

MoDOT & MSHP

Medical & Life

Insurance Plan
Annual Benefit Update

2021



1.877.863.9406

www.modot.org/modot-mshp-employee-benefits-0

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2021 BENEFIT UPDATE

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Disclaimer: Information provided in the 2021 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 Subscribers and Dependents of the MoDOT/MSHP
Medical and Life Insurance Plan (Plan)

September 15, 2020

Inside you will find your 2021 Benefit Update brochure, which contains important information regarding the benefits offered to you as an eligible member of the MoDOT and MSHP Medical and Life Insurance Plan. I am excited to share with you some good news. There will be no changes to your medical and prescription plan for calendar year 2021. This means your premiums, deductibles, and co-insurance will all remain the same. For a fourth consecutive year active employees will see no increase in premiums, an anomaly in this age of perpetual increases in health care costs.

Leadership from MoDOT and the MSHP in partnership with The Missouri Highways and Transportation Commission (Commission) take great pride in the medical insurance benefits provided for our Plan participants. They also recognize the peace of mind provided by offering comprehensive health care coverage to employees and retirees alike.

Below are some other important reminders and action items to keep in mind as we look ahead to the 2021 Plan year:

- NO medical open enrollment period in October. However, subscribers can drop dependents from coverage plus use this opportunity to switch between the PPO and HDHP plans, with a January 1, 2021 effective date.
- **ALL HDHP** subscribers must complete a new HSA contribution form for the 2021 calendar year.
- HSA annual employer contributions are increasing for 2021. Single individuals will receive \$500 with all other categories receiving \$1,000.
- ALL PPO subscribers, no action is required if wish to continue your current medical coverage.
- Securian Life is offering all active members the opportunity to elect Optional Life Insurance coverage or increase your current coverage amount, up to six times your annual salary, with NO evidence of insurability, during the month of October. A separate mailing will follow with more details.
- MCHCP has an open enrollment period in October, for active employees interested in making changes to their dental and/or vision coverage. Log on to your myMCHCP account to initiate those changes.
- Active employees participating in the FSA, don't forget to log on to your account at asiflex.com/MoCafe/ and complete the ASI Cafeteria Plan open enrollment process between October 1 – December 1. The FSA is an annual election!

If you have any additional questions regarding your benefits, please contact your local insurance representative or the Employee Benefits' staff toll-free at 1-877-863-9406.

Sincerely,

Ashley Halford, Board Chairman,
MoDOT/MSHP Medical and Life Insurance Plan Board of Trustees

Reminders for 2021

2021 Medical Premiums

Your medical premiums are paid one month in advance. December paychecks will reflect your premiums for January coverage changes. If no changes were made, your premiums will remain the same. Rate chart on page 9.

Special Enrollment Period

If you are enrolled in the Cafeteria Plan Premium Only Category, you can only terminate coverage on yourself or your dependents during the calendar year, if you have a change of status. Such as:

- 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

Life Insurance open enrollment

Securian is offering a one-time open enrollment period during October 2020, for all active members who wish to enroll or increase their insurance amount up to six times their annual salary, with no proof of insurability. Your election change will be effective January 1, 2021 and reflected in January 15th paychecks. See page 12 for Life insurance rates.

To make this election, the form must be received by the MoDOT Employee Benefits' Office no later than **close of business** October 31, 2020.

- Visit www.modot.org/employee-benefit-forms and click on Optional Life enrollment form or contact your respective insurance representative.
- Watch for direct emails and mailings from Securian with more details.

Anthem Replacement ID Cards:

- ID cards can be printed on the web portal at www.anthem.com.
- Call customer service at 833-290-2481 to request a new or additional card.

MedImpact Replacement 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.

Deductibles Start Over January 1

Your medical and prescription deductibles start over January 1, 2021.

- PPO Medical: \$600 per individual or \$1,800 family.
- PPO Prescription \$100 per participant.
- HDHP Medical and Prescription Combined: \$1,700 for individual or \$3,500 for family.

Preventive Care

All preventive care services are covered 100% when utilizing an in-network provider. Preventive exams are limited to one per calendar year. Any preventive services received out-of-network will not be covered.

COVID-19 testing will be covered at 100% through December 31, 2020. Future claims will be paid according to plan guidelines (unless legislative action prompts an extension).

Medical Plan Highlights for 2021

Enrollment Changes

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

HDHP members need to submit a new HSA contribution form by October 31, 2020.

There is no open enrollment period this year for medical. However, the plan allows subscribers to terminate coverage or remove dependents from their plan, plus all non-Medicare subscribers are allowed to switch between PPO and HDHP plan during the month of October. This election change will take effect January 1, 2021.

To change coverage, the following must be received by the MoDOT Employee Benefits' Office by **close of business** October 31, 2020:

- A-570 Medical Enrollment/Change form, obtained through the Employee Benefits website at www.modot.org/employee-benefit-forms or by contacting your respective insurance representative.
- If enrolling in the HDHP, you must also submit the HSA enrollment form plus HSA election form. Both forms can be found at www.modot.org/modot-mshp-employee-benefits-0

To terminate coverage or remove dependents during the calendar year, you must have a qualifying change of status event, as outlined by the cafeteria plan.

Subscribers not paying premiums pre-tax through 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
benefits@modot.mo.gov

Health Savings Account Contributions

Beginning in 2021, the Plan is increasing the Employer contribution for those who select the High Deductible Health Plan. Those in the individual plan will receive \$500 and those enrolled in any other coverage level will receive \$1,000. Employer contributions will be given in January. Previous years they were prorated each pay period.

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 Champion. Information will include:

- Customized incentive programs
- Healthy recipes
- Facebook page – MoDOT & MSHP Total Wellness

LiveHealth Online

The Plan provides coverage for LiveHealth Online. With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! It's faster, easier and more convenient than a visit to an urgent care center. 100% coverage for visits ends on September 30, 2020. Office visit charges will apply, with a maximum cost of \$59. PPO members will pay their \$25 copay.

Providers are available for Allergy, Psychology, and Psychiatric services. (Different rates apply)

Download the app to any smart phone or tablet from iTunes or Google Play store.

Medical Plan Highlights for 2021

MEDICAL BENEFITS

Anthem

Anthem will continue as our plan administrator. They will provide both network and claims administration services for our Plan participants. Continue to use the same ID card you carry today. For account or coverage information, call their toll-free number at 833-290-2481 from 8:00AM - 9:00PM CST.

Sydney

Anthem's newest app is simple, smart – and all about you. With Sydney you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done; access your ID card, find providers, look up claims, and much more!

HEALTH SAVINGS ACCOUNT (HSA)

For HDHP participants, ActWISE will continue as your HSA provider. You can login to access your HSA at www.anthem.com.

Employer contributions

Single plan: \$500

Spouse/Family plan: \$1,000

Maximum Annual Contributions

Single plan: \$3,600

Spouse/Family plan: \$7,200

For question about your HSA call: 833-290-2481.

PRESCRIPTION BENEFITS

MedImpact

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

Medicare participants call: 844-513-6006

Non-Medicare participants call: 844-513-6005

Non-Medicare members can also log on to www.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://www.medimpact.com> and enter your username and password. The first time you log on, you will need your ID card, to create a username and password.

A Flu Shot Is Good Preventive Care

Keep yourself from getting the flu by taking one simple step and getting a flu shot; that way you can lower your chances of getting sick.

Influenza (also called the flu) is a serious illness and it can affect people differently. Some people with the flu become much sicker than others. A yearly seasonal flu vaccine is the best way to lower your chances of catching the seasonal flu and spreading it to others.¹

Who should get vaccinated?

Everyone six months of age and older should get a flu vaccine every season. It's especially important for children under 18 months of age, adults over age 65 and others with low immune systems, since these people are at higher risk for developing serious problems caused by the flu.¹

The flu shot is covered under your preventive care benefits at 100% when you go to a health professional in your plan. Visit [anthem.com](https://www.anthem.com) or use the **Sydney Health** app to find an in-network doctor, urgent care facility or retail health clinic to get your flu shot. You can also visit www.medimpact.com to search for an in-network pharmacy that offers flu shots.

Where can I get a flu shot?

Do I need to get a flu vaccine earlier this year?

September and October are good times to get vaccinated. However, as long as flu viruses are circulating, vaccination should continue, even in January or later.²

As the pandemic continues to evolve, it's important to take steps to stay healthy. Be proactive and make plans now to get your flu shot as soon as possible.

¹ Centers for Disease Control and Prevention website: Who Needs a Flu Vaccine and When (accessed July 2020): [cdc.gov/flu/prevent/vaccinations.htm](https://www.cdc.gov/flu/prevent/vaccinations.htm)

² Centers for Disease Control and Prevention website: Frequently Asked Influenza (Flu) Questions: 2020-2021 Season (accessed July 2020): [cdc.gov/flu/season/faq-flu-season-2020-2021.htm](https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm).

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

**MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Non-Medicare Participants
Effective January 1, 2021**

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	Anthem PPO Plan Member's Responsibility		Anthem HDHP Plan Member's Responsibility	
	In Network Provider	Out-of-Network Provider *	In Network Provider	Out-of-Network Provider *
Annual Deductible				
Individual	\$ 600	\$ 600	\$1,700**	\$3,500**
Family	\$1,800 maximum	\$1,800 maximum	\$3,500	\$7,000
Coinsurance (applies after deductible) Up to out-of-pocket maximum	10%	20%	30%	50%
Annual Out-of-Pocket Maximum <i>Does not include cost above out-of-network rate.</i>	Includes copayments, coinsurance, and deductible.	Includes copayments, coinsurance, and deductible.	Includes coinsurance and deductible.	Includes coinsurance, and deductible.
Individual	\$1,950	\$2,955	\$3,300**	\$5,000**
Family	\$5,850	\$8,865	\$6,600	\$10,000
Lifetime Maximum	Unlimited	Unlimited	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.	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Emergency Room Services	\$75 copayment then 10% coinsurance after deductible.	If deemed emergency; \$75 copayment then 10% coinsurance. If not deemed emergency; \$75 copayment then 20% coinsurance of out-of-network rate after deductible.	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
	Copayment waived if admitted or accidental injury			
Immunizations According to CDC Recommended Schedules	Covered 100%	Not covered	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.	30% coinsurance after deductible. Pre-admission certification required.	50% 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.	30% coinsurance after deductible.	50% coinsurance of out-of-network rate after deductible.
Preventive Care	Covered 100%	Not covered	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.	30% coinsurance after deductible. Pre-admission certification required.	50% 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.	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)

* 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.

** If you have other family members on the plan, the individual limits do not apply

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	\$100 per participant per calendar year.	Included in medical deductible.
Coinsurance	30% of costs after deductible is met (minimum \$5).	30% of costs after deductible is met.
Annual Out-of-Pocket Maximum	Includes copayments, coinsurance, and deductible.	Includes copayments, coinsurance, and deductible.
Individual	\$5,000	Included in medical Annual Out-of-Pocket Maximum
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.	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.	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.	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.	Some drugs may require a prior authorization. Contact the pharmacy benefits number on your prescription drug card.

MoDOT/MSHP 2021 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2021
MoDOT/MSHP Anthem PPO Plan

Rate Category	Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$511.00	\$417.00	\$94.00
Subscriber/Family	\$1,553.00	\$1,267.00	\$286.00
Subscriber/Spouse	\$1,123.00	\$916.00	\$207.00
Subscriber/Child	\$715.00	\$583.00	\$132.00
Subscriber/2 Children	\$918.00	\$749.00	\$169.00
NON-MEDICARE RETIREE MEMBERS			
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.			
Retiree - Subscriber Only	\$667.00	\$380.00	\$287.00
Retiree - Subscriber/Family	\$2,027.00	\$892.00	\$1,135.00
Retiree - Subscriber/Spouse	\$1,334.00	\$534.00	\$800.00
Retiree - Subscriber/Child	\$1,334.00	\$587.00	\$747.00
Retiree - Subscriber/2 Children	\$1,518.00	\$607.00	\$911.00
Retiree - Non-Medicare Subscriber/Medicare Child	\$999.00	\$460.00	\$539.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$999.00	\$450.00	\$549.00
MEDICARE MEMBERS			
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.			
Retiree - Medicare Subscriber Only	\$332.00	\$189.00	\$143.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$999.00	\$400.00	\$599.00
Retiree - Medicare Subscriber/Medicare Spouse	\$664.00	\$299.00	\$365.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$1,692.00	\$744.00	\$948.00
Retiree - Medicare Subscriber/Medicare Family	\$1,240.00	\$608.00	\$632.00
Retiree - Medicare Subscriber/Child	\$999.00	\$440.00	\$559.00
Retiree - Medicare Subscriber/Medicare Child	\$664.00	\$305.00	\$359.00
Retiree - Medicare Subscriber/2 Children	\$1,183.00	\$473.00	\$710.00
Survivor - Medicare Subscriber Only	\$332.00	\$189.00	\$143.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$1,692.00	\$744.00	\$948.00
Survivor - Medicare Subscriber/Medicare Family	\$1,240.00	\$608.00	\$632.00
Survivor - Medicare Subscriber/Child	\$999.00	\$440.00	\$559.00
Survivor - Medicare Subscriber/Medicare Child	\$664.00	\$305.00	\$359.00
Survivor - Medicare Subscriber/2 Children	\$1,183.00	\$473.00	\$710.00

MoDOT/MSHP Anthem PPO Plan

Rate Category			
	Premium	Employer Share	Subscriber's Cost
MEDICARE MEMBERS (continued)			
LTD - Medicare Subscriber Only	\$332.00	\$189.00	\$143.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$999.00	\$400.00	\$599.00
LTD - Medicare Subscriber/Medicare Spouse	\$664.00	\$299.00	\$365.00
LTD - Medicare Subscriber/Non-Medicare Family	\$1,692.00	\$744.00	\$948.00
LTD - Medicare Subscriber/Medicare Family	\$1,240.00	\$608.00	\$632.00
LTD - Medicare Subscriber/Child	\$999.00	\$440.00	\$559.00
LTD - Medicare Subscriber/2 Children	\$1,183.00	\$473.00	\$710.00
WRD - Medicare Subscriber Only	\$332.00	\$271.00	\$61.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$843.00	\$688.00	\$155.00
WRD - Medicare Subscriber/Medicare Spouse	\$664.00	\$542.00	\$122.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,374.00	\$1,121.00	\$253.00
WRD - Medicare Subscriber/Medicare Family	\$1,094.00	\$892.00	\$202.00
WRD - Medicare Subscriber/Child	\$536.00	\$437.00	\$99.00
WRD - Medicare Subscriber/2 Children	\$739.00	\$603.00	\$136.00
Vested - Medicare Subscriber Only	\$332.00	\$0.00	\$332.00
Vested - Medicare Subscriber/Non-Medicare Family	\$1,374.00	\$0.00	\$1,374.00
Vested - Medicare Subscriber/Medicare Family	\$1,094.00	\$0.00	\$1,094.00
Vested - Medicare Subscriber/Medicare Spouse	\$664.00	\$0.00	\$664.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$843.00	\$0.00	\$843.00
Vested - Medicare Subscriber/Child	\$536.00	\$0.00	\$536.00
Vested - Medicare Subscriber/2 Children	\$739.00	\$0.00	\$739.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP Anthem 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	\$511.00	\$0.00	\$511.00
C.O.B.R.A. - Subscriber/Family	\$1,553.00	\$0.00	\$1,553.00
C.O.B.R.A. - Subscriber/Spouse	\$1,123.00	\$0.00	\$1,123.00
C.O.B.R.A. - Subscriber/Child	\$715.00	\$0.00	\$715.00
C.O.B.R.A. - Subscriber/2 Children	\$918.00	\$0.00	\$918.00
WRD - Subscriber Only	\$511.00	\$417.00	\$94.00
WRD - Subscriber/Family	\$1,553.00	\$1,267.00	\$286.00
WRD - Subscriber/Spouse	\$1,123.00	\$916.00	\$207.00
WRD - Subscriber/Child	\$715.00	\$583.00	\$132.00
WRD - Subscriber/2Children	\$918.00	\$749.00	\$169.00
LTD - Subscriber Only	\$667.00	\$380.00	\$287.00
LTD - Subscriber/Family	\$2,027.00	\$892.00	\$1,135.00
LTD - Subscriber/Spouse	\$1,334.00	\$534.00	\$800.00
LTD - Subscriber/Child	\$1,334.00	\$587.00	\$747.00
LTD - Subscriber/2 Children	\$1,518.00	\$607.00	\$911.00
LTD - Non-Medicare Subscriber/Medicare Child	\$999.00	\$460.00	\$539.00
LTD- Non-Medicare Subscriber/Medicare Spouse	\$999.00	\$450.00	\$549.00
Survivor - Subscriber Only	\$667.00	\$380.00	\$287.00
Survivor - Subscriber/Family	\$2,027.00	\$892.00	\$1,135.00
Survivor - Subscriber/Child	\$1,334.00	\$587.00	\$747.00
Survivor - Non-Medicare Subscriber/Medicare Child	\$999.00	\$460.00	\$539.00
Survivor - Subscriber/2 Children	\$1,518.00	\$607.00	\$911.00
Vested - Subscriber Only	\$511.00	\$0.00	\$511.00
Vested - Subscriber/Family	\$1,553.00	\$0.00	\$1,553.00
Vested - Subscriber/Spouse	\$1,123.00	\$0.00	\$1,123.00
Vested - Non-Medicare Subscriber/Medicare Spouse	\$999.00	\$0.00	\$999.00
Vested - Subscriber/Child	\$715.00	\$0.00	\$715.00
Vested - Subscriber/2 Children	\$918.00	\$0.00	\$918.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP Anthem High Deductible Plan

Rate Category	MoDOT/MSHP Anthem HDHP Available Statewide		
	Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$464.00	\$417.00	\$47.00
Subscriber/Family	\$1,411.00	\$1,267.00	\$144.00
Subscriber/Spouse	\$1,020.00	\$916.00	\$104.00
Subscriber/Child	\$650.00	\$583.00	\$67.00
Subscriber/2 Children	\$834.00	\$749.00	\$85.00
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	\$605.00	\$380.00	\$225.00
Retiree - Subscriber/Family	\$1,841.00	\$892.00	\$949.00
Retiree - Subscriber/Spouse	\$1,211.00	\$534.00	\$677.00
Retiree - Subscriber/Child	\$1,211.00	\$587.00	\$624.00
Retiree - Subscriber/2 Children	\$1,379.00	\$607.00	\$772.00
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	\$464.00	\$0.00	\$464.00
C.O.B.R.A. - Subscriber/Family	\$1,411.00	\$0.00	\$1,411.00
C.O.B.R.A. - Subscriber/Spouse	\$1,020.00	\$0.00	\$1,020.00
C.O.B.R.A. - Subscriber/Child	\$650.00	\$0.00	\$650.00
C.O.B.R.A. - Subscriber/2 Children	\$834.00	\$0.00	\$834.00
WRD - Subscriber Only	\$464.00	\$417.00	\$47.00
WRD - Subscriber/Family	\$1,411.00	\$1,267.00	\$144.00
WRD - Subscriber/Spouse	\$1,020.00	\$916.00	\$104.00
WRD - Subscriber/Child	\$650.00	\$583.00	\$67.00
WRD - Subscriber/2Children	\$834.00	\$749.00	\$85.00
LTD - Subscriber Only	\$605.00	\$380.00	\$225.00
LTD - Subscriber/Family	\$1,841.00	\$892.00	\$949.00
LTD - Subscriber/Spouse	\$1,211.00	\$534.00	\$677.00
LTD - Subscriber/Child	\$1,211.00	\$587.00	\$624.00
LTD - Subscriber/2 Children	\$1,379.00	\$607.00	\$772.00
Survivor - Subscriber Only	\$605.00	\$380.00	\$225.00
Survivor - Subscriber/Family	\$1,841.00	\$892.00	\$949.00
Survivor - Subscriber/Child	\$1,211.00	\$587.00	\$624.00
Survivor - Subscriber/2 Children	\$1,379.00	\$607.00	\$772.00
Vested - Subscriber Only	\$464.00	\$0.00	\$464.00
Vested - Subscriber/Family	\$1,411.00	\$0.00	\$1,411.00
Vested - Subscriber/Spouse	\$1,020.00	\$0.00	\$1,020.00
Vested - Subscriber/Child	\$650.00	\$0.00	\$650.00
Vested - Subscriber/2 Children	\$834.00	\$0.00	\$834.00

Basic/Optional Life Insurance Highlights for 2021

Securian 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. Call Employee Benefits at 877-863-9406 to verify your current information and make changes.

Loss of Coverage

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

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

Claims will not be paid if the above events have occurred.

Additional Services Available

Securian offers 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

Open Enrollment

Securian will email and direct mail details for the open enrollment opportunity. Watch for these through September and October. All forms due by the end of business on 10/31/2020.

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 Securian 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, 2019 - December 31, 2023

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	\$0.033	\$0.060
25 *BLT 30	\$0.041	\$0.070
30 *BLT 35	\$0.049	\$0.090
35 *BLT 40	\$0.057	\$0.120
40 *BLT 45	\$0.066	\$0.150
45 *BLT 50	\$0.107	\$0.240
50 *BLT 55	\$0.172	\$0.380
55 *BLT 60	\$0.287	\$0.570
60 *BLT 65	\$0.443	\$0.880
65 *BLT 70	\$0.902	\$1.760
70 *BLT 75	\$1.689	\$3.450
75 *BLT 80	\$1.689	\$4.072
80 and Over	\$1.689	\$4.470

*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 \$0.09 per \$1,000 coverage per month for each eligible employee.

General Notices for 2021

Notice: Women's Health and Cancer Rights Act

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

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

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

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.

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 2021 SBC will be available by January 1, 2021. You can find it on the web at www.modot.org/medical-plan. If you do not have access to a computer, please call 877-863-9406 to request a copy be mailed to your home.

ACA Prescription Coverage

Certain prescription drugs are covered at 100%. These drugs are covered for certain populations with no deductible or coinsurance when filled at an in-network pharmacy. **This list is not all inclusive and is subject to formulary restrictions.**

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

Cafeteria Plan Highlights for 2021

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

Enrollment Information

Cafeteria Plan enrollment information may be found at asiflex.com/MoCafe/. The Cafeteria Plan open enrollment period for active employees runs October 1 through December 1, 2020, for 2021 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 asiflex.com/MoCafe/ 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 annual contribution is \$2,700.

The amount you contribute to your Health Care FSA and Dependent Care FSA is not taxable, saving you at least 24 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.webdocs.asiflex.com/Mocafe/worksheet.pdf

Find the ASI Flex Self Service app in the iTunes or Google Play store. 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, 2021, to allow members to use up the remaining 2020 balance in their Health and Dependent Care FSAs.

Dental and Vision Care FSA

Employees will be eligible for the Dental and Vision Care FSA. The Dental and Vision Care FSA Account Maximum is \$2,700 and may be used for 2021 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 asiflex.com/MoCafe/.

MCHCP Dental/Vision Highlights for 2021

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 2021 dental and vision coverage during the month of October 2020 for active employees only.

You can view the 2021 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 2021 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2021

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 supplement your retirement benefit.

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.

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.modeferredcomp.org. Select Education Resources, Free Seminars.

Employee Assistance Program for 2021

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, 2021

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 Calendar year	\$600	\$600	\$600
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 Calendar Year	\$0	\$1,950 (deductible & copays included)	\$2,955 (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 Calendar year	\$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 \$6,550 of out-of-pocket expense, the cost sharing will be reduced to the greater of 5% coinsurance or \$3.70 copayment for generics and \$9.20 copayment for brands.		

*In 2021, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches **\$4,130.00**

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. 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, as your supplement to Medicare, you may ignore the advertising you receive from various Medicare Part D plans and other sources.

If you enroll in Medicare prior to age 65, you are responsible for notifying the Plan, and supplying us with a copy of your Medicare card. 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 2021, the Medicare catastrophic coinsurance level for prescription drugs per individual is \$6,550 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5 percent coinsurance, or \$3.70 copayment for generic drugs and 5 percent coinsurance or \$9.20 copayment for brand drugs.

Shingles Vaccination Coverage for 2021

MEDICARE MEMBERS

Shingles Vaccinations

The Shingles vaccinations 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

Shingles Vaccinations

The Shingles vaccinations 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.**

Flu Vaccination Coverage

Do you part to keep you and your family healthy by getting your flu vaccine!

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 shot or fluMist 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 Ashley Halford, Assistant to the Chief Administrative Officer, 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.