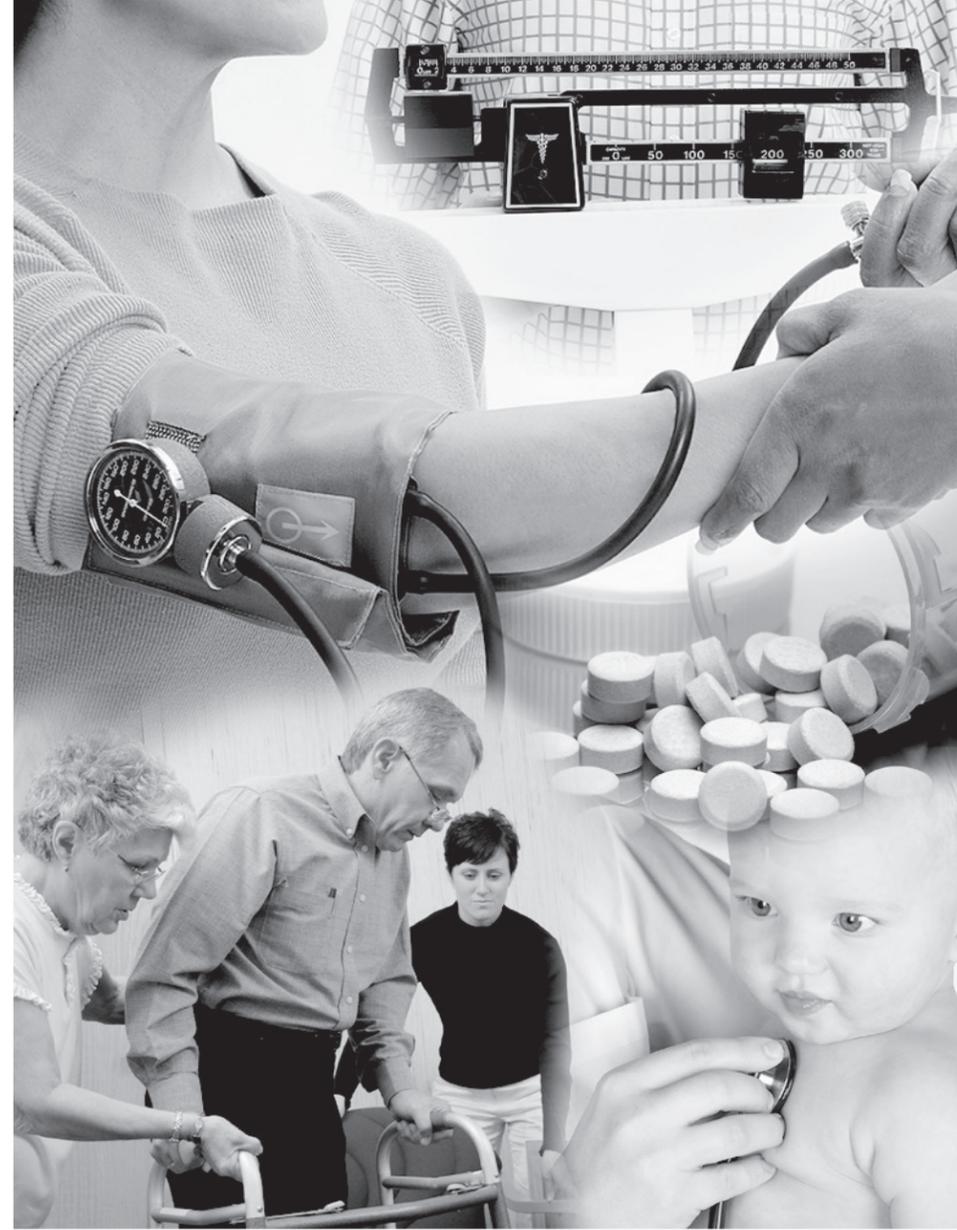


MoDOT
Employee Benefits
P.O. Box 270
Jefferson City, MO 65102

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IMPORTANT INSURANCE INFORMATION ENCLOSED

2010 Benefit Update



Medical & Life Insurance Plan

Missouri Department of Transportation
and Missouri State Highway Patrol

1-877-863-9406

www.modot.mo.gov/newsandinfo/benefits.htm

Contact Information

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2010 BENEFIT UPDATE

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Medical Plan

Coventry Health
1-800-627-6406
www.modot-mshp-cvty.com

Deferred Compensation

ING
1-800-392-0925
<https://mo.INGplans.com>

Prescription Plan

Catalyst Rx
Non-Medicare Members:
1-877-235-2013

Medicare Members:
1-877-235-1981

www.catalystrx.com

Dental Plan

Administered by MCHCP

Delta Dental
1-866-737-9802
www.deltadentalmo.com

Vision Plan

Administered by MCHCP

Vision Service Plan (VSP)
1-800-877-7195
www.vsp.com

Disease Management

Alere
1-866-676-0740
www.ecorsolutions.com

Cafeteria Plan

ASI/Flex
1-800-659-3035
www.mocafe.com

Employee Benefits

1-877-863-9406
www.modot.mo.gov/newsandinfo/benefits.htm

Basic/Optional Life Insurance

Hartford Life
1-877-320-0484

NOTICE TO PARTICIPANTS (SUBSCRIBERS)
OF ELECTION BY THE MISSOURI DEPARTMENT
OF TRANSPORTATION AND MISSOURI STATE HIGHWAY
PATROL MEDICAL AND LIFE INSURANCE PLAN



Missouri Department of Transportation &
Missouri State Highway Patrol
MEDICAL AND LIFE INSURANCE PLAN



1913 William Street
PO Box 270
Jefferson City, MO 65102

Toll free 877-863-9406
Voice 573-526-0138
Fax 573-522-1482

September 23, 2009

All Members of the MoDOT/MSHP
Medical and Life Insurance Plan

This 2010 Benefit Update brochure contains important information regarding changes to your benefits, effective January 1, 2010. **Please review all information carefully.**

The major benefit changes for the upcoming year are as follows:

- The Plan Board of Trustees (Board) announced the prescription plan administrator for the medical plan is changing to Catalyst Rx effective January 1, 2010. **Your prescription benefits are not changing, only the administrator.** Additional information is provided on page 3.
- The Board approved an open enrollment period for all active employees during the month of October 2009. Coverage for new enrollees will be effective January 1, 2010. For instructions on open enrollment, see page 4.
- Based on increased costs for medical and prescription drug claims, the Board, working with the Commission, MoDOT and MSHP, elected to increase premiums for all subscribers effective January 1, 2010. The Commission, MoDOT and MSHP continue to pay a large share of the premium costs for Plan members and will share in the increased cost for 2010. A complete rate chart is provided on pages 9 through 12.

On behalf of the members of the Board, I would like to thank you for your participation and cooperation. If you have any questions regarding rates or benefits, please contact your insurance representative or the Employee Benefits' staff toll-free at 1-877-863-9406.

Sincerely,

Jeff Padgett, Board Chairman
MoDOT/MSHP Medical and Life Insurance Plan Board of Trustees

- A. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes upon group health plan the following requirements:
1. Limitations on preexisting condition exclusion periods (45 CFR Sec. 146.111)
 2. Special enrollment periods for individuals (and dependents)(45 CFR Sec. 146.117)
 3. Prohibition against discriminating against individual participants and beneficiaries based on health status (45 CFR Sec. 145.121)
 4. Standards relating to benefits for mothers and newborns (42 USC Sec. 300gg-4)
 5. Parity in the application of certain limits to mental health benefits (42 USC Sec. 300gg-5)
- B. Under 42 USC Sec. 300gg-21(b)(2), a non-Federal governmental plan is given the right to exempt the plan from the requirements which are listed in Part A. The Missouri Department of Transportation and Missouri State Highway Patrol Medical and Life Insurance Plan (Medical Plan) has elected to exempt itself from the following requirements:
1. Limitations on preexisting condition exclusion periods (45 CFR Sec. 146.111)
 2. Special enrollment periods for individuals (and dependents) (45 CFR Sec. 146.117)
 3. Prohibition against discriminating against individual participants and beneficiaries based on health status (45 CFR Sec. 146.121)
 4. Standards relating to benefits for mothers and newborns (42 USC Sec. 300gg-4)
 5. Parity in the application of certain limits to mental health benefits (42 USC Sec. 300gg-5)
- C. The following parts of the Medical Plan are subject to the election:
1. Article XV, Section 15.01 allows the Board of Trustees to decide all questions concerning the eligibility of any person to participate in the Plan.
 2. Section 104.801 RSMo. 2000 and Section 376.1210 RSMo 2000 require inpatient coverage for a minimum of 48 hours following a vaginal delivery and a minimum of 96 hours following a cesarean section for a mother and her newly born child
 3. On July 13, 2004, The Board of Trustees removed the \$1,000,000 limit on lifetime maximum benefits participants for treatment for mental health. Effective January 1, 2005, coverage for chemical dependency will be subject to the restricted coverage mandate by House Bill 855 enacted during the second regular session of the 92nd General Assembly.

Medical Plan Highlights for 2010

Prescription Benefits

Medical Plan Announces New Prescription Benefits Administrator: Catalyst Rx

Effective January 1, 2010, the prescription plan administrator for the medical plan is changing to Catalyst Rx. **Your prescription benefits are not changing, only the administrator.**

On December 1, 2009, the Catalyst Rx customer service lines will be available for your questions.

Non-Medicare members call: 1-877-235-2013

Medicare members call: 1-877-235-1981

Pricing Tool

Catalyst Rx offers members an online enhanced drug pricing and drug inquiry feature to provide members real time assistance at controlling medication costs while receiving quality information.

Beginning November 1, 2009, you may obtain estimated prescription costs and network pharmacy information by accessing the Catalyst Rx website at www.catalystrx.com, and logging on to the MEMBER field with the User ID and Password information provided below.

To access the pricing tool November 1, 2009 through December 31, 2009:

- **Non-Medicare members:**
Member ID: MODOTCOM
Date of Birth: 08/01/1974
Rx Group: (Not a required field)
- **Medicare members:**
Member ID: MODOTMED12345
Date of Birth: 08/02/1944
Rx Group: (Not a required field)

To access the pricing tool January 1, 2010:

- **All members:**
Member ID: Number on your Catalyst identification card
Date of Birth: Member's date of birth
Rx Group: (Not a required field)

Medical Benefits

Coventry Health Care

Coventry Health Care continues to provide both network and claims administration services for our Plan members in 2010. Log on to www.modot-mshp-cvty.com or call their toll free number at 800-627-6406 for additional information.

My Online Services

Coventry is committed to supporting our participant's well being by offering the tools required to be accountable for your health. All participants are eligible to sign up for Coventry's *My Online Services* at www.modot-mshp-cvty.com.

My Online Services allows participants to view Explanation of Benefits (EOBs), review claims, take a Comprehensive Health Risk Assessment (HRA), and sign up for *My ePHIT*.

The *My ePHIT* program allows participants to accumulate points to qualify towards purchases of reward items such as fitness equipment and gift cards. Please have medical card ready to enroll!

Smoking Cessation Program

Coventry offers medical plan participants a comprehensive smoking cessation program called QuitNet.

The QuitNet program addresses the challenges of quitting tobacco. Participants receive support to assist in successfully quitting tobacco use through personalized online support, phone consultations with a personal quit-smoking coach, and complimentary nicotine replacement therapy.

Enroll online at www.coventrywellbeing.com or call 1-866-577-8210. Please have medical card ready to enroll!

In 1996 Congress passed the Health Insurance Portability and Accountability Act (HIPAA). This legislation affects many aspects of group health insurance plans, mandating measures that must be taken to protect the privacy of members. Compliance with the privacy rules of HIPAA was established by April 14, 2003.

You have the right to see and obtain copies of your health care records, and to request amendments to those records. You also have the right to issue a complaint about suspected HIPAA violations by our Plan. In order to do any of these things, you may contact the designated privacy officer. The privacy officer for our Plan is Jeff Padgett, Manager of Risk and Benefits Management, MoDOT, P.O. Box 270, Jefferson City, MO 65102.

You have the right to grant consent authorizing another person to access your protected health information (PHI). This will allow your designated representative to discuss your PHI with parties that are involved with your health care. You may have to complete more than one of these authorizations depending upon the number of entities involved in the delivery of and payment for your health care services. Except in the case of a minor child, PHI can only be shared with the patient. PHI cannot be shared with spouses, children or other parties unless notarized authorization(s) have been completed and filed with the entities involved.

MCHCP Dental/Vision Highlights for 2010

MCHCP administers the following benefits; please contact them at 1-800-701-8881

Open Enrollment

The Missouri Consolidated Health Care Plan (MCHCP) will be holding open enrollment for dental and vision coverage during the month of October 2009 for active employees only.

The Health Benefits CD is no longer available. You can view the 2010 Dental/Vision Handbook at www.mchcp.org. If you wish to receive a print copy, notify MCHCP through myMCHCP or at 1-800-487-0771.

Employees currently enrolled and not making any changes to their dental and vision plan do not have to do anything. Current coverage will remain in effect.

Dental/Vision Rates

Please refer to www.mchcp.org for more information regarding rates for 2010 dental and vision coverage, or contact MCHCP at 1-800-701-8881.

Cafeteria Plan Highlights for 2010

ASI Flex administers the following benefits; please contact them at 1-800-659-3035

Enrollment Information

Cafeteria Plan enrollment information may be found at www.mocafe.com. The Cafeteria Plan open enrollment period for active employees runs October 1 through December 1, 2009 for paper enrollment. If enrolling online, the deadline is December 15, 2009.

Participation

All of your eligible premiums will be deducted from your paycheck before income and Social Security taxes, unless you choose to opt-out of the pre-tax premium program during open enrollment. To opt-out, indicate "cancel pre-tax" on the enrollment form, or log on to www.mocafe.com to opt-out online.

Commuter Benefit

The State of Missouri has a pre-tax commuter benefit administered by ASI. For more information, log on to www.mocafe.com.

Flexible Spending Account

Employees who have a spouse who enrolls in the MCHCP high deductible health insurance plan (HDHP) for 2010 will not be eligible for the Cafeteria Plan Flexible Spending Account.

To participate in the Flexible Spending Account and Dependent Care Account, you must enroll each year during open enrollment.

Fee Schedule

The fees associated with flexible spending accounts will increase \$.05 each to:

- \$1.75 per pay period for reimbursement via check.
- \$1.25 per pay period for reimbursement via direct deposit.

Premium only fee will remain unchanged at \$.08 per pay period.

Deferred Compensation Highlights for 2010

ING administers the following benefits; please contact them at 1-800-392-0925

The State of Missouri Deferred Compensation Plan is a powerful way to save for your retirement.

If you wish to begin or increase your deferred comp contribution, contact ING at 1-800-392-0925 or log on to <https://mo.INGplans.com>.

Medical Plan Highlights for 2010

General Information

Open Enrollment

Employees currently enrolled and not making any changes to their benefit plan do not have to do anything. Current coverage will remain in effect.

An open enrollment period for active employees will be held during the month of October 2009. Coverage for new enrollees will be effective January 1, 2010. **This open enrollment period does not include retirees, survivors, vested members, work-related or long-term disability recipients, COBRA members, or their dependents.**

Active employees, their spouse and/or eligible dependent children not currently enrolled, may apply during this open enrollment period. The applicants must meet all eligibility requirements as stated in the Summary Plan Document.

To enroll themselves, their spouse and/or eligible dependent children, active employees must submit the following no later than October 30, 2009:

- an A-570 Enrollment/Change form, obtained through the Employee Benefits website at www.modot.mo.gov/newsandinfo/benefits.htm under "Forms", or by contacting your respective insurance representative;
- a social security number for all applicants;
- one copy of a U.S. birth certificate, U.S. passport, U.S. passport card, certificate of citizenship, certificate of birth abroad, certificate of naturalization, **or** valid lawful permanent resident card for all applicants.

Forms and documentation may be mailed, faxed or personally hand-delivered to:

Employee Benefits
1913 William Street, P.O. Box 270
Jefferson City, Missouri 65102
Fax: 573-526-4280

New ID Cards

All subscribers will receive new prescription and medical identification cards prior to January 1, 2010. When you receive your new cards, dispose of your old cards and provide the new cards for prescription and medical services beginning January 1, 2010.

Tamiflu/Relenza Coverage

The Board has discussed coverage of antiviral medications such as Tamiflu, Relenza and other prescription medications intended to lessen the likelihood (or shorten the length of symptoms) of a viral illness or condition.

The Board considers these prescription drugs a non-covered benefit based on the following factors:

- The medication must be taken within 48 hours of symptom(s) onset. Even if a patient is able to consult their physician, obtain the medication and begin treatment within 48 hours of symptom(s) onset, the illness may be shortened only a day or two.
- Participants may obtain prescriptions from their physician to have these medications on hand should they get the flu, in which case they could obtain the medication and never need it. If covered by the Plan, this practice would be wasteful to our members as well as the Plan.
- General inappropriate use would render the newer antivirals useless to treat viral infections. Two older antiviral medications are already useless against seasonal flu.

This is an issue the Board will continue to monitor as flu reports become available and will make coverage decisions accordingly.

In accordance with Medicare guidelines, Tamiflu and Relenza are considered covered benefits for Medicare members.

Medical Plan Highlights for 2010

Disease Management Program

Alere manages our Disease Management Program called "Highway to Health". This program is included in all participants' medical coverage. Participation is free, confidential, and totally voluntary. Alere provides support, assistance and advice from an experienced registered nurse available 24 hours a day, seven days a week through a toll-free number.

Alere tracks five diseases including: coronary artery disease, congestive heart failure, diabetes, musculoskeletal and chronic pain, and certain forms of cancer.

Participants identified as potential candidates will receive a telephone contact as well as a detailed packet in the mail. To learn more call: 1-866-676-0740 or log on to www.ecorsolutions.com.

Notice: Women's Health and Cancer Rights Act

Beginning in 1999, Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to their benefits under the plan.

Notice: Cancer Screenings: (HB191 Legislative Session) Effective 8-28-1999

- An annual pelvic exam and pap smear for any non-symptomatic woman age 18 and over;
- A prostate exam and PSA blood test for any non-symptomatic man over the age of 50 or for younger men who are at high risk and/or have a family history of prostate cancer;
- A baseline mammogram for women 30 to 39; a mammogram every calendar year for women age 40 and over; or for any women, upon the recommendation of a physician, where such woman has a family history of breast cancer;
- Men and women age 50 or older or if a doctor prescribes at a younger age because of high risk or family history:
 - Fecal occult blood test every year and sigmoidoscopy every 5 years;
 - A colonoscopy every 10 years;
 - Double-contrast barium enema every 5 to 10 years;
 - A digital rectal exam with the sigmoidoscopy, colonoscopy or barium test.

These screenings may be subject to usual deductibles, copays and co-insurance.

By law, the MoDOT/MSHP Medical and Life Insurance Plan is required to annually provide notice of the Women's Health and Cancer Rights Act and Cancer Screenings (HB191).

MoDOT and MSHP Optional Life Insurance Rate Chart Effective January 1, 2009 - December 31, 2012

Employee, Long-Term Disability (LTD), Retiree and Work Related Disability (WRD) Rates per Month:

Age Bracket	Rate per \$1,000 Coverage for Employee; LTD Recipient; WRD Recipient approved after July 1, 2004	Rate per \$500 Coverage for Retiree; WRD Recipient approved prior to July 1, 2004
Under Age 25	\$0.05	\$0.03
25* BLT 30	\$0.06	\$0.03
30* BLT 35	\$0.08	\$0.04
35 *BLT 40	\$0.09	\$0.05
40 *BLT 45	\$0.11	\$0.06
45 *BLT 50	\$0.20	\$0.10
50 *BLT 55	\$0.31	\$0.16
55 *BLT 60	\$0.49	\$0.24
60 *BLT 65	\$0.77	\$0.37
65 *BLT 70	\$1.57	\$0.74
70 and Over	\$3.08	\$1.45

*But Less Than

Spouse Life Rates per Month:

Rate is based on the policy holder's age (See rates above).

Child Life Rates per Month:

Rate is \$1.50 per family

Retirees are not eligible for child life coverage.

Note: Premiums will be split equally between the 2 payroll periods each month for active employees.

<p>Basic Life Insurance (State Paid) MoDOT & MSHP contribute \$0.175 per \$1,000 coverage per month for each eligible employee.</p>
--

Basic/Optional Life Insurance Highlights for 2010

Hartford Life administers the following benefits; please contact them at 1-877-320-0484

Rate Chart

Hartford Life provides our members Basic and Optional Life Insurance coverage. You will find an Optional Life Insurance Rate Chart on page 14. Rates remain unchanged for 2010.

Beneficiary Changes

Please remember to update your beneficiaries from time to time, especially when you have changes in your status.

Portability and Conversion

MoDOT and MSHP employees have two options, or a combination of both options for continuing life insurance after their group term insurance coverage ends due to employment ending or a change in employee status:

- Portability of coverage to a new term insurance policy at portability rates, and/or;
- Conversion to a permanent life insurance policy.

Portability

Portability is a benefit that provides the opportunity for employees to retain group life insurance regardless of health status at the time when employment status changes or employment ends.

Conversion

Conversion is a benefit that provides the opportunity for employees to change the group life insurance to a whole life insurance policy with a cash value, regardless of health status at the time employment status changes or employment ends. Conversion rates are much higher than term insurance available under portability, but your policy builds cash value.

To apply for portability or conversion of your life insurance coverage, please contact Employee Benefits at 1-877-863-9406. You must apply within 31 days from the date your employment ends or your employment status changes.

MoDOT/MSHP Medical Plan Summary of Benefits for Non-Medicare Participants Effective January 1, 2010

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This summary should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for these health services. If differences exist between this summary of benefits and the SPD, the SPD governs.

Benefit	Coventry PPO PLAN Available Statewide	
	In Network Provider	Out of Network Provider *
Member's Responsibility (per calendar year)		
Deductible		
Individual	\$ 350	\$ 350
Family	\$ 1,050 maximum	\$ 1,050 maximum
Coinsurance	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Out-of-Pocket Maximum	per calendar year (does not include deductible and copayment)	per calendar year (does not include deductible and copayment)
Individual	\$825	\$1,650
Family	\$2,475	\$4,950
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$20 copayment for office visit only. Other services applied to deductible and coinsurance.	20% coinsurance of allowed amount after deductible
Immunizations Covered for Dependent Children According to "Recommended Childhood, Adolescent and Adult Immunization Schedules" (See Appendix B in Plan Document)	\$0 copayment or 0% coinsurance of eligible expenses.	20% coinsurance of allowed amount after deductible
Preventive Care Subscriber and Enrolled Spouse (Non-Medicare)	\$350 (covered at 100% for preventive services only) Member responsible for amount in excess of \$350 per calendar year.	\$350 (covered at 100% for preventive services only) Member responsible for amount in excess of \$350 per calendar year.
Preventive Care Dependent Children from Birth through 5 years of Age	\$0 copayment or 0% coinsurance for all well-child care visits	\$0 copayment or 0% coinsurance for all well-child care visits
Preventive Care Dependent Children 6 years of Age and Older (Non-Medicare)	\$200 (covered at 100% for preventive services only) Member responsible for amount in excess of \$200 per calendar year.	\$200 (covered at 100% for preventive services only) Member responsible for amount in excess of \$200 per calendar year.
Inpatient Hospital Care	10% coinsurance after deductible. Pre-admission certification required	20% coinsurance of allowed amount after deductible. Pre-admission certification required
Urgent Care	\$20 copayment for office visit only. Other services applied to deductible and coinsurance	20% coinsurance of allowed amount after deductible
Surgery	10% coinsurance after deductible. Pre-admission certification required, if inpatient.	20% coinsurance of allowed amount after deductible. Pre-admission certification required, if inpatient.
Allergy Injections	10% coinsurance after deductible.	20% coinsurance of allowed amount after deductible.
Emergency Room Services	\$75 copayment and 10% coinsurance after deductible. Copayment waived if admitted or accidental injury.	\$75 copayment and 20% coinsurance of allowed amount after deductible. Copayment waived if admitted or accidental injury.
Maternity	10% coinsurance after deductible.	20% coinsurance of allowed amount after deductible.
Chiropractic Services	10% coinsurance after deductible; Benefit limited to 30 manual manipulation of the spine treatments per calendar year and 1 X-Ray by a chiropractor per calendar year. Office visit not covered.	20% coinsurance of allowed amount after deductible; Benefit limited to 30 manual manipulation of the spine treatments per calendar year and 1 X-Ray by a chiropractor per calendar year. Office visit not covered.
Mental Health (MH)/Chemical Dependency (CD) - Inpatient	10% coinsurance after deductible. Pre-admission certification required.	20% coinsurance of allowed amount after deductible. Pre-admission certification required.
Mental Health (MH)/Chemical Dependency (CD) - Outpatient	Outpatient office visit: \$20 copayment; Outpatient hospital: 10% coinsurance after deductible.	20% coinsurance of allowed amount after deductible.
Organ Transplant Coverage		
Organ Transplants	100% coverage for transplant and 18 months following the transplant.	20% of network cost to the closest in-network facility plus the difference between the network and actual cost.
Pharmacy Benefit - Available Through Participating Pharmacies Only		
Deductible	\$100 per participant per calendar year	
Coinsurance	30% of costs after deductible is met (minimum \$5 copay)	
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months	
Generic Policy	If a generic is available: 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment. If no generic is available: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment. If brand is medically necessary and approved by WellPoint NextRX: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment.	
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications.	
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefits number on your prescription drug card.	

* Out of Network Provider service insurance payments are subject to Usual and Customary Rates (UCR) only. The Member will be responsible 100% for amounts above UCR.

Medicare Subscriber Updates

Brand Name Coinsurance Level

Due to recent CMS guideline changes, the prescription coinsurance benefit level has been updated to comply with Medicare regulations. If you choose a brand name drug when a generic is available, your coinsurance level will increase to 50% for 2010. Previously, Medicare members were penalized when choosing the brand name over the generic. Those members were paying 30% of the generic drug plus the difference between the brand name price and generic price. The 50% coinsurance will apply to all brand medications that have a generic equivalent available.

Catastrophic Level

The Medicare catastrophic coinsurance level for prescription drugs per individual is \$4,550 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5% coinsurance, or \$2.50 copayment for generic drugs and 5% coinsurance or \$6.30 copayment for brand drugs.

MoDOT/MSHP Medical Plan is Approved Medicare Part D Program

Medicare subscribers enrolled in the MoDOT/MSHP Medical Plan (Plan) do not need to enroll in another Medicare Part D prescription drug program offered either directly through Medicare or through another carrier. Our Plan is an approved Part D program. The coverage provided by our Plan, on average, has been determined to be at least as good as or better than the standard Medicare Part D prescription drug coverage. This means that if you decide to continue coverage under our Plan you may ignore the advertising you are receiving from various Medicare Part D plans and other sources.

RATE CHART MoDOT/MSHP 2010 MEDICAL INSURANCE MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2010

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
Spouse Contribution Plans - Active Employees (These are plans where both spouses work for MoDOT or MSHP and the family or spouses are under one employees plan)			
Spouse Contrib. - Subscriber/Family	\$1,167.00	\$1,117.00	\$50.00
Spouse Contrib. - Subscriber/Spouse	\$768.00	\$744.00	\$24.00
Spouse Contribution Plans - 1 Active Employee & 1 Retired Employee (These are plans where 1 spouse works for MoDOT or MSHP and 1 spouse is retired from MoDOT or MSHP and the family or spouses are under the active employees plan)			
Spouse Contrib. - Subscriber/Family	\$1,167.00	\$1,117.00	\$50.00
Spouse Contrib. - Sub/Family w/ Med. Sp.	\$1,167.00	\$1,093.00	\$74.00
Spouse Contrib. - Subscriber/Spouse	\$768.00	\$718.00	\$50.00
Sp. Contrib. - Non-Med. Sub./Medicare Sp.	\$768.00	\$715.00	\$53.00
Spouse Contribution Plans - Retired Employees (These are plans where both spouses are retired from MoDOT or MSHP)			
Spouse Contrib. - Subscriber/Family	\$1,167.00	\$758.00	\$409.00
Spouse Contrib. - Sub./Family w/ Med. Sp.	\$1,047.00	\$682.00	\$365.00
Spouse Contrib. - Med. Sub./ Non. Med. Sp.	\$648.00	\$470.00	** \$178.00
Spouse Contrib. - Med. Sub./Med. Spouse	\$528.00	\$373.00	\$155.00
Spouse Contrib. - Subscriber/Spouse	\$768.00	\$528.00	\$240.00
Spouse Contrib. - Non-Med Sub/Med Spouse	\$648.00	\$435.00	** \$213.00
**When both spouses are retired from MODOT or MSHP, it is cost beneficial for the subscriber to be the Medicare member.			

RATE CHART
MoDOT/MSHP 2010 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2010

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
OTHER PLAN CATEGORIES			
C.O.B.R.A. - Subscriber Only	\$384.00	\$0.00	\$384.00
C.O.B.R.A. - Subscriber/Family	\$1,167.00	\$0.00	\$1,167.00
C.O.B.R.A. - Subscriber/Spouse	\$768.00	\$0.00	\$768.00
C.O.B.R.A. - Subscriber/Child	\$768.00	\$0.00	\$768.00
C.O.B.R.A. - Subscriber/2 Children	\$873.00	\$0.00	\$873.00
WRD - Subscriber Only	\$384.00	\$372.00	\$12.00
WRD - Subscriber/Family	\$1,167.00	\$980.00	\$187.00
WRD - Subscriber/Spouse	\$768.00	\$602.00	\$166.00
WRD - Subscriber/Child	\$768.00	\$680.00	\$88.00
WRD - Subscriber/2Children	\$873.00	\$709.00	\$164.00
LTD - Subscriber Only	\$384.00	\$236.00	\$148.00
LTD - Subscriber/Family	\$1,167.00	\$558.00	\$609.00
LTD - Subscriber/Spouse	\$768.00	\$332.00	\$436.00
LTD - Subscriber/Child	\$768.00	\$367.00	\$401.00
LTD - Subscriber/2 Children	\$873.00	\$377.00	\$496.00
LTD - Non-Med. Sub./Medicare Child	\$648.00	\$322.00	\$326.00
LTD- Non-Med. Sub./Medicare Spouse	\$648.00	\$316.00	\$332.00
Survivor - Subscriber Only	\$384.00	\$236.00	\$148.00
Survivor - Subscriber/Family	\$1,167.00	\$558.00	\$609.00
Survivor - Subscriber/Child	\$768.00	\$367.00	\$401.00
Survivor - Non-Med. Sub./Medicare Child	\$648.00	\$322.00	\$326.00
Survivor - Subscriber/2 Children	\$873.00	\$377.00	\$496.00
Vested - Subscriber Only	\$384.00	\$0.00	\$384.00
Vested - Subscriber/Family	\$1,167.00	\$0.00	\$1,167.00
Vested - Subscriber/Spouse	\$768.00	\$0.00	\$768.00
Vested - Non-Med Sub./Medicare Spouse	\$648.00	\$0.00	\$648.00
Vested - Subscriber/Child	\$768.00	\$0.00	\$768.00
Vested - Subscriber/2 Children	\$873.00	\$0.00	\$873.00

Sub. = Subscriber
Non-Med. = Non-Medicare
LTD = Long Term Disability
WRD = Work Related Disability

MoDOT/MSHP Medicare Supplement Plan Summary of Benefits
Effective January 1, 2010

Listed below is a partial outline of coverage under the MoDOT/MSHP Summary Plan Document (SPD). This summary should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for health services. If differences exist between this summary of benefits and the SPD, the SPD governs.

Benefit	MEDICARE SUPPLEMENT PLAN Available Nationwide		Member's Responsibility
	Medicare Assigned Claims	Medicare Non-Assigned Claims	
Individual Deductible per CY	\$350	\$350	\$350
Coinsurance	0%	0%	20%
Individual Out-of-Pocket Maximum per CY	\$0	\$0	\$1,650
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Pharmacy Benefit - Available Through Participating Pharmacies Only			
Individual Deductible per CY	\$100		
Generic	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Brand	If a generic is available: 50% coinsurance of brand drug's cost (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment. If no generic is available: 30% coinsurance (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,550 of out-of-pocket expense the cost sharing will be reduced to the greater of 5% coinsurance or \$2.50 copayment for generics and \$6.30 copayment for brands.		

RATE CHART
MoDOT/MSHP 2010 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2010

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$384.00	\$372.00	\$12.00
Subscriber/Family	\$1,167.00	\$980.00	\$187.00
Subscriber/Spouse	\$768.00	\$602.00	\$166.00
Subscriber/Child	\$768.00	\$680.00	\$88.00
Subscriber/2 Children	\$873.00	\$709.00	\$164.00
NON-MEDICARE RETIREE MEMBERS			
Retiree - Subscriber Only	\$384.00	\$236.00	\$148.00
Retiree - Subscriber/Family	\$1,167.00	\$558.00	\$609.00
Retiree - Subscriber/Spouse	\$768.00	\$332.00	\$436.00
Retiree - Subscriber/Child	\$768.00	\$367.00	\$401.00
Retiree - Subscriber/2 Children	\$873.00	\$377.00	\$496.00
Retiree - Non-Med. Sub./Medicare Child	\$648.00	\$322.00	\$326.00
Retiree - Non Med. Sub./Medicare Spouse	\$648.00	\$316.00	\$332.00
MEDICARE MEMBERS			
Retiree - Medicare Subscriber Only	\$264.00	\$162.00	\$102.00
Retiree - Medicare Sub./Non-Med. Spouse	\$648.00	\$279.00	\$369.00
Retiree - Medicare Sub./Medicare Spouse	\$528.00	\$257.00	\$271.00
Retiree - Medicare Sub/Non-Med. Family	\$1,047.00	\$500.00	\$547.00
Retiree - Medicare Sub/Medicare Family	\$927.00	\$495.00	\$432.00
Retiree - Medicare Subscriber/Child	\$648.00	\$310.00	\$338.00
Retiree - Medicare Subscriber/Med. Child	\$528.00	\$262.00	\$266.00
Retiree - Medicare Subscriber/2 Children	\$753.00	\$324.00	\$429.00
Survivor - Medicare Subscriber Only	\$264.00	\$162.00	\$102.00
Survivor - Medicare Sub/Non-Med. Family	\$1,047.00	\$500.00	\$547.00
Survivor - Medicare Sub/Medicare Family	\$927.00	\$495.00	\$432.00
Survivor - Medicare Subscriber/Child	\$648.00	\$310.00	\$338.00
Survivor - Medicare Subscriber/Med. Child	\$528.00	\$262.00	\$266.00
Survivor - Medicare Subscriber/2 Children	\$753.00	\$324.00	\$429.00

RATE CHART
MoDOT/MSHP 2010 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2010

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
MEDICARE MEMBERS (continued)			
LTD - Medicare Subscriber Only	\$264.00	\$162.00	\$102.00
LTD - Medicare Sub./Non-Medicare Spouse	\$648.00	\$279.00	\$369.00
LTD - Medicare Subscriber/Medicare Spouse	\$528.00	\$257.00	\$271.00
LTD - Medicare Sub/Non-Med. Family	\$1,047.00	\$500.00	\$547.00
LTD - Medicare Sub/Medicare Family	\$927.00	\$495.00	\$432.00
LTD - Medicare Subscriber/Child	\$648.00	\$310.00	\$338.00
LTD - Medicare Subscriber/2 Children	\$753.00	\$324.00	\$429.00
WRD - Medicare Subscriber Only	\$264.00	\$252.00	\$12.00
WRD - Medicare Sub./Non-Medicare Spouse	\$648.00	\$532.00	\$116.00
WRD - Medicare Sub./Medicare Spouse	\$528.00	\$454.00	\$74.00
WRD - Medicare Sub/Non-Med. Family	\$1,047.00	\$880.00	\$167.00
WRD - Medicare Sub/Medicare Family	\$927.00	\$779.00	\$148.00
WRD - Medicare Subscriber/Child	\$648.00	\$599.00	\$49.00
WRD - Medicare Subscriber/2 Children	\$753.00	\$628.00	\$125.00
Vested - Medicare Subscriber Only	\$264.00	\$0.00	\$264.00
Vested - Medicare Sub/Non-Med. Family	\$1,047.00	\$0.00	\$1,047.00
Vested - Medicare Sub/Medicare Family	\$927.00	\$0.00	\$927.00
Vested - Medicare Sub./Medicare Spouse	\$528.00	\$0.00	\$528.00
Vested - Medicare Sub./Non-Med. Spouse	\$648.00	\$0.00	\$648.00
Vested - Medicare Subscriber/Child	\$648.00	\$0.00	\$648.00
Vested - Medicare Subscriber/2 Children	\$753.00	\$0.00	\$753.00