



# **2022 Morehead State University Benefits**

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## What's New for 2022

» **Medical plan premiums are increasing, but the MSU contributions to the Health Savings Account (offered with the Life Long Savings Plan) and Health Reimbursement Arrangement (offered with the Enhanced HRA Value Plan and the PPO Plan) are not changing.**

Pages 5 and 6 include a benefit comparison of each medical plan offered through Anthem.

» **Dental premiums are remaining the same for 2022. Both Delta Dental plans now include D&P Plus.** This enhanced benefit allows members to keep more of their benefits by excluding charges for the diagnostic and preventive services from the annual maximum, helping you get more from your dental benefits! Stretch your benefits further with D&P Plus by:

- Waiving the cost of annual exams, cleanings and X-rays from the annual maximum
- Saving the annual maximum for times when more costly procedures are necessary
- Promoting better oral health by receiving diagnostic and preventive services every year

See page 20 for more details.

» **NEW! Anthem will begin offering a comprehensive Vision plan.** MSU employees will be able to enroll in a full service vision plan that includes eye exams, allowances for frames / lenses / contacts, and discounts!

- As a Blue View Vision plan member, you will have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters, Target Optical, and most Pearle Vision locations.

See page 21 for more details.



### 2022 Benefits Enrollment Calendar

**November 1, 2021**

Enrollment Begins

**November 12, 2021**

Enrollment Closes

**January 1, 2022**

Your Enrollment Elections are Effective

**January 15, 2022**

Payroll Deductions for Your Benefit Elections Begin



## Enrollment Eligibility

Regular full-time employees are eligible to enroll themselves and their eligible family members in MSU's benefits. Eligible family members include:

- » Spouse
- » Children up to age 26 (see our plan document for more information about dependent eligibility)
- » "Sponsored dependents" as defined below

When you enroll eligible family members, **you must provide their Social Security number, birthdate, address, and relationship to you. This information is required**; they will not be covered unless you provide it to MSU.

Also note, when you elect a medical or dental plan, you can choose which eligible family members you want to cover under each plan. The family members you cover under each plan do not have to be the same. For example, you can cover yourself and your dependents for medical, but choose to cover yourself only under the dental plan.

### Covering a "Sponsored Dependent"

Employees may enroll a "sponsored dependent" and his/her eligible children in MSU coverage, provided they meet the following criteria:

**A sponsored dependent is defined as an adult that shares primary residence with a covered employee. The sponsored dependent must:**

- » Have lived with the MSU employee for at least 12 months prior to the effective date of coverage;
- » Be at least the age of majority;
- » Not be a relative (see definition of relative below); and
- » Not be employed by MSU.

**A sponsored dependent's children are defined as those who:**

- » Share primary residence with the covered MSU employee;
- » Are under age 26;
- » Are the natural born or adopted child of the sponsored dependent; and
- » Are not relatives of the covered MSU employee, (Relatives include parents, children, spouses, brothers, sisters, brothers- and sisters-in law, mothers- and fathers-in law, uncles, aunts, cousins, nieces, great nieces, nephews, great nephews, grandmothers, grandfathers, great grandmothers, great grandfathers, sons- and daughters-in law and half- or step-relatives of the same relationships. Note: Children for whom the employee has legal guardianship are eligible as the employee's dependents.)

To add a sponsored dependent and his/her children to your coverage, an **Affidavit of Sponsored Dependent Relationship** must be signed by both adult parties and notarized. Additionally, proof of common residency for a 12-month period must be provided. This could include a driver's license with the same address issued for 12 months, rental agreement or mortgage, utility bills in names with a common address that are more than one-year old. The employee must also complete an **Anthem Affidavit**.

### Health Insurance Premiums and IRS Tax Regulations Related to Sponsored Dependents

In accordance with IRS regulations:

- » The portion of insurance premiums for the sponsored dependent and his/her dependent children must be paid on a post-tax basis.
- » Medical expenses incurred by the sponsored dependent and his/her dependent children are not allowed for reimbursement under the employee's flexible health care spending account (IRC Section 125) or Health Reimbursement Arrangement (HRA).
- » The sponsored dependent is not eligible for wellness incentives.

The portion of insurance premiums paid by the employee for the sponsored dependent and his/her sponsored dependent children is not subsidized by the University. The employee will receive a **single MSU** contribution only. Also, MSU's contribution to the Health Savings Account or Health Reimbursement Arrangement will be at the **single level**.

### When Changes Are Allowed

Changes to your benefits (medical, dental, life insurance, and flexible spending accounts) during the plan year are permitted only if you have a life event change that affects your benefits coverage. Following examples of life event changes:

- » You get married, separated, or divorced
- » You have a baby or adopt a child
- » You or your spouse starts or ends employment
- » A dependent starts or stops being eligible
- » Your spouse's health care coverage through his or her employer changes

You must sign a change form and submit it to the Office of Human Resources and Payroll within 30 days of your change in status. You will need to provide proof of your qualifying event, such as a copy of a marriage license, divorce decree, birth/adoption certificate, or a letter from your spouse's employer.

## Your Medical Plan Options

MSU offers you a choice of three medical plans:

- » The Life Long Savings Plan
- » The Enhanced HRA Value Plan
- » The PPO Plan



Each plan covers in-network preventive care at no cost to you. The plans use the same network of Anthem providers. And, each plan requires you to meet an annual deductible. The following table highlights key features in the plans.

Plan Feature	Option 1 HDHP	Option 2 HRA	Option 3 PPO
<b>MSU Contribution to Annual Account</b>	Includes a Health Savings Account (HSA), and offers the highest MSU contribution	Higher MSU Contributions to Health Reimbursement Arrangement (HRA) than with PPO Plan	Includes a Health Reimbursement Arrangement (HRA) and offers the lowest MSU contribution
<b>Payroll Deductions</b>	Lowest Payroll Deductions	Lower Payroll Deductions than PPO	Highest Payroll Deductions
<b>Individual Deductible</b>	\$2,800	\$1,500	\$1,650
<b>Cost Sharing</b>	After deductible, you pay 10% coinsurance for in-network services and prescription drugs.  There are no copays under this plan.	After deductible, you pay 15% coinsurance for in-network services and prescription drugs.  There are no copays under this plan.	After deductible, you pay 20% coinsurance for in-network services subject to coinsurance.  You pay set copays for some in-network services and prescription drugs.
<b>Individual Out-of-Pocket Max (in-network)</b>	\$4,600	\$4,000	\$3,500

### Monthly Payroll Deductions—

*Cost is based on the plan and coverage level you select, and whether you are tobacco-free*

Employee Monthly Premiums					
Coverage Level	Life Long Savings Plan	Enhanced HRA Value Plan	PPO Plan	Tobacco User Surcharge ADD	Spousal Surcharge ADD
<b>Single</b>	\$92	\$125	\$168	\$200	—
<b>Employee + Spouse</b>	\$265	\$313	\$372	\$200	\$150
<b>Employee + Child(ren)</b>	\$231	\$249	\$312	\$200	—
<b>Family</b>	\$325	\$374	\$451	\$200	\$150
<b>Employee + Spouse Cross Reference</b> (Both Spouses Employed at MSU)	—	\$13	\$86	\$200	\$150
<b>Family Cross Reference</b> (Both Spouses Employed at MSU)	\$184	\$250	\$336	\$200	\$150
<b>Sponsored Dependent – Employee + Partner</b>	\$456	\$492	\$518	\$200	\$150
<b>Sponsored Dependent – Family</b>	\$714	\$770	\$810	\$200	\$150

## Cost Sharing Provisions and How Cost Sharing Applies When You Need Care

	Life Long Savings Plan		Enhanced HRA Value Plan		PPO Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible						
Individual	\$2,800	\$5,400	\$1,500	\$3,000	\$1,650	\$3,500
Family	\$5,400	\$10,800	\$3,000	\$6,000	\$3,300	\$7,000
Employee Coinsurance	You pay 10%	You pay 50%	You pay 15%	You pay 50%	You pay 20%	You pay 50%
Copays	Do not apply		Do not apply		Apply for some services	
Out-of-pocket Max						
Individual	\$4,600	\$9,200	\$4,000	\$8,000	\$3,500	\$8,500
Family	\$9,200	\$18,400	\$8,000	\$16,000	\$7,000	\$17,000
Preventive Care	Free	Coinsurance applies after deductible	Free	Coinsurance applies after deductible	Free	Coinsurance applies after deductible
Physician Office Services	10% after deductible		15% after deductible		\$35 copay	
Telemedicine	10% after deductible		15% after deductible		\$35 copay	
Minute Clinic	10% after deductible		15% after deductible		\$35 copay	
Specialist Office Services	10% after deductible		15% after deductible		\$50 copay	
Urgent Care Services	10% after deductible		15% after deductible		\$70 copay	
Emergency Room Services	10% after deductible		15% after deductible		\$150 copay plus 20% coinsurance after deductible	
Inpatient Hospital	10% after deductible		15% after deductible		Coinsurance applies after deductible	
Outpatient Services	10% after deductible		15% after deductible			
Prescription Drugs	10% after deductible		15% after deductible		Rx deductible (applies for Tier 1, 2 and 3 drugs): \$50 Single; \$100 2-Person and Family Tier 1 copay: \$10 retail; \$25 mail order Tier 2 copay: \$30 retail; \$75 mail order Tier 3 copay: \$60 retail; \$150 mail order Tier 4: You pay 25% coinsurance	

You pay less of your own money when you visit network providers. Find an in-network provider at [www.anthem.com](http://www.anthem.com). Look for Anthem's Blue Distinction providers!

## **NEW! Effective April 1st 2022: Virtual Primary Care (VPC) experience within the Sydney<sup>SM</sup> Health mobile app**

### **What is virtual primary care (VPC)?**

Virtual primary care provides convenient and affordable access to urgent, routine/preventive, and chronic condition care through the Sydney<sup>SM</sup> Health mobile app. Our virtual primary care providers can diagnose and treat many common health conditions, prescribe medications, and conduct wellness check-ins, at low or no cost.

### **How does it work?**

Through the Sydney Health app, members have access to a full range of virtual primary care services through a dedicated care team. They can chat with a doctor or have a video visit at a time and place that works for them. Through virtual primary care, members can:

- » Use the interactive Symptom Checker or visit with a doctor over chat or video for urgent care services, 24/7.
- » Access virtual primary care services (routine/preventive and chronic condition care) from 9 a.m. to 9 p.m. ET Monday to Friday, and 9 a.m. to 5 p.m. Saturday and Sunday. If members message their virtual primary care team after those hours, they will receive a response at the team's earliest convenience.
- » Schedule a wellness check-in to share their health history and discuss their health goals with a doctor on a virtual video visit. The doctor will create a personalized care plan and follow up with the member after their visit, all through the app.

### **How much do virtual primary care services cost members?**

Virtual primary care visits are available to most health plan members at low or no cost. For members with a high-deductible health plan, the most a member could pay for a visit is \$39 if they have not met their deductible.

### **Will members still have access to LiveHealth Online?**

Yes, members will still have access to the LiveHealth Online services provided for on-demand urgent care and behavioral health care appointments. LiveHealth Online's care services can be accessed through the "Find Care" tool in Sydney Health and on [Anthem.com](https://www.anthem.com).

### **What is the average wait time to see a doctor through virtual primary care on Sydney Health?**

Most members can expect wait times of less than 30 minutes for on-demand text or urgent care visits.



## Tobacco User Surcharge

"Tobacco" includes any form of tobacco products that are smoked (e.g., cigarettes, cigars, pipes); applied to the gums, chewed, or ingested (e.g., dipping or chewing leaf tobacco); and/or inhaled (e.g., snuff or electronic cigarettes). The tobacco user surcharge applies if you or your covered spouse use any products listed above.

## New Employees

New employees and spouses covered under MSU's health insurance plan must complete a Tobacco Declaration form attesting to non-tobacco use to avoid the surcharge, may be subject to random testing.

## Spousal Surcharge

***If your spouse or adult sponsored dependent is covered under your MSU medical plan***, you will be asked to confirm if he/she has access to medical coverage through his/her own employer or through a retirement plan by signing an **Affidavit of Spousal Surcharge Compliance**. If your spouse does have access to other coverage, and you elect to enroll him/her on your MSU medical plan, a surcharge of \$150 per month will be added to your medical plan payroll deduction.

If, at any point, your spouse ceases to be eligible for his/her medical coverage, he/she may be enrolled in your MSU medical plan. You will have 31 days from the loss of eligibility to enroll your spouse in MSU's plan.

An open enrollment under another employer's benefit plan is considered a mid-year change in status (qualifying) event under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible, he/she should contact his/her employer and request to enroll in their employer's benefit plan.

This surcharge does not apply toward dependent children. You are still able to enroll your dependent children in the MSU medical plan regardless of your spouse's status under this restriction.

This surcharge does not apply to a spouse when both spouses are employed at MSU and covered under a MSU Spouse plan.

**Please complete the affidavit and return it to Human Resources:**

» **301 Howell McDowell**

» **Fax: 3-9168**

» **Email: [benefits@moreheadstate.edu](mailto:benefits@moreheadstate.edu)**

**If you do not return the Affidavit and you are enrolling or continuing to cover a spouse on a MSU medical plan, the surcharge will be imposed. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.**

**The Affidavit of Spousal Surcharge can be found at [www.Moreheadstate.edu/hr](http://www.Moreheadstate.edu/hr). Please print and complete this affidavit and return it to Human Resources**

» **301 Howell McDowell**

» **Fax: 3-9168**

» **Email: [benefits@moreheadstate.edu](mailto:benefits@moreheadstate.edu)**



## Prescription Medications



### Know Your Rx Coalition

Morehead State University is a member of the Know Your Rx Coalition, which is a purchasing coalition to help reduce costs. Through the coalition, we join other state and regional universities who are also interested in reducing costs while increasing the level of service to employees.

Members enrolled in Morehead State University's medical plans are automatically covered under the prescription drug plan and will have access to the services provided by Know Your Rx, which include:

- » Free counseling service via live pharmacists
- » Identification of lower cost prescription alternatives
- » Contacting physician to facilitate seeking authorization for lower cost alternative therapies
- » Liaison for patients/physicians for issues with Rx benefit including prior authorization, step therapy, and other programs
- » Educational resources – adverse effects, drug interactions and general medication information The prescription drug program features:
- » Convenient mail order program to help you save money on maintenance prescriptions
- » Easy-to-use retail pharmacy program with a broad network of Express Script pharmacies including major pharmacy chains and independent stores

Regardless of which medical plan you are enrolled in, you will have the opportunity to use a home delivery pharmacy service. If you are on the PPO plan, this program provides a 90-day supply of your maintenance medication shipped to your home. Not only will you have the convenience of skipping the drug store, you will receive three months of your medication.

### Copayment Assistance for Certain Specialty Drugs

The copayments for certain specialty prescription drugs used to treat hepatitis C, cancer, or hereditary angioedema will increase. However, MSU will offer employees the opportunity to enroll in a copay assistance program—offered in partnership with the drugs' manufacturers—called the "Variable Copay Program." This program pays the significant share of the cost for these specialty drugs.

If you are taking specialty drugs for the conditions noted above, you will receive a letter from Accredo (Express Scripts specialty pharmacy) alerting you to your new copayment and providing you with instructions for enrolling in copay assistance for your medication. It only takes a few minutes to enroll.

When you enroll in this program, only the amount you pay out of your own pocket will count toward your annual deductible and out-of-pocket maximum. The assistance you receive through the program will not be applied.

**Know Your Rx Coalition**

**855.218.5979**

**[www.kyrx.org](http://www.kyrx.org)**

Monday-Friday 8AM-6PM EST



# Wondr more, stress less

(and lose weight).

When our head isn't in the right place, our body feels it — and vice versa. Morehead State University is offering a skills-based digital weight loss program that will not only help you lose weight but come out of hard times healthier and happier than ever — at no cost to you.\*

**Space is limited.**

**Learn more at  
[wondrhealth.com/MoreheadState](https://wondrhealth.com/MoreheadState)**

**Upcoming classes:**

**Class 2 - Apply between 5/26/2022 – 5/29/2022  
(Program begins 6/13/2022)**

**Class 3 - Apply between 9/5/2022 – 9/18/2022  
(Program begins 10/3/2022)**

**Eligibility Criteria:**

- All Employees, Spouses, Adult Dependents enrolled in the medical plan are able to apply for the Wondr Health Program
- Wondr Health will automatically disqualify candidates if their BMI is too low or if a participant's physician advises against weight loss
- Members who have already participated in Wondr Health are encouraged to re-enroll if they are finding success with the program





# Wondr is not a diet—it's a science

With Wondr, you don't have to eat kale salads 24/7 or become a gym rat—our digital weight loss program will teach you how to be in your best health as your true self. You'll learn science-based skills that help you lose weight, sleep better, stress less, and so much more.

## Here's what you get:



A 100% digital on-the-go experience and Wondr app



Clinically-proven results that last



Expert team of instructors via our digital platform



Weekly master classes that are tailored to you



Personalized support through texts, daily nudges, and health coaches



Welcome kit complete with tools and encouragement



The WondrLink™ online community for social support



The Wondr blog for other relevant resources

**“Once I saw the numbers actually drop on that scale, it gave me hope and more confidence.”**

**Brad M.**

LOST 70 LBS    GAINED CONFIDENCE





## About the Health Savings Account (HSA)

HealthEquity®

A Health Savings Account, or HSA, is a special bank account owned by you to pay for current and future health care expenses. An HSA comes with the Life Long Savings Plan option, and when you choose this plan, the university will establish an HSA for you with HealthEquity, our HSA plan custodian.

### How Your HSA is Funded

MSU gets you started with a **pre-tax “auto-contribution”** to your HSA. The contribution amount is based on the coverage level you choose:

MSU Automatic HSA Contribution	
Life Long Savings Plan	
Single	\$400
Employee + Spouse	\$800
Employee + Child(ren)	\$1,200
Family	\$1,200

MSU's contribution is made in two installments: half on January 1 and half on July 1. You can use the university's contributions as soon as they are credited to your account.

MSU contributes **additional pre-tax money to your HSA** when you participate in the Live Well, Work Well @ MSU program. When you complete all of the required activities, you receive up to:

Live Well, Work Well @ MSU HSA Contribution	
Life Long Savings Plan	
Single	\$675
Employee + Spouse	\$1,350
Employee + Child(ren)	\$675
Family	\$1,350

These HSA contributions are credited to your account as follows:

- » Monthly for completing the online Personal Health Assessment and recording a preventive care exam by your Personal Health Care Provider.
- » In July and December, based on the Outcomes you meet and WellPoints you accumulate through the year.



Finally, you can contribute your own money, tax-free, to your HSA. The IRS allows a total annual contribution (MSU's plus your own) of:

- » \$3,650 if you have Single coverage
- » \$7,300 if you have 2-Person or Family coverage
- » An additional "catch-up" contribution of \$1,000 during 2022 for age 55

For example, if you are age 35 with Single coverage, assuming you get the maximum wellness incentive, you can contribute up to \$2,525 in 2022: (\$3,650 - \$400 - \$675 = 2,575).

You will decide how much of your own money (up to IRS limits) to contribute during open enrollment. However, you can adjust your contribution amount at any time during the year. Your contributions will be made each pay period through semimonthly payroll deductions.

### It's Your Money

You can use your HSA account balance on hand to pay your share of health care costs when incurred, or save your money for future expenses. As long as you use your HSA account to pay for eligible expenses (as defined by IRS code), you don't pay taxes on the money coming out of your account. In addition, the HSA is yours. Your balance rolls over from year to year, and you can keep your account if you separate or retire from MSU.

### It's Easy to Use Your HSA

After you enroll in the Life Long Savings Plan, you will receive a debit card from HealthEquity (our HSA plan custodian). You can use your card to pay a provider directly. Or, you can pay for care with your own money then reimburse yourself through your account.

You will need to file form 8889 with your Federal income tax return for each year you contribute to or withdraw from your HSA. Be sure to save your receipts—sometimes the IRS requires you to provide a back- up when you submit your taxes.

Use your HSA to pay your deductible and your share of costs for qualified health expenses. Visit [www.irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf) to see the full list of qualified expenses.

### Interest, Investment Earnings, and Expenses

Your HSA earns interest each month. You also will have the opportunity to invest the money you save through your account.

MSU will pay the administration/bank fees for employees who are enrolled in the Life Long Savings Plan. If you leave MSU, or decide to enroll in a different MSU-sponsored medical plan in subsequent years, you will be responsible for any applicable administrative fees.

### Certain Eligibility Requirements Apply

To be eligible to receive the university's HSA contributions, you must enroll in the Life Long Savings Plan option. And, there are additional eligibility requirements that apply. You are eligible to enroll in an HSA if:

- » You have not received Veterans Affairs (VA) benefits within the past three months.
- » You are not covered by any other non-high deductible health plan, such as your spouse's plan.
- » You are not eligible for or enrolled in Medicare.
- » You do not receive benefits under TRICARE.
- » You are not claimed as a dependent on someone else's tax return.

Employees who cover adult children up to age 26 on a High Deductible Health Plan (HDHP) may not be able to use HSA funds to obtain tax-free reimbursements for medical expenses incurred by the adult children. Please consult your tax advisor for additional information.

### PLAN YOUR HSA CONTRIBUTIONS CAREFULLY

If you over-contribute to your account in a given year, you will be required to take a distribution and pay taxes on the amount over the annual limit. Penalties may also apply. So, be sure to plan your own contribution in coordination with MSU's automatic contribution and the amounts you think you will earn through the Live Well, Work Well @ MSU program.

### KEEP IN MIND

If you over-contribute to your account in a given year, you will be required to take a distribution and pay taxes on the amount over the annual limit. Penalties may also apply. So, be sure to plan your own contribution in coordination with MSU's automatic contribution and the amounts you think you will earn through the Live Well, Work Well @ MSU program.

## About the Health Reimbursement Arrangement (HRA)

HealthEquity®

If you choose the Enhanced Value HRA Plan or the PPO Plan, the university provides you with a Health Reimbursement Arrangement (HRA), which you can use to pay for any service or item prescribed by a physician, whether medical, dental or vision.

This account is funded by the university—you are not allowed to contribute your own money. Also, you do not have to sign up for a HRA; you will be automatically enrolled if you choose one of the plans noted above.

HealthEquity will continue to serve as MSU's HRA custodian for 2022.

MSU's HRA contribution amount is based on the plan and coverage level you select:

MSU Automatic HRA Contribution		
	Enhanced HRA Value Plan	PPO Plan
Single	\$200	\$100
Employee + Spouse	\$400	\$200
Employee + Child(ren)	\$600	\$300
Family	\$600	\$300

The HRA contribution will be added to your account in two increments: half of the annual contribution is credited to your account on January 1, and the second half is credited to your account on July 1.

MSU also contributes **additional money to your HRA** when you participate in the Live Well, Work Well @ MSU program. When you complete all of the required activities, you receive up to:

Live Well, Work Well @ MSU HRA Contribution		
	Enhanced HRA Value Plan	PPO Plan
Single	\$675	\$675
Employee + Spouse	\$1,350	\$1,350
Employee + Child(ren)	\$675	\$675
Family	\$1,350	\$1,350

These HRA contributions are made monthly for completing the online Personal Health Assessment and recording a preventive care exam by your Personal Health Care Provider and in July and December, based on the Outcomes you achieve and WellPoints you accumulate through the year.

Your HRA balance can roll over from year to year; however, it cannot exceed \$6,000. If your HRA account balance is \$6,000 or more on January 1, you will not be eligible for a new HRA contribution. If your account falls below \$6,000 by July 1, you will receive half of the university's annual contribution—or the portion of that amount that increases your balance to \$6,000.

## Flexible Spending Accounts (FSAs)

A flexible spending account, or FSA, is an important part of MSU's overall benefit package. Through the FSAs, you can set aside a portion of your earnings, tax-free, for everyday expenses you may have with:

- » Dependent day care expenses
- » Out-of-pocket medical expenses including health, dental, vision, and prescription drug expenses

When you choose to participate in an FSA, it does not change your insurance benefits, it merely affects the way you pay your dependent day care and out-of-pocket medical expenses. You work hard for your money. Take advantage of the powerful benefits this plan has to offer. By participating in this plan, you can increase your spendable income.

### TAKE NOTE...

If you choose the Life Long Savings Plan for medical coverage, you cannot enroll in the Health Care Spending Account. However, you are allowed to participate in the Dependent Care Account.

### Here's how Health Care Spending Account works:

- » Decide how much you want to contribute to the account for 2022.
- » Have your contributions deducted from your paycheck each pay period before taxes are withheld.
- » Employees may contribute a minimum of \$200 up to a maximum of \$2,750 (current IRS limit) per employee, regardless of whether you cover just yourself or your full family. If both spouses work at MSU, they can each claim the \$2,750 for a total household limit of \$5,500.
- » Use the money in your account to pay for eligible expenses such as copayments, coinsurance, and deductibles.
- » The full value of your account is available on the first day of the calendar year or upon making an election as a new employee.
- » You can incur claims for a period of 14½ months: January 1, 2022 through March 15, 2023. Claims can be filed through March 31, 2023.
- » If your employment ends mid-year, you have three 30 days from the coverage end date to submit claims for services incurred by the end of your coverage end date. You are eligible for COBRA for your Health Care FSA if you have a positive balance remaining in your Health Care FSA account at the coverage end date.

### Your Health Care Flexible Spending Account Debit Card (HealthEquity Visa)

Use the debit card to pay for eligible health care out-of-pocket expenses. The debit card gives you instant, on-the-spot access to your account. When you pay for an item or service, use the card just like a debit card. You can even use it to make eligible purchases online.

#### TIP:

Always save your receipts and Explanation of Benefits (EOB) statements! Per IRS regulations, you may be required to provide receipts or EOB to verify expenses are eligible.

### How the Dependent Care Flexible Spending Account Works:

Use the Dependent Care Flexible Spending Account (Child Care) to reimburse yourself (while you and your spouse work, or go to school full-time) for day care expenses. Reimbursements can only be made for services already incurred (cannot be reimbursed in advance of service date).

A qualifying dependent for the FSA is your tax dependent who is under age 13, or of any age (including but not limited to, your parents, and parent-in-laws), or your spouse who is mentally or physically incapable of caring for himself or herself.

With the Dependent Care Flexible Spending Account, you can contribute a minimum of \$200 up to a maximum of \$5,000 each year for a married couple filing a joint return, or for a single parent filing as "Head of Household." For a married couple filing separate returns, the limit is \$2,500 each year. You can be reimbursed for up to the amount available in your account at the time of your request.

When filing income tax returns, the day-care credit is reduced dollar for dollar by contributions to, or benefits received from, an employer's cafeteria plan. An employee may participate in their employer's cafeteria plan and also take a portion of the day care expenses through the credit if they have sufficient expenses in excess of their cafeteria plan's annual election, but within the tax credit limits.

### Important:

You can incur claims on your 2022 dependent care flexible spending account until December 31, 2022 and then file claims through January 30, 2023.

### Limited-Purpose FSA (LPFSA)

Used in conjunction with a health savings account (HSA), an LPFSA allows you to contribute additional pre-tax dollars to use for dental and/or vision expenses. This allows you to maximize your pre-tax HSA contributions and contribute additional pre-tax dollars to an LPFSA.

### Powerful Partner for Your HSA

A limited-purpose health FSA is much like a general-purpose health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses, such as:

- » Vision exams, LASIK surgery, contact lenses, and eyeglasses
- » Dental cleanings, X-rays, fillings, crowns, and orthodontia

### A Limited-purpose FSA and an HSA

IRS rules state that you cannot have both an HSA and general-purpose health FSA since both apply funds toward your medical expenses. A limited-purpose FSA allows you to continue to contribute to an HSA. You maximize your savings and tax benefits by restricting your FSA reimbursement to only vision and dental expenses.

### LPFSA Funds are Available on Day 1

Your annual limited-purpose FSA contribution is available on the first day of the FSA plan year, which is January 1, but your total LPFSA election amount is deducted from your paycheck in equal amounts throughout the year. The annual limits for a LPFSA is the same as a general FSA: \$2,750 Single, \$5,500 Family.

### Enrolling Is Easy

A key first step is estimating your future dental and vision expenses. Think about expenses for your spouse and your qualifying dependents. Then make your annual dollar election during open enrollment.

### About the Benefits Debit Card

The benefits debit card can simplify the process of paying for eligible expenses. You can use the card at qualifying providers and merchant locations, from physician and dentist offices to pharmacies and vision service locations. The provider simply swipes your card and expenses are taken from your account.

For those who are newly enrolled, two cards will automatically be mailed to each member at the address on file. Additional cards can be obtained for a fee.



## The Rewards of Wellness

MSU rewards your efforts toward living healthfully—with extra money for your Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).

...Complete the Personal Health Assessment and a Preventive Care Exam  
...Achieve specific Health Outcomes...  
...Participate in Healthy Activities.

### Receive a \$100 reward if you do the following between December 1, and May 31:

1. Complete the Personal Health Assessment on the Wellness Portal

#### AND

2. Complete a preventive care exam and record it, along with weight, blood pressure, glucose and cholesterol, on the Wellness Portal. (Personal Health Information (PHI) is protected under the Health Insurance Portability Act (HIPAA))

The \$100 wellness incentive will be deposited into your HSA or HRA by the 15th of the month following the month in which you complete the requirements.

#### PARTICIPATING IN LIVE WELL, WORK WELL @ MSU PAYS

Earn up to \$675 for your HSA or HRA. Your covered spouse can earn up to \$675, too. Don't miss out on this extra money for your health expenses.

**Receive \$50 if you complete the 2 items listed above from June 1 to November 30.**

### Achieve Health Outcomes—Get up to \$275 for your HSA or HRA

With this second part of the Live Well, Work Well @ MSU program, you need to achieve biometric targets or goals between December 1 and November 30. When you do, you earn WellPoints, which accumulate toward an additional contribution for your HSA or HRA.

As you achieve specified biometric targets in the categories of weight, cholesterol, blood pressure and glucose, you become eligible to receive a deposit in your HSA or HRA on July 1 or December 15, depending on when you meet the target range or goal.

We encourage you to work with your personal health care provider to set the appropriate goals. Biometric screenings—which tell you your numbers—are available to employees and covered spouses at no cost.

<b>Weight</b>	\$50 and 10 WellPoints for meeting the target range or goal
<b>Cholesterol</b>	\$50 and 10 WellPoints for meeting the target range or goal
<b>Blood Pressure</b>	\$50 and 10 WellPoints for meeting the target range or goal
<b>Glucose</b>	\$50 and 10 WellPoints for meeting the target range or goal
<b>Achieve all 4 Targets</b>	Extra \$75 for a total of \$275 for healthy outcomes!!!

### Do Healthy Activities—get up to \$300 for your HSA or HRA

You will accumulate WellPoints for doing healthy activities in two phases:

» We will look at your WellPoint balance on May 31; you have the opportunity to receive up to \$150 for your HSA or HRA on July 1.

	<b>WellPoints Earned</b>	<b>HSA/HRA Contribution Amount</b>
<b>Gold Level</b>	500 WellPoints	\$150 Contribution
<b>Silver Level</b>	425 WellPoints	\$100 Contribution
<b>Bronze Level</b>	215 WellPoints	\$25 Contribution

» We will look at your WellPoint balance again on November 30. If you have earned additional WellPoints, you will receive another HSA or HRA contribution on December 15.

	<b>Additional WellPoints Earned</b>	<b>HSA/HRA Contribution Amount</b>
<b>Gold Level</b>	500 WellPoints	\$150 Contribution
<b>Silver Level</b>	425 WellPoints	\$100 Contribution
<b>Bronze Level</b>	215 WellPoints	\$25 Contribution

There are many activities that will earn you WellPoints.. Following are a few examples; go to the wellness portal at [livewell.mycernerwellness.com](http://livewell.mycernerwellness.com) to see the full list.

Healthy Activity	Activity Description	Activity Points	Maximum Points
<b>My Personal Health Mission Statement</b>	Enter your personal health mission statement on your portal dashboard.	10	10
<b>Weight: Log on Wellness Portal Monthly</b>	Weight is self-reported on weight log on the wellness portal. Enter your weight each month and receive 5 WellPoints.	5	60
<b>Physical Activity</b>	Physical activity is self-reported on the cardio log on the wellness portal. Receive 3 WellPoints for each 30 minutes of activity up to 60 minutes (6 WellPoints) per day.	2	600
<b>Steps</b>	Steps are self-reported in the Steps Log or via a Fitbit sync. Receive 2 WellPoints for each entry of 5,000 steps up to 10,000 steps per day.	2	400
<b>Wellness Workshops</b>	A variety of workshops are offered through your Wellness Portal.	5	30
<b>On Site Events</b>	Special events are held throughout the year, i.e., Wellness Week, Breast Cancer Awareness Week, Group Walks, Scavenger Hunts, etc. These events are worth 10 WellPoints unless stated otherwise.	10	60

The path to wellness at your fingertips. Download the Healthy Path app from the App Store or the Google PlayStore.

Begin by searching for **MSU** to start the connection to your site.

If you have already created an account in 2022 click sign in – otherwise follow the prompts below:

1. Enter your email address and click Submit
2. Enter the activation code sent to the email address and click submit
3. Confirm your date of birth and member number and click Continue
4. Fill in all fields on the Create an Account page and then click Create Account
5. Agree to terms of use

All site features that are available on the desktop version of Cerner Well-being are available via the Healthy Path app.



Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact MSU's Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# Life Resources Program

## Life just got easier

If it's on your mind, there's a good chance we can help



**We're the folks you can turn to when you need help meeting the everyday challenges of life. Call 800-865-1044 or visit [anthemeap.com](http://anthemeap.com) and enter Morehead State University to log in.**

- Meeting the needs of work and family
- Finding child and elder care
- Giving and receiving feedback
- Handling grief and loss
- Parenting a child with special needs
- Living within a realistic budget
- Addressing addiction and recovery
- Dealing with identity theft
- Managing stress

## How to reach us

**Help that goes where you do. Take us along. Here is a way to keep us handy.**

**It is easy to reach us.** Call the toll-free number and a representative will help you find resources near you with complete confidentiality. Sometimes it's better to meet face to face with a professional. That's where your EAP counseling comes in. You have up to 8 free counseling visits per issue. Ask us about online visits with LiveHealth Online.

Maybe you just need to ask a quick question about something. Call us. And, if you or a member of your household is in crisis, don't wait; call. We can help with that, too.

### Get to know your Life Resources Program better [anthemeap.com](http://anthemeap.com)

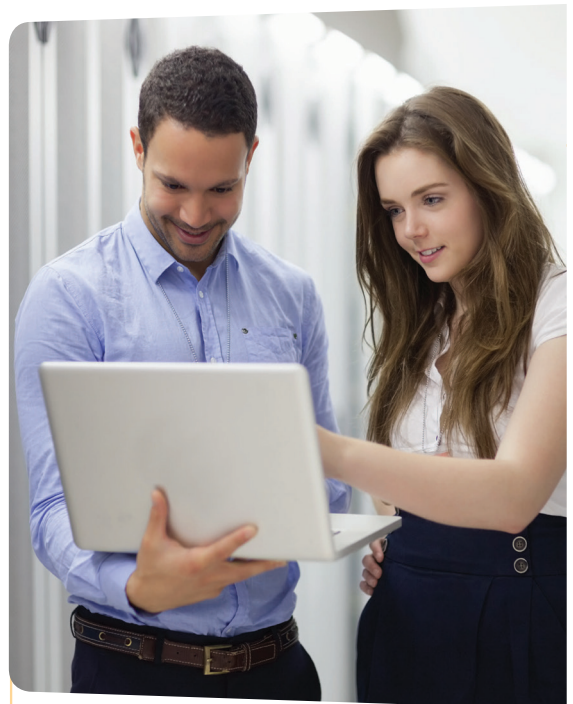
You'll find articles, checklists, quizzes and other helpful tools online. You can browse resources, attend a webinar or take an online class — right at your own computer. Here are some topics covered:

#### Life Resources Program

**800-865-1044**

**[anthemeap.com](http://anthemeap.com)** Enter **Morehead State University** to log in.

Free, confidential help  
24 hours a day,  
7 days a week



## Voluntary Dental Benefits

MSU offers employees two dental plan options:

- » Delta Dental Basic
- » Delta Dental Buy-Up

You can enroll yourself and your eligible family members in dental coverage. Your monthly premium is based on the plan and coverage you select.



Monthly Dental Premiums		
	Delta Dental Basic	Delta Dental Buy-Up
<b>Single</b>	\$18.35	\$25.90
<b>2-Person</b>	\$36.71	\$51.81
<b>Family</b>	\$57.82	\$81.59

With Delta Dental of Kentucky, you have access to a large network of providers who agree to negotiated rates with Delta Dental. So, when you use a network dentist, you will pay much less of your own money for dental care. Also, Delta's dentists will file your claims. You pay your applicable deductible and coinsurance for the services you receive. You can also access your benefits information online—search for a Delta network dentist, check your benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more—all at your own convenience.

If you have questions, please call Delta Dental at [800.955.2030](tel:800.955.2030) or go to [www.DeltaDentalKY.com](http://www.DeltaDentalKY.com).

	Basic Plan	Buy-Up Plan
	Delta Dental PPO Network Benefits	Delta Dental PPO Network Benefits
Annual Maximum		
Per covered person, per benefit	\$750	\$1,000
Diagnostic and Preventive Services – These services do not count toward your Annual Max, allowing you to get the most out of your dental benefits.		
Cleanings	100% coverage No deductible	100% coverage No deductible
Exams		
X-rays		
Sealants (through age 15)		
Fluoride (through age 18)		
Minor Services		
Fillings (includes white fillings)	80% coverage	80% coverage
Extractions		
Major Services*		
Endodontics	25% coverage	25% coverage
Periodontics		
Oral Surgery		
Crowns/Bridges		
Implants		
Dentures		
Orthodontics*		
Orthodontic Services (through age 19)	N/A	50% coverage
Orthodontic Lifetime Maximum	N/A	\$1,000 per covered dependent
Deductible	\$75 per person, per benefit year; \$175 maximum per family. Applies to Minor and Major Services only.	\$50 per person, per benefit year; \$150 maximum per family. Applies to Minor and Major Services only.

\*12 month waiting period for Major Services only applies to new enrollees. 12 month waived for all current enrollees in MSU's dental plan. Replacement of teeth missing prior to the effective date not covered.



## Vision Benefits

Your Blue View Vision Plan Benefits	In-Network	Out-Of-Network	Frequency
<b>Routine Eye Exam</b> A comprehensive eye examination	\$0 copay	Reimbursed up to \$42	Once every calendar year
<b>Eyeglass Frames</b> One pair of eyeglass frames	\$150 Allowance, then 20% off any remaining balance	Reimbursed up to \$45	Once every calendar year
<b>Eyeglass Lenses</b> (instead of contact lenses) One pair of standard plastic prescription lenses			
Single vision lenses	\$0 copay	Reimbursed up to \$40	Once every calendar year
Bifocal lenses	\$0 copay	Reimbursed up to \$60	
Trifocal lenses	\$0 copay	Reimbursed up to \$80	
<b>Eyeglass Lens Enhancements</b> When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost			
Transitions Lenses (for a child under age 21)	\$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Standard polycarbonate (for a child under age 21)	\$0 copay		
Factory Scratch Coating	\$0 copay		
<b>Contact Lenses</b> (instead of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period			
Elective conventional (non-disposable) OR	\$150 Allowance, then 15% off any remaining balance	Reimbursed up to \$105	Once every calendar year
Elective disposable OR	\$150 Allowance (no additional discount)	Reimbursed up to \$105	
Non-elective (medically necessary)	Covered in full	Reimbursed up to \$210	
<b>Optional Savings Available From Blue View Vision In-Network Providers Only</b>			<b>In-Network Member Cost (after any applicable copay)</b>
<b>Retinal Imaging</b> – at member's option, can be performed a time of eye exam			Not more than \$39
Transition Lenses (Adults)			\$75
Standard Polycarbonate (Adults)			\$40
Tint (Solid and Gradient)			\$15
UV Coating			\$15
Progressive Lenses <sup>1</sup>			
Standard			\$55
Premium Tier 1			\$85
Premium Tier 2			\$95
Premium Tier 3			\$110
Premium Tier 4			\$175
Anti-Reflective Coating <sup>2</sup>			
Standard			\$45
Premium Tier 1			\$57
Premium Tier 2			\$68
Premium Tier 3			\$85
Other Add-ons			20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider	Complete Pair		40% off retail price
	Eyeglass materials purchased separately		20% off retail price
<b>Eyewear Accessories</b>	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.		20% off retail
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	Standard contact lens fitting <sup>3</sup>		Up to \$55
	Premium contact lens fitting <sup>4</sup>		10% off retail price
<b>Conventional Contact Lenses</b>	Discount applies to materials only		15% off retail price

<sup>1</sup>Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

<sup>2</sup>Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

<sup>3</sup>Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>4</sup>Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Monthly Vision Premiums	
Employee	\$4.80
Employee + Spouse	\$9.60
Employee + Children	\$10.65
Family	\$16.80

## Your Life Insurance Benefits

Life insurance provides financial protection for you and your family in the event something unexpected happens.

**MINNESOTA  
LIFE**

Here's how your coverage works.

### Basic Life Insurance

The university provides you with Basic life insurance coverage of \$50,000. In addition, you have \$50,000 of Accidental Death & Dismemberment coverage in the event of a severe accident. This coverage is provided at no cost to you.

### Employee Supplemental Life Insurance

During open enrollment you have the option to purchase supplemental life insurance in the following increments: 1, 1.5, 2, 3, 4, 5 or 6 times your annual earnings, rounded to the next higher \$1,000 if not an even multiple thereof. You can purchase a maximum of \$750,000 of coverage.

### Guaranteed Issue Amount

The "guaranteed issue amount" is the amount of insurance that you may elect without providing evidence of good health. The guaranteed issue amount for newly eligible employees is a maximum 3x annual salary up to \$350,000.

### Supplemental Life for Spouse

» **Spouse Benefit Amount:** Coverage is available in increments of \$10,000 up to \$250,000. The offer includes \$50,000 guaranteed issue for newly eligible spouses. See rate chart below.

### Supplemental Life for Child(ren)

» **Child Benefit Amount:** Coverage is available with a maximum of \$10,000 or \$15,000 up to age 26. One premium rate of .13 per thousand per month covers all eligible children.

## Life Insurance Premiums

Monthly premiums for supplemental life and dependent life insurance coverage are noted below. The cost is based on your age and the amount of coverage you purchase.

Monthly Life Insurance Premiums	
Age as of 1/1/2022	Rate per \$1,000 of Coverage per Month
Under 25	\$0.07
25 – 29	\$0.08
30 – 34	\$0.10
35 – 39	\$0.11
40 – 44	\$0.12
45 – 49	\$0.17
50 – 54	\$0.25
55 – 59	\$0.42
60 – 64	\$0.68
65 – 69	\$1.29
70 – 74	\$2.08
75 and older	Call HR for a quote
Dependent Life Coverage	
Child(ren) Supplemental	.13 per \$1,000 per month

If you are requesting supplemental life insurance greater than 1X your salary or if you are electing dependent life insurance, you must visit <https://my.moreheadstate.edu/EmployeeServices/HR-Payroll> and complete an Evidence of Insurability form and submit to the Office of Human Resources and Payroll.

## Retirement Options

### Kentucky Public Pensions Authority (KPPA)

If you are hired in a full-time position in which the minimum educational requirement is less than a Bachelors degree, you will enroll in the KPPA.

For details about the Kentucky Public Pensions Authority (KPPA) defined benefit plan go to Kentucky Public Pensions Authority at <https://kyret.ky.gov/Pages/index.aspx>. Select either Tier 1, Tier 2 or Tier 3 based on your initial participation date with the retirement system. Participation date is the date you began participating with KPPA even if it was with another KPPA covered agency.

### What does participation date mean?

Generally your Participation Date is your Hire Date, however, if you have previously participated in a KPPA plan with Morehead State University or another covered agency, that hire date would constitute as your Participation Date.

### Teachers' Retirement System of Kentucky (TRS) or Optional Retirement Plan (ORP)

If you are hired in a full-time position in which the minimum educational requirement is a Bachelors degree or higher, you have the option or choose to enroll in either TRS or the ORP.

### Teachers' Retirement System of Kentucky (TRS)

Currently, your contribution to the ORP will be 8.185% of your gross pay.

For details about the Teachers' Retirement System defined benefit plan go to [www.trs.ky.gov](http://www.trs.ky.gov). If you select the TRS plan in Benefits Enrollment Online, you will should receive information from TRS regarding your enrollment.

### Optional Retirement Plan (ORP)

Currently, your contribution to the ORP will be 8.185% of your gross pay and the

University's contribution will be 8.74% of your gross pay. This money (both your contribution and the MSU contribution) will be forwarded to the annuity company in which you choose to participate. Contribution rates are governed by state statute and are, therefore, subject to change each fiscal year. With any of the ORP's, you become immediately vested, which means upon termination of employment, you retain your 8.185% contribution and the 8.74% university contribution. With the ORP, your contribution is exempt from Federal and State taxes. They are, however, subject to Social Security Tax, Morehead City Tax and Rowan County Tax. As an ORP participant, your investment options are greater and you determine how to allocate your investment funds. ORPs do have management administrative fees that you will be required to pay and there are no survivor, death, or LTD benefits and no medical insurance upon retirement.

To participate in an Optional Retirement Plan (ORP) please contact the Provider of your choosing from the list below to complete an application.

### Providers:

#### TIAA

8500 Andrew Carnegie Blvd. Charlotte, NC 28262  
Jeff Steinhaus: **877.535.6910**, ext. **22.1708**  
Email: [j.steinhaus@tiaa.org](mailto:j.steinhaus@tiaa.org)

#### AIG

2919 Allen Parkway  
Houston TX 77019  
Mark Spinosa: **800.892.5558 (Ext. 89211)**  
Email: [mark.spinosa@aig.com](mailto:mark.spinosa@aig.com)

#### VOYA Financial Advisors, Inc.

2024 Fort Harrods Drive  
Lexington, KY 40513  
Paul Kelder: **859.321.5307**  
Email: [paul.kelder@voyafa.com](mailto:paul.kelder@voyafa.com)

#### Fidelity

100 Magellan Way KW1A Covington, KY 41015  
Mike Fischer: **1.859.240.0939**

## Time Off

### Sick Leave Bank

#### University Administrative Regulation (UAR) 304.04

The purpose of the Morehead State University Voluntary Sick Leave Bank (Bank) is to provide additional paid leave for employees who have exhausted their accrued sick and vacation leave benefits as the result of a serious health condition. The Bank serves as a depository into which participating employees may voluntarily contribute accrued sick leave for allocation to other participating employees. The purpose of the Bank is not intended to provide unlimited paid sick leave for any medical reason but to alleviate the hardship caused when employees lose compensation as the result of a serious health condition. This regulation follows the FMLA definition of serious health condition and includes time required to care for an immediate family member.

#### Sick Leave Bank

Provides regular full-time faculty and staff up to 60 work days of paid sick leave in the event of a catastrophic illness or injury. (See University Administrative Regulation (UAR) 304.)

#### Sick Leave Bank Participation:

- » Employee must have a personal balance of 5 sick leave days upon completion of the initial probationary period.
- » Employee must complete and submit a **Sick Leave Bank Enrollment Form** during Open Enrollment.

#### Current Sick Leave Bank Participants:

- » No action necessary if you want to continue
- » If you want to cancel send email to [benefits@moreheadstate.edu](mailto:benefits@moreheadstate.edu)

### Sick Leave FACULTY

Upon appointment, a regular full-time faculty member is credited with a sick leave accumulation equal to one day per month of appointment, i.e., 67.5 hours for 9-month appointment, 75.0 hours for 10-month appointment. (See Personnel Policy PG-49)

### Sick Leave STAFF

A regular, non-faculty full-time employee, hired after June 30, 1990, accumulates 7.5 or 8.0 hours of sick leave per month of contract. Upon appointment, a regular full-time administrative employee, as defined in PG-2, is credited with 90 hours of sick leave. Beginning with the second year of employment the full-time regular administrative employee accumulates 7.5 hours of sick leave per calendar month or per month of contract, whichever is less. This is added to any sick leave balance from the first year. (See Personnel Policy PG-49)

#### Paid Holidays

New Year's Day, Martin Luther King, Jr. Birthday, Memorial Day, Juneteenth, Independence Day, Labor Day, Presidential Election Day, Thanksgiving Day, and Christmas Day.

#### Other Days Observed as Paid Time Off

Thanksgiving Break (Wednesday, November 24 through Friday, November 26, 2021), Holiday Break (December 20, 2021 through January 1, 2022). Dates are subject to change.

#### Vacation Leave

(See Personnel policy PG-48)

#### Funeral Leave

Normally, up to three (3) days with pay, upon the death of a member of employee's immediate family and one-half (1/2) day to attend the funeral of an associate, close friend, or relative not defined as immediate family may be approved by the supervisor. (See Personnel Policy PG-24.)

#### Military Leave

Up to ten (10) work days per year, without loss of pay, for short-term military leave, National Guard Service or Training Duty. (See Personnel Policy PG-10.)

#### Tuition Waiver

Employee waiver of tuition and computer fees up to 18 semester hours per year. Spouse and/or dependent child through age 23 may take up to 12 undergraduate hours per year.

#### MSU Recreation & Wellness Center

MSU Recreation & Wellness Center is available at no cost for regular, full-time employees. The Rec Center offers state-of-the-art exercise equipment, indoor walking track, indoor racquetball courts, indoor basketball courts, natatorium, group fitness classes and outdoor adventures.



## Other Benefits

MSU offers several AFLAC voluntary benefits. These programs are designed to provide you with income replacement or a financial benefit in the event you become seriously ill or have some time in the hospital. Go to [www.aflac.com/moreheadstate](http://www.aflac.com/moreheadstate) or call AFLAC at **606.783.7463** for details and to learn more about how AFLAC's plans can benefit you and your family.

### **Here's what is offered to MSU employees; you pay the cost for this coverage.**

- » Group critical illness insurance coverage combines simplified underwriting with benefits for such events as internal cancer, heart attack and stroke, among others.
- » Group accident insurance coverage will help pay cash benefits to employees when unexpected medical and everyday expenses add up after a covered accident.
- » Group hospital insurance coverage provides cash benefits when injury or sickness happens. Expenses can add up quickly and supplemental hospital indemnity insurance helps cover these expenses.
- » Cancer Care insurance coverage is designed to provide you with cash benefits during covered cancer treatments.
- » Disability insurance coverage pays you benefits (i.e., a monthly amount that is a percentage of your gross income) for a period of time while you are disabled.

### **You can also enroll in the following benefits at any time—election is not limited to the open enrollment period, and you can make changes at any time.**

- » 403b annuities offered through TIAA, Voya and AIG
- » 457b annuities offered through TIAA, Voya, AIG and KY Deferred Compensation Authority
- » 401k offered through KY Deferred Compensation Authority
- » 529 Educational Savings Accounts through KESPT

### **For more information or to enroll, contact the providers as noted below:**

- » **TIAA.org: 800.842.2992**
- » **AIG.com: 800.892.5558**
- » **Voya.com: 855.ONE.VOYA**
- » **KY Deferred Comp: 800.542.2667**

## Medical Transport Solutions



MASA is a voluntary benefit for ground and air emergency transport offered to full-time employees via payroll deduction.



### EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DONOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



### HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

ONLY MASA provides over 1.6 million members with coverage for BOTH ground ambulance and air ambulance transport, REGARDLESS of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

You and your dependents (age 26 child(ren)) will have coverage for every emergent transport, whether it is by air and/or by ground.









#### Cost via Payroll Deduction

\$14.00 per month (\$7.00 per payroll)

#### ENROLL in Benefits Enrollment Online

## Get The App

MSU's many health and wellness providers offer apps. Download them to your phone—no cost to you—and use them to manage your health and well-being. It's easy and fun. Click the "Get for IOS" (iPhone) or "Get for Android" (Android).

<b>Anthem Anywhere</b>	<ul style="list-style-type: none"> <li>• Find doctors and providers</li> <li>• Estimate costs</li> <li>• Get an ID card</li> <li>• Manage prescriptions</li> <li>• Access your records</li> <li>• View claims</li> </ul>	 
<b>Healthy Now (companion to the Live Well, Work Well @ MSU program)</b>	<ul style="list-style-type: none"> <li>• Access activity logs and trackers</li> <li>• Manage medications</li> <li>• Join group health challenges</li> <li>• Track your incentives</li> </ul>	 
<b>Delta Dental</b>	<ul style="list-style-type: none"> <li>• Find a dentist</li> <li>• Estimate costs</li> <li>• Get an ID card</li> <li>• View claims</li> </ul>	 
<b>HealthEquity (for HSA, HRA, FSA and LPFSA accounts)</b>	<ul style="list-style-type: none"> <li>• View your transaction history</li> <li>• Submit claims using your mobile phone's camera</li> <li>• View claims status</li> <li>• Send payments and reimbursements</li> </ul>	 

Vocational educational programs at Morehead State University supported by federal funds include industrial education, vocational agriculture, business education, and the associate degree program in nursing. Any inquiries should be addressed to: Affirmative Action Officer, Morehead State University, 301 Howell-McDowell Administration Building, Morehead, KY 40351, **606.783.2097**.

Morehead State University is committed to providing equal educational opportunities to all persons regardless of race, color, national origin, age, religion, sex, sexual orientation, gender identity, gender expression, disabled veterans, recently separated veterans, other protected veterans, and armed forces service medal veterans, or disability in its educational programs, services, activities, employment policies, and admission of students to any program of study. In this regard the University conforms to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. This includes: Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Orders 11246 and 11375, Equal Pay Act of 1963, Vietnam Era Veterans Readjustment Assistance Act of 1974, Age Discrimination in Employment Act of 1967, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, and Kentucky Revised Statutes 207.130 to 207.240; Chapter 344 and other applicable statutes. Vocational educational programs at Morehead State University supported by federal funds include industrial education, vocational agriculture, business education, and the associate degree program in nursing. Any inquiries should be addressed to: Affirmative Action Officer, Morehead State University, 301 Howell-McDowell Administration Building, Morehead, KY 40351, **606.783.2097**.

## Frequently Asked Questions

Human Resource cannot advise you on what benefit coverage to elect. Human Resource representatives can provide you with information and resources to assist you in making decisions regarding your benefit coverage and providers.

### What is open enrollment?

Open enrollment is a period each year when you can make changes to your health insurance, dental insurance, life insurance and flexible spending account for the following calendar year. This is the only opportunity you will have to make changes unless you experience a qualifying life event.

### When is open enrollment?

Open enrollment begins on Monday, November 1st and ends on Friday, November 12, 2021 at midnight.

### When do plan changes go into effect?

The benefits you select during open enrollment are effective from January 1 through December 31, 2022.

### If I don't want to make any changes do I need to do anything?

It depends. If you want to contribute to a Flexible Spending Account or a Limited Purpose Flexible Spending Account, you must re-enroll each year. Also, if you want to change your current 2021 HSA election in 2022, you can do that via Benefits Enrollment online.

### Do I need to sign up for the Health Reimbursement Arrangement (HRA)?

No. If you enroll in the Enhanced HRA Value Plan or the PPO Plan, you will automatically be enrolled in the HRA.

### Do I need to enroll in a HSA if I choose the Life Long Savings Plan?

No. MSU will set up an HSA account for you with HealthEquity, the HSA plan custodian. However, note that if you are currently participating in the Health Care Flexible Spending Account, you must use that balance as soon as possible or roll it into a Limited Purpose Flexible Spending Account. MSU is not allowed to establish your HSA until you exhaust the FSA funds or roll them into a Limited Purpose FSA.

### What if I do not want MSU health care?

You must opt out of MSU's health insurance by completing Benefits Enrollment Online.

### If I opted out of MSU health care during 2021, do I still need to complete the online enrollment to continue to opt out of coverage for 2022?

No. Your current election will carry forward.

### Do I have to complete the Cotinine Test to receive the non-tobacco rate?

If you received the non-tobacco rate for medical coverage in 2020, you are not required to complete a Cotinine test for 2021, but you will be subject to random testing during the 2021 plan year. If you paid the tobacco-user rate and became tobacco-free in 2021, you do need to provide a negative Cotinine test result



## Healthcare Terminology Glossary

- » **Coinsurance:** A percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible.
- » **Copayment:** The fixed dollar amount—such as \$30 for each doctor visit—that the covered employee pays for medical services.
- » **Deductible:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for expenses. Plans usually require separate limits per person and per family.
- » **Formulary:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than higher-cost brand-name drugs.
- » **Health savings account (HSA):** HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government (for 2022, the limit is \$3,650 for self-only coverage and \$7,300 for family coverage), using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- » **High-deductible health plan (HDHP):** An HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) plan. With the exception of preventive care, employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO or other traditional plan.
- » **Preferred Provider Plan (PPO):** A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. Your out-of-pocket cost is lower if you use providers that belong to the plan's network.
- » **In-network:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- » **Out-of-network:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- » **Out-of-pocket limit:** The most an employee could pay during a coverage period (usually one year) for his/her share of the costs of covered services, including copayments and coinsurance.
- » **Premium:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.
- » **Flexible Spending Accounts—Health or Dependent Care (HCFSA or DCFSA):** An account you put money into that you use to pay for certain out-of-pocket health or childcare costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. You lose this money each year if it is not used on qualified expenses.

## 2022 Annual Notices

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your state for more information on eligibility.

<b>ALABAMA – Medicaid</b> <a href="http://myalhipp.com">http://myalhipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program <a href="http://myakhipp.com/">http://myakhipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS – Medicaid</b> <a href="http://myarhipp.com">http://myarhipp.com</a> 855.MyARHIPP (855.692.7447)
<b>CALIFORNIA – Medicaid</b> Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Medicaid and CHIP</b> Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855.692.6442
<b>FLORIDA – Medicaid</b> <a href="http://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> 877.357.3268
<b>GEORGIA – Medicaid</b> A HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2
<b>INDIANA – Medicaid</b>

Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   877.438.4479 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584
<b>IOWA – Medicaid and CHIP (Hawki)</b> Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366 Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563 HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562
<b>KANSAS – Medicaid</b> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884
<b>KENTUCKY – Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> 855.459.6328   <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b> <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>MAINE – Medicaid</b> Enrollment: <a href="https://www.maine.gov/dhhs/off/applications-forms">https://www.maine.gov/dhhs/off/applications-forms</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/off/applications-forms">https://www.maine.gov/dhhs/off/applications-forms</a> 800.977.6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> 800.862.4840
<b>MINNESOTA – Medicaid</b> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> 800.657.3739
<b>MISSOURI – Medicaid</b> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005

<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 609.631.2392 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> 800.699.9075
<b>PENNSYLVANIA – Medicaid</b>
<a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> 800.692.7462

<b>RHODE ISLAND – Medicaid and CHIP</b>
<a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
<a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> 888.549.0820
<b>SOUTH DAKOTA – Medicaid</b>
<a href="http://dss.sd.gov">http://dss.sd.gov</a> 888.828.0059
<b>TEXAS – Medicaid</b>
<a href="http://gethipptexas.com">http://gethipptexas.com</a> 800.440.0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> 877.543.7669
<b>VERMONT – Medicaid</b>
<a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> 800.250.8427
<b>VIRGINIA – Medicaid and CHIP</b>
<a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid and Chip: 800.432.5924
<b>WASHINGTON – Medicaid</b>
<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> 800.562.3022
<b>WEST VIRGINIA – Medicaid</b>
<a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> or <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIP (855.699.8447)
<b>WISCONSIN – Medicaid and CHIP</b>
<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> 800.362.3002
<b>WYOMING – Medicaid</b>
<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 800.251.1269

**To see if any other states have added a premium assistance program since October 15, 2021, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



## HIPAA Notice Of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Morehead State University is committed to the privacy of your health information. The administrators of the health plans (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Caroline Atkins at [c.atkins@moreheadstate.edu](mailto:c.atkins@moreheadstate.edu).

## HIPAA Special Enrollment Rights

### Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Morehead State University Health Plan. To actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction.

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within "30 days" after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within "30 days" after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program.** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Caroline Atkins at [c.atkins@moreheadstate.edu](mailto:c.atkins@moreheadstate.edu).

### Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete a form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



## Notice Of Creditable Coverage

### Important Notice from Morehead State University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Morehead State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Morehead State University has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Morehead State University coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Morehead State University coverage, be aware that you and your dependents will be able to get this coverage back.

### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Morehead State University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Morehead State University changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

### For More Information About Medicare Prescription Drug Coverage:

- » Visit [www.medicare.gov](http://www.medicare.gov).
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
- » Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at **1.800.772.1213** (TTY **1.800.325.0778**).

**Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

<b>Date:</b>	1/1/2022
<b>Name of Entity/Sender:</b>	Morehead State University
<b>Contact–Position/Office:</b>	Caroline Atkins, Interim Director
<b>Office Address:</b>	301 Howell-McDowell Administration Building Morehead, KY 40351
<b>Phone Number:</b>	606.783.2097

## COBRA GENERAL NOTICE

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans) \*\*Continuation Coverage Rights Under COBRA\*\*

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage: must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- » Your hours of employment are reduced, or
- » Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- » Your spouse dies;
- » Your spouse's hours of employment are reduced;
- » Your spouse's employment ends for any reason other than his or her gross misconduct;
- » Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- » You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- » The parent-employee dies;
- » The parent-employee's hours of employment are reduced;
- » The parent-employee's employment ends for any reason other than his or her gross misconduct;
- » The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- » The parents become divorced or legally separated; or
- » The child stops being eligible for coverage under the Plan as a "dependent child."

#### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- » The end of employment or reduction of hours of employment;
- » Death of the employee;
- » The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

**Caroline Atkins, Interim Director**  
**301 Howell-McDowell Administration Building**  
**Morehead, KY 40351**

#### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

##### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

##### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.



### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- » The month after your employment ends; or
- » The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage.

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan contact information

Caroline Atkins, Interim Director  
301 Howell-McDowell Administration Building  
Morehead, KY 40351

<sup>1</sup><https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

## Marketplace Notice

### New Health Insurance Marketplace Coverage Options and Your Health Coverage

#### PART A: General Information

When key parts of the health care law now in effect since 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2021 for coverage starting as early as January 1, 2022.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact <http://www.cms.hhs.gov/CreditableCoverage/>.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Morehead State University		4. Employer Identification Number (EIN) 61-1014029	
5. Employer address 301 Howell-McDowell Administration Building Morehead, KY 40351		6. Employer phone number 606.783.2097	
7. City Morehead	8. State KY	9. ZIP code 40351	
10. Who can we contact about employee health coverage at this job? Caroline Atkins			
11. Phone number (if different from above)	12. Email address c.atkins@moreheadstate.edu		

Here is some basic information about health coverage offered by this employer:

» As your employer, we offer a health plan to:

☒ All employees. Eligible employees are: Full-Time working 30 or more hours a week.

☐ Some employees. Eligible employees are:

» With respect to dependents:

☒ We do offer coverage. Eligible dependents are: Spouses, dependent children, Sponsored Dependents.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting