



Medical & Life Insurance Plan



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

2024 Annual Benefit Update

1.877.863.9406

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

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2024 BENEFIT UPDATE

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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, 2023

Leadership from MoDOT and MSHP in partnership with The Missouri Highways and Transportation Commission (Commission) take 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 2, 2023, meeting, for coverage beginning January 1, 2024:

- 12% increase in medical plan premiums for all non-Medicare members, for calendar year 2024.
The Commission voted to absorb the entire 2024 medical insurance premium increase for active employees, as well as subscribers in the work-related disability category.

Medicare Members:

- Medicare members will continue coverage with the MoDOT-MSHP United Healthcare Group Medicare Advantage Prescription Plan, with no premium change for 2024. Members will continue using their same UHC insurance card. Continued enrollment requires no action.
Members becoming Medicare eligible will be automatically transitioned to the UHC Advantage Plan after a copy of their Medicare card is received by the MoDOT Employee Benefits office. No other action is needed on the member's part.
You may only be enrolled in one Medicare Advantage and one Medicare Part D prescription drug plan at a time. If you enroll in another Advantage plan or Medicare Part D plan you will be removed from the MoDOT-MSHP UHC Group Medicare Advantage Prescription Plan.

Enrollment Information:

- An open enrollment period will be offered in the month of October for active employees only. (Reference page 5 for more information.)
ALL HDHP subscribers must complete a new 2024 HSA payroll deduction form and submit this form to MoDOT Employee Benefits by October 31, 2023.

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,

Brandon Denkler

Brandon Denkler, Board Chairman,
MoDOT/MSHP Medical and Life Insurance Plan Board of Trustees

Reminders for 2024

2024 Medical Premiums

Your medical premiums are paid one month in advance. December paychecks will reflect your premiums for January coverage changes. Rate chart begins on page 13.

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

MetLife will be the life insurance vendor starting in 2024. The rates for 2024 will remain the same and are included on page 19 of this mailing.

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

Medical & Prescription Deductibles

Medical and prescription calendar year deductibles start over January 1, 2024.

- 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 Medical Deductible: \$250 per individual.

Preventive Care

All preventive care services are covered at 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 generic drug alternatives are available to treat your medical needs. By making the switch to generic 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 2024

Enrollment Changes

No action is required if you wish to keep the same elections on your medical coverage for the 2024 calendar year.

Medical Open Enrollment Period

For all active employees, the **Medical Open Enrollment Period** will be **October 1 - 31, 2023**, with coverage being effective January 1, 2024.

During open enrollment, active employees may enroll themselves, their spouse, and any eligible dependent children under the age of 26. All non-Medicare subscribers can switch between the PPO and HDHP plans, as well.

To make an election, an active member must submit the following to the MoDOT Employee Benefits' Office by **close of business October 31, 2023**:

- 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.
- One form of **lawful presence** for each new dependent enrollee. For example:

Child: U.S. Birth Certificate

Spouse: Valid MO state driver's license or U.S. Passport.

All 2024 HDHP (High Deductible Health Plan) members must submit a **2024 HSA deduction form** by **October 31, 2023**, to the benefits office.

This form can be found at:

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

NOTE: 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 2024:

Single plan: \$500

Spouse/Family plan: \$1,000

HSA Maximum Annual Contributions for 2024:

Single plan: \$4,150

Spouse/Family plan: \$8,300

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

MEDICARE MEMBERS:

As of January 1, 2023, all Medicare subscribers and dependents enrolled on the medical plan, transitioned to the MoDOT – MSHP United Healthcare Group Medicare Advantage Prescription Plan. Continue to use the same ID card you carry today.

Continued enrollment requires no action.

NOTE: All Medicare correspondence from UHC will have the MoDOT-MSHP logo stamped on the envelope. **It is important to keep these mailings.**

Website: <https://retiree.uhc.com/modot-mshp>

Medical Plan Highlights for 2024

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 Health

Anthem's app is free, 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

MoDOT-MSHP partnered with Wondr Health to teach members a behavioral, skill-based way of eating to help improve your over-all health. Visit <https://enroll.wondrhealth.com/start?s=modot-mshp> to learn more or to enroll in a class. Classes are free to all adult non-Medicare members enrolled in the MODOT-MSHP medical insurance.

LiveHealth Online

All participants under the MODOT-MSHP 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: 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 the 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.

Apps: Sydney Health:



MedImpact:



Wondr:



LiveHealth:



Anthem: more than medical benefits

Anthem seeks to take care of the health of every member by connecting them to quality medical care networks. But in addition, Anthem creates access to virtual options designed to help you take control of your health, work on lifestyle changes and connect with specialized health professionals, no matter where you are and often at low or zero cost to you.

Included with your MODOT & MHSP Anthem health plan:

Physical Health

- Diabetes Prevention Program: Lark's diabetes prevention program focuses on helping you lower your risk for developing diabetes through lifestyle changes supported by their digital coaching program.
- Wondr Health: program built to teach science-based skills to build lasting weight loss habits without giving up your favorite foods.
- Wellbeing Coaching – virtual coaching for weight loss or smoking cessation.
- Virtual primary care, coordinated by a care team for routine care, including virtual annual preventive care and personalized care plans for chronic conditions.
- LiveHealth Online: Easy access care for urgent care needs, allergies, lactation support, healthy sleep, psychiatry, counseling, and more.
- Maternity care: Building Healthy Families is a maternity support program that offers resources for preconception through early parenthood.
- It Pays to Be Well Smart Rewards Incentive Program: earn rewards for healthy behaviors and completing wellness activities.

Emotional Health

- Emotional Wellbeing Resources (powered by Learn to Live): virtual lesson-based ways to learn how to manage stress, anxiety, substance abuse and sleep issues.

Acute Illness

- LiveHealth Online: Easy access care for urgent care needs, allergies, lactation support, healthy sleep, psychiatry, counseling, and more.

All of these programs and more are available to you through Anthem's Syndey Health app or under your Anthem.com login.

Download the SydneySM Health app today in the Apple or Google Play store or Scan Here:





Anthem



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación**. También puedes visitar espanol.anthem.com.



Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.



Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.



A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.¹ Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem partnered with Lark to offer a diabetes prevention program that can help determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:



Lose
weight



Eat
healthier



Increase
activity



Sleep
better



Manage
stress

Better health is within reach

Participation in this program is at no extra cost as part of your health plan. Track progress, check in with a personalized coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help make small changes that can improve health and decrease risk over time.



Weight loss with Lark

Losing weight can make a difference in lowering risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.² Participants in the program receive a wireless scale at no extra cost to help track weight loss progress. The scale also syncs with the Lark app so participants can share updates with their coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if it can lead to better health. Coaches can help you stay motivated. If you enroll in the program, you can send a message to a coach anytime from anywhere and receive an immediate response as well as extra support. During the course of the program, coaches will:

- Provide educational information on prediabetes and preventing type 2 diabetes.
- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize a program based on your food preferences and lifestyle.
- Provide information about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



Learn if you are at risk for prediabetes

Scan the QR code to download the SydneySM Health mobile app and login using your existing health plan credentials. Once you login, you will find the Lark DPP screen under Programs in My Health Dashboard to take the one-minute survey.



¹ Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes* (accessed October 2021): cdc.gov.

² Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022.

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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

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, 2024**

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 2024 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2024
MoDOT/MSHP Anthem PPO Plan



Rate Category	Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$572.00	\$478.00	\$94.00
Subscriber/Family	\$1,739.00	\$1,453.00	\$286.00
Subscriber/Spouse	\$1,258.00	\$1,051.00	\$207.00
Subscriber/Child	\$801.00	\$669.00	\$132.00
Subscriber/2 Children	\$1,028.00	\$859.00	\$169.00
NON-MEDICARE RETIREE MEMBERS			
Subscribers with rates based on your Years of Service follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
Retiree - Subscriber Only	\$747.00	\$426.00	\$321.00
Retiree - Subscriber/Family	\$2,270.00	\$999.00	\$1,271.00
Retiree - Subscriber/Spouse	\$1,494.00	\$598.00	\$896.00
Retiree - Subscriber/Child	\$1,494.00	\$657.00	\$837.00
Retiree - Subscriber/2 Children	\$1,700.00	\$680.00	\$1,020.00
Retiree - Non-Medicare Subscriber/Medicare Child	\$836.00	\$515.00	\$321.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$825.00	\$504.00	\$321.00
OTHER PLAN CATEGORIES			
C.O.B.R.A. / Vested - Subscriber Only	\$572.00	\$0.00	\$572.00
C.O.B.R.A. / Vested - Subscriber/Family	\$1,739.00	\$0.00	\$1,739.00
C.O.B.R.A. / Vested - Subscriber/Spouse	\$1,258.00	\$0.00	\$1,258.00
C.O.B.R.A. / Vested - Subscriber/Child	\$801.00	\$0.00	\$801.00
C.O.B.R.A. / Vested - Subscriber/2 Children	\$1,028.00	\$0.00	\$1,028.00
WRD - Subscriber Only	\$572.00	\$478.00	\$94.00
WRD - Subscriber/Family	\$1,739.00	\$1,453.00	\$286.00
WRD - Subscriber/Spouse	\$1,258.00	\$1,051.00	\$207.00
WRD - Subscriber/Child	\$801.00	\$669.00	\$132.00
WRD - Subscriber/2Children	\$1,028.00	\$859.00	\$169.00
LTD - Subscriber Only	\$747.00	\$426.00	\$321.00
LTD - Subscriber/Family	\$2,270.00	\$999.00	\$1,271.00
LTD - Subscriber/Spouse	\$1,494.00	\$598.00	\$896.00
LTD - Subscriber/Child	\$1,494.00	\$657.00	\$837.00
LTD - Subscriber/2 Children	\$1,700.00	\$680.00	\$1,020.00
LTD - Non-Medicare Subscriber/Medicare Child	\$836.00	\$515.00	\$321.00
LTD - Non-Medicare Subscriber/Medicare Spouse	\$825.00	\$504.00	\$321.00
Survivor - Subscriber Only	\$747.00	\$426.00	\$321.00
Survivor - Subscriber/Family	\$2,270.00	\$999.00	\$1,271.00
Survivor - Subscriber/Child	\$1,494.00	\$657.00	\$837.00
Survivor - Non-Medicare Subscriber/Medicare Child	\$836.00	\$515.00	\$321.00
Survivor - Subscriber/2 Children	\$1,700.00	\$680.00	\$1,020.00

LTD = Long Term Disability

WRD = Work Related Disability

**MoDOT/MSHP 2024 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2024**



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	\$520.00	\$478.00	\$42.00
Subscriber/Family	\$1,580.00	\$1,453.00	\$127.00
Subscriber/Spouse	\$1,142.00	\$1,051.00	\$91.00
Subscriber/Child	\$728.00	\$669.00	\$59.00
Subscriber/2 Children	\$934.00	\$859.00	\$75.00
NON-MEDICARE RETIREE MEMBERS			
Subscribers with rates based on your Years of Service follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
Retiree - Subscriber Only	\$678.00	\$426.00	\$252.00
Retiree - Subscriber/Family	\$2,062.00	\$999.00	\$1,063.00
Retiree - Subscriber/Spouse	\$1,356.00	\$598.00	\$758.00
Retiree - Subscriber/Child	\$1,356.00	\$657.00	\$699.00
Retiree - Subscriber/2 Children	\$1,544.00	\$680.00	\$864.00
OTHER PLAN CATEGORIES			
Subscribers with rates based on your Years of Service follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
C.O.B.R.A. / Vested - Subscriber Only	\$520.00	\$0.00	\$520.00
C.O.B.R.A. / Vested - Subscriber/Family	\$1,580.00	\$0.00	\$1,580.00
C.O.B.R.A. / Vested - Subscriber/Spouse	\$1,142.00	\$0.00	\$1,142.00
C.O.B.R.A. / Vested - Subscriber/Child	\$728.00	\$0.00	\$728.00
C.O.B.R.A. / Vested - Subscriber/2 Children	\$934.00	\$0.00	\$934.00
WRD - Subscriber Only	\$520.00	\$478.00	\$42.00
WRD - Subscriber/Family	\$1,580.00	\$1,453.00	\$127.00
WRD - Subscriber/Spouse	\$1,142.00	\$1,051.00	\$91.00
WRD - Subscriber/Child	\$728.00	\$669.00	\$59.00
WRD - Subscriber/2Children	\$934.00	\$859.00	\$75.00
LTD - Subscriber Only	\$678.00	\$426.00	\$252.00
LTD - Subscriber/Family	\$2,062.00	\$999.00	\$1,063.00
LTD - Subscriber/Spouse	\$1,356.00	\$598.00	\$758.00
LTD - Subscriber/Child	\$1,356.00	\$657.00	\$699.00
LTD - Subscriber/2 Children	\$1,544.00	\$680.00	\$864.00
Survivor - Subscriber Only	\$678.00	\$426.00	\$252.00
Survivor - Subscriber/Family	\$2,062.00	\$999.00	\$1,063.00
Survivor - Subscriber/Child	\$1,356.00	\$657.00	\$699.00
Survivor - Subscriber/2 Children	\$1,544.00	\$680.00	\$864.00

MoDOT/MSHP 2024 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2024
MoDOT/MSHP UHC Medicare Advantage Plan



Rate Category	Employer Share	Subscriber's Cost
MEDICARE MEMBERS		
Subscribers with rates based on your Years of Service follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
Retiree - Medicare Subscriber Only	\$212.00	\$0.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$448.00	\$511.00
Retiree - Medicare Subscriber/Medicare Spouse	\$335.00	\$0.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$834.00	\$901.00
Retiree - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$681.00	\$299.00
Retiree - Medicare Subscriber/Medicare Spouse/Medicare Child	\$681.00	\$0.00
Retiree - Medicare Subscriber/Child	\$492.00	\$467.00
Retiree - Medicare Subscriber/Medicare Child	\$342.00	\$0.00
Retiree - Medicare Subscriber/2 Children	\$530.00	\$635.00
Survivor - Medicare Subscriber Only	\$212.00	\$0.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$834.00	\$901.00
Survivor - Medicare Subscriber/Medicare Family	\$681.00	\$0.00
Survivor - Medicare Subscriber/Child	\$492.00	\$467.00
Survivor - Medicare Subscriber/Medicare Child	\$342.00	\$0.00
Survivor - Medicare Subscriber/2 Children	\$530.00	\$635.00
LTD - Medicare Subscriber Only	\$212.00	\$0.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$448.00	\$511.00
LTD - Medicare Subscriber/Medicare Spouse	\$335.00	\$0.00
LTD - Medicare Subscriber/Non-Medicare Family	\$834.00	\$901.00
LTD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$681.00	\$299.00
LTD - Medicare Subscriber/Medicare Spouse/Medicare Child	\$681.00	\$0.00
LTD - Medicare Subscriber/Child	\$492.00	\$467.00
LTD - Medicare Subscriber/2 Children	\$530.00	\$635.00

LTD = Long Term Disability

WRD = Work Related Disability

**MoDOT/MSHP 2024 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2024**



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 follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
WRD - Medicare Subscriber Only	\$311.00	\$0.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$789.00	\$94.00
WRD - Medicare Subscriber/Medicare Spouse	\$622.00	\$0.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,286.00	\$192.00
WRD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	\$1,023.00	\$80.00
WRD - Medicare Subscriber/Medicare Spouse/Medicare Child	\$1,023.00	\$0.00
WRD - Medicare Subscriber/Child	\$502.00	\$38.00
WRD - Medicare Subscriber/2 Children	\$692.00	\$75.00
Vested - Medicare Subscriber Only	\$0.00	\$82.00
Vested - Medicare Subscriber/Non-Medicare Family	\$0.00	\$1,124.00
Vested - Medicare Subscriber/Medicare Family	\$0.00	\$246.00
Vested - Medicare Subscriber/Medicare Spouse	\$0.00	\$164.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$0.00	\$593.00
Vested - Medicare Subscriber/Child	\$0.00	\$286.00
Vested - Medicare Subscriber/2 Children	\$0.00	\$489.00

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Medicare Advantage Plan
Effective January 1, 2024

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	\$0
Emergency Room Services	\$0	\$0
Immunizations According to CDC Recommended Schedules	Covered 100%	Covered 100%
Inpatient Hospital Care	\$0	\$0
Outpatient Services	\$0	\$0
Preventive Care	Covered 100%	Covered 100%
Surgery Inpatient and Outpatient	\$0	\$0
Durable Medical Equipment	\$0	\$0
Laboratory Services	\$0	\$0
Urgent Care	\$0	\$0

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 \$8,000 of out of pocket expense, cost sharing will be reduced to \$0 for covered prescriptions for the remainder of the year.
Prior Authorization	Some drugs may require a prior authorization. Contact the number on your insurance card.

*In 2024, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches \$5,030.

Basic/Optional Life Insurance Highlights for 2024

Call Employee Benefit Department at 877-863-9406 to address life insurance questions.

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 MoDOT Employee Benefits if your dependents experience any of these life 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.

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, call MoDOT Employee Benefits for directions. 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, 2024 - December 31, 2026

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 \$0.045 per \$1,000 coverage per month for each eligible employee.

General Notices for 2024

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
- Prostheses and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes)

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

Prior Authorizations

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

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

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 2024 SBC will be available by January 1, 2024. 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 2024

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, 2023**, for 2024 coverage.

Premium Only 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 an enrollment form or log onto <https://asiflex.com/MoCafe/> to make your annual election for calendar year 2024.

Flexible Spending Account (FSA)

For PPO Plan participants only

To participate you must make a yearly election, during open enrollment. Health Care FSA maximum for 2024 is \$3,050.

Dental and Vision Care FSA

For HDHP participants only

To participate you must make a yearly election, during open enrollment. The Dental and Vision Care FSA maximum is \$3,050 and may **only** be used for 2024 dental & vision expenses.

Dependent Care

To participate you must make a yearly election, during open enrollment. The Dependent Care 2024 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 20 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.

APP:



Grace Period

Members will be allowed to submit expenses incurred up to March 15, 2024, to allow members to use up the remaining 2023 balance in their Health and Dependent Care FSAs.

Over the Counter Medication

Over the Counter (OTC) drugs and medicines are eligible for reimbursement and do not require a prescription. 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 2024

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 2024 dental and vision coverage during the **month of October 2023**, for active employees only. Visit www.mchcp.org to make your election. Dental carrier will be Delta Dental and NVA will remain as the vision carrier for 2024.

You can view the 2024 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 maintain the same elections for 2024, no action is required.

Dental/Vision Rates

Please refer to www.mchcp.org for more information regarding rates for 2024 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2024

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.

The 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 2024

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 this 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.

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 Brandon Denkler, 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 Susan Cernea	(573) 248-2617 (573) 248-2474	Janet.Groenda@modot.mo.gov Susan.Cernea@modot.mo.gov
2CKC	Kansas City District	Lexie Gordanier	(816) 607-2148	Lexie.Gordanier@modot.mo.gov
2DCD	Central District	Gina Berhorst Robin McKee, Supp. Srvc. Manager	(573) 751-7686 (573) 522-5168	Gina_Berhorst@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	(573) 472-5363 (417) 469-6250	Kristy.Pettit@modot.mo.gov Pamela.Griffin@modot.mo.gov
2XAI	Audits & Investigations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XBR	Bridge	MaryAnn Jacobs	(573) 751-2807	MaryAnn.Jacobs@modot.mo.gov
2XCC	Chief Counsel's Office	Kaylee Boessen	(573) 751-4588	Kaylee.Boessen@modot.mo.gov
2XCS	Commission Secretary's Office	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XCN	Construction and Materials	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XRE	Customer Relations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XDR	Design	MaryAnn Jacobs	(573) 751-2807	MaryAnn.Jacobs@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
2XMC	Motor Carrier's	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XMO	Multimodal Operations	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XSM	Safety & Emergency Mgmt.	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
2XTH	Traffic and Highway Safety	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
2XTP	Transportation Planning	Tawnya Schmitz	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
MPERS	MoDOT & Patrol Employees' Retirement System	Elizabeth Pasley	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov

MSHP Insurance Representative Contacts

<u>Troop Locations</u>	<u>Benefits Contact</u>	<u>Telephone Number</u>	<u>Email Address</u>
Troop A Lee's Summit	Jennifer Hulse	(816) 622-0800 x 3119	Jennifer.Hulse@mshp.dps.mo.gov
Troop B Macon	Ronda Shoush Melissa Murr	(660) 385-2132 x 3239 (660) 385-2132 x 3241	Ronda.Shoush@mshp.dps.mo.gov Melissa.Murr@mshp.dps.mo.gov
Troop C St. Louis	Janis Leesmann	(636) 300-2800 x 3333	Janis.Leesmann@mshp.dps.mo.gov
Troop D Springfield	Sheri Davidson Anita Douglas	(417) 895-6868 x 3452 (417) 895-6868 x 3418	Sheri.Davidson@mshp.dps.mo.gov Anita.Douglas@mshp.dps.mo.gov
Troop E Poplar Bluff	Michele Parrott Julia Knodell	(573) 840-9500 x 3517 (573) 840-9500 x 3521	Michele.Parrott@mshp.dps.mo.gov Julia.Knodell@mshp.dps.mo.gov
Troop F Jefferson City	Tammy Mahaney	(573) 751-1000 x 3622	Tammy.Mahaney@mshp.dps.mo.gov
Troop G Willow Springs	Melodie Odle Nicole Brawley	(417) 469-3121 x 3732 (417) 469-3121 x 3732	Melodie.Odle@mshp.dps.mo.gov Nicole.Brawley@mshp.dps.mo.gov
Troop H St. Joseph	Marilyn Gilmore	(816) 387-2345 x 3816	Marilyn.Gilmore@mshp.dps.mo.gov
Troop I Rolla	Jessica L. Heyer Jamie McKinnon	(573) 368-2345 x 3917 (573) 368-2345 x 3956	Jessica.Heyer@mshp.dps.mo.gov Jamie.McKinnon@mshp.dps.mo.gov
Troop Q General Headquarters	Carrie James Dana Bise	(573) 526-6356 (573) 526-6136	Carrie.James@mshp.dps.mo.gov Dana.Bise@mshp.dps.mo.gov

MoDOT Employee Benefits Contacts

<u>Staff</u>	<u>Job Title</u>	<u>Telephone Number</u>	<u>Email Address</u>
Brook Luecke	Employee Benefits Manager	(573) 526-5173	Brook.Luecke@modot.mo.gov
Lisa Buhr	Senior Benefits Specialist	(573) 526-0138	Lisa.Buhr@modot.mo.gov
Jill Kliethermes	Intermediate Benefits Specialist	(573) 522-1294	Jill.Kliethermes@modot.mo.gov
Elizabeth Pasley	Senior Financial Services Technician	(573) 751-7748	Elizabeth.Pasley@modot.mo.gov
Tawnya Schmitz	Senior Financial Services Technician	(573) 751-2861	Tawnya.Schmitz@modot.mo.gov
Anne-marie Scott	Senior Financial Services Technician	(573) 526-2084	Anne-marie.Scott@modot.mo.gov
Bill Buerky	Senior Administrative Professional	(573) 522-8121	William.Buerky@modot.mo.gov
Pam Otto	Senior Administrative Professional	(573) 522-8121	Pamela.Otto@modot.mo.gov

**MoDOT
Employee Benefits
P.O. Box 270
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