

2013 Benefit Update



Medical & Life Insurance Plan

**Missouri Department of Transportation and
Missouri State Highway Patrol**

1.877.863.9406

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

MODOT/MSHP MEDICAL AND LIFE INSURANCE PLAN 2013 BENEFIT UPDATE

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Disclaimer: Information provided in the 2013 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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All Participants and Dependents of the MoDOT/MSHP
Medical and Life Insurance Plan

Our plan participants made good choices in using generic drugs when available and network providers for their medical services over the past year. This has allowed our plan to see limited cost increases. Because of your diligence, I am happy to report we are able to reward plan subscribers with little or no increases in premiums for next year.

- Active employees will see no change in overall premium rate for 2013.
- For non-Medicare retirees, an increase in overall premium rates of 3%. This increase will be shared by the current percentages between the employer and the subscribers in this rate category. The increase is necessary in order to get this rate category closer to the point where it is no longer subsidized by other rate categories.
- For Medicare retirees, a decrease in overall premiums rates by \$15 per Medicare participant split between the employer and the subscribers in this rate category.

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

- The Basic/Optional Life Insurance Carrier will change to Minnesota Life in 2013, please see page 15 for more information.
- The Plan has made changes to your coverage for women's preventive care including oral contraceptive coverage. Please see page 4 for more information along with the Preventive Care document on page 9.
- The Plan has added three new prior authorizations which will not impact coverage, please see page 4 for more information.
- The Plan is required by the Affordable Care Act to provide access to a Summary of Benefits and Coverage, additional information is provided on page 4.
- To review the coverage guidelines for the Zostavax (Shingles) vaccination for Medicare members and non-Medicare members over 50 years of age, please see page 13 for more information.
- Reminder: Beginning in 2012, the preventive care caps were removed. If you have not done so already, there is still time to see your physician for your annual physical exam this year.

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 2013

MEDICAL BENEFITS

Coventry Health Care

Coventry Health Care continues to provide both network and claims administration services for our Plan participants in 2013. 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, and take a Comprehensive Health Risk Assessment (HRA). Please have medical card ready to enroll!

Smoking Cessation Program

Coventry offers medical plan participants a comprehensive smoking cessation program.

The 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 866-577-8210. Please have medical card ready to enroll!

PRESCRIPTION BENEFITS



catamaran (formerly Catalyst Rx)

Our pharmacy benefit manager, CatalystRx has changed its name to Catamaran. All of your contacts and services will remain the same and there is no action that you need to take. We wanted to let you know that when you start seeing materials with the new name, Catamaran, you will know that it is still the same dedicated company and people that you are used to working with for your prescription medications. Your ID card is still current, even though it doesn't have the Catamaran name on it. You can continue to use the current website, and when the new Catamaran site is ready, you will automatically be redirected to that site.

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

Non-Medicare participants call: 877-235-2013

Medicare participants call: 877-235-1981

Mail Order

The name of our mail order pharmacy will also change to Catamaran home delivery. You will begin to notice the new name on your mail service medications. Your contacts and service will stay the same. If you are currently receiving medications from mail order, you will receive a notification about this change in your next refill.

Pricing Tool

Catamaran Price and Save 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:

Log on to www.catalystrx.com and enter:

Member ID: Catalyst Member Number

Date of Birth: Member's date of birth

Rx Group: (Not a required field)

Medical Plan Highlights for 2013

Preventive Benefit

As in 2012, all preventive care services will be covered 100% when utilizing in-network providers only. Any preventive services received out-of-network will not be covered. Please see page 9 for more information.

Women's Preventive Care

In accordance with the women's preventive care guidelines in keeping with the Affordable Care Act, the following services will be covered under preventive care at 100%:

- well-women visits;
- screening for gestational diabetes;
- human papillomavirus (HPV) DNA testing for women 30 years and older;
- sexually transmitted infection counseling;
- human immunodeficiency virus (HIV) screening and counseling;
- FDA approved generic oral contraceptive methods and counseling;
- breastfeeding support supplies and counseling; and
- domestic violence screening and counseling.

Oral Contraceptive Coverage

Starting January 1, 2013, oral contraceptive coverage will be offered to all plan participants at 100% when filling a *generic*. No deductible or coinsurance charged when filling at an in-network pharmacy; therefore, plan participants will have no out-of-pocket expense. If using brand name contraceptive, the deductible and coinsurance will be charged.

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. 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.

New Prior Authorizations

Starting January 1, 2013, the Plan will add three new prior authorizations to the Plan's Prior Authorization listing which may be found on the Plan's website.

The three new prior authorizations include:

- outpatient surgery for participating and non-participating providers;
- nuclear stress test; and
- sleep studies.

Participating providers will be held responsible to obtain the prior authorization, not the plan participant. If the provider fails to obtain the prior authorization, the participant will not be liable for the charges.

Plan participants using a non-participating provider will be responsible to ensure the provider obtains the prior authorization. If the provider and/or participant fail to obtain the prior authorization, the participant will be held liable for the charges.

Summary of Benefits and Coverage

The Affordable Care Act requires all health plans to create a Summary of Benefits and Coverage (SBC) and make available to all participants. The goal of the SBC is to help consumers understand and evaluate their health insurance choices by providing a simple, consistent document that outlines benefits and coverage in plain language.

The SBC will be available on the website on the front cover of this update. If you do not have access to a computer, please call 877-863-9406 to request a copy be mailed to your home.

Reminders for 2013

Address Changes

Please update your address promptly after moving. For active employees, please contact your human resource (HR) representative for the necessary paperwork to complete. For retirees, please contact MPERS toll-free at 800-270-1271 for necessary paperwork to complete. Once your address is updated with HR or MPERS, it will be updated with the MoDOT/MSHP Medical and Life Insurance Plan.

Enrollment Period

If no change to coverage, no action is required to remain in your current level of coverage for 2013.

The Plan allows subscribers to terminate coverage or remove dependents from their coverage October 1 through November 9, 2012 for January 1, 2013 coverage. Contact your insurance representative to complete necessary paperwork.

During the year, to terminate coverage or remove dependents you must have the following change of status if enrolled in the Cafeteria Plan Premium Only Category:

- Death of spouse/dependent;
- Divorce finalized;
- Employment of your spouse/dependent; gain/loss of dependent due to age, military status, marriage, divorce, etc.; and
- Your employment ends or you retire.

The Plan's next Open Enrollment Period is tentatively scheduled during October 2013 for coverage beginning January 1, 2014.

New 2013 Medical Premiums

Your medical premiums are paid one month in advance. So your December payrolls will note the new 2013 rates for January coverage. Please see the rate chart on page 6 for your 2013 rates.

How to Order a New Medical & Prescription ID Card?

Medical Plan participants have options available to order new medical and prescription cards. If you need a replacement card, here are the options available to you to obtain new ones.

Coventry Medical ID Cards:

1. Contact Coventry Member's Services at 800-627-6406 for medical cards.
2. Create an account on Coventry's website under My Online Services. Instructions may be found on Coventry's website by clicking on Members and then Frequently Asked Questions. Please refer to the Logging In Questions.

Catamaran Prescription ID Cards:

1. Contact Catamaran Customer Service at 877-235-2013 for prescription cards.
2. Log on Catamaran's website by using your EmpID* and date of birth. View the FAQs and use Question # 11, click on "Get a Temporary ID Card."

*EmpID is the six-digit number on your Coventry ID card listed as MoDOT/MSHP EmpID. If you need assistance on locating your EmpID, please contact your insurance representative.

Deductibles Start Over January 1st

Your medical and prescription deductibles start over January 1, 2013.

- Medical: \$450 per individual or \$1,350 family.
- Prescription: \$100 per participant.

Preventive Care

You still have time to schedule your annual checkup for 2012 at a participating provider. There is no longer a cap on the amount allowed each year, so please contact your provider today to schedule your annual checkup.

**MoDOT/MSHP 2013 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2013**

Rate Category	MoDOT/MSHP Coventry PPO Plan Available Statewide		
	Premium	Employer Share	Subscribers Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	\$399.00	\$351.00	\$48.00
Subscriber/Family	\$1,214.00	\$971.00	\$243.00
Subscriber/Spouse	\$878.00	\$702.00	\$176.00
Subscriber/Child	\$559.00	\$447.00	\$112.00
Subscriber/2 Children	\$718.00	\$574.00	\$144.00
NON-MEDICARE RETIREE MEMBERS			
Retiree - Subscriber Only	\$432.00	\$246.00	\$186.00
Retiree - Subscriber/Family	\$1,313.00	\$578.00	\$735.00
Retiree - Subscriber/Spouse	\$863.00	\$345.00	\$518.00
Retiree - Subscriber/Child	\$863.00	\$380.00	\$483.00
Retiree - Subscriber/2 Children	\$983.00	\$393.00	\$590.00
Retiree - Non-Medicare Subscriber/Medicare Child	\$692.00	\$318.00	\$374.00
Retiree - Non-Medicare Subscriber/Medicare Spouse	\$692.00	\$311.00	\$381.00
MEDICARE MEMBERS			
Retiree - Medicare Subscriber Only	\$260.00	\$148.00	\$112.00
Retiree - Medicare Subscriber/Non-Medicare Spouse	\$692.00	\$277.00	\$415.00
Retiree - Medicare Subscriber/Medicare Spouse	\$520.00	\$234.00	\$286.00
Retiree - Medicare Subscriber/Non-Medicare Family	\$1,141.00	\$502.00	\$639.00
Retiree - Medicare Subscriber/Medicare Family	\$970.00	\$475.00	\$495.00
Retiree - Medicare Subscriber/Child	\$692.00	\$304.00	\$388.00
Retiree - Medicare Subscriber/Medicare Child	\$550.00	\$239.00	\$281.00
Retiree - Medicare Subscriber/2 Children	\$811.00	\$324.00	\$487.00
Survivor - Medicare Subscriber Only	\$260.00	\$148.00	\$112.00
Survivor - Medicare Subscriber/Non-Medicare Family	\$1,141.00	\$502.00	\$639.00
Survivor - Medicare Subscriber/Medicare Family	\$970.00	\$475.00	\$495.00
Survivor - Medicare Subscriber/Child	\$692.00	\$304.00	\$388.00
Survivor - Medicare Subscriber/Medicare Child	\$550.00	\$239.00	\$281.00
Survivor - Medicare Subscriber/2 Children	\$811.00	\$324.00	\$487.00

**MoDOT/MSHP 2013 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2013**

Rate Category	MoDOT/MSHP Coventry PPO Plan Available Statewide		
	Premium	Employer Share	Subscribers Cost
MEDICARE MEMBERS (continued)			
LTD - Medicare Subscriber Only	\$260.00	\$148.00	\$112.00
LTD - Medicare Subscriber/Non-Medicare Spouse	\$692.00	\$277.00	\$415.00
LTD - Medicare Subscriber/Medicare Spouse	\$520.00	\$234.00	\$286.00
LTD - Medicare Subscriber/Non-Medicare Family	\$1,141.00	\$502.00	\$639.00
LTD - Medicare Subscriber/Medicare Family	\$970.00	\$475.00	\$495.00
LTD - Medicare Subscriber/Child	\$692.00	\$304.00	\$388.00
LTD - Medicare Subscriber/2 Children	\$811.00	\$324.00	\$487.00
WRD - Medicare Subscriber Only	\$260.00	\$229.00	\$31.00
WRD - Medicare Subscriber/Non-Medicare Spouse	\$659.00	\$527.00	\$132.00
WRD - Medicare Subscriber/Medicare Spouse	\$520.00	\$416.00	\$104.00
WRD - Medicare Subscriber/Non-Medicare Family	\$1,075.00	\$860.00	\$215.00
WRD - Medicare Subscriber/Medicare Family	\$856.00	\$685.00	\$171.00
WRD - Medicare Subscriber/Child	\$420.00	\$336.00	\$84.00
WRD - Medicare Subscriber/2 Children	\$579.00	\$463.00	\$116.00
Vested - Medicare Subscriber Only	\$260.00	\$0.00	\$260.00
Vested - Medicare Subscriber/Non-Medicare Family	\$1,075.00	\$0.00	\$1,075.00
Vested - Medicare Subscriber/Medicare Family	\$856.00	\$0.00	\$856.00
Vested - Medicare Subscriber/Medicare Spouse	\$520.00	\$0.00	\$520.00
Vested - Medicare Subscriber/Non-Medicare Spouse	\$659.00	\$0.00	\$659.00
Vested - Medicare Subscriber/Child	\$420.00	\$0.00	\$420.00
Vested - Medicare Subscriber/2 Children	\$579.00	\$0.00	\$579.00

**MoDOT/MSHP 2013 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2013**

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	\$878.00	\$0.00	\$878.00
C.O.B.R.A. - Subscriber/Child	\$559.00	\$0.00	\$559.00
C.O.B.R.A. - Subscriber/2 Children	\$718.00	\$0.00	\$718.00
WRD - Subscriber Only	\$399.00	\$351.00	\$48.00
WRD - Subscriber/Family	\$1,214.00	\$971.00	\$243.00
WRD - Subscriber/Spouse	\$878.00	\$702.00	\$176.00
WRD - Subscriber/Child	\$559.00	\$447.00	\$112.00
WRD - Subscriber/2Children	\$718.00	\$574.00	\$144.00
LTD - Subscriber Only	\$432.00	\$246.00	\$186.00
LTD - Subscriber/Family	\$1,313.00	\$578.00	\$735.00
LTD - Subscriber/Spouse	\$863.00	\$345.00	\$518.00
LTD - Subscriber/Child	\$863.00	\$380.00	\$483.00
LTD - Subscriber/2 Children	\$983.00	\$393.00	\$590.00
LTD - Non-Medicare Subscriber/Medicare Child	\$692.00	\$318.00	\$374.00
LTD- Non-Medicare Subscriber/Medicare Spouse	\$692.00	\$311.00	\$381.00
Survivor - Subscriber Only	\$432.00	\$246.00	\$186.00
Survivor - Subscriber/Family	\$1,313.00	\$578.00	\$735.00
Survivor - Subscriber/Child	\$863.00	\$380.00	\$483.00
Survivor - Non-Medicare Subscriber/Medicare Child	\$692.00	\$318.00	\$374.00
Survivor - Subscriber/2 Children	\$983.00	\$393.00	\$590.00
Vested - Subscriber Only	\$399.00	\$0.00	\$399.00
Vested - Subscriber/Family	\$1,214.00	\$0.00	\$1,214.00
Vested - Subscriber/Spouse	\$878.00	\$0.00	\$878.00
Vested - Non-Medicare Subscriber/Medicare Spouse	\$674.00	\$0.00	\$674.00
Vested - Subscriber/Child	\$559.00	\$0.00	\$559.00
Vested - Subscriber/2 Children	\$718.00	\$0.00	\$718.00

LTD = Long Term Disability

WRD = Work Related Disability

■ Preventive Care ■

PREVENTIVE CARE HELPS KEEP MEMBERS HEALTHY

The MoDOT and MSHP Medical Plan encourages members to receive preventive care items and services. The Affordable Care Act (ACA) provides for specific preventive services when provided by participating providers and specific drugs to be covered at 100 percent. **Effective January 1, 2012, members who use our network providers will receive preventive care services and specific drugs paid at 100 percent.** There will be no coverage for these services when an out-of-network provider is used.

COVERAGE FOR PREVENTIVE SERVICES

Here are some examples of the preventive services that will be covered with no copay, coinsurance or deductible.

Child Preventive	Adult Preventive
Exams: Preventive office visits including well child care	Exams: Preventive office visits including well woman exam
Immunizations (<i>vaccines for children, birth to age 18 – doses, recommended ages and populations vary</i>): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, Diphtheria, Pertussis (Td/Tdap) Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Polio Rotavirus Meningococcal Human Papillomavirus (HPV)	Immunizations (<i>vaccines for adults – doses, recommended ages and populations vary</i>): Influenza (flu) Pneumonia Hepatitis A Hepatitis B Tetanus, Diphtheria, Pertussis (Td/Tdap) Varicella (chicken pox) Measles, Mumps, Rubella (MMR) Meningococcal Human Papillomavirus (HPV) Zoster
Screening Tests: hearing, vision, phenylketonuria (newborns), sickle cell disease (newborns)	Screening Tests: breast cancer, cervical cancer, colorectal cancer, prostate cancer, HIV, routine blood and urine, cholesterol, osteoporosis
Newborn Preventive Treatment: ocular medication against gonorrhea for all newborns	

The list is subject to change as federal guidance is issued. The full list of covered preventive services issued with the Interim Final Rules can be found at <http://www.healthcare.gov/center/regulations/prevention/taskforce.html>

EFFECTIVE JANUARY 1, 2013, THE FOLLOWING PREVENTIVE CARE SERVICES WILL BE COVERED WITH NO COPAY, COINSURANCE OR DEDUCTIBLE:

- Well-woman visits
- Screening for gestational diabetes
- Human papillomavirus (HPV) DNA testing for women 30 years and older
- Sexually transmitted infection counseling
- Human immunodeficiency virus (HIV) screening and counseling
- FDA-approved generic oral contraception methods and contraceptive counseling (subject to standard medical management and formulary restrictions)
- Breastfeeding support, supplies and counseling
- Domestic violence screening and counseling

To be covered with no copay, coinsurance or deductible, these services must be done by in-network physicians.

■ Preventive Care ■

COVERAGE FOR SPECIFIC DRUGS

Here are the specific drugs that will be covered with no copay, coinsurance or deductible. Only the drugs on this list are covered at 100%. You will need a prescription from your doctor to receive the 100% benefit. Take your prescription to one of the Catamaran pharmacy network providers. To find a Catamaran pharmacy near you, go to the Web address on your member ID card or visit www.catalystRx.com.

Aspirin (over-the-counter) — Dose: 81 mg and 325 mg, men age 45 to 79 and women age 55 to 79.

Iron (over-the-counter) — Children 6 to 12 months who are at risk for iron deficiency anemia, drops only.

Folic Acid (over-the-counter) — Dose: 0.4 to 0.8 mg (400 to 800 ug), women planning or capable of pregnancy.

Fluoride — Children under the age of six, drops and chewable tablets only.

Smoking Cessation — Over-the-counter products available through Coventry Health Care's Smoking Cessation Program.

Smoking Cessation Prescription Drugs — Generics only when available.

Oral Contraceptives — Generic only.

TALKING WITH YOUR PROVIDER ABOUT PREVENTIVE CARE

Coventry Health Care processes claims based on your provider's clinical assessment of the office visit. If a preventive item or service is billed separately, cost-sharing may apply to the office visit. If the primary reason for your visit is seeking treatment for an illness or condition, and preventive care is administered during the same visit, cost-sharing may apply. This means your provider may ask you to pay your appropriate health plan copay, deductible or coinsurance.

Certain screening services, such as a colonoscopy or mammogram, may identify health conditions that require further testing or treatment. If a condition is identified through a preventive screening, any subsequent testing, diagnosis, analysis or treatment are not considered preventive services and are subject to the appropriate cost-sharing.

If you have questions about a claim or provider visit, please call the customer service number on your Member ID card or speak with your provider. Please regularly check our website at www.modot-mshp-cvty.com for new information about preventive care coverage as the government agencies refine guidance and requirements.

General Notices for 2013

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.

Reporting Employer Provided Health Coverage in Form W-2 for 2012

The Affordable Care Act requires employers to report the cost of coverage under an employer-sponsored group health plan on an employee's Form W-2, Wage and Tax Statement, in Box 12, using Code DD.

The amount reported does not affect tax liability, as the value of the employer contribution to health coverage continues to be excludible from an employee's income, and it is not taxable. This reporting is for informational purposes only, to show employees the value of their health care benefits so they can be more informed consumers.

Notice About the Early Retiree Reinsurance Program

You are a Plan Participant in an employment-based health Plan that is certified for participation in the Early Retiree Reinsurance Program (ERRP). The ERRP is a Federal program that was established under the Patient Protection and Affordable Care Act (the Affordable Care Act). Under the ERRP, the Federal government reimburses a Plan Sponsor of an employment-based health Plan for some of the costs of health care Benefits paid on behalf of, or by, early Retirees and certain family members of early Retirees participating in the employment-based Plan. By law, the program expires on January 1, 2014.

Under the ERRP, your Plan Sponsor may choose to use any reimbursements it received from this program to reduce or offset increases in Plan Participants' premium contributions, Copayments, Deductibles, Coinsurance, or other out-of-pocket costs. If the Plan Sponsor chooses to use the ERRP reimbursements in this way, you, as a Plan Participant, may experience changes that may be advantageous to you, in your health Plan Coverage terms and conditions, for so long as the reimbursements under this program are available and this Plan Sponsor chooses to use the reimbursements for this purpose. A Plan Sponsor may also use the ERRP reimbursements to reduce or offset increases in its own costs for maintaining your health Benefits Coverage, which may increase the likelihood that it will continue to offer health Benefits Coverage to its Retirees and Employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are Participants in this Plan.

MoDOT & MSHP Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2013

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This 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 document and the SPD, the SPD governs.

Benefit	Coventry PPO PLAN Available Statewide	
	In Network Provider	Out of Network Provider *
	Member's Responsibility	
Annual Deductible		
Individual	\$ 450	\$ 450
Family	\$1,350 maximum	\$1,350 maximum
Coinsurance	10% (up to out-of-pocket maximum)	20% (up to out-of-pocket maximum)
Annual Out-of-Pocket Maximum	Does not include copayments	Does not include copayments and cost above out-of-network rate
Individual	\$1,275	\$2,100
Family	\$3,825	\$6,300
Lifetime Maximum	Unlimited	Unlimited
Office Visit	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate after deductible
Emergency Room Services	\$75 copayment and 10% coinsurance after deductible Copayment waived if admitted or accidental injury	\$75 copayment and 20% coinsurance of out-of-network rate after deductible Copayment waived if admitted or accidental injury
Immunizations According to Recommended Schedules	Covered 100%	Not covered
Inpatient Hospital Care	10% coinsurance after deductible Pre-admission certification required	20% coinsurance of out-of-network rate after deductible Pre-admission certification required
Maternity	10% coinsurance after deductible	20% coinsurance of out-of-network rate after deductible
Preventive Care	Covered 100%	Not covered
Surgery Inpatient and Outpatient	10% coinsurance after deductible Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible Pre-admission certification required.
Urgent Care	\$25 copayment for office visit only Other services applied to deductible and coinsurance	20% coinsurance of out-of-network rate 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 Out-of-Network Rate only. The Member will be responsible 100% for amounts above Out-of-Network Rate.

Medicare Subscriber Updates

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

Medicare participants 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 \$4,750 out-of-pocket expense. Once you have reached this level, your cost will be reduced to the greater of 5% coinsurance, or \$2.65 copayment for generic drugs and 5% coinsurance or \$6.60 copayment for brand drugs.

Shingles Vaccination Coverage for 2013

Zostavax (Shingles Vaccination) Coverage for Medicare Members

Starting January 1, 2013, the Zostavax or Shingles vaccination for Medicare participants over the age of 50 **will only be covered if administered by an in-network pharmacy.** If the vaccination is administered by an in-network pharmacy, it will be covered 100% with no out of pocket costs for the participant. If it is administered at a physician's office, the vaccination charges will be denied.

Zostavax (Shingles Vaccination) Coverage for Non-Medicare Members

Starting January 1, 2013, the Zostavax or Shingles vaccination for non-Medicare participants over the age of 50 **will be covered 100% if administered by an in-network provider or an in-network pharmacy.**

Flu Vaccination Coverage

Flu season is upon us. Both Medicare participants and non-Medicare participants are eligible to receive a Flu vaccination at 100% under your preventive care at an in-network physician or pharmacy.

Please take time to visit your in-network physician or in-network pharmacy to receive a Flu vaccination today.

MoDOT/MSHP Medicare Supplement Plan Benefits-at-a-Glance Effective January 1, 2013

Listed below is a partial outline of coverage under the MoDOT/MSHP Summary Plan Document (SPD). This 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 document and the SPD, the SPD governs.

Benefit	MEDICARE SUPPLEMENT PLAN Available Nationwide			
	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	\$450	\$450	\$450	\$450
Coinsurance	0%	0%	10% (up to out-of-pocket maximum)	20% of out-of-network rate (up to out-of-pocket maximum)
Individual Out-of-Pocket Maximum per CY	\$0	\$0	\$1,275 (deductible included)	\$2,000 (deductible included) plus any costs above the out-of-network rate
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription 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.			
Single Source Brand Medications (No generic equivalent available)	30% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.			
Brand Medications (Generic equivalent available)	50% coinsurance after deductible per calendar year at retail and mail order pharmacy with \$5 minimum copayment.			
Brand Medications in Part D Coverage Gap* (Generic equivalent available)	47.5% coinsurance after deductible per calendar year and participant is in Part D Coverage Gap.*			
Catastrophic Copayment Level per calendar year	Once an individual reaches \$4,750 of out-of-pocket expense the cost sharing will be reduced to the greater of 5% coinsurance or \$2.65 copayment for generics and \$6.60 copayment for brands.			

*In 2013, the Part D Coverage Gap begins when the total cost for prescription drugs for the year reaches \$2,970.

Basic/Optional Life Insurance Highlights for 2013

Minnesota Life administers the following benefits; please contact them at 1-866-293-6047

Effective January 1, 2013, Minnesota Life was selected to administer the Basic/Optional Life Insurance for our participants. All of your current Basic/Optional Life Insurance coverage will automatically transfer to Minnesota Life.

The Board of Trustees reviewed several vendors who met the contractual requirements and selected Minnesota Life, who was the overall lowest bidder. Some rate categories may see rate increases, but the increase is less than 1% overall. You will find an Optional Life Insurance Rate Chart on page 16.

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.

Additional Services Available

Minnesota Life offer special services to active employees only at no additional cost including:

- Legal Services;
- Travel Assistance;
- Beneficiary Financial Counseling;
- Legacy Planning; and
- Accelerated Death Benefit.

For more information on the additional services available to you, please visit the website on the front cover.

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 Minnesota Life at 1-866-293-6047. 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, 2013 - December 31, 2013

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 \$1,000 Coverage for Retiree; WRD Recipient approved prior to July 1, 2004
Under Age 25	\$0.05	\$0.06
25* BLT 30	\$0.06	\$0.07
30* BLT 35	\$0.08	\$0.09
35 *BLT 40	\$0.09	\$0.11
40 *BLT 45	\$0.10	\$0.14
45 *BLT 50	\$0.16	\$0.23
50 *BLT 55	\$0.26	\$0.36
55 *BLT 60	\$0.44	\$0.54
60 *BLT 65	\$0.67	\$0.83
65 *BLT 70	\$1.38	\$1.67
70 BLT 75	\$2.71	\$3.27
75 BLT 80	\$2.71	\$3.86
80 and Over	\$2.71	\$4.25

*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 2013

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 2012 for active employees only.

You can view the 2013 Dental/Vision Guide 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 2013 dental and vision coverage, or contact MCHCP at 1-800-487-0771.

Deferred Compensation Highlights for 2013

ICMA-RC administers the following benefits; please contact them at 1-573-893-1053

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 ICMA-RC at 1-573-893-1053 or log on to www.modeferredcomp.org.

Employee Assistance Program for 2013

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

The Employee Assistance Program (EAP) administrator is ComPsych. ComPsych offers 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.

ComPsych offers support on such topics as:

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

For more information, contact ComPsych or log on to www.guidanceresources.com for more information or to access tools available to all active employees.

Cafeteria Plan Highlights for 2013

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, 2012 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.

Flexible Spending Account (FSA)

To participate in the FSA for Health Care and Dependent Care, you must enroll each year during open enrollment.

Due to provisions in the Patient Protection and Affordable Care Act (PPACA), effective January 1, 2013, the Health Care FSA Account Maximum is \$2,500 reduced from \$5,000.

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.

Grace Period

Starting in 2013, members will be allowed to submit expenses incurred up to March 15, 2014 to allow members to use up the monies in their Health and Dependent Care FSA accounts.

HDHP Limited Scope FSA

Employees with a spouse enrolled in a high deductible health insurance plan with a Health Savings Account for 2013 will be eligible for the Limited Scope FSA. The Limited Scope FSA Account Maximum is \$2,500 and may be used for 2013 dental and vision expenses *only*. For more information, please contact ASI at 800-659-3035.

Over the Counter Medication

The 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. (Insulin still qualifies for reimbursement without a prescription.)

Fee Schedule

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

- \$1.73 per pay period for reimbursement via check;
- \$1.48 per pay period for reimbursement via direct deposit.

Commuter Benefit

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

Member HIPAA Notification

Missouri Department of Transportation and Missouri State Highway Patrol Medical and Life Insurance Plan

Your Privacy Matters

In compliance with the Health Insurance Portability and Accountability Act (HIPAA), Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP) Medical and Life Insurance Planⁱ (Plan) is sending you important information about how your medical and personal information may be used and about how you can access this information. Please review the Notice of Privacy Practices carefully. If you have any questions, please call the Participant Services number on the back of your membership identification card. You may also contact the designated privacy officer. The privacy officer for our Plan is Jeff Padgett, Director of Risk and Benefits Management, MoDOT, P.O. Box 270, Jefferson City, MO 65102.

Notice of Privacy Practices

Effective: 4/14/2003 (Revised 1/1/2011)

THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Our Commitment to Your Privacy

We understand the importance of keeping your personal and health informationⁱⁱ secure and private. We are required by law to provide you with this notice. This notice informs you of your rights about the privacy of your personal information and how we may use and share your personal information. We will make sure that your personal information is only used and shared in the manner described. We may, at times, update this notice. Changes to this notice will apply to the information that we already have about you as well as any information that we may receive or create in the future. Our current notice is posted at www.modot.mo.gov/newsandinfo/benefits.htm. You may request a copy at any time. Throughout this notice, examples are provided. Please note that all of these examples may not apply to the services provided to your particular health Benefit Plan.

B. What Types of Personal Information Do We Collect?

To best service your Benefits, we need information about you. This information may come from you, the Claims Administrator, or our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care Providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically.

C. How Do We Protect the Privacy of Your Personal Information?

Keeping your information safe is one of our most important duties. We limit access to your personal information to those who need it. We maintain appropriate safeguards to protect it. For example, we

protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

D. How Do We Use and Share Your Information for Treatment, Payment, and Health Care Operations?

To properly service your Benefits, we may use and share your personal information for “treatment,” “payment,” and “health care operations.” Below we provide examples of each. We may limit the amount of information we share about you as required by law. For example, HIV/AIDS, substance abuse, and genetic information may be further protected by law. Our privacy policies will always reflect the most protective laws that apply.

- **Treatment:** We may use and share your personal information with health care Providers for coordination and management of your care. Providers include Physicians, Hospitals, and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review Medical Necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care Provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.
- **Health care operations:** We may use and share your personal information as part of our operations in servicing your Benefits. Operations include credentialing of Providers; quality improvement activities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination. We may also use and share information for our general administrative activities such as prescription drug program; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of the Claims Administrator with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about Preventive Care, or to inform you about a disease management program.

We may also share your personal information with Providers and other health plans for their treatment, payment, and certain health care operation purposes. For example, we may share personal information with other health plans identified by you or your Plan Sponsor when those plans may be responsible to pay for certain health care Benefits.

E. What Other Ways Do We Use or Share Your Information?

We may also use or share your personal information for the following:

- **Medical home / accountable care organizations:** The Claims Administrator may work with your primary care Physician, Hospitals and other health care Providers to help coordinate your treatment and care. Your information may be shared with your health care Providers to assist in a team-based approach to your health.
- **Health care oversight and law enforcement:** To comply with federal or state oversight agencies. These may include, but are not limited to, your state department of insurance or the U.S. Department of Labor.
- **Legal proceedings:** To comply with a court order or other lawful process.

- **Treatment options:** To inform you about treatment options or health-related Benefits or services.
- **Plan Sponsors:** To permit the sponsor of your health Benefit Plan to service the Benefit Plan and your Benefits. Please see your Employer's Plan documents for more information.
- **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.
- **Others involved in your health care:** We may share certain personal information with a relative, such as your Spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of Benefits to the Subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.
- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.
- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your prescription drug or behavioral health Benefits.
- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

F. What About Other Sharing of Information and What Happens If You Are No Longer Enrolled?

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. If you withdraw your permission, we will no longer use or share your health information for those reasons.

We do not destroy your information when your Coverage ends. It is necessary to use and share your information, for many of the purposes described above, even after your Coverage ends. However, we will continue to protect your information regardless of your Coverage status.

G. Rights Established by Law

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.
- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.
- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny your request to inspect or copy in some situations. In some cases denials allow for a review of our

decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.

- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.
- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

H. To Receive More Information or File a Complaint

Please contact Participant Services to find out how to exercise any of your rights listed in this notice, or if you have any questions about this notice. The telephone number or address is listed in your Benefit documents or on your membership card. If you believe we have not followed the terms of this notice, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with the Secretary, write to 200 Independence Avenue, S.W. Washington, D.C. 20201 or call 1-877-696-6775. You will not be penalized for filing a complaint. To contact us, please follow the complaint, grievance, or appeal process in your Benefit documents.

ⁱ For purposes of this notice, the pronouns "we", "us" and "our" and the name "MoDOT/ MSHP" refers to Missouri Department of Transportation (MoDOT) and Missouri State Highway Patrol (MSHP) Medical and Life Insurance Plan. These entities abide by the privacy practices described in this Notice.

ⁱⁱ Under various laws, different requirements can apply to different types of information. Therefore we use the term "health information" to mean information concerning the provision of, or payment for, health care that is individually identifiable. We use the term "personal information" to include both health information and other nonpublic identifiable information that we obtain in providing Benefits to you.