2024 Annual Enrollment

October 23 – November 3, 2023
Today we’ll talk about…

- Introduction
  - What is Annual Enrollment?
  - What is new for 2024?

- Insurance options
  - Medical
  - Dental and vision
  - Life and disability
  - Other benefits

- HSAs and FSAs

- Enrollment documentation

- Conclusion
Annual Enrollment Overview

2024 Annual Enrollment
What is Annual Enrollment?

- The period of time during which faculty, staff and other eligible parties are able to make changes to their insurance plan elections*

- Generally, two weeks each fall; this year:
  - October 23 – November 3, 2023
  - for all benefit-eligible faculty, staff and retirees**

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

** Retirees are not eligible for some things discussed in this presentation, such as a pre-tax premium and some decision-making tools geared for employees’ insurance options. Retirees will receive their own decision-making guides and forms in the mail in October.
### New for 2024

| **Short-Term Disability** | New plan type for benefit-eligible staff and certain non-regular academic employees  
Replaces income when unable to work due to qualified medical disability |
| **Disability and Life Insurance Vendor** | Disability and life insurance coverage transitions from Unum to MetLife.  
New options and one-time opportunities to add or increase coverage without completing a statement of health form are available for some plan options. |
| **Monthly Premiums** | Medical premium increases ranging from $4-$45 a month depending on plan/coverage level.  
Dental Buy-Up Plan premium increases ranging from $3-$15/month depending on plan/coverage level.  
Decreases for Additional Life and Long-Term Disability premiums. |
| **Medical Plan Cost Changes** | Increases to minimum prescription threshold and medical out-of-network out-of-pocket maximums across Custom Network and PPO Plans.  
Tiered PPO Plan primary and specialist care copays increase by $5 for Tier 2 providers. |
| **Annual Contribution Limits** | As approved by the IRS, Health Savings Accounts increase to $4,150/individual and $8,300/family.  
Health Care Flexible Spending Accounts increase to $3,050. |
Insurance Options

2024 Annual Enrollment
# Medical insurance options and premiums

<table>
<thead>
<tr>
<th>Medical plan option</th>
<th>Coverage level</th>
<th>You pay in 2023 (monthly premium)</th>
<th>You will pay in 2024 (monthly premium)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy Savings Plan</strong></td>
<td>Self</td>
<td>$58</td>
<td>$62</td>
</tr>
<tr>
<td>- Lowest premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Combined medical and R deductible</td>
<td>Self and spouse</td>
<td>$166</td>
<td>$177</td>
</tr>
<tr>
<td>- HSA w/ University contribution</td>
<td>Self and children</td>
<td>$147</td>
<td>$156</td>
</tr>
<tr>
<td>- Broad network</td>
<td>Self and family</td>
<td>$284</td>
<td>$303</td>
</tr>
<tr>
<td><strong>Custom Network Plan</strong> (Columbia and St. Louis area)</td>
<td>Self</td>
<td>$84</td>
<td>$92</td>
</tr>
<tr>
<td>- Mid-level premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Medical deductible; separate R deductible</td>
<td>Self and spouse</td>
<td>$238</td>
<td>$259</td>
</tr>
<tr>
<td>- Focused network</td>
<td>Self and children</td>
<td>$221</td>
<td>$242</td>
</tr>
<tr>
<td>- Columbia: MU Health providers</td>
<td>Self and family</td>
<td>$399</td>
<td>$437</td>
</tr>
<tr>
<td>- St. Louis: Mercy health providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other providers are considered out-of-network, even if they accept UHC</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>PPO Plan (includes Tiered PPO)</strong></td>
<td>Self</td>
<td>$176</td>
<td>$187</td>
</tr>
<tr>
<td>- Highest premium</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Medical deductible; separate R deductible</td>
<td>Self and spouse</td>
<td>$430</td>
<td>$457</td>
</tr>
<tr>
<td>- Broad network</td>
<td>Self and children</td>
<td>$408</td>
<td>$435</td>
</tr>
<tr>
<td>- Tiered Feature: In-network providers are divided into categories to provide opportunity for savings on your copay and coinsurance.</td>
<td>Self and family</td>
<td>$690</td>
<td>$735</td>
</tr>
</tbody>
</table>
# Side-by-side comparison of medical plans

## What you pay for in-network coverage

<table>
<thead>
<tr>
<th></th>
<th>Healthy Savings Plan</th>
<th>Custom Network Plan (Columbia &amp; St. Louis)</th>
<th>PPO Plan (Includes Tiered PPO Plan)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical deductible</strong></td>
<td>$1,750/self&lt;br&gt;$3,500/family*&lt;br&gt;(combined med. &amp; Prescription)</td>
<td>$200/self&lt;br&gt;$600/family*&lt;br&gt;Tiered PPO Plan&lt;br&gt;$500/self; $1,500/family*&lt;br&gt;PPO Plan&lt;br&gt;$800/self; $2,400/family*</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription deductible</strong></td>
<td></td>
<td>Retail: $50/person&lt;br&gt;Mail-order: $0/person</td>
<td>Retail: $75/person&lt;br&gt;Mail-order: $0/person</td>
</tr>
<tr>
<td><strong>Medical plan out-of-pocket limit</strong></td>
<td>$3,750/self&lt;br&gt;$7,500/family*&lt;br&gt;(combined med. &amp; Prescription)</td>
<td>$3,750/self&lt;br&gt;$7,500/family*&lt;br&gt;Greater of:&lt;br&gt;$10 copay or 20% coinsurance&lt;br&gt;$30 copay or 25% coinsurance&lt;br&gt;$50 copay or 50% coinsurance</td>
<td>$3,750/self&lt;br&gt;$7,500/family*&lt;br&gt;Greater of:&lt;br&gt;$10 copay or 20% coinsurance&lt;br&gt;$30 copay or 25% coinsurance&lt;br&gt;$50 copay or 50% coinsurance</td>
</tr>
<tr>
<td><strong>Prescription drug out-of-pocket limit</strong></td>
<td>$5,200/self&lt;br&gt;$10,400/family*&lt;br&gt;(combined med. &amp; Prescription)</td>
<td>$5,200/self&lt;br&gt;$10,400/family*&lt;br&gt;Greater of:&lt;br&gt;$20 copay or 20% coinsurance&lt;br&gt;$60 copay or 25% coinsurance&lt;br&gt;$100 copay or 50% coinsurance</td>
<td>$5,200/self&lt;br&gt;$10,400/family*&lt;br&gt;Greater of:&lt;br&gt;$20 copay or 20% coinsurance&lt;br&gt;$60 copay or 25% coinsurance&lt;br&gt;$100 copay or 50% coinsurance</td>
</tr>
<tr>
<td><strong>Prescription drug: Retail</strong></td>
<td>▪ Formulary generic&lt;br▪ Formulary brand&lt;br▪ Non-formulary brand</td>
<td>▪ Greater of:&lt;br&gt;$10 copay or 20% coinsurance&lt;br&gt;$30 copay or 25% coinsurance&lt;br&gt;$50 copay or 50% coinsurance</td>
<td>▪ Greater of:&lt;br&gt;$10 copay or 20% coinsurance&lt;br&gt;$30 copay or 25% coinsurance&lt;br&gt;$50 copay or 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>15% after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription drug: Mail</strong></td>
<td>▪ Formulary generic&lt;br▪ Formulary brand&lt;br▪ Non-formulary brand</td>
<td>▪ Greater of:&lt;br&gt;$20 copay or 20% coinsurance&lt;br&gt;$60 copay or 25% coinsurance&lt;br&gt;$100 copay or 50% coinsurance</td>
<td>▪ Greater of:&lt;br&gt;$20 copay or 20% coinsurance&lt;br&gt;$60 copay or 25% coinsurance&lt;br&gt;$100 copay or 50% coinsurance</td>
</tr>
</tbody>
</table>

*Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plans and the PPO Plans. See the glossary (umurl.us/glossary) for details.

** 90-day fill/refill for mail orders; includes MUHC pharmacies.
**Side-by-side comparison of medical plans**

<table>
<thead>
<tr>
<th></th>
<th>Healthy Savings Plan (counties near Columbia &amp; St. Louis)</th>
<th>Custom Network Plan (counties near Columbia &amp; St. Louis)</th>
<th>PPO Plan (counties near Kansas City and Rolla)</th>
<th>Tiered PPO Plan (counties near Kansas City and Rolla)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical deductible</td>
<td>$1,750/self $3,500/family* (Medical and Rx combined)</td>
<td>$200/self $600/family*</td>
<td>$800/self $2,400/family*</td>
<td>$500/self $1,500/family*</td>
</tr>
<tr>
<td>Co-insurance</td>
<td>10%</td>
<td>20% after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
</tr>
<tr>
<td>Primary care visit</td>
<td>$15 copay/visit (incl. Mizzou Quick Care)</td>
<td>$20 copay/visit</td>
<td>Tier 1 (♥): $15 copay/visit</td>
<td>Tier 2 (♥): $30 copay/visit</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$40 copay/visit</td>
<td>$40 copay/visit</td>
<td>Tier 1 (♥): $35 copay/visit</td>
<td>Tier 2 (♥): $45 copay/visit</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50 copay/visit</td>
<td>$50 copay/visit</td>
<td>$50 copay/visit</td>
<td>$50 copay/visit</td>
</tr>
<tr>
<td>Lab and x-ray</td>
<td>$5 copay/basic $100 copay/advanced</td>
<td>20% after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
</tr>
<tr>
<td>Outpatient visit</td>
<td>10% co-insurance after deductible</td>
<td>20% after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
</tr>
<tr>
<td>Inpatient visit</td>
<td>10% co-insurance after deductible</td>
<td>20% after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
<td>Designated Network: 10% co-insurance after deductible Network: 20% co-insurance after deductible</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$250 copay/visit after deductible</td>
<td>$250 copay/visit after deductible</td>
<td>$250 copay/visit after deductible</td>
<td>$250 copay/visit after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$200 copay/occurrence after deductible</td>
<td>$200 copay/occurrence after deductible</td>
<td>$200 copay/occurrence after deductible</td>
<td>$200 copay/occurrence after deductible</td>
</tr>
</tbody>
</table>

*Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plans and the PPO Plans. See the glossary (umurl.us/glossary) for details.
Information for the 2024 plan year will be available on the whyuhc.com/universitymissouri website beginning October 1, 2023.
Virtual visits

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

- Accessing virtual visits
  - Columbia CNP can access through MUHC’s video visits portal
  - All other plans can access through myuhc.com or the United Healthcare App

- Conditions commonly treated:
  - Cold, flu, bronchitis, pink eye, rash, sinus problems, sore throat, etc.

- Learn more at umurl.us/virtualvis
Prescription options

▪ Retail pharmacy
  – Physical pharmacy you walk into
  – Supply limited to 31 days

▪ Mail-order pharmacy
  – Send prescriptions directly to your home, up to 90-day supply
  – Ideal for maintenance medications or long-term therapies
  – Receive a 90-day supply for the same cost as 60-day supply

▪ Mizzou Pharmacy
  – Treated as mail-order, meaning prescriptions offered at the same reduced mail-order cost

▪ Specialty pharmacy services
  – Supplied by Accredo for all plans
  – Healthy Savings Plan, Custom Network Plan-Columbia and PPO Plan participants members may also use Mizzou Pharmacy
Prescription pharmacy lookup and pricing

Welcome University of Missouri System Faculty and Staff!

This website is a simple way to learn about the benefits and services offered by The University of Missouri System and UnitedHealthcare. We hope the information will help you as you think about your healthcare needs and make your benefit decisions.

Additional Information

Explore plan details
- Benefits Overview
- Price a Medication
- Find a Pharmacy

We're partnering with Curators of the University of Missouri to manage your pharmacy benefits.

Explore your plan options.

Plan Year
2024

Select Plan
Select

View Details

University-customized UHC site
www.whyuhc.com/universitymissouri
## 2024 Dental plan options

<table>
<thead>
<tr>
<th></th>
<th>Base Plan</th>
<th>Buy Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$100/person, $300/family</td>
<td>$50/person, $150/family</td>
</tr>
<tr>
<td><strong>Preventive services</strong></td>
<td>100% (no deductible)</td>
<td>100% (no deductible)</td>
</tr>
<tr>
<td><strong>Basic services</strong></td>
<td>80% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Major services</strong></td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Annual maximum</strong></td>
<td>$1,500 per calendar year for each covered individual</td>
<td>$2,000 per calendar year for each covered individual</td>
</tr>
<tr>
<td><strong>Orthodontia services</strong></td>
<td>N/A</td>
<td>50% (no deductible)</td>
</tr>
<tr>
<td><strong>Orthodontia lifetime max</strong></td>
<td>N/A</td>
<td>$1,500 per lifetime for each covered individual</td>
</tr>
<tr>
<td><strong>Orthodontia eligibility</strong></td>
<td>N/A</td>
<td>Adults and children</td>
</tr>
<tr>
<td>Dental plan option</td>
<td>Coverage level</td>
<td>You pay in 2023 (monthly premium)</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Base Plan</strong></td>
<td>Self</td>
<td>$15.53</td>
</tr>
<tr>
<td></td>
<td>Self and spouse</td>
<td>$31.05</td>
</tr>
<tr>
<td></td>
<td>Self and children</td>
<td>$37.68</td>
</tr>
<tr>
<td></td>
<td>Self and family</td>
<td>$53.21</td>
</tr>
<tr>
<td><strong>Buy Up Plan</strong></td>
<td>Self</td>
<td>$22.46</td>
</tr>
<tr>
<td></td>
<td>Self and spouse</td>
<td>$44.89</td>
</tr>
<tr>
<td></td>
<td>Self and children</td>
<td>$72.13</td>
</tr>
<tr>
<td></td>
<td>Self and family</td>
<td>$96.44</td>
</tr>
</tbody>
</table>
Dental provider lookup

University-customized Delta Dental site

www.deltadentalmo.com/um
# Vision Plan

What you pay for in-network coverage*

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>DESCRIPTION</th>
<th>COPAY</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELLVISION EXAM</td>
<td>Focuses on your eyes and overall wellness</td>
<td>$10</td>
<td>Every calendar year</td>
</tr>
<tr>
<td>ESSENTIAL MEDICAL EYE CARE</td>
<td>Retinal screening for members with diabetes</td>
<td>$0 per screening $20 per exam</td>
<td>Available as needed</td>
</tr>
<tr>
<td></td>
<td>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESCRIPTION GLASSES</td>
<td>$190 featured frame brands allowance</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>FRAME</td>
<td>$140 frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100 savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$75 Costco/Walmart/Sam’s frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENSES</td>
<td>Single vision, lined bifocal, lined trifocal, and lenticular lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Polycarbonate lenses - Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standard progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tint (Pink I and II)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LENS ENHANCEMENTS</td>
<td>Premium &amp; Custom progressive lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>UV Protection</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Tint (Solid and Gradient)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Scratch-resistant Coating</td>
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<tr>
<td></td>
<td>Anti-reflective Coating</td>
<td></td>
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<tr>
<td></td>
<td>Photochromic Lenses</td>
<td></td>
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<tr>
<td></td>
<td>High-index Lenses</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Polycarbonate lenses - Adult</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average savings of 30% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTACTS (INSTEAD OF GLASSES)</td>
<td>$140 allowance for contacts; copay does not apply</td>
<td>Up to $40</td>
<td>Every calendar year</td>
</tr>
<tr>
<td></td>
<td>Contact lens exam (fitting and evaluation)</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Necessary contact lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIGHTCARE™</td>
<td>$140 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</td>
<td>$25</td>
<td>Every other calendar year</td>
</tr>
</tbody>
</table>

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

University-customized VSP site
universityofmo.vspforme.com
VSP Choice Plan
Life and disability insurance

- New vendor MetLife, effective January 1, 2024.
- **Option to increase coverage:**
  - Additional Life maximum coverage increases to 8x salary.
  - Dependent Life-Spouse maximum coverage increases to $100,000.
- **Unique opportunities:** Faculty and staff can add or increase coverages for the 2024 plan year without completing a statement of health form as follows:
  - Additional Life: Add coverage up to 1x annual base salary or increase coverage from 1x to 2x annual base salary.
  - Dependent Life-Spouse: Add or increase coverage up to $20,000.
Life and Disability Statement of Health

▪ If a Statement of Health (SOH) form is required, you will receive a pop-up message after you click "Submit Enrollment" and "Done".
  – The pop-up will contain a hyperlink to connect you to your customized form on MetLife’s portal.
Life and Disability Statement of Health Cont.

- **Employee Coverage**
  - Click the blue button to complete your SOH application

- **Dependent Life-Spouse**
  - You will need to provide an email address for your spouse or sponsored adult dependent to complete the form.
New Benefits

2024 Annual Enrollment
Approved Leave Program
Effective January 2024

**Fixed Leave**
- **Holidays:** 9 per year
- **Winter Break (campus only):** 4 Days per year

**Flexible Leave**
- **PTO (Paid Time Off) Days Per Year***
  
<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Non-Exempt (Hourly)</th>
<th>Exempt (Salaried)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>18 days</td>
<td>23 days</td>
</tr>
<tr>
<td>5 – 15 years</td>
<td>23 days</td>
<td>28 days</td>
</tr>
<tr>
<td>15 or more years</td>
<td>28 days</td>
<td>28 days</td>
</tr>
</tbody>
</table>

**Qualifying Leave**
- **Short-Term Disability:** Covers 60% of employees’ pay for up to 20 weeks
- **Parental Leave:** Covers 100% of employees’ pay for up to 4 weeks
- **Caregiver Leave:** Covers 100% of employees’ pay for up to 2 weeks

*Hours will be prorated for employees working less than 100% FTE.
Short-Term Disability

- A new plan type to replace income* when unable to work due to qualified medical disability (up to 20 weeks).
- For benefit-eligible staff and certain non-regular academic employees.
- Available for use after an elimination period of seven (7) consecutive calendar days.
  - Employees must use available accrued paid time off to cover the elimination period
- Base Plan with an option available to buy additional coverage known as the Buy-Up Plan.

* Income replacement is based on your Annual Base Benefit Rate (ABBR), which includes total income before taxes. The term does not include: pre-tax contributions, bonuses, overtime pay, shift differential, car, housing, moving allowances, employer contributions to qualified deferred compensation plan, income received from part-time non-benefit eligible UM employment and any other extra compensation or income received from sources other than from UM.
Short-Term Disability Base Plan

- Eligible employees are automatically enrolled.
- Provides 60% income replacement.*
  - employees must use available accrued paid time off to cover unpaid
time associated with short-term disability, unless otherwise approved.
- Base Plan premiums are 100% employer-paid.

See umurl.us/STD to learn more.

* Income replacement is based on your Annual Base Benefit Rate (ABBR), which includes total income before taxes. The term does not include: pre-tax contributions, bonuses, overtime pay, shift differential, car, housing, moving allowances, employer contributions to qualified deferred compensation plan, income received from part-time non-benefit eligible UM employment and any other extra compensation or income received from sources other than from UM.
Short-Term Disability Buy-Up Plan

- Option available to buy additional coverage to provide remaining 40% of income replacement*

  - Example: Monthly premiums are based on ABBR.
    - $30,000 = $18.50 monthly premium
    - $60,000 = $37 monthly premium
    - $120,000 = $74 monthly premium

- A statement of health is not required during this Annual Enrollment.
- See umurl.us/STD to learn more.

* Income replacement is based on your Annual Base Benefit Rate (ABBR), which includes total income before taxes. The term does not include: pre-tax contributions, bonuses, overtime pay, shift differential, car, housing, moving allowances, employer contributions to qualified deferred compensation plan, income received from part-time non-benefit eligible UM employment and any other extra compensation or income received from sources other than from UM.
Leave Plan - General Overview Dates

- Save the Dates!
  - October 12-18, 2023*

- For resources and information visit umurl.us/ModernizeLeave

  * Recorded trainings will be available
HSAs and FSAs

2024 Annual Enrollment
Health savings account (HSA)

About the account

- University contributes:
  - Employee: $400
  - Employee and Spouse: $800
  - Employee and Children: $800
  - Employee and Family: $1,200

- Use it for medical, prescription, dental and vision expenses

- Unused funds roll over from year to year

- Funds must be available prior to use

- If you’re switching from a Health FSA to an HSA in 2024, your FSA must have a zero balance by 12/31/23, or contributions to your HSA will not begin until 04/01/24.

About eligibility

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

- IRS contribution limits for 2024:
  - $4,150 per individual ($1,000 additional catch-up for 55 or older)
  - $8,300 per family ($1,000 additional catch-up for 55 or older)

- If you leave, you take funds with you.
Flexible spending account (Health Care FSA)

**About the account**
- University does not contribute
- Use it for medical, prescription, dental and vision expenses
- Cannot roll over funds
  - 2.5 month grace period allows extra time to incur expenses through March 15 of following year
- ASI FlexCard option
- Enrollment does not automatically roll over from one plan year to the next.
  - If you wish to contribute funds in 2024, you must re-enroll during Annual Enrollment.

**About eligibility**
- Cannot be enrolled in the Healthy Savings Plan
- Contribution limits for 2024:
  - $3,050 for individual
- If you leave the university, you will no longer be eligible to participate in the FSA
  - Any remaining funds can only be used for expenses incurred prior to coverage end date

* If you have an FSA in 2023 and are changing to the Healthy Savings Plan with an HSA in 2024, your 2023 FSA must have a zero balance by December 31. A balance of any other amount will prevent you and the university from contributing to your HSA until April 1.
About the account

- Use it for out-of-pocket childcare and/or elder care dependent expenses
- Funds must be available prior to use.
- Cannot roll over funds
  - 2.5 month grace period allows extra time to incur expenses through March 15 of following year
- Enrollment does not automatically roll over from one plan year to the next.
  - If you wish to contribute funds in 2024, you must re-enroll during Annual Enrollment.

About eligibility

- Any benefit eligible employee may enroll in a Dependent Care FSA, even those enrolled in the Healthy Savings Plan
- IRS contribution limits for 2024:
  - $5,000 for family
Enrollment Documentation

2024 Annual Enrollment
Confirmation emails and statements

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

- Confirmation statements will be available in myHR in mid-December
  - The confirmation statement contains a summary report of your enrollments
  - An email will be sent to your university email account once your confirmation statement is ready to be viewed and printed in myHR
Proof of Relationship requirement

- Proof of Relationship must be provided for any new dependents enrolled
  - After Annual Enrollment ends, you have 31 days to provide required documentation
  - If documentation is not submitted by December 4, 2023, dependent(s) will be removed from coverage

- Accepted documentation can be found at: umurl.us/proof
Conclusion

2024 Annual Enrollment
Other Benefits

▪ Tuition Assistance*
  – Deadlines for requests are due mid-semester. Visit umurl.us/tuition for more.
    ▪ Active employees: 75% of tuition/supplemental fees.
    ▪ Spouse/dependents**: 50% tuition waived for UM System college-level credit courses up to the allotted limit.
    ▪ Retirees: 100%

▪ Employee Assistance Program
  – Confidential, professional service provided to all faculty/staff, their households, retirees and organizational work units. Visit umurl.us/EAP for more.

▪ Public Service Loan Forgiveness (PSLF)
  – If you work for the university and have federal student loans, you may qualify for loan forgiveness. Visit umurl.us/EmpRel for more.

* Eligibility requirements apply; visit umurl/us/tuition for information on eligibility and other deadlines.
**Eligible employee must have one year of continuous full-time service in a fully benefit-eligible position before spouse/dependents are eligible.
Insurance-related notices

- Notices will be made available during the enrollment process in myHR:
  - Women’s Health and Cancer Rights Act of 1998
  - Your Right to Receive A Notice of Privacy Practices
  - Notice to Employees of Coverage Options
  - Premium Assistance under Medicaid and the Children’s Health Insurance Program (CHIP)
  - Medicare Modernization Act (MMA)
  - Newborns’ and Mothers’ Health Protection Act of 1996

- Notices are also always available at umurl.us/notices
There’s help!

- Our university benefits website has many of the answers you’re looking for. Regularly check the Annual Enrollment webpage at: umurl.us/enrollment
  - Updates will always appear there
  - Schedule one-on-one meetings with your campus HR Generalist

- Need help along the way?
  - Submit a question through AskHR (askhr.umsystem.edu); or
  - contact the HR Service Center (umurl.us/hrsc); or
  - reach out to your HR Generalist (umurl.us/cbr) for assistance.

- UnitedHealthcare has tools available to help
  - Visit the Annual Enrollment webpage for a list

Remember to review and make changes between October 23 and November 3!
University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

Visit umurl.us/benefits for more

HR Service Center
umurl.us/hrsc
(573) 882-2146
hrsvicecenter@umsystem.edu