



## Northwest Missouri State University Insurance Plans - 2022

### Health Insurance: BASE PLAN

*Provider: Blue Cross Blue Shield of Kansas City*

- Deductible: \$2,000 individual/\$4,000 family
- Out-of-Pocket Maximum: \$6,000 individual/\$12,000 family
- Co-Insurance: 80/20 network, 60/40 non-network
- Office Visit Copay: \$35 primary care/\$70 specialist
- Urgent Care Copay: \$70
- ER Copay: \$150 then deductible then 20%
- Rx Copay: \$15 tier 1/\$40 tier 2/\$65 tier 3
- If you select this plan, preventive care is covered at 100% and office visits have a copay that is not subject to the deductible.

Base Plan \$40,000 Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,019.69	\$978.03	\$41.66
Employee + Spouse	\$2,017.61	\$1,312.30	\$705.31
Employee + Child(ren)	\$1,845.49	\$1,159.72	\$685.76
Family	\$2,842.62	\$1,726.53	\$1,116.09
Family (2 NW Employee)	\$2,842.62	\$2,069.09	\$773.53
Base Plan \$40,000-\$59,000 Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,019.69	\$956.52	\$63.17
Employee + Spouse	\$2,017.61	\$1,262.56	\$755.05
Employee + Child(ren)	\$1,845.49	\$1,115.15	\$730.34
Family	\$2,842.62	\$1,654.70	\$1,187.92
Family (2 NW Employee)	\$2,842.62	\$1,986.21	\$856.41
Base Plan \$60,000-\$99,999 Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,019.69	\$917.55	\$102.14
Employee + Spouse	\$2,017.61	\$1,193.27	\$824.34
Employee + Child(ren)	\$1,845.49	\$1,062.00	\$783.48
Family	\$2,842.62	\$1,571.82	\$1,270.80
Family (2 NW Employee)	\$2,842.62	\$1,875.71	\$966.91
Base Plan \$100,000+ Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,019.69	\$844.97	\$174.72
Employee + Spouse	\$2,017.61	\$1,068.90	\$948.71
Employee + Child(ren)	\$1,845.49	\$936.84	\$908.64
Family	\$2,842.62	\$1,392.25	\$1,450.37
Family (2 NW Employee)	\$2,842.62	\$1,709.95	\$1,132.67

**Health Insurance: QUALIFIED HIGH DEDUCTIBLE PLAN  
+ HEALTH SAVINGS ACCOUNT (HSA)**

**Provider: Blue Cross Blue Shield of Kansas City**

- Deductible: \$5,000 individual/\$10,000 family
- Out-of-Pocket Maximum: \$5,000 individual/\$10,000 family
- Co-Insurance: 100/0 network, 80/20 non-network
- ALL COVERED EXPENSES APPLY TO DEDUCTIBLE
- If you select this plan, preventive care is covered at 100%.
- **Remember, you are responsible to pay all claims incurred at 100% up front until you satisfy the deductible.**

**For employees in the lower two salary bands, Northwest will contribute \$700 to a health savings account in two installments - \$500 in January and \$200 in September.**

**For employees in the higher two salary bands, Northwest will contribute \$400 to a health savings account in two installments - \$250 in January and \$150 in September.**

QHDHP + HSA <\$40,000 Premium	Total Monthly Premium	University Cost w/ HSA Contribution*	Employee Cost
Employee Only	\$937.69	\$955.70	\$40.32
Employee + Spouse	\$1,853.59	\$1,215.09	\$696.83
Employee + Child(ren)	\$1,693.15	\$1,079.04	\$672.44
Family	\$2,608.34	\$1,583.10	\$1,083.57
Family (2 NW Employee)	\$2,608.34	\$1,956.91	\$768.10
QHDHP + HSA \$40,000-\$59,999 Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$937.69	\$935.54	\$60.48
Employee + Spouse	\$1,853.59	\$1,162.17	\$749.75
Employee + Child(ren)	\$1,693.15	\$1,027.97	\$723.51
Family	\$2,608.34	\$1,500.81	\$1,165.86
Family (2 NW Employee)	\$2,608.34	\$1,874.61	\$850.39
QHDHP + HSA \$60,000-\$99,000 Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$937.69	\$875.60	\$95.42
Employee + Spouse	\$1,853.59	\$1,075.43	\$811.50
Employee + Child(ren)	\$1,693.15	\$943.39	\$783.09
Family	\$2,608.34	\$1,379.80	\$1,261.87
Family (2 NW Employee)	\$2,608.34	\$1,714.88	\$960.12
QHDHP + HSA \$100,000+ Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$937.69	\$798.99	\$172.03
Employee + Spouse	\$1,853.59	\$1,004.87	\$882.06
Employee + Child(ren)	\$1,693.15	\$875.29	\$851.19
Family	\$2,608.34	\$1,270.07	\$1,371.60
Family (2 NW Employee)	\$2,608.34	\$1,550.29	\$1,124.72

\*The annual HSA contribution has been converted to a monthly contribution amount for illustrative purposes.

**Voluntary Dental Insurance**

**Provider: Delta Dental of Missouri**

- Annual Deductible: \$50 per individual
- Preventive Services: 100% paid (exams, cleanings, x-rays)
- Basic Services: 80/20 network, 70/30 non-network
- Major Services: 50/50 network or non-network
- Annual Maximum: \$1,000 per person per year (includes preventive services)
- Orthodontia: 50% paid, \$1,000 lifetime maximum

Delta Dental Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$31.09	\$0	\$31.09
Employee + Spouse	\$59.26	\$0	\$59.26
Employee + Child(ren)	\$92.61	\$0	\$92.61
Family	\$120.69	\$0	\$120.69

**Voluntary Vision Insurance****Provider: Ameritas Group Insurance Company****Low Plan**

- Maximum Reimbursement: \$150 per person per year
- Includes exam/lenses/frames/contacts
- Claim must be submitted for reimbursement within 90 days of service
- Additional discounts are available when using Eye-Med/Access Provider

**High Plan**

- Exam Copay: \$10
- Frames and Lenses Copay: \$25 (\$130 frame allowance)
- Contacts Copay: \$0 (\$130 allowance)
- Discounts available for tints, dyes, photochromic, and progressive testing

Ameritas LOW Plan Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$7.48	\$0	\$7.48
Employee + Spouse	\$14.88	\$0	\$14.88
Employee + Child(ren)	\$12.80	\$0	\$12.80
Family	\$20.20	\$0	\$20.20
Ameritas HIGH Plan Premium	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$14.56	\$0	\$14.56
Employee + Spouse	\$28.20	\$0	\$28.20
Employee + Child(ren)	\$23.76	\$0	\$23.76
Family	\$37.16	\$0	\$37.16

**Life and Long-Term Disability (LTD)****Provider: The Hartford****GROUP TERM LIFE INSURANCE**

Coverage provided by University / coverage is 1x annual salary / maximum of \$150,000 in coverage

**LONG TERM DISABILITY**

Coverage provided by University / 6-month waiting period for benefits / pays 60% of salary if approved

**VOLUNTARY LIFE INSURANCE PLAN**

\$10,000 Increments to maximum of \$300,000

With no Medical Approval

RATES	age up to 39	\$0.066/\$1,000 in coverage
	age 40-49	\$0.165/\$1,000 in coverage
	age 50 and over	\$0.484/\$1,000 in coverage

**DEPENDENT LIFE INSURANCE PLAN**

\$10,000 for spouse &amp; \$5,000 for each eligible Child(ren)

\$20,000 for spouse &amp; \$10,000 for each eligible Child(ren)

RATES	\$2.24/month
	\$4.47/month