Northwest Missouri State University
Insurance Plans - 2027

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 Bi-Weekly Premium	University Cost per pay period	Employee Cost per pay period
Employee Only	$602.37	$573.45	$28.92
Employee + Spouse	$1,191.86	$779.66	$412.20
Employee + Child(ren)	$1,090.19	$691.79	$398.40
Family	$1,679.23	$1,038.93	$640.30
Family (2 NW Employee)	$1,679.23	$1,224.58	$454.65
Base Plan $40,000-$59,999	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$602.37	$558.99	$43.38
Employee + Spouse	$1,191.86	$747.25	$444.61
Employee + Child(ren)	$1,090.19	$660.41	$429.78
Family	$1,679.23	$989.19	$690.04
Family (2 NW Employee)	$1,679.23	$1,174.85	$504.38
Base Plan $60,000-$99,999	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$602.37	$533.93	$68.44
Employee + Spouse	$1,191.86	$708.69	$483.17
Employee + Child(ren)	$1,090.19	$623.08	$467.11
Family	$1,679.23	$930.43	$748.80
Family (2 NW Employee)	$1,679.23	$1,108.00	$571.23
Base Plan $100,000+	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$602.37	$478.99	$123.38
Employee + Spouse	$1,191.86	$662.26	$529.60
Employee + Child(ren)	$1,090.19	$578.03	$512.16
Family	$1,679.23	$860.88	$818.35
Family (2 NW Employee)	$1,679.23	$1,040.88	$638.35

Health Insurance: QUALIFIED HIGH DEDUCTIBLE PLAN + HEALTH SAVINGS ACCOUNT (HSA) — *Provider: Blue Cross Blue Shield of Kansas City*

- Deductible: $3,500 individual/$7,000 family
- Out-of-Pocket Maximum: $3,500 individual/$7,000 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 annually to a health savings account.
For employees in the higher two salary bands, Northwest will contribute $400 annually to a health savings account.

QHDHP + HSA < $40,000	Total Bi-Weekly Premium	University Cost per pay period	Employee Cost per pay period
Employee Only	$553.93	$531.77	$22.16
Employee + Spouse	$1,094.97	$779.40	$315.57
Employee + Child(ren)	$1,000.20	$695.60	$304.60
Family	$1,540.83	$1,051.23	$489.60
Family (2 NW Employee)	$1,540.83	$1,193.19	$347.64
QHDHP + HSA $40,000-$59,999	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$553.93	$520.69	$33.24
Employee + Spouse	$1,094.97	$754.58	$340.39
Employee + Child(ren)	$1,000.20	$671.62	$328.58
Family	$1,540.83	$1,013.19	$527.64
Family (2 NW Employee)	$1,540.83	$1,155.16	$385.67
QHDHP + HSA $60,000-$99,999	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$553.93	$501.48	$52.45
Employee + Spouse	$1,094.97	$725.06	$369.91
Employee + Child(ren)	$1,000.20	$643.07	$357.13
Family	$1,540.83	$968.26	$572.57
Family (2 NW Employee)	$1,540.83	$1,104.04	$436.79
QHDHP + HSA $100,000+	**Total Bi-Weekly Premium**	**University Cost per pay period**	**Employee Cost per pay period**
Employee Only	$553.93	$459.38	$94.55
Employee + Spouse	$1,094.97	$689.52	$405.45
Employee + Child(ren)	$1,000.20	$608.63	$391.57
Family	$1,540.83	$915.08	$625.75
Family (2 NW Employee)	$1,540.83	$1,026.18	$514.65

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 Bi-Weekly Premium	University Cost per pay period	Employee Cost per pay period
Employee Only	$15.55	$0	$15.55
Employee + Spouse	$29.63	$0	$29.63
Employee + Child(ren)	$46.31	$0	$46.31
Family	$60.35	$0	$60.35

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 Bi-Weekly Premium	University Cost per pay period	Employee Cost per pay period
Employee Only	$3.10	$0	$3.10
Employee + Spouse	$6.00	$0	$6.00
Employee + Child(ren)	$5.05	$0	$5.05
Family	$7.90	$0	$7.90

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	**RATES**	age up to 39	$0.066/$1,000 in coverage
With no Medical Approval		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**	$1.12/per pay period
$20,000 for spouse & $10,000 for each eligible Child(ren)		$2.24/per pay period