

2012 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](http://www.modot.mo.gov/newsandinfo/benefits.htm)

# MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2012 BENEFIT UPDATE

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***Disclaimer: Information provided in the 2012 Benefit Update is subject to change based upon rules and regulations related to Patient Protection Affordable Care Act or other legislation.***



Missouri Department of Transportation &  
Missouri State Highway Patrol



MEDICAL AND LIFE INSURANCE PLAN

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All Participants and Dependents of the MoDOT/MSHP  
Medical and Life Insurance Plan

This 2012 Benefit Update brochure contains important information regarding changes to your benefits, effective January 1, 2012. **Please review all information carefully.**

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

- Most employee and retiree monthly out-of-pocket premium amounts will increase. These new deduction amounts will begin with your pay or retirement benefit in December. Please see page 9 for your monthly premium rate.
- For those rate categories not already at these levels, your employer will provide funding of 80% of the premium cost for active employees and 40% for current retirees. This will be achieved incrementally over a period of years, but Plan subscribers should expect increases until these levels are reached in the future.
- The Spouse Contribution Rate Categories have been eliminated for 2012, please see page 5 for more information.
- Under the Patient Protection Affordable Care Act (PPACA), this Plan will no longer be considered a grandfathered health plan.
- Open Enrollment will be offered for active employees for coverage beginning January 1, 2012. This is your opportunity to enroll yourself, any eligible dependents, including those who are eligible due to changes in the ACA (Affordable Care Act, or “healthcare reform”). Please see page 5 for more information.
- Individual medical deductible will increase to \$450 per year, while family deductible maximum will increase to \$1,350. Our prescription drug deductible remains unchanged for 2012. Please see page 4 for more information.
- The Plan has made changes to your coverage for preventive care including immunizations and cancer screenings. Please see page 7 for more information along with the Benefits-at-a-Glance on page 6.

On behalf of the members of the Board, I would like to thank you for your efforts to contain Plan costs. 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

# Medical Plan Highlights for 2012

## MEDICAL BENEFITS

### **Coventry Health Care**

Coventry Health Care continues to provide both network and claims administration services for our Plan members in 2012. Log on to [www.modot-mshp-cvty.com](http://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 wellbeing 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](http://www.modot-mshp-cvty.com).

*My Online Services* allows participants to view Explanation of Benefits (EOBs), review claims, and take a Comprehensive Health Risk Assessment (HRA). Please have medical card ready to enroll!

### **Smoking Cessation Program**

Coventry offers medical plan participants a comprehensive smoking cessation program.

The 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](http://www.coventrywellbeing.com) or call 1-866-577-8210. Please have medical card ready to enroll!

## PRESCRIPTION BENEFITS

### **Catalyst Rx**

Catalyst Rx continues to administer the prescription drug program for our Plan members in 2012. Log on to [www.catalystrx.com](http://www.catalystrx.com) or call one of their toll-free numbers below:

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

**Medicare members call:** 1-877-235-1981

### **Pricing Tool**

Catalyst Rx Price and Save 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.

### **To access the pricing tool:**

Log on to [www.catalystrx.com](http://www.catalystrx.com) and enter:

Member ID:	Catalyst Member Number
Date of Birth:	Member's date of birth
Rx Group:	(Not a required field)

### **Generic Drugs**

Generic Drugs are as safe and effective as brand-name drugs. The same active ingredients are used in the same dosage and strength as brand-name drugs. Ask your doctor for generic drug alternatives available to treat your medical needs. You may see a decrease in the price you pay at the pharmacy

# Medical Plan Highlights for 2012

## **Deductible**

The annual deductible will increase to \$450 per individual and \$1,350 per family, effective January 1, 2012.

## **Preventive Benefit**

All participants' preventive care will be paid 100% when utilizing in-network providers only. Any preventive services received out-of-network will not be covered. Please see page 7 for more information.

## **Summary Plan Document**

The Summary Plan Document (SPD) has been updated and reformatted to be more user friendly. The SPD may be found on the Plan's website.

## **New Invisible Provider Payment Policy**

The Board has adopted a new administrative process to benefit those who try to receive services from in-network providers. The downside of this is that those who knowingly utilize non-network providers will likely pay more (sometimes significantly more) for those services

## **Who is an Invisible Provider?**

*Invisible Providers, generally, those specialists who provide the following services: Radiology, Pathology, Anesthesiology, ER Physicians and Laboratory.*

Typically, the patient has no choice in who provides these services. This has resulted in additional out-of-pocket costs for members of our plan who do everything in their power to receive services from an in-network provider.

Plan Participants using an in-network facility who may be treated by an out-of-network invisible provider will have the charges paid at the in-network level of benefit

## **Out-of-Network Payment Policy**

Plan Participants using out-of-network facilities or providers will pay more for services. They will pay according to the out-of-network level of benefits and may be responsible for the charges above the allowed amount.

## **Exception**

Out-of-network ER visits may be paid at the in-network level if deemed a true emergency by our Plan administrator.

## **New Participating Providers**

### **Joplin**

Freeman Health joined our Coventry Health Care's network of participating providers in August. For our southwest Missouri members, this is great news. So in addition to Freeman Health, St. John's Health Center in Joplin will remain in Coventry's network of participating providers.

### **North Kansas City**

North Kansas City Hospital joined Coventry Health Care's network of participating providers in September. Included in this multi-year contract are the affiliated physicians of the Meritas Health Corporation, including Northland Internal Medicine, Kimball & Associates Family Medicine, Gashland Clinic, Briarcliff Medical Associates, Foxwood Family Medicine, North Kansas City Internal Medicine, Northland Cardiology, Northland Pediatric Associates, Platte Medical Clinic, Heartland Surgical Associates, Kansas City Metropolitan Ear, Nose & Throat, Northland General Surgery and Northland Integrative & Internal Medicine.

# 2012 Open Enrollment and Contribution Shares

## Special Open Enrollment

The Plan will hold an open enrollment for coverage effective January 1, 2012, which will run from October 17, 2011 through November 14, 2011. **This Open Enrollment is for Active Employees Only. If you are possibly considering retirement prior to February 1, 2014 and need to enroll a spouse and/or child before your retirement, this will be your only opportunity.**

During Open Enrollment, Active employees may enroll yourself, your spouse and any dependent children under the age of 26 (including dependent children working with access to other coverage and married dependent children). A married dependent child's spouse or their children are not eligible for coverage in the Plan.

To enroll, the following must be received by the MoDOT Employee Benefits' Office by close of business November 14, 2011:

- an A-570 Enrollment/Change form, obtained through the Employee Benefits website at [www.modot.mo.gov/newsandinfo/benefits.htm](http://www.modot.mo.gov/newsandinfo/benefits.htm) under "Forms", or by contacting your respective insurance representative;
- a social security number for each applicant;
- One form of lawful presence for each applicant. (Lawful presence would be 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.) Copies are acceptable.

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: 573-522-1482

## Spouse Contribution Rate Categories

The spouse contribution rate category, when both spouses are employed by MoDOT and/or the Highway Patrol, will be eliminated, effective January 1, 2012. If you are affected by this change, look for a letter and forms explaining your best options.

Every employee in this category must complete and submit a new medical enrollment form.

## Medical Insurance Rates

The Commission, MoDOT & MSHP have absorbed most increases in medical plan costs over the past several years. However, as medical costs continue to rise, it is necessary to continue to share these costs and ensure the appropriate premiums are being fairly assessed for the costs incurred for each tier of insurance rate categories.

The decision to increase employee and retiree contributions was not an easy one, but must be done to help ensure MoDOT and the Highway Patrol can continue to provide quality, sustainable continued medical coverage.

Currently, the percentage paid for your medical coverage varies depending on your rate category. MoDOT and the Highway Patrol are now seeking to achieve a consistent contribution cost share.

## Active Employees

The 2012 share for active employees will be 20% Employee/80% Commission. The Subscriber Only is at 12% Employee/88%/Commission, the 2013 share will move to the 20% employee/80% Commission.

## Retirees

Implementation for the 60% Retiree/40% Commission will begin in 2012 and will be achieved incrementally over the next four to seven years.

## MoDOT & MSHP Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2012

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This 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 document and the SPD, the SPD governs.

Benefit	Coventry PPO PLAN Available Statewide	
	In Network Provider	Out of Network Provider *
	Member's Responsibility	
<b>Annual Deductible</b>		
Individual	\$ 450	\$ 450
Family	\$1,350 maximum	\$1,350 maximum
<b>Coinsurance</b>	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
<b>Annual Out-of-Pocket Maximum</b>	Does not include deductible and copayment	Does not include deductible, copayment and cost above out-of-network rate
Individual	\$ 825	\$1,650
Family	\$2,475	\$4,950
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visit</b>	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
<b>Emergency Room Services</b>	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	\$75 copayment and 20% coinsurance of out-of-network rate after deductible Copayment waived if admitted or accidental injury
<b>Immunizations</b> According to Recommended Schedules	Covered 100%	<b>Not covered</b>
<b>Inpatient Hospital Care</b>	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of out-of-network rate after deductible Pre-admission certification required
<b>Maternity</b>	10% coinsurance after deductible	20% coinsurance of out-of-network rate after deductible
<b>Preventive Care</b>	Covered 100%	<b>Not covered</b>
<b>Preventive Care/ Cancer Screenings</b>	Covered 100%	<b>Not covered</b>
<b>Surgery</b>	10% coinsurance after deductible Pre-admission certification required, if inpatient	20% coinsurance of out-of-network rate after deductible Pre-admission certification required, if inpatient
<b>Urgent Care</b>	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
<b>Pharmacy Benefit - Available Through Participating Pharmacies Only</b>		
<b>Deductible</b>	\$100 per participant per calendar year	
<b>Coinsurance</b>	30% of costs after deductible is met (minimum \$5 copay)	
<b>Starter Quantity</b>	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months	
<b>Generic Policy</b>	<b>If a generic is available:</b> 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 <b>If no generic is available:</b> 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment <b>If brand is medically necessary and approved by Catalyst Rx:</b> 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment	
<b>Quantity</b>	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications	
<b>Prior Authorization</b>	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 Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.

# ■ Preventive Care ■

## PREVENTIVE CARE HELPS KEEP MEMBERS HEALTHY

The MoDOT and MSHP Medical Plan encourages members to receive preventive care items and services. The Affordable Care Act (ACA) provides for specific preventive services when provided by participating providers and specific drugs to be covered at 100 percent. **Effective January 1, 2012, members who use our network providers will receive preventive care services and specific drugs paid at 100 percent.** There will be no coverage for these services when an out-of-network provider is used.

## COVERAGE FOR PREVENTIVE SERVICES

Here are some examples of the preventive services that will be covered with no copay, coinsurance or deductible.

Child Preventive	Adult Preventive
<b>Exams:</b> Preventive office visits including well child care	<b>Exams:</b> Preventive office visits including well woman exam
<b>Immunizations</b> ( <i>vaccines for children, birth to age 18 – doses, recommended ages and populations vary</i> ): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, Diphtheria, Pertussis (Td/Tdap) Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Polio Rotavirus Meningococcal Human Papillomavirus (HPV)	<b>Immunizations</b> ( <i>vaccines for adults – doses, recommended ages and populations vary</i> ): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, Diphtheria, Pertussis (Td/Tdap) Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Meningococcal Human Papillomavirus (HPV) Zoster
<b>Screening Tests:</b> hearing, vision, phenylketonuria (newborns), sickle cell disease (newborns)	<b>Screening Tests:</b> breast cancer, cervical cancer, colorectal cancer, prostate cancer, HIV, routine blood and urine, cholesterol, osteoporosis
<b>Newborn Preventive Treatment:</b> ocular medication against gonorrhea for all newborns	

The list is subject to change as federal guidance is issued. The full list of covered preventive services issued with the Interim Final Rules can be found at <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

## COVERAGE FOR SPECIFIC DRUGS

Here are the specific drugs that will be covered with no copay, coinsurance or deductible. Only the drugs on this list are covered at 100%. You will need a prescription from your doctor to receive the 100% benefit. Take your prescription to one of the Catalyst Rx pharmacy network providers. To find a Catalyst Rx pharmacy near you, go to the Web address on your member ID card or visit [www.catalystRx.com](http://www.catalystRx.com).

<b>Aspirin (over-the-counter)</b> — Dose: 81 mg and 325 mg, men age 45 to 79 and women age 55 to 79.
<b>Iron (over-the-counter)</b> — Children 6 to 12 months who are at risk for iron deficiency anemia, drops only.
<b>Folic Acid (over-the-counter)</b> — Dose: 0.4 to 0.8 mg (400 to 800 ug), women planning or capable of pregnancy.
<b>Fluoride</b> — Children under the age of six, drops and chewable tablets only.
<b>Smoking Cessation</b> — Over-the-counter products available through Coventry Health Care's Smoking Cessation Program. <b>Smoking Cessation Prescription Drugs</b> — Generics only when available.

# ■ Preventive Care ■

## TALKING WITH YOUR PROVIDER ABOUT PREVENTIVE CARE

Coventry Health Care processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost-sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and preventive care is administered during the same visit, cost-sharing may apply. This means your provider may ask you to pay your appropriate health plan copay, deductible or coinsurance.

Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis or treatment are not considered preventive services and are subject to the appropriate cost-sharing.

If you have questions about a claim or provider visit, please call the customer service number on your Member ID card or speak with your provider. Please regularly check our website at [www.modot-mshp-cvty.com](http://www.modot-mshp-cvty.com) for new information about preventive care coverage as the government agencies refine guidance and requirements.

**MoDOT/MSHP 2012 MEDICAL INSURANCE MONTHLY PREMIUMS  
EFFECTIVE JANUARY 1, 2012**

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
<b>ACTIVE EMPLOYEE MEMBERS</b>			
Subscriber Only	\$399.00	\$351.00	\$48.00
Subscriber/Family	\$1,214.00	\$971.00	\$243.00
Subscriber/Spouse	\$878.00	\$702.00	\$176.00
Subscriber/Child	\$559.00	\$447.00	\$112.00
Subscriber/2 Children	\$718.00	\$574.00	\$144.00
<b>NON-MEDICARE RETIREE MEMBERS</b>			
Retiree - Subscriber Only	\$419.00	\$239.00	\$180.00
Retiree - Subscriber/Family	\$1,275.00	\$561.00	\$714.00
Retiree - Subscriber/Spouse	\$838.00	\$335.00	\$503.00
Retiree - Subscriber/Child	\$838.00	\$369.00	\$469.00
Retiree - Subscriber/2 Children	\$954.00	\$382.00	\$572.00
Retiree - Non-Medicare Subscriber/Medicare Child	\$694.00	\$319.00	\$375.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$694.00	\$312.00	\$382.00
<b>MEDICARE MEMBERS</b>			
Retiree - Medicare Subscriber Only	\$275.00	\$157.00	\$118.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$694.00	\$278.00	\$416.00
Retiree - Medicare Subscriber/Medicare Spouse	\$550.00	\$248.00	\$302.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$1,131.00	\$498.00	\$633.00
Retiree - Medicare Subscriber/Medicare Family	\$987.00	\$484.00	\$503.00
Retiree - Medicare Subscriber/Child	\$694.00	\$305.00	\$389.00
Retiree - Medicare Subscriber/Medicare Child	\$550.00	\$253.00	\$297.00
Retiree - Medicare Subscriber/2 Children	\$810.00	\$324.00	\$486.00
Survivor - Medicare Subscriber Only	\$275.00	\$157.00	\$118.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$1,131.00	\$498.00	\$633.00
Survivor - Medicare Subscriber/Medicare Family	\$987.00	\$484.00	\$503.00
Survivor - Medicare Subscriber/Child	\$694.00	\$305.00	\$389.00
Survivor - Medicare Subscriber/Medicare Child	\$550.00	\$253.00	\$297.00
Survivor - Medicare Subscriber/2 Children	\$810.00	\$324.00	\$486.00

**MoDOT/MSHP 2012 MEDICAL INSURANCE MONTHLY PREMIUMS  
EFFECTIVE JANUARY 1, 2012**

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
<b>MEDICARE MEMBERS (continued)</b>			
LTD - Medicare Subscriber Only	\$275.00	\$157.00	\$118.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$694.00	\$278.00	\$416.00
LTD - Medicare Subscriber/Medicare Spouse	\$550.00	\$248.00	\$302.00
LTD - Medicare Subscriber/Non-Medicare Family	\$1,131.00	\$498.00	\$633.00
LTD - Medicare Subscriber/Medicare Family	\$987.00	\$484.00	\$503.00
LTD - Medicare Subscriber/Child	\$694.00	\$305.00	\$389.00
LTD - Medicare Subscriber/2 Children	\$810.00	\$324.00	\$486.00
WRD - Medicare Subscriber Only	\$275.00	\$242.00	\$33.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$674.00	\$539.00	\$135.00
WRD - Medicare Subscriber/Medicare Spouse	\$550.00	\$440.00	\$110.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,090.00	\$872.00	\$218.00
WRD - Medicare Subscriber/Medicare Family	\$886.00	\$709.00	\$177.00
WRD - Medicare Subscriber/Child	\$435.00	\$348.00	\$87.00
WRD - Medicare Subscriber/2 Children	\$594.00	\$475.00	\$119.00
Vested - Medicare Subscriber Only	\$275.00	\$0.00	\$275.00
Vested - Medicare Subscriber/Non-Medicare Family	\$1,090.00	\$0.00	\$1,090.00
Vested - Medicare Subscriber/Medicare Family	\$886.00	\$0.00	\$886.00
Vested - Medicare Subscriber/Medicare Spouse	\$550.00	\$0.00	\$550.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$674.00	\$0.00	\$674.00
Vested - Medicare Subscriber/Child	\$435.00	\$0.00	\$435.00
Vested - Medicare Subscriber/2 Children	\$594.00	\$0.00	\$594.00

**MoDOT/MSHP 2012 MEDICAL INSURANCE MONTHLY PREMIUMS  
EFFECTIVE JANUARY 1, 2012**

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
<b>OTHER PLAN CATEGORIES</b>			
C.O.B.R.A. - Subscriber Only	\$399.00	\$0.00	\$399.00
C.O.B.R.A. - Subscriber/Family	\$1,214.00	\$0.00	\$1,214.00
C.O.B.R.A. - Subscriber/Spouse	\$878.00	\$0.00	\$878.00
C.O.B.R.A. - Subscriber/Child	\$559.00	\$0.00	\$559.00
C.O.B.R.A. - Subscriber/2 Children	\$718.00	\$0.00	\$718.00
WRD - Subscriber Only	\$399.00	\$351.00	\$48.00
WRD - Subscriber/Family	\$1,214.00	\$971.00	\$243.00
WRD - Subscriber/Spouse	\$878.00	\$702.00	\$176.00
WRD - Subscriber/Child	\$559.00	\$447.00	\$112.00
WRD - Subscriber/2Children	\$718.00	\$574.00	\$144.00
LTD - Subscriber Only	\$419.00	\$239.00	\$180.00
LTD - Subscriber/Family	\$1,275.00	\$561.00	\$714.00
LTD - Subscriber/Spouse	\$838.00	\$335.00	\$503.00
LTD - Subscriber/Child	\$838.00	\$369.00	\$469.00
LTD - Subscriber/2 Children	\$954.00	\$382.00	\$572.00
LTD - Non-Medicare Subscriber/Medicare Child	\$694.00	\$319.00	\$375.00
LTD- Non-Medicare Subscriber/Medicare Spouse	\$694.00	\$312.00	\$382.00
Survivor - Subscriber Only	\$419.00	\$239.00	\$180.00
Survivor - Subscriber/Family	\$1,275.00	\$561.00	\$714.00
Survivor - Subscriber/Child	\$838.00	\$369.00	\$469.00
Survivor - Non-Medicare Subscriber/Medicare Child	\$694.00	\$319.00	\$375.00
Survivor - Subscriber/2 Children	\$954.00	\$382.00	\$572.00
Vested - Subscriber Only	\$399.00	\$0.00	\$399.00
Vested - Subscriber/Family	\$1,214.00	\$0.00	\$1,214.00
Vested - Subscriber/Spouse	\$878.00	\$0.00	\$878.00
Vested - Non-Medicare Subscriber/Medicare Spouse	\$674.00	\$0.00	\$674.00
Vested - Subscriber/Child	\$559.00	\$0.00	\$559.00
Vested - Subscriber/2 Children	\$718.00	\$0.00	\$718.00

LTD = Long Term Disability

WRD = Work Related Disability

# General Notices for 2012

## **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
- Prostheses 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 About the Early Retiree Reinsurance Program**

You are a Plan Participant in an employment-based health Plan that is certified for participation in the Early Retiree Reinsurance Program (ERRP). The ERRP is a Federal program that was established under the Patient Protection and Affordable Care Act (the Affordable Care Act). Under the ERRP, the Federal government reimburses a Plan Sponsor of an employment-based health Plan for some of the costs of health care Benefits paid on behalf of, or by, early Retirees and certain family members of early Retirees participating in the employment-based Plan. By law, the program expires on January 1, 2014.

Under the ERRP, your Plan Sponsor may choose to use any reimbursements it received from this program to reduce or offset increases in Plan Participants' premium contributions, Copayments, Deductibles, Coinsurance, or other out-of-pocket costs. If the Plan Sponsor chooses to use the ERRP reimbursements in this way, you, as a Plan Participant, may experience changes that may be advantageous to you, in your health Plan Coverage terms and conditions, for so long as the reimbursements under this program are available and this Plan Sponsor chooses to use the reimbursements for this purpose. A Plan Sponsor may also use the ERRP reimbursements to reduce or offset increases in its own costs for maintaining your health Benefits Coverage, which may increase the likelihood that it will continue to offer health Benefits Coverage to its Retirees and Employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are Participants in this Plan.

# Medicare Subscriber Updates

## **MoDOT/MSHP Medical Plan is an 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 receive from various Medicare Part D plans and other sources.

## **Catastrophic Level**

The Medicare catastrophic coinsurance level for prescription drugs per individual is \$4,700 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5% coinsurance, or \$2.60 copayment for generic drugs and 5% coinsurance or \$6.50 copayment for brand drugs.

## **Increase to Deductible**

Effective January 1, 2012, the Plan has increased the deductible to \$450 for Medicare assigned claims and \$450 for Medicare non-assigned claims. Please review the Medicare Benefits at a Glance on page 14.

## **New Prescription ID Cards**

All Medicare subscribers will receive new prescription identification cards prior to January 1, 2012. When you receive your new cards, dispose of your old cards and provide the new cards for prescription services beginning January 1, 2012.

# MoDOT/MSHP Medicare Supplement Plan Benefits-at-a-Glance

## Effective January 1, 2012

Listed below is a partial outline of coverage under the MoDOT/MSHP Summary Plan Document (SPD). This 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 document and the SPD, the SPD governs.

<b>MEDICARE SUPPLEMENT PLAN</b> Available Nationwide			
Benefit	Medicare Assigned Claims	Medicare Non-Assigned Claims	Medicare Non-Covered Claims For Services That The Plan Covers
	Member's Responsibility		
	In-Network	Out-of-Network	
Individual Deductible per CY	\$450	\$450	\$450
Coinsurance	0%	10% (up to out-of-pocket maximum)	20% of out-of-network rate (up to out-of-pocket maximum)
Individual Out-of-Pocket Maximum per CY	\$0	\$825	\$1,650, plus any costs above the out-of-network rate
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Prescription Benefit - Available Through Participating Pharmacies Only			
Individual Deductible per CY	\$100		
Generic (In and Out of Part D Coverage Gap*)	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Single Source Brand Medications (No generic equivalent available)	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Single Source Brand Medications in Part D Coverage Gap* (No generic equivalent available)	30% coinsurance after deductible per calendar year and participant is in Part D Coverage Gap* with the manufacturer also paying 30% at the time of sale.		
Brand Medications (Generic equivalent available)	50% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Brand Medications in Part D Coverage Gap* (Generic equivalent available)	50% coinsurance after deductible per calendar year and participant is in Part D Coverage Gap* with the manufacturer also paying 50% at the time of sale.		
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,700 of out-of-pocket expense the cost sharing will be reduced to the greater of 5% coinsurance or \$2.60 copayment for generics and \$6.50 copayment for brands.		

\*In 2012, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches \$2,930.

# Basic/Optional Life Insurance Highlights for 2012

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 16. Rates remain unchanged for 2012.

## Beneficiary Changes

Please remember to update your beneficiaries from time to time. It's very important to review and update your beneficiary designations, especially when you experience a significant life event such as marriage, divorce, birth, or adoption.

## Beneficiary Terminology

**Primary Beneficiary** – These are the first individuals who will be the beneficiaries of the proceeds of your life insurance. There can be multiple primary beneficiaries. For example, if you have two children and you want them to each have an equal share of your life insurance, you would list each as a primary beneficiary.

**Contingent Beneficiary** – These are the people who will be the beneficiaries if the primary beneficiaries have passed away. Think of them as the “back-up” beneficiaries. For example, if you have two children and you want them to each have an equal share of your life insurance and you designate one as a primary beneficiary and the other as a contingent, and they are both alive at the time of your passing, the primary beneficiary will receive 100% and the contingent beneficiary will receive nothing.

## 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 Hartford at 1-877-320-0484. You must apply within 31 days from the date your employment ends or your employment status changes.

**MoDOT and MSHP**  
**Optional Life Insurance Rates**  
 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.**

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

## MCHCP Dental/Vision Highlights for 2012

MCHCP administers the following benefits; please contact them at 1-800-487-0771

### Open Enrollment

The Missouri Consolidated Health Care Plan (MCHCP) will be holding open enrollment for dental and vision coverage during the month of October 2011 for active employees only.

You can view the 2012 Dental/Vision Guide at [www.mchcp.org](http://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](http://www.mchcp.org) for more information regarding rates for 2012 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

## Deferred Compensation Highlights for 2012

ICMA-RC administers the following benefits; please contact them at 1-573-893-1053

Effective November 1, 2011, the State of Missouri Deferred Compensation Plan will have a new record keeper, ICMA-RC. Plan participants will receive more information mid-October.

If you wish to begin or increase your deferred comp contribution, contact ICMA-RC at 1-573-893-1053 or log on to [www.modeferredcomp.org](http://www.modeferredcomp.org).

## Employee Assistance Program for 2012

ComPsych administers the following benefits; please contact them at 1-800-808-2261

Effective January 1, 2012, the new Employee Assistance Program (EAP) administrator will be ComPsych. ComPsych offers a confidential counseling and referral service that can help you and your family successfully deal with life's challenges. EAP services are available to **active employees** at no cost because the premiums are funded by MoDOT and Patrol to benefit you and your family.

Your involvement in the plan remains confidential in accordance with all state and federal laws. Information and access to your program is available 24 hours a day, every day of the year. You have up to six counseling sessions available to you annually per episode.

ComPsych offers support on such topics as:

- Family
- Work-Life balance
- Stress
- Health and wellness
- Identity Theft
- Relationship issues
- Grief and loss
- Depression and anxiety
- Alcohol or drug concerns
- Legal consultation
- Financial services consultation.

For more information, contact ComPsych or log on to [www.guidanceresources.com](http://www.guidanceresources.com) for more information or to access tools available to all active employees.

# Cafeteria Plan Highlights for 2012

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](http://www.mocafe.com). The Cafeteria Plan open enrollment period for active employees runs October 1 through December 1, 2011 for enrollment.

## 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](http://www.mocafe.com) to opt-out online.

## Flexible Spending Account (FSA)

To participate in the FSA for Health Care and Dependent Care, you must enroll each year during open enrollment.

**The amount you contribute to your Health Care FSA Account and Dependent Care FSA Account is not taxable, saving you at least 25% on each dollar.**

Due to the provisions in the Patient Protection and Affordable Care Act (PPACA), effective January 1, 2013, the Health Care FSA Account Maximum will be reduced from \$5,000 to \$2,500. So, you may plan for large expenses in 2012 like orthodontia, Lasik eye surgery and major dental work, etc.

Expenses for your spouse and children are also eligible even if they are not covered under your medical plan. To help estimate your eligible expenses, ASI provides a worksheet for all your Health Care expenses and Dependent Care expenses at [www.mocafe.com/Forms/worksheet.pdf](http://www.mocafe.com/Forms/worksheet.pdf).

Employees with a spouse who enrolls in the MCHCP high deductible health insurance plan (HDHP) for 2012 will not be eligible for the Cafeteria Plan Health Care FSA Account.

## Commuter Benefit

The State of Missouri has a pre-tax commuter benefit administered by ASI. For more information, log on to [www.mocafe.com](http://www.mocafe.com).

## Over the Counter Medication

**The PPACA states Over the Counter (OTC) drugs and medicines will only be reimbursable through your Health Care FSA Account if you have a valid prescription. (Insulin still qualifies for reimbursement without a prescription.)**

For more information regarding the OTC medicine categories no longer eligible for a tax break without a prescription, please visit [www.mocafe.com](http://www.mocafe.com) for more information.

## Fee Schedule

The premium only category fee is \$.08 per pay period. The fees associated with flexible spending accounts are:

- \$1.73 per pay period for reimbursement via check;
- \$1.48 per pay period for reimbursement via direct deposit.

## **Member HIPAA Notification**

### **Missouri Department of Transportation and Missouri State Highway Patrol Medical and Life Insurance Plan**

#### **Your Privacy Matters**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP) Medical and Life Insurance Plan<sup>i</sup> (Plan) is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully. If you have any questions, please call the Participant Services number on the back of your membership identification card. You may also contact the designated privacy officer. The privacy officer for our Plan is Jeff Padgett, Director of Risk and Benefits Management, MoDOT, P.O. Box 270, Jefferson City, MO 65102.

#### **Notice of Privacy Practices**

**Effective: 4/14/2003 (Revised 1/1/2011)**

**THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

#### **A. Our Commitment to Your Privacy**

We understand the importance of keeping your personal and health information<sup>ii</sup> secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at [www.modot.mo.gov/newsandinfo/benefits.htm](http://www.modot.mo.gov/newsandinfo/benefits.htm). You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services provided to your particular health Benefit Plan.

#### **B. What Types of Personal Information Do We Collect?**

To best service your Benefits, we need information about you. This information may come from you, the Claims Administrator, or our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care Providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

#### **C. How Do We Protect the Privacy of Your Personal Information?**

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

#### **D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?**

To properly service your Benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care Providers for coordination and management of your care. Providers include Physicians, Hospitals, and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review Medical Necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care Provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.
- **Health care operations:** We may use and share your personal information as part of our operations in servicing your Benefits. Operations include credentialing of Providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination. We may also use and share information for our general administrative activities such as prescription drug program; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of the Claims Administrator with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about Preventive Care, or to inform you about a disease management program.

We may also share your personal information with Providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your Plan Sponsor when those plans may be responsible to pay for certain health care Benefits.

#### **E. What Other Ways Do We Use or Share Your Information?**

We may also use or share your personal information for the following:

- **Medical home / accountable care organizations:** The Claims Administrator may work with your primary care Physician, Hospitals and other health care Providers to help coordinate your treatment and care. Your information may be shared with your health care Providers to assist in a team-based approach to your health.
- **Health care oversight and law enforcement:** To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance or the U.S. Department of Labor.
- **Legal proceedings:** To comply with a court order or other lawful process.
- **Treatment options:** To inform you about treatment options or health-related Benefits or services.

- **Plan Sponsors:** To permit the sponsor of your health Benefit Plan to service the Benefit Plan and your Benefits. Please see your Employer's Plan documents for more information.
- **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.
- **Others involved in your health care:** We may share certain personal information with a relative, such as your Spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of Benefits to the Subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.
- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.
- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your prescription drug or behavioral health Benefits.
- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

#### **F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?**

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your Coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your Coverage ends. However, we will continue to protect your information regardless of your Coverage status.

#### **G. Rights Established by Law**

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.
- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your

- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.
- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

#### **H. To Receive More Information or File a Complaint**

Please contact Participant Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your Benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your Benefit documents.

<sup>i</sup> For purposes of this notice, the pronouns "we", "us" and "our" and the name "MoDOT/ MSHP" refers to Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP) Medical and Life Insurance Plan. These entities abide by the privacy practices described in this Notice.

<sup>ii</sup> Under various laws, different requirements can apply to different types of information. Therefore we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing Benefits to you.

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

**IMPORTANT INSURANCE INFORMATION ENCLOSED**  
**Return Service Requested**