

Southeast Missouri State University Benefits Orientation



SOUTHEAST MISSOURI
STATE UNIVERSITY • 1873

Your 2019 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 Option)
- Deductibles
 - Individual: \$2,000
 - Family: \$4,000 (No one in family is eligible for benefits until the family deductible is met.)
- 80%/20% after deductible has been met
- Out of Pocket Maximum
 - Individual: \$6,650
 - Family: \$7,350 (If more than one person in a family is covered under the policy, the single coverage out-of-pocket limit does not apply.)

Medical Insurance

Pharmacy Benefit Program: Base Plan - Retail

- 31-day supply

- Base Plan: copays after \$2,000 individual deductible; \$4,000 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 \$2,000 individual deductible; \$4,000 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 – all services go towards deductible including prescriptions

- Health Savings Account (HSA) option

Medical Insurance

- ❑ Employees 75% FTE and greater – University funds 100% of premium (\$548.51)
- ❑ Employees between 50% and 74% FTE – University funds 70% of premium

Medical Insurance

□ Base Plan with HSA Option Spouse Premium

Salary Tier	12 Month Premium	University Provided Supplement	Net Employee Premium
<\$29,999	\$603.37	\$150.00	\$453.37
\$30,000-\$49,999	\$603.37	\$125.00	\$478.37
\$50,000-\$79,999	\$603.37	\$100.00	\$503.37
\$80,000+	\$603.37	\$75.00	\$528.37

Medical Insurance

❑ Base Plan with HSA Option Child(ren) Premium

Salary Tier	12 Month Premium	University Provided Supplement	Net Employee Premium
<\$29,999	\$493.68	\$225.00	\$268.68
\$30,000-\$49,999	\$493.68	\$200.00	\$293.68
\$50,000-\$79,999	\$493.68	\$175.00	\$318.68
\$80,000+	\$493.68	\$150.00	\$343.68

Medical Insurance

□ Base Plan with HSA Option Family Premium

Salary Tier	12 Month Premium	University Provided Supplement	Net Employee Premium
<\$29,999	\$1,042.19	\$400.00	\$642.19
\$30,000-\$49,999	\$1,042.19	\$350.00	\$692.19
\$50,000-\$79,999	\$1,042.19	\$325.00	\$717.19
\$80,000+	\$1,042.19	\$300.00	\$742.19

Medical Insurance

- Base Plan - Employer Cafeteria Plan Funding:
 - \$20.83 (monthly)
 - \$10.42 (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, health savings account, vision and dental premiums, dependent care assistance.

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 \$1,300)
- ❑ 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

- ❑ 2019 maximum contribution levels (employer and employee contributions combined)
 - \$3,500 for employee only coverage
 - \$7,000 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 Optum Bank
- ❑ Instructions for activating your Optum 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

Optum Bank

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

Employee Wellness - Motion

- ❑ Rewards members for being active to help improve health
- ❑ Can earn up to \$3 per day in Health Savings Account (HSA) credits for meeting specific goals
- ❑ Spouse can also participate in MOTION if covered by University's plan

Employee Wellness - Motion

FIT Goals

- Frequency: 500 steps in 7 minutes – 6 times a day = \$1
- Intensity: 3,000 steps in 30 minutes = \$1
- Tenacity: 10,000+ total daily steps = \$1

- Incentives are deposited quarterly in HSA (Jan., April, July & Oct.)

Employee Wellness - Motion

- Employees enrolled in the Base Plan with HSA Option will receive an email (or mailer) from UHC regarding enrollment in the Motion Program
- Eligible employees must have an active HSA before enrolling
- Employees will enroll online

Employee Wellness - Motion

- ❑ UHC will distribute activity tracker, mailed to employees' home address
- ❑ Device selection program
 - Bring own device and have \$55 deposited in HSA
 - Use the \$55 credit to purchase standard device that is offered
 - Use the \$55 towards a more robust device and pay cost difference
- ❑ UHC will replace device every 2 years
- ❑ Employee responsible for cost of lost/broken device

Medical Insurance

- UnitedHealthcare – Accelerated Plan (MRA Option)
- Deductibles
 - Individual: \$1,000
 - Family: \$2,000 (No one in the family is eligible for benefits until the family coverage deductible is met.)
- 80%/20% after deductible has been met
- Out of Pocket Maximum
 - Individual: \$5,000
 - Family: \$7,350 (If more than one person in a family is covered under the Policy, the single coverage out of pocket limit not apply.)

Medical Insurance

Pharmacy Benefit Program: Accelerated Plan- Retail

- 31-day supply

- Accelerated Plan: not subject to deductible/cost share
 - RX Copays
 - Tier 1: \$15
 - Tier 2: \$40
 - Tier 3: \$75

- 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: \$37.50
 - Tier 2: \$100.00
 - Tier 3: \$187.50

- Half Tablet Program

Medical Insurance

- Preventive Care Coverage
 - No deductible or cost share applied
- No Office Visit Copays – all services go towards deductible except prescriptions
- Medical Reimbursement Account (MRA) option

Medical Insurance

□ Accelerated Plan Premium

	Cost	Total Net Monthly premium (12-month)
Employee	\$142.95	\$142.95
+ Spouse	\$760.63	\$903.58
+ Child(ren)	\$622.32	\$765.27
+ Family	\$1,313.80	\$1,456.75

*University will fund 70% of premium if employed between 50% and 74% FTE (employee cost will be \$208.48)

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, dbuerck@semo.edu
 - Dana Seabaugh: 651-5096, dnseabaugh@semo.edu
 - Leann Stinson: 651-2080, lkstinson@semo.edu

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 (\$250 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

- ❑ Medical Reimbursement Account (MRA)
- ❑ Dependent Care Assistance Account

Flexible Spending Accounts

□ Medical Reimbursement Account (MRA)

- Available with Accelerated Plan only
- 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
- Can apply qualified medical expenses of spouse and children, even if not covered by your medical insurance
- Annual contribution maximum: \$2,700

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)

- ❑ Frates Benefit Administrators
- ❑ 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

□ Frates Benefit Administrators

- Customer Service: (800) 850-7166
- Fax Claims: (405) 775-5992
- Email: info@FBA-TPA.com
- Website: www.fba-tpa.com/semofsa.html

Vision Insurance

- UnitedHealthcare

- Two Plan Options
 - Plan A (Low Option plan)
 - Plan B (High Option plan)

- List of network providers (UnitedHealthcare) can be located at: <http://myuhcvision.com>

- Do Not use your medical ID card for Vision Services
 - Vision ID card is not required
 - Vision card can be printed from myuhc.com website

Vision Insurance (continued)

Plan A-Exam Plus

- In-Network providers:
 - Annual eye exam with a \$10 copay

Vision Insurance (continued)

Plan B-Signature Plan

- In-Network providers:
 - Annual eye exam - \$10 copay
 - Prescription glasses - \$25 copay
 - Lenses – every 12 months
 - Standard scratch-resistant coating and polycarbonate lenses for dependents up to age 19
 - Standard progressive lenses covered in full
 - Frame – every 24 months
 - \$180 allowance
 - Contact Lens Care-every 12 months
 - \$130 allowance
 - In Lieu of eyeglasses

Vision Insurance (continued)

Monthly Premiums (12 Pay)

Exam Plus - Plan A		Signature Plan - Plan B	
	Cost*		Cost*
Employee	\$1.48	Employee	\$7.05
Employee + Spouse	\$2.08	Employee + Spouse	\$12.48
Employee + Child(ren)	\$2.12	Employee + Child(ren)	\$20.12
Family	\$3.13	Family	\$33.01

*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	\$13.04	Employee	\$30.14
Employee + Spouse	\$27.97	Employee + Spouse	\$59.48
Employee + Child(ren)	\$43.42	Employee + Child(ren)	\$75.41
Family	\$57.48	Family	\$108.64

- ❖ Total premium includes employee only cost.

Paid Time Off (PTO) System

PTO Accrual Schedule for Full-Time Staff

Years of Continuous Service	Salaried Staff Paid Monthly	Biweekly Paid Staff	Annual Equivalent
<1	14.34 hours per month	6.62 hours per pay period	21.52 days
1	15 hours per month	6.93 hours per pay period	22.52 days
2	15.66 hours per month	7.24 hours per pay period	23.53 days
3	16.33 hours per month	7.54 hours per pay period	24.51 days
4	17 hours per month	7.85 hours per pay period	25.51 days
5	17.67 hours per month	8.16 hours per pay period	26.52 days
6	18.33 hours per month	8.47 hours per pay period	27.53 days
7	19 hours per month	8.77 hours per pay period	28.5 days
8	19.67 hours per month	9.08 hours per pay period	29.51 days
9	20.33 hours per month	9.39 hours per pay period	30.52 days
10+	21 hours per month	9.70 hours per pay period	31.53 days

Paid Time Off (PTO) System

PTO Accrual Information for Full-Time Staff

- 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 Continuous Service	Salaried Staff Paid Monthly	Biweekly Paid Staff	Annual Equivalent
<1	6.67 hours per month	3.08 hours per pay period	10 days
1	7.33 hours per month	3.38 hours per pay period	11 days
2	8 hours per month	3.69 hours per pay period	12 days
3	8.67 hours per month	4.0 hours per pay period	13 days
4	9.33 hours per month	4.31hours per pay period	14 days
5	10 hours per month	4.62 hours per pay period	15 days
6	10.67 hours per month	4.92 hours per pay period	16 days
7	11.33 hours per month	5.23 hours per pay period	17 days
8	12 hours per month	5.54 hours per pay period	18 days
9	12.67 hours per month	5.85 hours per pay period	19 days
10+	13.33 hours per month	6.15 hours per pay period	20 days

Paid Time Off (PTO) System

PTO Accrual Information for Part-time Staff

- Hours will be prorated based on percentage of assignment
- Balances roll over from year to year
- Maximum accrual: 240 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)

- ❑ 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 up front
- ❑ Hours accrued in excess of unverified maximum accrual will roll over into verified sick leave bank
- ❑ Verified sick leave qualifies for additional service credit under MOSERS.
- ❑ 96 hours (12 days) may be taken when absence due to illness or injury of a member of his or her immediate family to be recorded on the timesheet as family verified sick leave.
- ❑ Parental leave: Employees will be provided up to 2 weeks of paid leave to bond with a child when employee is the legal parent.
- ❑ 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

- ❑ Sun Life Financial
- ❑ 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

- Sun Life Financial

- Basic Life Insurance (Employee 75%-100% FTE)
 - The University provides up to 2 ½ x base salary coverage up to a maximum of \$25,000 at no cost to the employee

 - Term Coverage – ends upon termination of employment

Life Insurance (continued)

- Supplemental Life Insurance

- 1x, 2x, 3x, 4x or 5x 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 26
- 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

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:
 - FY19: 20.21%

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

- Vesting
 - 5 years

- Interactive web site – www.mosers.org

Retirement Benefits (continued)

- CURP

 - Contributions:
 - Southeast contributes: 6%
 - Employee contributes: 2%

 - Immediately vested

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

 - Contact:
 - <https://www.tiaa.org/public/tcm/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: 80%
- Funding of graduate incidental fees: 60%
- Six Credit Hour per Semester limit
- Must apply every semester
- 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
 - Doctor of Education in Education Leadership (University of Missouri – Columbia)
- Reimbursement for courses with “B” or better grade: 60%
- Print “Cooperative Graduate Program Reimbursement Request Form” from the Human Resources forms website

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

Employee Assistance Program

E4 Health

- 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 E4 Health directly to schedule an appointment:
 - (800) 765-9124

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:

Daphne Buerck: 986-7365, dbuerck@semo.edu

Dana Seabaugh: 651-5096, dnseabaugh@semo.edu

Leann Stinson: 651-2080, lkstinson@semo.edu