

Southeast Missouri State University Benefits Orientation



Your 2015 Benefits

Your benefits are effective on your date of hire. You are allowed 31 days from date of hire to finalize benefit elections.

Medical Insurance

□ Dependent Coverage

- Dependent – A legally married spouse or a child of the employee or employee's spouse as defined by policy

- Up to age 26 regardless of student status

- If not enrolled at employee's date of hire:

Dependents can enroll during annual open enrollment

OR

Dependents can enroll within 31 days of an IRS Qualifying Change in Family Status (e.g., marriage, divorce, birth of child, change in spouse's coverage status, etc.)

Medical Insurance

- UnitedHealthcare Choice Plus (Missouri)
 - Nationwide network
 - No referrals needed
 - Emergencies – worldwide coverage

- Website: <http://www.myuhc.com>
 - Treatment Cost Estimator
 - Online Health Statements
 - Quicken Health Expense Tracker
 - Fitness and Exercise Tools and Resources

Medical Insurance

□ Coordination of Benefits

- UnitedHealthcare will coordinate benefits with other health coverage that you or your covered family members may have.
- To ensure that UnitedHealthcare has up-to-date information they will typically ask members about other health insurance coverage annually. Claims will pend initially for coordination of benefits.
- University coverage is the PRIMARY insurance for the employee

Medical Insurance

- UnitedHealthcare - Base Plan (HSA or MRA Option)

- Deductibles
 - Individual: \$1,500
 - Family: \$3,000

- 80%/20% after deductible has been met

- Out of Pocket Maximum
 - Individual: \$5,000
 - Family: \$10,000

Medical Insurance

Pharmacy Benefit Program: Base Plan - Retail

- 31-day supply

- Base Plan: copays after \$1,500 individual deductible; \$3,000 family deductible
 - RX Copays
 - Tier 1: \$10
 - Tier 2: \$35
 - Tier 3: \$60

- Half Tablet Program

Medical Insurance

Pharmacy Benefit Program: Base Plan – Mail Service

- OptumRx (90-day supply)

- Base Plan: copays after \$1,500 individual deductible; \$3,000 family deductible
 - RX Copays
 - Tier 1: \$25
 - Tier 2: \$87.50
 - Tier 3: \$150

- Half Tablet Program

Medical Insurance

- Preventive Care coverage
 - No deductible or cost share applied

- No Office Visit Copays

- Medical Reimbursement Account (MRA) option
 - Benefits are payable once any one family member has met the plan individual deductible.

- Health Savings Account (HSA) option
 - No benefits are payable until the full family deductible has been met. Family deductible can be satisfied by one family member or spread out across multiple family members.

Medical Insurance

- ❑ Full-time employee premium 100% funded by University

- ❑ Part-time premium is prorated by percentage of assignment

- ❑ University-paid supplement for dependent premiums
 - Spouse: \$125/month
 - Child(ren): \$175/month
 - Family: \$275/month

*University-paid supplement is not prorated for Part-time employees

Medical Insurance

- Base Plan - Employer Cafeteria Plan Funding:
 - \$62.50 (monthly)
 - \$31.25 (bi-weekly)

 - Prorated funding for part-time employees based on percentage of assignment

- Will apply funding to: Part-time employee portion of medical premiums, dependent medical premiums, vision and dental premiums, dependent care assistance, and medical reimbursement account or health savings account.

Medical Insurance

Base Plan: Costs

Base Plan w/HSA or MRA Option	
	Cost
Employee	\$415.74*
Spouse	\$457.31
Child(ren)	\$374.16
Family	\$789.89

*Full-time employee premium 100% funded

Medical Insurance

Base Plan: Dependent Monthly Premiums with Adjustments

	Spouse Coverage	Child(ren) Coverage	Family Coverage
Quoted Dependent Premium	\$457.31	\$374.16	\$789.89
University Supplement	(\$125.00)	(\$175.00)	(\$275.00)
Total Dependent Premium	\$332.31	\$199.16	\$514.89

Medical Insurance

- UnitedHealthcare – Accelerated Plan (MRA Option)

- Deductibles
 - Individual: \$500
 - Family: \$1,000

- 80%/20% after deductible has been met

- Out of Pocket Maximum
 - Individual: \$3,500
 - Family: \$7,000

Medical Insurance

Pharmacy Benefit Program: Accelerated Plan- Retail

- 31-day supply

- Accelerated Plan: not subject to deductible/cost share
 - RX Copays
 - Tier 1: \$10
 - Tier 2: \$35
 - Tier 3: \$60

- Half Tablet Program

Medical Insurance

Pharmacy Benefit Program: Accelerated Plan–Mail Service

- OptumRx (90-day supply)

- Accelerated Plan: not subject to deductible/cost share
 - RX Copays
 - Tier 1: \$25
 - Tier 2: \$87.50
 - Tier 3: \$150

- Half Tablet Program

Medical Insurance

- Preventive Care Coverage
 - No deductible or cost share applied

- No Office Visit Copays

- Medical Reimbursement Account (MRA) option
 - No benefits are payable until the full family deductible has been met. Family deductible can be satisfied by one family member or spread out across multiple family members.

Medical Insurance

- Full-time employee's monthly contribution to "employee only premium" based on annualized salary

<27,000	\$27,000 - \$44,999	\$45,000 - \$69,999	\$70,000 +
\$22.00	\$45.00	\$67.00	\$90.00

- Part-time premium is prorated by percentage of assignment

Medical Insurance

- Accelerated Plan - Employer Cafeteria Plan Funding:
 - \$20.83 (monthly)
 - \$10.41 (bi-weekly)

 - Prorated funding for part-time employees based on percentage of assignment

- Will apply funding to: Part-time employee portion of medical premium, employee monthly contribution.

Medical Insurance

Accelerated Plan: Costs

Accelerated Plan w/MRA Option	
	Cost
Employee	\$520.00**
Spouse	\$572.01
Child(ren)	\$468.00
Family	\$988.01

** Employee monthly contribution will apply (\$22.00 - \$90.00)

Medical Insurance

Accelerated Plan: Dependent Monthly Premiums with Adjustments

	Spouse Coverage	Child(ren) Coverage	Family Coverage
Quoted Dependent Premium	\$572.01	\$468.00	\$988.01
Plus Employee Contribution	\$22 - \$90	\$22 - \$90	\$22 - \$90
Total Premium	\$594.01-662.01	\$490.00-\$558	\$1,010.01-\$1,078.01
Less Cafeteria Plan Funding	(\$20.83)	(\$20.83)	(\$20.83)
Adjusted Premium	\$573.18-\$641.18	\$469.17-\$537.17	\$989.18-\$1,057.18

Medical Insurance

Monthly Premiums Comparison (12 Pay)

Base Plan w/HSA or MRA Option		Accelerated Plan w/MRA Option	
	Cost		Cost
Employee	\$415.74*	Employee	\$520.00**
Spouse	\$457.31	Spouse	\$572.01
Child(ren)	\$374.16	Child(ren)	\$468.00
Family	\$789.89	Family	\$988.01

* Full-time employee premium 100% funded

** Employee monthly contribution will apply (\$22.00 - \$90.00)

❖ Part-time premium is prorated by percentage of assignment

Medical Insurance

Claim Questions

- View your claims online at: <http://www.myuhc.com>
 - Select **View my Claims**
 - Select **Download Explanation of Benefits**

- Contact UnitedHealthcare
 - Toll-free number located on back of ID card

- Contact the Human Resources Office:
 - Daphine Buerck: 986-7365
 - Melissia Coffee: 651-2080
 - Dana Seabaugh: 651-5096

Medical Insurance

Medical Insurance Opt Out Provisions

- Employees can decline individual health coverage.

- If opting out:
 - Employee's premium dollars are not available
 - Cafeteria Plan Funding available (\$750 per year)
 - Cannot return to UnitedHealthcare until next annual open enrollment **or** IRS Qualifying Event
 - Must sign disclaimer form verifying intention to decline coverage

Flexible Spending Accounts

□ HealthSmart Benefit Solutions

□ Medical Reimbursement Account (MRA)

- Available for both Base Plan and Accelerated Plan
- Immediate access to annual contribution
- **“Use it or lose it”** rule; no roll over
- Applicable expenses: Deductibles, copays, coinsurance, Rx, vision, dental, and certain over-the-counter items with Rx
- Debit Card for Medical Reimbursement Account
- File claims using UHC insurance card before using debit card
- Certain over-the-counter medical items will require your doctor’s prescription to accompany a reimbursement claim.
- Substantiation of claims may be required per IRS guidelines
- Annual contribution maximum: \$2,550

Flexible Spending Accounts (continued)

- Dependent Care Assistance Program (DCAP)
 - Available for both Base Plan and Accelerated Plan
 - Monies must be available in the account in order to claim reimbursement
 - **“Use it or Lose it”** rule; no roll over
 - Applicable expenses: day care for children and elder care for adults
 - Annual contribution maximum: \$5,000

Flexible Spending Accounts (continued)

- Submitting Claims:
 - Expenses incurred through 12/31 of current year
 - Claims filing deadline: 03/31 of upcoming year
 - Claim forms can be mailed, faxed, or emailed

- Direct Deposit Option:
 - Print “Direct Deposit Authorization” from Human Resources Forms website

Questions

- ❑ Customer Service: (800) 824-5034
- ❑ Fax Claims: (866) 513-9681
- ❑ Email Claims: april.tennell@healthsmart.com
- ❑ Mail Claims:
 - 300 SE Frank Phillips Blvd. Suite 200
 - Bartlesville, OK 74003
- ❑ Website: www.maa-tpa.com

Health Savings Account Summary

- ❑ A portable, interest bearing savings account owned by the employee to pay for current and future medical expenses
- ❑ Offered with the University's Base Plan, a High Deductible Health Plan
- ❑ Works similar to a flexible spending account, yet unused monies roll over year after year and continue drawing interest
- ❑ Cannot be covered by any other health plan that is a low deductible health plan (individual deductible must be at least \$1,250)
- ❑ Cannot be enrolled in Medicare benefits
- ❑ Cannot be claimed as a dependent on someone else's tax return

Account Contributions

- ❑ Both employer and employee pre-tax contributions are permissible

- ❑ 2015 maximum contribution levels (employer and employee contributions combined)
 - \$3,350 for employee only coverage
 - \$6,650 for family coverage

- ❑ Catch-up Provision at age 55: \$1,000

- ❑ Employee contributions can be changed mid-year via form completion in Human Resources office

Account Distributions

- ❑ Tax-free if used for qualified medical expenses
 - Deductibles
 - Medicare insurance premiums
 - Cost Shares
 - COBRA premiums
 - Long Term Care Insurance premiums
 - Over-the-counter medical items
 - Out of pocket costs on medical claims (doctor's prescription required)

Keep copies of your receipts

- ❑ Monies must be available in account at time of distribution.
- ❑ Use for qualified medical expenses incurred on or after account is established
- ❑ Can apply qualified medical expenses of spouse and children, even if not covered by your medical insurance

Account Features & Set-Up

- ❑ Serviced through OptumHealth Bank
- ❑ Instructions for activating your OptumHealth Bank account will be sent from the Human Resources Office
- ❑ Welcome Kit and Debit MasterCard mailed to employee once account is opened.
- ❑ Optional mutual fund investment – enroll in the eSaver schedule to waive fee charges
- ❑ All set up and monthly fees paid by University while having Base Plan medical coverage

Account Features (continued)

- ❑ Checkbook Usage – checks are issued for a fee of \$10 for a book of 25
- ❑ Online banking including bill payment and electronic monthly statements
- ❑ File claim with UnitedHealthcare first before using your HSA funds

Questions

UnitedHealthcare

- ❑ Phone: (800) 791-9361
- ❑ Visit: www.myuhc.com

OptumHealth Bank

- ❑ Phone: (866) 234-8913
- ❑ Visit: <http://www.optumhealthbank.com>

Vision Insurance

- Vision Service Plan (VSP)
 - Two Plan Options
 - Plan A (Low Option plan)
 - Plan B (High Option plan)
 - List of network providers (VSP Signature) can be located at: www.vsp.com
 - Extra Discounts & Savings
 - Laser Vision Correction
 - Glasses & Sunglasses

Vision Insurance (continued)

Plan A-Exam Plus

- In-Network providers:
 - Annual eye exam with a \$10 copay
 - 20% discount on lenses and frames
 - 15% discount off the contact lens exam

Vision Insurance (continued)

Plan B-Signature Plan

- In-Network providers:
 - Annual eye exam - \$10 copay
 - Prescription glasses - \$25 copay
 - Lenses – every 12 months
 - Single vision, lined bifocal, lined trifocal
 - Frame – every 24 months
 - \$130 allowance
 - 20% off amount over allowance
 - Contact Lens Care-every 12 months
 - No copay
 - 15% discount off the contact lens exam
 - \$130 allowance for contacts and the contact lens exam

Vision Insurance (continued)

Monthly Premiums (12 Pay)

Exam Plus - Plan A		Signature Plan - Plan B	
	Cost*		Cost*
Employee	\$3.05	Employee	\$11.44
Employee + Spouse	\$4.30	Employee + Spouse	\$18.35
Employee + Child(ren)	\$4.37	Employee + Child(ren)	\$18.73
Family	\$6.46	Family	\$30.22

*Total premium includes employee only cost.

Dental Insurance

- Delta Dental of Missouri

- Two Plan Options
 - Plan A (Low Option plan)
 - Plan B (High Option plan)
 - Annual Maximum (per person/year): \$1,000
 - Networks: Delta Dental PPO and Premier

- Listing of Network providers can be located at:
<http://www.deltadentalmo.com>

Dental Insurance

□ Two Delta Dental Networks

- **PPO Network** – Charges will be based on a reduced fee schedule.
- **Premier Network** – Fee schedule based on contractual agreement.

□ Out of Network

- You will be responsible for the difference between the dentist's charge and Delta's maximum plan allowance.
- You will be responsible for filing your own claim forms.

Dental Insurance (continued)

Plan A (Low Option plan)

- Coverage A Services only at 100% of UCR
 - Oral exams – twice in any benefit year
 - Fluoride treatment for patients under age 14 – once in any benefit year
 - Molar sealants for dependent children under age 16 – once in 5 years
 - Bitewings x-rays: one set in any benefit period

Dental Insurance (continued)

Plan B (High Option plan)

- Individual Deductible: \$50
 - Deductible waived for Coverage A Dental Services
 - Includes Coverage A, B, C and D
-
- Coverage A Services (100% of UCR)
 - Oral exams – twice in any benefit year
 - Fluoride treatment for patients under age 14 – once in any benefit year
 - Molar sealants for dependent children under age 16 – once in 5 years
 - Bitewing x-rays: one set in any benefit period

Dental Insurance (continued)

□ Coverage B Services

- Fillings, extractions, full-mouth x-rays covered at 80% after \$50 deductible

□ Coverage C Services

- Periodontics, endodontics, surgical extractions, crowns, complex oral surgery, bridges at the following schedule after \$50 deductible:
 - 1st year – covered at 10%
 - 2nd year – covered at 25%
 - 3rd year and beyond – covered at 50%

❖ *Begins at date of service*

Dental Insurance (continued)

□ Coverage D Services

- Orthodontia care for dependent children to age 19 at 50%
- Lifetime maximum: \$1,500, available starting in 3rd year of coverage
- Orthodontics is not covered for care started prior to the 3rd year of benefits

Dental Insurance (continued)

Monthly Premiums (12 Pay)

Delta Dental - Plan A			Delta Dental - Plan B	
	Cost*			Cost*
Employee	\$13.18		Employee	\$30.46
Employee + Spouse	\$28.26		Employee + Spouse	\$60.12
Employee + Child(ren)	\$43.88		Employee + Child(ren)	\$76.22
Family	\$58.10		Family	\$109.80

- ❖ Total premium includes employee only cost.

Paid Time Off (PTO) System

PTO Accrual Schedule for Full-Time Staff

Years of Service	Salaried Staff Paid Monthly	Biweekly Paid Staff	Annual Equivalent
0 through 4th	14.34 hours per month	6.62 hours per pay period	21.50 days
5th through 14th	17.67 hours per month	8.16 hours per pay period	26.50 days
15th year and over	21.00 hours per month	9.70 hours per pay period	31.50 days

- Balances roll over from year to year
- 92 hours of required PTO per year
- Maximum accrual: 340 hours
- Termination payout maximum: 240 hours
- Union accrue at a different rate

Paid Time Off (PTO) System

PTO Accrual Schedule for Part-Time Staff

Years of Service	Salaried Staff Paid Monthly	Biweekly Paid Staff	Annual Equivalent
0 through 4th	6.67 hours per month	3.08 hours per pay period	10 days
5th through 14th	10.00 hours per month	4.62 hours per pay period	15 days
15th year and over	13.34 hours per month	6.16 hours per pay period	20 days

- Hours will be prorated based on percentage of assignment
- Balances roll over from year to year
- Maximum accrual: 340 hours
- Termination payout maximum: 240 hours

Other Types of Leaves

- Holidays
- Funeral Leave
- Military Leave
- Jury Duty
- Election Days
- Family and Medical Leave
- Non-Medical and Non-Family Leave w/o Pay

For information on any specific leave, you can find the policy at:
http://www.semo.edu/hr/employees/leave_balances.html

Paid Sick Leave Accrual System

Unverified (Employee & Dependents)

- ❑ For first three (3) years of employment: monthly paid employees accrue 2.67 hours per month; bi-weekly paid employees accrue 1.23 hours per pay period (4 days annually)
- ❑ After three (3) years of continuous service: monthly paid employees accrue 5.34 hours per month; bi-weekly paid employee accrue 2.46 hours per pay period (8 days maximum)
- ❑ Prorated for part-time employees

Paid Sick Leave Accrual System

Verified (Employee only)

- ❑ Staff will receive 96 hours (12 days) of verified sick leave upfront
- ❑ Faculty will receive 80 hours (10 days) of verified sick leave upfront
- ❑ Hours accrued in excess of unverified maximum accrual will roll over into verified sick leave bank (maximum of 1040 hours)
- ❑ Verified sick leave qualifies for up to 6 months of additional service credit under MOSERS.
- ❑ Prorated for part-time employees

Short Term Disability

- ❑ Complete a 6 month probationary period
- ❑ 30 Calendar Day Elimination Period
 - May use Paid Sick Leave or PTO
- ❑ After Elimination Period options:
 - Use any remaining 100% paid sick leave/PTO available **or** use Short Term Disability Paid Sick Leave at 60% pay (Cannot use leave time to supplement Short Term Disability) for up to five additional months
 - Contact the HR Dept if you are going to be out for an extended period of time to discuss options

Long Term Disability

- ❑ Anthem Life
- ❑ LTD is for individuals who are certified by a physician as having a disability which does not allow them to continue employment
- ❑ Elimination Period: 180 days
- ❑ LTD payments are based on 60% of salary, offset by Social Security Disability award

Disability Insurance Timeline

Short and Long Term Disability Timeline						
Short Term Disability Elimination Period	Your Options: Use any remaining 100% paid sick leave/PTO available <u>OR</u> use Short Term Disability Paid Sick Leave at 60% Pay					If approved, Long Term Disability begins
30 Days	60 Days	90 Days	120 Days	150 Days	180 Days	After completing the 180 days waiting period
<i>Based on calendar days</i>						

Life Insurance

- Anthem Life

- Basic Life Insurance

- The University provides up to 2 ½ x base salary coverage up to a maximum of \$50,000 at no cost to the employee

- Term Coverage – ends upon termination of employment

Life Insurance (continued)

- Supplemental Life Insurance

- 1x, 2x, or 3x base salary coverage
 - Guarantee issue limit is the lesser of 3x your base salary or \$100,000, without evidence of insurability, if enrolling as a new employee.

Rates

<40	\$0.06 per thousand/per month
40 – 49	\$0.15 per thousand/per month
50 & over	\$0.54 per thousand/per month

Life Insurance (continued)

- Dependent Life Insurance
 - Legally married spouse and eligible children
- Dependent children can be covered up to age 19; or 24 if full time student
- One price covers all dependents, not per person

	<u>Cost</u>
\$5,000 policy	\$1.50 per month
\$10,000 policy	\$3.00 per month
\$15,000 policy	\$4.50 per month

Long Term Care Insurance

□ LifeSecure

- Benefits for custodial and skilled care needs
- Coverage is portable
- Benefits available to employee's spouse, adult children, parents and grandparents
- Contact Information
 - Two Rivers Insurance Services: (800) 728-9620
 - www.yourlifecure.com, login – Groups and Associations, code – 00260v

Retirement Benefits

MOSERS

- Missouri State Employees Retirement System
 - Faculty & Staff

CURP

- College and Universities Retirement Program
 - Faculty
 - Staff with Academic Rank per contract

Retirement Benefits (continued)

- ❑ MOSERS

- ❑ Southeast contributes:
 - FY15: 16.97% FY16: 16.97%

- ❑ Employee contributes:
 - 4% of pay
 - Refund - Interest is calculated on 52 week Treasury Bill rate

- ❑ Vesting
 - 10 years

- ❑ Interactive web site – www.mosers.org

Retirement Benefits (continued)

- ❑ CURP

- ❑ Southeast contributes:
 - FY15: 6.16% FY16: 5.89%

- ❑ TIAA-CREF will automatically...
 - Designate your estate as beneficiary of your contract
 - Invest contributions to TIAA-CREF Lifecycle Funds (asset allocation)

- ❑ Contact:
 - www.tiaa-cref.org/curp
 - Telephone Counseling Center: (800) 842-2776

Other Retirement Options

Tax Sheltered Annuity Investment

(403(b) Tax Deferred Annuities/457 Deferred Compensation)

- Payroll reductions available

□ Three Easy Steps:

- Contact an authorized Broker/Fund Company
- Complete Salary Reduction Agreement Form
- Submit "Salary Reduction Agreement Form" to the Human Resources Office for processing

Educational Benefits

Employee Tuition Fee Waiver Program

- Credit-bearing courses only
- Must earn "C" or better grade
- Funding of undergraduate incidental fees: 90%
- Funding of graduate incidental fees: 70%
- Must apply every semester
- Online application via the Portal must be submitted by the first day of classes for the semester

Educational Benefits (continued)

Dependent Tuition Reimbursement Program

- Legally married spouse and eligible dependent children
- Undergraduate Courses only (up to 132 hours)
- Must earn "C" or better grade
- Reimbursement at end of each semester: 50%
- Must apply at beginning of academic year (August)
- Online application via the Portal must be submitted by the first day of classes for the semester

Educational Benefits (continued)

Cooperative Graduate Program

- Graduate courses offered in partnership between Southeast and another state institution
 - Masters in Higher Education Administration (University of Missouri – St. Louis)
 - Doctor of Education in Education Leadership (University of Missouri – Columbia)
- Reimbursement for courses with “B” or better grade: 70%
- Print “Cooperative Graduate Program Reimbursement Request Form” from the Human Resources forms website

Employee Assistance Program

Personal Assistance Services (PAS)

- Benefits to you and your immediate family
 - Per year per dependent

- Provides six free, confidential counseling
 - Family problems and relationship issues
 - Job conflicts and concerns
 - Grief and loss issues
 - Stress related emotional issues
 - Depression and anxiety
 - Alcohol and drug concerns

- Call PAS directly to schedule an appointment:
 - (800) 356-0845

Additional Benefits...

- ❑ Group Banking Benefit Program
- ❑ Missouri State Credit Union
- ❑ M.O.S.T. Program
- ❑ Discounts for Recreation Services
- ❑ AFLAC's Personal Cancer Indemnity Plan

My Southe@st

- ❑ <http://portal.semo.edu>

- ❑ Southeast Key required
 - Contact IT Department – (Extension: 2217)
 - Building Location : GS1

- ❑ Allows access to:
 - Benefits and Deductions
 - Leave Balances
 - Pay Information
 - Tax Forms (W4 information, W2 Form)
 - Time Sheet

Any Questions?

Visit our Website:

<http://www.semo.edu/hr/>

Stop by our Office:

Human Resources Academic Hall, Rm 012

Call Us:

Daphine Buerck: 986-7365

Melissia Coffee: 651-2080

Dana Seabaugh: 651-5096