

Medical & Life Insurance Plan

2011 Benefit Update



Missouri Department of Transportation
and Missouri State Highway Patrol

www.modot.mo.gov/newsandinfo/benefits.htm

1.877.863.9406

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2011 BENEFIT UPDATE

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Disclaimer: Information provided in the 2011 Benefit Update is subject to change based upon rules and regulations related to Patient Protection Affordable Care Act or other legislation.



Missouri Department of Transportation &
Missouri State Highway Patrol
MEDICAL AND LIFE INSURANCE PLAN



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September 23, 2010

All Participants of the MoDOT/MSHP
Medical and Life Insurance Plan

This 2011 Benefit Update brochure contains important information regarding changes to your benefits, effective January 1, 2011. **Please review all information carefully.**

The major benefit changes for the upcoming year are as follows:

- Copayment will increase to \$25 per in-network office visit, please see page 3 for more information.
- Due to the Patient Protection Affordable Care Act (PPACA), the Plan has made changes to your coverage for preventive care including immunizations and cancer screenings. Please see page 3 for more information along with the Summary of Benefits on page 6.
- Due to state law, the Plan will cover autism treatment. Please see page 3 for more information.
- Coverage will be extended to dependent children up to age 26. A special open enrollment will be held in October 2010, please see page 4 for more information.
- The Board, working with the Commission, MoDOT, and MSHP, elected to increase premiums for most subscribers. MoDOT and MSHP will share in the increased cost effective January 1, 2011, and will continue to pay a large share of the premium costs for Plan participants. A complete rate chart is provided on pages 9 through 12.
- Under the PPACA, this Plan believes it is a “grandfathered health plan” in order to preserve certain basic health care coverage for all Plan participants. Please see page 17 for more information.
- Coverage for surviving dependent children will end at age 26, please see the Summary Plan Document at the website listed on the front cover.
- Coverage for hearing aids will be provided for dependent children only. More information will be posted in October 2010 at the website listed on the front cover.

On behalf of the members of the Board, I would like to thank you for your efforts to contain Plan costs. If you have any questions regarding rates or benefits, please contact your insurance representative or the Employee Benefits’ staff toll-free at 1-877-863-9406.

Sincerely,

Jeff Padgett, Board Chairman
MoDOT/MSHP Medical and Life Insurance Plan Board of Trustees

Medical Plan Highlights for 2011

MEDICAL BENEFITS

Coventry Health Care

Coventry Health Care continues to provide both network and claims administration services for our Plan members in 2011. Log on to www.modot-mshp-cvty.com or call their toll free number at 800-627-6406 for additional information.

My Online Services

Coventry is committed to supporting our participant's wellbeing by offering the tools required to be accountable for your health. All participants are eligible to sign up for Coventry's *My Online Services* at www.modot-mshp-cvty.com.

My Online Services allows participants to view Explanation of Benefits (EOBs), review claims, take a Comprehensive Health Risk Assessment (HRA), and sign up for *My ePHIT*.

My ePHIT program allows participants to accumulate points to qualify towards purchases of reward items such as fitness equipment and gift cards. Please have medical card ready to enroll!

Smoking Cessation Program

Coventry offers medical plan participants a comprehensive smoking cessation program called QuitNet.

The QuitNet program addresses the challenges of quitting tobacco. Participants receive support to assist in successfully quitting tobacco use through personalized online support, phone consultations with a personal quit-smoking coach, and complimentary nicotine replacement therapy.

Enroll online at www.coventrywellbeing.com or call 1-866-577-8210. Please have medical card ready to enroll!

Autism

The Plan has been mandated to offer coverage for the diagnosis and medically necessary treatment of autism spectrum disorders when ordered by a treating physician or licensed psychologist, effective January 1, 2011. Coverage will be provided according to the law.

The treating licensed physician or licensed psychologist must submit a treatment plan, which includes such elements as diagnosis, proposed treatment by type, frequency and duration of treatment, and goals.

Copayment

The copayment for in-network office visits will increase to \$25 effective January 1, 2011. Other services received during the office visit will be applied to deductible and coinsurance. **Due to this change, all members will receive new Coventry medical identification cards prior to January 1, 2011.**

Preventive Benefit

Based on the Patient Protection Affordable Care Act, all participants' preventive care, which includes immunizations and cancer screening benefits, have been updated to comply with the new regulations effective January 1, 2011. The updates are illustrated in the Summary of Benefits, which is included on page 6.

Out-of-Network Preventive Benefit

There has been a change in benefits for out-of-network preventive care, which includes immunizations and cancer screening benefits, please reference the Summary of Benefits on page 6.

Medical Plan Highlights for 2011

Special Open Enrollment

Due to the Patient Protection Affordable Care Act, the Plan will increase the dependent child age limitation to 26 years of age and hold a special open enrollment for any dependent child who lost coverage or was denied coverage due to the age 25 limitation in 2010. In order to qualify for coverage, the dependent child must not have access to health care coverage through his/her employer and attest to such at the time of enrollment. The special enrollment period will begin October 1, 2010 and end November 1, 2010 for coverage effective January 1, 2011.

If the benefits-eligible parent is not currently enrolled, the Plan will also allow the parent to enroll during the special open enrollment period. The dependent children and parent must comply with all other eligibility requirements as outlined in the Plan's Summary Plan Document.

To enroll, the following must be received by the MoDOT Employee Benefits' Office by close of business November 1, 2010:

- an A-570 Enrollment/Change form, obtained through the Employee Benefits website at www.modot.mo.gov/newsandinfo/benefits.htm under "Forms", or by contacting your respective insurance representative;
- a social security number for all applicants;
- one copy of a U.S. birth certificate, U.S. passport, U.S. passport card, certificate of citizenship, certificate of birth abroad, certificate of naturalization, **or** valid lawful permanent resident card for all applicants;
- an affidavit attesting the dependent child does not have access to health care coverage through his/her employer.

Forms and documentation may be mailed, faxed or personally hand-delivered to:

Employee Benefits
1913 William Street, P.O. Box 270
Jefferson City, Missouri 65102
Fax: 573-526-4280

PRESCRIPTION BENEFITS

Catalyst Rx

Catalyst Rx continues to administer the prescription drug program for our Plan members in 2011.

Log on to www.catalystrx.com or call one of their toll-free numbers below:

Non-Medicare members call: 1-877-235-2013

Medicare members call: 1-877-235-1981

Pricing Tool

Catalyst Rx offers members an online enhanced drug pricing and drug inquiry feature to provide members real time assistance at controlling medication costs while receiving quality information.

To access the pricing tool:

Member ID: Catalyst Member Number

Date of Birth: Member's date of birth

Rx Group: (Not a required field)

Step Therapy

Step therapy is designed to provide safe and effective treatments for certain medical conditions that require medications on a regular basis. Step therapy is designed to encourage coverage of first-line treatment, which are well known, widely used, lower cost treatment options and represent logical first choice agents for treating a given condition.

The Plan will implement two new step therapies in 2011 for cholesterol lowering drugs and type II diabetes drugs.

For more information visit:

www.modot.mo.gov/newsandinfo/documents/2011RxStepTherapy.pdf.

General Notices for 2011

Generic Drugs

Generic Drugs are as safe and effective as brand-name drugs. The same active ingredients are used in the same dosage and strength as brand-name drugs. Sometimes the same company makes the generic drug as the brand-name drug. Before the generic drug is released, the Food and Drug Administration (FDA) reviews and approves the drug.

Ask your doctor for generic drug alternatives available to treat your medical needs. You may see a decrease in the price you pay at the pharmacy.

Notice: Women's Health and Cancer Rights Act

Beginning in 1999, Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to their benefits under the plan.

Notice: Cancer Screenings: (HB191 Legislative Session) Effective 8-28-1999

- An annual pelvic exam and pap smear for any non-symptomatic woman age 18 and over;
- A prostate exam and PSA blood test for any non-symptomatic man over the age of 50 or for younger men who are at high risk and/or have a family history of prostate cancer;
- A baseline mammogram for women 30 to 39; a mammogram every calendar year for women age 40 and over; or for any women, upon the recommendation of a physician, where such woman has a family history of breast cancer;
- Men and women age 50 or older or if a doctor prescribes at a younger age because of high risk or family history:
 - Fecal occult blood test every year and sigmoidoscopy every 5 years;
 - A colonoscopy every 10 years;
 - Double-contrast barium enema every 5 to 10 years;
 - A digital rectal exam with the sigmoidoscopy, colonoscopy or barium test.

These screenings may be subject to deductibles, copays and co-insurance.

By law, the MoDOT/MSHP Medical and Life Insurance Plan is required to annually provide notice of the Women's Health and Cancer Rights Act and Cancer Screenings (HB191).

**MoDOT/MSHP Medical Plan Summary of Benefits for Non-Medicare Participants
Effective January 1, 2011**

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This summary should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for these health services. If differences exist between this summary of benefits and the SPD, the SPD governs.

Benefit	Coventry PPO PLAN Available Statewide	
	In Network Provider	Out of Network Provider *
	Member's Responsibility (per calendar year)	
Deductible		
Individual	\$ 350	\$ 350
Family	\$ 1,050 maximum	\$ 1,050 maximum
Coinsurance	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Out-of-Pocket Maximum	per calendar year (does not include deductible and copayment)	per calendar year (does not include deductible, copayment and cost above allowed amount)
Individual	\$825	\$1,650
Family	\$2,475	\$4,950
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of allowed amount after deductible Preventive care office visits not covered for participants 7 years of age or older
Allergy Injections	10% coinsurance after deductible	20% coinsurance of allowed amount after deductible
Chiropractic Services	10% coinsurance after deductible; Benefit limited to 30 manual manipulation of the spine treatments per calendar year and 1 X-Ray by a chiropractor per calendar year <u>Office visit not covered</u>	20% coinsurance of allowed amount after deductible; Benefit limited to 30 manual manipulation of the spine treatments per calendar year and 1 X-Ray by a chiropractor per calendar year Office visit not covered
Emergency Room Services	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	\$75 copayment and 20% coinsurance of allowed amount after deductible Copayment waived if admitted or accidental injury
Immunizations Dependent Children from Birth through 6 years of Age According to "Recommended Childhood Immunization Schedules" *	\$0 copayment or 0% coinsurance of eligible expenses	20% coinsurance of allowed amount after deductible
Immunizations Dependent Children from 7 years of Age through 18 According to "Recommended Adolescent Immunization Schedules" *	\$0 copayment or 0% coinsurance of eligible expenses <u>Office visit charge applied to preventative care benefit.</u>	20% coinsurance of allowed amount after deductible Preventive care office visits not covered for participants 7 years of age or older
Immunizations Enrolled Member 19 years of Age and older According to "Recommended Adult Immunization Schedules" *	Applied to Preventive Care Benefit up to allowed amount If exhausted, applied to deductible, copayment and coinsurance	Not covered
Inpatient Hospital Care	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of allowed amount after deductible Pre-admission certification required
Maternity	10% coinsurance after deductible	20% coinsurance of allowed amount after deductible
Mental Health (MH)/Chemical Dependency (CD) - Inpatient	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of allowed amount after deductible Pre-admission certification required
Mental Health (MH)/Chemical Dependency (CD) - Outpatient	Outpatient office visit: \$25 copayment; Outpatient hospital: 10% coinsurance after deductible	20% coinsurance of allowed amount after deductible
Organ Transplants	100% coverage for transplant and 18 months following the transplant	20% of network cost to the closest in-network facility plus the difference between the network and actual cost
Preventive Care Dependent Children from Birth through 6 years of Age	\$0 copayment or 0% coinsurance for all well-child care visits	\$0 copayment or 0% coinsurance of allowed amount for all well-child care visits
Preventive Care Dependent Children 7 years of Age and Older (Non-Medicare)	\$200 (covered at 100% for preventive services only) Amount in excess of \$200 per calendar year is subject to deductible, copayment and coinsurance	Not covered
Preventive Care/ Cancer Screenings Subscriber and Enrolled Spouse (Non-Medicare)	\$350 (covered at 100% for preventive services only) Amount in excess of \$350 per calendar year is subject to deductible, copayment and coinsurance	Not covered
Surgery	10% coinsurance after deductible Pre-admission certification required, if inpatient	20% coinsurance of allowed amount after deductible Pre-admission certification required, if inpatient
Urgent Care	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of allowed amount after deductible
Pharmacy Benefit - Available Through Participating Pharmacies Only		
Deductible	\$100 per participant per calendar year	
Coinsurance	30% of costs after deductible is met (minimum \$5 copay)	
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months	
Generic Policy	If a generic is available: 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment If no generic is available: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment If brand is medically necessary and approved by Catalyst Rx: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment	
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications	
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefits number on your prescription drug card	

* Out of Network Provider service insurance payments are subject to Allowed Amount only. The Member will be responsible 100% for amounts above Allowed Amount.

Medicare Subscriber Updates

MoDOT/MSHP Medical Plan is an Approved Medicare Part D Program

Medicare subscribers enrolled in the MoDOT/MSHP Medical Plan (Plan) do not need to enroll in another Medicare Part D prescription drug program offered either directly through Medicare or through another carrier. Our Plan is an approved Part D program. The coverage provided by our Plan, on average, has been determined to be at least as good as or better than the standard Medicare Part D prescription drug coverage. This means that if you decide to continue coverage under our Plan, you may ignore the advertising you receive from various Medicare Part D plans and other sources.

Catastrophic Level

The Medicare catastrophic coinsurance level for prescription drugs per individual is \$4,550 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5% coinsurance, or \$2.50 copayment for generic drugs and 5% coinsurance or \$6.30 copayment for brand drugs.

Lovaza

Effective January 1, 2011, the Plan will discontinue coverage for Lovaza and Animi-3. If you are currently taking either of these supplements, we encourage you to talk to your doctor as soon as possible about switching from the prescription drug Lovaza or Animi-3 to an over-the-counter Multivitamin and Omega-3 Dietary Supplement equivalents.

Step Therapy

Step therapy is designed to provide safe and effective treatments for certain medical conditions that require medications on a regular basis. Step therapy is designed to encourage coverage of first-line treatment, which are well known, widely used, lower cost treatment options and represent logical first choice agents for treating a given condition.

The Plan will implement two new step therapies in 2011 for cholesterol lowering drugs and type II diabetes drugs. For more information visit:

www.modot.mo.gov/newsandinfo/documents/2011RxStepTherapy.pdf.

MoDOT/MSHP Medicare Supplement Plan Summary of Benefits Effective January 1, 2011

Listed below is a partial outline of coverage under the MoDOT/MSHP Summary Plan Document (SPD). This summary should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for health services. If differences exist between this summary of benefits and the SPD, the SPD governs.

MEDICARE SUPPLEMENT PLAN Available Nationwide			
Benefit	Medicare Assigned Claims	Medicare Non-Assigned Claims	Medicare Non-Covered Claims For Services That The Plan Covers
	Member's Responsibility		
	In-Network	Out-of-Network	
Individual Deductible per CY	\$350	\$350	\$350
Coinsurance	0%	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Individual Out-of-Pocket Maximum per CY	\$0	\$825	\$1,650
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Pharmacy Benefit - Available Through Participating Pharmacies Only			
Individual Deductible per CY	\$100		
Generic	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.		
Brand	<p>If a generic is available: 50% coinsurance of brand drug's cost (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment.</p> <p>If no generic is available: 30% coinsurance (after deductible) per calendar year at retail and mail order pharmacy with \$5 minimum copayment.</p>		
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,550 of out-of-pocket expense the cost sharing will be reduced to the greater of 5% coinsurance or \$2.50 copayment for generics and \$6.30 copayment for brands.		

**MoDOT/MSHP 2011 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2011**

Rate Category	MoDOT/MSHP Coventry PPO Plan Available Statewide		
	Premium	Employer Share	Subscribers Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$399.00	\$383.00	\$16.00
Subscriber/Family	\$1,214.00	\$1,008.00	\$206.00
Subscriber/Spouse	\$798.00	\$638.00	\$160.00
Subscriber/Child	\$798.00	\$702.00	\$96.00
Subscriber/2 Children	\$908.00	\$726.00	\$182.00
NON-MEDICARE RETIREE MEMBERS			
Retiree - Subscriber Only	\$407.00	\$244.00	\$163.00
Retiree - Subscriber/Family	\$1,238.00	\$582.00	\$656.00
Retiree - Subscriber/Spouse	\$814.00	\$342.00	\$472.00
Retiree - Subscriber/Child	\$814.00	\$383.00	\$431.00
Retiree - Subscriber/2 Children	\$926.00	\$389.00	\$537.00
Retiree - Non-Med. Sub./Medicare Child	\$682.00	\$334.00	\$348.00
Retiree - Non Med. Sub./Medicare Spouse	\$682.00	\$327.00	\$355.00
MEDICARE MEMBERS			
Retiree - Medicare Subscriber Only	\$275.00	\$165.00	\$110.00
Retiree - Medicare Sub./Non-Med. Spouse	\$682.00	\$286.00	\$396.00
Retiree - Medicare Sub./Medicare Spouse	\$550.00	\$264.00	\$286.00
Retiree - Medicare Sub/Non-Med. Family	\$1,106.00	\$520.00	\$586.00
Retiree - Medicare Sub/Medicare Family	\$974.00	\$506.00	\$468.00
Retiree - Medicare Subscriber/Child	\$682.00	\$321.00	\$361.00
Retiree - Medicare Subscriber/Med. Child	\$550.00	\$270.00	\$280.00
Retiree - Medicare Subscriber/2 Children	\$794.00	\$333.00	\$461.00
Survivor - Medicare Subscriber Only	\$275.00	\$165.00	\$110.00
Survivor - Medicare Sub/Non-Med. Family	\$1,106.00	\$520.00	\$586.00
Survivor - Medicare Sub/Medicare Family	\$974.00	\$506.00	\$468.00
Survivor - Medicare Subscriber/Child	\$682.00	\$321.00	\$361.00
Survivor - Medicare Subscriber/Med. Child	\$550.00	\$270.00	\$280.00
Survivor - Medicare Subscriber/2 Children	\$794.00	\$333.00	\$461.00

**MoDOT/MSHP 2011 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2011**

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
MEDICARE MEMBERS (continued)			
LTD - Medicare Subscriber Only	\$275.00	\$165.00	\$110.00
LTD - Medicare Sub./Non-Medicare Spouse	\$682.00	\$286.00	\$396.00
LTD - Medicare Subscriber/Medicare Spouse	\$550.00	\$264.00	\$286.00
LTD - Medicare Sub/Non-Med. Family	\$1,106.00	\$520.00	\$586.00
LTD - Medicare Sub/Medicare Family	\$974.00	\$506.00	\$468.00
LTD - Medicare Subscriber/Child	\$682.00	\$321.00	\$361.00
LTD - Medicare Subscriber/2 Children	\$794.00	\$333.00	\$461.00
WRD - Medicare Subscriber Only	\$275.00	\$259.00	\$16.00
WRD - Medicare Sub./Non-Medicare Spouse	\$674.00	\$546.00	\$128.00
WRD - Medicare Sub./Medicare Spouse	\$550.00	\$468.00	\$82.00
WRD - Medicare Sub/Non-Med. Family	\$1,090.00	\$905.00	\$185.00
WRD - Medicare Sub/Medicare Family	\$966.00	\$802.00	\$164.00
WRD - Medicare Subscriber/Child	\$674.00	\$613.00	\$61.00
WRD - Medicare Subscriber/2 Children	\$784.00	\$643.00	\$141.00
Vested - Medicare Subscriber Only	\$275.00	\$0.00	\$275.00
Vested - Medicare Sub/Non-Med. Family	\$1,090.00	\$0.00	\$1,090.00
Vested - Medicare Sub/Medicare Family	\$966.00	\$0.00	\$966.00
Vested - Medicare Sub./Medicare Spouse	\$550.00	\$0.00	\$550.00
Vested - Medicare Sub./Non-Med. Spouse	\$674.00	\$0.00	\$674.00
Vested - Medicare Subscriber/Child	\$674.00	\$0.00	\$674.00
Vested - Medicare Subscriber/2 Children	\$784.00	\$0.00	\$784.00

**MoDOT/MSHP 2011 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2011**

Rate Category	MoDOT/MSHP Coventry PPO Plan		
	Available Statewide		
	Premium	Employer Share	Subscribers Cost
OTHER PLAN CATEGORIES			
C.O.B.R.A. - Subscriber Only	\$399.00	\$0.00	\$399.00
C.O.B.R.A. - Subscriber/Family	\$1,214.00	\$0.00	\$1,214.00
C.O.B.R.A. - Subscriber/Spouse	\$798.00	\$0.00	\$798.00
C.O.B.R.A. - Subscriber/Child	\$798.00	\$0.00	\$798.00
C.O.B.R.A. - Subscriber/2 Children	\$908.00	\$0.00	\$908.00
WRD - Subscriber Only	\$399.00	\$383.00	\$16.00
WRD - Subscriber/Family	\$1,214.00	\$1,008.00	\$206.00
WRD - Subscriber/Spouse	\$798.00	\$638.00	\$160.00
WRD - Subscriber/Child	\$798.00	\$702.00	\$96.00
WRD - Subscriber/2Children	\$908.00	\$726.00	\$182.00
LTD - Subscriber Only	\$407.00	\$244.00	\$163.00
LTD - Subscriber/Family	\$1,238.00	\$582.00	\$656.00
LTD - Subscriber/Spouse	\$814.00	\$342.00	\$472.00
LTD - Subscriber/Child	\$814.00	\$383.00	\$431.00
LTD - Subscriber/2 Children	\$926.00	\$389.00	\$537.00
LTD - Non-Med. Sub./Medicare Child	\$682.00	\$334.00	\$348.00
LTD- Non-Med. Sub./Medicare Spouse	\$682.00	\$327.00	\$355.00
Survivor - Subscriber Only	\$407.00	\$244.00	\$163.00
Survivor - Subscriber/Family	\$1,238.00	\$582.00	\$656.00
Survivor - Subscriber/Child	\$814.00	\$383.00	\$431.00
Survivor - Non-Med. Sub./Medicare Child	\$682.00	\$334.00	\$348.00
Survivor - Subscriber/2 Children	\$926.00	\$389.00	\$537.00
Vested - Subscriber Only	\$399.00	\$0.00	\$399.00
Vested - Subscriber/Family	\$1,214.00	\$0.00	\$1,214.00
Vested - Subscriber/Spouse	\$798.00	\$0.00	\$798.00
Vested - Non-Med Sub./Medicare Spouse	\$674.00	\$0.00	\$674.00
Vested - Subscriber/Child	\$798.00	\$0.00	\$798.00
Vested - Subscriber/2 Children	\$908.00	\$0.00	\$908.00

**MoDOT/MSHP 2011 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2011**

Rate Category	MoDOT/MSHP Coventry PPO Plan Available Statewide		
	Premium	Employer Share	Subscribers Cost
Spouse Contribution Plans - Active Employees (These are plans where both spouses work for MoDOT or MSHP and the family or spouses are under one employees plan)			
Spouse Contrib. - Subscriber/Family	\$1,214.00	\$1,134.00	\$80.00
Spouse Contrib. - Subscriber/Spouse	\$798.00	\$766.00	\$32.00
Spouse Contribution Plans - 1 Active Employee & 1 Retired Employee (These are plans where 1 spouse works for MoDOT or MSHP and 1 spouse is retired from MoDOT or MSHP and the family or spouses are under the active employees plan)			
Spouse Contrib. - Subscriber/Family	\$1,214.00	\$1,129.00	\$85.00
Spouse Contrib. - Sub/Family w/ Med. Sp.	\$1,214.00	\$1,110.00	\$104.00
Spouse Contrib. - Subscriber/Spouse	\$798.00	\$713.00	\$85.00
Sp. Contrib. - Non-Med. Sub./Medicare Sp.	\$798.00	\$715.00	\$83.00
Spouse Contribution Plans - Retired Employees (These are plans where both spouses are retired from MoDOT or MSHP)			
Spouse Contrib. - Subscriber/Family	\$1,238.00	\$812.00	\$426.00
Spouse Contrib. - Sub./Family w/ Med. Sp.	\$1,106.00	\$721.00	\$385.00
Spouse Contrib. - Med. Sub./ Non. Med. Sp.	\$682.00	\$477.00	\$205.00
Spouse Contrib. - Med. Sub./Med. Spouse	\$550.00	\$365.00	\$185.00
Spouse Contrib. - Subscriber/Spouse	\$814.00	\$550.00	\$264.00
Spouse Contrib. - Non-Med Sub/Med Spouse	\$682.00	\$442.00	\$240.00
**When both spouses are retired from MODOT or MSHP, it is cost beneficial for the subscriber to be the Medicare member.			

Non-Med. = Non-Medicare

LTD = Long Term Disability

WRD = Work Related Disability

Basic/Optional Life Insurance Highlights for 2011

Hartford Life administers the following benefits; please contact them at 1-877-320-0484

Rate Chart

Hartford Life provides our members Basic and Optional Life Insurance coverage. You will find an Optional Life Insurance Rate Chart on page 14. Rates remain unchanged for 2011.

Beneficiary Changes

Please remember to update your beneficiaries from time to time. It's very important to review and update your beneficiary designations, especially when you experience a significant life event such as marriage, divorce, birth, or adoption.

Beneficiary Terminology

Primary Beneficiary – These are the first individuals who will be the beneficiaries of the proceeds of your life insurance. There can be multiple primary beneficiaries. For example, if you have two children and you want them to each have an equal share of your life insurance, you would list each as a primary beneficiary.

Contingent Beneficiary – These are the people who will be the beneficiaries if the primary beneficiaries have passed away. Think of them as the “back-up” beneficiaries. For example, if you have two children and you want them to each have an equal share of your life insurance and you designate one as a primary beneficiary and the other as a contingent, and they are both alive at the time of your passing, the primary beneficiary will receive 100% and the contingent beneficiary will receive nothing.

Portability and Conversion

MoDOT and MSHP employees have two options, or a combination of both options for continuing life insurance after their group term insurance coverage ends due to employment ending or a change in employee status:

- Portability of coverage to a new term insurance policy at portability rates, and/or;
- Conversion to a permanent life insurance policy.

Portability

Portability is a benefit that provides the opportunity for employees to retain group life insurance regardless of health status at the time when employment status changes or employment ends.

Conversion

Conversion is a benefit that provides the opportunity for employees to change the group life insurance to a whole life insurance policy with a cash value, regardless of health status at the time employment status changes or employment ends. Conversion rates are much higher than term insurance available under portability, but your policy builds cash value.

To apply for portability or conversion of your life insurance coverage, please contact Hartford at 1-877-320-0484. You must apply within 31 days from the date your employment ends or your employment status changes.

**MoDOT and MSHP
Optional Life Insurance Rates
Effective January 1, 2009 - December 31, 2012**

Employee, Long-Term Disability (LTD), Retiree and Work Related Disability (WRD) Rates per Month:

Age Bracket	Rate per \$1,000 Coverage for Employee; LTD Recipient; WRD Recipient approved after July 1, 2004	Rate per \$500 Coverage for Retiree; WRD Recipient approved prior to July 1, 2004
Under Age 25	\$0.05	\$0.03
25* BLT 30	\$0.06	\$0.03
30* BLT 35	\$0.08	\$0.04
35 *BLT 40	\$0.09	\$0.05
40 *BLT 45	\$0.11	\$0.06
45 *BLT 50	\$0.20	\$0.10
50 *BLT 55	\$0.31	\$0.16
55 *BLT 60	\$0.49	\$0.24
60 *BLT 65	\$0.77	\$0.37
65 *BLT 70	\$1.57	\$0.74
70 and Over	\$3.08	\$1.45

*But Less Than

Spouse Life Rates per Month:

Rate is based on the policy holder's age (See rates above).

Child Life Rates per Month:

Rate is \$1.50 per family

Retirees are not eligible for child life coverage.

Note: Premiums will be split equally between the 2 payroll periods each month for active employees.

Basic Life Insurance (State Paid)
MoDOT & MSHP contribute \$0.175 per \$1,000 coverage per month for each eligible employee.

MCHCP Dental/Vision Highlights for 2011

MCHCP administers the following benefits; please contact them at 1-800-487-0771

Open Enrollment

The Missouri Consolidated Health Care Plan (MCHCP) will be holding open enrollment for dental and vision coverage during the month of October 2010 for active employees only.

You can view the 2011 Dental/Vision Handbook at www.mchcp.org. If you wish to receive a print copy, notify MCHCP through myMCHCP or at 1-800-487-0771.

Employees currently enrolled and not making any changes to their dental and vision plan do not have to do anything. Current coverage will remain in effect.

Dental/Vision Rates

Please refer to www.mchcp.org for more information regarding rates for 2011 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2011

ING administers the following benefits; please contact them at 1-800-392-0925

The State of Missouri Deferred Compensation Plan is a powerful way to save for your retirement.

If you wish to begin or increase your deferred comp contribution, contact ING at 1-800-392-0925 or log on to www.modeferredcomp.org.

Employee Assistance Program for 2011

Magellan Health administers the following benefits; please contact them at 1-800-808-2261

The Employee Assistance Program (EAP) through Magellan Health Services is a confidential counseling and referral service that can help you and your family successfully deal with life's challenges. EAP services are available to **active employees** at no cost because the premiums are funded by MoDOT and Patrol to benefit you and your family.

Your involvement in the plan remains confidential in accordance with all state and federal laws. Information and access to your program is available 24 hours a day, every day of the year. You have up to six counseling sessions available to you annually per episode.

Magellan Health offers support on such topics as:

- Family
- Work-Life balance
- Stress
- Health and wellness
- Relationship issues
- Grief and loss
- Depression and anxiety
- Alcohol or drug concerns
- Legal consultation
- Financial services consultation.

For more information, contact Magellan Health at 1-800-808-2261 or log on to www.MagellanHealth.com/member for more information or access tools available to all active employees.

Cafeteria Plan Highlights for 2011

ASI Flex administers the following benefits; please contact them at 1-800-659-3035

Enrollment Information

Cafeteria Plan enrollment information may be found at www.mocafe.com. The Cafeteria Plan open enrollment period for active employees runs October 1 through December 1, 2010 for enrollment.

Participation

All of your eligible premiums will be deducted from your paycheck before income and Social Security taxes, unless you choose to opt-out of the pre-tax premium program during open enrollment. To opt-out, indicate "cancel pre-tax" on the enrollment form, or log on to www.mocafe.com to opt-out online.

Commuter Benefit

The State of Missouri has a pre-tax commuter benefit administered by ASI. For more information, log on to www.mocafe.com.

Flexible Spending Account (FSA)

To participate in the FSA for Health Care and Dependent Care, you must enroll each year during open enrollment. **The amount you contribute to your Health Care FSA Account and Dependent Care FSA Account is not taxable, saving you at least 25% on each dollar.**

Expenses for your spouse and children are also eligible even if they are not covered under your medical plan. To help estimate your eligible expenses, ASI provides a worksheet for all your Health Care expenses and Dependent Care expenses at www.mocafe.com/Forms/worksheet.pdf.

Employees with a spouse who enrolls in the MCHCP high deductible health insurance plan (HDHP) for 2011 will not be eligible for the Cafeteria Plan Health Care FSA Account.

Over the Counter Medication
The Patient Protection and Affordable Care Act (PPACA) states Over the Counter (OTC) drugs and medicines will only be reimbursable through your Health Care FSA Account if you have a valid prescription, effective January 1, 2011. (Insulin still qualifies for reimbursement without a prescription.)

For more information regarding the OTC medicine categories no longer eligible for a tax break without a prescription, please visit www.mocafe.com for more information.

Fee Schedule

The premium only category fee is \$.08 per pay period. The fees associated with flexible spending accounts are:

- \$1.75 per pay period for reimbursement via check;
- \$1.25 per pay period for reimbursement via direct deposit.

MODOT/MSHP Medical and Life Insurance Plan Annual HIPAA Notification

In 1996 Congress passed the Health Insurance Portability and Accountability Act (HIPAA). This legislation affects many aspects of group health insurance plans, mandating measures that must be taken to protect the privacy of members. Compliance with the privacy rules of HIPAA was established by April 14, 2003.

You have the right to see and obtain copies of your health care records, and to request amendments to those records. You also have the right to issue a complaint about suspected HIPAA violations by our Plan. In order to do any of these things, you may contact the designated privacy officer. The privacy officer for our Plan is Jeff Padgett, Manager of Risk and Benefits Management, MoDOT, P.O. Box 270, Jefferson City, MO 65102.

You have the right to grant consent authorizing another person to access your protected health information (PHI). This will allow your designated representative to discuss your PHI with parties that are involved with your health care. You may have to complete more than one of these authorizations depending upon the number of entities involved in the delivery of and payment for your health care services. Except in the case of a minor child, PHI can only be shared with the patient. PHI cannot be shared with spouses, children or other parties unless notarized authorization(s) have been completed and filed with the entities involved.

Grandfathered Health Plan Disclosure

This Missouri Department of Transportation and Missouri State Highway Patrol Medical and Life Insurance Plan believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at MoDOT Employee Benefits, 877-863-9406. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

Contact Information

Medical Plan

Coventry Health

1-800-627-6406

<http://www.modot-mshp-cvty.com/>

Deferred Compensation

ING

1-800-392-0925

www.modeferredcomp.org

Prescription Plan

Catalyst Rx

Non-Medicare Members:

1-877-235-2013

Medicare Members

1-877-235-1981

www.catalystrx.com

Dental Plan

Administered by MCHCP

Delta Dental

1-866-737-9802

www.deltadental.com

Vision Plan

Administered by MCHCP

Vision Service Plan (VSP)

1-800-877-7195

www.vsp.com

Employee Assistance Program

Magellan Health Services

1-800-808-2261

www.MagellanHealth.com/member

Basic/Optional Life Insurance

Hartford Life

1-877-320-0484

Cafeteria Plan

ASI/Flex

1-800-659-3035

www.mocafe.com

Employee Benefits

1-877-863-9406

www.modot.mo.gov/newsandinfo/benefits.htm