NORTHWEST
MISSOURI STATE UNIVERSITY

Benefit Enrollment Guide

2027



Table of Contents

A Message from Human Resources at Northwest Missouri State University	3
Eligibility	4
Medical Insurance	5
Health Savings Account (HSA)	7
Flexible Spending Accounts (FSA)	8
USE Rx Savings Solutions to Save on Prescriptions	9
RxSelect Network	10
Premium Formulary	11
A Healthier You	12
Blue Cross Blue Shield of Kansas City Resources	13
Diabetes Management – Livongo	14
Mindful by Blue KC	15
Dental Insurance	16
Vision Insurance	17
Life and AD&D	18
Voluntary Term Life	19
Long-Term Disability Insurance	20
Additional Bearcat Advantages	21
Retirement Options	22
Benefit Resources	23
REQUIRED NOTIFICATIONS	24

A Message from Human Resources at Northwest Missouri State University

Northwest Missouri State University is an exceptional university because of the dedication of our faculty and staff who work hard to fulfill our mission of focusing on student success—every student, every day. We understand the contribution each employee makes to our success, and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

In 2027, we are pleased to announce only one minor change to the Qualified High Deductible Health Plan this next year. Detailed information is included within this guide.

- The deductible on the Qualified High Deductible Health Plan will increase from $3,400/$6,800 to $3,500/$7,000 in order to remain compliant with IRS guidelines for high deductible plans.

In 2027, we will continue the annual primary care provider preventive visit and labs for employees on our health plan. Preventive care is routine healthcare that includes screenings and labs to help prevent illness, disease or other health problems. Along with a healthy lifestyle, taking basic preventive care steps can immensely improve your health in the future and reduce healthcare costs.

Eligibility

Eligible Employees:

You may enroll in the Northwest Missouri State University Employee Benefits Program if you are a full-time, regular employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse and children up to age 26. Your spouse is not eligible for coverage if they have access to coverage through their own employment. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court- appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is January 1, 2027. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2027 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA. We strongly encourage all employees to review their benefit elections and make any necessary updates through the Open Enrollment task in Workday. The FSA will default to ($0) elections if you do not re-enroll through Associated Bank in Workday.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.



Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

Medical Insurance

Northwest Missouri State University offers medical coverage with Blue Cross Blue Shield of Kansas City. The chart below is a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

To print a temporary ID card, check claims, find providers and more, visit www.MyBlueKC.com

	Qualified High Deductible Plan		Base PPO Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	$3,500	$3,500	$2,000	$2,000
Family	$7,000	$7,000	$4,000	$4,000
Embedded or Aggregate	Embedded	Embedded	Embedded	Embedded
Coinsurance	0%	20%	20%	40%
Maximum Out-of-Pocket				
Individual	$3,500	$6,800	$6,000	$12,000
Family	$7,000	$13,600	$12,000	$24,000
Physician Office Visit				
Primary Care	Deductible, then no charge	20% after deductible	$35 copay	40% after deductible
Specialty Care	Deductible, then no charge	20% after deductible	$70 copay	40% after deductible
Preventive Care				
Adult Periodic Exams	100%	20% after deductible	100%	40% after deductible
Well-Child Care	100%	20% after deductible	100%	40% after deductible
Diagnostic Services				
X-ray and Lab Tests	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible
Complex Radiology	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible
Urgent Care Facility	Deductible, then no charge	20% after deductible	$70 copay	40% after deductible
Emergency Room Facility Charges	Deductible, then no charge	20% after deductible	$150 copay/visit, waived if admitted; deductible & 20%	$150 copay/visit, waived if admitted; In-Network deductible, then 20%
Inpatient Facility Charges	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible
Outpatient Facility and Surgical Charges	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible
Mental Health and Substance Abuse				
Inpatient	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible
Outpatient	Deductible, then no charge	20% after deductible	$35 copay for office visit, no deductible	40% after deductible
Other Services				

	Qualified High Deductible Plan		Base PPO Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Chiropractic	Deductible, then no charge	20% after deductible	20% after deductible	40% after deductible

	Qualified High Deductible Plan		Base PPO Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	100% after medical deductible	Deductible, then $15 copay, then 50% coinsurance	$15 copay	$15 copay then 50% coinsurance
Preferred (Tier 2)	100% after medical deductible	Deductible, then $40 copay, then 50% coinsurance	$40 copay	$40 copay then 50% coinsurance
Non-Preferred (Tier 3)	100% after medical deductible	Deductible, then $65 copay, then 50% coinsurance	$65 copay	$65 copay then 50% coinsurance
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	100% after medical deductible	Deductible, then $30 copay, then 50% coinsurance	$30 copay	$30 copay then 50% coinsurance
Preferred (Tier 2)	100% after medical deductible	Deductible, then $80 copay, then 50% coinsurance	$80 copay	$80 copay then 50% coinsurance
Non-Preferred (Tier 3)	100% after medical deductible	Deductible, then $130 copay, then 50% coinsurance	$130 copay	$130 copay then 50% coinsurance

Medical Employee Contributions (Bi-Weekly)		
Salary Tier < $40,000	Qualified High Deductible Plan	Base PPO Plan
Employee	$22.16	$28.92
Employee & Spouse	$315.57	$412.20
Employee & Child(ren)	$304.60	$398.40
Family	$489.60	$640.30
Family (2 NW Employees)	$347.64	$454.65
Salary Tier $40,000 - $59,999	Qualified High Deductible Plan	Base PPO Plan
Employee	$33.24	$43.38
Employee & Spouse	$340.39	$444.61
Employee & Child(ren)	$328.58	$429.78
Family	$527.64	$690.04
Family (2 NW Employees)	$385.67	$504.38
Salary Tier $$60,000 - $99,999	Qualified High Deductible Plan	Base PPO Plan
Employee	$52.45	$68.44
Employee & Spouse	$369.91	$483.17
Employee & Child(ren)	$357.13	$467.11
Family	$572.57	$748.80
Family (2 NW Employees)	$436.79	$571.23
Salary Tier $100,000+	Qualified High Deductible Plan	Base PPO Plan

Employee	$94.55	$123.38
Employee & Spouse	$405.45	$529.60
Employee & Child(ren)	$391.57	$512.16
Family	$625.75	$818.35
Family (2 NW Employees)	$514.65	$638.35

Health Savings Account (HSA)

If you are enrolled in the QHDHP + HSA, you will have HSA funds deposited into your HSA account on your behalf from Northwest Missouri State University.

For employees in the lower two salary bands, NWMSU funds your Health Savings Account in two installments. NWMSU will distribute the first $500 contribution in January and the second $200 contribution in September.

For employees in the higher two salary bands, NWMSU funds your Health Savings Account in two installments. NWMSU will distribute the first $250 contribution in January and the second $150 contribution in September.

Tax-Free $$$ for Qualifying Expenses

- Set aside, grow and spend tax advantaged money on qualified healthcare expenses such as out of pocket medical, dental and vision expenses and prescriptions.
- This is a savings account because the money you or your employer sets aside stays with you even if you leave your job
- Whether you leave your job or can no longer contribute into the HSA, the money stays with you and can continue to be used tax-free on qualifying expenses (IRS tax liability is on the individual)
- Contributions can be made via pre-tax payroll deductions or post-tax contributions from a personal bank account. Tax benefit from post-tax contributions is refunded with tax return. Contribution elections can change at any time and can be made for tax year up to tax deadline.
- Maximums are per tax year and depend on coverage. If you are 55 and over, you can contribute an additional $1,000 each eligible year

2027 HSA Contribution Limits	
Self-Only	$4,700
Family	$9,000
Catch-up contribution (individuals age 55 or older)	Additional $1,000

- Unused funds rollover from year to year and can be reimbursed for previous QME, back to the start of the HSA (no limit)
- You must be enrolled in an IRS defined, Qualified High Deductible Health Plan
- You cannot have other health care coverage, including Medicare, Tricare or a spouse's health plan (unless it is a HDHP)
- Neither you or your spouse can be enrolled in a Traditional FSA or have a positive balance during the FSA grace period.

Flexible Spending Accounts (FSA)

The Flexible Spending Account (FSA) plan, administered by Associated Bank, allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. There are three types of Flexible Spending Accounts:

1. The Traditional FSA allows you to set aside money for out-of-pocket medical expenses such as copays, coinsurance, deductible, dental/vision expenses, and prescriptions for you, your spouse, and any of your tax dependents, even if they are not on Northwest's health insurance plan.

2. The Limited Scope Dental/Vision FSA allows you to set aside money for only out-of-pocket dental/vision expenses if you are enrolled in a Health Savings Account. If you are enrolling in the Qualified High Deductible Health Plan with a Health Savings Account, you CANNOT participate in the traditional Flexible Spending Account for Medical Expenses but can contribute to the Limited Scope FSA.

3. The Dependent Care FSA is typically used for day care expenses for children under the age of 13.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service **OR** submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds at the end of the calendar year.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- You cannot use FSA funds to reimburse employer paid HRA benefits.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

Maximum Annual Election	
Health Care FSA	$3,400
Dependent Care FSA	$7,500 (single) $3,750 (married filing separate)

USE Rx Savings Solutions to Save on Prescriptions

Yes, there's something you can do about prescription costs

Rx Savings Solutions is a secure, online tool that helps you find ways to save money on your prescription drugs. Your health plan offers this service free of charge to all members and their dependents enrolled in medical benefits.

This is how it should be ...



SELECTION
Discover all the options available to treat your condition and compare them to your current prescription(s).



PRICE
Know exactly what a medication costs, if your plan covers it, and the impact on your deductible.

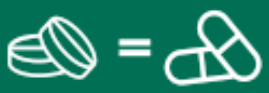


CONVENIENCE
Never miss a savings opportunity, even in the doctor's office, and request a lower-cost prescription in just a few clicks.



ASSISTANCE
If you have a savings opportunity, the experienced Rx Savings staff can work directly with your doctor to help you make safe changes and start saving quickly!

This is how you can save ...



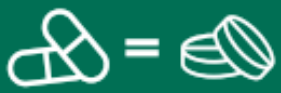
SAME DRUG, DIFFERENT FORM

Believe it or not, a capsule might cost more than a tablet or liquid form - or vice versa. You never know, but now you will.



DIFFERENT DRUG, SAME TREATMENT

There is usually more than one medication available to treat a medical condition. We show you all of them, along with their costs.



SAME INGREDIENTS, DIFFERENT PILLS

If a drug has two active ingredients, the price can skyrocket! Take the active ingredients seperately at the same time for the same treatment at a lower cost.



SAME ACTIVE INGREDIENT, LOWER PRICE

If a generic is available, we'll find it. If there is more than one option, you'll know exactly what each one costs.

Start saving with Rx Savings Solutions

- Log into MyBlueKC.com and select: Plan Benefits > Pharmacy Plan Info > Spend Less on Prescription Drugs (or use the quick link: myrxss.com/bluekc).
- See your current savings opportunities or search any medication for savings. You can also view your prescription history and share with your doctors.
- If you have a savings opportunity, talk to your doctor or pharmacist to discuss your options.

Go online!

START SAVING!

Go to MyBlueKC.com to log in and access your pharmacy benefits and Rx Savings Solutions or use quick link: myrxss.com/bluekc. If you have a savings opportunity Rx Savings Solutions can help make changes with your doctor.

- **OR**
- Rx Savings Solutions' experienced pharmacists can work directly with your doctor or pharmacist to make safe changes that save you money. Call Blue KC Customer Service at the number found on your member ID card for assistance.
- Receive notifications when new savings opportunities are available.

RxSelect Network



USE SELECT PHARMACIES TO SAVE

What is the Rx Select Network?
The RxSelect Network features a network of pharmacies that gives you the best value — without compromising service, quality or safety.

Which pharmacies are included?
There are over 50,000 pharmacies included in this network, including Walgreens, Walmart, Sam's Club, Costco, Hyvee and more.
Note that CVS and Target are NOT included in this network

What are the benefits of this network?
Your prescription costs will be lower if you use a pharmacy in this network. These pharmacies have agreed to reduced cost-sharing, so you pay less.

Do I have coverage if I got to a pharmacy not In-Network?
Yes. However, if you fill your prescription at a pharmacy other than a RxSelect Network pharmacy, you will pay the out-of-network cost share.

Will I have to go far to find an In-Network pharmacy?
With pharmacies such as Walgreens, Walmart, Sam's and Costco included in this network, plus more, typically there is an in-network pharmacy close to where you live or work. (CVS/Target pharmacies are NOT included.)

HOW DO I FIND A PHARMACY IN THE RXSELECT NETWORK?

1. Log into mybluekc.com. (If this is your first time logging in, you will need your Blue KC member ID card to reference.)
2. Click Find Care on the Menu
3. Scroll down and click on Find a Pharmacy to be redirected to the OptumRx website and search for a pharmacy based on your ZIP code.

Discover What You can do With Home Delivery

How Mail Service Member Select Works

If you are taking a long-term medication on a regular basis, your pharmacy benefit plan requires you to make a decision on how you want fill your medication.

Your plan only covers a limited number of 1-month refills from a retail pharmacy.

After your allowed fills, **you must choose to fill a 3-month supply of your long-term medications through either our pharmacy benefit manager's home delivery pharmacy or continue filling a 1-month supply at a retail pharmacy.**

Whether you have a new prescription or need to transfer an existing prescription, it's easy to get started with home delivery.

SET UP
- Online
- Use the app

START →

WE PROCESS THE ORDER
- Talk to a pharmacist 24/7
- 3-month supply
- May cost less than retail

TODAY →

CHOICE
- Choose between OptumRx home delivery or a retail pharmacy of your choice

To make a choice, log in at MyBlueKC.com > Plan Benefits > Pharmacy > View Your Pharmacy Benefits > My Profile > scroll down to Manage Program > Mail Service Member Select or call our pharmacy benefit manager at 1-844-579-7774.

Premium Formulary

The Premium formulary encourages members to use lower- cost alternatives through exclusions and prior authorization.

A successful pharmacy benefit effectively balances quality, medication access and affordability. The Premium formulary offers an enhanced savings strategy that leverages exclusion capabilities with manufacturers to reduce costs, maintain therapeutic choices and promote lower-cost alternatives.

Provide program options with savings

The Premium formulary is an open formulary with select exclusions to drive value that has mandatory utilization management in select drug categories.



- Tier 1 – Includes all generic medications
- Tier 2 – Commonly used brand medications
- Tier 3 – Consists of higher-cost brand medications

Specialty medications, including injectables, are tiered based on the Specialty Pharmacy List and may fall within any of the above tiers.

Improve Savings

The program excludes over 450 medications from benefit coverage. By removing these medications, Blue KC can negotiate better discounts for quality medications used to treat the same condition. This ultimately results in lower overall health care costs while maintaining affordable medication options for members.

Clinically driven formulary decision process

Blue KC uses a clinically driven formulary decision-making approach that looks at individual therapy classes and makes decisions based on lowest overall cost. a. Our modular approach to formulary management allows us to offer a strategy that makes the most sense for your organization. In turn, this helps maintain affordable medication options for members.

Medications undergo a rigorous independent clinical review and financial evaluation process before they can be excluded. Medications may be considered for exclusion if they are deemed therapeutically equivalent, in the same class as a clinically similar product on the formulary or demonstrates no unique therapeutic benefit relative to other alternatives. As new clinical information is introduced, prices shift, or other dynamics change, excluded medications may be re-evaluated for coverage.

The New Drugs to Market program is also required when choosing the Premium formulary. Excluding medications at their market launch allows for appropriate review of evidence and overall clinical value when compared to other alternatives. This helps avoid disruption, so members do not begin new medications that become permanently excluded.

Utilization management options

Utilization management (UM) programs help further promote quality and savings opportunities, especially when offered with the Premium formulary. We offer a broad range of options to support clinical decisions and focus on positive health outcomes.

The Premium formulary encourages members to use lower-cost alternatives through exclusions and prior authorization.

A Healthier You

Take control, get healthier, earn chances to win great prizes

In 2027, we will continue the annual primary care provider preventive visit and labs for employees on our health plan. Preventive care is routine healthcare that includes screenings and labs to help prevent illness, disease or other health problems. Along with a healthy lifestyle, taking basic preventive care steps can immensely improve your health in the future and reduce healthcare costs. Employees who do not participate will be assessed a $50/month premium differential. The Physician Screening Form and other useful wellness tools are available through A Healthier You.

The A Healthier You™ program gives you convenient online and mobile access to wellness tools that you can use to live your healthiest life. Plus, the more you visit, the more chances you'll have to win gift cards to some popular retailers.

TWO ways to connect

Log into MyBlueKC.com

Visit your A Healthier You portal from your computer using Google Chrome, then click on Health & Wellness.

Download the App

Go to your app store, then search for Blue KC A Healthier You app.

Download on the App Store

GET IT ON Google Play

Scan this code or visit the app store to download the app to your favorite device.



With every tap, create a healthier you

- **TAKE YOUR HEALTH RISK ASSESSMENT.**
- **CONNECT A DEVICE TO TRACK YOUR STEPS, SLEEP, NUTRITION AND MORE.**
- **GET REMINDERS FOR PREVENTIVE EXAMS.**
- **COMPLETE HEALTH ACTIONS TO EARN POINTS TO ENTER MONTHLY SWEEPSTAKES.**



GO ONLINE. For a closer look at A Healthier You, **download the Blue KC A Healthier You app**, or **visit your A Healthier You portal on MyBlueKC.com** – your healthy place for wellness support and helpful digital tools.

Blue Cross Blue Shield of Kansas City Resources

Access Member Tools and Resources by Registering at MyBlueKC.com

- View coverage details (copays, deductibles, out-of-pocket maximums, etc.)
- Review claims activity and history
- Print a temporary ID card or order a new ID card
- View frequently asked questions
- Registered nurses are available to provide immediate assistance and advice on medical treatment

Chronic Condition Management Program

With a growing incidence of chronic disease in the U.S., it's essential for Blue KC to teach our members how to self-manage their chronic conditions, avoid potential problems, and keep certain health issues from getting worse.

Our dedicated, in-house registered nurses provide specialized support based on your condition, as well as helping you stay on track with care reminders. Our in-house social workers help members with chronic conditions address social determinants of health, involving access to food, transportation, and more, which can pose additional challenges.

Conditions Supported by the Blue KC Chronic Management Program:

- High Blood Pressure
- Heart Disease
- Pediatric Asthma
- Heart Failure
- Pediatric Diabetes
- Behavioral Health (Depression, Stress, Anxiety)**
- Asthma
- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)

**Collaborative Case Management in partnership with Mindful by Blue KC

Blue KC Care Management App

Tap Into Wellness – Support is Just One Touch Away

With the Blue KC Care Management app, you can find resources and personalized support from the Blue KC Care Team for chronic conditions (diabetes, asthma, etc.), cancer, maternal health and more.

Members can manage their health needs in between doctor's visits by using the app to:

- Chat with a Blue KC nurse
- Access clinically approved articles and videos
- Set appointment and medication reminders
- Track individual progress and milestones
- Get ideas for daily tasks to help you reach your goals

Available on the Google Play and Apple app stores. Simply search "Blue KC Care Management" and use access code: **kchealth**





Diabetes Management – Livongo

Covered Benefit for Qualified Members!

If you or a covered dependent have diabetes, Livongo for Diabetes provides a simple, advanced blood glucose meter, and as many strips and lancets as you need, at no cost to you.

- Report directly from your meter
- Reorder strips right from your meter
- Automatic uploads means no more paper logbooks
- Personalized tips with each blood glucose check
- Optional family alerts keep everyone in the loop
- Real-time support when you're out of range



This program is offered at no additional cost to Blue KC members and covered dependents with diabetes through Northwest's health plan. Livongo is an independent company that manages the diabetes management program on behalf of Blue KC.

If you or a covered dependent have diabetes, join today at **join.livongo.com/BLUEKC/register** or call **800.945.4355**.

Use registration code: **BLUEKC**

Diabetes Prevention – Solera

Blue KC's Diabetes Prevention Program helps members find steps and tools that can help them in their quest to lose weight and might reduce their risk of developing Type 2 diabetes. It's available online or in-person and provides milestones to keep them on track.

FREE FOR MEMBERS — Eligible participants can take part in this lifestyle program.

PICK THE RIGHT PROGRAM FOR YOU — Choose from a variety of programs, from personal coaching to group meetings.

KEY PROGRAM POINTS:

- 12-month program
- 16 weekly sessions, then monthly sessions for the balance of a year
- Once qualified, you will be matched with an industry-leading network partner, based on preferences
- You will have a variety of DPP options to choose from: in person, online, via smart phone or text based

USE FREE TOOLS — Once engaged, you can get a wireless scale or an activity tracker.

Visit Solera4me.com/BlueKC to take a one-minute quiz!

Mindful by Blue KC

Behavioral Health Services for Blue KC Members

Behavioral health issues, including mental health and substance abuse, are among the most common health issues in the nation — and among the most misunderstood. In a given year, one in five Americans will experience a mental issue.* Yet many people ignore their mental health and never reach out for help, and conditions like depression and anxiety go untreated.

Mindful By Blue KC is an integrated and comprehensive set of services and tools available to members to target unmet behavioral health needs. Our range of innovative solutions is aimed at reducing stigma, improving access, and lowering behavioral healthcare costs. Our Mindful Advocates are available 24 hours a day, seven days a week at 833-302-MIND for help navigating behavioral health benefits and services. They're here to evaluate members' needs and direct them to the appropriate care path.

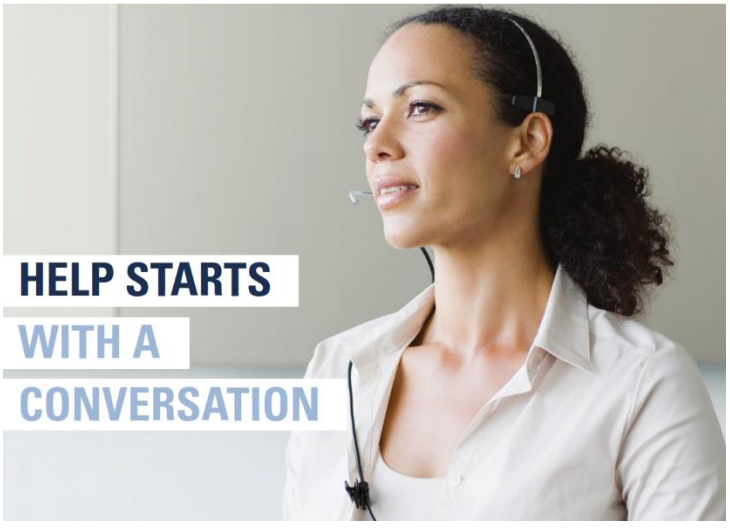
IT ALL STARTS WITH THE MINDFUL ADVOCATE

Blue KC's Mindful Advocates are licensed behavioral health clinicians who match you to providers and services when you need them, including listening, navigating care, crisis management, benefits guidance, connecting you to care, and any necessary follow-up.

No matter what you're facing, a Mindful Advocate is available 24/7 and is just a call away for topics including:

- Major life events (divorce, loss, etc.)
- Child care
- Stress
- Other everyday life challenges
- Financial issues
- Navigating care

A Mindful Advocate can help members access tools including in-person, text, online therapy, and virtual visit options specific to the members' behavioral healthcare needs.



For help or information about your services

TALK WITH A MINDFUL ADVOCATE 24 HOURS A DAY, 7 DAYS A WEEK.

833-302-MIND (6463) or call the behavioral health number on the back of your member ID card

MindfulBlueKC.com

Dental Insurance

Northwest Missouri State University offers a dental program through Delta Dental of Missouri. The chart below is a brief outline of the benefits offered. Your Plan Document has full coverage details, limitations and exclusions.

Remember, by using an In-Network provider you will, on average, pay less for the services covered. To find an In-Network provider near you, visit www.deltadentalmo.com, and select the "Delta Dental PPO" Network.

The PPO Network is considered In-Network and will give you the most discounts for the services you need. The Premier Network is also considered In-Network, however, the discounts are not as deep as the PPO Network.

	Delta Dental of Missouri Dental Plan		
	PPO Network	**Premier Network**	**Out-of-Network Benefits**
	Based on applicable PPO Maximum Plan Allowance – No balance billing	Based on applicable Premier Maximum Plan Allowance – No balance billing	Based on applicable Maximum Plan Allowance for out-of-network dentist – Balance billing is possible
Annual Deductible			
Individual	$50		
Family	$50 per person		
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person	$1,000		
Preventive	100%	100%	100%
Basic	80%	80%	70%
Major	50%	50%	50%
Orthodontia			
Benefit Percentage	50%	50%	50%
Adults (and Covered Full-Time Students, if Eligible)	Covered	Covered	Covered
Dependent Child(ren)	Covered	Covered	Covered
Lifetime Maximum	$1,000		

Balance billing occurs when a healthcare provider bills a patient for the difference between the amount the provider charges and the amount your insurance company pays. This can happen when you see an out-of-network provider.

Employee Contributions (Bi-Weekly)	
Employee Pays 100%	
Employee	$15.55
Employee & Spouse	$29.63
Employee & Child(ren)	$46.31
Family	$60.35

Vision Insurance

Northwest Missouri State University offers a vision plan through EyeMed. The chart below is a brief outline of the benefits offered. Your Plan Document has full coverage details, limitations and exclusions.

	EyeMed Vision Plan	
	In-Network Benefits	Out-of-Network Benefits
Copay		
Routine Exams (Annual)	$10 copay	Up to $40 reimbursed
Vision Materials		
Materials Copay	$0 copay	Up to $91 reimbursed
Lenses - Single, Bifocal, Trifocal, Lenticular - Progressive – Standard	$25 copay $80 copay	Reimbursement benefit varies by type of lens
Contacts - Elective - Medically Necessary	$0 copay; $130 allowance $0 copay; paid in full	Up to $91 reimbursed Up to $300 reimbursed
Frames	$0 copay; $130 allowance	Up to $91 reimbursed
Frequency of Benefits - Exam - Frames - Lenses - Contacts *Plan allows either contacts & frame, or lens & frame per benefit year	Once every plan year Once every plan year Once every plan year Once every plan year	Once every plan year Once every plan year Once every plan year Once every plan year

Employee Contributions (Bi-Weekly)	
Employee Pays 100%	
Employee	$3.10
Employee & Spouse	$6.00
Employee & Child(ren)	$5.05
Family	$7.90

Life and AD&D

Northwest Missouri State University provides Basic Life and AD&D benefits to eligible employees through The Hartford. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Hartford Life and Accident Insurance Co Basic Life and AD&D	
Benefit	**Employee**
Benefit Amount	1 Times Earnings
Benefit Maximum	$150,000
Guaranteed Issue	$150,000
AD&D Benefit	Included
Age Reduction	35% at age 70 55% at age 75 70% at age 80

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



Voluntary Term Life

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability. Dependents can elect one of two options for their Basic Life benefit.

- You may increase your current voluntary life benefit in $10,000 increments, to a maximum of 5x annual salary
- You can request to increase your current voluntary life benefit by more than $10,000, to a maximum of 5x annual salary, but must submit evidence of insurability and be approved by The Hartford
- If you do not currently have voluntary life insurance, you can request to enroll in $10,000 increments, to a maximum of 5x annual salary, but must submit evidence of insurability and be approved by The Hartford
- If you wish to enroll in coverage in excess of $300,000, you must submit evidence of insurability and be approved by The Hartford

The employee contribution for voluntary life insurance depends on your age and the amount of coverage you elect. Dependents contributions are listed as a per dependent basis.

Hartford Life and Accident Insurance Co Voluntary Term Life		
Benefit	**Employee**	**Dependent Life**
Benefit Amount	Increments of $10,000 up to $450,000	Option 1: Spouse $10,000 & Child $5,000 Option 2: Spouse $20,000 & Child $10,000
Benefit Maximum	5x salary or $450,000 *Combined Basic & Supplemental not to	Spouse: $20,000 Child: $10,000
Guaranteed Issue	$300,000	Spouse: $20,000 Child: $10,000
Age Reduction	35% at age 70 55% at age 75 70% at age 80	Spouse: N/A Child: Age 25

Employee Voluntary Term Life Monthly Rate Per $1,000			
Age	0-39	40-49	50+
Rate	$0.066	$0.1650	$0.484

How to Calculate Voluntary Life Contribution

$_____ ÷ 1,000 X _____ = _____

Benefit Amount | Rate from table above | Estimated monthly premium

Dependent Voluntary Life Monthly Contribution	
Option 1	Option 2
$2.24 per dependent	$4.47 per dependent

Long-Term Disability Insurance

Northwest Missouri State University provides long-term income protection through The Hartford in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $10,000. Benefit payments begin after 180 days of disability.

Please see the summary plan description for complete plan details.

Hartford Life and Accident Insurance Co Long Term Disability	
Benefit Percentage	60%
Maximum Monthly Benefit	$10,000
Elimination Period	180 days
Benefit Duration	Social Security Normal Retirement Age

WHO IS ELIGIBLE?

You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health. This coverage is subject to a pre-existing condition exclusion. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

WHEN CAN I ENROLL?

Your employer will automatically enroll you for this coverage.

WHEN DOES THIS INSURANCE BEGIN?

This insurance will become effective on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 3 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Additional Bearcat Advantages

- Fitness center — Employees and their spouses are able to use the Foster Fitness Center and Student Rec Center FREE of charge. Employees can also utilize the track at Hughes Field House FREE of charge.
- Workers' Compensation — coverage for on-the-job injuries.
- Bearcat Shop — discount of 10% available with your Bearcat ID.
- Additional paid leave — vacation, sick, personal, bereavement, jury duty, and military leave options available.
- Reduced tuition — available for employees, spouses, and eligible dependents upon hire.
- Cell phone discounts — please check with your local cell phone provider for discounts.
- University and Maryville Public Library access — available for employees and families.
- MOST — Missouri's 529 college savings plan available through payroll deduction.



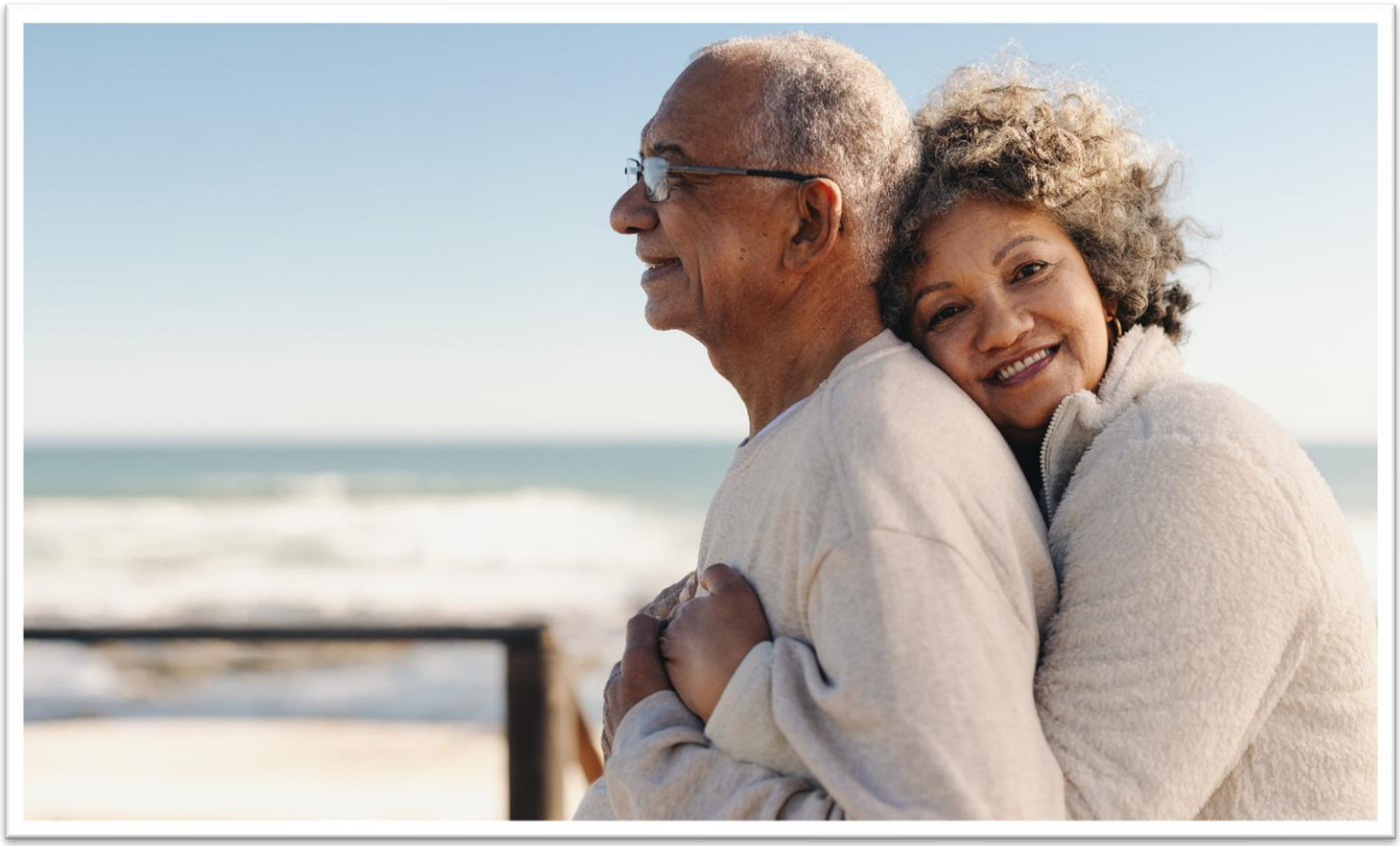
Retirement Options

Northwest contributes to either MOSERS (Missouri State Employees' Retirement System) or CURP (College and University Retirement Plan), depending on your classification of employment. For more information about your retirement benefits through Northwest, please contact the Office of Human Resources.

If you would like to contribute to a retirement account above and beyond what Northwest provides, there are supplemental plans for you to choose from. Such plans include traditional and Roth 403(b) as well as traditional and Roth 457 options. Northwest has four approved vendors you can choose to work with in order for your contributions to be withheld from your monthly paycheck via payroll deduction:

- OMNI/TSA Website: https://www.tsacg.com/individual/plan-sponsor/missouri/northwest-missouri-state-university/

Supplemental retirement options can be made at any time. Contact HR with questions.



Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

Northwest Missouri State University is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

Carrier Contacts

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Blue Cross and Blue Shield of Kansas, Inc.	888-989-8842	www.Mybluekc.com
Flexible Spending Account	Associated Bank	800-270-7719	www.associatedbank.com
Health Savings Account (HSA)	Optum	877-470-1772	https://www.optum.com/en/financial-services/health-savings-accounts.html
Dental PPO	Delta Dental of Missouri	800-335-8266	www.deltadentalmo.com
Vision	EyeMed	1-866-800-5457	https://www.eyemed.com/en-us
Life and AD&D	Hartford Life and Accident Insurance Co	1-888-563-1124	www.thehartfordatwork.com
Voluntary Life	Hartford Life and Accident Insurance Co	1-888-563-1124	www.thehartfordatwork.com
Long Term Disability (LTD)	Hartford Life and Accident Insurance Co	1-800-549-6514	www.thehartfordatwork.com
Employee Assistance Program (EAP)	ComPsych	800-964-3577	www.guidanceresources.com ID: HLF902 Name: ABILI
Retirement (NWMSU contributions)	MOSERS/CURP	800-827-1063	www.mosers.org
403(b)	OMNI/TSA	1-888-796-3786	https://www.tsacg.com/individual/plan-sponsor/missouri/northwest-missouri-state-university/

This brochure summarizes the benefit plans that are available to Northwest Missouri State University eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

ADA NOTICE REGARDING WELLNESS PROGRAMS

Northwest Missouri State University's wellness program is a voluntary to all employees enrolled in the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete an annual routine physical and biometric screening with your primary care physician. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an employee contribution. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Northwest Missouri State University may use aggregate information it collects to design a program based on identified health risks in the workplace, Northwest Missouri State University wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information will be you and your primary care physician.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting

your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Brooke Hull
800 University Drive
Maryville, MO 64468
660-562-1129
BBadger@nwmissouri.edu

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Important Notice from Northwest Missouri State University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Northwest Missouri State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Northwest Missouri State University has determined that the prescription drug coverage offered by the BlueCrossBlueShield Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

OMB 0938-0990

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Northwest Missouri State University coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Northwest Missouri State University coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Northwest Missouri State University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	01/01/2027
Name of Entity/Sender:	Northwest Missouri State University
Contact--Position/Office:	Brooke Hull
Address:	800 University Drive, Maryville, MO 64468
Phone Number:	660-562-1572

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Employer Name Northwest Missouri State University		2. Employer Identification Number (EIN) 44-6000301
3. Employer address 800 University Drive		4. Employer phone number 660-562-1572
5. City Maryville	6. State MO	7. ZIP code 64468
8. Who can we contact about employee health coverage at this job? The Office of Human Resources		
9. Phone number (if different from above) 660-652-1127	10. Email address hrwebpq@nwmissouri.edu	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [x] All full-time employees working 30 or more hours per week

- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    Employee's legal spouse and children who are age 26 or younger. For a complete list of dependent eligibility, please contact the Office of Human Resources.

[x] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.