

Medical & Life Insurance Plan

2017 BENEFIT UPDATE



**Missouri Department of Transportation
and
Missouri State Highway Patrol**

1.877.863.9406

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



MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2017 BENEFIT UPDATE

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Disclaimer: Information provided in the 2017 Benefit Update is subject to change based upon rules and regulations related to Patient Protection Affordable Care Act (ACA) 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 (Plan)

September 1, 2016

The Missouri Highways and Transportation Commission (Commission) has always made it a priority to provide excellent and affordable medical insurance benefits for our Plan participants. We want to continue providing quality health care benefits to you and your families. Unfortunately, we have to make adjustments to keep up with increasing costs.

The following changes were approved by the Commission at the August 3, 2016 meeting, for coverage beginning January 1, 2017. These increases will be reflected on your December payroll:

- 7.5 percent increase in medical premiums for all active employees and Medicare retirees.
- 10.5 percent increase in medical premiums for all non-Medicare retiree categories.

Enrollment Information

- Reference page 19 for enrollment/change information for dental and vision services.
- An open enrollment period will not be offered to add new dependents. **Active employees** can remove coverage on themselves and eligible dependents under the Plan during the month of October effective January 1, 2017. (Reference page 4 for more information.)
- During the month of October, participants can switch between the PPO and HDHP plans for January 1, 2017 if desired.

Additional information:

- Coventry Health Care was purchased by Aetna. New medical cards will be issued to all participants.
- With the migration to Aetna, we will also migrate from Health Equity to Payflex for HSA benefits. Everyone with a Health Equity HSA will need to submit a closure form to the Employee Benefits office.
- Remember to submit a change form to cancel optional life insurance on a covered child reaching age 26.

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 2017

MEDICAL BENEFITS

Aetna

We will be migrating to Aetna beginning January 2017. They will provide both network and claims administration services for our Plan participants in 2017. New cards will be issued in early December. For account or coverage information call their toll free number at 855-221-1536.

Online Services: Aetna Navigator

Aetna 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 Aetna's member service portal at www.aetn navigator.com.

Aetna Navigator allows participants to view Explanation of Benefits (EOBs), review claims, and take a Comprehensive Health Assessment (HA). Please have your medical card ready to enroll!

HEALTH SAVINGS ACCOUNT (HSA)

PayFlex will take over for Health Equity as the financial custodian for your HSA funds.

A new HSA debit card will be issued to you.

Login to access your HSA at www.aetn navigator.com

For HSA member services call: 888-678-8242

PRESCRIPTION BENEFITS

MedImpact

MedImpact will continue to serve as our pharmacy benefit manager. Their toll free numbers are listed below:

Medicare participants: 844-513-6006

Non-Medicare participants: 844-513-6005

Non-Medicare members can also log on to <http://mp.medimpact.com>.

Prescription Pricing Tool

MedImpact offers members an enhanced drug pricing and inquiry feature to provide members real time pricing information in an effort to better control medication costs and receive quality information.

To access the pricing tool:

Log on to <http://mp.medimpact.com> and enter your username and password. You will need your ID card to create a username and password the first time you log on.

Below is a pricing example of Crestor, priced at four pharmacies all in the same zip code.

Pharmacy	Supply	Cost/Day
A	30	\$4.87
B	30	\$5.73
C	30	\$5.75
D	30	\$5.89

Medical Plan Highlights for 2017

Enrollment Changes

No action is required if you are not making a change to your current level of coverage.

There is no open period enrollment this year. Non-Medicare subscribers are allowed to switch between the PPO and HDHP plan offerings. This change must be made between October 1 – 31 for January 1, 2017 coverage.

The plan allows subscribers to terminate coverage or remove dependents for January 1, 2017 coverage.

Contact your insurance representative to complete the necessary paperwork.

To make a change, the following must be received in the MoDOT Employee Benefits' Office by close of business October 31, 2016:

- 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;
- this form should include all members of your family you wish to continue coverage on;
- if enrolling in the HDHP, you must also submit the HSA enrollment form, and HSA election form. Both forms can be found at www.modot.mo.gov/newsandinfo/benefits.htm;

If you pay premiums through the Cafeteria Plan, in order to terminate coverage or remove dependents during the calendar year you must have a qualifying change of status event.

Subscribers not enrolled in the cafeteria plan can drop a dependent at any time during the calendar year without a qualifying change of status event.

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

Employee Benefits
105 W Capitol Ave, P.O. Box 270
Jefferson City, Missouri 65102
Fax: 573-522-1482

Telemedicine Services

The Plan provides coverage for telemedicine services. Coverage is included for telemedicine services that are appropriately provided in accordance with applicable laws and generally accepted health care practices and standards.

Coverage includes practice by a duly licensed Physician or other health care Provider acting within the scope of such Provider's practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of interactive audio, and/or video telecommunications that permits real time communications.

Coverage is offered at the same cost sharing copays and coinsurance as the same in office service.

Aetna offers a 24 hour nurse line available to plan participants. Access at 800-556-1555.

MoDOT & MSHP Total Wellness

The Plan's wellness program boasts a variety of health initiatives and activities designed to encourage and support a healthier lifestyle for you and your family. Each month will have a different focus topic, with information provided by your local Wellness Champions. Information will include:

- Wellness tools and trackers.
- Digital health coaching programs.
- Customized incentive programs.
- Healthy recipes.
- Facebook page – MoDOT & MSHP Total Wellness.
 - Page will promote wellness activities, raise awareness, and improved education efforts.

High Deductible Plan vs. PPO Plan

Key Messages

- We will continue to offer a High Deductible Health Plan (HDHP) offered in conjunction with a Health Savings Account (HSA).
- Employees and non-Medicare retirees will have the option of staying in MoDOT's current PPO or enrolling in the new HDHP and HSA for 2017.
- HDHP's offer lower premiums and higher deductibles, while an HSA is a savings account owned by the employee used to pay for qualified medical and/or pharmacy expenses.
- Though this is not an open enrollment year, plan members will have the option of switching from PPO to the HDHP, or vice versa, on an annual basis.

Similarities

- We will use Aetna as our administrator.
- Same covered medical services as the PPO plan.
- All preventative services that we have now will continue to be paid at 100%.
- Same provider network.
- You are still encouraged to utilize in-network providers & generic medications in order to maximize lower contract rates.
- Premiums can be deducted pre-tax through the cafeteria plan
- Can still cover dependents up to age 26.
- Once you meet your Out-of-Pocket Max. The plan will pay 100% of approved claims.

HSA Provisions

- Administered by Payflex.
- Contributions can come from you, your employer, or a 3rd party.
- Beginning in 2017, your employer will make a contribution each pay period for active employees.
- The maximum contribution for 2017 is \$3,400 for single coverage and \$6,750 for family coverage. An additional \$1,000 per year

contribution is allowed for participants who are 55 and older.

- The HSA is a portable benefit, controlled and owned by the account holder. The HSA balance "rolls over" from year to year, and accumulates tax-free.
- Can pay for medical expenses for dependents not covered on your medical plan as long as they are claimed on your taxes.

Differences

- No more co-pays. You will pay 100% of medical and pharmacy expenses up until your deductible is met.
- The deductible and out-of-pocket maximums (Max OOP) are higher.

	Individual	Family
PPO Deductible	\$450	\$1350
PPO Max OOP	\$1600	\$4800
HDHP Deductible	\$1700	\$3500
HDHP Max OOP	\$3300	\$6600

- With the HDHP, the family deductible must be met before coinsurance kicks in, unless you are in the subscriber only category.
- You will enroll in the HSA to fund the expense of higher deductible and out-of-pocket costs.
- An HSA is a tax-advantaged savings account paired with a qualified HDHP that is owned by the account holder.
- **If enrolled in the HDHP/HSA option, you cannot participate in the cafeteria plan FSA. You can still enroll in Premium Only, Dependent Care, Limited Scope, or Commuter Benefit categories of the Cafeteria Plan.**
- A comparison calculator is available to determine which option is best for you. Go to: <http://www6.modot.mo.gov/premiumcalc/MainMenu.aspx>

MoDOT & MSHP PPO Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2017

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	Aetna PPO PLAN Available Statewide	
	In-Network Provider	Out-of-Network Provider *
	Member's Responsibility	
Annual Deductible		
Individual	\$ 450	\$ 450
Family	\$1,350 maximum	\$1,350 maximum
Coinsurance (applies after deductible)	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible	Includes copayments, coinsurance, and deductible Does not include cost above out-of-network rate
Individual	\$1,600	\$2,425
Family	\$4,800	\$7,275
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
Emergency Room Services	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	If deemed emergency; \$75 copayment and 10% coinsurance. If not deemed emergency; \$75 copayment and 20% coinsurance of out-of-network rate after deductible Copayment waived if admitted or accidental injury
Immunizations According to Recommended Schedules	Covered 100%	Not covered
Inpatient Hospital Care	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of out-of-network rate after deductible Pre-admission certification required
Maternity	10% coinsurance after deductible	20% coinsurance of out-of-network rate after deductible
Preventive Care	Covered 100%	Not covered
Surgery Inpatient and Outpatient	10% coinsurance after deductible Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible Pre-admission certification required.
Urgent Care	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
Pharmacy Benefit - Available Through Participating Pharmacies Only		
Deductible	\$100 per participant per calendar year	
Coinsurance	30% of costs after deductible is met (minimum \$5)	
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible	
Individual	\$5,000	
Family	\$8,400	
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	
Brand over 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 MedImpact Health Systems: 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 Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.

MoDOT & MSHP HDHP Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2017

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	Aetna HDHP Available Statewide	
	In-Network Provider	Out-of-Network Provider *
	Member's Responsibility	
Annual Deductible		
Individual	\$1,700	\$3,500
Family	\$3,500	\$7,000
Coinsurance (applies after deductible)	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance and deductible	Includes copayments, coinsurance, and deductible. Does not include cost above out-of-network rate
Individual	\$3,300	\$5,000
Family	\$6,600	\$10,000
Lifetime Maximum	Unlimited	Unlimited
Office Visit	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Emergency Room Services	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Immunizations According to Recommended Schedules	Covered 100%	Not covered
Inpatient Hospital Care	30% coinsurance after deductible Pre-admission certification required	50% coinsurance of out-of-network rate after deductible Pre-admission certification required
Maternity	30% coinsurance after deductible	50% coinsurance of out-of-network rate after deductible
Preventive Care	Covered 100%	Not covered
Surgery Inpatient and Outpatient	30% coinsurance after deductible Pre-admission certification required.	50% coinsurance of out-of-network rate after deductible Pre-admission certification required.
Urgent Care	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Pharmacy Benefit - Available Through Participating Pharmacies Only		
Deductible	Included in medical deductible	
Coinsurance	30% of costs after deductible is met (minimum \$5)	
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible	
Individual	Included in medical Annual Out-of-Pocket Maximum	
Family		
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	
Brand over 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 MedImpact Health Systems: 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 Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.

Reminders for 2017

New 2017 Medical Premiums

Your medical premiums are paid one month in advance. December paychecks will reflect the new 2017 rates for January coverage. Please see the rate chart starting on page 9 for your 2017 rates.

Cafeteria Plan Grace Period

Active cafeteria plan members will be allowed to submit expenses incurred up to March 15, 2017, to allow members to use up the contributions in their 2016 Health and Dependent Care FSA accounts. Claims must be filed to the Flexible Spending Account (FSA) by April 15, 2017.

Preventive Care

You still have time to schedule your annual checkup for 2016 at a participating provider. There is no longer a cap on the amount allowed each year, so please contact your provider today to schedule your annual checkup. All preventive care services will be covered 100 percent when utilizing in-network providers only. Any preventive services received out-of-network will not be covered. Please see page 13 and 14 for specific coverage information.

Mammograms

The plan only covers 2D mammograms under preventive care. **3D mammograms are not a covered service.**

Compound Medications

The plan does not cover compound medications. These medications are excluded from our plan since they are not regulated by the FDA.

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 or pharmacist for generic drug alternatives available to treat your medical needs. You may see a decrease in the price you pay at the pharmacy.

Deductibles Start Over January 1

Your medical and prescription deductibles start over January 1, 2017.

- PPO Medical: \$450 per individual or \$1,350 family.
- PPO Prescription: \$100 per participant.
- HDHP Medical and Prescription Combined: \$1,700 for individual or \$3,500 for family.

How to Order a New Medical or Prescription ID Cards

Aetna Medical ID Cards:

- Contact Aetna Member's Services at 855-221-1536 for medical cards.
- Request an ID Card online by registering at www.aetnavigators.com

MedImpact Prescription ID Cards

- Non-Medicare members can log on to MedImpact's website at <http://mp.medimpact.com> by using your login and password.
- All members can contact MedImpact Customer Service for ID Cards:
 - Non-Medicare: 844-513-6005
 - Medicare: 844-513-6006

You can also contact Employee Benefits at 877-863-9406.

MoDOT/MSHP 2017 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2017
MoDOT/MSHP Aetna PPO Plan

Rate Category	Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$471.00	\$377.00	\$94.00
Subscriber/Family	\$1,431.00	\$1,145.00	\$286.00
Subscriber/Spouse	\$1,035.00	\$828.00	\$207.00
Subscriber/Child	\$659.00	\$527.00	\$132.00
Subscriber/2 Children	\$846.00	\$677.00	\$169.00
NON-MEDICARE RETIREE MEMBERS			
<u>Subscribers retiring effective 1/1/2015 and later will receive a state contribution of 2 percent per year of service, not to exceed 50 percent.</u>			
Retiree - Subscriber Only	\$598.00	\$341.00	\$257.00
Retiree - Subscriber/Family	\$1,818.00	\$800.00	\$1,018.00
Retiree - Subscriber/Spouse	\$1,196.00	\$478.00	\$718.00
Retiree - Subscriber/Child	\$1,196.00	\$526.00	\$670.00
Retiree - Subscriber/2 Children	\$1,361.00	\$544.00	\$817.00
Retiree - Non-Medicare Subscriber/Medicare Child	\$904.00	\$416.00	\$488.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$904.00	\$407.00	\$497.00
MEDICARE MEMBERS			
<u>Subscribers retiring effective 1/1/2015 and later will receive a state contribution of 2 percent per year of service, not to exceed 50 percent.</u>			
Retiree - Medicare Subscriber Only	\$306.00	\$174.00	\$132.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$904.00	\$362.00	\$542.00
Retiree - Medicare Subscriber/Medicare Spouse	\$613.00	\$276.00	\$337.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$1,526.00	\$671.00	\$855.00
Retiree - Medicare Subscriber/Medicare Family	\$1,143.00	\$560.00	\$583.00
Retiree - Medicare Subscriber/Child	\$904.00	\$398.00	\$506.00
Retiree - Medicare Subscriber/Medicare Child	\$613.00	\$282.00	\$331.00
Retiree - Medicare Subscriber/2 Children	\$1,069.00	\$428.00	\$641.00
Survivor - Medicare Subscriber Only	\$306.00	\$174.00	\$132.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$1,526.00	\$671.00	\$855.00
Survivor - Medicare Subscriber/Medicare Family	\$1,143.00	\$560.00	\$583.00
Survivor - Medicare Subscriber/Child	\$904.00	\$398.00	\$506.00
Survivor - Medicare Subscriber/Medicare Child	\$613.00	\$282.00	\$331.00
Survivor - Medicare Subscriber/2 Children	\$1,069.00	\$428.00	\$641.00

MoDOT/MSHP Aetna PPO Plan

Rate Category			
	Premium	Employer Share	Subscriber's Cost
MEDICARE MEMBERS (continued)			
LTD - Medicare Subscriber Only	\$306.00	\$174.00	\$132.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$904.00	\$362.00	\$542.00
LTD - Medicare Subscriber/Medicare Spouse	\$613.00	\$276.00	\$337.00
LTD - Medicare Subscriber/Non-Medicare Family	\$1,526.00	\$671.00	\$855.00
LTD - Medicare Subscriber/Medicare Family	\$1,143.00	\$560.00	\$583.00
LTD - Medicare Subscriber/Child	\$904.00	\$398.00	\$506.00
LTD - Medicare Subscriber/2 Children	\$1,069.00	\$428.00	\$641.00
WRD - Medicare Subscriber Only	\$306.00	\$245.00	\$61.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$777.00	\$622.00	\$155.00
WRD - Medicare Subscriber/Medicare Spouse	\$613.00	\$490.00	\$123.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,266.00	\$1,013.00	\$253.00
WRD - Medicare Subscriber/Medicare Family	\$1,008.00	\$806.00	\$202.00
WRD - Medicare Subscriber/Child	\$494.00	\$395.00	\$99.00
WRD - Medicare Subscriber/2 Children	\$681.00	\$545.00	\$136.00
Vested - Medicare Subscriber Only	\$306.00	\$0.00	\$306.00
Vested - Medicare Subscriber/Non-Medicare Family	\$1,266.00	\$0.00	\$1,266.00
Vested - Medicare Subscriber/Medicare Family	\$1,008.00	\$0.00	\$1,008.00
Vested - Medicare Subscriber/Medicare Spouse	\$613.00	\$0.00	\$613.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$777.00	\$0.00	\$777.00
Vested - Medicare Subscriber/Child	\$494.00	\$0.00	\$494.00
Vested - Medicare Subscriber/2 Children	\$681.00	\$0.00	\$681.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP Aetna PPO Plan

Rate Category	Premium	Employer Share	Subscriber's Cost
OTHER PLAN CATEGORIES			
Subscribers retiring effective 1/1/2015 and later will receive a state contribution of 2 percent per year of service, not to exceed 50 percent.			
C.O.B.R.A. - Subscriber Only	\$471.00	\$0.00	\$471.00
C.O.B.R.A. - Subscriber/Family	\$1,431.00	\$0.00	\$1,431.00
C.O.B.R.A. - Subscriber/Spouse	\$1,035.00	\$0.00	\$1,035.00
C.O.B.R.A. - Subscriber/Child	\$659.00	\$0.00	\$659.00
C.O.B.R.A. - Subscriber/2 Children	\$846.00	\$0.00	\$846.00
WRD - Subscriber Only	\$471.00	\$377.00	\$94.00
WRD - Subscriber/Family	\$1,431.00	\$1,145.00	\$286.00
WRD - Subscriber/Spouse	\$1,035.00	\$828.00	\$207.00
WRD - Subscriber/Child	\$659.00	\$527.00	\$132.00
WRD - Subscriber/2 Children	\$846.00	\$677.00	\$169.00
LTD - Subscriber Only	\$598.00	\$341.00	\$257.00
LTD - Subscriber/Family	\$1,818.00	\$800.00	\$1,018.00
LTD - Subscriber/Spouse	\$1,196.00	\$478.00	\$718.00
LTD - Subscriber/Child	\$1,196.00	\$526.00	\$670.00
LTD - Subscriber/2 Children	\$1,361.00	\$544.00	\$817.00
LTD - Non-Medicare Subscriber/Medicare Child	\$904.00	\$416.00	\$488.00
LTD - Non-Medicare Subscriber/Medicare Spouse	\$904.00	\$407.00	\$497.00
Survivor - Subscriber Only	\$598.00	\$341.00	\$257.00
Survivor - Subscriber/Family	\$1,818.00	\$800.00	\$1,018.00
Survivor - Subscriber/Child	\$1,196.00	\$526.00	\$670.00
Survivor - Non-Medicare Subscriber/Medicare Child	\$904.00	\$416.00	\$488.00
Survivor - Subscriber/2 Children	\$1,361.00	\$544.00	\$817.00
Vested - Subscriber Only	\$471.00	\$0.00	\$471.00
Vested - Subscriber/Family	\$1,431.00	\$0.00	\$1,431.00
Vested - Subscriber/Spouse	\$1,035.00	\$0.00	\$1,035.00
Vested - Non-Medicare Subscriber/Medicare Spouse	\$904.00	\$0.00	\$904.00
Vested - Subscriber/Child	\$659.00	\$0.00	\$659.00
Vested - Subscriber/2 Children	\$846.00	\$0.00	\$846.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP Aetna High Deductible Plan

Rate Category	MoDOT/MSHP Aetna HDHP Available Statewide		
	Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$428.00	\$377.00	\$51.00
Subscriber/Family	\$1,299.00	\$1,145.00	\$154.00
Subscriber/Spouse	\$940.00	\$828.00	\$112.00
Subscriber/Child	\$598.00	\$527.00	\$71.00
Subscriber/2 Children	\$768.00	\$677.00	\$91.00
NON-MEDICARE RETIREE MEMBERS			
<u>Subscribers retiring effective 1/1/2015 and later will receive a state contribution of 2 percent per year of service, not to exceed 50 percent.</u>			
Retiree - Subscriber Only	\$543.00	\$341.00	\$202.00
Retiree - Subscriber/Family	\$1,651.00	\$800.00	\$851.00
Retiree - Subscriber/Spouse	\$1,086.00	\$478.00	\$608.00
Retiree - Subscriber/Child	\$1,086.00	\$526.00	\$560.00
Retiree - Subscriber/2 Children	\$1,236.00	\$544.00	\$692.00
OTHER PLAN CATEGORIES			
<u>Subscribers retiring effective 1/1/2015 and later will receive a state contribution of 2 percent per year of service, not to exceed 50 percent.</u>			
C.O.B.R.A. - Subscriber Only	\$428.00	\$0.00	\$428.00
C.O.B.R.A. - Subscriber/Family	\$1,299.00	\$0.00	\$1,299.00
C.O.B.R.A. - Subscriber/Spouse	\$940.00	\$0.00	\$940.00
C.O.B.R.A. - Subscriber/Child	\$598.00	\$0.00	\$598.00
C.O.B.R.A. - Subscriber/2 Children	\$768.00	\$0.00	\$768.00
WRD - Subscriber Only	\$428.00	\$377.00	\$51.00
WRD - Subscriber/Family	\$1,299.00	\$1,145.00	\$154.00
WRD - Subscriber/Spouse	\$940.00	\$828.00	\$112.00
WRD - Subscriber/Child	\$598.00	\$527.00	\$71.00
WRD - Subscriber/2Children	\$768.00	\$677.00	\$91.00
LTD - Subscriber Only	\$543.00	\$341.00	\$202.00
LTD - Subscriber/Family	\$1,651.00	\$800.00	\$851.00
LTD - Subscriber/Spouse	\$1,086.00	\$478.00	\$608.00
LTD - Subscriber/Child	\$1,086.00	\$526.00	\$560.00
LTD - Subscriber/2 Children	\$1,236.00	\$544.00	\$692.00
Survivor - Subscriber Only	\$543.00	\$341.00	\$202.00
Survivor - Subscriber/Family	\$1,651.00	\$800.00	\$851.00
Survivor - Subscriber/Child	\$1,086.00	\$526.00	\$560.00
Survivor - Subscriber/2 Children	\$1,236.00	\$544.00	\$692.00
Vested - Subscriber Only	\$428.00	\$0.00	\$428.00
Vested - Subscriber/Family	\$1,299.00	\$0.00	\$1,299.00
Vested - Subscriber/Spouse	\$940.00	\$0.00	\$940.00
Vested - Subscriber/Child	\$598.00	\$0.00	\$598.00
Vested - Subscriber/2 Children	\$768.00	\$0.00	\$768.00

Preventive Services

The Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP) Medical Plan encourages Plan members to receive preventive services. Preventive services include annual physicals and well visits for men, women and children. The Affordable Care Act (ACA) requires specific preventive services and medications be covered at 100%. Plan members who receive these services from an in-network provider or pharmacy will receive coverage at 100%. **There will be no coverage for these services if they are received from an out of network provider.**

It is important to talk to your doctor about preventive care. Aetna will pay claims based on the doctor's clinical assessment of the office visit. If the primary reason for your office visit is treatment for an illness or pre-existing condition, and preventive services are provided, they may be charged towards your deductible and coinsurance.

Certain health screenings may identify a health condition that requires further testing and treatment. If a condition is identified through a preventive screening, any further testing, diagnosis, or treatment will not be considered preventive, and are subject to your deductible and coinsurance.

If a polyp is discovered during a **routine** colonoscopy, its removal, if performed by an in-network provider, will be covered at 100%.

Women's Preventive Care

In accordance with the women's preventive care guidelines in keeping with the ACA, the following services will be covered under preventive care at 100% when utilizing an in-network provider:

- well-woman visits;
- 2D mammograms; **3D mammograms are not a covered service;**
- screening for gestational diabetes;
- human papillomavirus (HPV) DNA testing for women 30 years and older;
- sexually transmitted infection counseling;
- human immunodeficiency virus (HIV) screening and counseling;
- FDA approved generic oral contraceptive methods and counseling, subject to standard medical management and formulary practices;
- breastfeeding support supplies and counseling;
- domestic violence screening and counseling.
- Preventive breast cancer medications tamoxifene and raloxifene for women 35 and older

Immunizations

CHILD PREVENTIVE

- DPT
- Hepatitis A and B
- HPV
- Inactivated poliovirus
- Influenza
- MMR
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

ADULT PREVENTIVE

- Diphtheria, pertussis, tetanus(DPT)
- Hepatitis A and B
- Herpes zoster
- Human papillomavirus (HPV)
- Influenza
- MMR
- Meningococcal
- Pneumococcal
- Varicella
- Zostavax (see pg. 21)

Screenings

CHILD

- Hearing
- Vision
- Blood pressure
- Obesity
- Phenylketonuria (newborns)
- Sickle Cell Disease (newborns)

ADULT

- Breast cancer
- Cervical Cancer/dysplasia
- Colorectal cancer
- Prostate cancer
- HIV
- Hepatitis C
- Alcohol misuse
- Lung Cancer

Prescription

Certain prescription drugs will be covered at 100%. These drugs are covered for certain populations with no coinsurance or deductible. These prescriptions must be filled at a MedImpact in-network pharmacy. **This list is not all inclusive, and is subject to formulary restrictions.**

- Aspirin – 81mg and 325mg men age 45-79 and women age 55-79
- Iron – children 6-12 months at risk for iron deficiency anemia, drops only
- Folic acid – 0.4 to 0.8 mg
- Flouride – children under age six
- Vitamin D supplement – adults age 65 and older
- Tobacco cessation medications
- FDA approved oral contraception methods (generic only)

General Notices for 2017

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.

Prior Authorizations

In-network providers are responsible for obtaining the prior authorization, not the plan participant. If the provider fails to obtain the prior authorization, the participant will not be liable for the charges unless they have signed a patient responsibility form with the provider.

Plan participants using an out-of-network provider will be responsible to ensure the provider obtains the prior authorization. If the provider and/or participant fail to obtain the prior authorization, the participant will be held liable for the charges.

Special Enrollment Period

During the year you can terminate coverage on yourself or your dependents if you have a change of status. You must have the following change of status if enrolled in the Cafeteria Plan Premium Only Category:

- Death of spouse/dependent;
- Divorce finalized;
- Employment of your spouse/dependent;
- Gain/loss of dependent due to age, military status, marriage, divorce, etc.;
- Your employment ends and/or you retire.

Summary of Benefits and Coverage

The ACA requires all health plans to create a Summary of Benefits and Coverage (SBC) and make available to all participants. The goal of the SBC is to help consumers understand and evaluate their health insurance choices by providing a simple, consistent document that outlines benefits and coverage in plain language.

The 2017 SBC will be available by January 1, 2017. You can find it on the web at www.modot.org/newsandinfo/benefits.htm. If you do not have access to a computer, please call 877-863-9406 to request a copy be mailed to your home.

Basic/Optional Life Insurance Highlights for 2017

Minnesota Life administers the following benefits; please contact them at 1-866-293-6047

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.

Loss of Coverage

There are events that take place that cause a loss of coverage for your dependents children. You must notify us if your dependents incur any of these events.

Claims will not be paid if the following events have occurred:

- Child reaches age 26
- Child gets married
- Child joins the military
- Spouse legally separates

Additional Services Available

Minnesota Life offer special services to active employees only at no additional cost including:

- Legal Services;
- Travel Assistance;
- Beneficiary Financial Counseling;
- Legacy Planning; and
- Accelerated Death Benefit.

For more information on the additional services available to you, please visit www.modot.mo.gov/newsandinfo/benefits.htm

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 Minnesota Life at 1-866-293-6047. 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, 2017 - December 31, 2018**

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 \$1,000 Coverage for Retiree; WRD Recipient approved prior to July 1, 2004
Under Age 25	\$0.04	\$0.06
25 *BLT 30	\$0.05	\$0.07
30 *BLT 35	\$0.06	\$0.09
35 *BLT 40	\$0.07	\$0.12
40 *BLT 45	\$0.08	\$0.15
45 *BLT 50	\$0.13	\$0.24
50 *BLT 55	\$0.21	\$0.38
55 *BLT 60	\$0.35	\$0.57
60 *BLT 65	\$0.54	\$0.88
65 *BLT 70	\$1.10	\$1.76
70 *BLT 75	\$2.06	\$3.45
75 *BLT 80	\$2.06	\$4.07
80 and Over	\$2.06	\$4.47

*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 \$0.136 per \$1,000 coverage per month for each eligible employee.

Cafeteria Plan Highlights for 2017

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, 2016, for 2017 coverage.

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.

Flexible Spending Account (FSA)

For PPO Plan participants only.

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

The Health Care FSA Account Maximum is \$2,550.

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

Find the ASI Flex Self Service app in the iTunes or Google Play store. Just search

for ASI Flex. With the app you can review your account, submit claims, and track payment progress.

Grace Period

Members will be allowed to submit expenses incurred up to March 15, 2017, to allow members to use up the remaining balance in their Health and Dependent Care FSAs.

HDHP Limited Scope FSA

Employees with a spouse enrolled in a high deductible health insurance plan with a HSA for 2017 will be eligible for the Limited Scope FSA. The Limited Scope FSA Account Maximum is \$2,550 and may be used for 2017 dental and vision expenses *only*. For more information, please contact ASI at 800-659-3035.

Over the Counter Medication

The ACA 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.)

Fee Schedule

The premium only category fee is \$.12 per pay period. The fees associated with flexible spending accounts are:

- \$2.00 per pay period for reimbursement via check;
- \$1.40 per pay period for reimbursement via direct deposit.

Commuter Benefit

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

MCHCP Dental/Vision Highlights for 2017

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 2017 dental and vision coverage during the month of October 2016 for active employees only.

You can view the 2017 Dental/Vision Guide 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 plan do not have to do anything. Current coverage will remain in effect. The vision plan now has two options. Employees who do nothing will retain the same coverage.

Dental/Vision Rates

Please refer to www.mchcp.org for more information regarding rates for 2017 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2017

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

The State of Missouri Deferred Compensation Plan is an effective way to save for your retirement.

If you wish to begin or increase your deferred comp contribution, contact ICMA-RC at 1-573-893-1053 or log on to: www.modeferrredcomp.org.

Employees are encouraged to attend free seminars to help make informed savings decisions as you plan for your retirement. You can find more details about available seminars by visiting: www.modeferrredcomp.org. Select Education Resources, Free Seminars.

Employee Assistance Program for 2017

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

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 MSHP 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:

- Work-Life balance
- Stress
- Health and wellness
- Identity Theft
- Depression and anxiety
- Alcohol or drug concerns
- Legal consultation
- Financial services consultation
- Family Source

For more information, contact ComPsych or log on to www.guidanceresources.com.

MoDOT/MSHP Medicare Supplement Plan Benefits-at-a-Glance Effective January 1, 2017

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.

MEDICARE SUPPLEMENT PLAN 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	\$0	\$2,425 (deductible and copays included) 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	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.		
Brand Medications (Generic equivalent available)	50% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Generic Medications in Part D Coverage Gap*	30% coinsurance after deductible per calendar year and participant is in Part D Coverage Gap.*		
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.*		
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.*		
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,950 of out-of-pocket expense, the cost sharing will be reduced to the greater of 5% coinsurance or \$3.30 copayment for generics and \$8.25 copayment for brands.		

*In 2017, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches \$3,700.

Medicare Subscriber Updates

MoDOT/MSHP Medical Plan is an Approved Medicare Part D Program

Medicare participants enrolled in the MoDOT/MSHP Medical Plan (Plan) are not eligible 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.

If you do enroll in another Part D Plan, we will be forced to cancel your pharmacy and therefore your medical coverage through our plan.

Catastrophic Level

For 2017, the Medicare catastrophic coinsurance level for prescription drugs per individual is \$4,950 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5 percent coinsurance, or \$3.30 copayment for generic drugs and 5 percent coinsurance or \$8.25 copayment for brand drugs.

Shingles Vaccination Coverage for 2017

MEDICARE MEMBERS

Zostavax (Shingles Vaccination)

The Zostavax or Shingles vaccination for Medicare participants 50 years of age and over **will only be covered if administered by an in-network pharmacy.** If the vaccination is administered by an in-network pharmacy, it will be covered 100 percent with no out of pocket costs for the participant. If it is administered at a physician's office, the charges will be denied.

NON-MEDICARE MEMBERS

Zostavax (Shingles Vaccination)

The Zostavax or Shingles vaccination for non-Medicare participants 50 years of age and over **will be covered 100 percent if administered by an in-network provider or an in-network pharmacy.**

A pharmacist cannot administer the shot for those under the age of 50. An on-site RN can. Otherwise you must receive the vaccine from your doctor's office.

Flu Vaccination Coverage

Flu season is upon us. Both Medicare and non-Medicare participants are eligible to receive a Flu vaccination covered at 100 percent under preventive care from an in-network physician

or pharmacy. Please take time to visit your in-network physician or in-network pharmacy to receive a Flu vaccination today.

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 Plan¹ (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 04/22/2013)

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 informationⁱⁱ 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. 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 other payors or health benefits plan sponsors 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. In some instances, we may ask you about your race/ethnicity or language, however providing this information is entirely voluntary.

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, including race/ethnicity and language, 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, including race/ethnicity and language, as part of our operations in servicing your Benefits. Operations include credentialing of Providers; quality improvement activities such as assessing health care disparities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination, including designing intervention programs and designing and directing outreach materials. 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 cannot use or disclose your genetic, race/ethnicity or language information for underwriting purposes, to set rates, or to deny coverage of or benefits.

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 or we may share language data with health care practitioners and providers to inform them about your communication needs.

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. For example, we will not share your psychotherapy notes, use or share your health information for marketing purposes or sell your health information unless you give written permission or applicable law permits the use or disclosure. 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, as required by law.

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 request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.
- **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.
- **Breach Notification:** You have a right to receive notice from us if there is a breach of your unsecured health information.

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, or to receive a copy in an alternative format or a translated version. Para recibir una copia traducida de este document, llame al servicio para miembros. 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.

ⁱ 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.

ⁱⁱ 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 Insurance Representative Contacts

<u>Dept. ID</u>	<u>Locations</u>	<u>Benefits Contact</u>	<u>Telephone Number</u>	<u>Email Address</u>
2ANW	Northwest District	Angie Downey	(816) 387-2405	Angela.Downey@modot.mo.gov
2BNE	Northeast District	Britney Richardson (Back-up)	(816) 387-2450	Britney.Richardson@modot.mo.gov
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		Angela Norman	(816) 607-2143	Angela.Norman@modot.mo.gov
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2FSL	St. Louis District	Jerry Kliethermes, Support Srvs. Mgr.	(573) 751-7686	Jerry.Kliethermes@modot.mo.gov
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		Melena Carter	(314) 453-1709	Melena.Carter@modot.mo.gov
		Jeannie Wilson, Support Srvs. Mgr.	(314) 453-1712	Regina.Wilson@modot.mo.gov
2GSW	Southwest District	Lorri Cole	(417) 621-6528	Lorri.Cole@modot.mo.gov
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		Deborah Sartin, Support Srvs. Mgr.	(417) 895-7613	Deborah.Sartin@modot.mo.gov
2HSE	Southeast District	Kristy Pettit	(573) 472-5363	Kristy.Pettit@modot.mo.gov
2XAI	Audits & Investigations	Pam Griffin (Back-up)	(417) 469-6250	Pamela.Griffin@modot.mo.gov
		Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
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2XCC	Chief Counsel's Office	Melissa Harbian	(573) 751-5952	Melissa.Harbian@modot.mo.gov
2XCS	Commission Secretary's Office	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
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2XDR	Design	Donna Roewe	(573) 526-2906	Donna.Roewe@modot.mo.gov
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2XEO	Equal Opportunity & Diversity	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XCR	External Civil Rights	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
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2XGR	Governmental Relations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XHR	Human Resources	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
2XIS	Information Systems	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
2XMT	Maintenance	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
2XMC	Motor Carrier's	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
2XMO	Multimodal Operations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XRB	Risk & Benefits Mangement	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XTH	Traffic and Highway Safety	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
2XTP	Transportation Planning	Tawnya Jaegers	(573) 751-2861	Tawnya.Jaegers@modot.mo.gov
MPERS	MoDOT & Patrol Employees' Retirement System	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov

MSHP Insurance Representative Contacts

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Troop D Springfield	Anita Douglas	(417) 895-6868 x 3452	Anita.Douglas@mshp.dps.mo.gov
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Troop I Rolla	Peggy Brookshire	(573) 368-2345 x 3917	Peggy.Brookshire@mshp.dps.mo.gov
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