



myTOTAL
REWARDS

Annual Enrollment Performance Report




UNIVERSITY OF MISSOURI SYSTEM

2016



University of Missouri System Total Rewards Department



**1000 West Nifong Boulevard
Building 7, Suite 210
Columbia, Missouri 65203**

Phone: (573) 882-2146

Email: HRservicecenter@umsystem.edu

Web: www.umsystem.edu/totalrewards



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Annual Enrollment snapshot

This year, the University of Missouri (UM) System Annual Enrollment period (October 19-30, 2015) functioned as a catalyst to improve faculty and staff wellness and to protect both employees' and the university's financial health. Four objectives were established as the university's focus for this Annual Enrollment period:

1. Transition to a new medical plan administrator.
2. Encourage active enrollment with streamlined communication and education efforts.
3. Introduce a tobacco-free discount.
4. Maintain the Wellness Incentive.

The transition to a new medical plan administrator developed out of the university's responsibility to deliver the best product and services to our faculty and staff. UnitedHealthcare was selected after an extensive Request for Proposal process; the administrator's proposed offerings best aligned with the long-term goals and strategies of the university as it relates to healthcare administration and management. Overall, UnitedHealthcare offers a strong network and financial capabilities, an enhanced customer service model, and dedicated account management resources that will benefit university employees in 2016.

The transition to a new medical plan administrator brought with it a revitalized need for a comprehensive communication plan. Communications investments included 362,825 touch points with faculty and staff through the Total Rewards website, videos, emails, social media posts, auto calling, and direct mail campaigns.

Employees were encouraged to become even more actively engaged in their healthcare decisions with the return of active enrollment. The focus on individual involvement in the selection process meant that almost every eligible employee completed active enrollment, with 99% of all enrollees completing their elections in myHR. Of the 19,032 benefit-eligible faculty and staff, only 48 employees did not complete Annual Enrollment and therefore were defaulted to the after-tax Healthy Savings Plan without the tobacco-free discount.

With employees already actively engaged in making healthcare decisions, the tobacco-free discount option was introduced to simultaneously encourage positive wellness decisions. A staggering 80% of benefit-eligible faculty and staff attested to remaining tobacco free, while an additional 2% committed to becoming tobacco free through a cessation program. Both employees who remain tobacco free and those who become tobacco free will recognize significant cost savings in 2016, with monthly premium savings of over \$9 million systemwide.

Also indicative of faculty and staff engagement during the Annual Enrollment period is the trend toward selecting the most recently established plan: the Custom Network Plan. Even when examining the entire benefit-eligible population (as opposed to only those eligible for the Custom Network), the Custom Network Plan surpassed the PPO Plan as the most popular medical insurance plan in 2016, with 36% of all faculty and staff who enrolled in university medical insurance coverage selecting it. When examining only the population eligible for the Custom Network Plan, the margin becomes even more pronounced, with 52% of eligible employees choosing the plan. The Custom Network Plan was not the only insurance plan to gain popularity in 2016, though. The Healthy Savings Plan also saw a steady rise in enrollees, increasing from 19% of eligible employees in 2015 to 22% in 2016.

Finally, the UM System continues to build the Wellness Incentive as a consistent source of encouragement for employee wellbeing. This year, incentive earnings remained at \$450, but the earnings were adjusted to award \$100 for Tier 1 and \$350 for Tier 2. Tier 1 was consolidated to include two simple steps, the Wellness Pledge and a Personal Health Assessment, to encourage prolonged participation. Furthermore, to accommodate many diverse wellness styles, additional classes and support tools have been made available for faculty and staff. Final participation results will not be available until late in 2016, but nearly 15,000 benefit-eligible faculty and staff signed the Wellness Pledge during Annual Enrollment, committing themselves to participating in the incentive program and improving their own wellness.

Note: All data was generated on Monday, Nov. 2, 2015, which is the next working day after Annual Enrollment ended. Extracting data at this one point in time allows us to provide timely data, as well as data that is comparable across all categories of analysis. Due to the fact that paper enrollment forms and corrections are not completed until several weeks after the enrollment period ends, the precise numbers may change, but these changes are not expected to be large enough to alter the percentages presented herein.

RESULTS

92% of benefit-eligible faculty and staff enrolled in a medical insurance plan.

Communication efforts resulted in 362,825 reaches to employees using tools like our website, videos, social media, etc.

48 eligible employees did not actively take part in enrollment and were defaulted to the after-tax Healthy Savings Plan, non-discount.

82% of faculty and staff members attested to remaining or becoming tobacco free in 2016.

Faculty and staff who attested to remaining or becoming tobacco free will save over \$9 million university-wide in 2016 with the tobacco-free discount.

Regardless of eligibility, the Custom Network Plan became the most popular medical plan, representing 36% of all selections.

The percentage of employees who chose the Healthy Savings Plan increased from 19% in 2015 to 22% in 2016.

Nearly 15,000 UM System faculty and staff members joined the 2016 Wellness Incentive during Annual Enrollment—a steady increase from the 14,056 who joined last year's incentive.

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Demographics

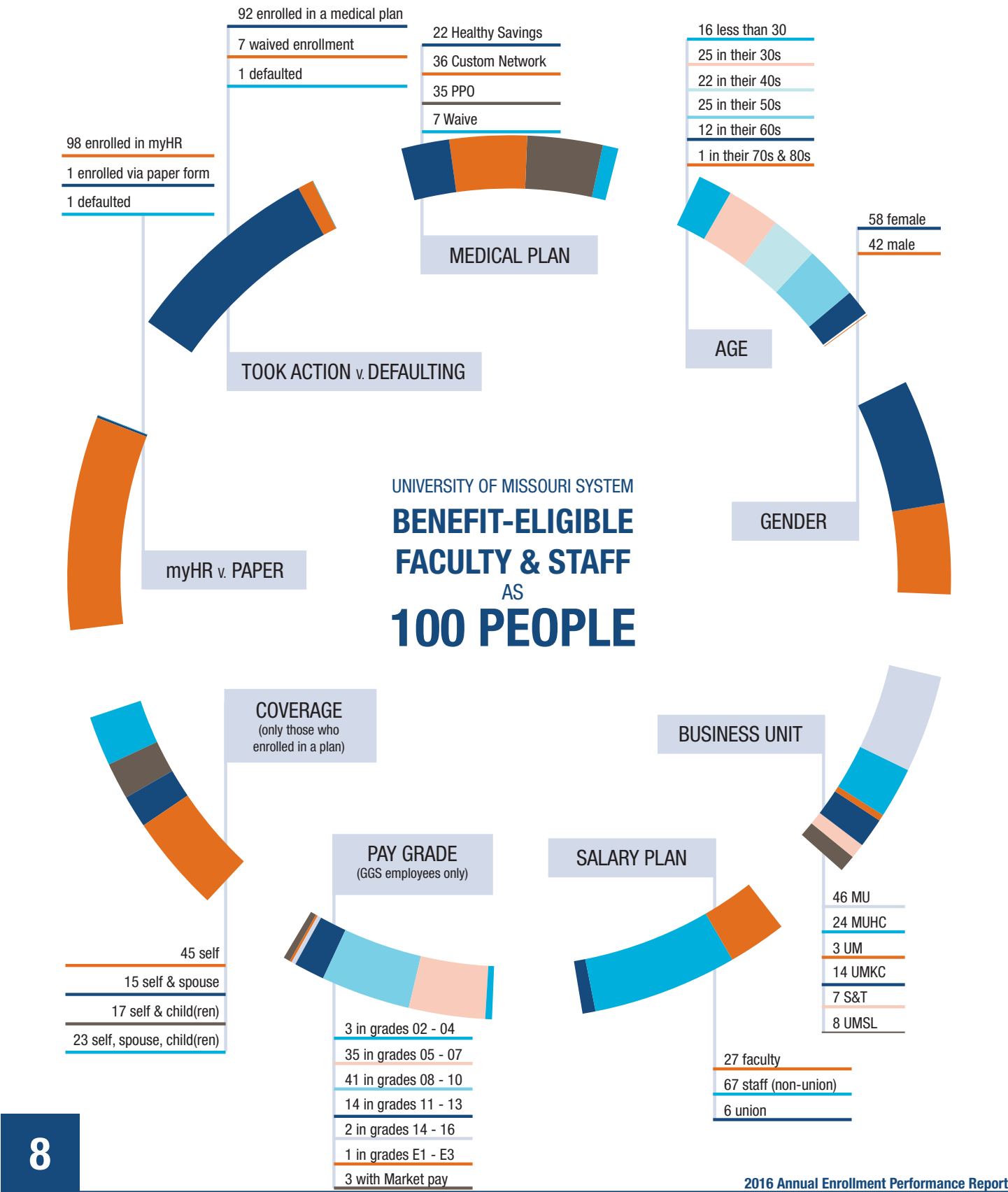
Annual enrollment is—at its most basic—about the people of the University of Missouri (UM) System. It is about supporting the health and wellbeing of every member of the university community because faculty and staff are its cornerstone. It is fitting then, that this report begin with demographics.

Who are the UM System faculty and staff that enrolled in benefits this year? How many took advantage of insurance plans for the 2016 plan year? This section seeks to answer these questions and more.



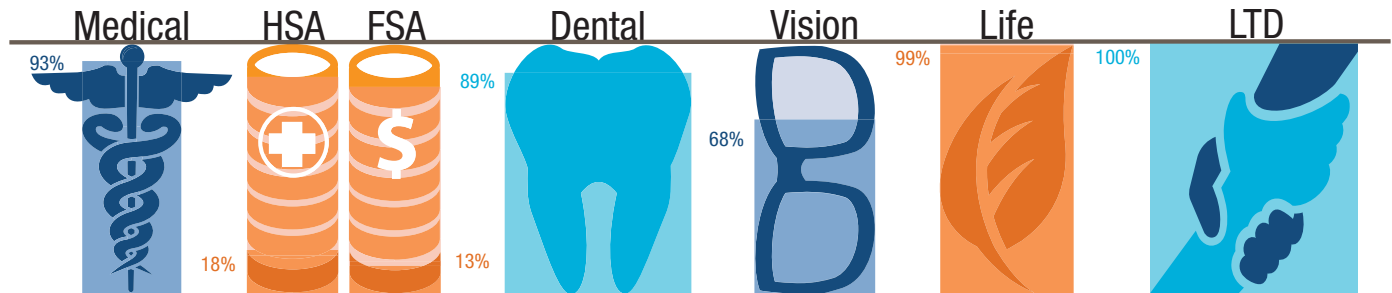
2.1 Benefit-eligible faculty & staff as 100 people

The graphic below illustrates the demographics of the university's faculty and staff, as well as the medical insurance choices they made and enrollment actions they took. The graphic represents the university as 100 people, a slightly different way to think about percentages.



2.2 Enrollment in 2016 insurance plans

The majority of benefit-eligible faculty and staff chose to take advantage of university benefits for 2016, with 92.5% enrolling in a medical insurance plan, 7.25% waiving coverage, and only 0.25% defaulting. 89% of those eligible chose to enroll in the university dental plan. The life and long-term disability plans, which are fully-funded by the university, were again elected by almost 100% of enrollees. The LTD plan saw a slight bump in enrollment (from 98% in 2015 to 99% in 2016), possibly due to the LTD buy-up option, which allowed employees to enroll in the plan without first going through medical underwriting.

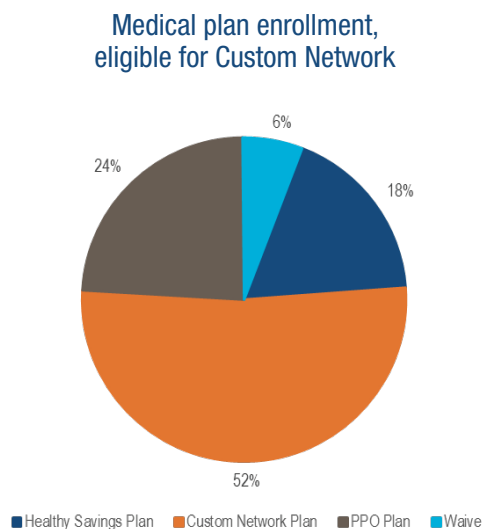
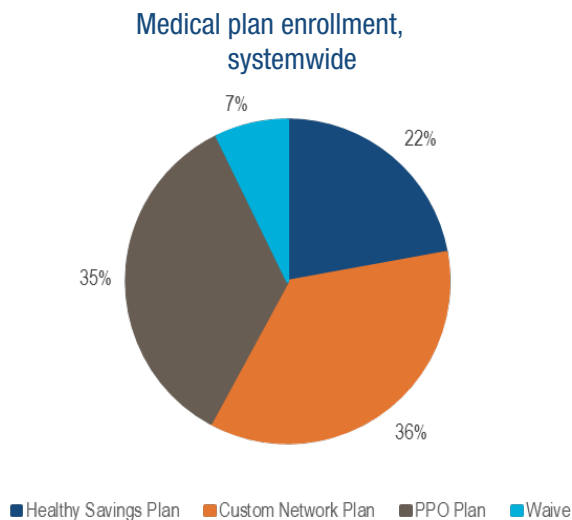
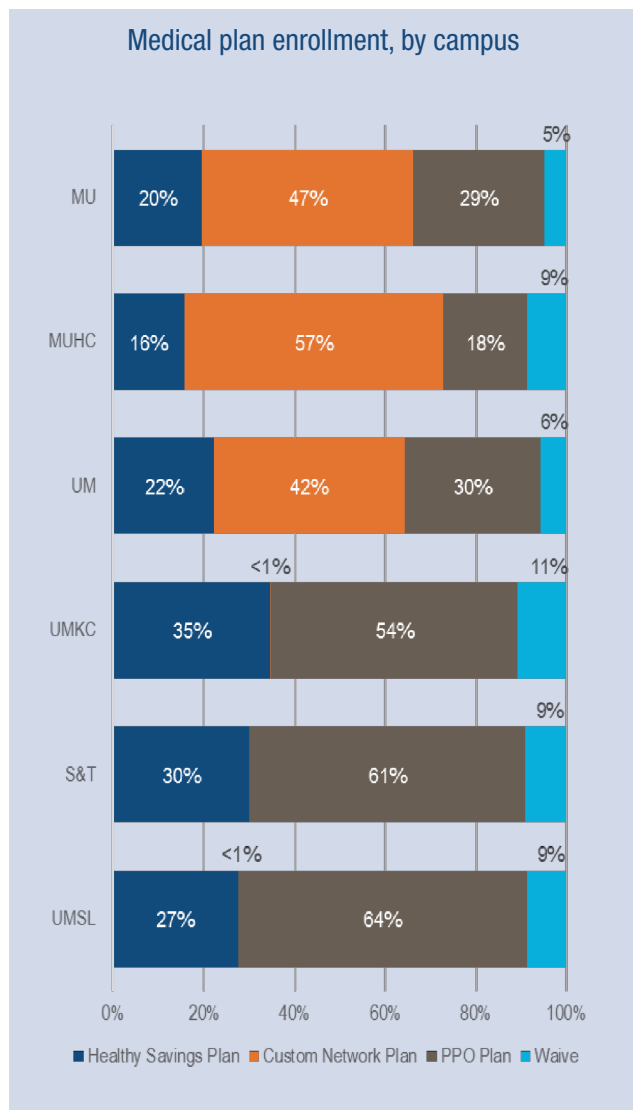


Benefit-eligible faculty and staff, by campus, and their enrollment choices

Business unit	MU	MUHC	UM	UMKC	S&T	UMSL	TOTAL
Plan Enrollment							
Medical	95%	91%	94%	89%	91%	94%	93%
HSA	15%	12%	20%	30%	25%	23%	18%
FSA	14%	10%	20%	12%	10%	15%	13%
Dental	91%	87%	91%	84%	86%	88%	89%
Vision	68%	68%	71%	67%	70%	65%	68%
Life	99%	99%	100%	100%	100%	99%	99%
LTD	100%	100%	100%	100%	100%	99%	100%

2.3 Enrollment in 2016 medical plans

Faculty and staff had up to three medical plans to choose from when enrolling for 2016 benefits. Enrollment in the Healthy Savings Plan continued its upward trend, with 22% of employees selecting this plan (an increase of roughly 570 employees compared to 2015). A year after its introduction, the Custom Network Plan was the most popular plan choice when looking systemwide, albeit by a slim margin. This is particularly notable given the geographic scope of the plan's focused network. In areas where the Custom Network Plan was an additional option, the picture changes even further. Among faculty and staff eligible to enroll in the Custom Network Plan, over half (52%) did so.



The continued popularity of the Custom Network Plan helps reinforce and illustrate its role in supporting the [recommendation from the Total Rewards Task Force](#) to “reduce the continually rising trend in medical plan costs, thereby reducing the financial burden on the institution and the employees.” While there are many facets helping to address this recommendation, the reception of the Custom Network Plan encourages us as we examine ways to launch similar plans near other UM campus locations.

The bar chart on the left looks at the same enrollment choices segmented by business unit. When a business unit had two plan choices, the greatest percentage of faculty and staff chose the PPO Plan. But, when a third plan choice was offered through the Custom Network Plan, it became the top choice for all business units. Keep in mind that someone working in Kansas City but living near Columbia would be eligible for the Custom Network Plan, which is why you see a small percentage of employees in those business units enrolled in the Custom Network Plan.

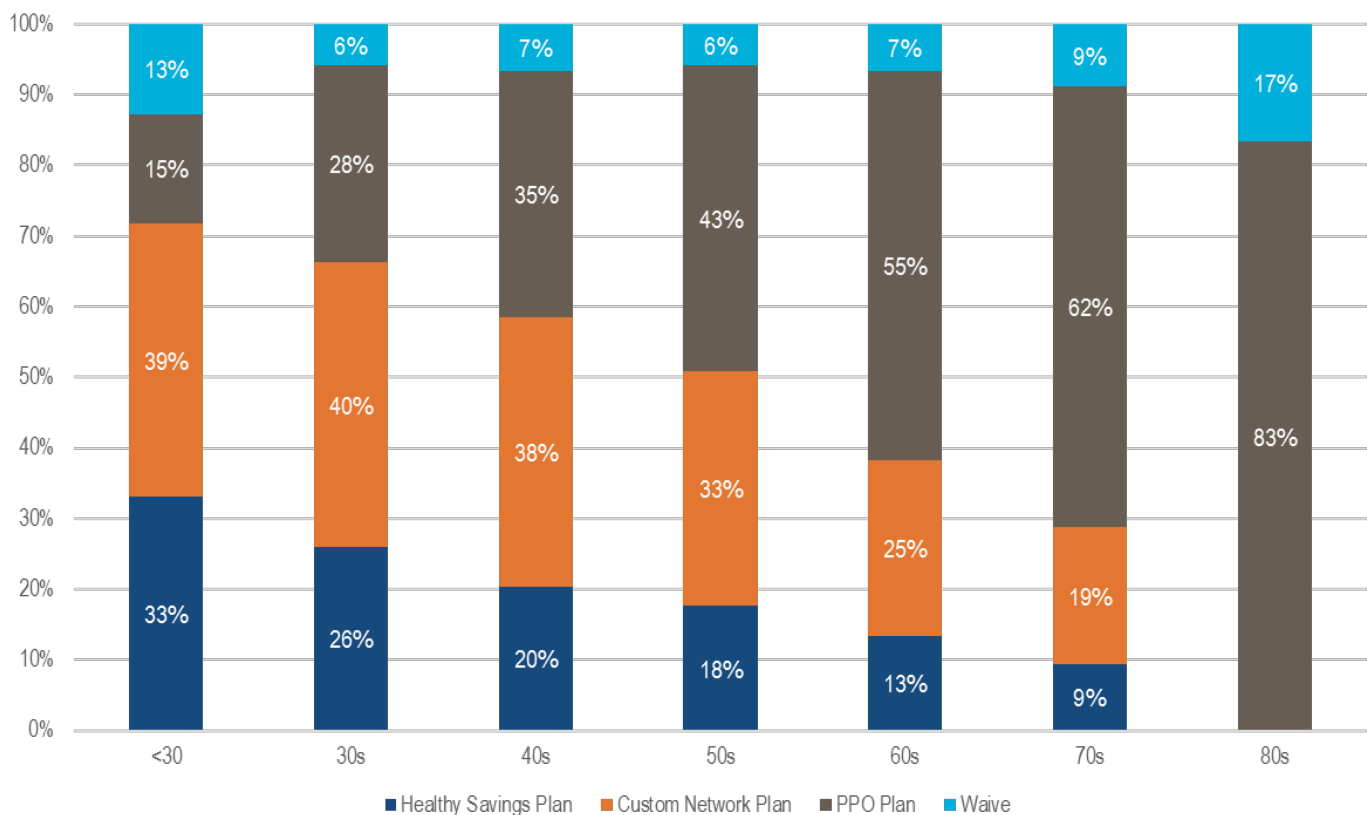
2.4 Enrollment by age

This section looks more closely at how age correlates to the medical plan a faculty or staff member selected. However, please note that the number of individuals in each age bracket can vary significantly.

Enrollment in the PPO Plan is proportionally higher among older age groups. While only 15% of individuals less than age 30 are enrolled in the PPO Plan, over half of individuals in age groups of 60 years and older are enrolled in this plan.

Note that more than one third of individuals in any age group under 50 selected the Custom Network Plan, but that plan captures an incrementally smaller proportion of enrollees at the 50 – 59 age bracket and beyond. The Healthy Savings Plan was most popular with enrollees younger than age 30, with about one third choosing this plan.

Percentage enrolled in medical plans, by age group

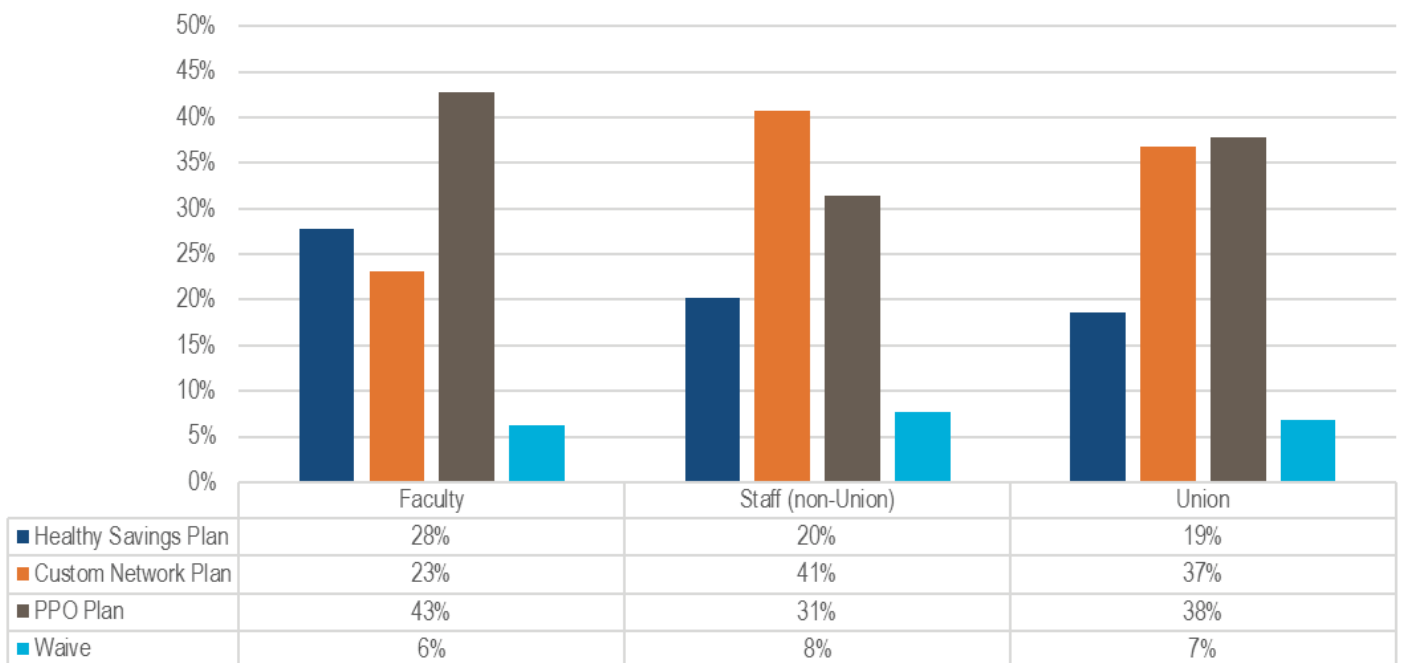


2.5 Enrollment by job type

The variety of job types available at the UM System is one attribute that greatly contributes to its diversity. Many organizations have a specific focus that prompts the hiring of individuals within a relatively narrow range of skills and expertise, but the university's status as an academic institution means it employs faculty and staff from an even more encompassing range of jobs types.

These myriad job types can be categorized into one of three salary plans. The chart below helps to illustrate medical plan enrollment choices in conjunction with employees' salary plans; the salary plan tells us whether an employee is considered faculty, staff (non-union), or union. Among faculty, the PPO Plan was the most popular medical insurance choice, but the Custom Network Plan was most popular among Staff (non-union). These plans are nearly tied for most popular in the Union category. Interestingly, the Healthy Savings Plan was more popular among faculty than among staff.

Percentage enrolled in medical plans, by salary plan



2.6 Enrollment by insurance coverage level

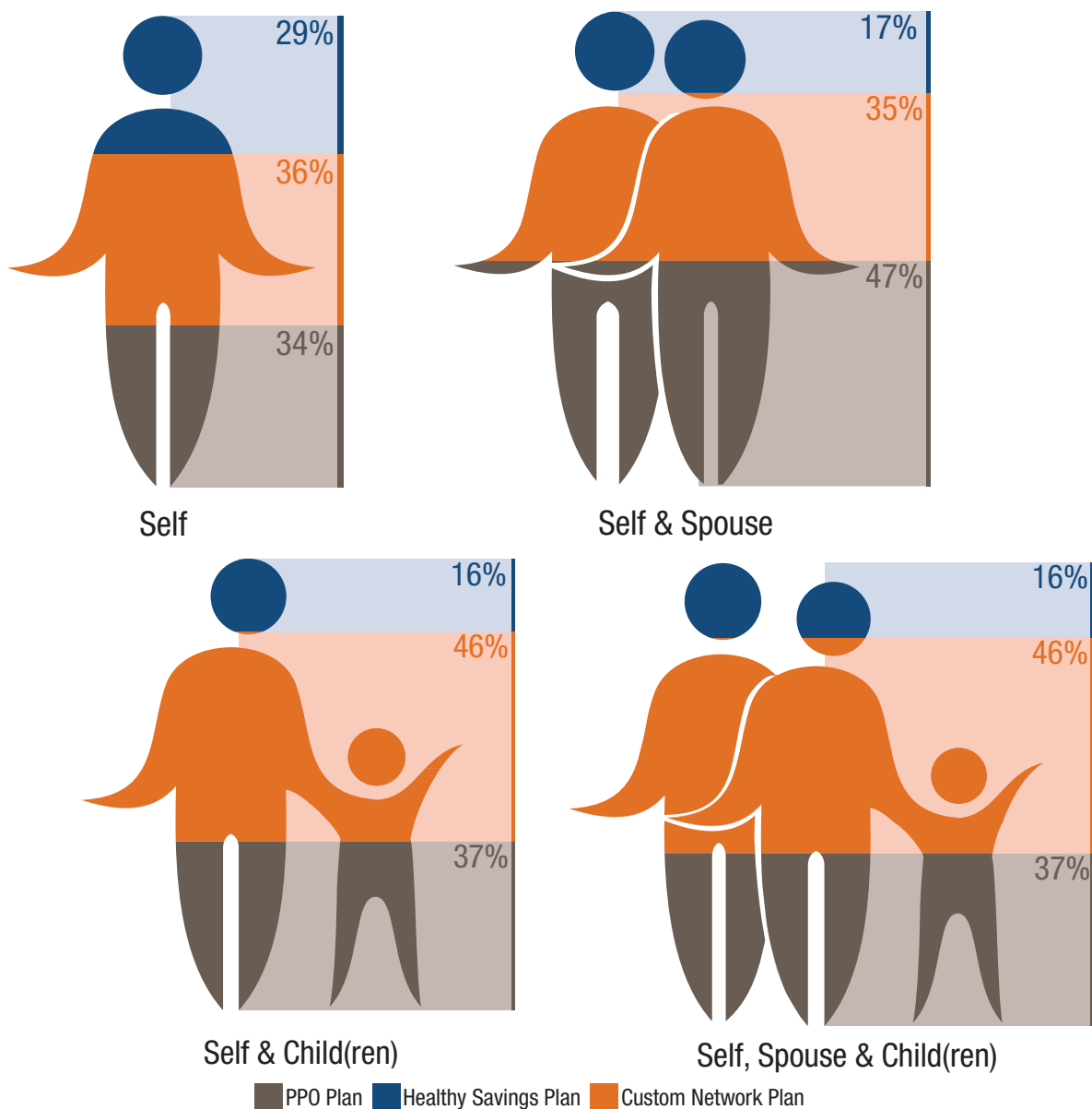
This section evaluates the medical insurance plans faculty and staff selected when compared to their coverage levels—i.e., who the employee chose to cover from among these four categories:

- Self
- Self & Spouse
- Self & Child(ren)
- Self & Spouse & Child(ren)

Note that this section does not include those employees who waived medical coverage, since by definition, that group did not choose a coverage level. In other words, this section does not evaluate the full 19,032 benefit-eligible employees, but instead, looks at only the 17,658 faculty and staff who elected to enroll in a university medical plan.

The Custom Network Plan was the most popular plan among coverage levels, with the exception of employees who chose Self & Spouse, where the PPO Plan was selected in a greater proportion. Enrollment in the Healthy Savings Plan at the Self Only coverage level is nearly two times greater than respective enrollment in any other coverage category.

Medical plan enrollment by insurance coverage level



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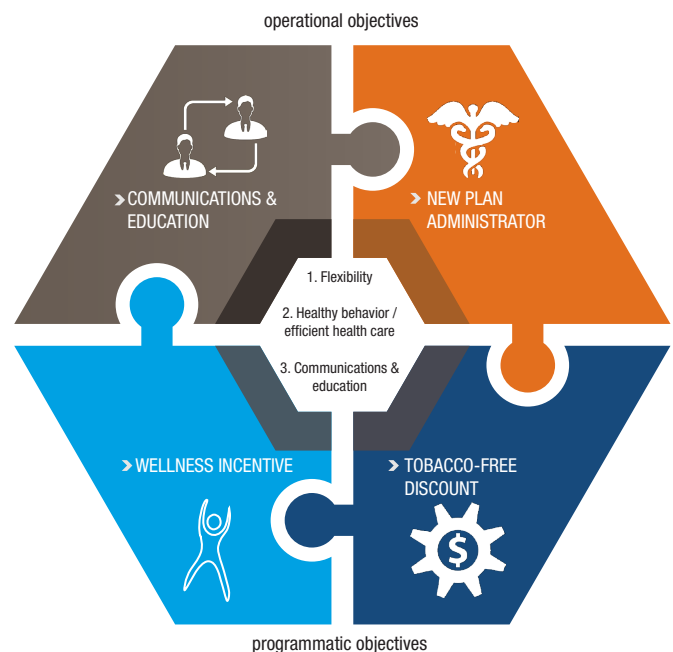
Strategies & results

The university has continued to evaluate and implement ways to combat declining wellness and rising health care costs among the employee population. UM System established four objectives during 2016 Annual Enrollment to encourage healthy lifestyles and reduce costs for employees and the university:

1. Transition to a new medical plan administrator.
2. Encourage active enrollment with communication and education efforts.
3. Introduce a tobacco-free discount.
4. Maintain the Wellness Incentive.

The results described throughout this section suggest that the university achieved a great deal of success in meeting these objectives. Plus, the objectives helped to advance the following recommendations from the Total Rewards Ad Hoc Task Force.

- Increase flexibility within the Total Rewards programs.
- Utilize medical plan options to encourage healthy behavior and efficient use of healthcare services.
- Invest in communication and education about Total Rewards that promotes informed decision-making.



3.1 Communicate and educate

DIRECT MAILINGS

Nearly 20,000 recipients of the *Benefits Guide*



MASS EMAILS

Just over 100,000 recipients via 6 emails



CALLS

Almost 20,000 contacts via 2 automated phone calls



SOCIAL MEDIA

About 15,000 impressions with 13 Facebook posts and 17 tweets



VIDEO

Nearly 4,000 views of 5 videos



TOTAL REWARDS WEBSITE

Over 200,000 unique pageviews in September and October



This year, communication and education efforts for Annual Enrollment were streamlined to offer support to faculty and staff who needed additional help, but to give each outreach effort sufficient gravity. Communications were cohesive and simple—focusing messages on three points:

1. The university's new medical plan administrator is UnitedHealthcare, and this change will bring some updates to your medical insurance plan.
2. There is a new insurance premium discount for those who choose to remain or become tobacco free.
3. We will continue to sustain and expand the Wellness Incentive to further support your steps toward living healthfully.

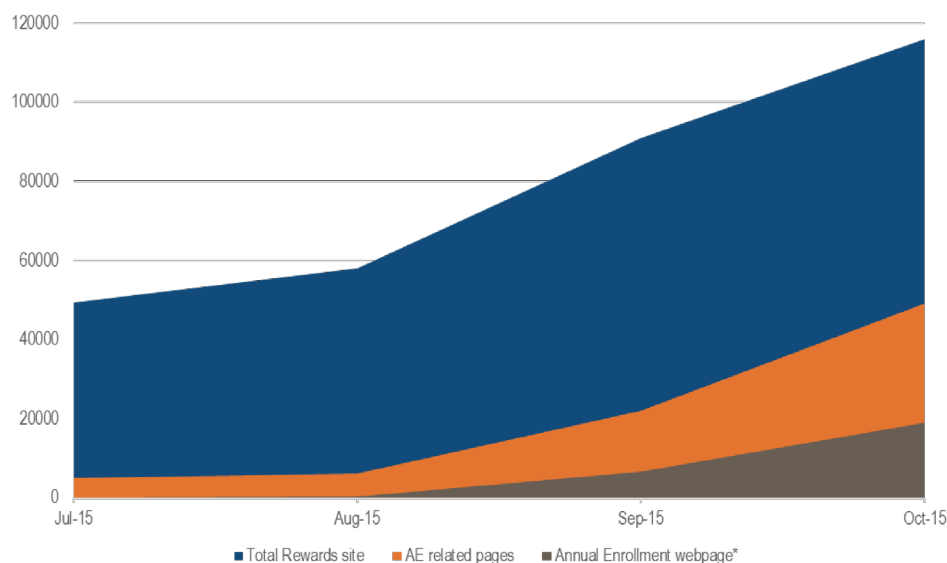
3.1.1 Communication tools

Last year, an aggressive communications plan encouraged faculty and staff to make informed decisions during their first active Annual Enrollment. This year, we wanted to retain the same level of support while reducing the volume of communication materials distributed to employees. To achieve this goal, messages were strategically crafted to remain compact but to offer comprehensive guidance. These messages were communicated through a variety of platforms, including Web and social media presence, direct mailings, automated phone calls, mass emails, and decision-making videos.

To illustrate, the left-hand bar indicates the communication method, as well as the reach of each method. For example, while three separate direct mailers, a total of 57,410 pieces of mail, went out to in 2015, a single, more comprehensive mailing, the *Benefits Guide*, was distributed in 2016. This change resulted in a piece by piece reduction of about 66%. Similarly, from 2015 to 2016, emails and autocall reminders were reduced, by 35% and 71% respectively. By reducing the volume but reconsidering the structure of our communications materials, employees learned about their Annual Enrollment options with just a few foundational pieces of communication. What's more, as data in the following pages will suggest, employees seemed to have an even better understanding of their options.

With the reduction in outgoing messaging, the Total Rewards website became the primary source for all ancillary enrollment information, with traffic increasing by 19% from 2015 to 2016. This year, the Annual Enrollment homepage launched in August, and the site was continually updated as more information became available. Correspondingly, Web traffic grew substantially from August to the October enrollment period. The site saw the most significant traffic in September and October, with 207,037 unique pageviews in this 2-month period. Overall, monthly pageviews grew by 2.9 times from the homepage launch to the end of Annual Enrollment (from 63,558 in August to 184,201 in October).

Unique pageviews, by month



3.1.2 In-person education

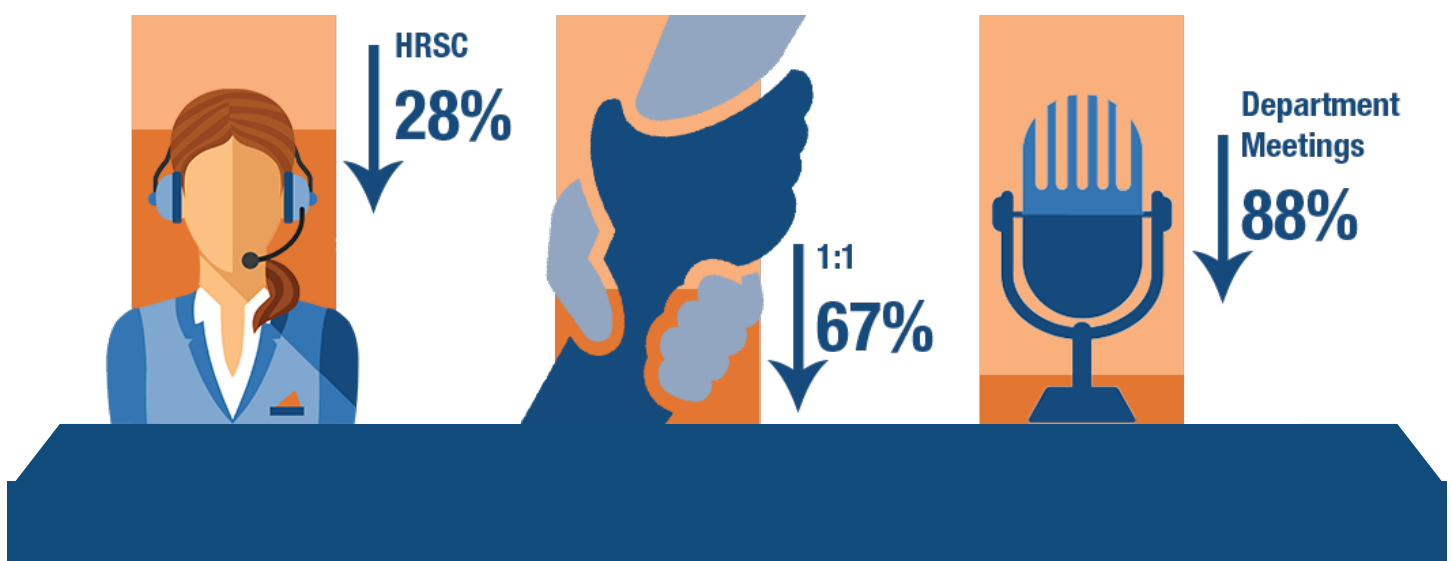
To supplement communication efforts, a variety of in-person educational events were held. These events provided additional support to faculty and staff in need of further decision-making assistance. However, the number of educational events necessary, as well as overall attendance at these events, suggests that employees already understood their Annual Enrollment options fairly well.

Like last year, the Total Rewards HR Service Center (HRSC) was, and still is, available from 7:30 a.m. to 5:00 p.m. every work day to answer individual questions about enrollment and insurance plans. The Service Center stayed open late on the last day of enrollment to assist those who needed last-minute assistance. The HRSC assisted faculty and staff by way of 1,707 phone calls, 363 emails, and 118 walk-in appointments. In total, HRSC reached 2,328 employees, which is about 12% of the benefit-eligible population. Compared to the 3,233 employees assisted during the 2015 Annual Enrollment period, that represents a 28% reduction in calls, emails, and walk-ins, as shown in the graphic below.

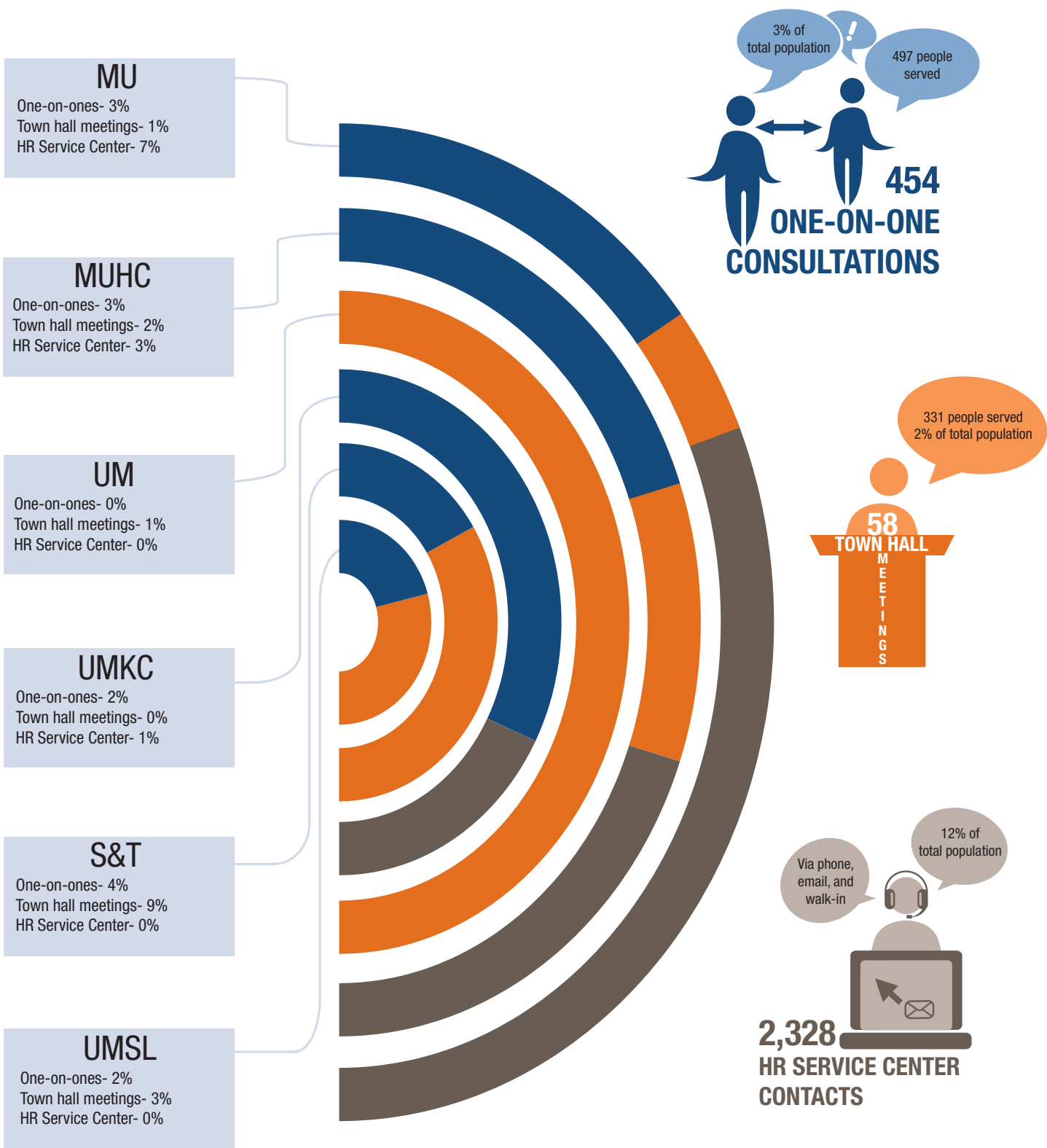
In addition to the HR Service Center, campus HR offices and Total Rewards orchestrated a number of in-person events to educate faculty and staff about the Annual Enrollment process and benefit options. Conducting these events was a collective effort; Total Rewards staff, campus representatives, and supervisors all played key parts in reaching faculty and staff in their own meeting rooms. While all were beneficial to employees, it quickly became obvious that some campuses had preferred educational platforms, and overall, employees needed less assistance than they did in 2015, as exemplified in the graphic on page 18. Town hall meetings, which gave faculty and staff the opportunity to attend an Annual Enrollment meeting on a date and time that worked best for them, saw a drop in overall attendance despite being held at the same rate as last year. While in 2015, 9% of the benefit-eligible population attended one of 57 town hall meeting, only 2% of eligible employees attended one of 58 meetings held in 2016. Similarly, a frequently requested educational platform in 2015, the departmental meeting, became less necessary in 2016, when only 27 were held—88% fewer meetings than were held in the previous year. Following a similar trend, one-on-one consultation events dropped from 1,370 events in 2015 to 454 in 2016, a decrease of 67%.

With these results, it is reasonable to think that the comprehensive, compact nature of the communication strategy meant that more faculty and staff engaged with and understood the Annual Enrollment materials they received—resulting in a much smaller percentage of university employees who needed additional assistance. If we base our measure of success on employees who completed Annual Enrollment, we were more successful with a smaller volume of communication materials and educational events in 2016 than we were in 2015. Streamlining communications and educational events gives Total Rewards an interesting opportunity to reinvest efforts.

Educational events held in 2015 compared to those held in 2016



Percentage of benefit-eligible population participating in an event, by campus



3.2 Transition to new plan administrators

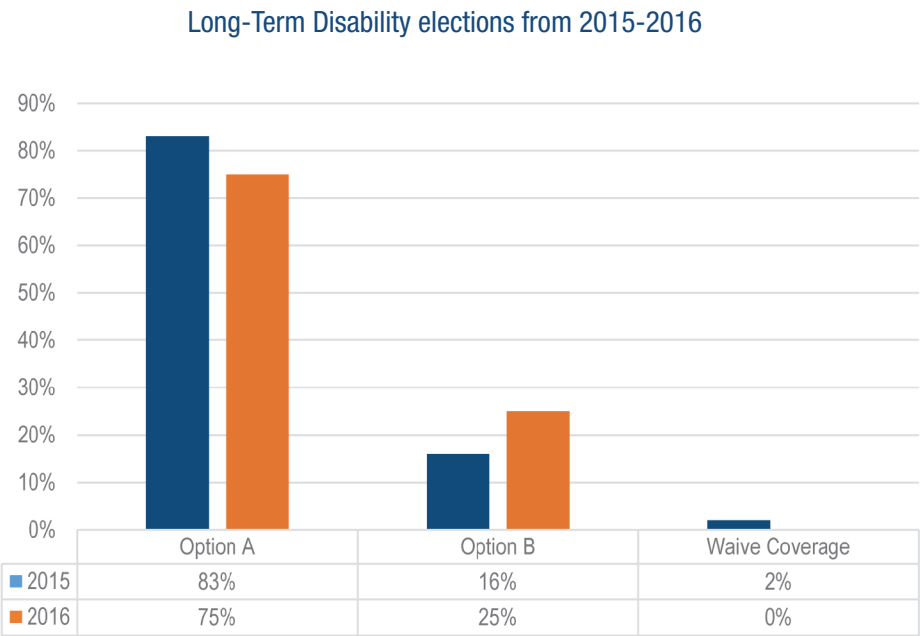
It is the university's fiduciary responsibility to review administrator contracts on a routine basis, and in 2014 and 2015 the university conducted a Request for Proposal (RFP) process to assess the current market and ensure that what is being delivered to faculty and staff represents the best product and services available. In 2014, a new Long Term Disability (LTD) plan administrator, Metropolitan Life Insurance Company (MetLife), was selected. In 2016, the RFP process resulted in a new medical plan administrator. These changes were particularly significant during this year's Annual Enrollment period, as each resulted in new options for faculty and staff.

3.2.1 MetLife and the long-term disability buy-up option

Though the university transitioned to MetLife as the LTD plan administrator in 2015, the change created a unique opportunity for faculty and staff during this year's Annual Enrollment. Typically, the opportunity to obtain LTD insurance without going through a physical exam or other insurance certifications (i.e., medical underwriting) is only available to newly hired employees or those newly eligible for insurance. However, during the two-week Annual Enrollment period, faculty and staff could choose to enroll in a university LTD plan without medical underwriting.

All benefit-eligible employees who had previously waived LTD coverage were automatically enrolled into the LTD Core Plan (called Option A) during Annual Enrollment. Option A is a 100% university-paid plan. Faculty and staff also had the option to select the Buy-Up Plan (called Option B) without going through medical underwriting during the Annual Enrollment period.

As a result, enrollment in the LTD plan reached 99% participation in 2016, where previously only 98% had participated in 2015. Additionally, movement from the core plan to the buy-up plan was marked.



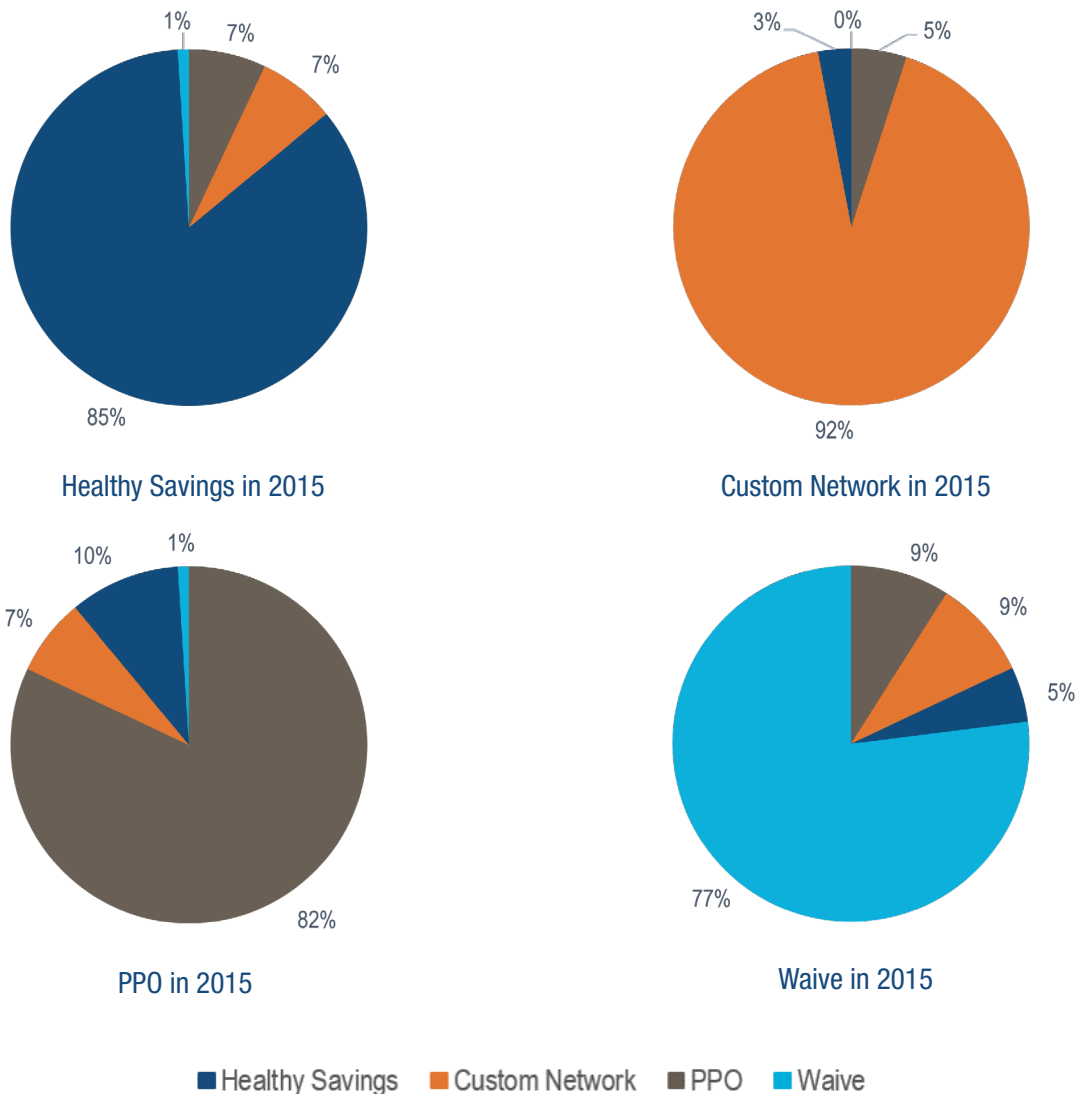
3.2.2 Medical plan migration

In addition to the changes the LTD buy-up option created during the 2016 Annual Enrollment period, the switch to UnitedHealthcare as the university's medical plan administrator also influenced plan selections. UnitedHealthcare was chosen after the University of Missouri System conducted an extensive Request for Proposal (RFP) process, which included initial RFP responses, onsite finalist meetings/presentations, and onsite visits of finalist operations. The university chose to partner with UnitedHealthcare because the administrator demonstrated strong commitment and capabilities throughout the entire procurement process. Some of the specific reasons for the decision are that UnitedHealthcare demonstrates:

1. Strong network and financial capabilities.
2. An enhanced customer service model.
3. Comprehensive analytics.
4. Robust, dedicated account management resources.

The university is self-insured, so coverages and inclusions are self-determined rather than determined by a medical plan administrator. The Healthy Savings Plan, the Custom Network Plan, and the PPO Plan carried over from 2015 to 2016, but some plan details (including monthly deductibles and in-network providers) varied slightly.

Of those who enrolled in a university medical plan in both 2015 and 2016, they stayed/moved by the following percentages.



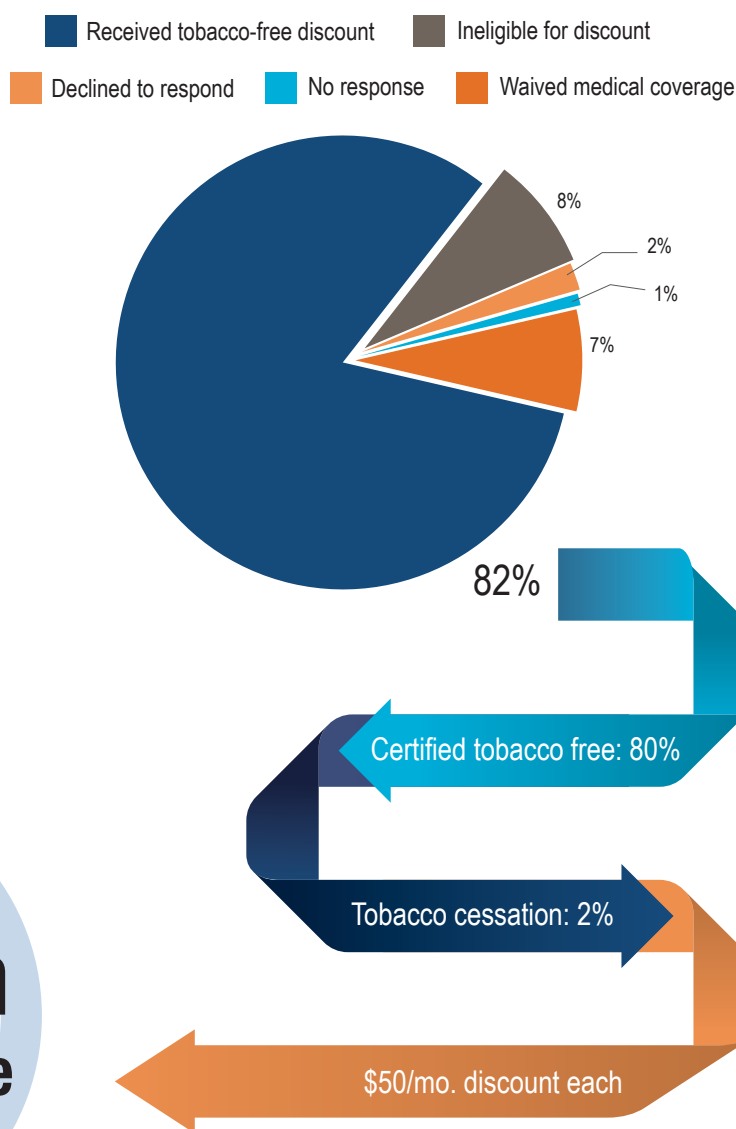
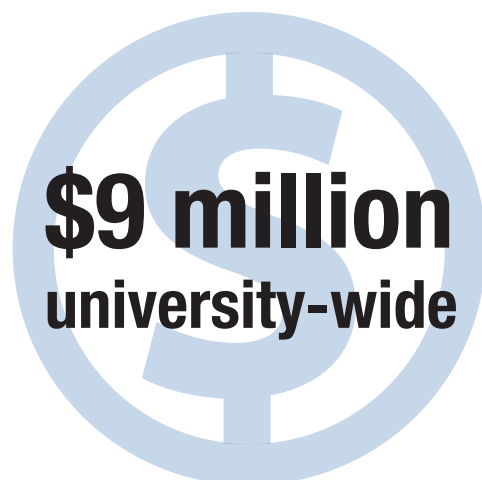
3.3 Introduce a tobacco-free discount

This year's Annual Enrollment process asked faculty and staff to complete a tobacco attestation. Employees certifying that they, and others covered by their medical insurance plan, were tobacco free received a \$50 monthly discount on their medical insurance premiums. Additionally, to encourage positive wellness choices among employees who do smoke, the university broadened the incentive to apply to those who certified that they would participate in a tobacco cessation program. The university offers employees and dependents with university medical benefits many cessation programs that are stationed across Missouri. Those who pledged to enter a cessation program will recertify in the summer to attest that they have met their tobacco-free goal or are continuing their program; this action will allow them to retain their monthly savings by way of the tobacco-free premium discount.

Due to the significant monthly savings the tobacco-free discount provided, it was believed that a large portion of the benefit-eligible population would choose to remain tobacco free or to enroll in a tobacco cessation program to obtain the discount, and the results suggest that belief to be correct. Eighty percent of employees attested to being tobacco free and committed to remaining so throughout the 2016 calendar year. Of the group of enrollees who did not certify as tobacco free, 2% chose to enter a cessation program to obtain the tobacco-free discount, therefore making a positive decision for both their physical and financial health.

No matter the choice of medical plan, if an employee attested to being tobacco free, he or she recognized a decrease in money spent on monthly premiums from 2015 to 2016. Faculty and staff who attested to being or becoming tobacco free saved a total of \$9 million on monthly insurance premiums for 2016. This amount is calculated assuming that those who attested to becoming tobacco free will complete their recertification in the summer. It's important to remember that this number does not include the cost of tobacco products or tobacco-related healthcare costs, so the savings for employees entering into a cessation program is assuredly even higher than the money saved on premium costs. Additionally, the university will recognize future savings, since tobacco-related healthcare claims will mirror the decline in tobacco use among employees.

Although the university is currently unable to estimate the success of tobacco cessation programs, the recertification period will produce data beneficial for assisting future employees in choosing to become tobacco free and remaining tobacco free once such a significant health choice has been made.



3.4 Maintain the Wellness Incentive

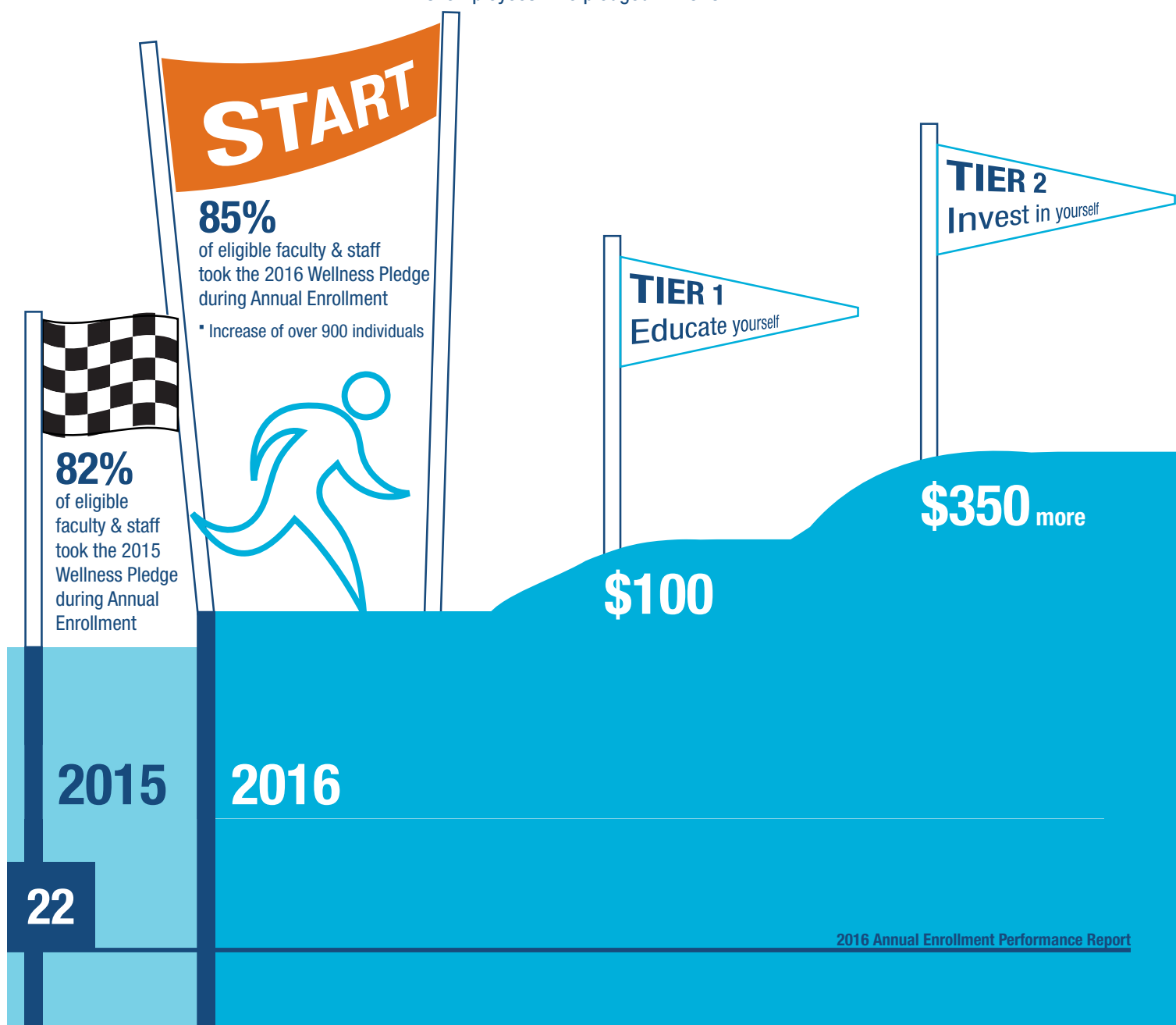
The last objective for the 2016 Annual Enrollment period was refining the Wellness Incentive program. To achieve this, the 2016 Wellness Incentive was further integrated with Annual Enrollment with an adjusted timeline, so that the conclusion of Annual Enrollment and the kickoff of the Incentive coincided. Employees could get a jumpstart in joining the program and make their annual benefit selection from the same enrollment process tool, making participation easier and more accessible. Similarly, faculty and staff were also required to make an active choice *not* to participate, and, should they choose to do so, it was made clear that they would forfeit \$450.

Nearly 15,000 faculty and staff elected to sign the Wellness Pledge during 2016 Annual Enrollment, approximately 85% of those eligible to do so. This number represents a 3% increase from 2015 Annual Enrollment. Participation data will be available later in 2016 when the incentive program concludes.

The 2016 Wellness Incentive has two tiers:

1. Tier 1 helps faculty and staff educate themselves on their current health status (earning \$100 for successful completion) and is to be completed by April 30, 2016.
2. Tier 2 provides opportunities for individuals to invest in steps toward a healthier lifestyle (\$350 additional) and will conclude September 30, 2016.

Employees who pledged participation in the 2016 Wellness Incentive during Annual Enrollment
vs. employees who pledged in 2015



4

Considerations

Although the 2016 Annual Enrollment period can be viewed as a success in many ways, it is important to remember that the university's efforts to provide quality and affordable health care while responsibly managing the university's financial resources are still ongoing. With that thought in mind, there are a number of ideas to be gleaned for future years. These considerations are interwoven, but all contribute to making UM benefits and the Annual Enrollment process better for faculty, staff, and the university.



4.1 Future considerations

With the large number of faculty and staff that continued to migrate to new medical insurance plans in 2016, as well as the high participation rate, it is likely beneficial to continue to invest in active Annual Enrollment in the future. Lower migration rates might be expected in future years, but as healthcare changes and insurance options continue to evolve, active enrollment gives faculty and staff who are ready to move plans the best opportunity to do so. In the same way, knowing that nearly all benefit-eligible faculty and staff enrolled via myHR, it seems appropriate to continue focusing efforts on improving the online enrollment processes, and to diminish the use of paper-based enrollment except for in a few special circumstances.

The fact that 52% of eligible faculty and staff chose to enroll in the Custom Network Plan, causing it to surpass the PPO Plan as the most popular plan systemwide, reaffirms the importance of exploring ways to expand this type of integrated network plan to other regions of the UM System. Additionally, the overwhelming percentage of employees who will participate in the tobacco-free premium discount and the Wellness Incentive solidifies the importance of incentive-based programs that encourage everyday health and wellness throughout the year.

In terms of a communication and education strategy, evidence suggests it may be beneficial to reassess the volume of educational events offered as communication materials continue to become more comprehensive and accessible. The quick, efficient help offered by HRSC and the personalized interactions provided in town hall meetings, departmental meetings, and one-on-ones were all utilized to different extents on each campus. We can use data from 2016 to consider how to provide even more effective educational platforms that offer the same personal touch and level of assistance, but are only provided in the areas where they are most needed. As the infographic in section 3.1.2 illustrates, town hall meetings might not be necessary at UMKC, where less than 1% of the benefit-eligible population attended, but they may continue to be integral at Missouri University of Science and Technology, where 9% of benefit-eligible employees participated. Streamlining communication efforts and educational events in the future will allow Total Rewards to reinvest their resources and dedicate more time, effort, and funding to improving the Annual Enrollment processes, as well as other Total Rewards events and procedures.



Note: All data was generated on Monday, Nov. 2, 2015, which is the next working day after Annual Enrollment ended. Extracting data at this one point in time allows us to provide timely data, as well as data that is comparable across all categories of analysis. Due to the fact that paper enrollment forms and corrections are not completed until several weeks after the enrollment period ends, the precise numbers may change, but these changes are not expected to be large enough to alter the percentages presented herein.

If you would like more information about this report, 2016 Annual Enrollment, or have questions, please contact the Total Rewards office:

1000 West Nifong Boulevard
Building 7, Suite 210
Columbia, Missouri 65203

Phone: (573) 882-2146

Email: HRservicecenter@umsystem.edu

Web: www.umsystem.edu/totalrewards

The “Benefit-Eligible Faculty and Staff as 100 People” graphic was created based on inspiration from “The World as 100 People,” designed by Jack Hagley, shared by Jack Hagley on May 25, 2013, and accessed on 12/17/2014 on the website [visual.ly](http://visual.ly/world-100-people) at <http://visual.ly/world-100-people>.

Report prepared by Total Rewards People Data and Communication teams.



