



## Northwest Missouri State University Insurance Plans - 2024

### 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	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,080.10	\$1,038.44	\$41.66
Employee + Spouse	\$2,137.14	\$1,502.36	\$634.78
Employee + Child(ren)	\$1,954.82	\$1,337.63	\$617.19
Family	\$3,011.03	\$2,006.55	\$1,004.48
Family (2 NW Employee)	\$3,011.03	\$2,314.85	\$696.18
Base Plan \$40,000-\$59,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,080.10	\$1,016.93	\$63.17
Employee + Spouse	\$2,137.14	\$1,457.60	\$679.54
Employee + Child(ren)	\$1,954.82	\$1,297.51	\$657.31
Family	\$3,011.03	\$1,941.90	\$1,069.13
Family (2 NW Employee)	\$3,011.03	\$2,240.26	\$770.77
Base Plan \$60,000-\$99,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,080.10	\$977.96	\$102.14
Employee + Spouse	\$2,137.14	\$1,395.23	\$741.91
Employee + Child(ren)	\$1,954.82	\$1,249.68	\$705.14
Family	\$3,011.03	\$1,867.31	\$1,143.72
Family (2 NW Employee)	\$3,011.03	\$2,140.81	\$870.22
Base Plan \$100,000+	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,080.10	\$905.38	\$174.72
Employee + Spouse	\$2,137.14	\$1,283.30	\$853.84
Employee + Child(ren)	\$1,954.82	\$1,137.04	\$817.78
Family	\$3,011.03	\$1,705.70	\$1,305.33
Family (2 NW Employee)	\$3,011.03	\$1,991.63	\$1,019.40

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

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

- Deductible: \$3,200 individual/\$6,400 family
- Out-of-Pocket Maximum: \$3,000 individual/\$6,000 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	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$993.24	\$952.92	\$40.32
Employee + Spouse	\$1,963.40	\$1,336.25	\$627.15
Employee + Child(ren)	\$1,793.46	\$1,188.27	\$605.19
Family	\$2,762.87	\$1,787.66	\$975.21
Family (2 NW Employee)	\$2,762.87	\$2,071.58	\$691.29
QHDHP + HSA \$40,000-\$59,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$993.24	\$932.76	\$60.48
Employee + Spouse	\$1,963.40	\$1,288.62	\$674.78
Employee + Child(ren)	\$1,793.46	\$1,142.30	\$651.16
Family	\$2,762.87	\$1,713.59	\$1,049.28
Family (2 NW Employee)	\$2,762.87	\$1,997.52	\$765.35
QHDHP + HSA \$60,000-\$99,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$993.24	\$897.82	\$95.42
Employee + Spouse	\$1,963.40	\$1,233.05	\$730.35
Employee + Child(ren)	\$1,793.46	\$1,088.68	\$704.78
Family	\$2,762.87	\$1,627.19	\$1,135.68
Family (2 NW Employee)	\$2,762.87	\$1,898.76	\$864.11
QHDHP + HSA \$100,000+	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$993.24	\$821.21	\$172.03
Employee + Spouse	\$1,963.40	\$1,169.55	\$793.85
Employee + Child(ren)	\$1,793.46	\$1,027.39	\$766.07
Family	\$2,762.87	\$1,528.43	\$1,234.44
Family (2 NW Employee)	\$2,762.87	\$1,750.63	\$1,012.24

**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	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: EyeMed**

- Routine Annual Exam Copay: \$10
- Lenses Copay: \$25 (Single, Bifocal, Lenticular) / \$80 (Progressive)
- Frames Copay: \$0 (\$130 allowance)
- Elective Contacts Copay (covered in lieu of frames): \$0 (\$130 allowance)
- Medically Necessary Contacts Copay (covered in lieu of frames): \$0 (paid in full)

EyeMed	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$6.19	\$0	\$6.19
Employee + Spouse	\$11.99	\$0	\$11.99
Employee + Child(ren)	\$10.10	\$0	\$10.10
Family	\$15.80	\$0	\$15.80

**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

<b>RATES</b>	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 & \$5,000 for each eligible Child(ren) **RATES** \$2.24/month

\$20,000 for spouse &amp; \$10,000 for each eligible Child(ren) \$4.47/month