



Northwest Missouri State University Insurance Plans - 2025

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	\$1,096.04	\$1,054.38	\$41.66
Employee + Spouse	\$2,168.67	\$1,533.89	\$634.78
Employee + Child(ren)	\$1,983.66	\$1,366.47	\$617.19
Family	\$3,055.46	\$2,050.98	\$1,004.48
Family (2 NW Employee)	\$3,055.46	\$2,359.28	\$696.18
Base Plan \$40,000-\$59,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,096.04	\$1,032.87	\$63.17
Employee + Spouse	\$2,168.67	\$1,489.13	\$679.54
Employee + Child(ren)	\$1,983.66	\$1,326.35	\$657.31
Family	\$3,055.46	\$1,986.33	\$1,069.13
Family (2 NW Employee)	\$3,055.46	\$2,284.69	\$770.77
Base Plan \$60,000-\$99,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,096.04	\$993.90	\$102.14
Employee + Spouse	\$2,168.67	\$1,426.76	\$741.91
Employee + Child(ren)	\$1,983.66	\$1,278.52	\$705.14
Family	\$3,055.46	\$1,911.74	\$1,143.72
Family (2 NW Employee)	\$3,055.46	\$2,185.24	\$870.22
Base Plan \$100,000+	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,096.04	\$921.32	\$174.72
Employee + Spouse	\$2,168.67	\$1,314.83	\$853.84
Employee + Child(ren)	\$1,983.66	\$1,165.88	\$817.78
Family	\$3,055.46	\$1,750.13	\$1,305.33
Family (2 NW Employee)	\$3,055.46	\$2,036.06	\$1,019.40

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

Provider: Blue Cross Blue Shield of Kansas City

- Deductible: \$3,300 individual/\$6,600 family
- Out-of-Pocket Maximum: \$3,300 individual/\$6,600 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	\$1,007.90	\$967.58	\$40.32
Employee + Spouse	\$1,992.37	\$1365.22	\$627.15
Employee + Child(ren)	\$1,819.92	\$1,214.73	\$605.19
Family	\$2,803.64	\$1,828.43	\$975.21
Family (2 NW Employee)	\$2,803.64	\$2,112.35	\$691.29
QHDHP + HSA \$40,000-\$59,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,007.90	\$947.42	\$60.48
Employee + Spouse	\$1,992.37	\$1,317.59	\$674.78
Employee + Child(ren)	\$1,819.92	\$1,168.76	\$651.16
Family	\$2,803.64	\$1,754.36	\$1,049.28
Family (2 NW Employee)	\$2,803.64	\$2,038.29	\$765.35
QHDHP + HSA \$60,000-\$99,999	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,007.90	\$912.48	\$95.42
Employee + Spouse	\$1,992.37	\$1,262.02	\$730.35
Employee + Child(ren)	\$1,819.92	\$1,115.14	\$704.78
Family	\$2,803.64	\$1,667.96	\$1,135.68
Family (2 NW Employee)	\$2,803.64	\$1,939.53	\$864.11
QHDHP + HSA \$100,000+	Total Monthly Premium	University Cost	Employee Cost
Employee Only	\$1,007.90	\$835.87	\$172.03
Employee + Spouse	\$1,992.37	\$1,198.52	\$793.85
Employee + Child(ren)	\$1,819.92	\$1,053.85	\$766.07
Family	\$2,803.64	\$1,569.20	\$1,234.44
Family (2 NW Employee)	\$2,803.64	\$1,791.40	\$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

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

DEPENDENT LIFE INSURANCE PLAN\$10,000 for spouse & \$5,000 for each eligible Child(ren) **RATES** \$2.24/month

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