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# EMPLOYEE BENEFITS GUIDE

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## 2023

PLAN YEAR

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## Welcome

At Lincoln University we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

With Blue Tiger Pride,

Becky Babb

# Contact Information

## Have Questions? Need Help?

Lincoln University is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

**The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at [BRCMidwest@usi.com](mailto:BRCMidwest@usi.com).** If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

HR General – [hrs@lincolnu.edu](mailto:hrs@lincolnu.edu)

## Carrier Customer Service

	POLICY NUMBER	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	632127	Cigna	1-866-494-2111	<a href="http://www.cigna.com">www.cigna.com</a>
Health Savings Account	N/A	Central Bank	866-236-8744	<a href="http://www.centralbank.net">www.centralbank.net</a>
Flexible Spending Account	N/A	ASIFlex	573-777-5612	<a href="http://www.asiflex.com">www.asiflex.com</a>
Dental PPO	5393456	MetLife	800-438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Vision	5393456	MetLife	800-438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Voluntary Life and AD&D	5393456	MetLife	800-438-6388	<a href="http://www.metlife.com">www.metlife.com</a>
Additional Products - Accident, STD, Critical Illness	E5758750	Colonial Life	1-800-325-4368	<a href="http://www.ColonialLife.com">www.ColonialLife.com</a>
Missouri Deferred Compensation Plan	N/A	State of MO	800-392-0925	<a href="http://modeferredcomp.org">modeferredcomp.org</a>
Total Compensation Package - Retirement, Universal Life Insurance, LTD and More	N/A	MOSERS	800-827-1063	<a href="http://www.mosers.org">www.mosers.org</a>

# Eligibility

## Who is Eligible:

You may enroll in the Lincoln University Employee Benefits Program if you are a full-time employee working at least 30 hours per week.

## When Coverage Begins:

The effective date for your benefits is January 1, 2023. Newly hired employees and dependents will be effective in Lincoln University's benefits programs on your date of hire. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship, as well as children of same sex state-registered domestic partners.

# Open Enrollment

Enrolling in benefits is simple!  
Just follow the steps below:

1. Schedule a time to complete your open enrollment counseling session by clicking [here](#).
2. Review benefits information, come prepared knowing what you would like to enroll in and questions you may have.
3. On the date & time of your benefits counseling session, bring info on enrolling spouse and dependents such as their date of birth & SSN.
4. If you do not need a benefit counselor, you may confirm your benefits by logging in to [www.employeenavigator.com](http://www.employeenavigator.com)
5. New Users: Click on your Registration Link in the email sent to you by your admin or Register as a new user. **Company ID: LincolnU**
6. Start enrollment and select your benefits for 2023!

IMPORTANT  
REMINDER

# MEDICAL COVERAGE

## Medical

Lincoln University will continue to offer medical coverage through Cigna. The chart on the following page is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

[What is the difference between an HSA \(HDHP\) and PPO Plan?  
Primary Care/Urgent Care/Emergency Room](#)

	Cigna HSA Open Access Plan 632127		Cigna PPO Open Access Plan 632127	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>				
Individual	\$3,000	\$8,000	\$2,500	\$5,000
Family	\$6,000	\$16,000	\$5,000	\$10,000
Coinsurance	100%	70%	100%	70%
<b>Maximum Out-of-Pocket*</b>				
Individual	\$4,000	\$12,000	\$4,000	\$8,000
Family	\$8,000	\$24,000	\$8,000	\$16,000
<b>Physician Office Visit</b>				
Primary Care	\$25 copay - After Deductible	70% After Deductible	\$25 copay	70% After Deductible
Specialty Care	\$50 copay - After Deductible	70% After Deductible	\$50 copay	70% After Deductible
<b>Preventive Care</b>				
Adult Periodic Exams	100%	Not covered	100%	Not covered
Well-Child Care	100%	Not covered	100%	Not covered
<b>Diagnostic Services</b>				
X-ray and Lab Tests	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Complex Radiology	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Urgent Care Facility	\$75 copay (After Deductible) - Then Plan Pays 100%.	70% After Deductible	\$100 copay	70% After Deductible
Emergency Room Facility Charges*	\$250 copay - After Deductible (copay waived if admitted)	\$250 copay - After Deductible (copay waived if admitted)	\$250 copay waived if admitted	\$250 copay waived if admitted
Inpatient Facility Charges	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
Outpatient Facility and Surgical Charges	100% After Deductible	70% After Deductible	100% After Deductible	70% After Deductible
<b>Retail Pharmacy (30 Day Supply)</b>				
Generic (Tier 1)	\$15 copay (After Deductible)	Not covered	\$10 copay	Not covered
Preferred (Tier 2)	\$45 copay (After Deductible)	Not covered	\$30 copay	Not covered
Non-Preferred (Tier 3)	\$75 copay	Not covered	\$60 copay	Not covered
Preferred Specialty (Tier 4)	25% (After Deductible) - Up to a maximum of \$350	Not covered	100% After Deductible	Not covered

	Cigna HSA Open Access Plan 632127		Cigna PPO Open Access Plan 632127	
Benefits Coverage	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$38 copay (After Deductible)	Not covered	\$25 copay	Not covered
Preferred (Tier 2)	\$113 copay (After Deductible)	Not covered	\$75 copay	Not covered
Non-Preferred (Tier 3)	\$188 copay (After Deductible)	Not covered	\$150 copay	Not covered
Preferred Specialty (Tier 4)	25% After Deductible - Up to \$50 Maximum (Retail & Home Delivery Maximum of 30 days)	Not covered	Specialty medications must be filled through home delivery; otherwise you pay the entire cost of the prescription upon your first fill. Some exceptions may apply.	Not covered

Employee Contributions (Monthly)	
HSA Open Access Plan	
Employee	\$0.00
Employee & Spouse	\$690.05
Employee & Child(ren)	\$518.22
Employee & Spouse & Child(ren) (Family)	\$1,207.59
PPO Open Access Plan	
Employee	\$114.99
Employee & Spouse	\$919.96
Employee & Child(ren)	\$718.70
Employee & Spouse & Child(ren) (Family)	\$1,523.77

# DENTAL COVERAGE

# Dental

Lincoln University will be offering Dental coverage through MetLife this year. Be sure to check if your dental provider is covered as In-Network before your visit. You will pay more using an Out-of-Network provider.

The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

Benefits Coverage	MetLife Dental Low Option		MetLife Dental High Option	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>				
Individual	\$50	\$50	\$50	\$50
Family	3x individual deductible	3x individual deductible	3x individual deductible	3x individual deductible
Waived for Preventive Care?	Yes	Yes	Yes	Yes
<b>Annual Maximum</b>				
Per Person / Family	\$1,000	\$1,000	\$1,000	\$1,000
Preventive	100%	100%	100%	100%
Basic	80%	80%	80%	80%
Major	Not covered	Not covered	50%	50%
<b>Orthodontia</b>				
Benefit Percentage	Not covered	Not covered	50%	50%
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered	Not covered	Not covered
Dependent Child(ren)	Not covered	Not covered	Covered	Covered
Lifetime Maximum	N/A	N/A	\$1,000	\$1,000
Benefit Waiting Periods	N/A	N/A	No Waiting Period	No Waiting Period

## Employee Contributions (Monthly)

Low Option	
Employee	\$17.90
Employee & Spouse	\$36.56
Employee & Child(ren)	\$40.52
Employee & Spouse & Child(ren) (Family)	\$59.16
High Option	
Employee	\$33.96
Employee & Spouse	\$66.13
Employee & Child(ren)	\$73.09
Employee & Spouse & Child(ren) (Family)	\$105.25

# VISION COVERAGE

## Vision

Lincoln University will be offering Vision Insurance through MetLife. Be sure to check if your vision provider is covered as In-Network before your visit. You will pay more using an Out-of-Network provider.

The chart below is a brief overview of the plan. Please refer to the summary plan description for complete plan details.

	MetLife Vision
<b>Copay</b>	
Routine Exams (Annual)	\$20 copay
<b>Vision Materials</b>	
Materials Copay	\$20 copay
Lenses - Standard Corrective	\$20 copay
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$130 allowance every 12 months
Frames	\$130 allowance covered at every 24 months

<b>Employee Contributions (Monthly)</b>	
<b>MetLife Vision</b>	
Employee	\$4.35
Employee & Spouse	\$9.23
Employee & Child(ren)	\$9.55
Employee & Spouse & Child(ren) (Family)	\$15.53



## HEALTH SAVINGS ACCOUNT

# Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

### What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates, so your unused funds grow over time.

### Are you eligible to open a Health Savings Account (HSA)?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

## 2023 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2023 TAX YEAR:

- \$3,850 Individual
- \$7,750 Family
- If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

## How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through <https://www.centralbank.net/personal/our-accounts/hsa/>. Central Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Central Bank at 866-236-8744.

A maintenance fee of \$2.50/month applies if your average daily balance is below \$3000.

# Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with ASIFlex allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

## Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Account Type	Maximum Contribution
Healthcare FSA	\$3,050
Dependent Care FSA	\$5,000 (single/married filing jointly) \$2,500 (married filing separately)

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

## LIFE INSURANCE

# Voluntary Life / AD&D

You may purchase additional Life insurance with MetLife in increments of \$10,000 to a maximum benefit of \$500,000 or 5 times your salary, whichever is less. The Guarantee Issue limit is \$100,000. The spousal rate is based on the employee's age and can be purchased in increments of \$5,000 up to a maximum of \$100,000 and may not exceed 50% of the employee's benefit. The spousal Guarantee Issue amount is \$25,000. You may purchase a flat \$10,000 of coverage for your child(ren). The Guarantee Issue for children is \$10,000.

**Guarantee Issue amounts are only available when you are first eligible as a new hire. All other elections will require you submit evidence of insurability (EOI) (i.e. waiting until a qualifying event or during Open Enrollment).**

**If you enrolled as a new hire and want to increase your current coverage, you may increase by \$10,000 without Evidence of Insurability, up to the Guarantee Issue amount. Any increase above \$10,000 will require Evidence of Insurability.**



# Additional Voluntary Products

In addition to the above-mentioned benefits, Lincoln University is proud to present newly available voluntary coverage options through Colonial Life. These products can cover gaps in your current coverage, as well as provide additional coverage should there be an emergency, accident or sickness.

## Accident

Group Accident insurance is an indemnity plan providing employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the out-of-pocket medical and non-medical expenses associated with an accident. The plans also include a \$50 health screening benefit which cover an array of health tests. Lincoln University offers the Preferred and Premier plans found on the benefit outline

Examples of coverages include the following, *please refer to benefit outline or ask your open enrollment for more details and rates.*

- Ambulance (air or ground)
- Emergency dental work
- Laceration (stitches or no stitches)
- Prosthetic device or artificial limb
- Therapy – occupational and physical, up to 10 days
- Skin Graft
- Coma, up to 14 days

## Short-Term Disability

Voluntary short-term disability insurance policy is a group plan that is sold via payroll deduction. It insures your paycheck by replacing 60% of your income, up to \$4,000 per month, if you become disabled because of a covered accidental injury or covered sickness (on or off job). You can enroll in a 6-month benefit or 3-month benefit, with options for a 0/7 or 7/7 days accident/sickness elimination period. Benefits are paid directly to the insured. *Please refer to benefit outline or ask your open enrollment counselor for more details and rates.*

## Critical Illness – Cancer

Colonial Life's Group Critical Illness with Cancer insurance helps you and your family maintain financial security during the lengthy, expensive recovery period after an illness has been diagnosed. It provides a lump-sum benefit to help with out-of-pocket medical costs or everyday expenses. You may elect \$10,000 in coverage. *Please refer to benefit outline or ask your open enrollment counselor for more details and rates.*

Coverage is available to: Named Insured (Employee); Named Insured and Spouse; Named Insured and Dependent Children (One-Parent Family); and Named Insured, Spouse and Dependent Children (Two-Parent Family).

Diagnosis	We may pay:
Invasive Cancer (including all breast cancer)	100% of face amount
Non-Invasive Cancer	25% of face amount
Skin Cancer Initial Diagnosis	\$400 per lifetime

# HIGHLIGHTS OF YOUR TOTAL COMPENSATION PACKAGE



## Your Benefits Package

*(paid for by your employer at no cost to you or cost is shared)*

- Pension & Survivor Benefits
- Basic Life Insurance (term)
- Long-Term Disability Insurance
- Education Assistance *(where available)*
- Paid Holidays
- Annual Leave & Sick Leave
- Workers' Compensation
- Unemployment Compensation
- Strive Employee Life & Family (SELF) Program
- Medical Insurance
- Social Security Retirement
- Medicare

## Optional Benefits

*(you pay premiums/fees)*

- Optional Life Insurance (term)
- Universal Life Insurance
- Spouse & Dependent Life Insurance
- Dental & Vision Coverage

## Optional Tax-Saving Benefits

*(you contribute money toward tax and retirement savings)*

- Cafeteria Plan
- Deferred Compensation (MO Deferred Comp)
- Health Savings Account *(for those who are eligible)*

As a benefit-eligible employee with the State of Missouri, your total compensation is more than just the dollars you receive in your paycheck. Benefits are a significant part of your compensation package, but are often overlooked. The ongoing contributions from your employer (*salary and benefits*) represent a significant financial commitment to you and your family. Core benefits are provided to you through various administrators as described in this summary. These benefits are intended to improve your quality of life and assist you in your pursuit of financial security.

The benefit package, as a whole, assists the state in recruiting and retaining qualified employees, which not only reduces the amount of time and money spent on rehiring and retraining new employees, but also preserves institutional knowledge within an agency improving services to Missourians.

## Retirement: Pension & Survivor Benefits

[mosers.org](http://mosers.org)

In an effort to help you build a financially secure future, your employer makes monthly contributions to finance your pension benefit. As an eligible state employee, you are automatically enrolled in the Missouri State Employees' Retirement System (MOSERS). Once you meet certain age and service requirements and retire under a MOSERS defined benefit plan, you are guaranteed a lifetime pension benefit.

One of the ways the state rewards your continued employment is by increasing the value of your pension benefit for each additional year of service. In general, the longer you work in a benefit-eligible position, the higher your pension benefit will be. You will receive a personalized Annual Benefit Statement to keep you informed about your benefits.

MOSERS is a defined benefit (DB) pension plan. A DB plan can be either contributory or noncontributory. MOSERS is a noncontributory DB plan for employees who worked in a benefit-eligible position prior to January 1, 2011, but is a contributory DB plan for members employed in a MOSERS benefit-eligible position for the first time on or after January 1, 2011 (members of MSEP 2011 and the Judicial Plan 2011) or former employees who elected a buyout.

Employer and employee contributions account for 44% of System funding. Approximately 56% of System funding comes from investment earnings. MOSERS invests and professionally manages these funds.



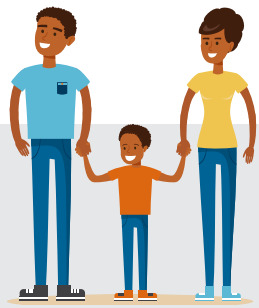
## Term Life Insurance<sup>1</sup>

[mosers.org](http://mosers.org)

Life insurance provides your family with financial stability and security when it matters most.

Group term life insurance protects you and your family from financial hardship in the case of your death. Term life insurance does not accumulate cash value and results in a benefit payment only upon the death of the covered individual.

- **Basic Coverage** – As a benefit-eligible employee, the state automatically provides coverage of one times your annual salary (\$15,000 minimum) in basic life insurance at no cost to you. If your death is determined by the insurance carrier to be duty-related, your beneficiaries will receive three times your basic life insurance coverage.
- **Optional & Dependent Coverage** – You may also be eligible to purchase additional term life insurance coverage for yourself, your spouse, and your dependent children. Contact MOSERS to learn how. The premium will be deducted from your paycheck and will be based on your age and the amount of coverage you select.



<sup>1</sup> MOSERS life insurance benefits are not available to employees of the Department of Conservation or state universities (except State Technical College of Missouri and Lincoln University).

## Universal Life Insurance

[mhgmovlic.org](http://mhgmovlic.org)

In addition to the term life insurance provided by the state, you may purchase universal life coverage through the Missouri Voluntary Life Insurance Plan (MoVLIC). Universal life coverage offers an easy and affordable way to safeguard your future and provide benefits.

Besides providing death benefits to your family, your universal life insurance plan builds a cash value that can help you with more immediate needs such as sending your children to college or supplementing your retirement income. The premium can be deducted from your paycheck and will be based on your age and the amount of coverage you select. It also offers a long-term care rider.

## Coverage

MCHCP offers optional vision and dental coverage to members of MOSERS, including Department of Conservation employees. By giving you the option of choosing benefits you need, neither you nor MCHCP pays for benefits for which you choose not to have coverage. Both plans offer network and non-network services.

Vision coverage includes two plan options – basic or premium– with specific copayments for services received. Both options include coverage for routine vision exams, and provide eyeglasses and contact lenses at discounted rates. Dental benefits include diagnostic and preventive care services, basic and restorative services, and major services. Find a list of covered services at [www.mchcp.org](http://www.mchcp.org).

## Long-Term Disability Insurance

[mosers.org](http://mosers.org)

Disability insurance is an important part of securing a sound financial future for you and your family because it protects you by providing partial income replacement in the event of a disability.

Will you be able to pay your bills if you become disabled? People insure their lives, health, homes and other possessions. Unfortunately, they often overlook their most important asset - their ability to earn an income. As a member of a plan administered by MOSERS, the state provides long-term disability (LTD) insurance at no cost to you.<sup>2</sup>

LTD insurance provides partial income replacement in the event you become disabled, helping to bridge the gap from your date of disability to your recovery or retirement. LTD coverage is intended to help you get back to work.

If you are determined by the insurance carrier to be disabled, your monthly LTD benefit will replace up to 60% of your pre-disability salary. Before disability benefits begin, you must complete a 90-day benefit waiting period or exhaust your unused sick leave as you are entitled to through your employer's sick leave program, whichever is longer. If you receive LTD benefits, you will continue to accrue credible service toward retirement benefits.

<sup>2</sup> MOSERS long-term disability benefits are not available to employees of state universities (except State Technical College of Missouri and Lincoln University).

## Medical Insurance

[mchcp.org](http://mchcp.org)

Whether your health care program is administered by MCHCP or your employer, affordable, quality health care is the ultimate goal.

Your health care benefits provide you and your family access to medical care at subsidized group rates. All three of MCHCP's medical plans – the Health Savings Account (HSA) Plan, the PPO 1250 Plan, and the PPO 750 Plan – offer the same basic coverage. Benefits also include prescription drugs, 100% coverage for LiveHealth Online virtual health care visits, and access to a nationwide network of providers. The cost is shared by you and your employer. The employer bears the largest share to subsidize your premium and the premiums for your spouse and/or dependent coverage.

MO Deferred Comp is the state-sponsored retirement savings plan designed to help you to save a little money out of each paycheck to supplement your defined benefit pension from MOSERS and Social Security in retirement. Besides providing additional income, other saving advantages include:

- Penalty-free access to your savings after you leave state employment
- Access to a simplified, low-cost, professionally managed investment lineup
- FREE seminars and one-on-one consultations
- 24/7 online access to your account and numerous tools and resources, such as handy calculators and educational videos.

### How Can You Enroll in MO Deferred Comp?

If you're new to state employment,<sup>3</sup> you have been automatically enrolled in the plan,<sup>4</sup> unless you opted out, at the minimum of 1% contribution per pay period. Made through automatic payroll deductions, you can adjust your contribution at any time. If you have never enrolled in the plan, do so by visiting [www.modeferrredcomp.org](http://www.modeferrredcomp.org).

### How Much Should You Be Saving?

While contributing 1% of your paycheck is a great start to saving, it may not be enough to establish a healthy savings account for retirement. In fact, the majority of employees should contribute much more. For example, the average 25-year state employee will replace approximately 70% of their pre-retirement paycheck with their MOSERS defined benefit pension and Social Security benefits;<sup>5</sup> **leaving 30% of their pre-retirement income unfunded in retirement!** Saving with MO Deferred Comp can help reduce that income gap by providing an additional source of pay in retirement. To replace:

- 15% of income in retirement, you would need to save at least 6.5% or 1.5% with 0.5% annual automatic increases over 25 years.<sup>6</sup>
- 30% of income in retirement, you should save at least 13% over 25 years.<sup>6</sup>

<sup>3</sup> Hired on or after July 1, 2012 as new permanent full-time or part-time employee

<sup>4</sup> University and previous temporary or seasonal non-benefit-eligible employees are excluded from automatic enrollment. If you were newly hired on or after July 1, 2012 and left state employment on or after January 31, 2017, at rehire your contribution will be what was previously on file.

<sup>5</sup> Assumes normal retirement and a single life annuity from MOSERS defined benefit pension plan. Social Security is an average estimate; replacement income will vary based on when you choose to receive Social Security benefits and its ability to pay 100% of scheduled benefits. For a more accurate Social Security calculation, visit [www.ssa.gov](http://www.ssa.gov).

<sup>6</sup> Assumes 6% return and 1.5% average annual salary increases while employed and a 4% return, 2% inflation and 25 years in retirement. Annual contribution limits will apply.

Would you like to increase your spendable income?

You can save money by avoiding federal, state, and Social Security taxes on the following expenses:

- State-sponsored medical, dental, and vision insurance premiums
- Out-of-pocket medical, dental, and vision expenses
- Child/adult dependent care expenses

You can also save taxes on work-related parking and/or mass transit expenses. You can sign up at any time for these benefits.

The state offers a cafeteria plan program in which you are automatically enrolled to have your medical, dental, and vision insurance premiums deducted from your paycheck before taxes. If you wish to save taxes on health care expenses or dependent care expenses, you have to enroll when you are first eligible or during the annual open enrollment period (October 1 - December 1).

## Additional Benefits

### Flexible Work Schedule

The state recognizes the need of many employees to work schedules other than traditional work hours. In an effort to accommodate these needs, employees may request a flexible work schedule.



Because of safety, security, customer service, and other concerns, not all agencies offer flexible work schedules. Check with your supervisor to determine whether alternative work schedules are available at your agency.

### Strive Employee Life & Family (SELF) Program

The SELF program is MCHCP's Employee Assistance Program (EAP). The SELF program is offered through ComPsych and can help you deal with life's challenges, at no cost to you. State employees eligible for MCHCP medical coverage, and members of their household, may use this program 24 hours a day, every day of the year. You can keep using the SELF program for 18 months following retirement and through the month after if you are laid off. Your household members can use the SELF program for six months after your death.

### Workers' Compensation

As a state employee, you may receive workers' compensation for injuries and illnesses arising out of and in the course of your employment. Benefits can include: medical care, payment based on lost wages, and physical therapy.

## Social Security

[www.ssa.gov](http://www.ssa.gov)

Your Social Security benefit provides you with disability benefits, supplemental income at retirement or survivor income for your family in the event of your death. Medicare is a government health insurance program for people age 65 or older (*and some people younger than age 65 with certain medical conditions*).

## Medicare

[www.medicare.gov](http://www.medicare.gov)

Medicare helps with the cost of health care, but does not cover all medical expenses or the cost of long-term care. State retirees may wish to continue their state sponsored health care benefit or purchase a Medicare supplement policy. When eligible, you may sign up for Social Security and Medicare through your local Social Security office. Each pay period, you pay 7.65% of your earnings to Social Security and Medicare and the state matches your contribution to these federal programs.

## Unemployment Compensation

Unemployment compensation coverage provides you with partial compensation in the event you are laid off or terminated from work for reasons other than misconduct.

## Education Assistance

Some agencies offer reimbursement for tuition, fees, and materials to employees in permanent positions who either desire to continue their education or receive a request from their department to pursue continued education. Each department is responsible for approving requests on the basis of the courses being consistent with the department's stated mission. Check with your supervisor to determine whether education assistance is available at your agency.



## Paid Holidays

As an eligible state employee, by law, you receive 12 paid holidays each year. (Additional days may be granted by the Governor.)

## Annual Leave\*

The state's annual leave policy provides eligible employees time off with pay. The amount of annual leave earned is based on your length of service.

Years of Service	Hours Earned Per Month	Maximum Balance
Up to 10 years	10 hours	240 hours
10 - 15 years	12 hours	288 hours
15+ years	14 hours	336 hours

\* May differ for college/university members – Check with HR

## Sick Leave

As an employee of the state, you may earn sick leave that can later be used when you are ill and cannot report to work. Sick leave for eligible state employees is accrued at the rate of 10 hours per month. This benefit provides you with income during periods of absence due to illness.

### Creditable Service at Retirement

If eligible, there are provisions through MOSERS that allow you to receive one month of creditable service for every 168 hours of unused sick leave. At the time you retire, your unused sick leave is converted to creditable service and is added to your total service. It will be used in calculating the amount of your benefit, but not your eligibility for a benefit.

*Each administrator has its own contact information and website. For questions regarding a specific benefit, please contact that provider or your human resources (HR) representative.*

## Overview of Benefits & Providers

Employees	Retirement Benefits	Insurance Benefits				
	Retiree & Survivor	Term Life	Disability	Medical	Dental/Vision	Employee Assistance
General State	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MCHCP
Legislators	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MCHCP
Judges	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MCHCP
Conservation	MOSERS	Conservation	MOSERS	Conservation	MCHCP	Contact HR
College/University*	MOSERS	Contact your HR department for information about these benefits.				
Lincoln University	MOSERS	MOSERS	MOSERS	Lincoln University	Lincoln University	Contact HR
State Tech College of MO	MOSERS	MOSERS	MOSERS	State Tech	State Tech	Contact HR

### Benefits Available to ALL Eligible Employees

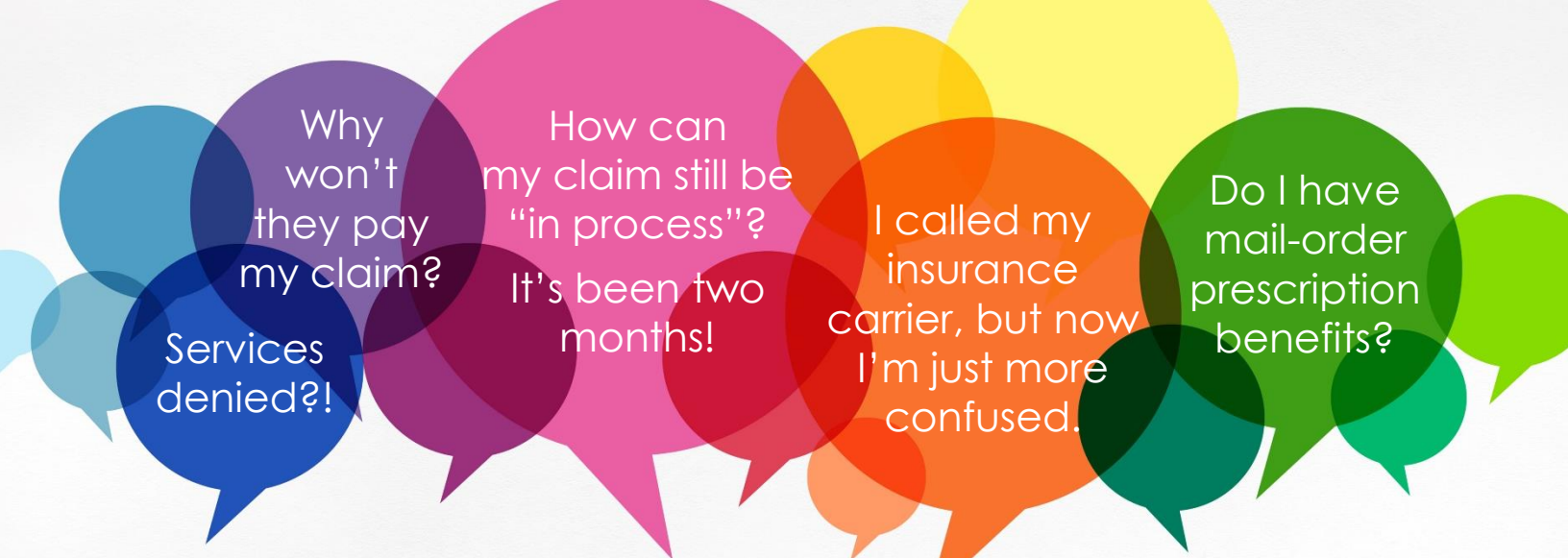
Deferred Compensation • MO Cafe Cafeteria Plan (Central Bank/ASI) • Universal Life Insurance (MoVLIC)

\* Employees of the University of Missouri have different benefits and providers. They are not members of MOSERS.

### Acronym Key

MCHCP - Missouri Consolidated Health Care Plan  
MOSERS - Missouri State Employees' Retirement System





# Call the Benefit Resource Center (“BRC”), We’re Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



## Benefit Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829  
Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

# Changes in Benefit Elections

## Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2023 benefit elections, you will be defaulted to your prior year elections.

**(Except for HSA and FSA which require you to make your new (\$) election.)**

*Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.*

This brochure summarizes the benefit plans that are available to Lincoln University eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# REQUIRED NOTIFICATIONS

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

HSA OAP Plan:

- In-Network Deductible (Individual/Family):
- In-Network Coinsurance:
- Out-of-Network Deductible (Individual/Family):
- Out-of-Network Coinsurance:

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan’s annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called “fiduciaries” of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$156 per day (up to a \$1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Becky Babb  
828-702-7600  
babbr@lincolnu.edu

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

## **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*



## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## **Other Instructions for Notice**

- Effective Date of this Notice: 1/1/2023
- Becky Babb
  - 828-702-7600
  - babbr@lincolnu.edu

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## **Important Notice from Lincoln 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 Lincoln 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. Lincoln University has determined that the prescription drug coverage offered by the HSA OAP and PPO OAP plans are, 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 Lincoln University coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Lincoln 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 Lincoln 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 Lincoln 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).**

Date: 01/01/2023  
Name of Entity/Sender: Lincoln University  
Contact--Position/Office: Becky Babb  
Address: 820 Chestnut St. Jefferson City, MO 65101  
Phone Number: 573-681-5000

## 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 **1-877-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 **1-866-444-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 July 31, 2021. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ 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: 1-855-692-6442
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131

<b>CALIFORNIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MONTANA – Medicaid</b>
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <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> HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084</p>
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884</p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<b>KENTUCKY – Medicaid</b>	<b>NEVADA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihip.p.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIP.PROGRAM@ky.gov">KIHIP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</p>
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Website: <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> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofl/applications-forms">https://www.maine.gov/dhhs/ofl/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofl/applications-forms">https://www.maine.gov/dhhs/ofl/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>

<b>MASSACHUSETTS – Medicaid and CHIP</b>	
Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840	
<b>NEW YORK – Medicaid</b>	
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	
<b>MINNESOTA – Medicaid</b>	
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> <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> Phone: 1-800-657-3739	
<b>NORTH CAROLINA – Medicaid</b>	
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	
<b>MISSOURI – Medicaid</b>	
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	
<b>NORTH DAKOTA – Medicaid</b>	
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	
<b>OKLAHOMA – Medicaid and CHIP</b>	
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	
<b>UTAH – Medicaid and CHIP</b>	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	
<b>OREGON – Medicaid</b>	
Website: <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> Phone: 1-800-699-9075	
<b>VERMONT – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	
<b>PENNSYLVANIA – Medicaid</b>	
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	
<b>VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	
<b>RHODE ISLAND – Medicaid and CHIP</b>	
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	
<b>WASHINGTON – Medicaid</b>	
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	
<b>SOUTH CAROLINA – Medicaid</b>	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	
<b>WEST VIRGINIA – Medicaid</b>	
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>SOUTH DAKOTA - Medicaid</b>	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	
<b>WISCONSIN – Medicaid and CHIP</b>	
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	
<b>TEXAS – Medicaid</b>	
<b>WYOMING – Medicaid</b>	



Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since January 31, 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)**  
 1-866-444-EBSA (3272)  
 Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
**Error! Hyperlink reference not valid.** 1-877-267-2323,

### 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)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 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 2013 for coverage starting as early as January 1, 2014.

### 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.<sup>1</sup>

**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.

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.

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<sup>1</sup> An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## 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.

1. Employer name Lincoln University	2. Employer Identification Number (EIN) 44-6001089	
3. Employer address 820 Chestnut St.	4. Employer phone number 573-681-5000	
5. City Jefferson City	6. State MO	7. ZIP code 65101
8. Who can we contact about employee health coverage at this job? Becky Babb		
9. Phone number (if different from above)	10. Email address babbr@lincolnu.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:

All regular full-time working at least 30 hours per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses, domestic partners, dependent children to age 26 regardless of student or marital status

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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

\* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)