon loss of University-sponsored active Employee medical insurance coverage even while the individual is still employed, because he or she no longer meets the definition of Employee), if the Retiree is eligible to enroll in this Plan, the Retiree must immediately enroll in (if the Retiree has not previously been eligible to do so) or reinstate retiree medical insurance coverage or the Retiree will forfeit the right to re-enroll in the retiree insurance plan(s) at a later date.
Section 13 – Glossary **Surviving Sponsored Adult Dependent** means: ▪ the Sponsored Adult Dependent of a Retiree who dies on or after January 1, 1970; and who is in a Sponsored Adult Dependent Partnership with the Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death; ▪ the Sponsored Adult Dependent of a LTD Recipient who dies on or after January 1, 1970 and who, at the time the individual became totally and permanently disabled, was vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020,	**Section 13 – Glossary** **Surviving Sponsored Adult Dependent** means: ▪ the Sponsored Adult Dependent of a Retiree who dies on or after January 1, 1970; and who is in a Sponsored Adult Dependent Partnership with the Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death; ▪ the Sponsored Adult Dependent of a LTD Recipient who dies on or after January 1, 1970 and who, at the time the individual became totally and permanently disabled, was vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020,

who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled; and who is in a Sponsored Adult Dependent Partnership with the LTD Recipient on the date of the LTD Recipient's death; or ▪ the Sponsored Adult Dependent of an active Employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is in a Sponsored Adult Dependent Partnership with the active Employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.	who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled; and who is in a Sponsored Adult Dependent Partnership with the LTD Recipient on the date of the LTD Recipient's death; or ▪ the Sponsored Adult Dependent of an active Employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is in a Sponsored Adult Dependent Partnership with the active Employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.
Section 13 – Glossary **Surviving Spouse** means: ▪ a Spouse Covered as a Surviving Spouse under the policy of group insurance which is superseded by this Plan on March 31, 1963 in accordance with the provisions of said policy in effect on said date; or ▪ the Spouse of a Retiree who dies on or after January 1, 1970 ~~with five years or more of full-time employment and who would meet the vesting requirements of the University of Missouri Retirement, Disability and Death Benefit Plan;~~, and who is married to a Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death~~of the death, provided such Spouse was married to such Retiree for at least one year and, in addition, in the case of a Retiree who dies after retirement, provided such Spouse was married to the Retiree on the date next preceding retirement~~; ▪ the Spouse of a LTD Recipient who dies on or after January 1,	**Section 13 – Glossary** **Surviving Spouse** means: ▪ a Spouse Covered as a Surviving Spouse under the policy of group insurance which is superseded by this Plan on March 31, 1963 in accordance with the provisions of said policy in effect on said date; or ▪ the Spouse of a Retiree who dies on or after January 1, 1970, and who is married to a Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death; ▪ the Spouse of a LTD Recipient who dies on or after January 1, 1970 and who, at the time the individual became totally and permanently disabled, was vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service

1970 and who, at the time the individual became totally and permanently disabled, was vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled; and who is married to a LTD Recipient on the date of the LTD Recipient's death; or ▪ the Spouse of an active Employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is married to the active Employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.	plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled; and who is married to a LTD Recipient on the date of the LTD Recipient's death; or ▪ the Spouse of an active Employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is married to the active Employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.

RECOMMENDATION TO AMEND BENEFIT PROGRAM

☐ Retirement ☒ Medical ☐ Long Term Disability ☐ Life Insurance ☐ Dental
☐ Accidental Death & Dismemberment ☐ Flexible Benefits ☐ Tax Deferred Annuity

Effective Date of Amendment to Program: January 1, 2020

Purpose of Recommendation: To amend The Curators of the University of Missouri PPO Plan, The Curators of the University of Missouri Healthy Savings Plan, and The Curators of the University of Missouri Custom Network Plan (collectively, the "Active Plans") to:

1) redefine service credit requirements with respect to a Dependent's eligibility for continued coverage after the death of an Employee to align with the change to service credit accruals under the University of Missouri Retirement, Disability and Death Benefit Plan and to require five years of benefit eligible service which is both consecutive and accrued immediately preceding death; and

2) redefine service credit requirements (including within the definition of "Long Term Disability Recipient") with respect to coverage under the Active Plans for an LTD Recipient eligible for Medicare due solely to End Stage Renal Disease to align with the change to service credit accruals under the University of Missouri Retirement, Disability and Death Benefit Plan and to require five years of benefit eligible service which is both consecutive and accrued immediately preceding permanent and total disability.

Current Language: See Attached

Proposed Language: See Attached

Cost, if Applicable: $0

Recommended for Approval: Marsha Fischer — 11/1/19

Marsha Fischer — Date
Chief Human Resources Officer

Approval as to Legal Form: Paul R. Maguffee — 11/1/19

Paul R. Maguffee — Date
Legal Counsel

Final Approval:

Mun Choi — Date
President

Copy to General Counsel, Human Resources, Board of Curators

Amendment to The Curators of the University of Missouri
PPO Plan, Healthy Savings Plan, and Custom Network Plan
(for Active Employees)

Current with Changes	Proposed
Section 2- Introduction **When Coverage Begins** ***1. Newly Eligible Employee Participation*** Employees, other than variable hour, seasonal, or part-time Employees, are eligible to participate in this Plan on the first day they are employed, provided the enrollment form is submitted within 31 days of the date of hire or eligibility. An Employee who does not actively enroll in a plan or waives coverage will automatically be defaulted in to the Healthy Savings Plan on an after-tax basis. Variable hour, seasonal, or part-time Employees are eligible to participate in this Plan during a designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder) immediately following a designated "measurement period" (as defined in Section 4980H of the Code and the regulations issued thereunder) during which such Employee worked thirty hours or more on average per week. Any person who is not an Employee as defined in this Plan, but who subsequently becomes an Employee (other than variable hour, seasonal, or part-time Employees), shall be eligible to participate in this Plan on the effective date of such change of designation. Coverage begins under ~~An Employee becomes a Participant in~~ the Plan on the later of: ▪ ~~the date the Employee becomes eligible to participate, provided the Employee is eligible to participate on the first day of the year and makes written application during the enrollment period prior to the first day of the year,~~ ▪ the Employee's date of hire, if written application is made within 31 days after the Employee's date of hire. ▪ the first of the month coincident with or next following the date the Employee becomes eligible to participate (if the Employee	**Section 2- Introduction** **When Coverage Begins** ***1. Newly Eligible Employee Participation*** Employees, other than variable hour, seasonal, or part-time Employees, are eligible to participate in this Plan on the first day they are employed, provided the enrollment form is submitted within 31 days of the date of hire or eligibility. An Employee who does not actively enroll in a plan or waives coverage will automatically be defaulted in to the Healthy Savings Plan on an after-tax basis. Variable hour, seasonal, or part-time Employees are eligible to participate in this Plan during a designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder) immediately following a designated "measurement period" (as defined in Section 4980H of the Code and the regulations issued thereunder) during which such Employee worked thirty hours or more on average per week. Any person who is not an Employee as defined in this Plan, but who subsequently becomes an Employee (other than variable hour, seasonal, or part-time Employees), shall be eligible to participate in this Plan on the effective date of such change of designation. Coverage begins under the Plan on the later of: ▪ the Employee's date of hire, if written application is made within 31 days after the Employee's date of hire. ▪ the first of the month coincident with or next following the date the Employee becomes eligible to participate (if the Employee was not eligible to participate on their date of hire), provided such Employee makes written application within 31 days of the date on which the Employee becomes eligible and not more than 31 days of return to Active Employment if the Employee was not Actively

was not eligible to participate on their date of hire), provided such Employee makes written application within ~~thirty-one~~ 31 days of the date on which the Employee becomes eligible and not more than ~~thirty-one~~ 31 days of return to Active Employment if the Employee was not Actively at Work on the date of eligibility. ▪ for variable hour, seasonal, or part-time Employees who have been classified as variable hour, seasonable, or part-time Employees, the first day of the designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder), if the Employee makes written application during the designated "administrative period" (as defined in Section 4980H of the Code and the regulations issued thereunder) immediately preceding the applicable designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder). ▪ January 1 following an Annual Enrollment period, if written application is made during Annual Enrollment, if the Employee was not otherwise eligible to participate or failed to timely enroll on their date of hire or through a special enrollment period. If the Employee is not Actively at Work on the date Coverage would normally begin, the Coverage will not be effective until the Employee returns to full-time Active Employment, unless the Employee is not Actively at Work due to a Health Factor. If the Employee is not Actively at Work due to a Health Factor on the date the Employee would otherwise become a Participant, the date the Employee becomes a Participant will be determined without regard to the fact that the Employee was not Actively at Work. In no event shall an Employee become a Participant prior to the beginning date of employment with the University.	at Work on the date of eligibility. ▪ for variable hour, seasonal, or part-time Employees who have been classified as variable hour, seasonable, or part-time Employees, the first day of the designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder), if the Employee makes written application during the designated "administrative period" (as defined in Section 4980H of the Code and the regulations issued thereunder) immediately preceding the applicable designated "stability period" (as defined in Section 4980H of the Code and the regulations issued thereunder). ▪ January 1 following an Annual Enrollment period, if written application is made during Annual Enrollment, if the Employee was not otherwise eligible to participate or failed to timely enroll on their date of hire or through a special enrollment period. If the Employee is not Actively at Work on the date Coverage would normally begin, the Coverage will not be effective until the Employee returns to full-time Active Employment, unless the Employee is not Actively at Work due to a Health Factor. If the Employee is not Actively at Work due to a Health Factor on the date the Employee would otherwise become a Participant, the date the Employee becomes a Participant will be determined without regard to the fact that the Employee was not Actively at Work. In no event shall an Employee become a Participant prior to the beginning date of employment with the University.
Section 11 – When Coverage Ends **. . .** Plan coverage will terminate and entitlement to Benefits will end for a ~~Participant~~ Covered Person upon the first to occur of the following: ● the last day of the month in which: o the Covered Person ceases to meet the eligibility	**Section 11 – When Coverage Ends** **. . .** Plan coverage will terminate and entitlement to Benefits will end for a Covered Person upon the first to occur of the following: ● the last day of the month in which: o the Covered Person ceases to meet the eligibility

requirements described in *Eligibility* in Section 2, *Introduction*; or

- o UnitedHealthcare receives written notice from the University to end your coverage, or the date requested in the notice, if later; or

- o the Employee ceases work or is no longer an Employee as defined by this Plan (which is the day immediately preceding the Employee's termination date) or loss of Employee status;** or

> **Example**
> If you cease working for the University on January 31 (your termination date will be February 1), Plan participation will cease on January 31, which is the last day of the month in which you ceased working (even though your termination date is in February). However, if you cease working on February 1 (your termination date will be February 2), Plan participation will cease on the last day of February because you ceased working in February.
>
> This same example applies if, because of a change in your employment with the University (e.g., a reduction in hours below the eligibility threshold) you are no longer an eligible Employee under this Plan.

- the end of the period for which required Contributions have been paid; or

- the date the Plan terminates.

** ~~Provided, however f~~For the purposes of coverage under this Plan:
- if an Employee ceases work because of Sickness or Injury, employment shall be deemed to continue until terminated by the University, acting in accordance with principles which preclude individual selection;
  - o Employees who meet the definition of Long Term

requirements described in *Eligibility* in Section 2, *Introduction*; or

- o UnitedHealthcare receives written notice from the University to end your coverage, or the date requested in the notice, if later; or

- o the Employee ceases work or is no longer an Employee as defined by this Plan (which is the day immediately preceding the Employee's termination date) or loss of Employee status;** or

> **Example**
> If you cease working for the University on January 31 (your termination date will be February 1), Plan participation will cease on January 31, which is the last day of the month in which you ceased working (even though your termination date is in February). However, if you cease working on February 1 (your termination date will be February 2), Plan participation will cease on the last day of February because you ceased working in February.
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> This same example applies if, because of a change in your employment with the University (e.g., a reduction in hours below the eligibility threshold) you are no longer an eligible Employee under this Plan.

- the end of the period for which required Contributions have been paid; or

- the date the Plan terminates.

** For the purposes of coverage under this Plan:
- if an Employee ceases work because of Sickness or Injury, employment shall be deemed to continue until terminated by the University, acting in accordance with principles which preclude individual selection;
  - o Employees who meet the definition of Long Term

Disability Recipient (Section 13, *Glossary)* will no longer be eligible to participate in this Plan, unless the individual meets the End-Stage Renal Disease requirements in *Eligibility* in Section 2, *Introduction*.	Disability Recipient (Section 13, *Glossary)* will no longer be eligible to participate in this Plan, unless the individual meets the End-Stage Renal Disease requirements in *Eligibility* in Section 2, *Introduction*.
o Coverage under this Plan for a totally disabled individual will cease on the later of (1) the last day of the month in which the Employee meets the definition of totally disabled under the University's Long Term Disability Plan; or (2) the last day of the month in which the individual submits his or her enrollment form to the University for enrollment in the University's Retiree and Disability Plan or ~~UM Sponsored~~ The Curators of the University of Missouri Group Medicare Advantage PPO Plan. See Retiree and disability SPD's Section 2: *How to Enroll*.	o Coverage under this Plan for a totally disabled individual will cease on the later of (1) the last day of the month in which the Employee meets the definition of totally disabled under the University's Long Term Disability Plan; or (2) the last day of the month in which the individual submits his or her enrollment form to the University for enrollment in the University's Retiree and Disability Plan or The Curators of the University of Missouri Group Medicare Advantage PPO Plan. See Retiree and disability SPD's Section 2: *How to Enroll*.
o Coverage for individuals with End-Stage Renal Disease will cease on the last day of the month in which the individual's 30-month coordination period ends.	o Coverage for individuals with End-Stage Renal Disease will cease on the last day of the month in which the individual's 30-month coordination period ends.
• if an Employee ceases work, pursuant to a leave of absence granted in the usual course of the University's business, employment shall be deemed to continue during such leave or leaves of absence;	• if an Employee ceases work, pursuant to a leave of absence granted in the usual course of the University's business, employment shall be deemed to continue during such leave or leaves of absence;
• if an Employee suspends coverage while on an approved leave of absence, upon return from leave and within 31 days, the Employee can resume enrollment, in accordance with the participation provisions in Section 2, *When Coverage Begins*, in the ~~Program~~ Plan in which the Employee was enrolled at the beginning of the leave of absence;	• if an Employee suspends coverage while on an approved leave of absence, upon return from leave and within 31 days, the Employee can resume enrollment, in accordance with the participation provisions in Section 2, *When Coverage Begins*, in the Plan in which the Employee was enrolled at the beginning of the leave of absence;
• if an Employee ceases work and is eligible to enroll in The Curators of the University of Missouri Group Medicare Advantage PPO Plan (because the Employee is a Medicare eligible "Retiree" or "LTD Recipient" as defined by that plan), coverage under this Plan will terminate on the earliest of the following:	• if an Employee ceases work and is eligible to enroll in The Curators of the University of Missouri Group Medicare Advantage PPO Plan (because the Employee is a Medicare eligible "Retiree" or "LTD Recipient" as defined by that plan), coverage under this Plan will terminate on the earliest of the following:
▪ the day immediately preceding the effective date of coverage under The Curators of the University of Missouri Group Medicare Advantage PPO Plan; or	▪ the day immediately preceding the effective date of coverage under The Curators of the University of Missouri Group Medicare Advantage PPO Plan; or
▪ the last day of the month that is 31 days after the	▪ the last day of the month that is 31 days after the

Employee's termination date.	Employee's termination date.
Section 11 – When Coverage Ends **Continuation of Medical Coverage for Dependents After the Death of an Employee** If you die while actively employed by the University, your eligible Spouse may continue medical Coverage after your death under the Plan available to Retirees if the following requirements are satisfied: ▪ Your Spouse must have been married to you at the time of your death, and you must have been married to such Spouse for at least one year preceding your death; and ▪ Either: o at the time of your death, you must have been vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or you would have been vested if you were covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan; or o effective January 1, 2020, at the time of your death, you must have been a benefit eligible employee for the five consecutive years immediately preceding your death. Alternatively, your Sponsored Adult Dependent is eligible to continue medical Coverage after your death if the above conditions are satisfied, except that in lieu of the marriage requirement above, you must have provided a Sponsored Adult Dependent affidavit to the University at least one year preceding your death. ~~If you die while actively employed by the University andbecoming vested in the University Retirement Plan (having completed at least five years of creditable service), or if you would have been vested if you were Covered by the University Retirement Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, your eligible Spouse may continue medical Coverage after your death under the Plan available to Retirees.~~	**Section 11 – When Coverage Ends** **Continuation of Medical Coverage for Dependents After the Death of an Employee** If you die while actively employed by the University, your eligible Spouse may continue medical Coverage after your death under the Plan available to Retirees if the following requirements are satisfied: ▪ Your Spouse must have been married to you at the time of your death, and you must have been married to such Spouse for at least one year preceding your death; and ▪ Either: o at the time of your death, you must have been vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or you would have been vested if you were covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan; or o effective January 1, 2020, at the time of your death, you must have been a benefit eligible employee for the five consecutive years immediately preceding your death. Alternatively, your Sponsored Adult Dependent is eligible to continue medical Coverage after your death if the above conditions are satisfied, except that in lieu of the marriage requirement above, you must have provided a Sponsored Adult Dependent affidavit to the University at least one year preceding your death. In addition, the continuation of medical Coverage is available for your Children, but only when Spouse Coverage is also continued. The continuation of medical Coverage under this provision is subject to the payment of monthly Contributions by your Spouse. Eligible Children are described in *Section* 13, *Glossary.*

In addition, the continuation of medical Coverage is available for your Children, but only when Spouse Coverage is also continued. The continuation of medical Coverage under this provision is subject to the payment of monthly Contributions by your Spouse. ~~An eligible Spouse, for the purposes of this provision, is the Spouse to whom you were married on the date of your death, provided you had been married to this Spouse for at least one year preceding your death. An eligible Sponsored Adult Dependent, for the purposes of this provision is the Sponsored Adult Dependent for whom you provided an affidavit with the University of a Sponsored Adult Dependent at least one year preceding your death.~~ Eligible Children are described in *Section* 13, *Glossary.* No continued medical Coverage is available for Children unless there is a Surviving Spouse or Surviving Sponsored Adult Dependent who is also Covered. Refer to the COBRA section for information on continuation of Coverage for Dependent Children, upon Employee's death, when no Surviving Spouse or Surviving Sponsored Adult Dependent is Covered. Enrollment for continued medical Coverage must be made within 31 days after the Employee's death. Continued medical Coverage will terminate for any Dependent on the earliest of the following dates: ▪ The date the individual no longer meets this Plan's definition of an eligible Dependent. ▪ The date all Dependent Coverage is discontinued under this Plan with respect to your class of Employees. ▪ The end of the period for which the required Contributions have been made.	No continued medical Coverage is available for Children unless there is a Surviving Spouse or Surviving Sponsored Adult Dependent who is also Covered. Refer to the COBRA section for information on continuation of Coverage for Dependent Children, upon Employee's death, when no Surviving Spouse or Surviving Sponsored Adult Dependent is Covered. Enrollment for continued medical Coverage must be made within 31 days after the Employee's death. Continued medical Coverage will terminate for any Dependent on the earliest of the following dates: ▪ The date the individual no longer meets this Plan's definition of an eligible Dependent. ▪ The date all Dependent Coverage is discontinued under this Plan with respect to your class of Employees. ▪ The end of the period for which the required Contributions have been made.
Section 13 – Glossary **Long Term Disability Recipient-** an individual who while covered as an Employee (as defined in University Collected Rules and Regulations (CRR) 310.020 and CRR 320.050), became totally and permanently disabled in accordance with the University's Long Term Disability Plan and is entitled to continued service credit (i.e. vested) as a disabled	**Section 13 – Glossary** **Long Term Disability Recipient-** an individual who while covered as an Employee (as defined in University Collected Rules and Regulations (CRR) 310.020 and CRR 320.050), became totally and permanently disabled in accordance with the University's Long Term Disability Plan and is entitled to continued service credit (i.e. vested) as a disabled

Employee under the University's Retirement, Disability and Death Benefit Plan, or, effective January 1, 2020, who has been a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled.	Employee under the University's Retirement, Disability and Death Benefit Plan, or, effective January 1, 2020, who has been a benefit eligible employee for the five consecutive years immediately preceding the date on which the Employee became totally and permanently disabled.

RECOMMENDATION TO AMEND BENEFIT PROGRAM

☐ Retirement ☒ Medical ☐ Long Term Disability ☐ Life Insurance ☐ Dental
☐ Accidental Death & Dismemberment ☐ Flexible Benefits ☐ Tax Deferred Annuity

Effective Date of Amendment to Program: January 1, 2020

Purpose of Recommendation: To formally adopt eligibility and administrative provisions to supplement the insurance documents for The Curators of the University of Missouri Group Medicare Advantage PPO Plan.

Proposed Language: See Attached

Cost, if Applicable: $0

Recommended for Approval: Marsha Fischer ____________ 11/4/19
Marsha Fischer — Date
Chief Human Resources Officer

Approval as to Legal Form: Paul R. Maguffee ____________ 11/4/19
Paul R. Maguffee — Date
Legal Counsel

Final Approval: ____________ ____________
Mun Choi — Date
President

Copy to General Counsel, Human Resources, Board of Curators

Summary Plan Description

The Curators of the University of Missouri
Group Medicare Advantage PPO Plan

Effective: January 1, 2020
Group Numbers: 13759 (Base Plan) & 13760 (Enhanced Plan)

UnitedHealthcare®

Discrimination is Against the Law

The Curators of the University of Missouri complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Curators of the University of Missouri does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Curators of the University of Missouri:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Carol Wilson, Director, Health & Benefits.

If you believe that The Curators of the University of Missouri has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Carol Wilson, Director, Health & Benefits
1000 W. Nifong, Bldg. 7, Suite 210, Columbia, MO 65211
Phone: 573-882-2406
Fax: 573-882-9155
wilsoncaro@umsystem.edu

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Carol Wilson, Director, Health & Benefits, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- **ATENCIÓN**: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-634-1237.
- **注意**：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-634-1237。
- **CHÚ Ý**: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-634-1237.
- **OBAVJEŠTENJE**: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-634-1237.
- **ACHTUNG**: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-634-1237.
- ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-634-1237
- **ВНИМАНИЕ**: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-634-1237.
- **주의**: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-634-1237. 번으로 전화해 주십시오.
- **ATTENTION**: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-634-1237.
- **PAUNAWA**: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-634-1237
- Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-844-634-1237.
- توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-844-634-1237 تماس بگیرید.
- **XIYYEEFFANNAA**: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-634-1237.
- ATENÇÃO: Se fal a português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-844-634-1237.
- ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-844-634-1237.

TABLE OF CONTENTS

SECTION 1 - WELCOME

Quick Reference Box
Customer services and claims questions:

- Call: 1-866-899-5903
- Write: UnitedHealthcare - Claims, P.O. Box 30770, Salt Lake City, UT 84130-0770
- Online: **www.UHCRetiree.com/umsystem**

The Curators of the University of Missouri (the University) sponsors this Plan (which includes both medical and prescription drug benefits described in Section 3, *How the Plan Works*) for the benefit of its eligible Retired Employees (Retirees) and LTD Recipients who are eligible for Medicare and their Dependents.

This Summary Plan Description (SPD) includes all contracts between the University and any insurer, service provider, or third-party administrator attached to this document as Attachments and such contracts are hereby incorporated herein by reference. The SPD describes the medical and prescription drug Benefits available to eligible Retired Employees (Retirees), LTD Recipients and eligible Dependents under the Plan as of January 1, 2020. **This SPD serves as both the Plan document and the SPD.** It includes summaries of:

- who is eligible;
- services that are covered;
- services that are not covered;
- how Benefits are paid; and
- your rights and responsibilities under the Plan.

This SPD is designed to meet your information needs. It supersedes any previous printed or electronic SPD for this Plan. It is important that you carefully review this SPD to understand the Benefits which are available, as well as your responsibilities to ensure that you receive all the Benefits to which you are eligible. If a service or procedure is not specifically referenced in the SPD, coverage will be in accordance with UnitedHealthcare standard policies or determined at the discretion of the Employer. The terms of this Plan may not be amended by oral statements made by anyone. In the event an oral statement conflicts with any term of the Plan, the Plan terms will control.

IMPORTANT

The University intends to continue this Plan, but reserves the right, in its sole discretion, to modify, change, revise, amend or terminate the Plan at any time, for any reason. Changes in the Plan may occur in any or all parts of the Plan including benefit coverage, deductibles, maximums, coinsurance, exclusions, limitations, definitions, eligibility and the like. Such action may affect Retirees/LTD Recipients and may be in the form of Benefits or contribution amounts. If the Plan is terminated, amended or Benefits are eliminated, the rights of Covered Persons are limited to covered charges incurred before termination, amendment or elimination. The Plan shall be construed and administered to comply in all respects with applicable federal law. In addition to this Plan document, we will continue to use other methods of communication such as memos, meetings, newsletter articles or electronic media to help you stay informed.

If there should be an inconsistency between the contents of this SPD (including Attachments to this SPD) and any other written document, your rights shall be determined under this SPD.

How To Use This SPD

- Read the entire SPD thoroughly to learn how the Plan works and share it with your family. Then keep it in a safe place for future reference.
- Many of the sections of this SPD are related to other sections. You may not have all the information you need by reading just one section.
- Copies of this SPD and any future amendments are located on The UM System Office of Human Resources website (http://umurl.us/TR) or you can request printed copies by contacting the HR Service Center at 573-882-2146.
- Capitalized words in the SPD have special meanings and are defined in Section 5, *Glossary*.
- The Curators of the University of Missouri is also referred to as "the University".
- If there is a conflict between this SPD (including Attachments to this SPD) and any benefit summaries (other than Summaries of Material Modifications), any summary of benefit coverage (SBC), or other written information provided to you, this SPD will control.
- When there is a reference to "the Plan" in this SPD it is referring to the Group Medicare Advantage PPO Plan.

SECTION 2 - INTRODUCTION

What this section includes:

- Who's eligible for coverage under the Plan.
- The factors that impact your cost for coverage.
- Instructions and timeframes for enrolling yourself and your eligible Dependents.
- When coverage begins.
- When you can make coverage changes under the Plan.

Eligibility

You are eligible to enroll in the Plan if:

- you are eligible for Medicare due to age or disability; and
- you are enrolled in Medicare Part A and Part B; and
- you live in UnitedHealthcare's geographic service area (described in Section 2.3 of Exhibit A); and
- you are a United States citizen or are lawfully present in the United States; and either
- you are a Long Term Disability Recipient (LTD Recipient); or
- you are a Retired Employee (Retiree) and one of the following conditions are met:
    1. You are Medicare eligible on your retirement date and you were covered under a University Active Employee Medical Plan immediately prior to your retirement date; and
        a) If you retired on or before December 31, 2017, you were either:
            - age 55 or older with at least 10 years of service, or
            - age 60 or older with at least 5 years of service; or
        b) If you retire on or after January 1, 2018, you must have been employed in a UM System benefit eligible position and accumulated at least five years of service, as measured by the University of Missouri Retirement, Disability and Death Benefit Plan on December 31, 2017, and on your retirement date you must:
            - be at least 60 years old; and
            - have at least 20 years of service with the UM System.
    2. Immediately preceding when you first became Medicare eligible, you were enrolled in either The Curators of the University of Missouri Retiree and Disability Health PPO Plan or Retiree Healthy Savings Plan.

If you meet the eligibility requirements above, but your eligibility for Medicare is due to End Stage Renal Disease (ESRD), you will become eligible for this Plan after a 30-month coordination period. The coordination period begins on the date you first become eligible for Medicare because of ESRD (regardless of whether or not you actually enroll in Medicare). If you are participating in a University Active Employee Medical Plan or a University Retiree/LTD Recipient Medical Plan at the time you become eligible for Medicare due to ESRD, you will remain covered under that plan during your coordination period (provided all other eligibility requirements of that plan are satisfied).

If you are a Retired Employee, are reemployed by the University after your retirement, and subsequently retire again, special rules apply:

- If, upon your initial retirement from the University, you were eligible to enroll in the Plan based on your satisfaction of the eligibility requirements above, you will be eligible to reenroll in the Plan upon your retirement following reemployment (even if you did not initially enroll after your initial retirement), provided you still meet all requirements above. For purposes of determining whether you still meet the requirements above upon your retirement following reemployment, your initial date of retirement will determine which eligibility requirements apply. For example, if you initially retired on August 1, 2017, and retired following reemployment on August 1, 2019, you must meet the age and service requirements above for individuals who retired on or before December 31, 2017, not the age and service requirements for individuals who retire on or after January 1, 2018.
- If, upon your initial retirement from the University, you were <u>not</u> eligible to enroll in the Plan, your eligibility to enroll in the Plan upon your retirement following reemployment depends on your reemployment date:
    - If you are reemployed prior to January 1, 2020, and upon your retirement following reemployment you now satisfy the eligibility provisions above, you may enroll in this Plan upon your retirement following reemployment. You must meet the eligibility requirements above applicable to the date of your retirement following reemployment.
    - If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your retirement following reemployment, even if you now satisfy the eligibility provisions above.

If you experience a termination from employment, but were not eligible for retirement under the University's Retirement, Disability and Death Benefit Plan, are reemployed by the University, and subsequently separate from employment again, special rules apply:

- If you are reemployed prior to January 1, 2020, and upon your separation following reemployment you satisfy the eligibility provisions above, you may enroll in this Plan upon your separation following reemployment. You must meet the eligibility requirements above applicable to the date of your separation following reemployment.
- If you are reemployed on or after January 1, 2020, you may not enroll in this Plan upon your separation following reemployment if you did not meet the eligibility

requirements above on the date of your initial termination from employment, even if you satisfy the eligibility provisions above at the time of your separation following reemployment.

If you are eligible to reenroll (or enroll for the first time) upon retirement or separation after reemployment, you must enroll in this Plan consistent with the requirements in *How to Enroll*, Section 2, *Introduction*.

Dependents

Your eligible Dependent(s) may also participate in the Plan if the Dependent:

- is eligible for Medicare due to age or disability;
- is enrolled in Medicare Part A and Part B;
- lives in UnitedHealthcare's geographic service area (described in Section 2.3 of Exhibit A); and
- is a United States citizen or is lawfully present in the United States.

If your Dependent meets the eligibility requirements above, but their eligibility for Medicare is due to End Stage Renal Disease (ESRD), the Dependent will become eligible for this Plan after a 30-month coordination period. The coordination period begins on the date the Dependent first becomes eligible for Medicare because of ESRD (regardless of whether or not the Dependent actually enrolls in Medicare). If your Dependent is participating in a University Active Employee Medical Plan or a University Retiree/LTD Recipient Medical Plan at the time they become eligible for Medicare due to ESRD, they will remain covered under that plan during their coordination period (provided all other eligibility requirements of that plan are satisfied).

Your Dependents **may not** enroll in the Plan unless you are also enrolled in this Plan or another University Retiree/LTD Recipient Medical Plan. If your Dependent is not Medicare eligible, he or she will not be eligible to participate in this Plan, but may be eligible to participate in another University Retiree/LTD Recipient Medical Plan.

Notwithstanding the foregoing, if you are a LTD Recipient, your Medicare eligible Dependent may participate in this Plan even if your Dependent was not continuously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan or was not covered at the time you became a LTD Recipient, but the effective date of such coverage will be different. See *When Coverage Begins*, below, for more information.

If you are a Retiree, the Plan will not cover a person who:

- becomes your Dependent after the date of your retirement; or
- was your Dependent prior to retirement but who you did not enroll in this Plan or another University Retiree/LTD Recipient Medical Plan at the time of your retirement; or

- was covered but later dropped from coverage by you, the Retiree

unless:

- the Dependent is a Child and experiences a qualifying family/employment status change; or
- your Spouse/Sponsored Adult Dependent is also a University benefit eligible employee who separates from the University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in a University Active Employee Medical Plan as an eligible employee; or
- you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment (and all other eligibility requirements are satisfied with respect to that Dependent and you at the time of your retirement following reemployment).

If you and your Spouse or Sponsored Adult Dependent are eligible for coverage under a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan and you have Dependent Children, only one of you may claim the Children as covered Dependents.

IMPORTANT: Documentation is required to enroll a Dependent under this Plan. When you enroll a Dependent under this Plan, you must provide proof of that Dependent's relationship to you and satisfaction of the Plan's Dependent eligibility requirements. If you are enrolling a Dependent outside of the Annual Enrollment period due to a loss of coverage, you must also provide proof of coverage loss (i.e., certificate of creditable coverage or letter from former plan). A Dependent may participate in the Plan only if documentation proving the Dependent's relationship to the employee and loss of coverage (when applicable) is submitted to the University.

Acceptable documentation is located on The UM System Office of Human Resources website under forms & guides: **http://umurl.us/proof**.

- In the case of Dependents of LTD Recipients added during Annual Enrollment, documentation must be submitted within 31 days of the close of Annual Enrollment or coverage will not be effective on January 1 of the following Plan Year.
- For enrollment occurring outside of Annual Enrollment period (e.g., because of a special enrollment right or a family/employment status change), all required documentation must be submitted to the University within 31 days of the date you enroll the Dependent in the Plan. Failure to timely provide the required documentation will result in retroactive termination of the Dependent's coverage to the date coverage began (or, for a Dependent enrolled during Annual Enrollment, will result in no coverage for the Dependent on January 1).

When you enroll a Dependent in the Plan, you represent the following to be true:

- The individual is eligible under the terms of the Plan; and

- You will provide documentation evidencing eligibility (including proof of loss of coverage, if applicable) within 31 days of the date the individual is enrolled in the Plan (or within 31 days of the close of Annual Enrollment in the case of Dependents added during Annual Enrollment).

Further, you understand that:

- The Plan is relying on your representation of eligibility in accepting the enrollment of your Dependent(s);
- Your failure to provide the required documentation may be evidence of fraud and material misrepresentation; and

Newborns: Documentation of a LTD Recipient's newborn eligibility must be provided to the University within 31 days of enrolling the newborn in the Plan (if the newborn is Medicare eligible). Coverage for the newborn Dependent will exist as requested for 31 days and will terminate on the 32nd day if the required documentation is not submitted to the University (i.e., coverage will not be retroactively rescinded, but will terminate prospectively beginning on the 32nd day). If the newborn is not Medicare eligible, the newborn is not eligible for coverage under this Plan, but may be eligible for coverage under a University Active Employee Plan or University Retiree/LTD Recipient Plan.

If you are eligible for coverage under this Plan as both a Retiree and a Dependent Spouse of a Retiree with the same type of subsidized cost of coverage (percentage subsidy vs. flat subsidy), you have an important decision to make. If you elect to enroll as a Dependent Spouse of a Retiree, you will forfeit your right to enroll in this Plan at a future date as a Retiree, unless you divorce your Retiree Spouse or unless you are reemployed by the University and meet the eligibility requirements of this Plan upon your retirement or separation following reemployment. If divorce occurs, you must contact the UM Office of Human Resources within 31 days of the effective date of the divorce to obtain information about continued eligibility under this Plan as a Retiree.

If you are eligible for coverage under this Plan as both a Participant and Dependent, you may enroll as either a Participant or Dependent, but not both.

For more information, see *Other Events Ending Your Coverage* in Section 4, *When Coverage Ends.*

Cost of Coverage

The Premium associated with the cost of medical coverage is shared between you and the University. The amount the University contributes toward the cost of your coverage is called a subsidy. Your subsidy depends on your retirement date and other factors, as described below, and may be modified in the future. If you retire or experience a termination of employment (other than retirement) from the University, are subsequently reemployed by the University or "freeze" your retirement coverage to instead receive coverage under this Plan as a LTD Recipient, and you retire (either for the first time or again) and are eligible to enroll in this Plan (see *Eligibility*, Section 2, *Introduction*), your subsidy category will be determined by your original retirement date (not a subsequent retirement date in the event of a second retirement following reemployment). How your subsidy is calculated upon your retirement following reemployment or coverage as a LTD Recipient depends on when you were reemployed or switched to coverage as a LTD Recipient:

- If, prior to January 1, 2020, you are reemployed as an active employee or choose to participate under this Plan as a LTD Recipient instead of a Retiree after previously retiring or separting, your subsidy (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit at your retirement following reemployment or following the end of your coverage under this Plan as a LTD Recipient. In other words, upon your subsequent retirement following reemployment or the end of your coverage as a LTD Recipient, your subsidy will be determined using any additional UM credit you accrue while reemployed or as a LTD Recipient (in accordance with the University's Retirement, Disability and Death Benefit Plan) and your age at the time of your subsequent retirement. Nothing in this paragraph should be construed to supersede the requirements set forth below with respect to Employees who retire on or after January 1, 2018. That is, additional service and age does not affect your Access Category as determined on January 1, 2018 (but such additional service and age may affect your eligibility for coverage and/or the subsidy under such Access Category). See *RETIRED ON OR AFTER JANUARY 1, 2018*, below, for more information about Access Categories.
- If, on or after January 1, 2020, you are reemployed as an active employee or choose to participate under this Plan as a LTD Recipient instead of a Retiree after previously retiring, your subsidy (if a subsidy applies based on your retirement date, below) will be calculated using your age and years of UM service credit on the date of your:

    - termination from employment preceding reemployment, if your reemployment followed a termination from employment other than for retirement; or
    - initial retirement, if your reemployment followed a retirement.

    In other words, upon your subsequent retirement following reemployment, your subsidy will not be adjusted to account for your increased age or any additional UM service credit you may have accrued while reemployed. Likewise, if you retire while you are awaiting a disability determination under the University's Long Term Disability Plan, are subsequently determined to be totally and permanently disabled under such plan and "freeze" Retiree coverage under this Plan to participate instead as a LTD Recipient, for purposes of this Plan and the subsidies offered hereunder, only your age and UM service credit at the time of your initial retirement will be considered.

Retirees

RETIRED PRIOR TO SEPTEMBER 1, 1990 OR RETIRED UNDER THE CSRS OR FERS PRIOR TO JANUARY 1, 2018.

If you retired prior to September 1, 1990, under the University of Missouri Retirement, Disability and Death Benefit Plan or the Missouri State Employees Retirement System or you retired prior to January 1, 2018 under the Civil Service Retirement System (CERS) or Federal Employees Retirement System (FERS), the cost of coverage under this Plan will be divided by the University and you and/or your Dependents in the following manner:

	Percentage of Cost the University Will Pay (Subsidy)	**Percentage of Cost You or Your Dependents Will Pay**
Retiree	66.67%	33.33%
Spouse/Sponsored Adult Dependent/Dependent	66.67%	33.33%
Surviving Spouse/Surviving Sponsored Adult Dependent/Surviving Dependent	33.33%	66.67%

- The University may, in its sole discretion, subsidize in part or in full any non-Premium related Plan fees for Covered Persons enrolled in this Plan.

RETIRED ON OR AFTER SEPTEMBER 1, 1990 AND PRIOR TO JANUARY 1, 2018

If you retired on or after September 1, 1990 and prior to January 1, 2018, under the University of Missouri Retirement, Disability and Death Benefit Plan or Missouri State Employees Retirement System, the division of the cost of coverage between you and the University is calculated individually based on age and length of service at retirement. The cost of coverage under this Plan will be divided by the University and you and/or your Dependents in the following manner:

Age at Retirement Plus Years of UM Service Credit	**Percent of UM Maximum Premium Subsidy***
Less than 75	50%
Equal to or greater than 75 but less than 90	75%
Equal to or greater than 90	100%

*The UM maximum premium subsidy is a percentage of the total cost of the Plan, as shown below:
Group Medicare Advantage PPO Plan Maximum Premium Subsidy = 66.67 %

Example: If your age plus years of UM service credit is equal to or greater than 90, your subsidy under this Group Medicare Advantage PPO Plan is 100% of the maximum premium subsidy for this Plan (66.67%). If your age plus years of UM service credit is equal to or greater than 75 but less than 90, your subsidy under this Plan is 75% of the maximum premium subsidy (66.67%). If your age plus years of UM service credit is less than 75, your subsidy under this plan is 50% of the maximum premium subsidy (66.67%).

- This Plan offers a base option and an enhanced "buy up" option. If you choose the enhanced option, you must pay 100% of the difference between the base option and the enhanced option (plus your applicable percentage of the cost for the base option). The University may, in its sole discretion, subsidize in part or in full any non-Premium related Plan fees for Covered Persons enrolled in this Plan.
- For a Spouse, Sponsored Adult Dependent, Surviving Spouse, Surviving Sponsored Adult Dependent, or surviving Dependent, the University's subsidy will be one-half of the Retiree's "Percent of UM Maximum Premium Subsidy" determined from the table above.

RETIRED ON OR AFTER JANUARY 1, 2018

If you retire on or after January 1, 2018, under the University of Missouri Retirement, Disability and Death Benefit Plan or Missouri State Employees Retirement System, the University's subsidy is either a fixed annual amount or a percentage subsidy based on your Access Category earned on December 31, 2017.

- If, on December 31, 2017, you were 60 years or older and had earned 20 or more years of service (Access Category A), you will receive a subsidy equal to Retirees who retired on or after September 1, 1990, as stated above.
- If, on December 31, 2017, your age plus years of service was equal to or greater than 80, but you were not 60 years old or had not earned 20 years of service (Access Category B), and on your retirement date you are 60 years or older and have at least 20 years of service, you will receive a subsidy equal to Retirees who retired on or after September 1, 1990, as stated above.
- If, on December 31, 2017, your age plus years of service was less than 80, but you had earned 5 or more years of service credit (Access Category C), and on your retirement date you are 60 years or older and have at least 20 years of service, you will receive a fixed subsidy equal to $100 multiplied by your years of service, not to exceed $2,500 annually to purchase UM medical and/or dental coverage.
- If, on December 31, 2017, you had earned less than 5 years of service credit or you were initially hired on or after December 31, 2017 (Access Category D) or if you are Access Category B or C as defined above and on your retirement date you are not 60 years or older and do not have at least 20 years of service, you are not eligible to participate in this Plan, and you are not eligible for any subsidy.

The University may, in its sole discretion, subsidize in part or in full any non-Premium related Plan fees for Covered Persons enrolled in this Plan.

You must elect to continue enrollment in this Plan to be eligible for a subsidy described above. Under no circumstances will you receive any subsidy amount that exceeds the premium for this Plan (plus the premium for University sponsored dental coverage, if such coverage is elected).

LTD Recipients

You and the University share in the cost of coverage under this Plan. Your Contribution amount depends on the family members you choose to enroll. Contributions are payable monthly to the University and are paid during the month to which the Contribution applies. You shall not maintain participation beyond the date on which the next Contribution becomes payable. Monthly Contributions for participation shall cease at the end of the month in which the LTD Recipient ceases to be eligible under this Plan.

Dependents of Retirees or LTD Recipients

The level of Premium subsidy is limited to ten Dependent Children. Retirees/LTD Recipients will be required to pay the full Premium cost for each Child that is enrolled beyond the maximum of ten.

Retirees/LTD Recipients who have coverage for over ten Children as of December 31, 2001, will continue to receive Premium support for all Children covered as of that date. Coverage for any new Children over the maximum of ten who are enrolled on or after January 1, 2002, will require payment of the entire Premium by the Retiree/LTD Recipient.

Reimbursement Right

In the event a Retiree/LTD Recipient enrolls an ineligible individual (including themselves or any Dependents) under the Plan, or a covered Retiree/LTD Recipient or Dependent becomes ineligible for coverage under the Plan and the Plan does not receive notification of an enrollment change within 31 days of a qualifying event or qualifying family/employment status change, any claims paid on behalf of such ineligible individual, while such individual was ineligible, must be reimbursed to the Plan. If the Retiree/LTD Participant commits an act, practice, or omission that constitutes fraud, or makes an intentional misrepresentation of material fact with respect to coverage under this Plan, including, but not limited to, knowingly providing incorrect information relating to another person's eligibility or dependent status or failing to timely provide required documentation evidencing proof of relationship or loss of coverage (if applicable) (see *Eligibility* in this Section 2, above for more information), coverage under this Plan will terminate retroactively (see *Other Events Ending Your Coverage* in Section 4, *When Coverage Ends*) and claims paid on behalf of that individual must be reimbursed to the Plan.

How to Enroll

Retirees

To enroll, you must complete the Plan's enrollment form within 31 days of:

- your retirement date (or within 31 days of your retirement date following reemployment, provided you are eligible to enroll) if you are enrolling in this Plan immediately following active employment; or

- the date you become Medicare eligible if you are already retired and enrolled in coverage under a University Retiree/LTD Recipient Medical Plan for non-Medicare eligible Retirees.

If two Employees and/or Retirees are covered under the Plan and the Employee/Retiree who is covering the Dependent Children terminates coverage, the Dependent coverage may be continued by the other covered Employee/Retiree with no waiting period as long as coverage has been continuous. This request must be made within 31 days of the status change.

If you suspended coverage under this or another University Retiree/LTD Recipient Medical Plan (or a predecessor to such plans) **prior to January 1, 2017**, in order to enroll in a non-University medical insurance plan:

- You may opt to resume participation in a University Retiree/LTD Recipient Medical Plan by selecting and submitting your plan choice(s) during the University's Annual Enrollment period for Retirees. Your selected coverage will be effective January 1 of the following calendar year. In order to re-enroll, you must provide satisfactory proof that the non-University medical insurance plan coverage was in effect during the entire period of time your coverage under a University Retiree/LTD Recipient Medical Plan was suspended, up to the reinstatement date (January 1 of the following calendar year), with no breaks in coverage. Satisfactory proof of coverage includes a letter of creditable coverage or a letter verifying continuous coverage from the medical plan.

If you suspended coverage under this Plan or another University Retiree/LTD Recipient Medical Plan **on or before January 1, 2018**, in order to enroll as a Dependent on your Spouse or Sponsored Adult Dependent's University Active Employee Medical Plan:

- You may resume participation in a University Retiree/LTD Recipient Medical Plan under the following conditions:
  - You were eligible to participate in the University Retiree/LTD Recipient Medical Plan prior to when you suspended benefits;
  - Your Spouse or Sponsored Adult Dependent retires, terminates employment or experiences another qualifying employment/family status change;
  - You maintained coverage for the entire period of the suspension and were enrolled as a Dependent of an active employee covered by a University Active Employee Medical Plan; and
  - You complete the required retiree insurance enrollment form within 31 days after your Spouse or Sponsored Adult Dependent loses coverage under a University Active Employee Medical Plan.

If you become Medicare eligible due to age or disability, you are no longer eligible to be enrolled as a dependent through your Spouse's or Sponsored Adult Dependent's University Medical Plan. You must notify the UM System Office of Human Resources at least 60 days prior to the effective date of Medicare eligibility.

If you do not immediately reinstate retiree insurance coverage upon loss of coverage under a University Active Employee Medical Plan through your Spouse or Sponsored Adult Dependent, you forfeit your right to re-enroll in a University Retiree/LTD Recipient Medical Plan at a later date.

If, after retirement, you were eligible for a University Retiree/LTD Recipient Medical Plan and you become reemployed by the University or a University subsidiary entity and you become eligible for coverage as an "Employee" under (and as defined by) a University Active Employee Medical Plan, your coverage under such active plan will commence on the later of your date of hire or the first of the month following the date when you first meet the eligibility requirements of that active plan, and your retiree medical coverage under this Plan will “freeze”. Upon your termination from regular employment and loss of coverage under a University Active Employee Medical Plan (or upon loss of coverage under a University Active Employee Medical Plan even while you are still employed, because you no longer meet the definition of "Employee"), if you are eligible to enroll in this Plan, ***you must immediately enroll in (if you were not previously enrolled but were eligible to do so at your initial retirement date) or reinstate retiree medical insurance coverage*** or you will forfeit your right to participate in a University Retiree/LTD Recipient Medical Plan at a later date.

Employee means "Employee" as defined in each of the University Active Employee Medical Plans. See *Eligibility* in Section 2, *Introduction*, of those summary plan descriptions.

LTD Recipients

To enroll, you must complete the Plan’s enrollment form within 31 days of:

- receipt of notice that you are Disabled under the University’s Long Term Disability Plan and are eligible to receive benefits under the University’s Long Term Disability Plan if you are enrolling in this Plan immediately following active employment (and are Medicare eligible); or
- the date you become Medicare eligible if you are already enrolled in coverage under a University Retiree/LTD Recipient Medical Plan for non-Medicare eligible LTD Recipients.

Surviving Spouses/Surviving Sponsored Adult Dependents

Enrollment for continued medical coverage must be made within 31 days after the Retiree’s/LTD Recipient’s death. For more information see *Continuation of Medical Coverage for Dependents after the Death of a Retiree/LTD Recipient* in Section 4, *When Coverage Ends*.

When Coverage Begins

Retirees

Coverage will begin as outlined below, provided that you have completed and returned the Plan enrollment form prior to your coverage effective date.*

- If you are Medicare eligible on the day of your retirement, and you retire on the first of the month, coverage under this Plan begins on that day (provided all necessary enrollment forms have been submitted to the University).
- If you are Medicare eligible on the day of your retirement, and you retire after the first of the month, coverage will begin the first of the month following your retirement date.
- If you are not Medicare eligible on the day of your retirement, but you become Medicare eligible after retirement and such eligibility is effective on the first day of the month, coverage under this Plan begins on that day (provided all necessary enrollment forms have been submitted to the University).

*You have up to 31 days after the later of your retirement date or Medicare effective date to complete the Plan enrollment form. However, if the enrollment form is completed after the coverage effective date, it may affect the date coverage would have otherwise begun under this Plan.

Dependents of Retirees

Coverage will begin as outlined below, provided that you have completed and returned the Plan enrollment form prior to your Dependent's(s') coverage effective date.*

- If you are not Medicare eligible when you retire, but your Dependent is Medicare eligible on your retirement, Dependent coverage is effective under this Plan on the date your coverage is effective under a University Retiree/LTD Recipient Medical Plan for non-Medicare eligible Retirees.
- If neither you nor your Dependent is Medicare eligible when you retire, but your Dependent becomes Medicare eligible before you, Dependent coverage under this Plan is effective on the first day of the month in which the Dependent becomes Medicare eligible.
- If your Dependent becomes Medicare eligible after you, Dependent coverage under this Plan is effective on the first day of the month in which the Dependent becomes Medicare eligible.
- If both you and your Dependent are Medicare eligible when you retire, Dependent coverage is effective on the date your coverage becomes effective.

*You have up to 31 days after the later of your retirement date or Medicare effective date to complete the Plan enrollment form. However, if the enrollment form is completed after the coverage effective date, it may affect the date coverage would have otherwise begun under this Plan.

As described in "*Eligibility*," above, Retirees are not eligible to add Dependents to this Plan after the date of retirement, unless the Dependent is a Child that experiences a qualifying family/employment status change or the Retiree's Spouse/Sponsored Adult Dependent is also a University benefit eligible employee who separates from the University and/or loses eligibility for retiree medical insurance, but only if they were enrolled in a University Active Employee Medical Plan as an eligible employee.

In the event of a qualifying family/employment status change, the Dependent Child will become a Participant provided the Retiree makes written application (including proof of relationship) for such Child. Coverage will become effective for the Child as follows (provided the Child is Medicare eligible)*:

- in the case of birth or adoption or placement for adoption, on the first of the month of the date of the event, as applicable, and
- in the case of any other event, on the first of the month following the date of the event.

*You have up to 31 days after the later of your retirement date or Medicare effective date to complete the Plan enrollment form. However, if the enrollment form is completed after the eligibility date, it may affect the date coverage would have otherwise begun under this Plan.

In the event that your Spouse or Sponsored Adult Dependent is also a University benefit eligible employee who separates from the University and/or loses eligibility for retiree medical insurance, you may add your Medicare eligible Spouse or Sponsored Adult Dependent as a Dependent to coverage under a University Retiree/LTD Recipient Medical Plan (and any eligible Dependent Children) if they were enrolled in a University Active Employee Medical Plan under your Spouse's coverage as an eligible employee. You must make written application (including proof of relationship) for such Spouse or Sponsored Adult Dependent and eligible Dependent Children within 31 days after the change in status. Coverage will become effective for Participants on the first of the month following the date of the event (provided the necessary forms are submitted to the University).

For more information on what constitutes a qualifying family/employment status change, please refer to "*Changing your Coverage*," below.

Notwithstanding the foregoing, if you are reemployed by the University after your initial retirement and you enroll an eligible Dependent during your period of reemployment, that Dependent may continue coverage under this Plan upon your retirement following reemployment, provided all other eligibility requirements are satisfied with respect to that Dependent.

LTD Recipients

Coverage will begin as outlined below, provided that you have completed and returned the Plan enrollment form prior to your coverage effective date.*

- If you are Medicare eligible on your Disability Benefit Commencement Date, and the commencement date is the first of the month, coverage under this Plan begins on that day.
- If you are Medicare eligible on the Disability Benefit Commencement Date, and the commencement date is after the first of the month, coverage will begin the first of the month following the Disability Benefit Commencement Date.

- If you are not Medicare eligible on the Disability Benefit Commencement Date, but you become Medicare eligible after the commencement date, coverage under this Plan begins on the effective date of your Medicare eligibility.

*You have up to 31 days after the later of your retirement date or Medicare effective date to complete the Plan enrollment form. However, if the enrollment form is completed after the coverage effective date, it may affect the date coverage would have otherwise begun under this Plan.

If you were not covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately preceding your Medicare eligibility, you may still participate in this Plan. However, your coverage will not be effective until January 1 following the year in which you enroll during Annual Enrollment or, if sooner, the first of the month following a special enrollment right or a qualifying family/employment status change.

Dependents of LTD Recipients

Coverage will begin as outlined below provided that you have completed and returned the Plan enrollment form prior to your Dependent's(s') coverage effective date.*

- If you are not Medicare eligible on the Disability Benefit Commencement Date, but your Dependent is Medicare eligible, Dependent coverage is effective under this Plan on the date your coverage is effective under a University Retiree/LTD Recipient Medical Plan for non-Medicare eligible LTD Recipients, provided your Dependent was previously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately prior to the coverage effective date.
- If neither you nor your Dependent is Medicare eligible on the Disability Benefit Commencement Date, but your Dependent becomes Medicare eligible before you, Dependent coverage under this Plan is effective on the first day of the month in which the Dependent becomes Medicare eligible, provided your Dependent was previously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately prior to becoming Medicare eligible.
- If your Dependent becomes Medicare eligible after you, Dependent coverage under this Plan is effective on the first day of the month in which the Dependent becomes Medicare eligible, provided your Dependent was previously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately prior to becoming Medicare eligible.
- If both you and your Dependent are Medicare eligible on the Disability Benefit Commencement Date, Dependent coverage is effective on the date your coverage becomes effective, provided your Dependent was previously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately prior to the coverage effective date.

*You have up to 31 days after the later of your retirement date or your Disability Benefit Commencement Date to complete the Plan enrollment form. However, if the enrollment form is completed after the coverage effective date, it may affect the date coverage would have otherwise begun under this Plan.

If a LTD Recipient requests coverage in writing (including proof of relationship) for a Medicare eligible Dependent, other than a Spouse, more than 31 days after such Dependent first becomes eligible for coverage, the following rules will apply:

- If the LTD Recipient request (and proof of relationship) is received within 180 days after the Dependent first becomes eligible, and such Dependent is a newborn or an adopted Child for whom specific additional LTD Recipient Contribution is required (i.e., coverage for other Children does not already exist), coverage for such Dependent will be provided for 31 days, beginning in the month of the birth or adoption (as applicable), will cease as of the 32nd day, and then resume on the date the LTD Recipient's written request is received. If the LTD Recipient request for coverage (including proof of relationship) is not received within the 180 day period specified above, the LTD Recipient may request coverage during the next subsequent Annual Enrollment period, and coverage will be provided for 31 days, beginning in the month of birth or adoption (as applicable), will cease as of the 32nd day, and will resume as of the January 1 following receipt of the LTD Recipient's request during the Annual Enrollment period.
- If the LTD Recipient request (including proof of relationship) is received within 180 days after the Dependent first becomes eligible, and such Dependent is a Child other than a newborn or adopted Child for whom specific additional LTD Recipient Contribution is required (i.e., coverage for other Children does not already exist), coverage for such Child will become effective the first of the month following the date on which the benefit enrollment form (and proof of relationship) is submitted to the UM System Office of Human Resources. If the LTD Recipient request for coverage (including proof of relationship) is not received within the 180 day period specified above, the LTD Recipient may request coverage during the next subsequent Annual Enrollment period designated by the University, and coverage will become effective on the following January 1.
- If the LTD Recipient request (including proof of relationship) is received within 180 days after the Dependent first becomes eligible, and the Dependent for whom coverage is requested is a Child for whom specific additional LTD Recipient Contribution is not required (i.e., coverage already exists for other eligible Children), coverage will be effective as follows:
    - In the case of birth or adoption or placement for adoption, on the first of the month of the date of the event, as applicable, and
    - In the case of any other event, on the date coverage is requested.

If a LTD Recipient does not timely enroll or waive coverage with respect to a Dependent in the scenarios above, or if the LTD Recipient's Dependent was not previously covered by a University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan immediately prior to becoming Medicare eligible, the Medicare eligible Dependent may still participate in this Plan beginning on the earliest of:*

- January 1 following the year in which you timely enroll your Dependent during Annual Enrollment;
- The first day of the month following the month in which the Dependent is eligible for a special enrollment right or experiences a qualifying family/employment status change; or
- The date the person becomes your Dependent.

* The Plan enrollment form must be complete before the coverage effective date listed above. If the enrollment form is completed after the coverage effective date, it may affect the date coverage would have otherwise begun under this Plan.

<u>Other Special Rules for LTD Recipients</u>

- If your Spouse or Sponsored Adult Dependent is an employee of the University and enrolled in a University Active Employee Medical Plan and ceases to participate in such coverage by reason of a change in employment status, your Spouse (or Sponsored Adult Dependent) will be covered under this Plan as a Dependent in accordance with the timing rules immediately above in *Dependents of LTD Recipients* or with the provisions covering special enrollment rights or qualifying family/employment status changes, provided you make timely written application for your Spouse or Sponsored Adult Dependent.
- Except in accordance with the provisions covering special enrollment rights or a qualifying family/employment status change, a LTD Recipient may add Dependents under this Plan only during the Plan's Annual Enrollment period.
- An LTD Recipient may remove himself/herself or a Dependent from coverage at any time.

SECTION 3 - HOW THE PLAN WORKS

What this section includes:

- What documents you may review to learn about the types of medical care and prescription drugs covered and not covered, how coverage decisions are made and how you may appeal those decisions, and other important plan information.

The following Attachments to this Plan describe medical and prescription drug benefits and contain important information on covered and excluded services, cost-sharing, claims procedures, and your rights and responsibilities under the Plan:

Attachment	Title	Issuer/Adminsitrator
1	2020 Evidence of Coverage, UnitedHealthcare Group Medicare Advantage Plan Base Plan Group No. 13759	UnitedHealthcare
2	2020 Evidence of Coverage, UnitedHealthcare Group Medicare Advantage Plan Enhanced Plan Group No. 13760	UnitedHealthcare
3	EXPRESS SCRIPTS SUMMARY Medicare Part D Employer Group Waiver Plan for 2020	Express Scripts Medicare (Medco Containment Life Insurance Company & Medco Containment Insurance Company of New York)

SECTION 4 - WHEN COVERAGE ENDS

What this section includes:

- Circumstances that cause coverage to end.
- How to continue coverage after it ends.

As a Retiree you may elect to terminate coverage under this Plan either for yourself and/or any eligible Dependents at any time; however, coverage will continue through the end of the month in which the benefit change form is submitted to the UM System Office of Human Resources. Coverage may not be reinstated at a later date unless you suspended your coverage under a University Retiree/LTD Recipient Medical Plan (or the predecessors of such plans) prior to January 1, 2017, in order to enroll in a non-University medical insurance plan or on or before January 1, 2018, in order to enroll as a Dependent on your Spouse's or Sponsored Adult Dependent's University Active Employee Plan (or a predecessor of such plan).

Notwithstanding the foregoing, if your coverage under this Plan is "frozen" as a result of your reemployment with the University and eligibility for coverage under a University Active Employee Medical Plan, coverage under this Plan will be reinstated (provided you immediately elect to reinstate your coverage under this Plan in accordance with *How to Enroll* in Section 2, *Introduction*) if you terminate such employment.

Entitlement to Benefits automatically ends on the date that coverage ends, even if you are hospitalized or are otherwise receiving medical treatment on that date.

When your coverage ends, the University will still pay claims for covered health services that you received before your coverage ended. However, once your coverage ends, Benefits are not provided for health services that you receive after coverage ended, even if the underlying medical condition occurred before your coverage ended.

Plan coverage will terminate and entitlement to Benefits will end for Covered Persons upon the first to occur of the following:

- the last day of the month in which:
    - the Covered Person ceases to meet the eligibility requirements described in *Eligibility* in Section 2, *Introduction*;
    - UnitedHealthcare receives written notice from the University to end coverage, or the date requested in the notice, if later;
    - the Covered Person is away from UnitedHealthcare's service area for more than 6 months;
    - the Covered Person becomes incarcerated; or
    - the Plan and UnitedHealthcare determine you have continuously behaved in a way that is disruptive and makes it difficult to provide medical care for

Covered Persons. (UnitedHealthcare will seek permission from Medicare prior to terminating your coverage for these reasons.)

- the end of the period for which required after-tax Contributions have been paid; or
- the date the Plan terminates.

Unless the provisions described below in "*Continuation of Medical Coverage for Dependents After the Death of a Retiree/LTD Recipient*" apply, coverage will also terminate for a Covered Person who is a Dependent on the last day of the month in which the Participant is no longer a Covered Person under this Plan or another University Retiree/LTD Recipient Medical Plan or University Active Employee Medical Plan.

Other Events Ending Your Coverage

Coverage may be rescinded if you commit an act, practice, or omission that constitutes fraud, or make an intentional misrepresentation of material fact with respect to coverage under this Plan, including, but not limited to, knowingly providing incorrect information relating to another person's eligibility or dependent status or failing to timely provide required documentation evidencing proof of relationship or loss of coverage (if applicable) (see Section 2, *Eligibility* for more information). UnitedHealthcare will seek permission from Medicare prior to terminating your coverage for these reasons. The Plan will provide prior written notice to you that your coverage will end on the date identified in the notice. The Plan will provide 31 days advance written notice to each affected individual before coverage is rescinded.

For the purpose of this Plan, rescinded means a retroactive cancellation or discontinuance of coverage of Benefits provided under this Plan, but does not include a cancellation or discontinuance of coverage if:

- the cancellation or discontinuance of coverage has only a prospective effect; or
- the cancellation or discontinuance of coverage is effective retroactively to the extent it is attributable to a failure to timely pay required Contributions towards the cost of coverage.

Note: If UnitedHealthcare or the University find that you have performed an act, practice, or omission that constitutes fraud, or have made an intentional misrepresentation of material fact (which includes failure to timely provide required documentation evidencing proof of relationship or loss of coverage), the University has the right to demand that you pay back all Benefits the University paid to you, or paid in your name, during the time you were incorrectly covered under the Plan.

Coverage for a Medicare Eligible Disabled Child

If an unmarried, enrolled Dependent Child with a mental or physical disability reaches an age when coverage would otherwise end, the Plan will continue to cover the Child, as long as:

- The Child is unable to be self-supporting due to a mental or physical disability.

- The Child depends mainly on you or your Spouse/Sponsored Adult Dependent for Principal Financial Support.
- The Child was covered as a Dependent on the day immediately preceding the day the individual reaches the maximum age.
- You provide to the University proof of the Child's incapacity and dependency within 31 days of the date coverage would have otherwise ended because the Child reached a certain age.
- You provide proof, upon the University's request, that the Child continues to meet these conditions.

The proof might include medical examinations at the University's expense. However, you will not be asked for this information more than once a year. If you do not supply such proof within 31 days, the Plan will no longer pay Benefits for that Child.

Coverage will continue, as long as the enrolled Dependent is incapacitated and dependent upon you, unless coverage is otherwise terminated in accordance with the terms of the Plan.

Continuation of Medical Coverage for Dependents After the Death of a Retiree/LTD Recipient

If you die after retirement or while receiving LTD benefits from the University, your Surviving Spouse or Surviving Sponsored Adult Dependent may continue coverage under this Plan, including for your eligible Children, after your death subject to the payment of monthly Contributions by your Surviving Spouse or Surviving Sponsored Adult Dependent. However, coverage under this Plan for your Children is available only to the extent your Surviving Spouse or Surviving Sponsored Adult Dependent remains covered under this Plan or another University Retiree/LTD Recipient Medical Plan.

It is important to note that the coverage for the Surviving Spouse or Surviving Sponsored Adult Dependent of a Retiree/LTD Recipient is available only to the person to whom the Retiree/LTD Recipient was married or had an affidavit of Adult Sponsored partnership with the University on the date of the Retiree's/LTD Recipient's death (and to whom the Retiree (but not the LTD Recipient) was married to or had a partnership with at the time of retirement). Additionally, continued coverage under this Plan is available only to Dependent Children covered at the time of the Retiree's/LTD Recipient's death. For the sake of clarity, coverage under this Plan is not available for the new spouse or partner of a Surviving Spouse or Surviving Sponsored Adult Dependent or for new dependent children born to, adopted by, or acquired through marriage by the Surviving Spouse or Surviving Sponsored Adult Dependent after the Retiree's/LTD Recipient's death, regardless of whether such dependent child is biologically related to the Retiree/LTD Recipient. The subsidized level of Premiums will be somewhat different for Surviving Spouses and Surviving Adult Sponsored Dependents in that the Surviving Spouse or Surviving Adult Sponsored Dependent will be responsible for a larger portion of the cost (see *Cost of Coverage* in Section 2, *Introduction*). Eligibility under this Plan will depend on the Surviving Spouse's or Surviving Sponsored Adult Dependent's eligibility.

Enrollment for continued coverage under this Plan must be made within 31 days after the Retiree's/LTD Recipient's death.

Continued coverage under this Plan will terminate for any Dependent on the earliest of the following dates:

- The date the individual no longer meets this Plan's definition of an eligible Dependent.
- The date the Surviving Spouse or Surviving Sponsored Adult Dependent is no longer covered under this Plan.
- The date all Dependent coverage is discontinued under this Plan with respect to either Retirees or LTD Recipients.
- The end period for which the required Contributions have been made.

SECTION 5 - GLOSSARY

What this section includes:
Definitions of terms used throughout this SPD.

Many of the terms used throughout this SPD may be unfamiliar to you or have a specific meaning with regard to the way the Plan is administered and how Benefits are paid. This section defines terms used throughout this SPD, but it does not describe the Benefits provided by the Plan.

Annual Enrollment - the period of time, determined by the University, during which eligible Participants may enroll or change Plans and/or decrease their coverage level for themselves and their Dependents. The University determines the period of time that is the Annual Enrollment period. Retirees/LTD Recipients will receive detailed information regarding Annual Enrollment from The UM System Office of Human Resources notifying them of plan changes for the upcoming calendar year. Enrollments during Annual Enrollment will be effective the following January 1.

Benefits - Plan payments for covered health services, subject to the terms and conditions of the Plan and any Attachments thereto.

Child or Children -

- natural children; or
- stepchildren (note that the child of a Retiree's/LTD Recipient's Sponsored Adult Dependent is not a stepchild); or
- foster children (subject to court order or placement by an authorized agency); or
- legally adopted children or children placed in the Retiree's/LTD Recipient's home for adoption (subject to court order); or
- each child, who otherwise meets the definition of "Child" under the Plan, of a Retiree/LTD Recipient for whom the University has received a valid Notice of Order to Enroll and for which the University is obligated to comply under Senate Bill No. 253 which repeals various Sections of RSMO 1986 and RSMO Supp. 1992.

Dependent Children must meet additional requirements, as specified in the definition of Dependent, in order to be eligible to participate in this Plan.

Claims Administrator - UnitedHealthcare (also known as United Healthcare Services, Inc.) and its affiliates, who provide certain claim administration services for the Plan.

COBRA - see Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

COBRA Administrator – ASI COBRA, LLC.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) - a federal law that requires employers to offer continued health insurance coverage to certain

Retirees/LTD Recipients and their dependents whose group health insurance has been terminated.

Contributions - the amount designated by the University from time to time as the amount of Contributions Retirees/LTD Recipients and Qualified Beneficiaries are required to make in order to receive Benefits under this Plan. The University may change these amounts at its discretion subject to prior notification to the Participants.

Covered Person - either the Participant or an enrolled Dependent, but this term applies only while the person is enrolled and eligible for Benefits under the Plan. References to "you" and "your" throughout this SPD are references to a Covered Person, unless context suggests otherwise.

Dependent -

- the Spouse of a Retiree/LTD Recipient;
- each Child of a Retiree/LTD Recipient through the end of the month such Child reaches 26 years of age including: step children, foster children, adopted children or a child placed in your home for adoption;
- each unmarried Child of a Retiree/LTD Recipient who is mentally or physically incapable of self-sustaining employment prior to reaching the maximum age (26 years old) and who is dependent on you or your Spouse for Principal Financial Support.

  Application for continuation of Dependent status for such a Child and proof of the Child's status must be made with the University 31 days prior to the Child's attaining such maximum age. The University has the right to require proof of the continuation of such disability upon attainment of such age as often as deemed necessary by the University. If the Retiree/LTD Recipient fails to submit such proof, coverage shall be discontinued at the end of the month in which the Dependent attains maximum age (26 years old).

  This definition shall be effective January 1, 1994 and shall not be construed to eliminate the eligibility of any Dependent covered by the Plan as of December 31, 1993.

  To be eligible for continuation of Dependent status once an individual has reached the maximum age, the individual must be covered as a Dependent as defined in this Plan on the day immediately preceding the day the individual reaches the maximum age.

- the Sponsored Adult Dependent of a Retiree/LTD Recipient, so long as the Retiree/LTD Recipient does not have a Spouse.

- a child for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order.

A Dependent does not include anyone who is also enrolled as a Participant. No one can be a Dependent of more than one Participant.

Disability Benefit Commencement Date – The date you begin receiving monthly benefits under the University of Missouri Long Term Disability Plan (typically 149 calendar days after you have been totally disabled).

Employer - The Curators of the University of Missouri.

Long Term Disability Recipient (LTD Recipient)- an individual who while covered as an "employee" (as defined in University Collected Rules and Regulations (CRR) 310.020 and CRR 320.050), became totally and permanently disabled in accordance with the University's Long Term Disability Plan and who is entitled to continued service credit (*i.e.* vested) as a disabled employee under the University's Retirement, Disability and Death Benefit Plan, or, effective January 1, 2020, who has been a benefit eligible employee for the five consecutive years immediately preceding the date on which the employee became totally and permanently disabled.

Marketplace - a competitive marketplace established under § 1311 of the Patient Protection and Affordable Care Act, commonly referred to as an Exchange or a Health Insurance Marketplace.

Medicaid - a federal program administered and operated individually by participating state and territorial governments that provides medical benefits to eligible low-income people needing health care. The federal and state governments share the program's costs.

Medicare - Parts A, B, C and D of the insurance program established by Title XVIII, *United States Social Security Act*, as amended by 42 U.S.C. Sections 1394, et seq. and as later amended.

Participant – a Retired Employee or LTD Recipient of the Employer who meets the eligibility requirements specified in the Plan, as described under *Eligibility* in Section 2, *Introduction*. References to "member" throughout this SPD are references to a Participant.

Plan - The Curators of the University of Missouri Group Medicare Advantage PPO Plan.

Plan Administrator - The Curators of the University of Missouri or its designee.

Plan Sponsor - The Curators of the University Of Missouri.

Plan Year - the twelve month period ending each December 31.

Premium - the monthly fee required from the Employer on behalf of each Participant and each enrolled Dependent in accordance with the terms of the Plan (including Attachments).

Principal Financial Support – a Retiree/LTD Recipient, during the calendar year is continuously providing more than one half of the support of a Child, including the amount spent to provide food, lodging, clothing, education, medical, dental and vision care, recreation, transportation and similar necessities.

Qualified Beneficiary - a Participant or a covered Dependent of a Participant covered under this Plan on the day prior to a COBRA qualifying event. To the extent required by law, Qualified Beneficiary will also mean a Child born to the Retiree/LTD Recipient, or placed for adoption with the Retiree/LTD Recipient, during a period of continuation coverage.

Qualified Health Plan - an insurance plan that is certified by the Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act. All qualified health plans meet the Affordable Care Act requirement for having health coverage, known as "minimum essential coverage."

Qualified Medical Child Support Order (QMCSO) - a judgment, decree or order issued by a court or appropriate state agency that requires a child to be covered for medical benefits. Generally, a QMCSO is issued as part of a paternity, divorce, or other child support settlement.

Retired Employee - see Retiree.

Retiree - any individual, other than a "subsidiary employee" (as defined by CRR 320.050), who terminates coverage under a University Active Employee Medical Plan, and on the date following such termination of coverage is eligible for early retirement, normal retirement, or disability retirement benefits under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan. A Retiree shall also mean an individual who is either:

- in phased retirement under the terms and provisions of the University of Missouri Retirement, Disability and Death Benefit Plan; or
- a Surviving Spouse/Surviving Sponsored Adult Dependent.

Sickness - physical illness, disease or pregnancy. The term Sickness as used in this SPD includes mental illness or substance-related and addictive disorders, regardless of the cause or origin of the mental illness or substance-related and addictive disorder.

Sponsored Adult Dependent - a person of the same or opposite sex with whom the Participant has a relationship and with whom the Participant has established a Sponsored Adult Dependent Partnership.

Sponsored Adult Dependent Partnership - a relationship between a Participant and one other person of the same or opposite sex documented through submission to the University of an affidavit of sponsored adult partnership. The relationship must be with a person who:

- Has had the same principal residence as the Retiree for at least 12 months, and continues to have the same principal residence as the Retiree disregarding temporary absences due to special circumstances including Sickness, education, business, vacation or military service;
- Is 18 years of age or older;
- Is not currently married to another person under either statutory or common law; and

- Is not related to the Retiree by blood or degree of closeness that would prohibit marriage in the law of the state in which the Retiree resides.

Spouse - The legal Spouse of a Retiree, other than a deceased Retiree (see the defined term "Surviving Spouse", below), excluding a divorced Spouse or a Spouse separated by contract or decree from the Retiree.

Surviving Sponsored Adult Dependent -

- the Sponsored Adult Dependent of a Retiree who dies on or after January 1, 1970; and who is in a Sponsored Adult Dependent Partnership with the Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death;
- the Sponsored Adult Dependent of a LTD Recipient who dies on or after January 1, 1970 and who, at the time the individual became totally and permanently disabled, was vested in the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the employee became totally and permanently disabled; and who is in a Sponsored Adult Dependent Partnership with the LTD Recipient on the date of the LTD Recipient's death; or
- the Sponsored Adult Dependent of an active employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is in a Sponsored Adult Dependent Partnership with the active employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.

Surviving Spouse -

- a Spouse covered as a Surviving Spouse under the policy of group insurance which is superseded by this Plan on March 31, 1963 in accordance with the provisions of said policy in effect on said date; or
- the Spouse of a Retiree who dies on or after January 1, 1970, and who is married to a Retiree (i) on the date immediately preceding the Retiree's retirement; and (ii) on the date of the Retiree's death;
- the Spouse of a LTD Recipient who dies on or after January 1, 1970 and who, at the time the individual became totally and permanently disabled, was vested in the

University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the date on which the employee became totally and permanently disabled; and who is married to a LTD Recipient on the date of the LTD Recipient's death; or

- the Spouse of an active employee who dies while actively employed by the University on or after January 1, 1970 and who, at the time of death, was a vested member of the University of Missouri Retirement, Disability and Death Benefit Plan (having completed at least five years of creditable service), or who would have been vested if covered by the University of Missouri Retirement, Disability and Death Benefit Plan instead of the Civil Service plan, Federal Employee Retirement plan or the Missouri State Retirement plan, or, effective January 1, 2020, who was a benefit eligible employee for the five consecutive years immediately preceding the Employee's death; and who is married to the active employee (i) on the date of the active Employee's death; and (ii) for at least one year preceding death.

The University - The Curators of the University of Missouri, a public corporation, including all of its divisions, branches and parts.

University Active Employee Medical Plan – one of the following plans sponsored by the University:

- The Curators of the University of Missouri PPO Plan
- The Curators of the University of Missouri Healthy Savings Plan
- The Curators of the University of Missouri Custom Network Plan

University Retiree/LTD Recipient Medical Plan – one of the following plans sponsored by the University:

- The Curators of the University of Missouri Retiree and Disability Health PPO Plan
- The Curators of the University of Missouri Retiree and Disability Healthy Savings Plan
- The Curators of the University of Missouri Group Medicare Advantage PPO Plan (this Plan)

Sole Source
Y-90 Microspheres
MUHC

In accordance with the Collected Rules and Regulations 80.010, MU Health Care (MUHC) requests approval for the sole source purchase of Y-90 Microspheres from Sirtex Medical Inc., Woburn, Massachusetts, for an estimated total of $3,564,000 for a 3-year term for the purchase of these products.

Sirtex Medical is the only manufacturer of SIR-Spheres® Y-90 resin microspheres that are fully pre-market approved by the FDA and are indicated in the United States for the treatment of non-resectable metastatic liver tumors from primary colorectal cancer in combination with intrahepatic artery chemotherapy using floxuridine.

SIR-Spheres® Y-90 resin microspheres are one-time use medical devices that deliver high doses of high-energy beta radiation directly to the tumors through a minimally invasive procedure called Selective Internal Radiation Therapy (SIRT) done by an interventional radiologist. By using the liver tumors' blood supply, the Y-90 microspheres selectively target the tumors with a dose of radiation that is up to 40 times higher than conventional radiotherapy, while sparing healthy tissue. The available clinical evidence suggests SIR-Spheres® Y-90 resin microspheres may double the rate of tumor shrinkage and tumor remission compared to conventional radiation therapy. The evidence also suggests it may be capable of improving the quality of life of patients who do not have any other treatment options.

The use of the SIR-Spheres® Y-90 resin microspheres at MUHC has been fully vetted through a trial approved by the MUHC Cardio/IR Value Analysis team process. Based on the trial, the usage was anticipated to be very low. However MUHC marketing aired a story on KRCG-TV in August about the procedure, which has increased the number of referrals of new patients to be evaluated for consideration of this type of therapy. The estimated annual volume is predicted to be 72 patients. The purchase price for the microspheres is $16,500 per dose, and one dose is required to be purchased for each patient. Reimbursement of this therapy is expected to cover costs.

The annual expenditures will be paid from the University Hospital Interventional Radiology operating funds.

No. 4

Recommended Action – Sole Source – Y-90 Microspheres, MUHC

It was recommended by Chancellor Cartwright, endorsed by President Choi, recommended by the Finance Committee, moved by Curator _________________ and seconded by Curator ________________, that the following action be approved:

that MUHC be authorized to purchase Y-90 Microspheres from Sirtex Medical Inc., Woburn, Massachusetts, at an estimated total cost of $3,564,000 for a 3-year term for the purchase of these products.

Funding is as follows:
University Hospital Interventional Radiology Operating Fund H0313 733870

Roll call vote Finance Committee	YES	NO
Curator Brncic		
Curator Chatman		
Curator Steelman		
Curator Williams		

The motion _________________.

Roll call vote Full Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _________________.

Sole Source
340B Contract Pharmacy Distribution Services
MUHC

In accordance with the Collected Rules and Regulations 80.010, MU Health Care (MUHC) requests approval for the sole source purchase of 340B Contract Pharmacy Distribution Services from AmerisourceBergen Corporation (ABC), Chesterbrook, Pennsylvania, for an estimated total of $3,375,000 for a five-year term.

This contract would be for the sole purpose of 340B pharmaceutical purchases, only as they relate to MUHC's 340B contract pharmacy services agreement with Kilgore's Medical Pharmacy. MUHC went live with a 340B contract pharmacy arrangement with Kilgore's Medical Pharmacy, located in Columbia, on October 1, 2018. This 340B contract pharmacy arrangement produces an annual net margin of around $1.5M.

MUHC has tried to utilize McKesson Corporation, MUHC's primary pharmaceutical wholesaler, for pharmaceutical purchases sent to Kilgore's Medical Pharmacy to support the 340B contract arrangement. However McKesson cannot fully meet Kilgore's needs, which is causing a disruption to their operation. The current arrangement limits the frequency of pharmaceutical deliveries to once per week because Kilgore's is not a customer of McKesson. MUHC requested that McKesson's distribution center increase frequency of delivery, however this request was denied. Once weekly delivery causes added burden on Kilgore's Medical Pharmacy related to inventory management, general purchasing, and accounting.

Kilgore's Medical Pharmacy's primary wholesaler is ABC. MUHC tried to utilize a contract with ABC through a Vizient group purchasing contract for this arrangement, but discovered it was not an option. In order to maintain the existing contract and in an effort to be a good partner with Kilgore's, MUHC would like to convert the wholesaler utilized from McKesson to AmerisourceBergen only for this 340B contract pharmacy arrangement. This wholesaler switch would allow for Kilgore's to set their desired delivery schedule, alleviate abovementioned burdens and eliminate disruptions in their operation.

340B contract pricing is a national standard, so irrespective of the wholesaler used, pharmaceutical purchase prices are the same. MUHC will not see cost increases due to a wholesaler conversion. MUHC also reviewed our current contracts with McKesson and Vizient, and found this change would not negatively impact MUHC's contract compliance. This conversion would add minimal operational changes and provide significant value to Kilgore's Medical Pharmacy.

The annual pharmaceutical expenditures will be paid from the Mizzou Pharmacy Kilgore Contract Pharmacy operating funds.

No. 5

Recommended Action – Sole Source – 340B Contract Pharmacy Distribution Services, MUHC

It was recommended by Chancellor Cartwright, endorsed by President Choi, recommended by the Finance Committee, moved by Curator ________________ and seconded by Curator _______________, that the following action be approved:

that MUHC be authorized to purchase 340B Contract Pharmacy Distribution Services from AmerisourceBergen Corporation, Chesterbrook, Pennsylvania, at an estimated total cost of $3,375,000 for a five-year term.

Funding is as follows:
Mizzou Pharmacy Kilgore Contract Pharmacy Operating Fund H4000 733870

Roll call vote Finance Committee	YES	NO
Curator Brncic		
Curator Chatman		
Curator Steelman		
Curator Williams		

The motion ________________.

Roll call vote Full Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion ________________.

Amendment to Collected Rules and Regulations
Section 80.010 Procurement
UM

The Vice President of Finance is recommending for Board approval modifications to Collected Rules and Regulations (CRR) Section 80.010 Procurement. The change listed is requested in order to be in alignment with recent State of Missouri procurement policy changes.

The subject CRR 80.010 was last amended November 15, 2018. The suggested modification is intended to increase the dollar threshold for formal bidding from $25,000 to $100,000.

Purchases in this dollar range would still require a competitive process, however it would be done through informal means. The detailed revision is as follows:

- 80.010 F – Change dollar amount referenced from $25,000 to $100,000. This aligns with the new State of Missouri formal bidding threshold that became effective August 28, 2019. This change would impact approximately 25% of all formal competitive bidding historically performed, which is typically for specific equipment and/or supplies.

No. 6

Recommended Action - Amendment to Collected Rules and Regulations Section 80.010 Procurement, UM

It was recommended by Vice President Rapp, endorsed by President Choi, recommended by the Finance Committee, moved by Curator _______________ and seconded by Curator ___________________, that the following action be approved:

> that the Collected Rules and Regulations Section 80.010 Procurement be modified to increase the dollar threshold for formal bidding from $25,000 to $100,000.

Roll call vote Finance Committee:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Steelman		
Curator Williams		

The motion _______________.

Roll call vote Full Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion __________________

Chapter 80.010: Procurement

Bd. Min. 6-15-56, p. 9,439-9,441; Ex. Min. 2-18-70, p. 2,384; Bd. Min 6-29-79; Bd. Min. 10-31-86; Bd. Min. 5-5-89, 5-6-93; Amended Bd. Min. 12-15-95; Bd. Min. 9-27-01; Bd. Min. 3-22-02; Bd. Min. 4-1-04, Bd. Min. 6-14-13; Bd. Min. 4-10-14; Amended Bd. Min. 11-15-18.

A. The President shall have the authority to purchase supplies, equipment and services in conformance with these Collected Rules and Regulations.

B. The President shall also be authorized to:
   1. Participate in cooperative purchasing arrangements with any public entity or group, and execute purchase contracts for the University under these arrangements, provided the procurement methods and procedures of such entity or group are consistent with University policies. Expand University's Cooperative Purchasing program allowing other public entities, affiliates, owned subsidiaries, and higher education institutions to access University awarded agreements.
   2. Reject bids, reissue bids, or to purchase items or services, on the open market if they can be purchased at a better price than bid.
   3. Contract with other schools and colleges and with outside agencies for educational and training programs and for the use of facilities and instructors for regular University or extension courses.
   4. Contract with authors relating to publications of books by the University Press.
   5. Contract for the conduct of intercollegiate athletic programs.
   6. Execute agreements for all intercollegiate athletic contracts for the scheduling of athletic contests, for broadcasting and telecasting athletic contests and for programs and concessions covering athletic contests.
   7. Contract for purchase of items for resale in the normal operations of the University's bookstores or other auxiliary services, and waive bidding requirements when it is in the best interests of the University.

C. Board of Curators approval shall be obtained for purchases for unique items or services which do not lend themselves to competitive bidding when the cost is more than $500,000, except for proprietary licenses or maintenance agreements necessary for operation of University computing equipment or turbine and generator Original Equipment Manufacturers (OEM) for parts and labor, in which case the President shall be authorized to enter into these contracts.

D. Competitive bids are not required for items and services valued at $10,000 or less, if there are no savings or advantages if bid.

E. Competitive bids shall be obtained when the estimated value exceeds $10,000. However, purchases for unique items and services which do not lend themselves to competitive bidding may be purchased on a negotiated basis without bidding.

F. Purchases estimated to cost ~~$25,000~~$100,000 or more shall be advertised in such places as are most likely to reach prospective bidders.

G. In competitive bidding and in instances in which competitive bids are not required, preference shall be given to Missouri products, materials, services and firms when the goods or services are of equal or better overall value. In assessing overall value, consideration will be given to the extent to which proximity or Missouri preference of the supplier provides potential advantages or reduction of risks. Firms are considered "Missouri firms" if they maintain a regular place of business in the State of Missouri.

H. An annual report shall be provided to the Board for purchases and competitively bid services contracts when the cost is more than $1,000,000; equipment leases when the total cost is more than $1,000,000 or when the lease term is more than five years.

Chapter 80.010: Procurement

Bd. Min. 6-15-56, p. 9,439-9,441; Ex. Min. 2-18-70, p. 2,384; Bd. Min 6-29-79; Bd. Min. 10-31-86; Bd. Min. 5-5-89, 5-6-93; Amended Bd. Min. 12-15-95; Bd. Min. 9-27-01; Bd. Min. 3-22-02; Bd. Min. 4-1-04, Bd. Min. 6-14-13; Bd. Min. 4-10-14; Amended Bd. Min. 11-15-18.

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COMPENSATION AND HUMAN RESOURCES

Collected Rules and Regulations 340.035
Organ and Bone Marrow Donor Leave

Executive Summary

Administration has researched Organ and Bone Marrow Donor Leave Programs, measuring the potential impact for our employees and the University. Establishing an Organ and Bone Marrow Donor Leave Program to allow eligible employees to take paid time off to donate their organ and/or bone marrow is a low cost program with substantial societal impact, enables equal opportunity for donors regardless of status, and is in alignment with University Health Care's mission to save lives. Additionally, this program is in alignment with the State of Missouri's benefit offered, which provides up to 30 days for organ donation and 5 days for bone marrow recovery.

The proposed action item is to approve administration's recommendation to adopt a new Collected Rules and Regulation 340.035, Organ and Bone Marrow Donor Leave, effective December 1, 2019. The following is a summary of the proposed language in the enclosed board materials:

- The University will provide a leave of absence with pay to eligible employees for organ and bone marrow donation and recovery.
- The CRR will apply to benefit-eligible faculty and staff who have completed at least one year of continuous benefit-eligible employment immediately before the leave.
- This CRR applies to employees who are serving as the donor of a solid organ or bone marrow donation only. Blood donations are not covered under this policy.
- Leave is available for a continuous absence associated with donation and recovery.

No. 1

Recommended Action – New Collected Rules and Regulations 340.035, Organ and Bone Marrow Donor Leave

It was recommended by Associate Vice President and Chief Human Resources Officer Marsha Fischer, endorsed by President Choi, recommended by the Compensation and Human Resources Committee, moved by Curator _______________, and seconded by Curator _______________, that the following action be approved:

that Collected Rules and Regulations 340.035, Organ and Bone Marrow Donor Leave be approved as indicated in the attached document.

Roll call vote of the Committee:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Layman		
Curator Snowden		

The motion ________________.

Roll call vote of the Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _________________.

Organ and Bone Marrow Donor Leave

Proposed Collected Rules and Regulations 340.035

Organ and Bone Marrow Donor Leave

- **Eligibility** – Benefit-eligible faculty and staff who have completed at least one year of continuous benefit-eligible employment immediately before the leave.
- **Qualifying Events** – Applies to employees who are serving as the donor of a solid organ or bone marrow donation only.
- **Leave** – Available for a continuous paid absence associated with donation and recovery as follows:
  - **Solid Organ Donation Leave** – Up to thirty (30) consecutive calendar days of paid leave may be approved for organ donation.
  - **Bone Marrow Donation Leave** – Up to seven (7) consecutive calendar days of paid leave may be approved for bone marrow donation.

Impact

- Life-saving impact for Missourians and beyond
- Supports MU Health Care’s mission; opportunity for partnership
- Low-cost program
- Equal opportunity for donors regardless of status

University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

340.035 Organ and Bone Marrow Donor Leave

Chapter 340: Employee Absences

Bd. Min. 11-21-19 with an effective date of 12-01-19

A. **Purpose**
The University of Missouri will provide a leave of absence with pay to eligible employees for organ and bone marrow donation and recovery.

B. **Eligibility**
The following positions are eligible for organ and bone marrow donor leave, regardless of the funding source of their salaries:

1. Staff - Regular employees as defined in Section 320.050 of the Collected Rules and Regulations who have completed at least one year of continuous benefit-eligible employment immediately before the leave; and
2. Academic - Academic staff with fully benefit eligible academic appointments as defined in Section 320.050 of the Collected Rules and Regulations who have completed at least one year of continuous benefit-eligible employment immediately before the leave.

C. **Definition**
Organ and bone marrow donor leave is paid leave to be used only during the approved leave time for a qualifying event as defined in this rule. Paid leave is not to exceed the number of hours of the employee's regular work schedule, with 99% to 75% FTE employees to receive leave on a pro-rata basis.

D. **Qualifying Events**
Donations covered under this policy include solid organ and bone marrow donation, upon approved application.

1. Solid Organ – Solid Organ is defined as an internal organ that has a firm tissue consistency and is neither hollow (such as the organs of the gastrointestinal tract) nor liquid (such as blood). Such organs include the kidney, liver, lungs, and pancreas.
2. Bone Marrow – Bone marrow is defined as the soft tissue that fills human bone cavities.

3. Employees are only eligible for leave if the employee is the person serving as the donor.

E. Leave and Compensation

1. Eligible employees approved for leave receive a leave of absence without reduction in salary for the time necessary to permit the employee to serve as a donor, up to the limits specified in this policy.
2. Solid Organ Donation Leave – Up to thirty (30) consecutive calendar days of paid leave may be approved for organ donation.
3. Bone Marrow Donation Leave – Up to seven (7) consecutive calendar days of paid leave may be approved for bone marrow donation.
4. Pay – Employees approved for leave will receive the base rate of pay, plus applicable shift differential per HR-213 Shift Differential, for the employee's regularly scheduled work hours.
5. Leave will not be deducted from an employee's available accrued vacation, sick, or personal leave balances.
6. Leave is available for a continuous absence associated with donation and recovery.

F. Approval

All Organ and Bone Marrow Donor Leave requests are subject to approval by the appropriate university, MU Health or UM System Human Resources office.

G. Return to Work

A health care provider's statement must be presented before the employee may be returned to the work schedule. The return to work statement must document the nature and duration of work restrictions if any. If the employee is able to return to work earlier than the date indicated, the employee will be required to notify the supervisor and/or the applicable Human Resources office at least two (2) workdays before the date the employee intends to return for work.

H. Failure to Return to Work

If an employee fails to return to work following the expiration of the leave and has not requested further leave, the employee may be considered to have voluntarily resigned from the University as of the day their leave paperwork expired.

[END]

No. 2

Recommended Action - Resolution for Executive Session of the Compensation and Human Resources Committee, November 21, 2019

It was moved by Curator __________ and seconded by Curator __________, that there shall be an executive session with a closed record and closed vote of the Board of Curators Compensation and Human Resources Committee meeting November 21, 2019, for consideration of:

- **Section 610.021(1), RSMo**, relating to matters identified in that provision, which include legal actions, causes of action or litigation, and confidential or privileged communications with counsel; and

- **Section 610.021(3), RSMo**, relating to matters identified in that provision, which include hiring, firing, disciplining, or promoting of particular employees; and

- **Section 610.021(12), RSMo**, relating to matters identified in that provision, which include sealed bids and related documents and sealed proposals and related documents or documents related to a negotiated contract; and

- **Section 610.021(13), RSMo**, relating to matters identified in that provision, which include individually identifiable personnel records, performance ratings, or records pertaining to employees or applicants for employment;

Roll call vote of the Committee:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Layman		
Curator Snowden		

The motion ____________________.

FINANCE COMMITTEE

University of Missouri

Board of Curators

Finance Committee Meeting

Tuesday, November 12, 2019
1:00 P.M.

This Board Committee Meeting is being held in conjunction with the November 21, 2019 Board of Curators Meeting.

Originating in 321 University Hall, Columbia, Missouri and at remote locations via conference telephone.

Public Session Dial-In Number: 888-606-4788
Participant Code: 177492#

AGENDA

PUBLIC SESSION – 1:00 P.M.

Call to Order – Chair Brncic

Roll Call of the Committee

Information
1. Fiscal Year 2019 Investment Performance Review, UM (Richards)

Action
1. Fiscal Year 2021 Student Housing and Dining Rates, UM (Rapp)
2. Project Approval, Bloch Heritage Hall Renovation & Addition, UMKC (Rapp)

Recess

FY 2019 Investment Performance Review
UM

Highlights of the enclosed investment performance review for FY2019 will be presented at the November meeting of the Finance Committee of the Board of Curators. The Collected Rules and Regulations require annual performance reporting to the Board for each of the following investment pools:

Retirement Plan	Represents the invested assets of the University's defined benefit plan.
Endowment Pool	Holds more than 6,000 endowment accounts from across the UM System.
General Pool	Contains the working capital of the $3.5 billion enterprise, which includes cash, reserves, and invested assets held by the University and Health System.

Background – Recent Changes to Retirement Plan and Endowment Pool

Significant changes to asset allocation targets were approved by the Board of Curators in 2017, with a focus on enhanced risk management through more meaningfully diversified portfolios better suited to meet the underlying structural needs of the Retirement Plan and Endowment Pool. The transition to these new asset allocation targets was completed in FY19. A summary of these targets with corresponding policy benchmarks is attached.

Guiding Principles – Investment Management

The following policy statement drives the management of Retirement Plan and Endowment Pool investments *(adopted September 2017 - CRR 140.013(c); CRR 140.015(c))*:

> *Investments should be managed in a manner that maximizes returns while attempting to minimize losses during adverse economic and market events, with an overall appetite for risk governed by the specific needs and objectives of the University's Retirement Plan and Endowment Pool. This will be accomplished through a more 'risk-balanced' portfolio that seeks meaningful diversification of assets, which necessarily means less equity risk and more long-term bond exposure relative to peers. To offset potentially lower returns from a more risk-balanced portfolio, a key component of this strategy includes a less common, yet prudent, program of return enhancement commonly referred to in the investment industry as portable alpha. These investment objectives seek to prioritize the long-term structural needs of the Retirement Plan and Endowment Pool over short-term performance comparisons of the investment portfolio relative to peers.*

Retirement and Endowment Performance
(as of June 30, 2019)

	One Year		Three Years	
	Actual	Benchmark	Actual	Benchmark
Retirement Plan	5.5%	6.3%	8.8%	8.1%
Endowment Pool	5.7%	6.4%	9.6%	8.7%

Performance in FY19 trailed the policy benchmark for the year, but remained ahead of the benchmark on a three-year basis. The most significant drivers of underperformance in FY19 were adverse active management in the public equity portfolio amidst market volatility and results from our alpha portfolio that did not meet expectations (both are more fully discussed below). We expect these issues to be largely transitory in nature and continue to have strong convictions in our underlying strategies and managers. Having said that, volatility within global markets is certainly escalating alongside what appears to be a rapidly deteriorating relationship between the US and China. In periods when market sentiment can change on a day-to-day basis a more balanced portfolio should have the best chance of navigating these turbulent times. As such, we feel that – certainly relative to our peers – the portfolios are positioned well. We will still sustain losses in down markets; our objective has been to mitigate, certainly not eliminate, such downside risk.

Retirement and Endowment Review by Asset Class
Strategic Positioning, Associated Risks and FY19 Performance

Public Equities ***32% Retirement / 35% Endowment***

Strategic Positioning – A reduction in public equity exposure has been implemented as part of the overall effort to build a more risk-balanced portfolio. Valuations of U.S. equities in particular are approaching valuations not seen since the 'dot com' boom in the late 1990s.

Risk – Public equity markets could continue to climb without any significant market corrections (despite being in the longest-running equity bull market in U.S. history), causing our portfolio to earn less on an absolute basis and lag peers with higher equity allocations on a relative basis.

FY19 Performance – The Retirement and Endowment portfolios both returned 4.4%, underperforming the benchmark return of 5.9%. Underperformance compared to the benchmark is primarily attributable to adverse manager performance during Q4 2018. This period was plagued by unexpected market turbulence, first driven by a wide disconnect between Fed messaging and market expectations, followed by quickly deteriorating US/China trade developments. Active managers focused in the international small cap and emerging market strategies were especially harmed by these developments. Despite the turmoil, several managers still had outstanding absolute performance during the year. Overall, we maintain a high level of conviction in our public equity managers and strategies going forward.

Private Equity *10% Retirement / 10% Endowment*

Strategic Positioning – The University started investing in private equity in late 2004. Since inception, policy targets have progressed from 2.5% to 5% to 10%, with an ultimate goal of reaching 15%. During the last asset allocation process, a decision was made to stay at 10% for now largely due to concerns over growing valuations, potentially exacerbated by increasing amounts of public pension capital flowing into this asset class.

Risks – Increasing flows of public pension capital chasing 'higher equity returns' could further erode the economics of private equity investing, leading to a deterioration of performance as too much capital chases too few opportunities. Private markets investing also carries liquidity risk in times of economic stress to the extent that managers continue to call uncommitted capital while being unable to liquidate existing investments for purposes of distributing capital back to limited partners. Finally, while return expectations for private equity continue to exceed those of public equity, expectations for volatility of such returns are higher as well.

FY19 Performance – Private Equity returned 14.3% and 14.4% for Retirement and Endowment, respectively, beating the benchmark by 1.1% and 1.4%. This outperformance occurred despite a significant write-down within the portfolio which singularly caused total returns to be lower by approximately 1.2%. The portfolio is well-balanced overall and has reached a desired point of maturity with capital calls generally matched by fund distributions.

Sovereign Bonds *15% Retirement / 14% Endowment*

Strategic Positioning – Our allocation to Sovereign Bonds serves as an anchor within the portfolio for recessionary economic environments. This allocation is implemented with low-cost US Treasury futures, with underlying cash used to help fund the portable alpha program.

Risk – Markets could experience a significant and unexpected increase in interest rates over a short period of time, which could result in losses to our sovereign bond allocation. This would have a negative impact on absolute performance and cause relative underperformance versus peers who have smaller (or no) sovereign bond allocations.

FY19 Performance – Sovereign Bonds posted strong results on the back of falling interest rates across the yield curve. The portfolios returned 6.9% and 6.8% for Retirement and Endowment, respectively, trailing the benchmark by 0.5% and 0.6%. The underperformance is largely attributed to the drag from the portable alpha program. Falling interest rates caught many by surprise as the yield on the 10-year Treasury began the fiscal year at 2.86%, climbed to a high of 3.24% in November and then fell strongly over the next 7 months, to end the fiscal year at 2.01%. The decline was brought about by slowing global growth, U.S. and China trade tensions, and a pivot towards easing by the Federal Reserve and other central banks.

Inflation-Linked Bonds

17% Retirement / 15% Endowment

Strategic Positioning – The allocation to inflation-linked bonds is held as part of an effort to mitigate the risk that inflation begins to rise and to further mitigate the risk of falling growth in a recessionary environment. A significant part of this allocation has been implemented with low-cost reverse repurchase agreements, with underlying cash used to help fund the portable alpha program.

Risk – The worst-case scenario for this allocation is a significant increase in real interest rates with no pick-up in inflation causing absolute losses. A lessor risk is declining inflation, causing these securities to underperform sovereign bonds; however, in this instance it would not be expected that these securities would generate negative absolute returns. Sub-par performance from these securities will cause us to lag our peers who have smaller (or no) allocations.

FY19 Performance – Inflation-Linked Bonds (ILB) returned 3.1% for the year in both portfolios, roughly matching benchmark performance. Overall, the ILB market underperformed Treasuries as breakeven inflation fell. 10-year breakeven inflation began the fiscal year at 2.13% and declined to 1.7%. The decrease in breakeven inflation was driven primarily by increasing fears of slowing global economic growth, largely dominated by collateral damage from the US/China trade dispute.

Private Debt

3% Retirement / 3% Endowment

Strategic Positioning – Our objectives continue to be building out a well-diversified portfolio with skilled / experienced credit managers, while limiting the use of leverage and avoiding concentration in any particular sector.

Risk – With Dodd-Frank regulations pushing banks out of many types of lending activities, there has been a tremendous amount of institutional capital flowing into private debt funds over the past several years while at the same time, underwriting standards are weakening and loan covenants are simply disappearing. As the economy slows and credit risk begins to build, it is unclear how this private debt financing will hold up to market stress.

FY19 Performance – Private Debt returned 5.7% and 4.6% in Retirement and Endowment, respectively, outperforming the benchmark by 1.7% and 0.6%. This outperformance was largely driven by a broad range of underlying managers. We continued to see an increase in capital calls over Q1 and Q2 of 2019, as managers began putting more capital to work, but overall the pace of investments remains slower than the prior year.

Risk Balanced

10% Retirement / 10% Endowment

***Strategic Positioning* –** Risk Balanced is a self-contained well diversified approach to that focuses on balancing risk, not capital across market risks in a manner that is expected to produce better risk adjusted returns than a traditional portfolio across longer time periods. While we had initially implemented a 15% volatility target for these strategies, we've since reduced that target to 12% as part of our continued risk reduction efforts within the portfolios.

***Risk* –** While we believe the risk balanced strategy will result in superior returns over time, it could experience periods of significant underperformance relative to more traditional institutional portfolios over shorter periods of time.

***FY19 Performance* –** Risk Balanced returned 6.9% and 7.8% in Retirement and Endowment, respectively, underperforming the benchmark by 1.8% and 1.0%. The strategy was driven by strong performance in equities and bonds, while commodities disappointed. The relative underperformance of our Risk Balanced allocation was largely driven by two specific managers whose implementations delivered below market performance during the first half of the fiscal year. Offsetting some of this underperformance was strong performance from a third manager which returned 13.5%, outperforming the benchmark by 4.7%. We are nearly complete with a plan to further diversify our allocation of capital among managers within this sector which will help reduce manager concentration risk going forward.

Commodities

5% Retirement / 5% Endowment

***Strategic Positioning* –** The commodities allocation brings a relatively uncorrelated return stream to the portfolio, which adds diversification and tends to perform particularly well in periods of unexpected inflation. This allocation has been primarily implemented with low-cost commodity futures, with underlying cash used to help fund the portable alpha program.

***Risk* –** Falling inflation and/or falling growth economic environments tend to be periods when commodities perform poorly.

***FY19 Performance* –** With inflation under control and the majority of surprises toward lower, not higher inflation, our commodity portfolio returned (8.9%) for the year, trailing the benchmark return of (6.8%). Specifically, within commodities, declining oil prices in the 4th quarter of 2018 drove results. Escalation in trade disputes and uncertainty about the global economy contributed to declines in the base metals sector as well. Underperformance relative to benchmark was driven by implementation decisions that underperformed in FY19, but confidence remains strong that these implementation decisions will outperform the benchmark over a longer time period.

Real Estate

8% Retirement / 8% Endowment

Strategic Positioning – The real estate portfolios have been fairly stable in positioning for several years allocated across core, value and opportunistic. Our primary objective has been to build out a well-diversified portfolio across strategies and vintage years.

Risk – As noted below, real estate collectively has been on an unprecedented run of performance, bringing increased sensitivity on valuations from both ends of the economic spectrum in the form of either occupancy concerns in a recessionary environment or increasing interest rates in a continued growth environment. Private markets investing also carries liquidity risk in times of economic stress to the extent that managers continue to call uncommitted capital while being unable to liquidate existing investments for purposes of distributing capital back to limited partners.

FY19 Performance – Real Estate performed strongly, in what seems to be the late innings of the current cycle for the asset class. Our real estate benchmark (NCFRIEF-ODCE) has reported 35 consecutive quarters of positive appreciation and 36 consecutive quarters of positive returns. Over the last year, appreciation has started to soften but remains positive. Real Estate returned 9.3% and 9.7% in Retirement and Endowment, respectively, resulting in excess performance of 2.8% and 3.1%. These excess returns were in large part driven by the value added and opportunistic sectors of the portfolio, which have benefitted from increased valuations, increasing rents and successful property exits. Across the portfolio, our investment managers are selling assets strategically to take advantage of valuations and to protect the portfolio as the market softens.

Portable Alpha

20% Retirement / 20% Endowment

Strategic Positioning – The portable alpha program is a key part of our efforts to implement a more risk-balanced portfolio, with the program funded by market beta exposures across public equities, sovereign bonds, inflation-linked bonds and commodities. As background, synthetic market exposures across many asset classes may be obtained through derivative instruments commonly accepted by other institutional investors, such as futures, swaps, options, forward contracts and reverse repurchase agreements. When synthetic market exposures are obtained through derivative instruments, a portion of the resulting cash and cash equivalent balances may be invested by active alpha managers seeking to add returns over the respective asset class benchmarks. These alpha managers possess broadly diverse strategies/styles and, in the aggregate, are expected to produce returns that show little or no relationship to the economic environment being experienced at any given time. Furthermore, this portfolio of managers is constructed with a goal of low/no correlation to the synthetic market exposures obtained through the derivative instruments. Derivative instruments used to gain synthetic market exposures as part of the portable alpha program are currently managed by NISA, a nationally respected investment management firm based in St. Louis, with appropriate expertise, experience and depth of resources.

Risk – Management of liquidity risk is a critical component of the portable alpha program. If not managed appropriately, there is a risk that synthetic market exposures may need to be unwound at undesirable points in time in order to meet margin calls during volatile markets. To help mitigate this risk, prudent balances of cash and cash equivalents are maintained as part of the program and monitored daily.

Risk – In times of severe market stress, it is possible that correlations among asset classes and alpha manager strategies could converge causing combined losses to be higher than what would otherwise be expected. This was experienced, to an extent, during the 2008-09 financial crisis with initial losses among our alpha manager strategies in existence at the time followed by fairly strong recoveries.

FY19 Performance – The portable alpha portfolio returned 0.7% and 0.8% for Retirement and Endowment, respectively, underperforming the average cash rate of 2.4%. While disappointing, these results are well within the range of potential outcomes. Despite its poor showing this year, we continue to expect the portable alpha portfolio to exceed cash by 2.0% per annum over a longer period of time.
The risk profile of the program is continuously monitored and is well within the established guidelines:

- We continue to maintain ample liquidity, with cash balances equal to more than 30% of our total synthetic market exposures, providing the program with enough cash to meet margin calls during times of market stress with volatility levels up to three times higher than expected (a three standard deviation event).
- The recent correlation of the alpha portfolio to the aggregate beta funding mix of public equities, US Treasuries, US TIPS and commodities has been running at approximately 0.1 (which is very low and as intended).

General Pool – Performance Commentary

The General Pool returned 3.3% for the year, trailing the benchmark by 1.5%, with underperformance in the Core and Strategic portfolios. Over three years, we remain 0.8% above benchmark on an annualized basis.

The Liquidity portfolio returned 2.5% for the year, outperforming the benchmark by 0.25%. The continued use of cash enhancement strategies led to strong performance in the Liquidity portfolio during this changing rate environment.

The Core portfolio returned 6.5% trailing the benchmark by 1.4%. Underperformance was largely due to the portfolio being positioned for higher interest rates. As yields declined at the middle and long end of the curve during the last few months of the fiscal year, the return of the portfolio underperformed relative to the benchmark which had a somewhat longer duration profile. Among the strategies performing well, our allocation to Private Debt returned 8.7% for the year, beating the benchmark by 0.9%.

The Strategic portfolio returned (2.0%), underperforming its benchmark by 4.3%. The underperformance was largely attributable to exceptionally poor performance from one of our two primary managers. We are currently in process of reviewing the components within the Strategic portfolio and expect to begin making some changes this fall.

University of Missouri System
Board of Curators
Finance Committee

November 21, 2019

FY2019 Investment Performance Review
UM

General Investment Consultant

- Verus: Founded in 1986; 81 employees; 18 shareholders; 153 clients with $416 billion in assets under advisement; offices in Seattle, San Francisco, and Los Angeles.

- The University's consulting team continues under the leadership of Barry Dennis and Verus CEO Jeffrey MacLean.

Overall Changes in Asset Allocation

(approved by the Board of Curators – September 2017)

- Reduced public equity allocation
- Reduced credit risk exposure
- Increased US TIPs and US Treasuries
- Expanded portable alpha program

→ Improved portfolio balance and reduction in risk

↓

Peer Risk – Our portfolios may underperform relative to peers in times of strong economic growth / sustained public equity bull markets.

Summary of FY19 Activity

(As of June 30, 2019 – in $ thousands)

	Beginning Balance	Contributions or Gifts	Benefits or Distributions	Investment Income	Ending Balance
Retirement	**$3,694,000**	**$132,000**	**($241,000)**	**$164,000**	**$3,749,000**
Endowment	**$1,675,000**	**$48,600**	**($75,000)**	**$94,400**	**$1,743,000**

Combined FY19 Net Investment Income of $258.4 million, compared to $439.5 million for FY18.

One Year Returns by Asset Sector

(as of June 30, 2019)

	Retirement Plan			Endowment Pool		
Asset Sector	1 Year Actual	1 Year Benchmark	Variance	1 Year Actual	1 Year Benchmark	Variance
Public Equity	4.4%	5.9%	-1.5%	4.4%	5.9%	-1.5%
Private Equity	14.3%	13.2%	1.1%	14.4%	13.0%	1.4%
US Treasuries	6.9%	7.3%	-0.5%	6.8%	7.3%	-0.6%
Inflation-Linked Bonds	3.1%	3.1%	0.0%	3.1%	2.9%	0.2%
Private Debt	5.7%	4.0%	1.7%	4.6%	4.0%	0.6%
Risk Balanced	6.9%	8.7%	-1.8%	7.8%	8.7%	-1.0%
Commodities	-8.9%	-6.8%	-2.1%	-8.9%	-6.8%	-2.1%
Real Estate	9.3%	6.5%	2.8%	9.7%	6.5%	3.1%

Total Portfolio Returns

(Year Ended June 30, 2019)

	Retirement Plan			Endowment Pool		
	Actual	Benchmark	60/40 Passive	Actual	Benchmark	60/40 Passive
1 Year	5.5%	6.3%	7.3%	5.7%	6.4%	7.3%
3 Year	8.8%	8.1%	8.3%	9.6%	8.7%	8.3%

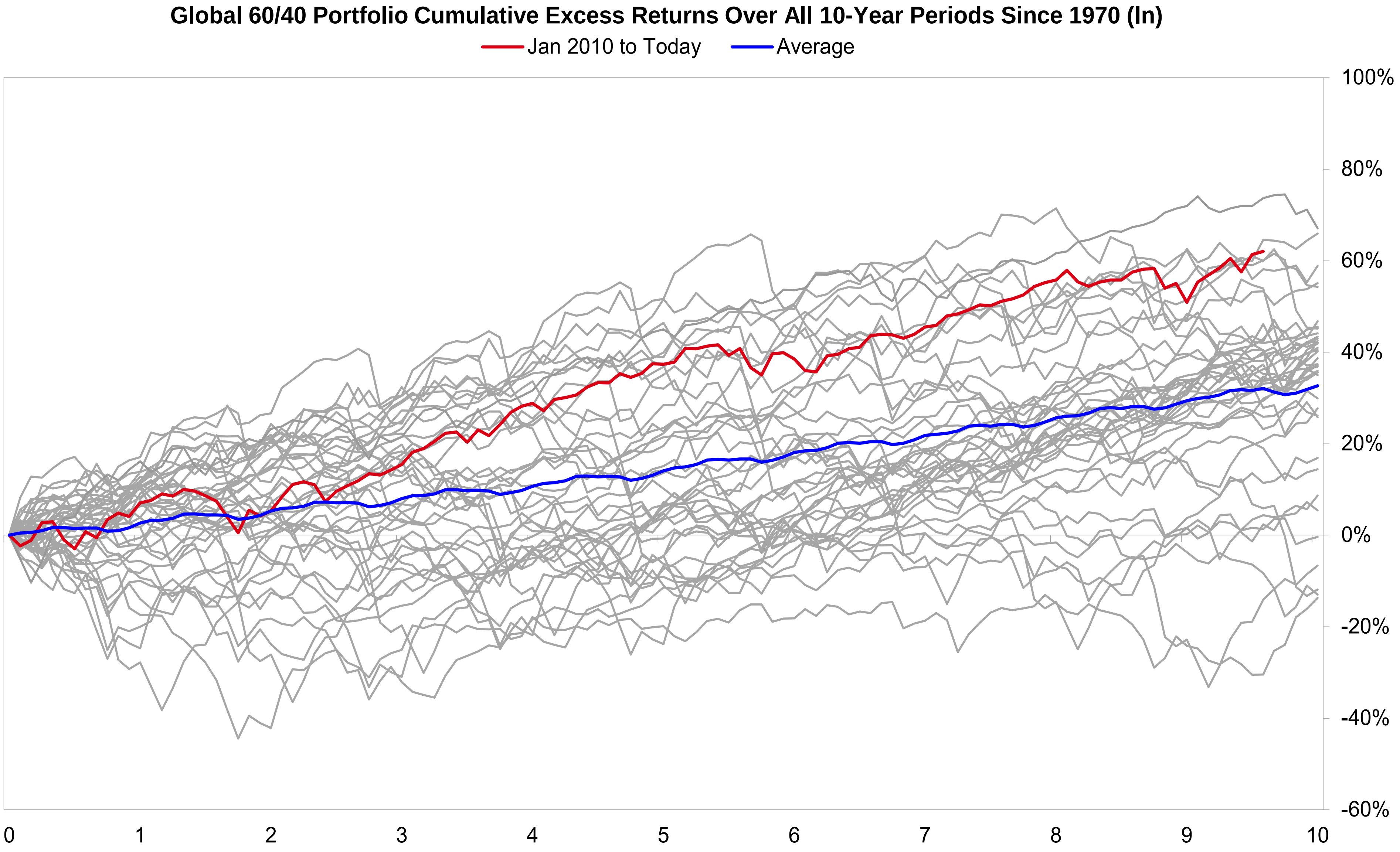
Value Creation (3 years) Actual vs Benchmark	
Retirement Plan	$86.2 million
Endowment Pool	$54.1 million
Total	$140.3 million

Value Creation (3 years) Actual vs 60/40 Passive	
Retirement Plan	$58.3 million
Endowment Pool	$72.8 million
Total	$131.1 million

Longer-Term Returns

(as of June 30, 2019)

	Retirement Plan			Endowment Pool		
	Actual	Benchmark	60/40 Passive	Actual	Benchmark	60/40 Passive
5 Year	5.4%	5.1%	5.6%	6.0%	5.6%	5.6%
7 Year	7.6%	7.5%	7.9%	8.4%	8.2%	7.9%
10 Year	8.5%	8.6%	8.2%	9.0%	8.9%	8.2%



A traditional 60/40 portfolio has performed better over the past ten years than nearly any consecutive ten year period since 1970.

The US public equity bull market that started in March 2009 has now become the longest running in US history.

General Pool - Portfolio Returns

(Year Ended June 30, 2019)

GENERAL POOL						
	1 Year Actual	1 Year Benchmark	Variance	3 Year Actual	3 Year Benchmark	Variance
Total Portfolio	**3.3%**	**4.8%**	**-1.5%**	**3.3%**	**2.5%**	**0.8%**

- The strategic dividend for FY19 was **$29.6 million**
- The performance above benchmark over the past three years has added value in excess of **$57.4 million**.

FY 2019 Investment Management Fees

(one year average as of June 30, 2019)

	Retirement Plan	Endowment Pool	General Pool
Core Portfolio	0.62%	0.61%	0.42%
Alpha Portfolio	0.23%	0.21%	n/a
Administrative*	0.03%	0.06%	0.02%
Total Costs	0.89%	0.87%	0.44%

Core portfolio fees are low relative to many peers. Total costs in aggregate (inclusive of alpha portfolio and administrative) remain within a mid-range relative to peers.

**Administrative includes investment consultant, investment custodian, legal and other consulting*

- The percentage of the total portfolios implemented with passive / low cost (less than 0.15%) investment vehicles is 39%, 38% and 33% for the Retirement Plan, Endowment Pool and General Pool, respectively.
- Where possible, we continue to negotiate for incentive-based fee structures that focus on performance and better alignment of interests.

Retirement Plan Guidance – Plan Year End

- Actuarial calculations will utilize an investment return assumption of 7.20% going forward, measured each year at September 30

Quarterly Performance for the Year Ended June 30, 2019		Quarterly Performance for the Year Ended September 30, 2019	
September 30, 2018	1.6%		
December 31, 2018	-4.7%	December 31, 2018	-4.7%
March 31, 2019	6.0%	March 31, 2019	6.0%
June 30, 2019	2.8%	June 30, 2019	2.8%
Annualized Return	5.5%	September 30, 2019	0.8%
		Annualized Return	4.7%

Questions?

Fiscal Year 2021 Student Housing and Dining Rates
UM

Attached are rate recommendations for residence halls and family student housing for FY 2021. The rates would become effective for the Summer Session 2020. These recommendations are being presented as an action item for approval at the November 21, 2019 board meeting.

Many housing and dining opportunities are available to University of Missouri System students. On-campus living has been provided on our campuses for many years and continues to provide these valuable benefits:

- Improves student academic success
- Increases the likelihood of continuance and graduation
- Builds a sense of connection to other students from living in a community
- Provides better security and safety from campus police and security measures.

Room and board charges vary across the four universities and within each university are based on the residence facility and meal plan selected. The table below shows current and recommended rates for the predominant room and board plan on each university. The rates are driven by various factors that impact housing and dining and university operations such as debt service, future investments, food, labor, utility costs, and contractual arrangements with third-party vendors. The rates were set to achieve a balance between maintaining financial sustainability of the housing and dining auxiliary and affordability for students.

Summary of Predominant Room and Board Plans for an Academic Year

	FY 2020	FY 2021	Increase/ Decrease	Percent Change
MU	$9,653	$9,672	$19	0.2%
UMKC	10,628	10,881	253	2.4%
S&T	10,210	10,360	150	1.5%
UMSL	10,340	10,411	71	0.7%

No. 1

Recommended Action - Fiscal Year 2021 Student Housing and Dining Rates, UM

It was recommended by the respective Chancellors, endorsed by President Choi, recommended by the Finance Committee, moved by Curator __________________ and seconded by Curator ________________, that the attached schedule of rates for the Residence Halls and Family Student Housing at MU, UMKC, Missouri S&T, and UMSL be approved effective beginning with the 2020 Summer Session.

Roll call vote Finance Committee	YES	NO
Curator Brncic		
Curator Chatman		
Curator Steelman		
Curator Williams		

The motion _________________.

Roll call vote Full Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _________________.

Fiscal Year 2021 Student Housing and Dining Rates
UM

Attached are rate recommendations for residence halls (housing and dining) and family student housing for FY 2021. The rates would become effective Summer Session 2020. These recommendations are being presented for approval.

Fee recommendations were prepared under the direction of the Vice Chancellors or Vice Provosts for Student Affairs at each university. Planning for fee changes are conducted using operating assumptions unique to each university and activity, within the context of general economic guidelines communicated by UM System Division of Finance.

University of Missouri (MU)

The recommended predominant room and board plan will cost $9,570 per academic year for FY 2021 and consist of a weighted average cost of the traditional double room and the Tiger Plan Plus dining plan which offers dining anywhere on campus with an average of 12 meals per week.

While developing the pricing strategy for FY 2021 MU focused on three overarching goals.

- Maintaining low-cost options
- Keeping prices competitive with market
- Increasing rates in select areas based on demand

Housing rates for FY 2021 in University owned housing range from a high of $9,995 per academic year for a single suite open over breaks to a low of $5,999 for a traditional double room in Hatch hall. In setting rates, MU segmented housing inventory into three different group by demand profile: low-cost, mid-range, and premium housing options and structured pricing accordingly.

- Low-cost and mid-range traditional double room will remain flat at $5,999 per academic year ($667/month) and $6,550 per academic year ($728/month), respectively.
- Premium traditional double room (43% of traditional double room inventory) will increase to $7,270 per academic year which is a 2% increase ($145 per academic year).
- Rates will increase more than 2% in select singles, suites and high-demand halls. This ensures responsible financial management while managing demand and keeping the rate structure as simple as possible.
- The weighted average cost included in the predominant room and board plan is $6,722, which is 1.0% higher than prior year.

Due to the increase in enrollment, MU has a three-year master lease (FY 2021-FY 2023) with an off-campus property. In addition, Responsibility Hall (184 beds) will return to housing inventory in FY 2021 to accommodate a growing freshman cohort and higher demand for housing by Mizzou Moberly Area Community College (MACC) students and returning students.

Housing rates for off-campus housing units range from a high of $10,295 per academic year for a single suite in a premium apartment to a low of $4,375 for a single suite in a low-cost apartment. The option to extend leases at Mizzou at Campus Lodge and Mizzou at UCentre will be decided later this year and will be $4,375 and $10,295, respectively. The rate at Mizzou at The Rise will be $10,295 as well. However, in case there is an unexpected need to enter into an additional lease late in the spring, MU requests the ability to choose a rate within the recommended range in order to have the flexibility to effectively price rooms based on the terms of the lease and available amenities. All recommendations to the Board for approval for an off-campus lease will include a recommended room rate for that location.

Dining plans will continue to offer flexibility and include low-cost options. Student can choose from four plans ranging from $3,760 for 275 meals/semester to a low of $1,650 for a flexible dining plan option that works at all locations (including the student Center). The dining plan anticipated to be selected most by students next year will be $2,950, a flexible dining option, which is $50, or 1.7% less expensive than the current year.

MU recognizes the cost to students and their families when student have to move out for breaks, Residential Life will continue to remain open for fall, winter and spring breaks. In addition, the popular "365 housing" option will continue for students who need housing year-round. Currently, many students are without housing the second half of May and first half of August, when apartment complexes are turning rooms over. Returning students who select 365 housing will be able to either stay in their room or move into a new room in May without any break in housing.

University of Missouri Kansas City (UMKC)

The predominant room and board plan for FY 2021 will cost $10,881 per academic year and consists of a traditional double room and a 180 block meal plan with $175 in Flex cash per semester. This is an increase of 2.3% over FY 2020.

UMKC is recommending a 2.0% rate increase for FY 2021 in University owned residence halls and apartments. In order to accommodate for rooms impacted by water damage at Oak Place Apartments, UMKC will continue to offer third-party housing options which include JPII and UMKC Homes. Housing rates for off-campus housing units range from a high of $9,303 per academic year for a double apartment at UMKC Homes to a low of $7,521 for a 6-person suite at JPII. The only rate increases above 2.0% represent increases in JPII apartments, which represent leased units by the University. These price increases reflect the cost of the University's lease and align with market rates for similar apartments in the area.

The recommended rates are a balance between meeting the financial needs of the housing auxiliary and affordability for students. In order to not grow out of the market, rate increases are also sensitive to other housing options in the area. UMKC Residential Life management is working to improve occupancy and market demand, while also balancing the financial viability of the housing function.

UMKC food service is outsourced to a third-party vendor. Five different meal plans are available ranging from a high of $3,774 per academic year for a 140 meal block with $300 in Flex cash per semester to a low of $3,371 for 12 meals per week with $175 in Flex cash per semester. Meal plan costs are still under negotiation but will not increase more than 3.2%.

University of Missouri Science & Technology (Missouri S&T)

The predominant room and board plan at for FY 2021 will cost $10,360 per academic year and consists of a renovated double room and 225 meals plus $150 declining balance per semester. The increase in the predominant room and board plan at Missouri S&T is 1.5% or $150 for the academic year.

The recommended rates are a balance between meeting the financial needs of the housing auxiliary and affordability for students. The rates were made with the objective of making minimal increases to rooms with the least demand and greater increases for rooms in more desirable halls. Room rates range from a high of $9,490 per academic year (a 2.4% increase from prior year) for a single bedroom/apartment style room in University Commons, which is the newest facility, to $5,500 per academic year (a 1.4% increase from prior year) for a double basement room in Farrar Hall, which is the oldest residence hall.

S&T has five different meal plans available ranging from a high of $3,760 for all access in Thomas Jefferson plus $100 declining balance per year to a low of a $1,950 declining balance per year. S&T is requesting an average 1.8% increase across the five options ranging from 3.4% to -0.4%, this decision was based on contracted obligations from the third-party provider and demand for the meals plans offered.

University of Missouri St. Louis (UMSL)

The predominant room and board plan for FY 2021 will remain unchanged at $10,411 per academic year. The predominant plan consists of a single room in Oak Hall and a 100 block meal plan plus $350 declining balance dollars per semester.

Housing rates will remain flat. Housing options range from a high of $6,790 per academic year for a single room in Oak Hall to a low of $4,750 per academic year for a small single room in Villa Hall. Summer rates also will remain flat. In addition to flat housing rates, UMSL offers housing scholarships to first-time full-time college students living at least 50 miles from campus. A one-time renewal of the scholarship requires a 3.0 GPA and completion of at least 24 credit hours in 2 semesters.

UMSL's food service is outsourced to a third-party vendor. Four meal plans are offered and range from a low of $3,621 per academic year for a 100 meal block with a $350 declining balance per semester to a high of $4,182 for a 200 meal block with a $150 declining balance per semester. Meal plan costs are still under negotiation but will not increase more than 2.0%.

The table on the next page summarizes the room and board predominant plan for each campus as well as the range of plan options. Campus specific tables detailing contract rates for housing and dining options follow.

Summary of Housing Contracts, Effective Beginning with the 2020 Summer Session

Room and Board Plans Academic Year - 2 Semesters		MU FY2020	 FY2021	 Increase/ Decrease	 Percent Change
Room and Board - Predominant Plan		$9,653	$9,672	$19	0.2%
Traditional double room (average)		6,653	6,722	69	1.0%
Tiger Plan Plus		3,000	2,950	(50)	-1.7%
Range of Plan Options					
Housing Options	High	$9,995	$9,995	Single suite open over breaks	
Housing Options	Low	5,999	5,999	Double (low cost)	
Meal Plan Options	High	3,760	3,760	275 Meal Block per semester	
Meal Plan Options	Low	1,650	1,650	Tiger Plan	

Room and Board Plans Academic Year - 2 Semesters		UMKC FY2020	 FY2021	 Increase/ Decrease	 Percent Change
Room and Board - Predominant Plan		$10,628	$10,881	$253	2.4%
Traditional Double A/C		7,233	7,378	145	2.0%
180 Meal Block w/$175 Flex per semester		3,395	3,504	109	3.2%
Range of Plan Options (1)					
Housing Options	High	$11,510	$11,629	Single room apartment	
Housing Options	Low	6,147	6,270	6-Person suite	
Meal Plan Options	High	3,657	3,774	140 block with $300 flex/sem	
Meal Plan Options	Low	3,267	3,371	12 Meal Plan - $175 flex/sem	

Room and Board Rates Academic Year - 2 Semesters		S&T FY2020	 FY2021	 Increase/ Decrease	 Percent Change
Room and Board - Predominant Plan		$10,210	$10,360	$150	1.5%
Renovated Double		6,855	6,960	105	1.5%
225 Meals plus $150 DBD/semester		3,355	3,400	45	1.3%
Range of Plan Options					
Housing Options	High	$9,540	$9,680	Double as a Single	
Housing Options	Low	5,425	5,500	Double Basement	
Meal Plan Options	High	3,775	3,760	All Access plus $100 DBD/sem	
Meal Plan Options	Low	1,886	1,950	Declining Balance Dollars	

Room and Board Plans Academic Year - 2 Semesters		UMSL FY2020	 FY2021	 Increase/ Decrease	 Percent Change
Room and Board - Predominant Plan		$10,340	$10,411	$71	0.7%
Single Room		6,790	6,790	0	0.0%
100 Block Meals - DBD $350/semester		3,550	3,621	71	2.0%
Range of Plan Options (1)					
Housing Options	High	$6,790	$6,790	Oak Hall Single	
Housing Options	Low	4,750	4,750	Villa Honors & Optometry only	
Meal Plan Options	High	4,100	4,182	200 Block Meals DBD $150/sem	
Meal Plan Options	Low	$3,550	$3,621	100 Block Meals DBD $350/sem	

(1) Meal plan costs are still under negotiation with third-party vendor but will not increase more than stated rate on following tables

University of Missouri - Columbia, Proposed Changes in Housing & Dining Contract Rates for FY2021
Effective Beginning with the 2020 Summer Session

Room and Board Plans **Academic Year - 2 Semesters**	FY2020	FY2021	Increase/ Decrease	Percent Change
Predominant Plan				
Room and Board	$9,653	9,672	$19	0.2%
Traditional double room (average)	6,653	6,722	69	1.0%
Tiger Plan Plus	3,000	2,950	(50)	-1.7%
Meal Plans Options				
Regular Academic Year (Two Semesters)				
275 Meal Block per semester	$3,760	$3,760	$0	0.0%
Tiger Plan Platinum	3,400	3,400	0	n/a
Tiger Plan Plus	3,000	2,950	(50)	-1.7%
Tiger Plan	1,650	1,650	0	0.0%
Summer Session				
Tiger Plan	$825	$825	$0	0.0%
Housing Options				
Regular Academic Year (Two Semesters)				
Single Suite	$9,995	$9,995	$0	0.0%
Single	8,805	8,985	180	2.0%
Single - Hatch and Schurz Hall	7,425	7,650	225	3.0%
Semi-Suite Double	8,275	8,525	250	3.0%
Double Suite	9,275	9,995	720	7.8%
Double (premium)	7,125	7,270	145	2.0%
Double (mid-range)	6,550	6,550	0	0.0%
Double (low cost)	5,999	5,999	0	0.0%

	FY2020		FY2021	
	low	premium	low	premium
Mizzou apartments (range)	$4,150	$9,995	$4,375	$10,295

Summer Session	FY2020	FY2021	Increase/ Decrease	Percent Change
Single	$1,755	$1,790	$35	2.0%
Double	1,255	1,280	25	2.0%

MU Changes in Housing & Dining Contract Rates (continued)

Family Student Housing (Per Month)	FY2020	FY2021	Increase/ Decrease	Percent Change
Manor House Apartments				
1 Bedroom Efficiency	$540	$550	$10	1.9%
1 Bedroom	630	640	10	1.6%
2 Bedroom	755	770	15	2.0%
Tara Apartments				
1 Bedroom (Basic)	$580	$590	$10	1.7%
1 Bedroom (Basic with Laundry)	620	630	10	1.6%
2 Bedroom (Basic)	625	635	10	1.6%
2 Bedroom (Basic with Laundry)	630	640	10	1.6%
2 Bedroom (Large)	655	665	10	1.5%
2 Bedroom (Large with Laundry)	695	710	15	2.2%
2 Bedroom (Large furnished, utilities included)	850	850	0	0.0%

University of Missouri - Kansas City, Proposed Changes in Housing & Dining Contract Rates for FY2021
Effective Beginning with the 2020 Summer Session

Room and Board Plans **Academic Year - 2 Semesters**	FY2020	FY2021	Increase/ Decrease	Percent Change
Predominant Plan				
Room and Board	$10,628	$10,881	$253	2.4%
Traditional Double - A/C	7,233	7,378	145	2.0%
Meal Plan Block 180 Meal w/$175 Flex per sem	3,395	3,504	109	3.2%
Meal Plans Defined (1)				
Meal Plan 1 - 15 meal - w/$125 Flex/sem	$3,413	$3,522	$109	3.2%
Meal Plan 2 - 12 meal - w/$175 Flex/sem	3,267	3,371	105	3.2%
Meal Plan 3 - 180 Block Meal w/ $175 Flex/sem	3,395	3,503	109	3.2%
Meal Plan 4 - 160 Block Meal w/$200 Flex/sem	3,395	3,503	109	3.2%
Meal Plan 5 - 140 Block Meal w/$300 Flex/sem	3,657	3,774	117	3.2%
Housing Options - Regular Academic Year (Two Semesters)				
Johnson Hall				
Double A/C	$7,233	$7,378	$145	2.0%
Single Private Bath A/C	9,142	9,325	183	2.0%
Single Shared Bath A/C	8,942	9,121	179	2.0%
Oak Street				
6-Person suite	$6,147	$6,270	$123	2.0%
Double A/C	7,233	7,378	145	2.0%
Single Private Bath A/C	9,142	9,325	183	2.0%
Single Shared Bath A/C	8,942	9,121	179	2.0%
4 Person Suite with Den	n/a	8,352	n/a	n/a
3 Person Suite with Den	n/a	9,542	n/a	n/a
2 Person Suite with Den	n/a	9,542	n/a	n/a
JPII (3rd Party)				
JPII 5-Person Suite	$7,233	$7,821	$588	8.1%
JPII 6-Person Suite	7,233	7,521	288	4.0%
JPII Quad Suite	7,233	8,121	888	12.3%
JPII Triple Suite	7,233	8,421	1,188	16.4%
Hospital Hill Apts				
Quad Apts	$9,059	$9,240	$181	2.0%
Double Apt	10,324	10,530	206	2.0%
Single Apt	11,510	11,629	119	1.0%
UMKC Homes Rockhill (3rd Party)				
Double Apt	$10,225	$9,303	($922)	-9.0%

(1) Meal plan costs are still under negotiation with third-party vendor but will not increase more than 3.2%

UMKC Changes in Housing & Dining Contract Rates (continued)

Summer Session	FY2020	FY2021	Increase/ Decrease	Percent Change
Oak Street East - Room Only				
6-Person suite	$1,460	$1,489	$29	2.0%
Double A/C	1,718	1,752	34	2.0%
Single Private Bath A/C	2,171	2,214	43	2.0%
Single Shared Bath A/C	2,124	2,166	42	2.0%
4 Person Suite with Den	n/a	1,983	n/a	n/a
3 Person Suite with Den	n/a	2,266	n/a	n/a
2 Person Suite with Den	n/a	2,266	n/a	n/a
JPII				
JPII 5-Person Suite	$1,703	$1,841	$139	8.1%
JPII 6-Person Suite	1,703	1,771	68	4.0%
JPII Quad Suite	1,703	1,912	209	12.3%
JPII Triple Suite	1,703	1,983	280	16.4%
Johnson Hall - Room Only				
Double A/C	$1,718	$1,752	34	2.0%
Single Private Bath A/C	2,171	2,215	43	2.0%
Single Shared Bath A/C	2,124	2,166	42	2.0%
Hospital Hill Apts				
Quad Apt	$1,871	$1,908	$37	2.0%
Double Apt	2,132	2,175	43	2.0%
Single Apt	2,355	2,402	47	2.0%
UMKC Homes Rockhill				
Double Apt	$2,112	$1,861	(251)	-11.9%

Missouri S&T, Proposed Changes in Housing & Dining Contract Rates for FY2021
Effective Beginning with the 2020 Summer Session

Room and Board Rates Academic Year - 2 Semesters	FY2020	FY2021	Increase/ Decrease	Percent Change
Predominant Plan				
Room and Board	$10,210	$10,360	$150	1.5%
Thomas Jefferson North Renovated Double	6,855	6,960	105	1.5%
Meal Plan 3 225 Meals plus $150 DBD	3,355	3,400	45	1.3%
Meal Plans Defined				
Meal Plan 1 Declining Balance Dollars	$2,670	$2,760	$90	3.4%
Meal Plan 2 All Access plus $100 DBD	3,775	3,760	(15)	-0.4%
Meal Plan 3 225 Meals plus $150 DBD	3,355	3,400	45	1.3%
Meal Plan 4 150 Meals plus $280 DBD	2,880	2,920	40	1.4%
Meal Plan 5 Declining Balance Dollars	1,886	1,950	64	3.4%
Housing Options - Regular Academic Year (Two Semesters)				
Farrar Hall Co-op				
Double	$6,635	$6,730	$95	1.4%
Single	8,185	8,100	(85)	-1.0%
Double Basement	5,425	5,500	75	1.4%
Residential College Suites				
Double Suite	$7,855	$7,970	$115	1.5%
Double Deluxe Suite	8,490	8,320	(170)	-2.0%
Single Deluxe Suite	9,385	9,480	95	1.0%
Triple	5,915	5,980	65	1.1%
Single Bed in Triple Room	8,600	8,730	130	1.5%
Double as a Single	9,540	9,680	140	1.5%
Thomas Jefferson North				
Double Room	$6,855	$6,960	$105	1.5%
Thomas Jefferson South				
Double Room	$7,000	$7,100	$100	1.4%
Large Double Room	7,240	7,350	110	1.5%
Single Room	8,450	8,000	(450)	-5.3%
Triple Room	5,570	5,630	60	1.1%
Miner Village Apartments				
4 Bedroom Apartments	$7,900	$8,220	$320	4.1%
2 Bedroom Apartments	8,500	8,840	340	4.0%
University Commons				
Double	$7,890	$8,000	$110	1.4%
Single	9,270	9,490	220	2.4%
Rolla Suites				
Single Efficiency	$7,750	$8,130	$380	4.9%
Single Studio	8,465	8,880	415	4.9%

S&T Changes in Housing & Dining Contract Rates (continued)

Summer Session **Combined Room and Board Rates**	FY2020	FY2021	Increase/ Decrease	Percent Change
University Commons--rate includes 100 Miner Bucks				
Single	$1,020	$1,030	$10	1.0%
Double	765	770	5	0.7%

University of Missouri - St. Louis, Proposed Changes in Housing & Dining Contract Rates for FY2021
Effective Beginning with the 2020 Summer Session

Room and Board Plans **Academic Year - 2 Semesters**	FY2020	FY2021	Increase/ Decrease	Percent Change
Predominant Plan				
Room and Board	$10,340	$10,411	$71	0.7%
Oak Single Room	6,790	6,790	0	0.0%
100 Block Meals - $350 declining balance/sem	3,550	3,621	71	2.0%
Meal Plans Defined (1)				
100 Block Meals - DBD $350/sem	$3,550	$3,621	$71	2.0%
150 Block Meals - DBD $250/sem	3,990	4,070	80	2.0%
200 Block Meals - DBD $150/sem	4,100	4,182	82	2.0%
All Declining Balance Dollars (DBD)	3,570	3,641	71	2.0%
Housing Options - Regular Academic Year (Two Semesters)				
Oak Hall				
Double Room	$5,450	$5,450	$0	0.0%
Double Room Dept and Student Leader (2)	4,900	4,900	0	0.0%
Single Room	6,790	6,790	0	0.0%
Single Room Dept and Student Leader (2)	6,110	6,110	0	0.0%
Villa Honors & Optometry only	$4,750	$4,750	$0	0.0%

Summer Session - Room Only (2)	FY2020	FY2021	Increase/ Decrease	Percent Change
Oak Hall Double Room - LL	$1,230	$1,230	$0	0.0%
Oak Hall Single Room	1,540	1,540	0	0.0%
Villa Honors & Optometry only	1,080	1,080	0	0.0%

Family Student Housing (Per Month)	FY2020	FY2021	Increase/ Decrease	Percent Change
Mansion Hill 1 Bedroom	$680	$680	$0	0.0%
Mansion Hill 2 Bedroom	880	880	0	0.0%
Mansion Hill Dept & Student Leader 1 Bedroom (3)	610	610	0	0.0%
Mansion Hill Dept & Student Leader 2 Bedroom (3)	800	800	0	0.0%
Mansion Hill Efficiency Unit	570	570	0	0.0%
Mansion Hill Loft Unit	660	660	0	0.0%

(1) Meal plan costs are still under negotiation with third-party vendor but will not increase more than 2%
(2) Oak Hall Double Rooms for Louie Leader only
(3) Villa Hall is offline

Fiscal Year 2021 Student Housing and Dining Rates

-- November 2019 --

FY2021 Housing & Dining Rates

- The rates were set to achieve a balance between maintaining financial sustainability of the housing and dining auxiliary and affordability for students.

- The rates are driven by various factors
  - Debt service
  - Future plant investments
  - Food, labor, and utility costs, and contractual arrangements with third-party vendors

FY2021 Housing & Dining Rates

MU	UMKC	Missouri S&T	UMSL
Predominant Plan	Predominant Plan	Predominant Plan	Predominant Plan
$9,672 0.2%	$10,881 2.4%	$10,360 1.5%	$10,411 0.7%
R - $6,722 1.0%	R - $7,378 2.0%	R - $6,960 1.5%	R - $6,790 0.0%
B - $2,950 -1.7%	B - $3,504 3.2%	B - $3,400 1.3%	B - $3,621 2.0%
Range	Range	Range	Range
R - High $9,995	R - High $11,629	R - High $9,680	R - High $6,660
R - Low $5,999	R - Low $7,378	R - Low $5,500	R - Low $4,500
B - High $3,760	B - High $3,774	B - High $3,760	B - High $4,182
B - Low $1,650	B - Low $3,371	B - Low $1,950	B - Low $3,621

R-Room B-Board

Questions?

Project Approval
Bloch Heritage Hall Renovation and Addition
UMKC

The University of Missouri –Kansas City requests Project Approval for the Bloch Heritage Hall Renovation and Addition project. The total project budget of $16,000,000 is funded from private gifts.

The Henry W. Bloch School of Management is the only school in the Kansas City region accredited by both the Association to Advance Collegiate Schools of Business (AACSB) and the Network of Schools of Public Policy, Affairs, and Administration (NASPAA). The school is housed in two buildings; Bloch Heritage Hall, which includes the historic Shield Mansion built in 1909 and a significant building addition that was completed in 1987, and the Henry W. Bloch Executive Hall for Entrepreneurship and Innovation, which opened in 2013. The Bloch School's current enrollment is approximately 1,300 undergraduate and 500 graduate students and is planned to increase to 2,000 undergraduate and 1,000 graduate students. A renovation and addition to the Bloch Heritage Hall is necessary to accommodate this growth.

This project will renovate the 73,422 gross square feet (GSF) Bloch Heritage Hall, including updated interior finishes, furnishings, and technology throughout the building. A modest 10,000 GSF addition will be constructed to the east of the building in the existing courtyard to provide for classroom space to meet current teaching standards, enhance student services, and encourage student collaborative learning. An addition on the west side of the building will add a new elevator and vertical circulation stair which will provide a stronger west building entrance, improve accessibility, and provide a clear interior circulation path allowing for additional programmatic consolidation of student support functions.

Peckham Guyton Albers & Viets, Inc. (PGAV), Westwood, Kansas is the recommended architect for this project. PGAV has completed numerous successful projects and design efforts for UMKC and MU over the past 10 years. PGAV's team includes Antella Consulting Engineers, Inc., Kansas City, Missouri (M/WBE) for plumbing and electrical engineering; Ross and Baruzzini, Inc., St. Louis, Missouri for mechanical engineering; Leigh & O'Kane, L.L.C., Lee's Summit, Kansas (WBE) for structural engineering; Branch Pattern, Inc., Overland Park, Kansas for audio/visual/technology design; SK Design Group, Inc., Overland Park, Kansas (MBE) for civil engineering; and Patti Banks Associates, L.L.C. (dba: Vireo) for landscape architecture. The selection committee also considered Berkebile Nelson Immenschuh McDowell, Inc., Kansas City, Missouri; and BSA Life Structures, Inc., Overland Park, Kansas.

The fee for basic architectural and engineering services has been determined by referencing the University of Missouri's "Architectural and Engineering Basic Services Fee Estimating Guidelines." The project is considered a Type V (considerably more than average complexity), and the calculated basic services fee is $1,024,600 based upon 9.4% of the estimated $10,900,000 construction cost. Additional services for programming and preconstruction services is anticipated at $150,000 for a total design fee of $1,174,600.

The estimated construction cost is $131/GSF and the construction is expected to be completed in July 2022.

No. 2

Recommended Action - Project Approval, Bloch Heritage Hall Renovation & Addition, UMKC

It was recommended by Chancellor Agrawal, endorsed by President Choi, recommended by the Finance Committee, moved by Curator _________________ and seconded by Curator ________________, that the following action be approved:

the project approval for the Bloch Heritage Hall Renovation & Addition, UMKC

Funding of the project budget is from:

Gifts	$16,000,000
Total Funding	$16,000,000

Roll call vote of the Committee:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Steelman		
Curator Williams		

The motion ___________________.

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion ___________________.

HEALTH AFFAIRS

University of Missouri

Board of Curators

Health Affairs Committee Meeting

Wednesday, November 13, 2019
1:00 P.M.

This Board Committee Meeting is being held in conjunction with the November 21, 2019 Board of Curators Meeting.

Originating from Women's and Children's Conference Room, Columbia, Missouri and at remote locations via conference telephone.

AGENDA

PUBLIC SESSION – 1:00 P.M.

Call to Order – Chair Graham

Information

1. Quarterly Financial Report, MUHC – Written Report Only
2. Quarterly Compliance Report, MUHC – Written Report Only
3. MU Health Care and School of Medicine Report (Curtright, Zweig)
4. Quality and Safety Report, MUHC (Hahn-Cover)
5. Introduction Clinical Scale and Community Hospital Framework (Curtright)

Action

1. Minutes, September 18, 2019 Health Affairs Committee Meeting
2. Resolution for Executive Session of the Health Affairs Committee Meeting

EXECUTIVE SESSION

2:30 P.M. **HEALTH AFFAIRS COMMITTEE MEETING – EXECUTIVE SESSION**
(time is approximate)
Location: Women's and Children's Conference Room, Columbia, MO

The Health Affairs Committee will hold an executive session of the November 13, 2019 meeting, pursuant to Section 610.021(1), 610.021(2), 610.021(3), 610.021(12) and 610.021(13) RSMo, for consideration of certain confidential or privileged communications with University Counsel, real estate, personnel and contract items, all as authorized by law and upon approval by resolution of the Health Affairs Committee.

Recess

University of Missouri Health Care
Health Affairs Committee

Financial Report
Fiscal Year 2020, Quarter 1

Consolidated Financial Results ($000's)	Actual	Plan	Prior Year
Net Revenues	$ 272,543	$ 272,465	$ 262,838
Operating Expenses	(251,792)	(251,140)	(239,863)
Operating Income	20,751	21,325	22,975
Non-operating Revenues, Net	(6,540)	(7,187)	(6,112)
Change in Net Assets	$ 14,211	$ 14,138	$ 16,863

Overview

Year-to-date financial performance is meeting plan, reflecting higher patient utilization and expense management. We continue to experience a degradation in payer reimbursements that erode net revenue gains; however, gains from labor efficiency and expense management have negated the impact.

Performance Updates

- Average Daily Census is 2.5% higher than plan and 4.3% higher than prior year
  - Primarily in adult volumes (Cardiovascular, Neurosciences and Medicine)
  - Additional capacity available in November with opening of the Integrated Medicine Unit
- OR Cases are 6% lower than plan and 1.8% lower than prior year
  - Secondary to surgeon departures; recruitment efforts underway
- Clinic visits are 3.1% higher than plan and 6.9% higher than prior year
  - Efforts to improve access and grow primary and specialty care have been successful
- Efforts to grow the cardiovascular and neurosciences service lines have been successful as inpatient volume, surgical cases and clinic visits have all been favorable to plan
- Net income of $14.2M was $500K better than plan

Ratios and Benchmarks

Most ratios and benchmarks continue to track with Moody's A rated medians with Days Cash on Hand and Net Days Revenue in AR unfavorable to medians

Financial Ratios and Benchmarks	Actual	Plan	Prior Year	Moody's A Rated
Operating Margin Percent	7.6%	7.8%	8.7%	2.2%
Annualized Return on Total Assets	4.4%	4.9%	5.5%	3.9%
Cash to Total Debt	194.1%	202.1%	185.5%	131.3%
Debt to Capitalization	24.5%	24.7%	27.0%	32.2%
Maximum Annual Debt Service Coverage	4.4	3.9	4.8	4.7
Days Cash on Hand	207.2	210.8	217.2	215.1
Net Days Revenue in AR	52.2	49.9	51.7	45.9

Memo

To: Board of Curators – Health Affairs Committee
University of Missouri System

From: Jennifer May
MU Health Chief Compliance Officer

Date: November 13, 2019

Re: Quarterly Compliance Update

I. Corporate Integrity Agreement Update
   A. Reporting Period 4 runs from July 1, 2019 through June 30, 2020.
   B. The Department of Health and Human Services (DHSS) Office of Inspector General (OIG) Monitor verified receipt of the Annual Report for Reporting Period 3 on October 1, 2019. Comments on the report contents have not yet been received.
   C. MU Health repaid all identified overpayments from the Claims Review. Reporting Period 4 Claims Review facility selection will occur in Spring 2020.

II. Compliance Program Update Summary
   A. The MU Health Compliance Program is focusing on the following strategic goals for FY20 work planning:
      i. Enhance Reporting and Monitoring Tools
      ii. Efficient Use of Resources
      iii. Alignment of projects with DNV Accreditation Standards
      iv. Strengthen Relationships across MU Health
   B. Activities continue to increase despite reduced staffing
      i. Reviews, audits, and inquiries are trending up year over year in all three pillars of the program (compliance, privacy and information security).
   C. Improvement activities are paying dividends
      i. Coding oversight improved accountability and collaboration
      ii. Rounding to improve understanding and engagement with compliance topics within daily workflows
      iii. Continued collaboration with MU DoIT and SOM to enhance data and information security

III. MU Health Corporate Compliance Structure
   A. An updated Organizational Chart is included as Attachment A. We reduced full-time equivalent staff by one (1) at the end of FY2019 by combining all support functions under the Executive Assistant.
   B. The MU Health Compliance Program is organized in accordance with the seven elements outlined by the DHHS OIG for effective compliance programs
      i. Designate a compliance officer and compliance committees
      ii. Develop written compliance plans, policies, and standards of conduct
      iii. Monitor and audit compliance risk areas

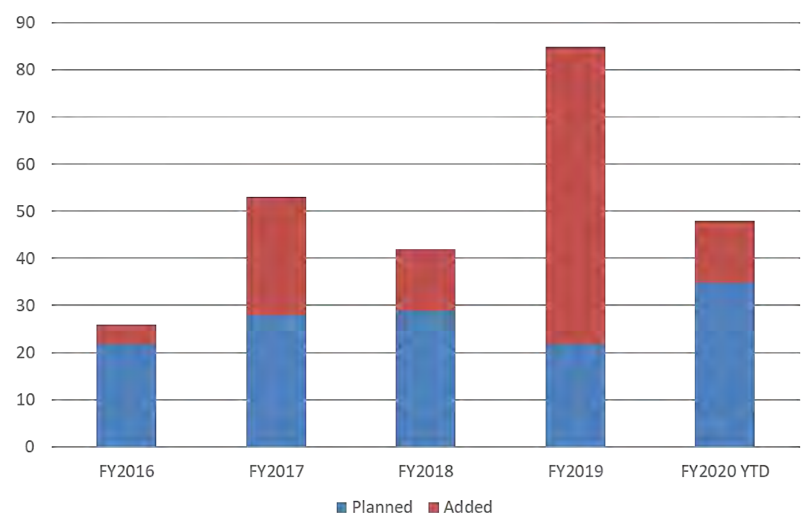
iv. Develop open lines of communication
v. Implement education and training
vi. Enforce disciplinary standards
vii. Respond to detected deficiencies

C. In order to better train the compliance team and inform the organization at large about the role of our program, we have operationalized each element to highlight the specific action we undertake to achieve effectiveness.

OIG Element	***Element Operationalized***
Compliance Officer/Committee	Lead and Organize
Written Policies/Procedures	Set Expectations
Monitor/Audit	Review and Assess
Open Communication	Listen to Understand and Share Lessons Learned
Education/Training	Education/Training
Enforcement	Address Concerns
Respond to Deficiencies	Innovate and Improve

IV. Compliance Program

A. Compliance Work Plan Trends



i. Chart does not include privacy, information security or CIA-specific activities
ii. Dip in FY2018 was due to low staffing and open director position

B. FY2020 Work Plan opened with 35 planned activities (audits, monitoring or specially scoped projects). To date, 13 new, unplanned activities have been added. Highlights of the plan include:

i. 340B review: annual review of 340B pharmacy pricing compliance conducted in collaboration with Pharmacy staff
ii. Data and Metrics: new software package to track activities for all compliance areas allowing for better visibility of coverage, findings and outcomes. Data will then be assessed to establish metrics to validate program effectiveness and efficiency.
iii. IRO Outcomes Follow-Up: leverage the findings from the CIA Claims Review conducted by the Independent Review Organization (IRO) to ensure identified areas for improvement are functioning appropriately
iv. Coding Quality Oversight: enhanced plan on coding compliance (see additional detail below)

v. FY19 Carry Forward Items (9)

C. Policy Enhancement: Coding Compliance Plan

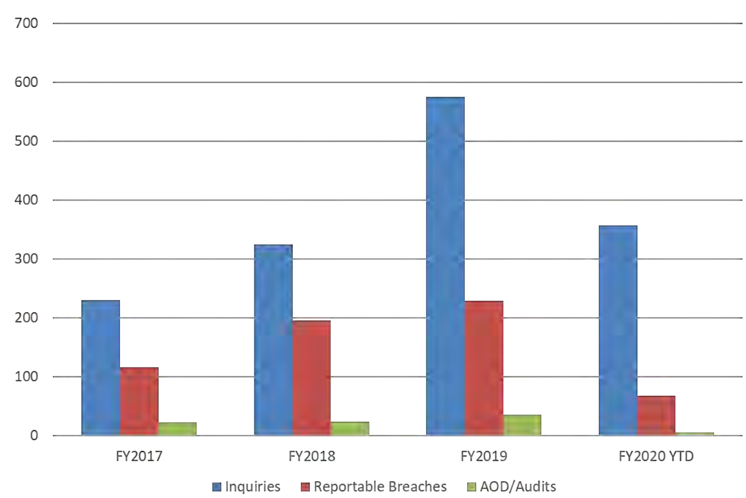
i. Previously, coder accuracy reviews were conducted in varied ways determined by each department and the Compliance Office review was largely duplicative with inadequate sampling to establish confidence. This resulted in inconsistent quality efforts and the process variations discouraged cross-collaboration and learning.

ii. Starting in November 2018, the Compliance staff initiated a policy update project which included open discussions with stakeholders to identify improvement areas. Policy drafts were developed and reviewed (three different versions) and a final policy was agreed upon and issued in May 2019 with an effective date of July 1, 2019. Education and training occurred between the issuance and effective date.

iii. The new policy and process empowers coding managers to coach and lead their teams, and established accountability to determine quality. The Compliance staff supports managers through quality validation and identification of areas for improvement. Managers and the compliance team collaborate to establish corrective actions, and then the cycle begins again. Process started in August with initial quality reports for validation received. Early enhancements already identified include that process standardization is allowing for higher review and validation volumes with a quicker response time, and centralization of lessons learned is building a wealth of information that will be used to enhance broader education for both corrective needs as well as best practices.

V. Privacy Program

A. Privacy Office Work Volumes



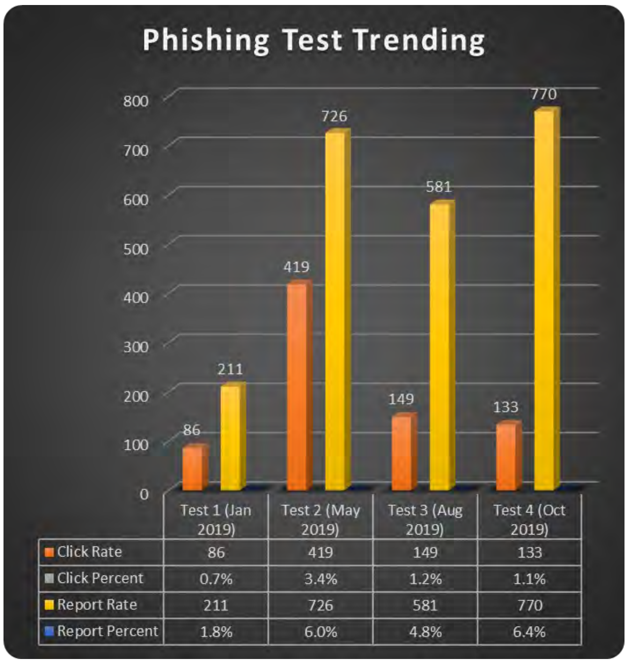
B. Process Enhancement: Compliance Rounds

i. Historically, the Privacy Office conducted rounds to clinical areas to identify opportunities to improve our privacy posture. This fall, the full Compliance team updated the Rounds Assessment Tool to include all OCC areas. Additionally, communication of the results occurs in real time with the clinic staff to improve education and solve any issues in the moment.

ii. All Compliance team members round on two clinic locations per month. Since implementation of the revised program in August, 61 rounds have been completed (72%).

VI. Information Security Office

A. Email phishing tests were implemented for the "health.missouri.edu" domain (12,045 accounts) and conducted quarterly during CY2019. According to the 2019 HIMSS Survey, 82% of healthcare organizations conduct phishing tests, and 40% of those entities report a "click rate" (e.g. the user clicked on a link in the test email) of 10% or less. Our most recent test resulted in a 1.1% click rate.



B. Additional activities during the previous year in the information security program included:

i. Expanded Advanced Malware Protection licensing and platform to Schools of Medicine, Health Professions, and Nursing

ii. Review of open-shared Box directories to identify risks of electronic protected health information (ePHI) exposure and mitigated identified vulnerabilities

iii. Finalized contract to conduct a penetration test on public-facing MU Health infrastructure to assess our risk profile

C. Strategic focus for information security in FY2020 is our collaboration with the MU Division of Information Technology and the School of Medicine to enhance the data and information security posture. Improvement areas include:

i. Multi-Factor Authentication Implementation

ii. Mitigation of Ransomware / Direct Software Installation

iii. Cyber Insurance Assessment

iv. Web-content Filtering

v. Review of the "e-mail for life" position

vi. Data Loss Prevention Enhancements

vii. Outlook Inbox and Folder Curation

Health Care

Health Affairs Committee

Jonathan Curtright, Chief Executive Officer

Health Affairs Committee Agenda

- **Leadership Updates**
- **Patient-centered Innovations**
- **Alliance for Precision Health**
- **Finance Update**
- **Employer-Payer Collaboration**
- **Academic Health Center Strategic Plan**

Leadership Updates

Aligning our Leadership for Success

Chief Financial Officer

- Mike Blair returned to Minnesota to serve as CFO of CentraCare

Next steps

Patient-centered Innovations

MUPC Outdoor Activity Center

Promoting patient wellness

- 4,380-square-foot outdoor activity center
- A sensory experience — different colors, sounds, textures and smells — adaptive swings, musical chimes, a covered seating area, accessible playground
- $250,000 activity center funded by MU Health Care Auxiliary, Veterans United and Columbia-Jeff City Extra Life Guild

Mizzou Therapy Services

Expansion into Callaway County YMCA in Fulton

- Ribbon-cutting on Nov. 1
- Mizzou Therapy Services now has 10 locations in Columbia, Ashland, Boonville and Fulton

Most Wired Designation

Most Wired for Ninth Straight Year

- Recognized by College of Healthcare Information Management Executives (CHiME)
- Level 9 health system in top 2% of organizations recognized in Most Wired survey – other Level 9s include Mayo Clinic, Johns Hopkins
- Exemplifies best practices through adoption, implementation of health care IT

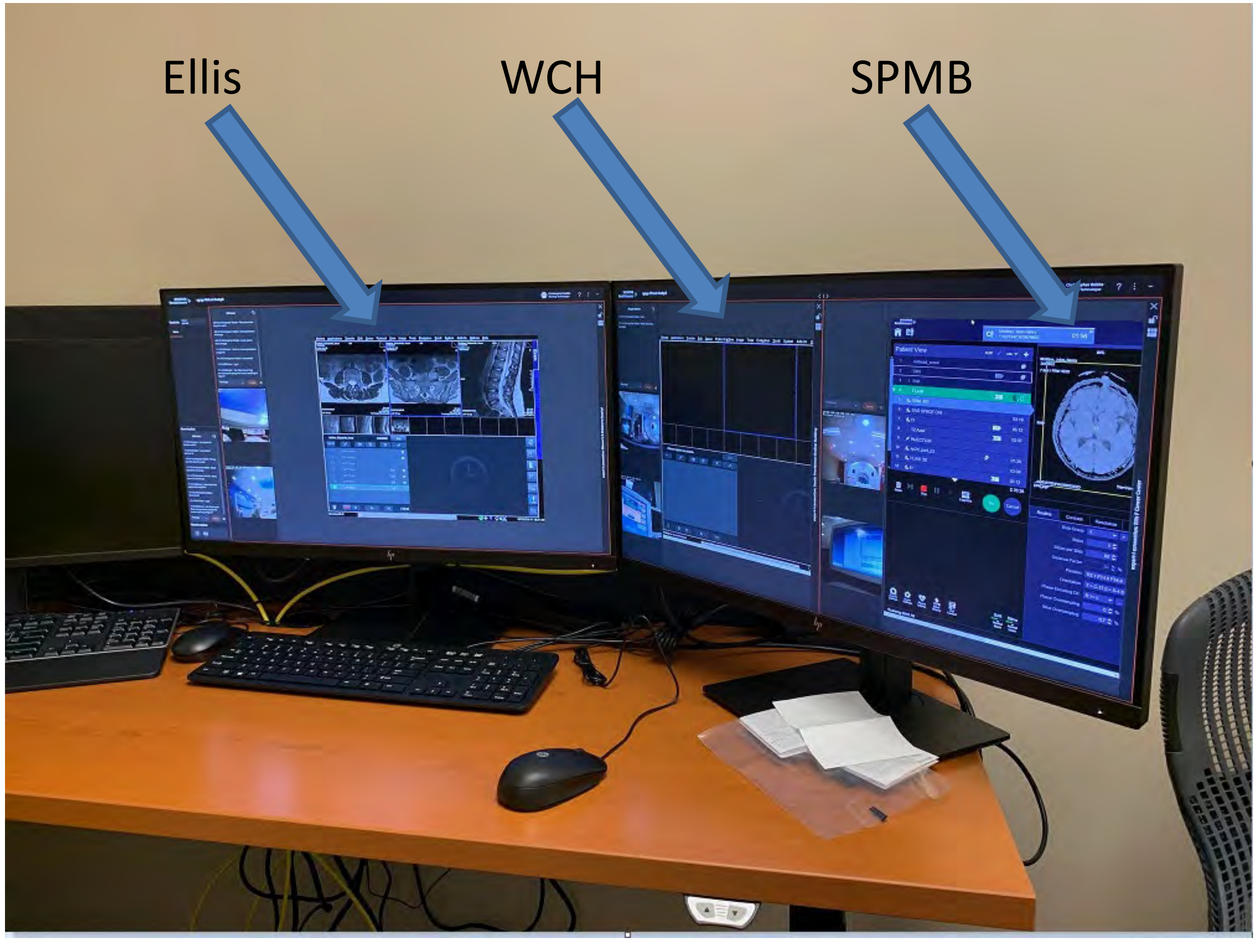
Alliance for Precision Health

Siemens Healthineers | University of Missouri System | MU Health Care

Siemens Virtual Cockpit

- Remotely manage, assist and control MRI scanners
- Provide technology and personnel for 24/7 radiology coverage in rural areas across Missouri
- Decreased provider, staffing and patient cost through decreased travel and increased efficiencies
- Care is kept local
- Operational at Ellis Fischel Cancer Center, Women's and Children's Hospital, and South Providence Medical Park
- Exploring regional coverage with CRMC, Lake Regional and other first partners

Siemens Virtual Cockpit



Siemens Initiatives

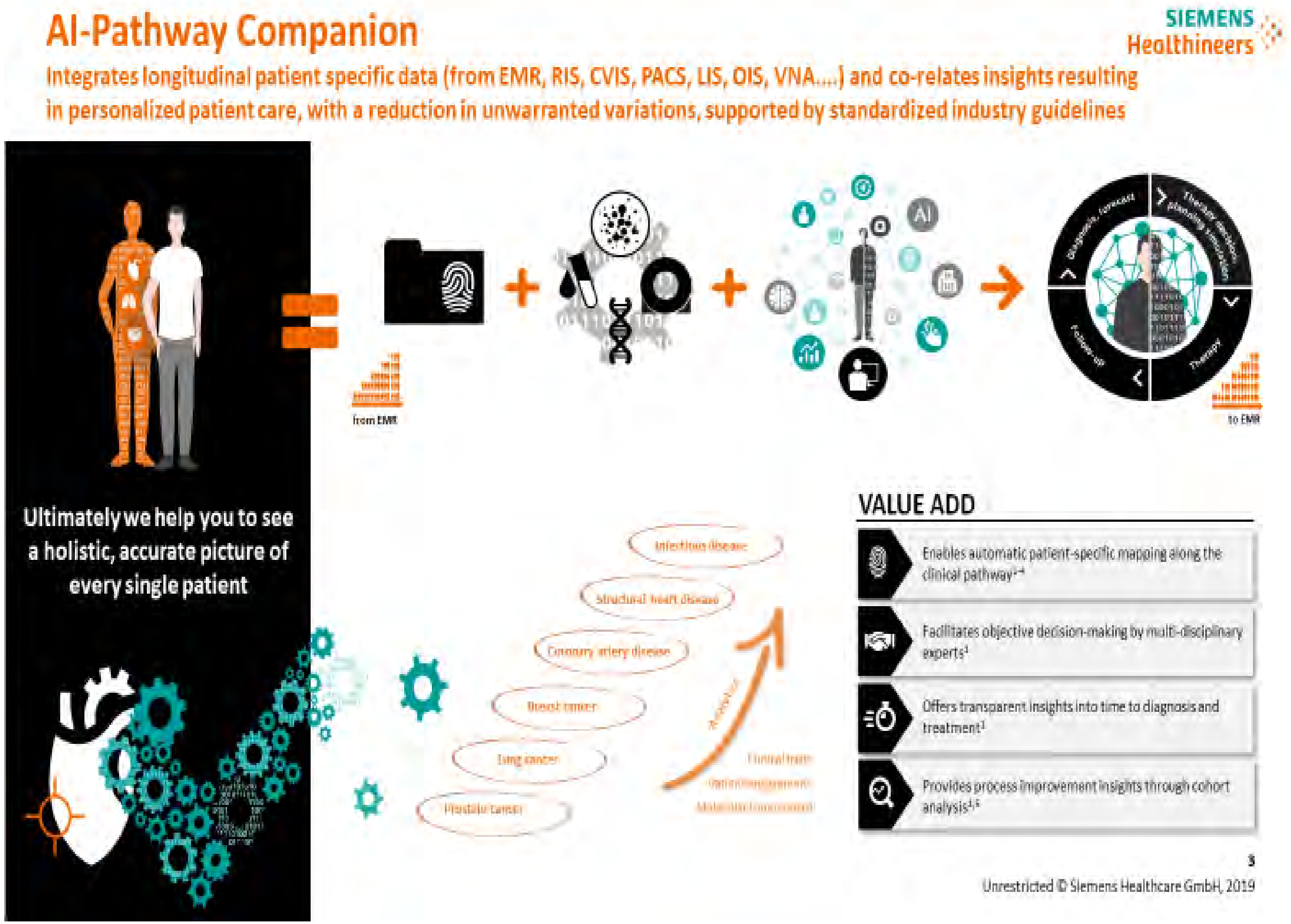
1. Research & Collaboration:
   - Fast MRI
     - Current state: validating quality with Talissa Altes, MD for use
   - Bariatric Ultrasound
     - Current state: Siemens providing device to Andrew Wheeler, MD to begin study

2. Innovation:
   - AI Prostate Care Pathway Companion
     - Lead by Mark Wakefield, MD, Joint collaboration between Cerner, Siemens and MUHC

3. Workforce Development:
   - Developing Engineering & Radiology Technologist Curriculum with MU

4. Health Care Delivery:
   - Radiology and Cardiology Management System

AI-Pathway Companion



Highlights

- Precision medicine platform
- Starting with prostate
- Standardize care throughout MU Health Care
- Cerner-driven workflow
- Innovation pipeline for NextGen Precision Health

Finance Update

Financial Performance – Q1FY20

- Patient utilization continues to increase, driving total operating revenue consistent with plan

	% Variance from:	
	FYTD 20 Plan	FYTD 19 Actual
Average Daily Census	2.5%	4.3%
Surgical Cases	-6.0%	-1.8%
Clinic Visits	3.1%	6.9%

- Continued payor pressures erode net revenue gains
- Labor efficiencies and expense management initiatives yield operating expenses favorable to plan
- Net Margin of $14.2M (5.2%) is $100K favorable to plan

Employer-Payer Collaboration

Custom Network Plan – University Employees

Custom Network Enrollment-Columbia

Year	2015	2016	2017	2018	2019
Members	9,255	15,250	16,401	17,562	18,825

Utilization	2017	2018	% change
Admits/1,000	56.6	55.5	-2.0%
ER/1,000	188.8	166.4	-11.4%
Outpatient/1,000	138.5	124.9	-3.3%

Monthly Premiums	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Custom Network	$83	$231	$200	$365
PPO plan	$171	$411	$366	$629

Claims Savings for Capital Region

MISSOURI
Custom
A collaborative care plan

Claims Expense Summary	Jan-June 2018	Jan-June 2019	% Change
Net PMPM	$555	$479	-13.6%
Net PMPM w/o high dollar claimants	$353	$337	-4.7%

Academic Health Center Strategic Plan

Improving Health Care, Growing Together

Grow Our Ability to Serve

REACH

- Serve more of Missouri's population across the state – based on their needs

Make a Distinct Impact

REPUTATION

- Advance health discovery and innovation
- Enhance prominence in academic medicine
- Grow MU Health's research enterprise in specific areas

Align MU's Capabilities in Health

RESOURCES

- Develop and promote an increased shared utilization of resources
- Align resources to increase cross-campus collaboration

MU Health

Strategy Formulation through Workgroups

WORKGROUPS (STRATEGIC INITIATIVES)

Attract, Train, Retain Exceptional Talent	*Fuel Discovery Through Collaboration*	*Make Translation An Aspiration*	*Align and Grow Clinical Research*	*Create A Structure That Sustains Excellence*
Service Line	*Rural Market*	*Payer/Employer*	*Ambulatory*	*Philanthropy*
Education	*Diversity & Inclusion*	*Precision Health*	*Synergies*	*Shared Resources*

Questions?

School of Medicine
University of Missouri

Health Affairs Committee

Steve Zweig, MD, Interim Dean

School of Medicine Review

- **Education**
  - solid medical educational programs with strong quality improvement focus
  - Fully accredited residency training programs at MU Health Care
  - Continued development of umbrella PhD program in translational sciences
- **Clinical**
  - Continued growth of faculty practice – more patients seen in October than any previous month
- **Research**
  - Will be primary focus of this presentation

Strategic Plan – Research

Strategic Planning Process

- Research strategic plan development
  - Product of research retreat
  - Kaufman Hall strategic planning initiative
  - Environmental scan for success
- Goals and objectives drafted
- Tactics and outcomes to be determined by 5 strategic focus committees headed by faculty co-chairs with interdisciplinary membership

Focus of Strategic Plan for Research

- Each faculty group is working with the goal of growing the NextGen Precision Health Initiative and considering four perspectives:
  - Missouri and societal need (with special focus on rural populations)
  - Existing strengths
  - Funding opportunities
  - Potential impact

Precision Health

- Discovery: cryo EM structural chemistry
- Basic research: molecular microbiology and immunology – genomic analysis
- Translational research: animal studies
- Clinical research: human drug, device and other therapeutic intervention trials
- Health care delivery: primary care and subspecialty outcomes
- Population health: research to improve prevention, screening, treatment and palliative care

Graphic borrowed from University of Michigan town hall presentation 12.4.17

SOM Research Strategic Plan

FOCUS AREAS

1. Train, attract and retain exceptional talent
2. Fuel discovery through collaboration
3. Make translation an aspiration
4. Align and grow clinical research
5. Create a structure that sustains excellence

1. Exceptional Talent

Ensure the future … through acquisition, development and promotion

- Strengthen research quality through recruitment
- Create and maintain a culture to accelerate careers
- Ensure research and training missions work together to develop diverse talent

2. Collaboration

… collaborations to increase … speed of discovery … magnitude of impact

- Investment and growth in area of strength
- Pursue innovative interdisciplinary science
- Be leaders in Precision Health Initiative
- Advance research through industry partnerships/engineering

3. Translation

… translation … the ultimate pursuit … basic science, clinical investigation and patient care

- Support for translational research
- Faculty professional mentoring, collaboration
- Strong establishment of biobanking
- Gather community input to inform and improve care

4. Clinical Research

Build clinical research … to be a prominent leader in academic health

- Improve infrastructure for clinical research
- Embed continuous research and development engine
- Improve financial and scientific ROI by portfolio management
- Increase participation through clinical affiliations and research data network

5. Structure

… research structure … expertise, efficiency, financial discipline and core resources

- Create governance structure to share resources – space, equipment, analysts
- Transform operations, strengthen oversight
- Invest in collaborative data science to improve research, health care and health
- Determine finances for sustainability
- Improve processes and outcomes through an evaluation framework

Selected Recent Awards

- Kathleen Quinn, HRSA, $4.2 million to train physicians for rural communities
- James Stannard, James Cook, DOD, $1.99 million to pursue BioJoint innovations
- Diana Gil-Pages, NCI, $3.7 million for research in cancer immunotherapy
- Mahesh Thakkar, NINDS, $1.8 million to study alcohol effects on sleep and inflammation
- William Fay/Sheila Grant/Bill Turpin, NIH, $3.9 million to support REACH hub across Midwest
- NIH awards increased 17% comparing FY18 with FY19

Recent Investments

- Research animal vivarium
- Clinical trials infrastructure
- Influenza research center – two hires, with 4 more expected in collaboration with CAFNR, COE and CVM – building new BSL2 animal facilities

Anticipated Growth

- Comprehensive cancer research center
- Metabolic and vascular disease
- Immunology/virology
- Health care innovations/outcomes
- Research infrastructure in informatics, data analytics, biorepository to address needs of PHI and other researchers

Questions?

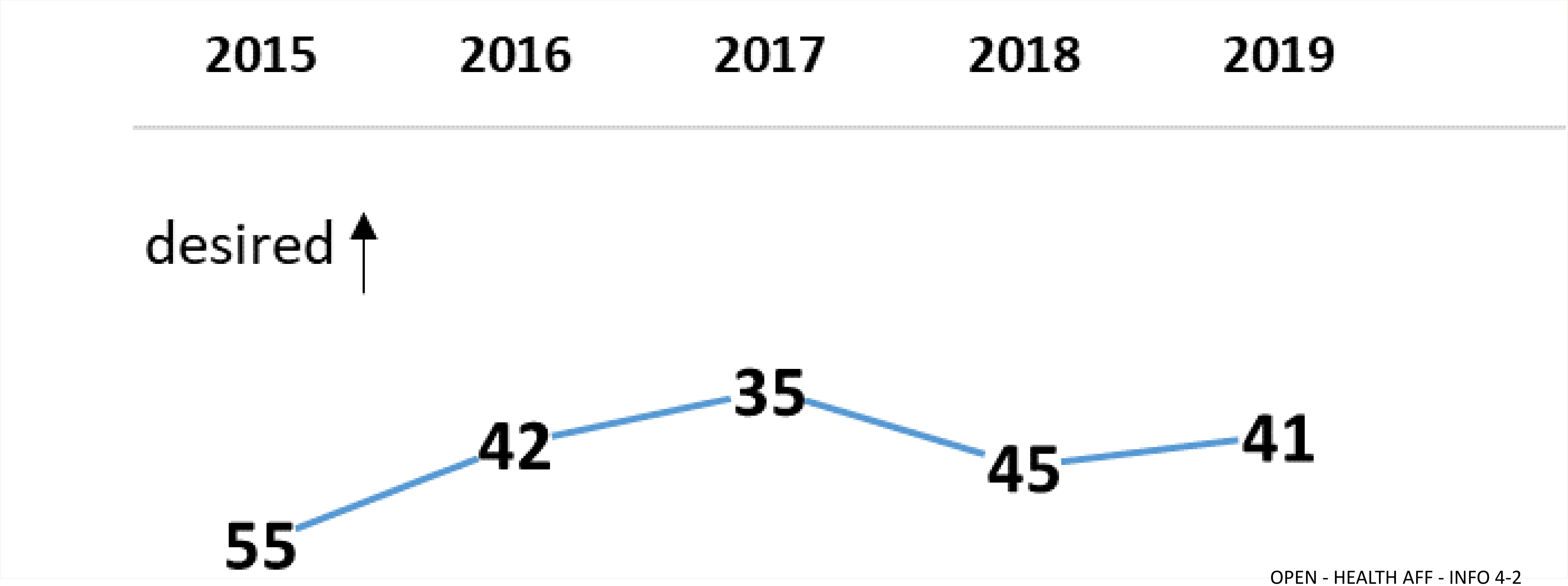
Health Care

Health Affairs Committee

Kristin Hahn-Cover, MD, Chief Quality Officer

Vizient 2019 Quality & Accountability Study

- 38 out of 93 AMCs (PR 41)



Mortality and Readmissions – Prior Year

- Performance in mortality index in top **one-third** of academic medical centers in FY19
- Unplanned 30-day readmissions: Rate for Q4 is **11%**, compared to **11.7%** in FY18 (annualized, this would equate to **150** fewer patients readmitted)

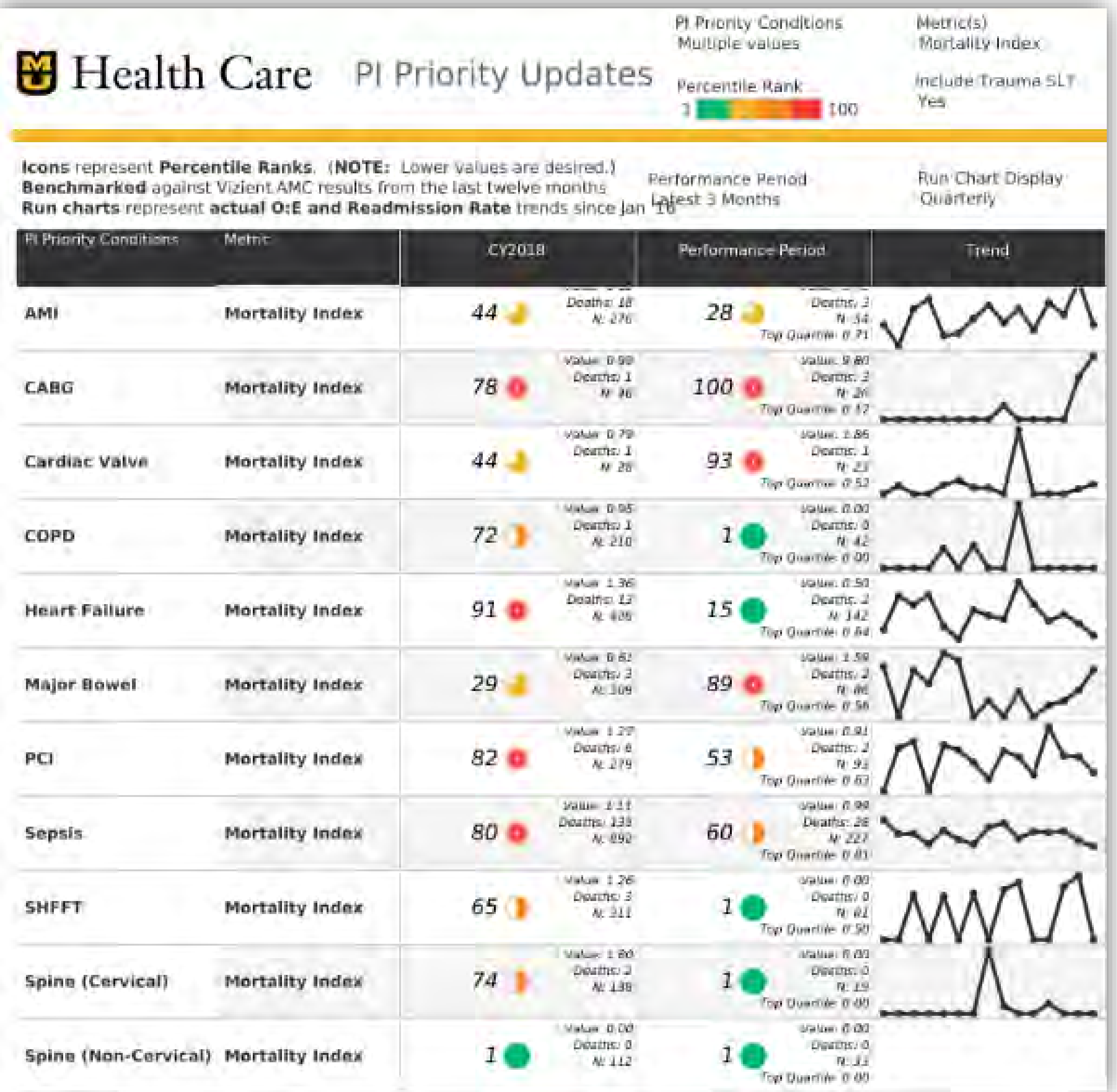
OPEN - HEALTH AFF - INFO 1-2

OPEN - HEALTH AFF - INFO 4-3

Mortality – Current Year

- Stable performance
- Optimize clinical documentation improvement (CDI) program for both financial and quality outcomes
- Improve capture of comorbid illnesses present on admission

Mortality – PI Priorities Teams



Health Care PI Priority Updates

PI Priority Conditions: Multiple values
Metric(s): Mortality Index
Percentile Rank: 1 – 100
Include Trauma SLT: Yes

Icons represent **Percentile Ranks**. (**NOTE:** Lower values are desired.)
Benchmarked against Vizient AMC results from the last twelve months
Run charts represent **actual O:E and Readmission Rate** trends since Jan '16

Performance Period: Latest 3 Months
Run Chart Display: Quarterly

PI Priority Conditions	Metric	CY2018		Performance Period		Trend
AMI	Mortality Index	44	Deaths: 18 N: 276	28	Deaths: 3 N: 54 Top Quartile: 0.71	
CABG	Mortality Index	78	Value: 0.99 Deaths: 1 N: 86	100	Value: 9.80 Deaths: 3 N: 26 Top Quartile: 0.17	
Cardiac Valve	Mortality Index	44	Value: 0.79 Deaths: 1 N: 28	93	Value: 1.86 Deaths: 1 N: 23 Top Quartile: 0.53	
COPD	Mortality Index	72	Value: 0.95 Deaths: 1 N: 210	1	Value: 0.00 Deaths: 0 N: 42 Top Quartile: 0.00	
Heart Failure	Mortality Index	91	Value: 1.36 Deaths: 12 N: 408	15	Value: 0.50 Deaths: 2 N: 142 Top Quartile: 0.64	
Major Bowel	Mortality Index	29	Value: 0.61 Deaths: 3 N: 309	89	Value: 1.59 Deaths: 2 N: 86 Top Quartile: 0.56	
PCI	Mortality Index	82	Value: 1.29 Deaths: 6 N: 279	53	Value: 0.91 Deaths: 2 N: 93 Top Quartile: 0.63	
Sepsis	Mortality Index	80	Value: 1.11 Deaths: 133 N: 892	60	Value: 0.98 Deaths: 26 N: 227 Top Quartile: 0.83	
SHFFT	Mortality Index	65	Value: 1.26 Deaths: 3 N: 311	1	Value: 0.00 Deaths: 0 N: 61 Top Quartile: 0.50	
Spine (Cervical)	Mortality Index	74	Value: 1.80 Deaths: 2 N: 138	1	Value: 0.00 Deaths: 0 N: 19 Top Quartile: 0.00	
Spine (Non-Cervical)	Mortality Index	1	Value: 0.00 Deaths: 0 N: 112	1	Value: 0.00 Deaths: 0 N: 33 Top Quartile: 0.00	

- Annualized **lives saved**: 16

Mortality – Sepsis Team

TECHNOLOGY

Learn more about the Tiger Institute at tiger-institute.org

Tiger Institute Saves and Improves Lives One Algorithm at a Time

MU Health Care becomes one of the nation's most technologically advanced health systems

In March 2019, a 37-year-old diabetic woman was admitted to MU Health Care's University Hospital with an open sore on her toe. Two days later, she looked and felt about the same, showing no obvious signs that her body had declared war on itself.

What human eyes couldn't see, an algorithm noticed.

"All of the clinical signs, in and of themselves, were fairly subtle," said Megan Cram, RN, the clinical manager of University Hospital's medical specialties unit. "It was a slight elevation in her respiratory rate, a slight elevation in her temperature, a slight decrease in her blood pressure. But all of those things combined is what makes the National Early Warning Score. That's what gave us the picture that something bigger was going on."

The patient was in the early stages of sepsis, a condition caused when the immune system has a flawed response to infection. It creates widespread inflammation and can damage organs.

"Sepsis is an incredibly difficult problem," said Cathy Jones, MD, a hospitalist who treats patients on the medical specialties unit. "Left untreated, people die of sepsis. In the early stages, when it's easiest to treat, it's very hard to recognize."

One successful tool for early recognition is the National Early Warning Score (NEWS). It's a system that assigns point values to a patient's vital signs and compiles a score. The higher the score, the sicker the patient.

The score doesn't do much good, though, if a patient's care team isn't aware of it.

When MU Health Care's leaders considered ways to attack the sepsis problem with a NEWS alert system, they selected a group of doctors and nurses — including Jones and Cram — and members of the Tiger Institute for Health Innovation. The Tiger Institute is the IT team created 10 years ago as a partnership between Cerner Corporation and the University of Missouri.

Integrating the NEWS alert algorithm into the electronic health record (EHR) fell to the Tiger Institute's Ben Wax, RN. Four years ago, Wax, who was then an emergency

department nurse at Women's and Children's Hospital, wrote the original proposal for MU Health Care to incorporate NEWS into the EHR, which is a digital version of a patient's medical chart.

In his new IT role as a senior clinical informaticist, Wax helped turn his passion project into reality.

Wax quickly got a NEWS algorithm from Cerner and worked with colleague Shun Dunlap to import it into the EHR. It ran in the background, collecting data but not sending out alerts. He spent more than two years collaborating with Jones to analyze the data and customize the coding.

The resulting algorithm is 241 lines of step-by-step instructions that tell the computer how to respond to any information entered into a patient's chart. It's a list of if-then statements separated by "ANDs" and "ORs" that alerts the right people at the right time when a patient is deteriorating. And it does so without creating unnecessary extra work for the doctors and nurses caring for the patients.

"I've been eating and drinking this algorithm for a little over two years," Wax said. "It is my baby."

Wax's baby went live on the medical specialties unit in March, the same week the diabetic patient with the toe ulcer was admitted to the hospital.

'They are us'

The history behind Wax's algorithm and countless other IT innovations dates back to the fall of 2009. That's when the University of Missouri and Cerner, the Kansas City-based health information technology company, decided to launch a partnership. The goal was to become one of the country's most technologically advanced hospital systems.

In 2014, just five years into the partnership, MU Health Care became the first academic health system in the nation to meet the federal government's standard for "meaningful use" of medical information technology. The next year, it won the national Davies Award for Excellence, which is the equivalent of the Heisman Trophy for health IT.

The Tiger Institute has made health care more convenient with the HEALTHConnect app, which allows patients to manage appointments, view their medical records and request prescription renewals from their phones. Now, patients of Lake Regional Health System in Osage Beach can use the app and enjoy the benefits of shared health records with MU Health Care. By next spring, patients of Capital Region Medical Center in Jefferson City will be on the same platform as well.

"It is very rare to visit any institution where the CEO says, 'One of the foundations of our success is our IT department,'" said Tom Selva, MD, MU Health Care's chief medical information officer and the Tiger Institute's medical director. "That's the case here, because they are us. It's a partnership. Health care is really about ingesting information and making decisions and sharing information. Health IT and health care have become a very blurred line."

When the Tiger Institute began, its first big job was to connect all of MU Health Care's hospitals and clinics with an electronic health record. Now, the Tiger Institute finds ways to use the EHR as not just a medical record but also a tool to improve patient care.

The NEWS alert project is just one of many examples of the Tiger Institute using the EHR as a tool to improve patient care. Among the others are an alert that has reduced the number of unnecessary blood transfusions and one that monitors the amount of opioid medication prescribed to patients.

"Our mission is to save and improve lives," said Bryan Bliven, the chief information officer and executive director of the Tiger Institute. "Our mission is not to just be good at IT."

'You Ain't Seen Nothing Yet'

Back in March, Wax's algorithm triggered an alert to the nurse on duty when the diabetic woman's NEWS score jumped from 2 to 8, which indicates a patient is at high risk. The nurse summoned the hospital's rapid response team, whose members came to the bedside and began treating the patient with antibiotics. Less than three hours after the alert, she was transferred up one level to the progressive care unit.

The entire process worked flawlessly.

"She was transferred back to us within four days with sepsis resolved," Cram said. "We avoided intensive care unit days. We avoided a patient decline, so she wasn't ever placed on a ventilator and didn't require that additional support. We were able get her treatment started much earlier than we would have before."

The patient was released soon after returning to the medical specialties unit. Her success story was not an isolated case. During the NEWS alert's pilot testing phase, the mortality rate on the medical specialties unit was 2.9%, compared to 3.4% the previous quarter. Based on the number of patients treated, that

translates to eight lives saved in three months.

The NEWS alert is now live throughout University Hospital, and the algorithm is still evolving. Now, when a nurse gets a NEWS alert and opens the patient's chart, a form that Wax created pops up and guides the nurse through what steps to take and which tests to order.

When Wax thinks about the lives that have been saved, he's proud. But he's already thinking ahead to the next quality project: the implementation of a pediatric version of the NEWS alert that will help the care teams at Women's and Children's Hospital quickly identify children whose conditions are declining.

"It feels cool. I dig it," Wax said. "But I'm really looking forward to the pediatric project. If you thought this one was cool, you ain't seen nothing yet."

Mortality – Example

Cerner

Comorbidities Advisor

Select all comorbidities that apply. Encounter diagnoses will be created from your selection, helping to assure good patient care. If the diagnoses is not found, click the blue button to add additional diagnoses.

View Current & Add Other Dx

⊿General
- ▸Cancer
- ▸Shock

⊿Cardiovascular
- ▸Arrhythmia
- ▸Cardiomyopathy
- ▸Heart Failure EF: NONE
- ▸Hypertension

⊿Endocrine
- ☐ Type 1 diabetes mellitus
- ☐ Type 2 diabetes mellitus

⊿Fluid, Electrolyte, Nutrition
- ▸Electrolyte
- ▸Malnutrition
- ▸Obesity BMI: 23
- ▸Other

⊿GI
- ☐ Alcoholic fatty liver
- ☐ Alcoholic liver disease, unspecified
- ☐ Chronic hepatitis, unspecified
- ☐ Nonalcoholic steatohepatitis (NASH)

⊿Heme
- ☐ Coagulation defect, unspecified
- ☐ Thrombocytopenia, unspecified

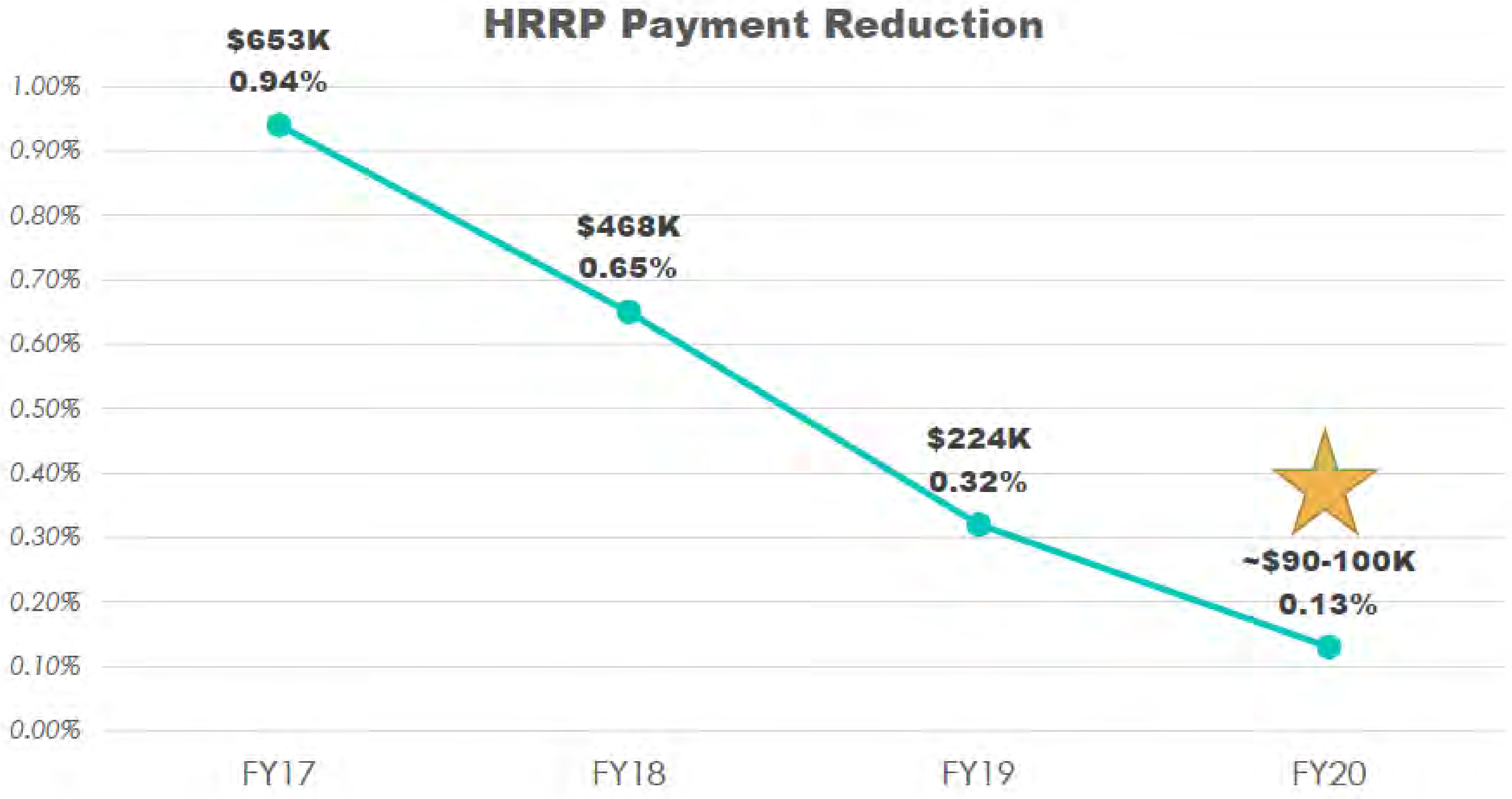
⊿Neurologic
- ▸Dementia
- ▸Encephalopathy

⊿Renal GFR: 116.24
- ▸AKI
- ▸CKD

⊿Respiratory
- ☐ Pulmonary hypertension, unspecified
- ☐ Acute pulmonary edema
- ☐ Acute respiratory failure, unsp w hypoxia or hypercapnia
- ☐ Chronic respiratory failure, unsp w hypoxia or hypercapnia
- ☐ Respiratory failure, unsp, unsp w hypoxia or hypercapnia

☐ No Additional Comorbidities on Admission

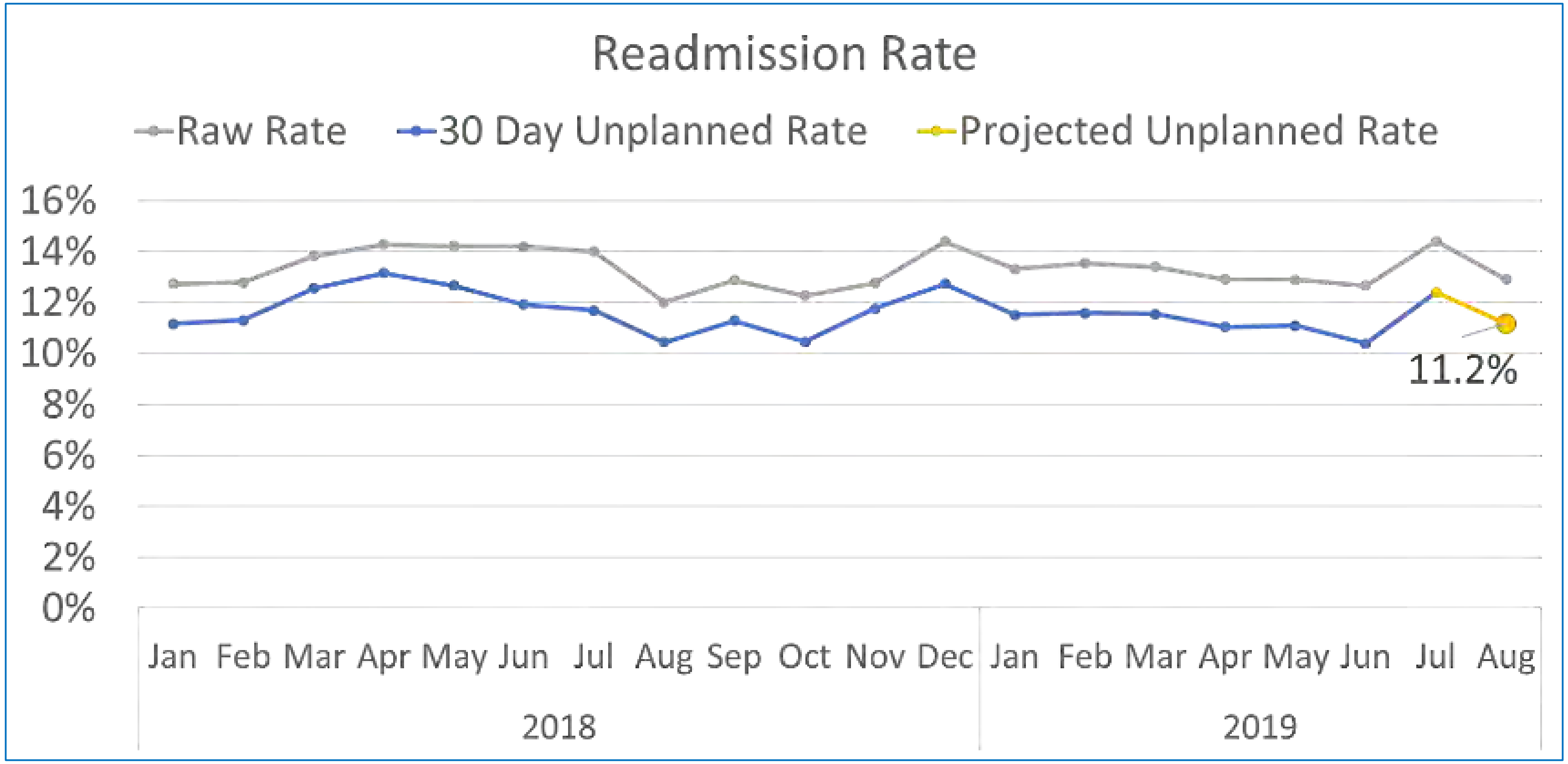
Readmissions – CMS



NOTE: FY20 determination based on index discharges from July 1, 2015 to June 30, 2018

Readmissions – Current Year

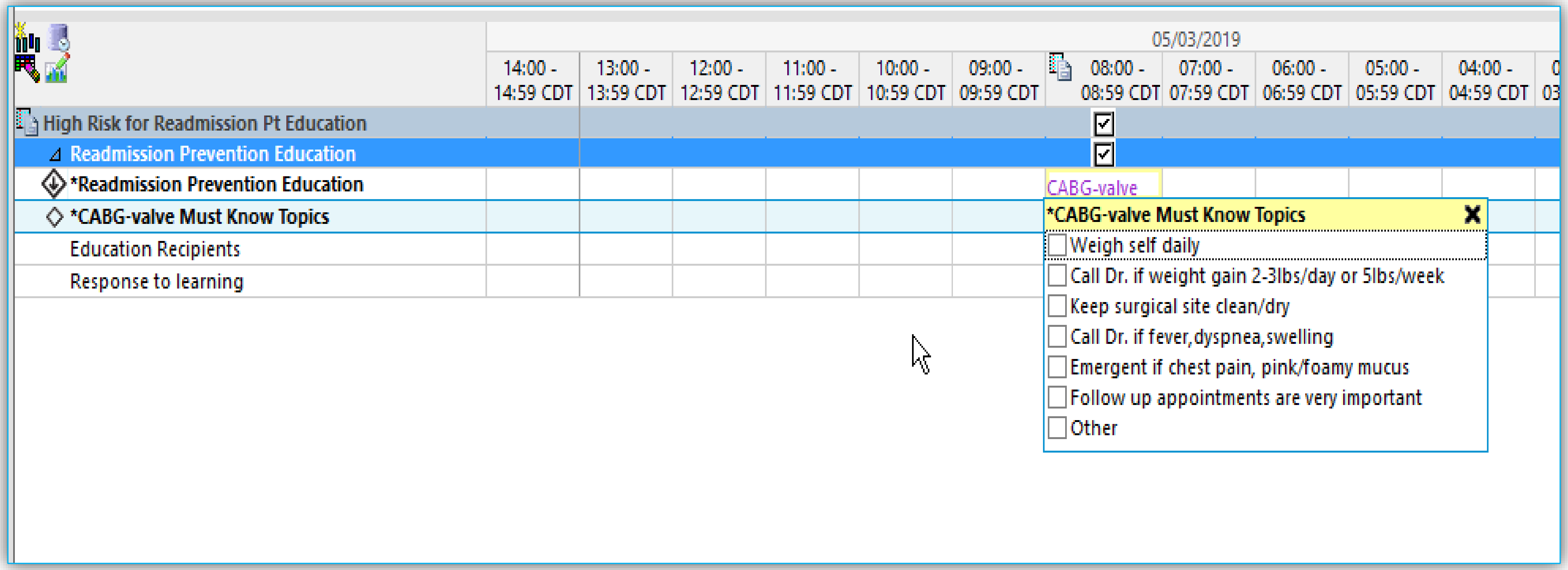
- Performance declined (July)
- Preliminary data for August demonstrates return to recent range



Readmissions Team

Intervention	Process Measure	Current	Sparkline
Designated Staff with DRG Targeted Worklists (Pharmacy)	% HR Patients with Pharmacy Med Review at Discharge[1] *(Baseline: 49.9%[2] | Goal: 75%)*	**67.6%** (94 of 139)	
	% HR Patients with Meds in Hand at Discharge[1] *(Baseline: 17.3%[2] | Goal: 40%)*	**40.0%** (52 of 130)	
Need to Know Patient Education Completed Every Shift	% of HR Patients with Need to Know Education Documented 80% of the Time in the Last 5 Days of Admission[4] *(Baseline: 0% | Goal: 75%)*	**78.9%** (206 of 261)	
Pair DC Notification with Follow-Up, Default to Recommended Time Frame	% HR/DC Appointments Scheduled prior to Discharge[1] *(Baseline: 52%[2] | Goal: 75%)*	**70.4%** (69 of 98)	
Standard Timeframe for High Risk Patients with Protocol Driven Follow-Up Appointments	% HR/DC Appointments Scheduled to Occur within Seven Days[1] *(Baseline: 43%[2] | Goal: 75%)*	**61.7%** (37 of 60)	

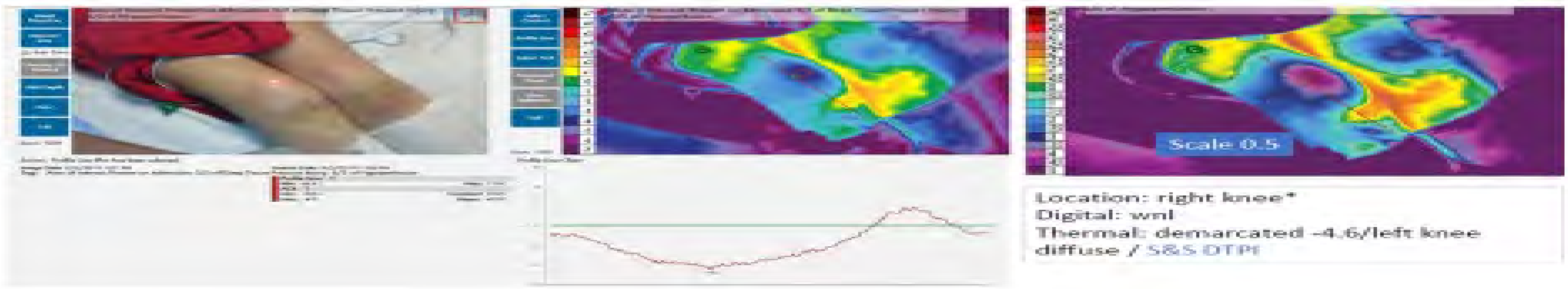
Readmissions – Example



Patient Safety Indicators – Current Year

- Composite score performance declined (August)
- Performance remains dominated by hospital-acquired pressure injuries
  - 90 days with no hospital-acquired pressure injuries at Women’s and Children’s Hospital!

Patient Safety Indicators – Example



- Wound Scout thermal imaging
  - Avoided 8 reportable pressure injuries during two-month trial
  - Approved for adoption in ICU and by Skin Care Team consultant RNs

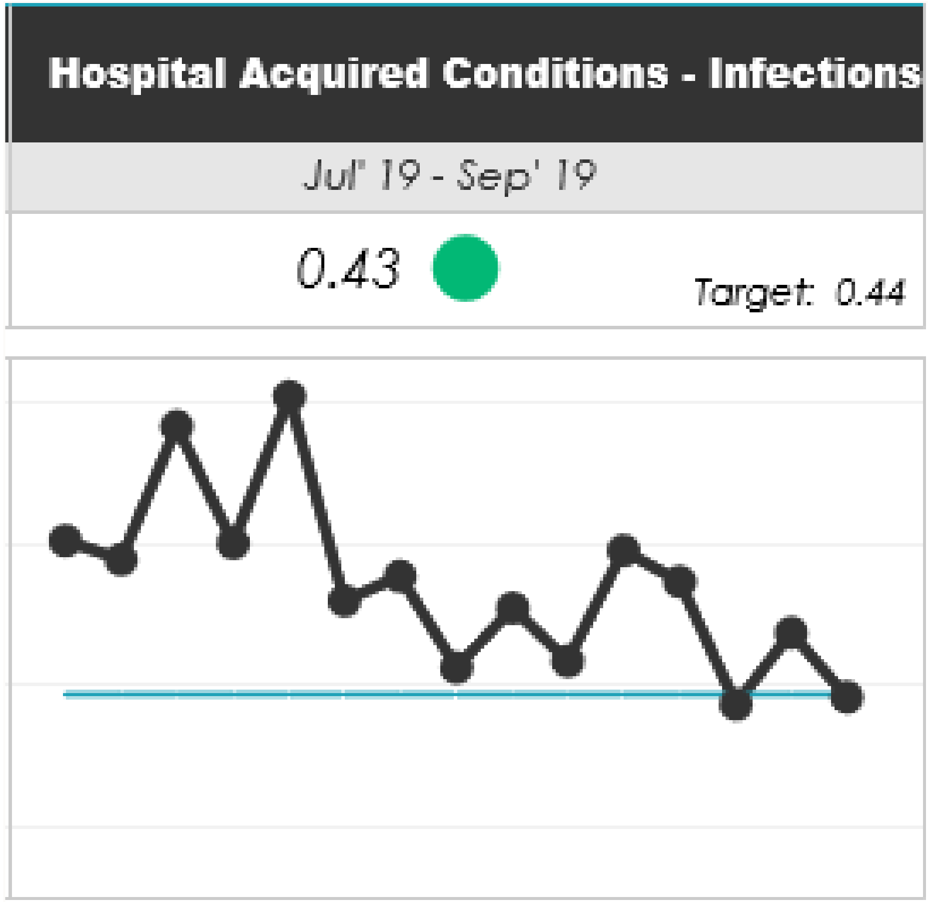
Magnet – Nursing Sensitive Indicators

- Hospital-acquired pressure injuries
- Falls with injury
- Hospital-acquired blood clots

- Central line-associated blood stream infections
- Catheter-associated urinary tract infections
- Hospital-acquired C. difficile infection

Hospital-acquired Infections – Current Year

- Performance improved



Hospital-acquired Infections – Example

- Central-line associated bloodstream infection

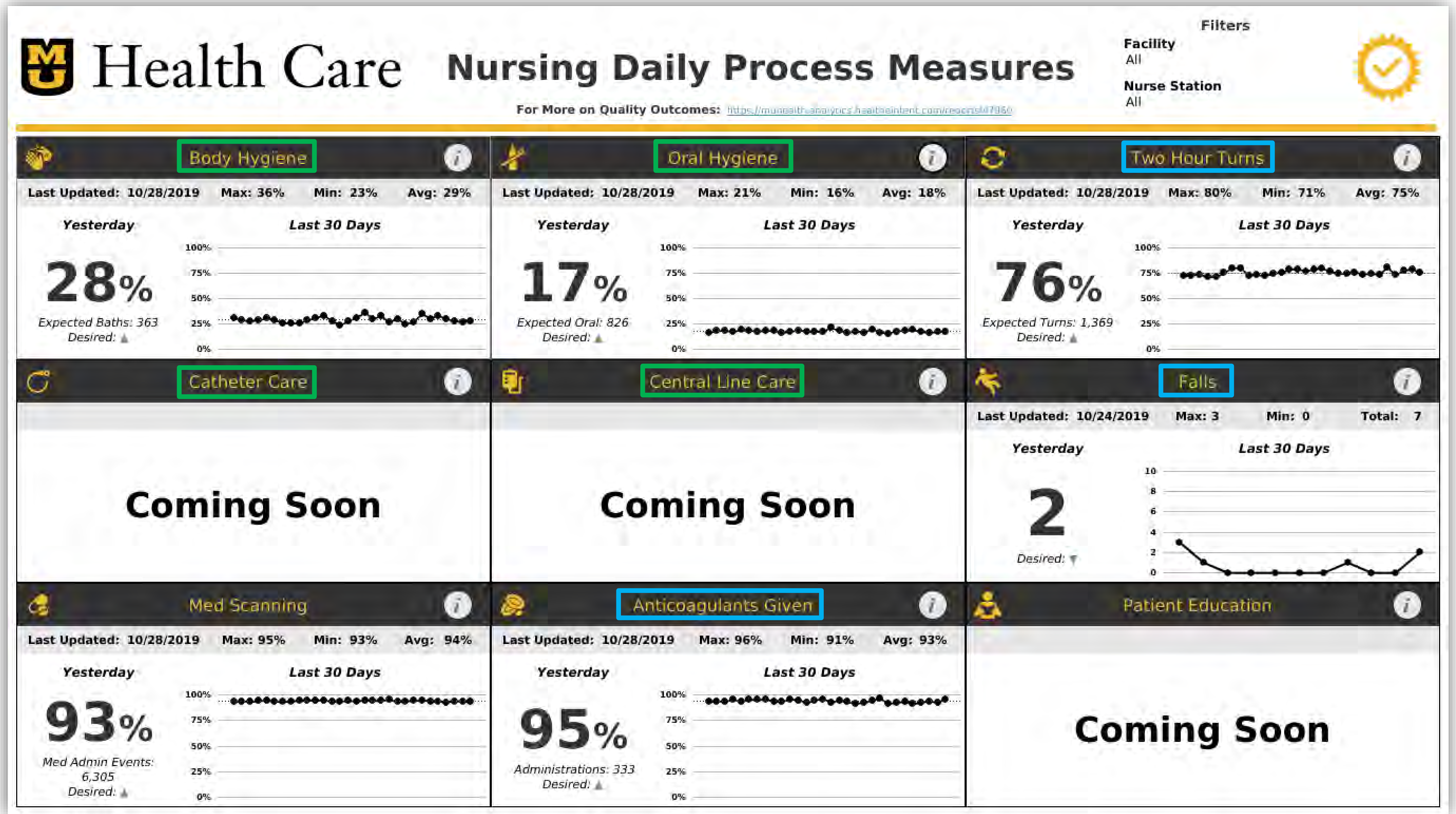
Children's Hospitals' Solutions for Patient Safety
Every patient. Every day.

Hello to our Missouri friends!

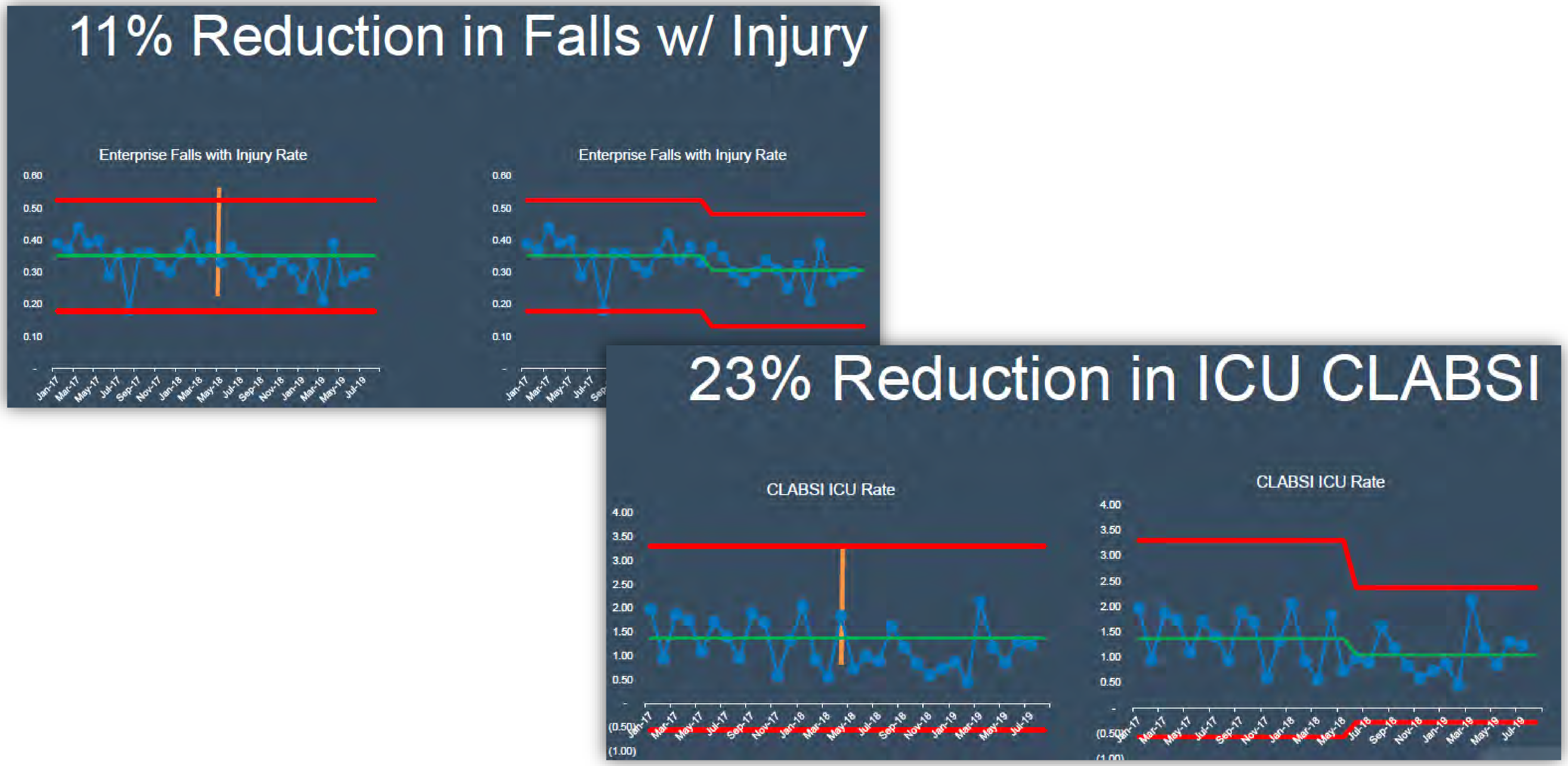
The SPS team is very excited to announce a SPS network centerline shift down in CLABSI from a rate of 1.424 to a rate of 1.264; a 11% decrease in harm. During this shift, it appears that **your hospital also had a shift down in both your overall CLABSI rate *and* CLABSI MBI rate.** We're guessing you're not feeling "done" with your CLABSI work, but you have had a centerline reduction that we would like to learn more about!

Trey Coffey, Associate Clinical Director of SPS, and Katie Staubach, SPS Quality Improvement Specialist, would love the opportunity to meet with your team in the next few weeks as a qualitative part of the special cause investigation. **We are interested in what you think has been your "secret"…**

Daily Management



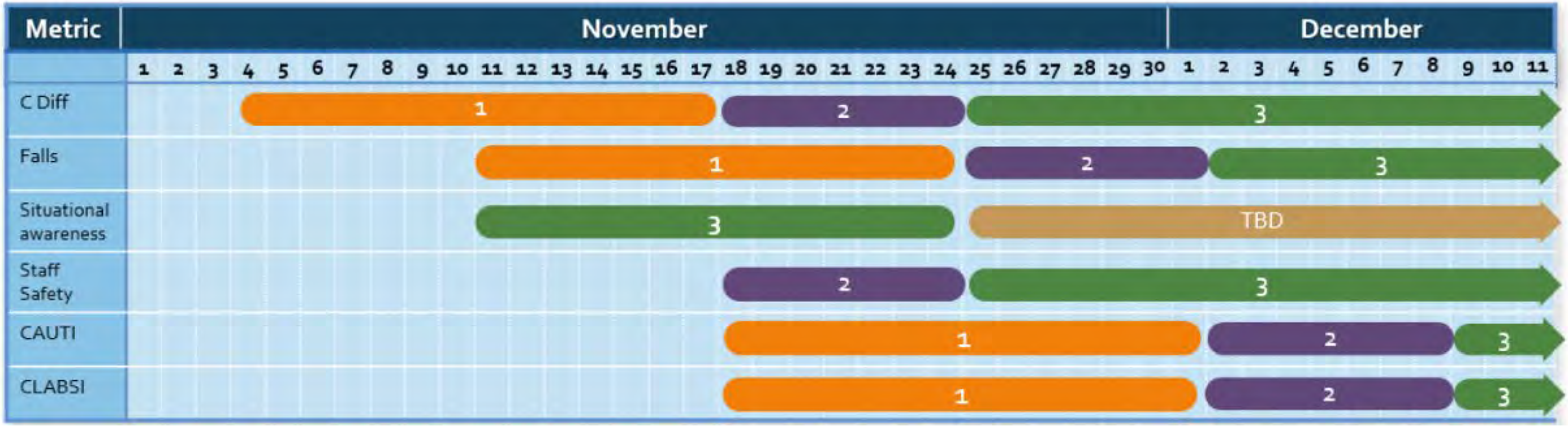
Tiered Escalation Huddles – Do They Work?



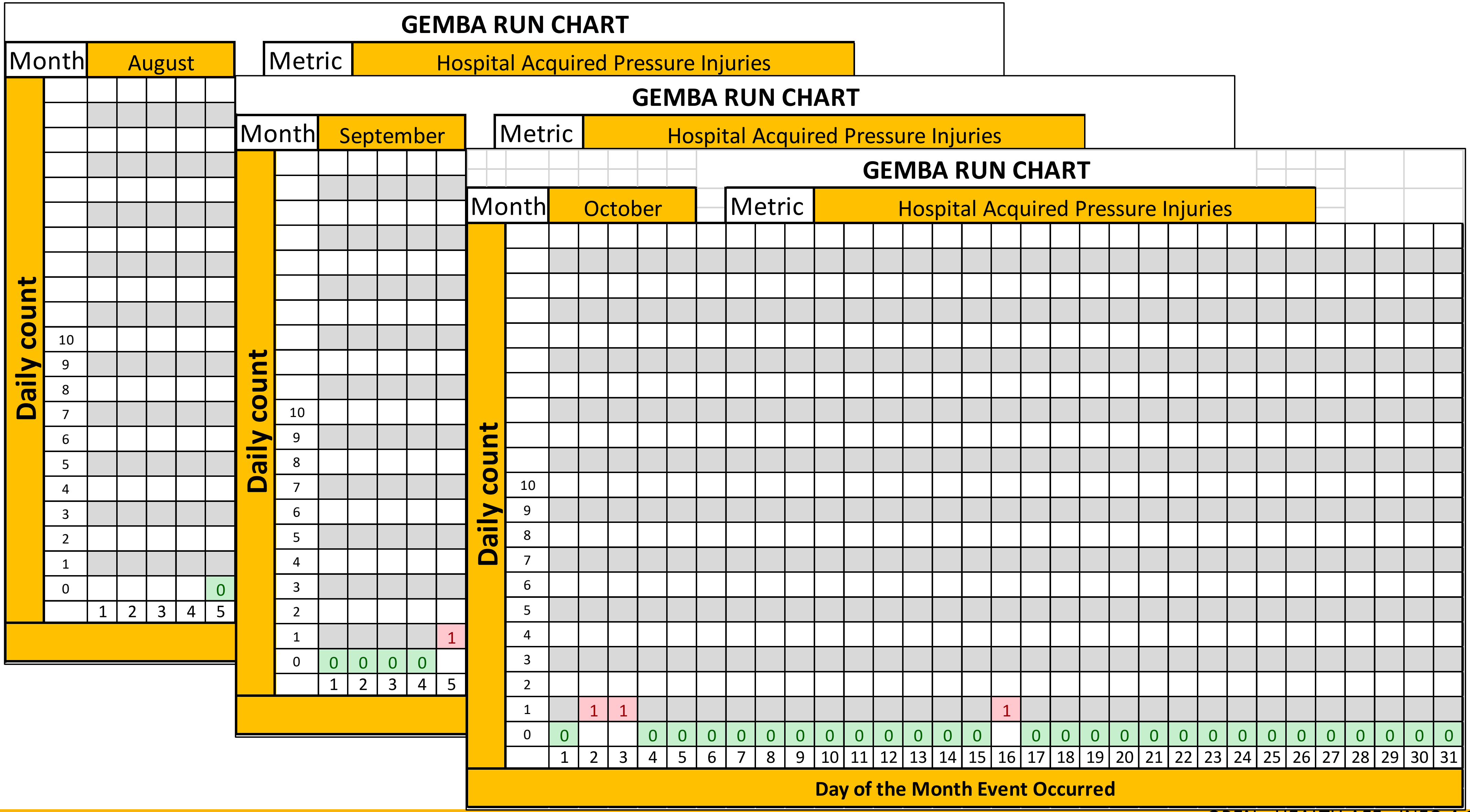
Tiered Escalation Huddles

Tiered Escalation Huddles

- Daily management metrics, day 1 (8/5/19): hospital-acquired pressure injuries
- Rolling out additional quality/safety metrics



Tiered Escalation Huddles – Do They Work?



Questions?

INTRODUCTION CLINICAL SCALE AND
COMMUNITY HOSPITAL FRAMEWORK

Materials for this information item will be distributed prior to the meeting.

No. 1

Recommended Action - Minutes, September 18, 2019 Health Affairs Committee Meeting

It was moved by ________________ and seconded by ________________, that the minutes of the September 18, 2019 Health Affairs Committee meeting, held in conjunction with the September 26, 2019 Board of Curators Meeting, be approved as presented.

Roll call vote of Committee:	YES	NO
Mr. Ashworth		
Curator Graham		
Mr. Phillips		
Curator Snowden		
Curator Steelman		

The motion __________________.

No. 2

Recommended Action – Resolution for Executive Session of the Board of Curators Health Affairs Committee Meeting, November 13, 2019

It was moved by _________ and seconded by __________, that there shall be an executive session with a closed record and closed vote of the Board of Curators Health Affairs Committee meeting November 13, 2019 for consideration of:

- **Section 610.021(1), RSMo**, relating to matters identified in that provision, which include legal actions, causes of action or litigation, and confidential or privileged communications with counsel; and
- **Section 610.021(2), RSMo,** relating to matters identified in that provision, which include leasing, purchase, or sale of real estate; and
- **Section 610.021(3), RSMo**, relating to matters identified in that provision, which include hiring, firing, disciplining, or promoting of particular employees; and
- **Section 610.021(12), RSMo,** relating to matters identified in that provision, which include sealed bids and related documents and sealed proposals and related documents or documents related to a negotiated contract; and
- **Section 610.021 (13), RSMo**, relating to matters identified in that provision, which include individually identifiable personnel records, performance ratings, or records pertaining to employees or applicants for employment.

Roll call vote of the Committee:	YES	NO
Mr. Ashworth		
Curator Graham		
Mr. Phillips		
Curator Snowden		
Curator Steelman		

The motion _________________.

GENERAL BUSINESS (continued)

UNIVERSITY OF MISSOURI – ST. LOUIS

CAMPUS HIGHLIGHTS

INTERIM CHANCELLOR SOBOLIK

There are no materials for this information item.

November 21, 2019

Strategic Theme Discussion
Increasing Retention and Graduation Rates

Executive Summary

During the November 21, 2019 Board of Curators meeting, a presentation and discussion is planned regarding increasing retention and graduation rates. The presentation will include reasons for focusing on retention and graduation rates (student, state, and institutional economic well-being) and the distinction between them. In addition, each university will present what makes their university unique, what they have done and are currently doing to improve in these areas, a brief look at comparator institutions in similar circumstances and what opportunities exist for innovation. Discussion with the Board and UM System leaders is planned to follow the presentation.

The following two articles from the Association of Governing Boards (AGB) are sent for your review prior to the discussion. The first article, *Board Responsibility for the Oversight of College Completion* (2016) provides a high-level overview of why these issues matter and outlines five core principles for governing boards to follow in approaching student success. The piece concludes with a set of questions governing boards can ask to help promote meaningful progress on these issues, such as "How does the institution define and measure college completion?"

The second piece, *The Transformation,* is written by Timothy Renick, Ph.D., the senior vice president for student success at Georgia State University (GSU), where graduation rates have increased by 23 points in the last 15 years and at which Pell-eligible and underrepresented minority students have started to increase at *higher* rates than the student population overall. Using GSU as a case study, this article provides some tangible ideas for university leaders to consider, from investing in academic advising, rethinking teaching, and addressing summer melt.

ASSOCIATION OF GOVERNING BOARDS OF UNIVERSITIES AND COLLEGES

AGB Board of Directors' Statement on

Board Responsibility for the Oversight of College Completion

This statement was approved on January 21, 2016, by the Board of Directors of the Association of Governing Boards of Universities and Colleges. The following principles are intended to offer guidelines and practical suggestions for presidents, chancellors, and board members in using governance as a powerful tool to increase the rate of college completion at their institutions.

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AGB ASSOCIATION OF GOVERNING BOARDS OF UNIVERSITIES AND COLLEGES

AGB

Preface

AGB Board of Directors' Statement on Board Responsibility for the Oversight of
College Completion

One of the most important challenges for American higher education today is increasing the number of students who enroll in and complete their postsecondary education with a high-quality degree or credential. Report after report demonstrates the public benefits of having a well-educated population, from improved economic stability to enhanced research and development to stronger national security. Individual benefits include greater opportunity and financial security, even better health. At the institutional and system levels, and with backing from governors, legislatures, and the president, work is underway to address the need for more college graduates and adults with credentials, but much remains to be done if we are to reach critical goals for completion.

Accomplishing the core institutional[1] mission—educating and graduating students—requires board leadership, advocacy, and accountability. AGB's 2007 "Statement on Board Accountability" reminds board members that they are accountable to institutional mission, the public interest, and the "legitimate and relevant interests of the institution's various constituencies." Each points to student completion as a core board responsibility.

With generous support from Lumina Foundation, AGB has initiated a project to enhance boards' ability to help improve college-completion rates. AGB's work in this area includes a national survey and report on board members' assessments of their knowledge and engagement in college-completion efforts at their institutions. In addition, AGB has led a number of statewide programs, for both public and independent institution board members, focused on board responsibility for the oversight of college completion.

This is not an easy issue. A host of complex problems contributes to low completion rates: poor student preparation for college-level classes, work and family concerns that can derail student progress, and higher education's own structures and processes that are too often geared to yesterday's college students instead of today's. Boards need to be fully engaged in completion efforts to ensure that all students have the support they need to complete degrees or certificates in a timely fashion. AGB's survey shows that the majority of all boards say that completion is among their priorities. However, they also say they do not spend enough time on the topic to make a real difference.

Students, their families, policymakers, accreditors, business leaders, and the general public are pressing for change because improvements in college-completion rates benefit all. This AGB board statement offers guidelines and practical suggestions for presidents, chancellors, and board members in using governance as a powerful tool to increase the rate of college completion at their institutions.

[1] In all cases, "institutional" or "institution" may also refer to system governance or system boards.

Introduction

Graduating students with high-quality degrees and other credentials is the core mission of higher education and a primary goal for state and national leaders, who view college-completion rates through the lens of strategic educational and economic goals. There is good cause for this. In 2011, only 40 percent of 27-year-olds in the United States had an associate's degree or higher. To address this underachievement, state and national goals have been set to increase this figure to approximately 60 percent by 2025. College completion—the percentage of students who successfully complete their degree programs—is front and center for higher education.

Gone are the days when getting from new-student orientation to graduation was solely the responsibility of students. Colleges and universities are now being asked to commit to ensuring the success of all students they enroll. It makes sense. The mission of colleges and universities is not admitting students—it's educating and helping them persist to graduation. Having a degree or a credential provides students with a much-improved pathway to meaningful employment and financial stability. That, in turn, helps ensure that the nation is producing educated and engaged citizens and a qualified workforce to remain competitive in a global marketplace. Of course, college completion affects more than just the jobs that students can secure. Having a college education advances graduates' quality of life, their larger contributions to society, their ability to succeed in a rapidly changing world, and their lifelong learning, among other outcomes. Leading meaningful lives as well as conducting satisfying careers should be goals of the educational process for all students.

> In 2011, the United States had the highest college-dropout rate in the industrialized world.

While gaining access to higher education is still, for many students, a significant hurdle that must be addressed in order to improve overall educational attainment rates in the United States, the challenge facing enrolled and prospective students is college completion. In 2011, the United States had the highest college-dropout rate in the industrialized world.[2] In the past 20 years, more than 30 million students enrolled in college in the U.S. left without receiving a degree or a credential. One-third of them left after one semester.[3] When students don't complete their education, it creates a ripple effect that not only limits their

[2] Harvard Graduate School of Education. "Pathways to Prosperity: Meeting the Challenge of Preparing Young Americans for the 21st Century." 2011.

[3] National Student Clearinghouse Research Center. "Some College, No Degree: A National View of Students with Some College Enrollment but No Completion." Signature Report 7. 2014.

prospects for future careers (and their ability to pay back any student loan debt they may carry), but also creates gaps in the workforce. This ultimately affects the economy by limiting the pool of talent available to fill the growing proportion of jobs requiring some form of postsecondary education. For students who do persist to graduation, it can be a long process with significant opportunity costs, for both the individual and the economy.

A commitment to the success of all students requires an understanding that some students need more support than others for a variety of reasons: inadequate academic preparation, an absence of family history with higher education, or financial or personal circumstances that present obstacles to staying in school. Respectable institution-wide performance in retention and completion can mask significant disparities among students by race/ethnicity, gender, family income level, academic program, and other variables. These disparities not only threaten our nation's ability to develop an educated citizenry and meet future workforce demands, but they also present an ethical and moral challenge for boards and the colleges and universities they govern.

Efforts to advance completion will look different from institution to institution and will depend largely on mission and student characteristics. This statement is designed to be relevant to both two- and four-year institutions and systems.

Principles

Governing boards are accountable for and to the institutions they serve and have important responsibilities to ensure that college-completion goals are based on institutional capacity and mission, are broadly discussed and understood, are sufficiently supported, and are regularly evaluated to ensure progress toward priorities. The following principles outline these responsibilities.

1. **Boards should declare college completion among their priorities, regularly reviewing metrics about student enrollment, retention, and completion, and using these data for related decision making.**

In AGB's 2015 survey on governing board oversight of college completion, over one-half of board members of independent institutions and almost three-quarters of board members of public institutions and systems reported that oversight of college completion is currently either the most important board priority or among the board's top priorities. However, respondents also reported that their boards do not dedicate sufficient time to meaningful discussions of student progress toward completion.

In the same survey, 80 percent of all boards reported using data and other information about student progress and college-completion efforts to monitor metrics related to institutional goals and priorities. Presidents and boards should engage in regular conversations about institutional data and dashboard indicators related to student retention and completion rates. Included should be data disaggregated by race/ethnicity, gender, family income, and other categories that are appropriate for the institution and that promote a deeper understanding of important aspects of the institution's completion rates. Additional examples of completion-related data that boards should consider monitoring include:

- Total number of degrees and certificates awarded, annually and over time;
- Graduation rates per academic program, annually and over time;
- Enrollment, retention, and graduation data by part- and full-time students, transfer students, and student groups such as athletes and members of fraternities and sororities;
- Institutional allocations for student financial aid—both merit and need-based aid—and the retention and graduation rates for students receiving both types of aid;
- Benchmark data on student enrollment, retention, and graduation rates using the institution's peer group(s), that is, institutions with which it competes for student enrollment as well as its aspirational peers; and
- Metrics that reflect the diversity of students and their increasingly complex pathways to and through higher education. This is especially important given projected population and demographic shifts over the next few decades.

With this information, boards can make informed judgments about progress toward college-completion goals, engage in meaningful conversations with presidents and senior administrators about the effectiveness of strategies for increasing student completion, and make informed policy decisions that support success for all students. Regular review of institutional metrics and dashboard indicators can also help boards recognize the results of efforts they've approved and the possible need to recommend corrective action to enhance educational quality and other outcomes.

2. **Boards should hold the president and senior administrators accountable for progress toward mutually agreed-upon goals for college completion. They should also acknowledge the role of faculty and staff in advancing the completion agenda.**

Governing boards should work with their presidents or chancellors and senior staff to set clear goals for college-completion efforts. These goals should serve as benchmarks for institutions and as targets for performance assessments and accountability. Because presidents are tasked with advancing institutional goals, their annual assessments should include institutional performance in reaching completion goals. This focus on accountability for completion can be shared by administrators and faculty, as well, and built into broader assessment activities.

The board-president partnership is critical to an institution's capacity to change or to implement new strategies to fulfill the mission and better support

> Boards should inquire about the development of innovative practices to support college completion, and they must be willing to back the president and other institutional leaders when potentially unpopular decisions are made to support institutional mission and completion goals.

initiatives for college completion. Innovative initiatives may require significant changes to established policies as well as to campus culture. Boards should inquire about the development of innovative practices to support college completion, and they must be willing to back the president and other institutional leaders when potentially unpopular decisions are made to support institutional mission and completion goals.

Because faculty members are responsible for the important work of setting standards for educational quality, assessing student development of knowledge and competencies, and enhancing learning through new curricula or pedagogy, boards should encourage a focus on these responsibilities in faculty orientation and through investment in professional-development opportunities for faculty. Academic and student affairs staff also play an increasingly important role in advising students and providing essential services to advance completion goals. In collaboration with the president, chief academic officer, and chief student services officer, boards should acknowledge and reward faculty and staff members for innovative practices that advance institutional completion goals.

3. **Boards should ensure that their institution's mission is clear and that efforts to support college completion are aligned with mission.**

Given the diversity of colleges and universities by type, size, history, and purpose, it is understandable that institutional missions vary. Yet, implicit in every institution's mission is a commitment to help students improve their lives through education and, for public institutions in particular, to serve the citizens of the state. This commitment underlies board and institutional responsibility for student persistence and completion of degrees and credentials.

Different missions can require different approaches to reaching college-completion goals. Institutions with open-enrollment policies and those that are highly selective will not have the same expectations for time to degree and student preparation for college work, or the same approaches to providing academic support. However, regardless of the particulars of mission, the governing board—in collaboration with the president, institutional leaders, and faculty members—should ensure that goals and initiatives related to college completion are focal points of institutional planning and that priorities are in line with the institution's mission. Presidents should engage their boards in discussions of the mission and values of their institutions, the student bodies they serve, and their commitment to completion. Regular discussion of completion goals will help boards develop a deeper understanding and ownership of institutional goals, policies, and practices that advance (or impede) student success.

Presidents should engage their boards in discussions of the mission and values of their institutions, the student bodies they serve, and their commitment to completion.

Board actions to support college-completion efforts might include:

- Creating offices and support services directed toward students in those groups least likely to persist, as determined by institutional data;
- Promoting policies and practices that enable students to transfer into or from an institution while minimizing credit loss;
- Ensuring sufficient numbers of faculty and staff to advise students and adequate numbers and sequencing of course sections to ensure timely progress to graduation;
- Advocating the implementation of strategies that enable students to receive credits for prior learning and experience, such as dual enrollment in high school and college courses, Advanced Placement credits, and competency-based education, which involves awarding academic credit on the basis of what a student knows and can do from employment experience, military service, or other activities;
- Encouraging reverse-transfer and other related programs that award students with an associate degree if they have successfully completed enough courses to earn a two-year degree, even if they did not finish the coursework to earn a four-year degree;
- Identifying and changing policies that impede completion; and
- Making the campus community aware of institutional progress on college-completion measures.

As part of their accountability for mission, boards should understand the policies and practices that advance completion. To develop this understanding, orientation programs for new board members should include discussion of the board's responsibility for the oversight of college completion, among their other responsibilities. In addition, the agendas of appropriate board committees or task forces should provide opportunities for in-depth discussions of relevant data and progress toward completion goals.

4. **Boards should ensure that institutional resources are aligned with affordability, retention, and educational quality as they relate to completion.**

Board oversight of institutional finances uniquely positions governing boards to ensure that the operating budget and use of resources reflect a commitment to student completion. This begins with affordability and an emphasis on smart investments in academic services and programs that contribute to student retention and positive student-learning outcomes. AGB's survey on boards and college completion found that only 57 percent of boards use information about college completion for budget decisions and allocation of resources.

While completion is the goal, completed degrees and certificates must be of high quality and earned in a timely and affordable manner. Simply getting more students across the finish line is insufficient. The credentials students receive must be valued by prospective employers and graduate schools, and graduates should have the capacity to repay the education loans they take out. For boards, this requires attention to student-learning outcomes as well as performance metrics such as time to degree and loan default rates. There should be no compromises to academic standards in the process of increasing completion rates.

Given the strong correlation between college affordability and completion, boards should carefully balance decisions about tuition and fees with attention to quality and completion. For students, affordability includes opportunity costs, so boards should ensure that academic programs allow full-time students to complete a degree or certificate in a reasonable amount of time (for instance, four to six years for a bachelor's degree). Effective and well-staffed advising programs can provide students with clear pathways to completion. These programs can also promote student responsibility for learning and completion of degrees and credentials. For example, talking with students about the consequences of their actions and choices (such as dropped courses, changed majors, under enrollment, or not paying

While completion is the goal, completed degrees and certificates must be of high quality and earned in a timely and affordable manner.

attention to prerequisites), can help students plan for success.

Boards must also consider investments in the services that have been shown to support student success, such as mental-health counseling, medical clinics or health centers, disabilities services, and other offices and programs that support the health and well-being of students.

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Examples of institutional investments and strategies that boards should consider to support timely completion with high-quality credentials include:

- Technology platforms that allow the development of online and hybrid courses to expand educational opportunities and access;
- Incentives for exceptional teaching and advising that support student learning and success;
- Smart advising software and predictive analytics to monitor student progress toward completion and provide targeted interventions that improve progress through courses and academic programs;
- Adaptive learning to personalize instruction, including well-timed interventions for greater student learning, enhanced progress through coursework, and faster headway to degree;
- Board and committee oversight of student-learning outcomes, as well as regular follow-up on strategies to improve outcomes (See the 2011 "AGB Statement on Board Responsibility for the Oversight of Educational Quality");
- Board oversight of institutional financial-aid policies that encourage and support timely progress toward completion; and
- Financial investments in robust student counseling, health, and other support services.

5. Because college readiness and the application of transfer credits affect college completion, boards should ensure that institutional policies reflect a commitment to collaborations with community partners such as K–12 leaders, high school counselors, and other colleges from or to which students transfer.

Many students come to college underprepared for college-level academic work. Many others arrive having completed one or more college-level courses through dual credit or dual enrollment partnerships or through accelerated programs such as Advanced Placement and International Baccalaureate. Both circumstances present challenges for colleges and universities to ensure that students are properly supported to achieve their academic goals. They also present opportunities for institutions to work with local and state-level K–12 leaders to better understand how state and school district policies and practices shape college readiness.

Board members should ask about the success of initiatives to promote the development of college-level academic skills in a manner that advances college completion. Traditional approaches to boosting the academic skills of entering college students—including enrolling students in non-credit-bearing remedial courses before they are allowed to take classes that count toward a degree—have limited effectiveness. As an alternative, many institutions are using concurrent enrollment strategies to allow students to enroll in a remedial course while simultaneously enrolling in a related course needed for completion of a degree or credential. This strategy can save states, institutions, and students time and money while enhancing completion rates and reducing time to degree.

A proliferation of accelerated learning opportunities in high schools, together with the accessibility of college courses offered online, has resulted in more students graduating from high school with college credits. Students expect to be able to apply these credits toward their college degrees, saving both time and money. Other students expect to be able to transfer credits earned at other institutions. More than one-third of first-time students earn credits from at least two institutions.[4] Boards should ask about institutional policies regarding granting of college credit and applying credits earned elsewhere to particular academic programs. Boards should also advocate for transparent credit acceptance and transfer policies and for effective articulation and transfer agreements that create clear pathways and minimize credit loss for students who transfer to or from their institutions.

Board members should ask about the success of initiatives to promote the development of college-level academic skills in a manner that advances college completion.

[4] National Student Clearinghouse Research Center. "Over One-Third of College Students Transfer At Least Once." July 7, 2015.

Summary of Recommendations

FOR PRESIDENTS AND CHANCELLORS

- Engage the board in discussions of the mission and values of the institution, the student body the institution serves, and the institution's commitment to completion.
- Collaborate with the senior staff and board to establish clear goals for college-completion efforts that serve as benchmarks for the institution and as targets for performance assessments and accountability.
- Ensure that orientation programs for new board members highlight the board's responsibility for the oversight of educational quality and college completion among the full set of responsibilities.
- Provide the board with meaningful board-level data and dashboard indicators related to student-retention and completion rates. Include data disaggregated by race/ethnicity, gender, family income, organizational involvement, and other categories that are appropriate for the institution. Include information about transfer students and articulation agreements with partner institutions. Engage the board in regular conversations about this information.
- Ensure that there is a focus on high-quality degrees and credentials, not just *more* degrees and credentials. Regularly provide information on student-learning outcomes and progress on improvement of educational quality.

FOR BOARD MEMBERS

- Ensure that completion goals are set in the context of institutional mission. Monitor progress toward goals regularly. Boards should not manage the processes for implementation of goals, but they should evaluate the results.
- Ask questions about the institution's strategies to help ensure that students complete their degrees or credentials in a timely fashion. Ask whether institutional resources—people and funding—are being appropriately deployed to support completion goals.
- Include progress on completion goals in the president's or chancellor's annual assessment. Hold the president and senior administrators accountable for established goals related to completion and for implementation of effective policies and practices to enhance completion efforts.
- Allocate time on board and committee agendas to discuss institutional and public policy issues regarding college completion, as well as related opportunities and challenges.
- Designate one or more board committees to review completion efforts and results. Ensure that committees report to the board regularly on their findings. The full board should review data and engage in conversations about student access, retention, and completion.
- Insist on board-level summaries of institutional data on student progress toward certificates and degrees, retention rates, and student-transfer and dropout rates. Regularly benchmark performance against that of peer institutions and top-performing institutions, with an eye toward identifying best practices that can be implemented at the institution.
- Include educational quality in board discussions of completion. Monitor progress toward goals for student-learning outcomes.

QUESTIONS FOR BOARDS

- How does the institution define and measure college completion?
- How is the institution tracking student-completion rates? Is it benchmarking graduation rates historically and against peer and aspirational institutions? How are data about completion used in board decision making?
- What strategies does the institution use to ensure that students complete their degrees in a timely fashion? Are the strategies sufficiently robust to result in increased completion rates? What resources would be necessary to move the needle?
- How do faculty and staff keep abreast of innovative ideas for teaching and student learning that may accelerate the completion of quality degrees and credentials?
- What progress has been made in addressing recommendations about graduation and retention rates since the most recent accreditation visit?
- How are decisions about institutional financial aid supportive of improving completion rates?
- What policy-level matters are related to educational programs and student-support services aimed at preparing and advising students for the successful completion of their degrees and credentials? How do those matters come to the board?
- What information has the board requested to receive on a regular basis to feel confident that increased completion is accompanied by high academic quality? Is the information sufficient?
- How are student counseling and health services adding to the completion effort?
- How is the institution engaged with local K–12 schools, state education agencies, or other education leaders in an effort to strengthen the readiness of entering college students and to improve their chances of successfully completing a degree or certificate?

The Transformation

By Timothy M. Renick, PhD // Volume 27, Number 5 // September/October 2019

A highly enterprising student-support initiative at Georgia State University has eliminated equity gaps among its student population and demonstrated to the higher education sector that it is time to elevate expectations—to recognize that race, ethnicity, and income level are no longer predictors of student success.

Imagine a large public university that has gone through seismic demographic shifts in recent years. In little more than a decade the institution has doubled the number of students it enrolls from underrepresented minority groups, transforming from a student body that was 70 percent white to one that is now more than 70 percent nonwhite. At the same time, the school has doubled the number of low-income students it enrolls: almost 60 percent of its student body is now eligible for federal Pell grants. Test scores have declined, and the average SAT scores of incoming freshmen are down by 30 points since 2011. Additionally, the university's state appropriations have been slashed by$50 million.

Many readers would assume that I am describing a university in crisis. Who could blame them? When it comes to higher education, the vision of the United States as a land of equal opportunity is far from a reality. Today, an individual in the top quartile of Americans by annual household income is eight times more likely to hold a college degree than an individual in the bottom quartile. Nationally, white students graduate from college at rates more than 10 points higher than Hispanic students and are more than twice as likely to graduate with a four-year degree when compared to African American students. According to the U.S. Department of Education, Pell-eligible students nationally have a six-year graduation rate of 39 percent, a rate that is 20 points lower than the national average. To put it simply, a university that enrolls large numbers of nonwhite, low-income students is expected to struggle.

It is time to elevate our expectations. The university I am describing is not hypothetical, nor is it in crisis. It is Georgia State University. Amid the demographic shifts and funding cuts that Georgia State has faced over the past 15 years, the institution has improved its graduation rates by 23 points—among the largest increases in the nation over this period. More than 80 percent of the students who begin at Georgia State are now graduating from college or are still actively enrolled six years later. Graduation rates are up 35 points for Hispanics and 29 points for African Americans. A segregated institution in the 1960s, Georgia State today awards more bachelor's degrees to African Americans than any other nonprofit college or university in the United States. Pell-eligible students currently represent 58 percent of Georgia State's undergraduate student population, and this year they graduated at a rate *higher* than the rate for non-Pell students. In fact, over the past four years, African American, Hispanic, and Pell-eligible students have, on average, all graduated from Georgia State at or above the rates of the student body overall, meaning that race, ethnicity, and income level are no longer predictors of success at Georgia State.

How is this possible? As Georgia State's vice president for student success, I have directed the campus-wide efforts to transform student outcomes since 2008. While I can confirm that there is no silver bullet—no single intervention or technology that alone brings about transformative change—I can also report that there is nothing mysterious about our approach. It not only is replicable, it is *being* replicated. Here are a few lessons we have learned:

Admit You Have A Problem. Amid a context in which demographics are changing, SAT scores are dropping, and state appropriations are being slashed, it is easy to assign blame. We will improve our outcomes when public schools start producing better prepared students or when the state stops slashing our appropriations, or so the argument goes. Instead, more than a decade ago we turned the mirror on ourselves. We asked some uncomfortable questions: Are *we* the problem? How are *we* complicit in the fact that the majority of our students are dropping out with debt and no degree? We began to use data to analyze the ways in which we were failing our students—both literally and figuratively—and we began to use data to design new interventions to address the problems that we had created. You will not engage in transformative change unless you acknowledge—openly and publicly—that fundamental change is needed.

Invest in Smarter Advising. Seven years ago, we reviewed the effectiveness of academic advising on our campus. The results were sobering. Thousands of students were registering for the "wrong" classes, failing courses, losing scholarships, and dropping out before any advisor reached out to help. With a student body that is among the most diverse and economically challenged in the nation, we knew that we needed to provide students with far more personalized assistance. We needed to make sure that students were staying on track, and we needed to pinpoint exactly when they ran into difficulties—not months after the problem first surfaced but when there was still time to help. We knew what we needed to do. We just didn't know how to do it.

With no solution to the problem at hand, we collaborated with a vendor, the Education Advisory Board (EAB), to invent one. Using 10 years of Georgia State data—more than two million grades and 140,000 student records—we identified past, recurring academic behaviors that correlated to students struggling. For instance, we found that political science majors who earn an A or B in their first political science course at Georgia State go on to graduate on time at a rate of 75 percent. Political science majors who earn a C in their first course graduate at only a rate of 25 percent. Yet for years we had been doing nothing with the C student but passing him or her on to upper-level work in the field, where whatever weakness resulted in that first C grade would become exacerbated, and the C grade would become Ds and Fs. We asked a simple question: What would happen if we intervened when the problem first surfaced rather than after it had grown? How many additional students could we help to graduate?

The result was a new type of data-based, advising platform that has identified more than 800 problems like the one outlined above. Now, every day, the system searches all of our student-information systems for evidence of any of these 800 actions. Did a student register for the wrong course? Did he or she perform poorly in a prerequisite course? When an alert is triggered, an advisor proactively reaches out to the student, typically within 48 hours. Over the past 12 months we have had more than 58,000 one-on-one meetings with students that were initiated by advisors on the basis of personalized alerts emerging from this advising platform. Thousands of additional students are graduating, and, because students are making fewer mistakes, they are graduating on average half a semester more quickly than they were before we launched the platform—saving students millions of dollars in tuition-and-fee costs.

Meet the Students Where They Are. As recently as 2015 Georgia State was losing almost 20 percent of its incoming freshman class to "summer melt." Summer melt is the attrition that occurs, especially among low-income and first-generation students, in the months between high school graduation and the start of college. In many cases, these fully qualified and admitted students simply fail to navigate the various bureaucratic steps—completing the Free Application for Federal Student Aid (FAFSA), paying deposits, registering for classes, submitting health records—that are required to start college. Lacking anyone to help them through these steps during the summer months, students end up not matriculating at all. In the past, Georgia State had tried to send these student emails to help them through the required steps; we had hired counselors to answer questions by phone. Too few students availed themselves of the help, and the numbers of our students succumbing to summer melt continued to rise.

In 2016, we became one of the first universities in the nation to deploy an AI-enhanced chatbot in support of student success. With the help of a technology partner, Admit Hub, we launched a texting system that enables incoming students to ask any question and to tap into our knowledge base of more than 2,000 prepared answers to commonly asked questions—all from their smart devices. (Our analysis revealed that only a handful of incoming freshmen do not own smart devices—about two percent. We offer loaner iPads to students who need them.) We populated the knowledge base with answers to questions that often trip up new students in the summer between graduating from high school and starting college—a time when they have no high school counselors to help them but are not yet college students. How do I complete the FAFSA? What is the difference between a grant and a loan? What do I do if I can't find or don't have my immunization records? Students responded in surprising ways. They used the system more heavily at 1:00 a.m. than at 9:00 a.m.—a stinging indictment of our existing business practices. They confided to the chatbot problems that, they told us, they would have never shared with a human being. After all, if your biological father cannot sign the FAFSA because you have not seen him in two years, you do not necessarily want to share this information with a stranger. The chatbot does not judge.

In the three months leading up to the start of the fall 2016 semester incoming freshmen received answers to 200,000 questions via the new platform, with an average response time of six seconds. With the help of the chatbot, we reduced no-shows for the fall term by 37 percent. We are now bringing chatbot technologies to deliver personalized and timely attention to students in the areas of financial aid, course registration, and career services.

Rethink Teaching. We have overhauled our approach to majors, class structures, and more. Our approach to math is one example. Ten years ago, 43 percent of our students were receiving nonpassing grades in introductory math courses. It was easy to attribute this to poor math education in Georgia high schools. It was more difficult to acknowledge that the problem was the way we were delivering math instruction—by *lecturing at* students for three hours a week. So, we completely changed the format, turning all of the 8,000 seats of introductory math courses that we offer each year into "flipped" classrooms. Students now meet as a class with instructors in computer labs, working on exercises at individual terminals and receiving hundreds of bits of immediate feedback to their personal responses to exercises. In short, students are actually *doing* math. The result: 35 percent more students are passing our college-level math courses on their first attempts.

Help Students Cross the Finish Line. We noticed that every semester more than 1,000 students were leaving school because they were short of money to cover tuition and fees. The majority of these students were seniors, with less than a year to go to graduation—students running out of eligibility for their grants and loans. Only about 30 percent of them ever came back to finish their degree. We could see exactly how much each student owed. In some cases, a few hundred dollars was all that stood between them and a degree. So, we decided to help them out with Panther Retention Grants. (The name was inspired by the Georgia State Panthers, the mascot of our NCAA Division I sports teams.) Now, when we see students who are close to graduating fall behind on their tuition payments, we preemptively add money to their accounts—up to $1,500 total, and about $900 on average. This initiative has been transformative. Over the past seven years we have awarded more than 14,000 of these microgrants, and 85 percent of the recipients are graduating.

Partner with Other Universities to Accelerate Progress. Five years ago, Georgia State University became a founding member of the University Innovation Alliance (UIA), a collaborative group of 11 large public research universities that have committed to increasing the number of low-income and first-generation students graduating from our campuses through sharing data, innovation, and best practices. By means of a series of "scale projects," we are taking student-success programs that work on one campus and implementing them across all 11 institutions. For instance, I am the lead on a $9-million project funded by the U.S. Department of Education to scale across the UIA the advising initiative that has proven so impactful at Georgia State. Together with our partner institutions—the University of Texas at Austin; the Ohio State University; Arizona State University; Purdue University; Central Florida University; the University of Kansas; Michigan State University; Iowa State University; Oregon State University; and the University of California, Riverside—we are tracking 10,000 low-income and first-generation students over the next four years to assess the impact of proactive, analytics-based advising on graduation rates.

It's about Changing the Institution. Perhaps the most unexpected aspect of Georgia State's transformation is that it has not been accomplished through developing special programs for individual student populations: an African American male initiative, a program for Pell students, and so forth. What we have done at Georgia State is to use data to identify institutional obstacles that were tripping up large numbers of students and to change the university for *all* students. All students benefited from these changes but, not surprisingly, the students who struggled the most under the former bureaucracy were the students who benefitted the most. As a result, we have eliminated equity gaps at Georgia State not through programs targeted at specific demographics but through improved supports for all students regardless of demographics.

While Georgia State has become known for its use of data, I am reminded every day that there are real lives behind every number that we track. We are now graduating 2,800 more students every year than we were just six years ago.

No Excuses. Grounded in data and cutting-edge technologies, these initiatives may seem out of reach for some colleges and universities. They are not. According to a July 2019 article published in *Forbes*: "Each and every university can replicate the lessons learned by Georgia State by using predictive analytics along with other levers such as proactive and intensive advising. These are tools and strategies that any university can adopt today. No excuses." ("50 Years after Apollo Landing, Higher Education Needs a Moonshot" by Brandon Busteed, *Forbes*, July 4, 2019.)

Of course, change is uncomfortable, and reasons can always be found to maintain the status quo. One excuse I often hear is, "Our campus cannot afford to hire more advisors or to invest in predictive analytics or completion grants." The fact of the matter is that effective, well-implemented student support programs pay for themselves. For every percentage point we raise our student success rates at Georgia State we create more than $3 million in annual revenues from tuition and fees generated by the additional students retained. As a result of increasing our success rates by 23 percentage points, Georgia State is now producing more than $60 million in new revenues every year—far outpacing the cost of the new programs. You need not just take my word here. The Boston Consulting Group (BCG) recently completed a series of ROI studies of Georgia State's programs and arrived at the same conclusion. Even the Panther Retention Grants program, BCG found, runs comfortably in the black. Especially in these times of declining numbers of high school graduates nationally, to do the right thing morally is also to do the prudent thing fiscally.

Another excuse I hear is, "This is good for Georgia State, but our students/faculty/campus are different. These programs will not work for us." Growing evidence suggests otherwise. We have seen dozens of institutions from all sectors of higher education learn from us, often sending teams to Georgia State to learn firsthand, and then implement these programs on their campuses. Schools as diverse as Morgan State University (an HBCU outside of Baltimore), Middle Tennessee State University (a regional public university), and Indian River State College (a two-year institution in Florida) have all seen dramatic gains in retention and graduation rates.

Perhaps the best test case for the replicability of the Georgia State model came as a result of a policy decision within the state of Georgia. In 2016, the University System of Georgia consolidated Georgia State University with the largest community college in the state, Georgia Perimeter College. Georgia State did not change Perimeter College's admissions standards, tuition costs, or faculty. Instead, over the past three years, Georgia State has implemented its innovative suite of student-support programs —predictive analytics, proactive advising, retention grants, and so forth—across Perimeter's five campuses and its more than 18,000 students. The result: In fewer than four years Perimeter College's graduation rate has almost tripled, and gaps in graduation rates between students of different races, ethnicities, and income levels have nearly been eliminated.

I do not want to suggest that change of this sort comes easily. Georgia State's transformation took years of work and the sustained commitment of our leadership. Some decisions, such as rethinking how we go about advising, were initially far from popular with some faculty, staff, and deans. In some cases, resources, including funds for retention grants, were committed on the promise that increased revenues would follow. (Fortunately, they did.)

But while such change is inevitably hard work, it is most certainly attainable. Don't be influenced by those who insist that turning around student-success numbers is beyond the control of colleges and universities or, worse, that demographics are destiny. Georgia State has proven otherwise.

What Georgia State University has accomplished over the past decade is really quite simple. It has used data to deliver common-sense and timely supports for all students at scale. Perhaps it's time for us to stop thinking of this accomplishment as exceptional and innovative. It's time we make it the norm.

To learn more about Georgia State University's student-success programs, including third-party reports on the results, visit https://success.gsu.edu.

Timothy M. Renick, PhD, is the senior vice president for student success and a professor of religious studies at Georgia State University.

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No. 2

Recommended Action - Election of Board of Curators Chair, 2020

Upon the motion of Curator ___________, Curator ___________ was nominated to serve as Chair of the Board of Curators for the term January 1, 2020 through December 31, 2020. The nomination was seconded by Curator __________.

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _________________.

November 21, 2019

No. 3

Recommended Action - Election of Board of Curators Vice Chair, 2020

Upon the motion of Curator ___________, Curator ___________ was nominated to serve as Vice Chair of the Board of Curators for the term January 1, 2020 through December 31, 2020. The nomination was seconded by Curator __________.

Roll call vote:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion _____________.

November 21, 2019

GOOD AND WELFARE OF THE BOARD

There are no materials for this information item.

No. 4

Recommended Action – Resolution for Executive Session of the Board of Curators Meeting November 21, 2019

It was moved by Curator _________ and seconded by Curator __________, that there shall be an executive session with a closed record and closed vote of the Board of Curators meeting November 21, 2019 for consideration of:

- **Section 610.021(1), RSMo**, relating to matters identified in that provision, which include legal actions, causes of action or litigation, and confidential or privileged communications with counsel; and
- **Section 610.021(2), RSMo,** relating to matters identified in that provision, which include leasing, purchase, or sale of real estate; and
- **Section 610.021(3), RSMo**, relating to matters identified in that provision, which include hiring, firing, disciplining, or promoting of particular employees; and
- **Section 610.021(12), RSMo,** relating to matters identified in that provision, which include sealed bids and related documents and sealed proposals and related documents or documents related to a negotiated contract; and
- **Section 610.021 (13), RSMo**, relating to matters identified in that provision, which include individually identifiable personnel records, performance ratings, or records pertaining to employees or applicants for employment; and
- **Section 610.021 (14), RSMo,** relating to matters identified in that provision, which include records which are protected from disclosure by law.

Roll call vote of the Board:	YES	NO
Curator Brncic		
Curator Chatman		
Curator Graham		
Curator Layman		
Curator Snowden		
Curator Steelman		
Curator Sundvold		
Curator Williams		

The motion ________________.