

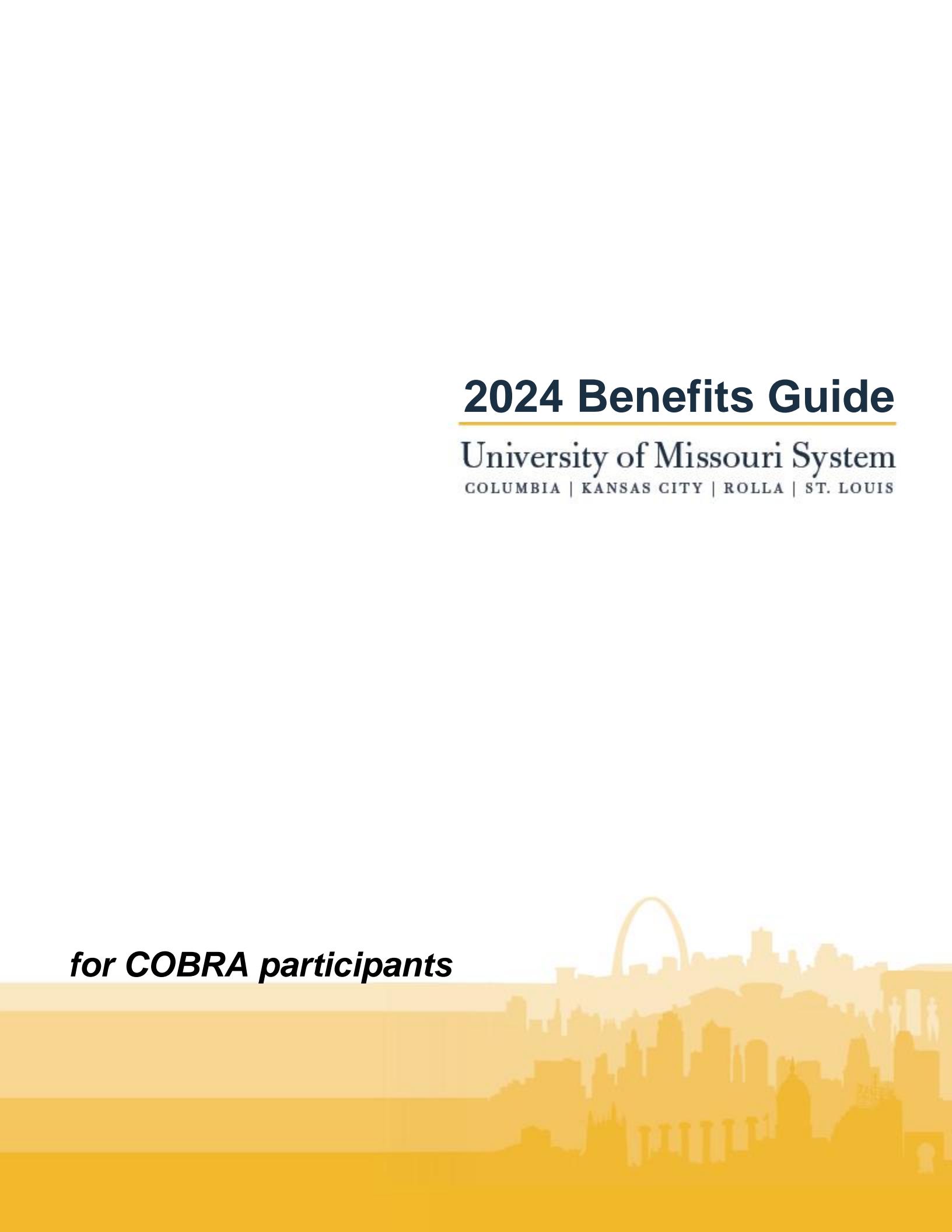
# **2024 Benefits Guide**

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**University of Missouri System**

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

***for COBRA participants***



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*This guide provides a summary of various plans included in the University of Missouri System benefit program effective January 1, 2024. Summary Plan Descriptions (SPDs) for each plan described herein can be found on the UM System website. At the time of printing, SPDs on the website pertain to the 2023 plan year; SPDs for the 2024 plan year will be available in early 2024. Information in the 2024 SPD for each plan will vary from the information in the 2023 SPDs; therefore, the 2023 SPDs should not be relied upon to determine plan benefits effective January 1, 2024.*

*The SPD serves as both the Plan document and the SPD. In the event of a discrepancy between this guide and the SPD, the SPD will govern in every instance. The University of Missouri System reserves the right to change or terminate the benefits program, individual plans or provisions at any time.*

# Welcome to your guide

Welcome to your insurance benefits guide, a document designed to help you choose your insurance plans and enroll in your 2024 insurance benefits. Because health care needs are personal and important, we want to support you in finding a plan that works for your situation. Each plan has a dedicated page in this guide so you can get important information while weighing your options.

Please note:

- Every plan covers 100% of qualified in-network preventive care.
- UnitedHealthcare administers all plans, with prescription drug benefits managed by Express Scripts.
- In the Columbia area, you may fill your prescriptions at a Mizzou pharmacy for the same cost as mail-order prescriptions.
- If your home address is located in an eligible region around Columbia or St. Louis, the Custom Network Plan for the associated location is available to you.

**Current COBRA Participants:** If you would like to make changes to your 2024 University benefit plan elections, you must do so during the Annual Enrollment period (October 23 to November 3, 2023) by completing the “2024 COBRA Annual Enrollment Form” that was mailed to you. The form must be returned to ASI COBRA no later than November 3, 2023, as instructed on the form. If you need another copy of the form, please contact ASI COBRA at 1-877-388-8331 to request one. **If you are satisfied with your current benefit plan elections and simply wish to continue them in 2024, no action is required on your part.**

**Potential COBRA Participants:** If you were enrolled in Medical, Dental and/or Vision insurance coverage while you were an active employee, please refer to [umurl.us/COBRA](http://umurl.us/COBRA) for more information regarding eligibility and application for continued coverage.

If you are adding dependents to your benefit plans, you must provide Proof of Relationship to the University of Missouri System within the required timeframe. View proof of relationship requirements and access forms by visiting [umurl.us/proof](http://umurl.us/proof).

# Healthy Savings Plan

## About the plan

- You pay the full cost of medical services and prescription drugs until you reach your annual deductible.
- The price of in-network medical services and prescription drugs are discounted. You pay the total of that discounted price until the deductible is met.
- After you meet the deductible, you'll pay 15% of the cost of covered in-network medical services and prescription drugs until you reach the out-of-pocket limit (which is comprised of deductibles, coinsurance and prescription drug charges).
- Once the annual out-of-pocket limit is met, the plan will pay 100% of covered services and prescription drugs for the rest of the year.
- The annual deductible for the Healthy Savings Plan combines medical services and prescription drug expenses, rather than having one deductible for medical services and another for prescription drugs.
- In the same way as the annual deductible, the annual out-of-pocket limit combines medical and prescription expenses.
- For those in the Columbia area, 90-day fills/refills are available at Mizzou pharmacies at the same cost as mail-order. Participants may fill specialty medications through a Mizzou Specialty Pharmacy ([www.muhealth.org/specialty-pharmacy](http://www.muhealth.org/specialty-pharmacy)) or Accredo.
- Visit [umurl.us/benadmin](http://umurl.us/benadmin) to access provider directories for each plan. Healthy Savings Plan information is listed under "Medical."
- Virtual Visits allow you to connect with a doctor via video on your mobile device, tablet or computer without an appointment, any time. Learn more at [umurl.us/virtualvis](http://umurl.us/virtualvis).

## Healthy Savings Plan- What you pay for covered expenses

(Premiums are not listed in this chart. Refer to the premiums list.)

|   | In-network                      | Out-of-network***                |
|---|---------------------------------|----------------------------------|
| Combined medical and prescription deductible          | \$1,750/self; \$3,500/family*   | \$3,500/self; \$7,000/family*    |
| Coinurance  | 15% after deductible            | 35% or more after deductible     |
| Preventive care                                       | \$0                             | 35% or more after deductible     |
| Primary care  | 15% after deductible            | 35% or more after deductible     |
| Specialist care                                       | 15% after deductible            | 35% or more after deductible     |
| Urgent care   | 15% after deductible            | 35% or more after deductible     |
| Lab and x-ray   | 15% after deductible            | 35% or more after deductible     |
| Outpatient care                                       | 15% after deductible            | 35% or more after deductible     |
| Inpatient care  | 15% after deductible            | 35% or more after deductible     |
| Durable medical equipment                             | 15% after deductible            | 35% or more after deductible     |
| Emergency room  | 15% after deductible            | 15% or more after deductible     |
| Ambulance   | 15% after deductible            | 15% or more after deductible     |
| Prescription drug: retail                             | 15% after deductible            | 35% or more after deductible     |
| Prescription drug: mail**                             | 15% after deductible            | 35% or more after deductible     |
| Combined medical and prescription out-of-pocket limit | \$3,750/self<br>\$7,500/family* | \$7,000/self<br>\$14,000/family* |

\* Only the individual or family amount must be satisfied, based on whether you choose self or family coverage.

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

\*\*\* Please refer to the Summary Plan Description (SPD) for additional details on allowable/eligible expenses when using an out-of-network provider.

## Health Savings Account

If you enroll in the Healthy Savings Plan, you may be eligible to sign up for a Health Savings Account (HSA) to help cover your health care expenses. To be eligible, you must be covered by a qualified high-deductible health plan (UM Healthy Savings Plan) on the first day of the month; you may not be covered by another health plan (including any part of Medicare); you may not be claimed as a dependent on someone else's tax return; and you or your spouse may not be enrolled in a general purpose Health Care Flexible Spending Account.

# Custom Network Plan

If your home address is located in an eligible region around Columbia or St. Louis, the Custom Network Plan for the associated location is available to you. This insurance plan gives you a focused network of health care providers who are working to improve the quality of your care and share savings and efficiencies with you when you stay in-network.

## What's the same in Columbia and St. Louis?

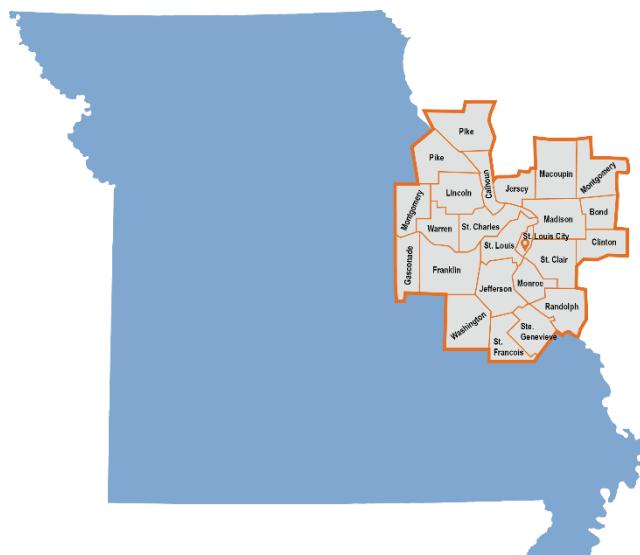
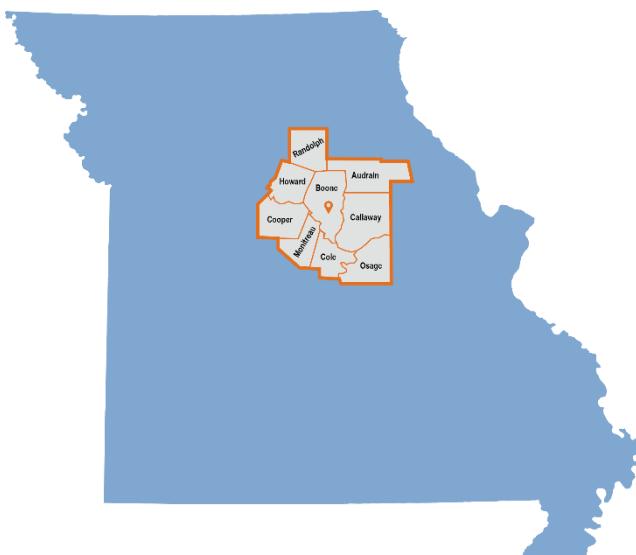
- There are separate deductibles for in-network services and retail prescription drugs.
- Once you meet your annual out-of-pocket limit, the plan will pay 100% of eligible coinsurance and copayment expenses for the rest of the calendar year.
- The Plan offers a narrow network of health care providers who are working to improve the quality of your care and share savings and efficiencies with you when you stay in-network. A narrow network offers a smaller pool of in-network providers in exchange for decreased premium or service costs.

### Columbia

- Eligible Missouri counties: Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage and Randolph.
- Your network consists primarily of providers affiliated with University of Missouri Health Care (MUHC), allowing you to take advantage of special services:
  - **Virtual Visits:** Connect with a doctor on your mobile device, tablet or computer for a \$15 copay. Learn more at [umurl.us/virtualvis](http://umurl.us/virtualvis).
  - **Mizzou Doc Fast Pass:** Establish care with an in-network primary care physician/specialist or get expedited access when scheduling primary care appointments by calling (573) 884-0432.
  - **Mizzou Quick Care:** For same-day, sick care appointments for minor health issues for ages 2 and above, visit an in-network quick care clinic for \$15. Learn more or reserve a spot at [umurl.us/muquick](http://umurl.us/muquick).
  - **HEALTHConnect:** A patient portal that connects you to MUHC's providers and medical services.
- Mizzou pharmacy is the preferred network pharmacy for retail and 90-day prescriptions, but members have access to Express Scripts' nationwide network. Participants may fill specialty medications through a Mizzou Specialty Pharmacy ([www.muhealth.org/specialty-pharmacy](http://www.muhealth.org/specialty-pharmacy)) or Accredo.

### St. Louis

- Eligible Missouri counties: Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Pike, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren and Washington.
- Eligible Illinois counties: Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Pike, Randolph and St. Clair.
- Your focused network consists primarily of providers affiliated with Mercy Health System, allowing you to take advantage of special services such as:
  - **Virtual Visits:** Connect with a doctor on your mobile device or computer for a \$15 copay. Learn more at [umurl.us/virtualvis](http://umurl.us/virtualvis).
  - **Mercy Care Management:** Every provider and case manager is connected to the same electronic medical record, allowing for in-the-moment collaboration to ensure you get the right care at the right time.
  - **Mercy On Call:** Provides you with real-time guidance and support for your condition. If you call your Mercy primary care provider when they are unavailable (e.g., after hours and weekends), you will be automatically connected to this service.
- Pharmacy coverage is administered by Express Scripts, with access to pharmacies nationwide and mail order services. Specialty medications must be filled through Accredo.



# Custom Network Plan cont.

It's possible you may be eligible for both the Custom Network Plan-Columbia and the Custom Network Plan-St. Louis (i.e., your work unit was University of Missouri-Columbia but you live in an eligible county in St. Louis, or vice versa). In this case, you will have the option to enroll in either of the two insurance plans. Please note, however, that these plans have access to different networks of medical care providers. A narrow network offers a smaller pool of in-network providers in exchange for decreased premium or service costs. You will only have in-network access to providers associated with the plan in which you enroll. That is, enrolling in the Columbia plan makes only Columbia's narrow network available to you, and enrolling in the St. Louis plan makes only St. Louis's network available to you.

Visit [umurl.us/benadmin](http://umurl.us/benadmin) to access provider directories for each plan. For medical insurance plans, including the Custom Network Plan, navigate to "Medical" on the list and click "find a doctor" under the bullet point labelled "Provider directory."

## Custom Network Plan- What you pay for covered expenses

(Premiums are not listed in this chart. Refer to the premiums list.)

|   | In-network   | Out-of-network***  |
|---|--|--|
| <b>Medical deductible</b>   | \$200/self; \$600/family   | \$1,500/self; \$4,500/family*  |
| <b>Prescription deductible</b>  |  | Retail: \$50/person; Mail-order: \$0   |
| <b>Coinsurance</b>  | 10% after deductible   | 50% or more after deductible   |
| <b>Preventive care</b>  | \$0  | 50% or more after deductible   |
| <b>Primary care</b>   | \$15 copay/visit   | 50% or more after deductible   |
| <b>Specialist care</b>  | \$40 copay/visit   | 50% or more after deductible   |
| <b>Urgent care</b>  | \$50 copay/visit   | \$50 copay/visit or more   |
| <b>Lab and x-ray</b>  | \$5 (basic) / \$100 (advanced)****   | 50% or more after deductible   |
| <b>Outpatient care</b>  | 10%after deductible  | 50% or more after deductible   |
| <b>Inpatient care<br/>(includes maternity delivery)</b>   | 10% after deductible   | 50% or more after deductible   |
| <b>Durable medical equipment</b>  | 10% after deductible   | 50% or more after deductible   |
| <b>Emergency room</b>   | \$250 copay/visit after deductible   | \$250 copay/visit or more after deductible   |
| <b>Ambulance</b>  | \$200 copay/occurrence after deductible  | \$200 copay/occurrence or more after deductible  |
| <b>Prescription drug: retail</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of (after Rx deductible):<br>--\$10 copay or 20% coinsurance<br>--\$30 copay or 25% coinsurance<br>--\$50 copay or 50% coinsurance | Greater of (after Rx deductible):<br>\$30 copay or 50% network costs (member will pay difference between the non-participating and participating pharmacy charge.)   |
| <b>Prescription drug: mail**</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of:<br>--\$20 copay or 20% coinsurance<br>--\$60 copay or 25% coinsurance<br>--\$100 copay or 50% coinsurance                      | Greater of:<br>\$30 copay or 50% network costs after annual deductible (member will pay difference between the non-participating and participating pharmacy charge.) |
| <b>Medical out-of-pocket limit</b>  | \$3,750/self; \$7,500/family*  | \$11,250/self; \$22,500/family*  |
| <b>Prescription out-of-pocket limit</b>   |  | \$5,200/self; \$10,400/family*   |

\* "Self" amounts must be satisfied for all individuals covered until the family deductible is met.

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

\*\*\*Please refer to the Summary Plan Description for additional details on allowable/eligible expenses when using an out-of-network provider.

\*\*\*\* For lab and x-ray services. "Basic" includes services such as x-ray, bloodwork, lipid panel, etc. "Advanced" includes services such as CT scan, PET scan, MRI, etc.

# PPO Plan

The PPO Plan is available to you if you do not live in one of the counties that makes you eligible for the similar PPO Plan with Tiered Feature (also called Tiered PPO). The PPO Plan is a traditionally structured medical insurance plan with a broad network. You pay deductibles for medical expenses and prescription drugs even if you use in-network services. This means, for most covered expenses, you'll pay for expenses until you reach the annual deductible.

## About the plan

- There are separate deductibles for in-network services and retail prescription drugs.
- Once you meet your annual out-of-pocket limit, the plan pays 100% of expenses (including coinsurance and copayments) for the remainder of the calendar year.
- Premiums are high, but the deductible is mid-range for health plans.
- For those in the Columbia area, 90-day fills/refills are available at Mizzou pharmacies at the same cost as mail-order. Participants may fill specialty drugs through a Mizzou Specialty Pharmacy ([muhealth.org/specialty-pharmacy](http://muhealth.org/specialty-pharmacy)) or Accredo.

## PPO Plan- What you pay for covered expenses

(Premiums are not listed in this chart. Refer to the premiums list.)

|   | In-network  | Out-of-network***   |
|---|---|---|
| <b>Medical deductible</b>   | \$800/self coverage;<br>\$2,400/family coverage*  | \$1,600/self coverage;<br>\$4,800/family coverage*  |
| <b>Prescription deductible</b>  |   | Retail: \$75/person; Mail-order: \$0  |
| <b>Coinurance</b>   | 20% after deductible  | 40% or more after deductible  |
| <b>Preventive care</b>  | \$0   | 40% or more after deductible  |
| <b>Primary care</b>   | \$20 copay/visit  | 40% or more after deductible  |
| <b>Specialist care</b>  | \$40 copay/visit  | 40% or more after deductible  |
| <b>Urgent care</b>  | \$50 copay/visit  | 40% or more after deductible  |
| <b>Lab and x-ray</b>  | 20% after deductible  | 40% or more after deductible  |
| <b>Outpatient care</b>  | 20% after deductible  | 40% or more after deductible  |
| <b>Inpatient care<br/>(includes maternity delivery)</b>   | 20% after deductible  | 40% or more after deductible  |
| <b>Durable medical equipment</b>  | 20% after deductible  | 40% or more after deductible  |
| <b>Emergency room</b>   | \$250 copay/visit after deductible  | \$250 copay/visit or more after deductible  |
| <b>Ambulance</b>  | \$200 copay/occurrence after deductible   | \$200 copay/occurrence or more after deductible   |
| <b>Prescription drug: retail</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of:<br>--\$10 copay or 20% coinsurance<br>--\$30 copay or 25% coinsurance<br>--\$50 copay or 50% coinsurance  | \$30 copay or 50% network costs after annual deductible (Member will pay difference between the non-participating and participating pharmacy charge.) |
| <b>Prescription drug: mail**</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of:<br>--\$20 copay or 20% coinsurance<br>--\$60 copay or 25% coinsurance<br>--\$100 copay or 50% coinsurance | \$30 copay or 50% network costs after annual deductible (Member will pay difference between the non-participating and participating pharmacy charge.) |
| <b>Medical out-of-pocket limit</b>  | \$3,750/self; \$7,500/family*   | \$11,250/self; \$22,500/family*   |
| <b>Prescription out-of-pocket limit</b>   |   | \$5,200/self; \$10,400/family*  |

\* "Self" amounts must be satisfied for all individuals covered until the family deductible is met.

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

\*\*\* Refer to the Summary Plan Description for additional details on allowable/eligible expenses when using an out-of-network provider.

# PPO Plan with Tiered Feature (Tiered PPO)

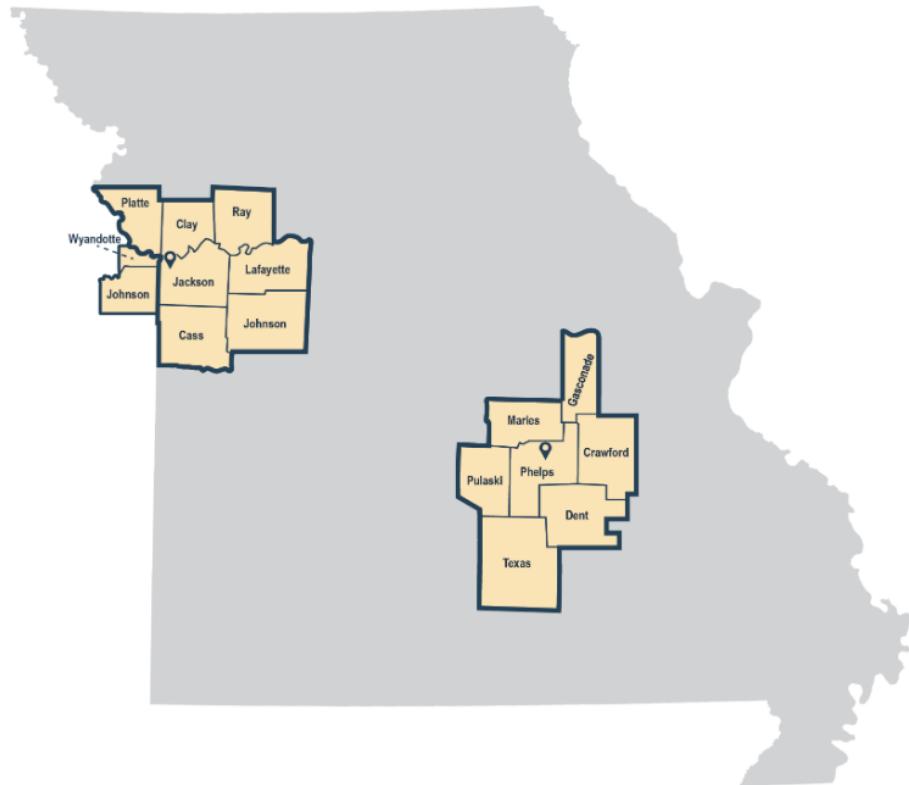
If your home address is located in an eligible county in and around Kansas City or Rolla, the PPO plan with Tiered Feature (also called Tiered PPO Plan) will be available to you. The Tiered PPO Plan offers savings to those who use Tier 1 providers, but also offers access to a board network through Tier 2. Additionally, you save when using non-hospital-affiliated, free-standing facilities, ambulatory surgical centers or physician offices (designated network) instead of outpatient hospital facilities (network) for services such as labs, x-rays, scans and outpatient surgery.

## About the plan

- There are separate deductibles for in-network services and retail prescription drugs.
- Once you meet your annual out-of-pocket limit, the plan pays 100% of expenses (including coinsurance and copayments) for the remainder of the calendar year.
- Premiums are high, but the deductible is mid-range for health plans.

## Eligible Counties for Tiered PPO Plan

- **Missouri counties:** Cass, Clay, Crawford, Dent, Gasconade, Jackson, Johnson, Lafayette, Maries, Platte, Phelps, Pulaski, Ray and Texas.
- **Kansas counties:** Johnson and Wyandotte.



## Providers

- **Tier 1:** Premium Care Physicians. Rated as having two hearts (♥♥) by UHC because of their high quality, cost-effective care. Utilizing this tier may help you lower costs for services.
- **Tier 2:** Includes certain types of specialists; providers rated as having one heart (♥) by UHC; and providers who are unrated or do not meet the criteria for designation.

# PPO Plan with Tiered Feature (Tiered PPO) cont.

## Tiered PPO Plan- What you pay for covered expenses

(Premiums are not listed in this chart. Refer to the premiums list.)

|   | In-network  | Out-of-network***  |   |
|---|---|--|---|
| <b>Medical deductible</b>   | \$500/self coverage;<br>\$1,500/family coverage*  |  | \$1,000/self coverage;<br>\$3,000/family coverage*  |
| <b>Prescription deductible</b>  | Retail: \$75/person; Mail-order: \$0  |  |   |
| <b>Coinsurance</b>  | 10% after deductible  |  | 40% or more after deductible  |
|   | <b>In-network Tier 1 ♥♥</b>   | <b>In-network Tier 2 ♥</b>                               | <b>Out-of-network***</b>  |
| <b>Preventive care</b>  | \$0   |  | 40% or more after deductible  |
| <b>Primary care</b>   | \$15 copay/visit  | \$30 copay/visit   | 40% or more after deductible  |
| <b>Specialist care</b>  | \$35 copay/visit  | \$45 copay/visit   | 40% or more after deductible  |
| <b>Urgent care</b>  | \$50 copay/visit  |  | 40% or more after deductible  |
|   | <b>At free-standing facility,<br/>ambulatory surgical center<br/>or physician's office<br/>(designated network)</b>   | <b>At outpatient hospital<br/>facility<br/>(network)</b> |   |
| <b>Lab and x-ray</b>  | 10% after deductible  | 20% after deductible                                     | 40% or more after deductible  |
| <b>Outpatient care</b>  | 10% after deductible  | 20% after deductible                                     | 40% or more after deductible  |
| <b>Inpatient care</b><br><i>(includes maternity delivery)</i>   | 10% after deductible  | 20% after deductible                                     | 40% or more after deductible  |
| <b>Durable medical equipment</b>  | 10% after deductible  |  | 40% or more after deductible  |
| <b>Emergency room</b>   | \$250 copay/visit after deductible  |  | \$250 copay/visit after deductible  |
| <b>Ambulance</b>  | \$200 copay/occurrence after deductible   |  | \$200 copay/occurrence after deductible   |
| <b>Prescription drug:<br/>retail</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of:<br>--\$10 copay or 20% coinsurance<br>--\$30 copay or 25% coinsurance<br>--\$50 copay or 50% coinsurance  |  | \$30 copay or 50% network costs after annual deductible (Member will pay difference between the non-participating and participating pharmacy charge.) |
| <b>Prescription drug:<br/>mail**</b><br>--Formulary generic<br>--Formulary brand<br>--Non-formulary brand | Greater of:<br>--\$20 copay or 20% coinsurance<br>--\$60 copay or 25% coinsurance<br>--\$100 copay or 50% coinsurance |  | \$30 copay or 50% network costs after annual deductible (Member will pay difference between the non-participating and participating pharmacy charge.) |
| <b>Medical out-of-pocket limit</b>  | \$3,750/self; \$7,500/family*   |  | \$11,250/self; \$22,500/family*   |
| <b>Prescription out-of-pocket limit</b>   | \$5,200/self; \$10,400/family*  |  |   |

\* "Self" amounts must be satisfied for all individuals covered until the family deductible is met.

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

\*\*\* Refer to the Summary Plan Description for additional details on allowable/eligible expenses when using an out-of-network provider.

# Premiums

## Healthy Savings Plan

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$484.50               |
| Self and spouse            | \$1,065.90             |
| Self and child(ren)        | \$1,056.72             |
| Self, spouse, & child(ren) | \$1,715.64             |

## Custom Network Plans (Columbia and St. Louis)

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$606.90               |
| Self and spouse            | \$1,335.18             |
| Self and child(ren)        | \$1,322.94             |
| Self, spouse, & child(ren) | \$2,148.12             |

## PPO Plans (including Tiered PPO)

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$831.30               |
| Self and spouse            | \$1,828.86             |
| Self and child(ren)        | \$1,811.52             |
| Self, spouse, & child(ren) | \$2,942.70             |

## Dental Base Plan

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$31.67                |
| Self and spouse            | \$63.34                |
| Self and child(ren)        | \$76.87                |
| Self, spouse, & child(ren) | \$108.54               |

## Dental Buy Up Plan

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$42.53                |
| Self and spouse            | \$85.02                |
| Self and child(ren)        | \$122.94               |
| Self, spouse, & child(ren) | \$167.52               |

## Vision

| Coverage level             | COBRA participant cost |
|----------------------------|------------------------|
| Self only                  | \$5.16                 |
| Self and spouse            | \$10.28                |
| Self and child(ren)        | \$11.22                |
| Self, spouse, & child(ren) | \$17.76                |

# Dental (Base Plan and Buy Up Plan options)

Dental insurance is administered by Delta Dental. Two coverage options are available, the Dental Base Plan and the Dental Buy Up Plan. Both options cover three classes of reasonable and customary expenses: preventive, basic and major services, and the Buy Up Plan expands coverage to include orthodontics (\$1,500 maximum lifetime benefit), lower deductible and higher annual maximum. Learn more about dental insurance at [umurl.us/dental](http://umurl.us/dental).

## About the network

The university dental plan utilizes a passive network, which means you have the ability to receive services from network or non-network providers. No matter your provider, your deductible and coinsurance remain the same, as long as charges are reasonable and customary. However, Delta Dental's in-network providers have agreed to charge negotiated rates for specific services, so using either of Delta Dental's two networks, PPO or Premier, may help you achieve more affordable services. Of the two networks, the Delta Dental PPO Network offers the lowest negotiated services, often resulting in the greatest savings.

Visit [umurl.us/benadmin](http://umurl.us/benadmin) to access provider directories for each plan. Dental plan information is listed under "Dental."

**Note:** The services listed here describe eligible dental expenses by plan. Reimbursements are limited to fees determined to be reasonable and customary.

| <b>Dental</b>  |  |  |
|--|--|--|
| <i>Services and coverage (Premiums are not listed in this chart. Refer to the premiums list.)</i>              |  |  |
|  | <b>Base Plan</b>                                     | <b>Buy Up Plan</b>                                   |
| <b>Deductible</b>  | \$100/person<br>\$300/family                         | \$50/person<br>\$150/family                          |
| <b>Preventive services</b><br>Preventive care for routine oral exams, cleaning, x-rays, sealants, and fluoride | 100% (no deductible)                                 | 100% (no deductible)                                 |
| <b>Basic services</b><br>Basic care for treatments such as fillings, oral surgery, and extractions             | 80% after annual deductible                          | 80% after annual deductible                          |
| <b>Major services</b><br>Major treatment such as bridgework, dentures, and crowns                              | 50% after annual deductible                          | 50% after annual deductible                          |
| <b>Annual maximum</b>  | \$1,500/calender year<br>for each covered individual | \$2,000/calender year<br>for each covered individual |
| <b>Orthodontia services</b>  | N/A  | 50% (no deductible)                                  |
| <b>Orthodontia lifetime maximum</b>  | N/A  | \$1,500/lifetime<br>for each covered individual      |
| <b>Orthodontia eligibility</b>   | N/A  | Adults and Children                                  |

# Vision

Vision insurance is administered by VSP. The plan does not have a deductible.

Visit [umurl.us/benadmin](http://umurl.us/benadmin) to access provider directories for each plan. Vision plan information is listed under "Vision."

The plan offers coverage for a number of eye-care expenses, some of which are outlined in the table below. Charges on amounts over the indicated limits or on optional features are discounted. Learn more at [umurl.us/vision](http://umurl.us/vision).

| <b>Vision</b>   |  |                           |
|---|--|---------------------------|
| Services, coverage and frequency (Premiums are not listed in this chart. Refer to the premiums list.) |  |                           |
| <b>WellVision exam</b>  | <ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>\$10 copay</li></ul>   | Every calendar year       |
| <b>Essential medical eye care</b>   | <ul style="list-style-type: none"><li>\$0 copay per retinal screening for members with diabetes</li><li>\$20 copay per exam for additional exams and services beyond routine care to treat immediate issues (e.g., pink eye; sudden changes in vision) or monitor ongoing conditions (e.g., dry eye, diabetic eye disease, glaucoma)</li><li>Coordination with your medical coverage may apply. Ask your VSP doctor for details</li></ul>  | Available as needed       |
| <b>Frames</b>   | <ul style="list-style-type: none"><li>\$25 copay</li><li>\$190 featured frame brands allowance</li><li>\$140 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$75 Costco/Walmart/Sam's frame allowance</li></ul>   | Every other calendar year |
| <b>Lenses</b>   | <ul style="list-style-type: none"><li>Included in \$25 frames copay</li><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>   | Every calendar year       |
| <b>Lens enhancements</b>  | <ul style="list-style-type: none"><li>Standard progressive lenses: \$0 copay</li><li>Custom and progressive lenses: \$95 - \$175 copay</li><li>Average savings of 30% on other lens enhancements</li></ul>   | Every calendar year       |
| <b>Contact lenses (fitting and evaluation)</b>  | <ul style="list-style-type: none"><li>Up to \$40 maximum copay</li></ul>   | Every calendar year       |
| <b>Contacts (instead of glasses)</b>  | <ul style="list-style-type: none"><li>\$140 allowance for contacts; copay does not apply</li></ul>   | Every calendar year       |
| <b>LightCare</b>  | <ul style="list-style-type: none"><li>\$140 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li><li>\$25 copay</li></ul>  | Every other calendar year |
| <b>Extra savings</b>  | <p><b>Glasses and sunglasses</b></p> <ul style="list-style-type: none"><li>Extra \$50 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam.</li></ul> <p><b>Routine retinal screening</b></p> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam.</li></ul> <p><b>Laser vision correction</b></p> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li></ul> |                           |

# After you enroll

## Watch the mail for important documents

- **New ID cards.** Make sure to show your provider your new card(s) at the time of service; benefits are effective even if you haven't received your cards yet.
  - **Medical/Prescription** - You will receive a new single card for medical and prescription coverage if you are newly enrolled, have changed plans or continue enrollment in a Custom Network, PPO or Tiered PPO Plan.
  - **Dental** - You will receive an ID card in the subscriber's name only if you're newly enrolled.
  - **Vision** - No card will be issued.

## Make the most of your health insurance

Preventive services let you take charge of your health and stop problems before they start. If you enroll in medical insurance, in-network preventive care is covered at 100%. Preventive care includes annual physical exams, immunizations and well-child care that is unrelated to a medical diagnosis. There is a list of what is considered preventive under Health Care Reform/ACA, and what will be covered at 100%, on healthcare.gov or UHC's preventive care website, available at [uhc.com/health-and-wellness/preventive-care](http://uhc.com/health-and-wellness/preventive-care).

With vision insurance, annual eye exams are offered with a small copay.

Generally speaking, if you're enrolling in the dental plan, routine oral exams are covered completely, but it's always a good idea to check with your provider. Find in-network dentists in your area through Delta Dental. Contact information for all insurance administrators is available at [umurl.us/benadmin](http://umurl.us/benadmin).

## Choose the right type of care

Making an informed decision about your healthcare needs can save you time and money, but when you are ill or injured, assessing your condition and choosing the best place to go for treatment isn't easy. You have four care options, but each is unique in the services it provides:

- **Primary care physician:** Visit your primary care physician when you have a non-life threatening condition during regular hours of work week, or if you don't need immediate attention. It's always best to see your primary care physician, since they know you and your health history. Examples include persistent cough, sore throat or rash.
- **Convenience care clinic:** When you experience symptoms as noted above, but it's after hours or on a weekend, a convenience care clinic can be a good option. Convenience care clinics are typically available in local retail or drug stores and usually have extended hours on weekdays and weekends.
- **Virtual visits:** No matter when or where you need care, virtual visits can connect you with a doctor through video chat on your mobile device, tablet or computer. Virtual visits are best for getting care in non-emergency situations that don't require hands-on assessment or tests. For example, colds, fevers, migraines or allergies. In most cases, you'll have the opportunity to get a diagnoses and prescription (if needed) in 20 minutes or less. Learn more at [umurl.us/virtualvis](http://umurl.us/virtualvis).
- **Urgent care clinic:** Urgent care clinics are an appropriate choice when you have an unexpected illness or injury that requires immediate attention, but is not necessarily life-threatening. These clinics offer many resources to treat a wound or injury, and will often do so immediately. Examples include a cut that may need stitches or a sprained ankle.
- **Emergency room:** Seek an emergency room when an illness or injury is very serious or life-threatening. In most cases, you will know the condition is serious, sudden and/or requires immediate attention. If you are unable to get to an emergency room, call 9-1-1 for assistance. Examples include broken bones with deformed appearances, head trauma, drug or alcohol overdoses or severe cuts or burns.

# Resources list

The most current contact information can always be found on the plan contacts webpage: [umurl.us/benadmin](http://umurl.us/benadmin).

## To contact plan providers

| Resource for       | Administrator         | Phone        | Website  |
|--------------------|-----------------------|--------------|--|
| Dental             | Delta Dental          | 866-276-8329 | <a href="http://www.deltadentalmo.com/um">www.deltadentalmo.com/um</a>       |
| Medical            | UnitedHealthcare      | 844-634-1237 | <a href="http://www.myuhc.com">www.myuhc.com</a>                             |
| Prescription drugs | Express Scripts, Inc. | 800-955-1201 | <a href="http://www.express-scripts.com">www.express-scripts.com</a>         |
| Vision             | VSP                   | 800-877-7195 | <a href="http://universityofmo.vspforme.com">universityofmo.vspforme.com</a> |

## Your contacts in human resources

No matter where you are...

### HR Service Center

1105 Carrie Francke Drive, Suite 108  
Columbia, Missouri 65211  
(573) 882-2146 or toll free at (800) 488-5288  
[hrservicecenter@umsystem.edu](mailto:hrservicecenter@umsystem.edu)

## Notes

