



Medical & Life Insurance Plan

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

2023 Annual Benefit Update

1.877.863.9406

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

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2023 BENEFIT UPDATE

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Disclaimer: Information provided in the 2023 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, 2022

Leadership from MoDOT and MSHP in partnership with The Missouri Highways and Transportation Commission (Commission) takes great pride in the medical insurance benefits provided for our Plan participants. Comprehensive health care coverage is an extremely important benefit to both active employees and retirees.

The following recommendations were approved by the Commission at the August 3, 2022 meeting, for coverage beginning January 1, 2023;

- **No** increase on medical plan premiums for all Non-Medicare rate categories, for calendar year 2023.
- Effective January 1, 2023 all Medicare Retiree Members will roll over to a Medicare Advantage Prescription Drug Plan (MAPD).
- All Medicare categories will see a reduction in premiums, and many will have a \$0 monthly premium.

Medical information for Medicare:

- January 1, 2023, all Medicare subscribers will be enrolled in a United Health Care Group Medicare Advantage Prescription Plan. Further information from United Health Care and Employee Benefits will come in a separate mailing, including premium amounts, deductibles, and medical and prescription benefits.
- Each covered member will receive new United Health Care Medicare ID card before January 1, 2023.

Enrollment Information:

- Next open enrollment period will be October **2023**.
- During the month of October 2022, subscribers can switch between the PPO and HDHP plans as well as drop dependents from coverage with effective date of January 1, 2023.
- **ALL HDHP** subscribers must complete a new HSA contribution form for the 2023 calendar year. Submit forms to the MoDOT Benefits Office by October 31, 2022 either by fax, mail, or email.

Additional information:

- Remember to submit a change form to cancel Optional Life insurance on a covered child reaching age 26.
- Reminder to review and update your life insurance beneficiaries regularly. Contact your insurance representative or the Benefits office if you do not know who your beneficiaries are.

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 2023

2023 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

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 www.medimpact.com with your login and password.

All members can contact MedImpact Customer Service at 844-513-6005 for ID Cards.

Life Insurance Premiums

Our life insurance vendor will remain Securian for 2023. Rates for 2023 will remain the same and are included on page 12 of this mailing.

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

Deductibles Start Over January 1

Your medical and prescription deductibles start over January 1, 2023.

- 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.
- Medicare Deductible: \$250 per individual.

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.

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 if a generic drug alternative is available to treat your medical needs. You may see a decrease in the price you pay at the pharmacy.

Plan Calculators

The Employee Health and Wellness webpage has a **Plan Comparison Calculator** tool that allows you to input data on your health insurance utilization to determine if the HDHP or the PPO plan is the best fit for you and your dependents. This tool also allows you to calculate your **Premium Rate** for the category you are in now or could change to in the future. Find out more at

www6.modot.mo.gov/premiumcalc/mainmenu.aspx.

Medical Plan Highlights for 2023

MEDICAL BENEFITS

Anthem

Anthem will continue as our non-Medicare 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 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!

Wondr Health

Wondr Health is our digital weight loss benefit program through Anthem. Visit <https://enroll.wondrhealth.com/start?s=modot-mshp> to learn more or to enroll in a class. Classes are free to all non-Medicare members enrolled on MODOT/MSHP Anthem medical insurance plan.

LiveHealth Online

All participants under Anthem medical plan, have access to video visits with a board-certified doctor 24/7, by way of smartphone, tablet, or computer with webcam. Use LiveHealth Online for common concerns like colds, pink eye, flu, fever, allergies, rashes, or common health issues. Visits are covered at 100% for PPO plan enrollees and 100% after deductible for HDHP enrollees.

In addition, a licensed therapist or board-certified psychiatrist is available by appointment, to help with anxiety, depression, panic attacks, substance abuse and overall mental health.

Go to: <https://livehealthonline.com>

Call 1-888-548-3432 or

Download the app from iTunes or Google Play store.

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 and Instagram page – MoDOT & MSHP Total Wellness

PRESCRIPTION BENEFITS

MedImpact

MedImpact will continue to serve as our pharmacy benefit manager for our non-Medicare population. Their toll-free number is listed below:

Participants call: 844-513-6005

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 to better control medication costs and receive quality information.

To access the pricing tool:

Log on to <http://www.medimpact.com> or download MedImpact mobile app - enter your username and password. The first time you log on, you will need your ID card, to create a username and password.

Medical Plan Highlights for 2023

Enrollment Changes

No action is required if you wish to remain on same medical plan for 2023.

All HDHP members need to **submit a new HSA contribution form by October 31, 2022**, to list your 2023 deduction amount, to the benefits office.

<https://www.modot.org/employee-benefit-forms>

There is no medical open enrollment period taking place this year.

Medical plan does allow 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, 2023.

To change coverage, the following must be received by the MoDOT Employee Benefits' Office by **close of business** October 31, 2022:

- 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 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 who elect to pay premiums post-tax, 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 (HSA)

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

Employer contributions for 2023:

Single plan: \$500
Spouse/Family plan: \$1,000

HSA Maximum Annual Contributions:

Single plan: \$3,850
Spouse/Family plan: \$7,750

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

Medicare Enrollment

January 1, 2023, all Medicare subscribers will be enrolled in a United Health Care Group Medicare Advantage Prescription Plan. Further information from United Health Care and Employee Benefits will come in a separate mailing, including premium amounts, deductibles, and medical and prescription benefits.

Each covered member will receive new United Health Care Medicare ID cards prior to January 1, 2023.









COVID-19 AND THE FLU



Answering common vaccine questions

COVID-19 and the flu can cause many of the same – potentially serious – symptoms. However, as guidance from the Centers for Disease Control and Prevention (CDC) reflects, there are safe and effective vaccines available to fight both viruses. Below are answers to common vaccine questions, based on CDC guidance, to help in your decision to vaccinate against COVID-19 and the flu.

<p>Who do experts recommend get a COVID-19 vaccine or flu shot?</p> 	<p>How do COVID-19 and flu vaccines help people?</p> 	<p>How do these vaccines work?</p> 	<p>Do the vaccines hurt?</p> 	<p>Is it safe to get a COVID-19 vaccine and the flu shot at the same visit?</p> 	<p>Will these vaccines make me sick?</p> 	<p>Will the vaccines keep me from getting COVID-19 or the flu in the future?</p> 
<p>For COVID-19, everyone 5 and older. For the flu shot, anyone over 6 months old.</p>	<p>They help slow down infections in the community and prevent serious illness, which lowers the risk of hospitalization or death.</p>	<p>They train the immune cells in the body to recognize the virus so they can fight it in the future. For COVID-19 and the flu, the vaccines can be injected. There is also an intranasal spray vaccine available for the flu.</p>	<p>Your arm may be sore at the site of the injection, but it should go away in 2 to 3 days.</p>	<p>It's safe to get both vaccines in one visit. Research shows the flu shot can be given along with the COVID-19 vaccine, or even alongside childhood vaccines.</p>	<p>Neither the COVID-19 vaccine or the flu vaccine has the ability to infect you or make you sick with the virus.</p>	<p>Yes, these vaccines do help prevent infection most of the time. Even if you do get sick after vaccination, the vaccines will help reduce the severity of your symptoms.</p>

Visit the CDC website, [cdc.gov](https://www.cdc.gov), for the most up-to-date information on the COVID-19 vaccines and the flu shot.

Source: Centers for Disease Control and Prevention, [cdc.gov](https://www.cdc.gov).

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc.; in Missouri (excluding 50 counties in the Kansas City area): RightChoice Managed Care, Inc.; in Florida: Health Alliance of the Insurance Company (HAIIC), and HMO Missouri, Inc.; in Kentucky: Anthem Health Plans of Kentucky, Inc.; in Maine: Anthem Health Plans of Maine, Inc.; in Mississippi (excluding 50 counties in the Kansas City area): RightChoice Managed Care, Inc.; in New Hampshire: Anthem Health Plans of New Hampshire, Inc.; in New Jersey: Anthem Health Plans of New Jersey, Inc.; in New York: Anthem Health Plans of New York, Inc.; in North Carolina: Anthem Health Plans of North Carolina, Inc.; in Ohio: Community Insurance Company; in Virginia: Anthem Health Plans of Virginia, Inc.; in Wisconsin: Anthem Health Plans of Wisconsin (AHSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in PDS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC); in Michigan: Anthem Health Plans of Michigan, Inc.; in Texas: Anthem Health Plans of Texas, Inc.; in West Virginia: Anthem Health Plans of West Virginia, Inc.; in Nevada: Rocky Mountain Hospital and Medical Service, Inc.; HMO Nevada, Inc.; in California: Anthem Health Plans of California, Inc.; in Arizona: Anthem Health Plans of Arizona, Inc.; in Illinois: Community Insurance Company; in Indiana: Anthem Insurance Companies, Inc.; in Pennsylvania: Anthem Health Plans of Pennsylvania, Inc.; in South Carolina: Anthem Health Plans of South Carolina, Inc.; in Utah: Anthem Health Plans of Utah, Inc.; in Washington: Anthem Health Plans of Washington, Inc.; in Idaho: Anthem Health Plans of Idaho, Inc.; in Montana: Anthem Health Plans of Montana, Inc.; in Wyoming: Anthem Health Plans of Wyoming, Inc.; in Alaska: Anthem Health Plans of Alaska, Inc.; in Hawaii: Anthem Health Plans of Hawaii, Inc.; in Puerto Rico: Anthem Health Plans of Puerto Rico, Inc.; in the District of Columbia: Anthem Health Plans of the District of Columbia, Inc.; in the Virgin Islands: Anthem Health Plans of the Virgin Islands, Inc.; in the Marshall Islands: Anthem Health Plans of the Marshall Islands, Inc.; in the Federated States of Micronesia: Anthem Health Plans of the Federated States of Micronesia, Inc.; in the Northern Mariana Islands: Anthem Health Plans of the Northern Mariana Islands, Inc.; in the American Samoa: Anthem Health Plans of the American Samoa, Inc.; in the Northern Mariana Islands: Anthem Health Plans of the Northern Mariana Islands, Inc.; in the Federated States of Micronesia: Anthem Health Plans of the Federated States of Micronesia, Inc.; in the Virgin Islands: Anthem Health Plans of the Virgin Islands, Inc.; in the Marshall Islands: Anthem Health Plans of the Marshall Islands, Inc.; in the American Samoa: Anthem Health Plans of the American Samoa, Inc.

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MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Non-Medicare Participants
Effective January 1, 2023

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 2023 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2023
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			
<i>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.</i>			
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	\$747.00	\$460.00	\$287.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$737.00	\$450.00	\$287.00
OTHER PLAN CATEGORIES			
C.O.B.R.A. / Vested - Subscriber Only	\$511.00	\$0.00	\$511.00
C.O.B.R.A. / Vested - Subscriber/Family	\$1,553.00	\$0.00	\$1,553.00
C.O.B.R.A. / Vested - Subscriber/Spouse	\$1,123.00	\$0.00	\$1,123.00
C.O.B.R.A. / Vested - Subscriber/Child	\$715.00	\$0.00	\$715.00
C.O.B.R.A. / Vested - 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	\$747.00	\$460.00	\$287.00
LTD- Non-Medicare Subscriber/Medicare Spouse	\$737.00	\$450.00	\$287.00
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	\$747.00	\$460.00	\$287.00
Survivor - Subscriber/2 Children	\$1,518.00	\$607.00	\$911.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP 2023 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2023
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			
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	\$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			
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	\$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

**MoDOT/MSHP 2023 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2023
MoDOT/MSHP UHC Medicare Advantage Plan**

Rate Category	Employer Share	Subscriber's Cost
MEDICARE MEMBERS		
Subscribers with rates based on your Years of Service. Please click here to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
Retiree - Medicare Subscriber Only	\$189.00	\$0.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$400.00	\$456.00
Retiree - Medicare Subscriber/Medicare Spouse	\$299.00	\$0.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$744.00	\$805.00
Retiree - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$608.00	\$267.00
Retiree - Medicare Subscriber/Medicare Spouse/Medicare Child	\$608.00	\$0.00
Retiree - Medicare Subscriber/Child	\$440.00	\$416.00
Retiree - Medicare Subscriber/Medicare Child	\$305.00	\$0.00
Retiree - Medicare Subscriber/2 Children	\$473.00	\$567.00
Survivor - Medicare Subscriber Only	\$189.00	\$0.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$744.00	\$805.00
Survivor - Medicare Subscriber/Medicare Family	\$608.00	\$0.00
Survivor - Medicare Subscriber/Child	\$440.00	\$416.00
Survivor - Medicare Subscriber/Medicare Child	\$305.00	\$0.00
Survivor - Medicare Subscriber/2 Children	\$473.00	\$567.00
LTD - Medicare Subscriber Only	\$189.00	\$0.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$400.00	\$456.00
LTD - Medicare Subscriber/Medicare Spouse	\$299.00	\$0.00
LTD - Medicare Subscriber/Non-Medicare Family	\$744.00	\$805.00
LTD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$608.00	\$267.00
LTD - Medicare Subscriber/Medicare Spouse/Medicare Child	\$608.00	\$0.00
LTD - Medicare Subscriber/Child	\$440.00	\$416.00
LTD - Medicare Subscriber/2 Children	\$473.00	\$567.00

LTD = Long Term Disability

WRD = Work Related Disability

**MoDOT/MSHP 2023 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2023**

MoDOT/MSHP UHC Medicare Advantage Plan

Rate Category	Employer Share	Subscriber's Cost
MEDICARE MEMBERS (continued)		
Subscribers with rates based on your Years of Service. Please click here to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
WRD - Medicare Subscriber Only	\$271.00	\$0.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$688.00	\$94.00
WRD - Medicare Subscriber/Medicare Spouse	\$542.00	\$0.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,121.00	\$192.00
WRD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$892.00	\$80.00
WRD - Medicare Subscriber/Medicare Spouse/Medicare Child	\$892.00	\$0.00
WRD - Medicare Subscriber/Child	\$437.00	\$38.00
WRD - Medicare Subscriber/2 Children	\$603.00	\$75.00
Vested - Medicare Subscriber Only	\$0.00	\$332.00
Vested - Medicare Subscriber/Non-Medicare Family	\$0.00	\$1,374.00
Vested - Medicare Subscriber/Medicare Family	\$0.00	\$1,094.00
Vested - Medicare Subscriber/Medicare Spouse	\$0.00	\$664.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$0.00	\$843.00
Vested - Medicare Subscriber/Child	\$0.00	\$536.00
Vested - Medicare Subscriber/2 Children	\$0.00	\$739.00

LTD = Long Term Disability

WRD = Work Related Disability

Basic/Optional Life Insurance Highlights for 2023

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. 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
- 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 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 2023

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
- 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 2023 SBC will be available by January 1, 2023. 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.

Flu Vaccine Coverage

Flu season is upon us. Both Medicare and non-Medicare participants are eligible to receive a Flu vaccination covered at 100% under preventive care from an in-network physician or pharmacy. Please take time to keep you and your family healthy by getting your Flu vaccination today.

Shingles Vaccine Coverage

Shingles vaccines for Medicare primary participants 50 years of age and over will only be covered at 100% if administered at an in-network pharmacy. If the vaccination is administered at a physician office, the charges will be denied.

Non-Medicare participants 50 years of age and over will be covered at 100% if administered by an in-network provider or an in-network pharmacy.

Cafeteria Plan Highlights for 2023

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

Enrollment Information

Cafeteria Plan enrollment information may be found at <https://asiflex.com/MoCafe/>. The Cafeteria Plan **open enrollment period** for active employees runs **October 1 through December 1, 2022**, for 2023 coverage.

Participation

All 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 enrollment form or log onto <https://asiflex.com/MoCafe/> to make annual election.

Flexible Spending Account (FSA)

For PPO Plan participants only

To participate you must make election yearly, during open enrollment. Health Care FSA maximum for 2023 is \$2,850.

Dental and Vision Care FSA

For HDHP participants only

To participate you must make election yearly, during open enrollment. The Dental and Vision Care FSA maximum is \$2,850 and may **only** be used for 2023 dental & vision expenses.

Dependent Care

To participate you must make yearly election during open enrollment. Dependent Care 2023 annual maximum contribution is \$5,000.

The total amount you contribute to your Health Care FSA and Dependent Care FSA is non-taxable, saving you at least 25 percent on each dollar. Qualifying expenses can be for you, your spouse, or

children, even if they are on a different a medical plan.

Log onto <https://asiflex.com/MoCafe/> and click on FSA store to help estimate your annual eligible expenses and find a list of qualifying expenses.

Find the ASI Flex Self Service Mobile 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, 2023, to allow members to use up the remaining 2022 balance in their Health and Dependent Care FSAs.

Over the Counter Medication

Over the Counter (OTC) drugs and medicines purchased on or after January 1, 2020 do not require a prescription and are eligible for reimbursement. Just submit a claim with a copy of the merchant itemized store receipt showing the store name, date of purchase, a description of each item, and dollar amount.

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
- \$1.30 per pay period for reimbursement via direct deposit

MCHCP Dental/Vision Highlights for 2023

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 2023 dental and vision coverage during the **month of October 2022**, for active employees only. Visit www.mchcp.org to make your election. Dental carrier remains MetLife and NVA remains as the vision carrier for 2023.

You can view the 2023 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.

If you are currently enrolled in dental or vision, and wish to remain with the same elections for 2023, no action is required.

Dental/Vision Rates

Please refer to www.mchcp.org for more information regarding rates for 2023 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2023

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.

Deferred Compensation match of up to \$75 per month was reinstated July 1, 2022. You must contribute at least \$25 per month to receive this benefit. Visit www.modeferredcomp.org for details or to make changes to your deductions.

Employee Assistance Program for 2023

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 Medical Plan
Benefits-at-a-Glance for Medicare Advantage Plan
Effective January 1, 2023

Benefit	UHC MAPD Plan Member's Responsibility	
	In Network Provider	Out-of-Network Provider *
Annual Deductible In and out of network combined. Individual	\$250	\$250
Coinsurance Up to out-of-pocket maximum	0%	0%
Annual Out-of-Pocket Maximum Individual	\$250	\$250
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$0 Copay	\$0 Copay
Emergency Room Services	\$0 Copay	\$0 Copay
Immunizations According to CDC Recommended Schedules	Covered 100%	Covered 100%
Inpatient Hospital Care	\$0 Copay	\$0 Copay
Outpatient Services	\$0 Copay	\$0 Copay
Preventive Care	Covered 100%	Covered 100%
Surgery Inpatient and Outpatient	\$0 Copay	\$0 Copay
Durable Medical Equipment	\$0 Copay	\$0 Copay
Laboratory Services	\$0 Copay	\$0 Copay
Urgent Care	\$0 Copay	\$0 Copay

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	\$0
Tier 1	30 Day - \$15 90 day - \$38
Tier 2	30 Day - \$35 90 day - \$88
Tier 3	30 Day - \$40 90 day - \$100
Tier 4	30 Day - \$40 90 day - \$100
Mail Order	Mail order pricing follows the 90 day pricing for each drug tier.
Catastrophic Coverage Phase	Once an individual reaches \$7,400 of out of pocket expense, the cost sharing will be reduced to the greater of 5% coinsurance or \$4.15 for generic and \$10.35 for brand, with a maximum of \$40.
Prior Authorization	Some drugs may require a prior authorization. Contact the number on your insurance card.

*In 2023, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches \$4,660.

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 Planⁱ (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.

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 Rebecca Fleishans	(816) 387-2405 (816) 387-2450	Angela.Downey@modot.mo.gov Rebecca.Fleishans@modot.mo.gov
2BNE	Northeast District	Janet Groenda Jennifer Butner, HR Manager	(573) 248-2617 (660) 385-8252	Janet.Groenda@modot.mo.gov Jennifer.Butner@modot.mo.gov
2CKC	Kansas City District	Lexie Gordanier Tanese Booze	(816) 607-2148 (816) 607-2140	Lexie.Gordanier@modot.mo.gov Tanese.Booze@modot.mo.gov
2DCD	Central District	Derek VanLoo Robin McKee, Supp. Srvc. Manager	(573) 751-7686 (573) 522-5168	Derek.VanLoo@modot.mo.gov Robin.McKee@modot.mo.gov
2FSL	St. Louis District	Lisa Graf Heather Heath Melena Carter, Supp. Srvc. Manager	(314) 453-1717 (314) 453-1714 (314) 343-9618	Lisa.Graf@modot.mo.gov Heather.Heath@modot.mo.gov Melena.Carter@modot.mo.gov
2GSW	Southwest District	Lorri Cole Todd Tyler Deborah Sartin, Supp. Srvc. Manager	(417) 621-6528 (417) 621-6526 (417) 895-7613	Lorri.Cole@modot.mo.gov Todd.Tyler@modot.mo.gov Deborah.Sartin@modot.mo.gov
2HSE	Southeast District	Kristy Pettit Pam Griffin Elizabeth Pasley	(573) 472-5363 (417) 469-6250 (573) 751-7748	Kristy.Pettit@modot.mo.gov Pamela.Griffin@modot.mo.gov Elizabeth.Pasley@modot.mo.gov
2XAI	Audits & Investigations	MaryAnn Jacobs	(573) 751-2807	MaryAnn.Jacobs@modot.mo.gov
2XBR	Bridge	Kaylee Boessen	(573) 751-4588	Kaylee.Boessen@modot.mo.gov
2XCC	Chief Counsel's Office	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XCS	Commission Secretary's Office	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XCN	Construction and Materials	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XRE	Customer Relations	MaryAnn Jacobs	(573) 751-2807	MaryAnn.Jacobs@modot.mo.gov
2XDR	Design	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XDO	Director's Office	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XRB	Employee Health & Wellness	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XER	Enterprise Resource Plan Unit	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
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
2XFS	Financial Services	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XGS	General Services	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XGR	Governmental Relations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XHR	Human Resources	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XIS	Information Systems	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XIP	Innovative Partnerships	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XMT	Maintenance	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
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