Medical & Life
Insurance Plan

2027
Annual Benefit Update

Missouri Department of Transportation and Missouri State Highway Patrol

1.877.863.9406
www.modot.org/modot-mshp-employee-benefits

MODOT-MSHP MEDICAL AND LIFE INSURANCE PLAN 2027 BENEFIT UPDATE

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Missouri Department of Transportation & Missouri State Highway Patrol

MEDICAL AND LIFE INSURANCE PLAN

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PO Box 270
Jefferson City, MO 65102

Toll free 877-863-9406
Voice 573-526-0138
Fax 573-522-1482

All Subscribers and Dependents of the MoDOT-MSHP Medical and Life Insurance Plan (Plan)

September 15, 2026

Leadership from MoDOT and MSHP in partnership with The Missouri Highways and Transportation Commission (Commission) take great pride in the medical insurance benefits provided for our Plan participants. Comprehensive health care coverage is an extremely important benefit to both active employees and retirees.

The following recommendations were approved by the Commission at the August 6, 2026, meeting for coverage beginning January 1, 2027:

- 7% increase in medical plan premiums for all non-Medicare members, for calendar year 2027.
- The Commission voted to absorb the entire 2027 medical insurance premium increase for active employees, as well as subscribers in the work-related disability category.
- The HDHP annual in-network deductible will increase from $1,700 to $1,750 for individuals. This increase is required to meet minimum Internal Revenue Service (IRS) requirements

Medicare Enrollees:

- Medicare enrollees will continue coverage with the MoDOT-MSHP United Healthcare Group Medicare Advantage Prescription Plan. **Continued enrollment requires no action.**
- All enrollees will get new UHC cards effective 01/01/27: one card for medical and one card for pharmacy.
- Medicare enrollees will see a premium increase for 2027.

Enrollment Information:

- Open Enrollment will start being held annually, running from October 1-31. **Active employees only** can enroll themselves, add or remove dependent with an effective date January 1st of next calendar year. (Reference page 5 for more information.)
- **ALL HDHP** subscribers must complete a new **2027 HSA payroll deduction form** and submit this form to MoDOT Employee Benefits by October 31, 2026. (Reference page 5 for more information.)

Additional information:

- Remember to submit a change form to cancel Optional Life insurance on a covered child reaching age 26.
- Be sure to review and update your life insurance beneficiaries regularly. Contact your insurance representative or Employee Benefits if you do not know who your beneficiaries are.

If you have any additional questions regarding your benefits, please contact your local insurance representative or the Employee Benefits staff toll-free at 1-877-863-9406.

Sincerely,

Brandon Denkler

Brandon Denkler, Board Chairman,
MoDOT/MSHP Medical and Life Insurance Plan Board of Trustees

Reminders for 2027

2027 Medical Premiums

Your medical premiums are paid one month in advance. December paychecks will reflect your premiums for any January coverage changes. Rate charts begin on page 11 & 15.

Special Enrollment Period

If you are enrolled in the Cafeteria Plan Premium Only Category, you can only terminate coverage on yourself or your dependents during the calendar year, if you have a change of status, such as:

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

Be in communication with your insurance representative if any apply to you. Election changes are time sensitive.

Anthem/CarelonRx ID Cards:

Non-Medicare members will continue using the same insurance card for 2027.

- Replacement ID cards can be printed on Anthem's web portal at www.anthem.com or access a digital copy with the Sydney Health app.
- Call customer service to request a new ID card or additional cards:
  - Anthem: 833-290-2481
  - CarelonRx: 833-267-2133

Life Insurance Premiums

MetLife will continue to be our life insurance vendor in 2027. The rates for 2027 will remain the same and are included on page 19 of this booklet.

You can also contact Employee Benefits at 877-863-9406.

Medical & Prescription Deductibles

Medical and prescription deductibles start over January 1, 2027.

- PPO Medical: $600 per individual or $1,800 family.
- PPO Prescription: $100 per participant.
- HDHP Medical and Prescription Combined: $1,750 for individual plan or $3,500 for family.
- Medicare Medical Deductible: $250 per individual.

Preventive Care

All preventive care services are covered at 100% when utilizing an in-network provider. Preventive exams are limited to one per calendar year. Any preventive services received out-of-network will not be covered.

Generic Drugs

Generic Drugs are as safe and effective as brand-name drugs. The same active ingredients are used in the same dosage and strength as brand-name drugs. Ask your doctor or pharmacist if generic drug alternatives are available to treat your medical needs. Making the switch to generics may decrease the price you pay at the pharmacy.

Plan Calculators

The Employee Health and Wellness webpage has a **Plan Comparison Calculator** tool that allows you to input data on your health insurance utilization to determine if the HDHP or the PPO plan is the best fit for you and your dependents. This tool also allows you to calculate your **Premium Rate** for the category you are in now or could change to in the future.

Find out more at:
www6.modot.mo.gov/PremiumCalculator/Premiums
or scan the QR with your smartphone or table.

Non-Medicare Plan Highlights for 2027

Enrollment Changes

No action is required if you wish to keep your current medical coverage for the 2027 calendar year.

OPEN ENROLLMENT: OCTOBER 1 TO 31, 2026

During the month of October**,** all **active** employees may add and/or remove themselves, their spouse, and any eligible dependent children under the age of 26.

To make an Open Enrollment change, an active employee must submit the following:

- A-570 Medical Enrollment/Change form, obtained through the Employee Benefits website at www.modot.org/employee-benefit-forms or by contacting your local insurance representative.
    - MUST have a wet signature or Adobe certified signature in subscriber signature box.
- **Lawful presence** is required for each new dependent enrollee. For example:

    ***Child*:** U.S. Birth Certificate

    ***Spouse*:** Valid MO state driver's license or U.S. Passport plus marriage certificate if last name is different from subscriber.

All non-Medicare subscribers can elect to switch between the PPO or HDHP for the next calendar year. To make this switch you must complete an A-570 Medical Enrollment form and send the completed form to the MoDOT Employee Benefits' Office.

NOTE: If enrolling in the HDHP, members must submit an A-570 enrollment form, plus the 2027 HSA employee contribution form. Both forms can be found at www.modot.org/employee-benefit-forms

All Open Enrollment changes will take effect January 1, 2027.

HDHP: (High Deductible Health Plan)

All members participating in the HDHP for 2027 must submit a **2027 HSA employee contribution** form to the Benefits office.
Form requires:

- **01/01/2027** effective date.
- Employee ID Number: numeric member ID number from medical insurance card.
- Member's contribution amount per pay period.
- Employee signature / date

HEALTH SAVINGS ACCOUNT (HSA)

Wealthcare will continue as the HSA provider. To access your HSA, members can visit www.anthem.com, select MyPlans & then spending accounts.

Employer contributions for 2027:
Individual plan: $500
Family plan: $1,000
HSA Maximum Annual Contribution:
Individual plan: $4,500
Family plan: $9,000

Any questions about your HSA call Anthem customer service at 833-290-2481.

ALL forms & documentation must be received by close of business October 31, 2026.

Mail, fax, or personally hand-deliver to:
MoDOT Employee Benefits
105 W Capitol Ave, P.O. Box 270
Jefferson City, Missouri 65102
Fax: 573-522-1482
benefits@modot.mo.gov

NOTE:

- To terminate coverage or remove dependents during the calendar year, members must have a qualifying change of status event, as outlined by the cafeteria plan. Contact your local Insurance Rep prior to the event and submit an A-570 within 31 days of the event.
- Subscribers who elect to pay premiums post-tax can drop a dependent at any time during the calendar year, without a qualifying change of status event, by completing an A-570 form.

Non-Medicare Plan Highlights for 2027

MEDICAL BENEFITS

Anthem
Anthem will continue as our non-Medicare plan administrator. They will provide both network and claims administrative services for plan participants. Members will continue using their current Anthem card for 2027.

For account or coverage information, call their toll-free number at 833-290-2481 from 8:00AM - 9:00PM CST.

Hinge Health
As a participant of MoDOT-MSHP medical plan, you can start the Hinge Health program for a customized and convenient approach to treat joint and muscle pain. This virtual physical therapy program is covered at 100%. You receive a personalized plan, live feedback during exercises, and a team of dedicated experts to support you. To learn more about Hinge Health and apply, visit: www.hinge.health/modot-oe

LiveHealth Online
All participants under the MODOT-MSHP medical plan have access to video visits with a board-certified doctor 24/7 by way of smartphone, tablet, or computer with webcam. Use LiveHealth Online for common concerns like colds, pink eye, flu, fever, allergies, rashes, or common health issues. Visits are covered at 100% for PPO plan enrollees and 100% after deductible for HDHP enrollees.

In addition, a licensed therapist or board-certified psychiatrist is available by appointment, to help with anxiety, depression, panic attacks, substance abuse and overall mental health.

Go to: https://livehealthonline.com
Call 1-888-548-3432 or download the app from iTunes or Google Play store.

MoDOT - MSHP Total Wellness
The Plan's wellness program boasts a variety of health initiatives and activities designed to encourage and support a healthier lifestyle for you and your family. Each month will have a different focus topic, with information provided by your local Wellness Champion.

PRESCRIPTION BENEFITS

CarelonRx
CarelonRx will continue as the pharmacy benefit manager for the non-Medicare population. With CarelonRx, powered by Anthem, prescription coverage and billing information is included on your Anthem ID card. To view prescription benefits, log onto your Anthem profile at www.Anthem.com.

Their toll-free number is: 833-267-2133.

Sydney Health
Anthem's app is free, simple, smart – and all about you. With Sydney your medical and pharmacy benefits are integrated, personalized and all in one place. Sydney makes it easier to get things done. Access your ID card (medical/Rx), find providers, pharmacies, look up claims and prescription drug costs, and much more!

Apps: Sydney Health:

Hinge: LiveHealth:

Anthem

Sydney Health

Sydney℠ Health makes healthcare easier. Using this mobile app, you can securely access your personal health and wellness information wherever you are. Use Sydney Health anytime to:

Access your digital ID card

Your digital ID card is always up to date. Show, email, or fax it to your doctor right from the app.

Manage your benefits

Review coverage and claims, and receive important details about your plan.

Find care

Search your plan's network for a doctor and other healthcare professionals. Connect directly to care through a video visit.

Chat with us

Get answers about your plan benefits through live chat.

Get motivated

Plan and track your health goals, physical activity, and health rewards.

Find support

Receive emotional and mental health guidance, or connect to your Employee Assistance Program (EAP) 24/7.

Access programs

Easily access other programs you have available such as Diabetes Prevention Program, Well-being Coach, My Rewards, Behavioral Health Resource Center, Building Health Families, and more

Try Sydney Health today

Scan the QR code with your phone's camera.

GET IT ON Google Play

Download on the App Store

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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Anthem

Receive virtual care and support

through our Sydney Health app

When you're not feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using the **Sydney℠ Health** app. You can have a virtual video visit with a doctor 24/7 for common health issues and annual wellness visit. Care for mental and emotional health are available by appointment.[1]

Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[3]

Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist.[4] Appointments can be scheduled within one to two weeks.[1] Psychiatrists help manage medications; they do not provide counseling or talk therapy.[5]

The best care without a trip to a local ER or urgent care, as well as saving you money from the cost of an in person appointment.

Here's how to access the program through virtual care:

Download the Sydney Health app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for the app and anthem.com.
3. Select Care and then select Video Visit.

Visit anthem.com.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for anthem.com and the Sydney Health app.
3. Select Care and then select Virtual Care.

1 Appointments subject to availability. 3 Source: Amwell internal provider rating data, January 2024 to present. 4 Source: LiveHealth Online post-survey results, Behavioral Health, Virtual Primary Care, 2024. 5 The doctor will determine what medications should be prescribed or refilled.

How to download the Sydney Health app:

Scan the QR code with your phone's camera.

Download on the App Store

GET IT ON Google Play

sydney℠

MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Non-Medicare Participants
Effective January 1, 2027

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

Benefit	Anthem PPO Plan Member's Responsibility	
	In Network Provider	**Out-of-Network Provider ***
Annual Deductible Individual Family	 $600 $1,800 maximum	 $600 $1,800 maximum
Coinsurance (applies after deductible) Up to out-of-pocket maximum	10%	20%
Annual Out-of-Pocket Maximum *Does not include cost above out-of-network rate.* Individual Family	Includes copayments, coinsurance, and deductible. $1,950 $5,850	Includes copayments, coinsurance, and deductible. $2,955 $8,865
Lifetime Maximum	Unlimited	Unlimited
Office Visit	$25 copayment for office visit only. Other services applied to deductible and coinsurance.	20% coinsurance of out-of-network rate after deductible.
Emergency Room Services	$75 copayment then 10% coinsurance after deductible.	If deemed emergency; $75 copayment then 10% coinsurance. If not deemed emergency; $75 copayment then 20% coinsurance of out-of-network rate after deductible.
	Copayment waived if admitted or accidental injury	
Immunizations According to CDC Recommended Schedules	Covered 100%	**Not covered**
Inpatient Hospital Care	10% coinsurance after deductible. Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Maternity	10% coinsurance after deductible.	20% coinsurance of out-of-network rate after deductible.
Preventive Care	Covered 100%	**Not covered**
Surgery **Inpatient and Outpatient**	10% coinsurance after deductible. Pre-admission certification required.	20% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Urgent Care	$25 copayment for office visit only. Other services applied to deductible and coinsurance.	20% coinsurance of out-of-network rate after deductible.

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

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	$100 per participant per calendar year.
Coinsurance	30% of costs after deductible is met (minimum $5).
Annual Out-of-Pocket Maximum Individual Family	Includes copayments, coinsurance, and deductible. $5,000 $8,400
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months.
Brand over Generic Policy	**If a generic is available:** 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment. **If no generic is available:** 30% coinsurance after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment. **If brand is medically necessary and approved:** 30% coinsurance after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment.
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications.
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefit number on your insurance card.

MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Non-Medicare Participants
Effective January 1, 2027

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

Benefit	Anthem HDHP Plan Member's Responsibility	
	In Network Provider	**Out-of-Network Provider ***
Annual Deductible Individual Family	 $1,750** $3,500	 $3,500** $7,000
Coinsurance (applies after deductible) Up to out-of-pocket maximum	30%	50%
Annual Out-of-Pocket Maximum *Does not include cost above out-of-network rate.* Individual Family	Includes coinsurance and deductible. $3,300** $6,600	Includes coinsurance and deductible. $5,000** $10,000
Lifetime Maximum	Unlimited	Unlimited
Office Visit	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Emergency Room Services	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Immunizations According to CDC Recommended Schedules	Covered 100%	**Not covered**
Inpatient Hospital Care	30% coinsurance after deductible. Pre-admission certification required.	50% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Maternity	30% coinsurance after deductible.	50% coinsurance of out-of-network rate after deductible.
Preventive Care	Covered 100%	**Not covered**
Surgery **Inpatient and Outpatient**	30% coinsurance after deductible. Pre-admission certification required.	50% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Urgent Care	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)

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

** If you have other family members on the plan, the individual limits do not apply

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	Included in medical deductible.
Coinsurance	30% of costs after deductible is met.
Annual Out-of-Pocket Maximum	Includes coinsurance and deductible.
Individual Family	Included in medical annual out of pocket maximum.
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months.
Brand over Generic Policy	**If a generic is available:** 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment. **If no generic is available:** 30% coinsurance after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment. **If brand is medically necessary and approved:** 30% coinsurance after calendar year deductible at retail and mail order pharmacy with $5 minimum copayment.
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications.
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefit number on your insurance card.

MoDOT/MSHP 2027 MEDICAL INSURANCE MONTHLY PREMIUMS

EFFECTIVE JANUARY 1, 2027

MoDOT/MSHP Anthem PPO Plan

Rate Category	MoDOT/MSHP Anthem PPO Available Statewide		
	Total Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	$730.00	$636.00	$94.00
Subscriber/Family	$2,221.00	$1,935.00	$286.00
Subscriber/Spouse	$1,606.00	$1,399.00	$207.00
Subscriber/Child	$1,023.00	$891.00	$132.00
Subscriber/2 Children	$1,313.00	$1,144.00	$169.00
NON-MEDICARE RETIREE MEMBERS			
Rates for subscribers who retired on or after January 2015 are based on years of service Please follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
Retiree - Subscriber Only	$953.00	$543.00	$410.00
Retiree - Subscriber/Family	$2,899.00	$1,276.00	$1,623.00
Retiree - Subscriber/Spouse	$1,908.00	$763.00	$1,145.00
Retiree - Subscriber/Child	$1,908.00	$840.00	$1,068.00
Retiree - Subscriber/2 Children	$2,171.00	$868.00	$1,303.00
Retiree - Non-Medicare Subscriber/Medicare Child	$1,261.17	$656.00	$605.17
Retiree - Non-Medicare Subscriber/Medicare Spouse	$1,261.17	$642.00	$619.17
OTHER PLAN CATEGORIES			
C.O.B.R.A. / Vested - Subscriber Only	$730.00	$0.00	$730.00
C.O.B.R.A. / Vested - Subscriber/Family	$2,221.00	$0.00	$2,221.00
C.O.B.R.A. / Vested- Subscriber/Spouse	$1,606.00	$0.00	$1,606.00
C.O.B.R.A. / Vested - Subscriber/Child	$1,023.00	$0.00	$1,023.00
C.O.B.R.A. / Vested - Subscriber/2 Children	$1,313.00	$0.00	$1,313.00
WRD - Subscriber Only	$730.00	$636.00	$94.00
WRD - Subscriber/Family	$2,221.00	$1,935.00	$286.00
WRD - Subscriber/Spouse	$1,606.00	$1,399.00	$207.00
WRD - Subscriber/Child	$1,023.00	$891.00	$132.00
WRD - Subscriber/2Children	$1,313.00	$1,144.00	$169.00
LTD - Subscriber Only	$953.00	$543.00	$410.00
LTD - Subscriber/Family	$2,899.00	$1,276.00	$1,623.00
LTD - Subscriber/Spouse	$1,908.00	$763.00	$1,145.00
LTD - Subscriber/Child	$1,908.00	$840.00	$1,068.00
LTD - Subscriber/2 Children	$2,171.00	$868.00	$1,303.00
LTD - Non-Medicare Subscriber/Medicare Child	$1,261.17	$656.00	$605.17
LTD- Non-Medicare Subscriber/Medicare Spouse	$1,261.17	$642.00	$619.17
Survivor - Subscriber Only	$953.00	$543.00	$410.00
Survivor - Subscriber/Family	$2,899.00	$1,276.00	$1,623.00
Survivor - Subscriber/Child	$1,908.00	$840.00	$1,068.00
Survivor - Non-Medicare Subscriber/Medicare Child	$1,261.17	$656.00	$605.17
Survivor - Subscriber/2 Children	$2,171.00	$868.00	$1,303.00
LTD = Long Term Disability			
WRD = Work Related Disability			

MoDOT/MSHP 2027 MEDICAL INSURANCE MONTHLY PREMIUMS

EFFECTIVE JANUARY 1, 2027

MoDOT/MSHP Anthem High Deductible Plan

Rate Category	MoDOT/MSHP Anthem HDHP Available Statewide		
	Total Premium	Employer Share	Subscriber's Cost
ACTIVE EMPLOYEE MEMBERS			
Subscriber Only	$664.00	$636.00	$28.00
Subscriber/Family	$2,018.00	$1,935.00	$83.00
Subscriber/Spouse	$1,458.00	$1,399.00	$59.00
Subscriber/Child	$930.00	$891.00	$39.00
Subscriber/2 Children	$1,193.00	$1,144.00	$49.00
NON-MEDICARE RETIREE MEMBERS			
Rates for subscribers who retired on or after January 2015 are based on years of service Please follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
Retiree - Subscriber Only	$866.00	$543.00	$323.00
Retiree - Subscriber/Family	$2,634.00	$1,276.00	$1,358.00
Retiree - Subscriber/Spouse	$1,731.00	$763.00	$968.00
Retiree - Subscriber/Child	$1,731.00	$840.00	$891.00
Retiree - Subscriber/2 Children	$1,972.00	$868.00	$1,104.00
OTHER PLAN CATEGORIES			
Rates for subscribers who retired on or after January 2015 are based on years of service Please follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx			
C.O.B.R.A. / Vested - Subscriber Only	$664.00	$0.00	$664.00
C.O.B.R.A. / Vested - Subscriber/Family	$2,018.00	$0.00	$2,018.00
C.O.B.R.A. / Vested - Subscriber/Spouse	$1,458.00	$0.00	$1,458.00
C.O.B.R.A. / Vested - Subscriber/Child	$930.00	$0.00	$930.00
C.O.B.R.A. / Vested - Subscriber/2 Children	$1,193.00	$0.00	$1,193.00
WRD - Subscriber Only	$664.00	$636.00	$28.00
WRD - Subscriber/Family	$2,018.00	$1,935.00	$83.00
WRD - Subscriber/Spouse	$1,458.00	$1,399.00	$59.00
WRD - Subscriber/Child	$930.00	$891.00	$39.00
WRD - Subscriber/2Children	$1,193.00	$1,144.00	$49.00
LTD - Subscriber Only	$866.00	$543.00	$323.00
LTD - Subscriber/Family	$2,634.00	$1,276.00	$1,358.00
LTD - Subscriber/Spouse	$1,731.00	$763.00	$968.00
LTD - Subscriber/Child	$1,731.00	$840.00	$891.00
LTD - Subscriber/2 Children	$1,972.00	$868.00	$1,104.00
Survivor - Subscriber Only	$866.00	$543.00	$323.00
Survivor - Subscriber/Family	$2,634.00	$1,276.00	$1,358.00
Survivor - Subscriber/Child	$1,731.00	$840.00	$891.00
Survivor - Subscriber/2 Children	$1,972.00	$868.00	$1,104.00

Medicare Plan Highlights for 2027

MEDICARE ACTIVE EMPLOYEES:

Active employees on the medical plan will need to apply for Medicare Part A. Enrollment can be made beginning three months prior to age 65. Enroll in Medicare Part A by visiting: www.ssa.gov.

Active employees can waive Medicare Part B while covered under active employer insurance.

CONSIDERING RETIREMENT:

Any active member age 65 or older, who waived Medicare Part B, will need to apply for Part B at least two months prior to retirement. Medicare Part B will then take effect on the same date as member's retirement.

Enroll in Medicare Part B by visiting: www.ssa.gov.

Contact your Insurance Representative before applying for Medicare Part B. Your Insurance Representative will complete a form you'll need to provide the Social Security Administration.

NEARING MEDICARE ELIGIBILITY

Non-active members or dependents will need to apply for Medicare Part A and Medicare Part B to continue Medical Insurance with the MoDOT-MSHP Medical Plan. Medicare Part A and Part B enrollment can begin as early as three months prior to turning age 65.

Enroll in Medicare Part A and B by visiting: www.ssa.gov.

The MoDOT Employee Benefits Office will mail correspondence to any member or dependent about 60 days in advance of your 65th birthday month. Please ensure contact information is current by contacting MPERS at 573-298-6080.

MEDICARE RETIREE MEMBERS:

All Medicare members currently enrolled in the MoDOT–MSHP United Healthcare Group Medicare Advantage PPO plan will automatically be enrolled for 2027. Members will receive **new UHC cards**: one card for medical and one card for pharmacy.

The Medicare Part B premium is the Member's responsibility to pay. Failure to keep the Medicare Part B premium paid will result in cancellation of your UHC Advantage Plan.

Our MoDOT-MSHP Medicare Advantage Plan is designed to treat in-network & out-of-network providers the exact same. Same deductible, copay, out of pocket costs. What matters is the provider must take Medicare.

DUAL ENROLLMENT:

Medicare only allows enrollment in one Medicare Advantage plan (Part C Plan) or one prescription drug plan (Part D Plan). Since our MoDOT-MSHP plan is both a Part C and D plan, attempting to enroll in any other plan at the same time is not allowed and leads to insurance termination.

NOTE: All Medicare correspondence from our UHC Plan will have the MoDOT-MSHP logos.

Website: https://retiree.uhc.com/modot-mshp
or scan the QR with your smartphone or tablet.

Register for your secure online account

MoDOT-MSHP UHC Advantage Plan member website gives 24/7 access to:

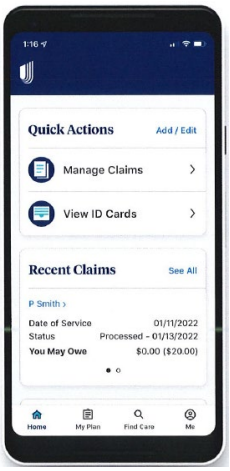
- **Look up the latest claims**
- **Review benefit information**
- **Print temporary member ID card / request new card**
- **Search for drugs and see how much they cost on this plan**

How to sign up for your online account:

1. Visit **retiree.uhc.com/modot-mshp,** click on **Sign in or Register** button and then select **Register now** on the next screen
2. Enter your first & last name, date of birth, UHC membership ID & click continue
3. Create your username & password, enter your email address & click continue
4. For security purposes you will be asked to verify your account by call or text by entering the code you receive into the website page
5. After your account has been created, continue to log in using your newly created username and password

Download the UnitedHealthcare® app

With the UnitedHealthcare app, you can find care and manage your plan details anywhere you go. Download the app in your app store or scan the QR code with your smartphone or tablet.



MoDOT/MSHP 2027 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2027
MoDOT/MSHP UHC Medicare Advantage Plan

Rate Category	Employer Share	Subscriber's Cost
MEDICARE MEMBERS		
Rates for subscribers who retired on or after January 2015 are based on years of service please follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
Retiree - Medicare Subscriber Only	$270.00	$38.17
Retiree - Medicare Subscriber/Non-Medicare Spouse	$571.00	$690.17
Retiree - Medicare Subscriber/Medicare Spouse	$427.00	$189.34
Retiree - Medicare Subscriber/Non-Medicare Family	$1,065.00	$1,189.17
Retiree - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	$869.00	$477.54
Retiree - Medicare Subscriber/Medicare Spouse/Medicare Child	$869.00	$55.51
Retiree - Medicare Subscriber/Child	$628.00	$633.17
Retiree - Medicare Subscriber/Medicare Child	$436.00	$180.34
Retiree - Medicare Subscriber/2 Children	$677.00	$849.17
Survivor - Medicare Subscriber Only	$270.00	$38.17
Survivor - Medicare Subscriber/Non-Medicare Family	$1,065.00	$1,189.17
Survivor - Medicare Subscriber/Medicare Family	$869.00	$55.51
Survivor - Medicare Subscriber/Child	$628.00	$633.17
Survivor - Medicare Subscriber/Medicare Child	$436.00	$180.34
Survivor - Medicare Subscriber/2 Children	$677.00	$849.17
LTD - Medicare Subscriber Only	$270.00	$38.17
LTD - Medicare Subscriber/Non-Medicare Spouse	$571.00	$690.17
LTD - Medicare Subscriber/Medicare Spouse	$427.00	$189.34
LTD - Medicare Subscriber/Non-Medicare Family	$1,065.00	$1,189.17
LTD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	$869.00	$477.54
LTD - Medicare Subscriber/Medicare Spouse/Medicare Child	$869.00	$55.51
LTD - Medicare Subscriber/Child	$628.00	$633.17
LTD - Medicare Subscriber/2 Children	$677.00	$849.17

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT/MSHP 2027 MEDICAL INSURANCE MONTHLY PREMIUMS
EFFECTIVE JANUARY 1, 2027
MoDOT/MSHP UHC Medicare Advantage Plan

Rate Category	Employer Share	Subscriber's Cost
MEDICARE MEMBERS (continued)		
Rates for subscribers who retired on or after January 2015 are based on years of service please follow the QR code to calculate your rate on our Plan Premium Calculator or visit www6.modot.mo.gov/premiumcalc/mainmenu.aspx		
WRD - Medicare Subscriber Only	$382.00	$0.00
WRD - Medicare Subscriber/Non-Medicare Spouse	$970.00	$94.00
WRD - Medicare Subscriber/Medicare Spouse	$764.00	$0.00
WRD - Medicare Subscriber/Non-Medicare Family	$1,584.00	$192.00
WRD - Medicare Subscriber/Medicare Spouse/Non-Medicare Child	$1,259.00	$80.00
WRD - Medicare Subscriber/Medicare Spouse/Medicare Child	$1,259.00	$0.00
WRD - Medicare Subscriber/Child	$618.00	$38.00
WRD - Medicare Subscriber/2 Children	$852.00	$75.00
Vested - Medicare Subscriber Only	$0.00	$308.17
Vested - Medicare Subscriber/Non-Medicare Family	$0.00	$2,254.17
Vested - Medicare Subscriber/Medicare Family	$0.00	$924.51
Vested - Medicare Subscriber/Medicare Spouse	$0.00	$616.34
Vested - Medicare Subscriber/Non-Medicare Spouse	$0.00	$1,261.17
Vested - Medicare Subscriber/Child	$0.00	$1,261.17
Vested - Medicare Subscriber/2 Children	$0.00	$1,526.17

LTD = Long Term Disability

WRD = Work Related Disability

MoDOT & MSHP Medical Plan
Benefits-at-a-Glance for Medicare
Advantage Plan Effective January 1, 2027

Benefit	UHC MAPD Plan Member's Responsibility	
	In Network Provider	**Out-of-Network Provider**
Annual Deductible In and out of network combined. Individual	$250	$250
Coinsurance Up to out-of-pocket maximum	0%	0%
Annual Out-of-Pocket Maximum Individual	$250	$250
Lifetime Maximum	Unlimited	Unlimited
Office Visit	$0	$0
Emergency Room Services	$0	$0
Immunizations According to CDC Recommended Schedules	Covered 100%	Covered 100%
Inpatient Hospital Care	$0	$0
Outpatient Services	$0	$0
Preventive Care	Covered 100%	Covered 100%
Surgery **Inpatient and Outpatient**	$0	$0
Durable Medical Equipment	$0	$0
Laboratory Services	$0	$0
Urgent Care	$0	$0

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	$0
Tier 1	30 Day - $15 90 day - $37.50
Tier 2	30 Day - $35 90 day - $87.50
Tier 3	30 Day - $40 90 day - $100
Tier 4	30 Day - $40 90 day - $100
Mail Order	Mail order pricing follows the 90 day pricing for each drug tier.
Catastrophic Coverage Phase	Once an individual reaches $2,000 of out of pocket expense, cost sharing will be reduced to $0 for covered prescriptions for the remainder of the year.
Prior Authorization	Some drugs may require a prior authorization. Contact the number on your insurance card.

Life Insurance Highlights for 2027

Call the Employee Benefits Office at 877-863-9406 to address life insurance questions.

Beneficiary Changes:

It is important to keep your primary & contingent beneficiaries up to date on your life insurance plans, especially when you experience a significant life event such as:

- marriage
- divorce
- birth
- adoption
- death of beneficiary

Call Employee Benefits at 877-863-9406 to verify your current information and make changes.

Loss of Coverage

There are events that take place that cause a loss of coverage for your dependent.

You must notify MoDOT Employee Benefits if your dependents experience any of these life events:

- Child reaches age 26
- Child gets married
- Child joins the military
- Spouse legally separates
- Divorce

Optional Life Insurance claims will not pay out if the above events have occurred.

Portability and Conversion

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

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

Portability

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

Conversion

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

To apply for portability or conversion of your life insurance coverage, call MoDOT Employee Benefits for directions. You must apply within 31 days from the date your employment ends, or your employment status changes.

MoDOT and MSHP
Optional Life Insurance Rates
Effective January 1, 2027 - December 31, 2027

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

Age Bracket	Rate per $1,000 Coverage for Employee; LTD Recipient; WRD Recipient approved after July 1, 2004	Rate per $1,000 Coverage for Retiree; WRD Recipient approved prior to July 1, 2004
Under Age 25	$0.033	$0.060
25 *BLT 30	$0.041	$0.070
30 *BLT 35	$0.049	$0.090
35 *BLT 40	$0.057	$0.120
40 *BLT 45	$0.066	$0.150
45 *BLT 50	$0.107	$0.240
50 *BLT 55	$0.172	$0.380
55 *BLT 60	$0.287	$0.570
60 *BLT 65	$0.443	$0.880
65 *BLT 70	$0.902	$1.760
70 *BLT 75	$1.689	$3.450
75 *BLT 80	$1.689	$4.072
80 and Over	$1.689	$4.470

***But Less Than**

Spouse Life Rates per Month:

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

Child Life Rates per Month:

Rate is $1.50 per family.

Retirees are not eligible for child life coverage.

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

Basic Life Insurance (State Paid)
MoDOT & MSHP contribute $0.045 per $1,000 coverage per month for each eligible employee.

General Notices for 2027

Notice: Women's Health and Cancer Rights Act

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

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

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

Prior Authorizations

In-network providers are responsible for obtaining prior authorization, not the plan participant. If the provider fails to obtain prior authorization, the participant will not be liable for the charges unless they have signed a patient responsibility form with the provider.

Plan participants using an out-of-network provider will be responsible for ensuring the provider obtains prior authorization. If the provider and/or participant fail to obtain prior authorization, the participant will be held liable for the charges.

Summary of Benefits and Coverage

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

The 2027 SBC will be available by January 1, 2027. You can find it on the web at www.modot.org/medical-plan. If you do not have access to a computer, please call 877-863-9406 to request a copy be mailed to your home.

Flu Vaccine Coverage

The flu season is upon us. Both Medicare and non-Medicare participants are eligible to receive a Flu vaccination covered at 100% under preventive care from an in-network physician or pharmacy. Please take time to keep you and your family healthy by getting your Flu vaccination today.

Shingles Vaccine Coverage

Shingles vaccines for Medicare primary participants 50 years of age and over will only be covered at 100% if administered at an in-network pharmacy. If the vaccination is administered at a physician office, the charges will be denied.

Non-Medicare participants, 50 years of age and over will be covered at 100% if administered by an in-network provider or an in-network pharmacy.

Cafeteria Plan Highlights for 2027

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

Enrollment Information

Cafeteria Plan enrollment information may be found at **https://asiflex.com/MoCafe/**. The Cafeteria Plan annual **open enrollment period** for active employees runs **October 1 to December 1, 2026**, for 2027 coverage.

Premium Only Participation

All eligible premiums will be deducted from your paycheck before income and Social Security taxes unless you choose to opt-out of the pre-tax premium program during open enrollment. To opt-out, indicate "cancel pre-tax" on an enrollment form or log onto https://asiflex.com/MoCafe/ to make annual election for calendar year 2027.

Flexible Spending Account (FSA)

For PPO Plan participants only

To participate, you must complete a yearly election during open enrollment. The Health Care FSA maximum is $3,400 for 2027 and may be used on medical, prescriptions, dental or vision qualifying expenses for you, your spouse, and/or children, even if dependents are on a different medical plan.

Dental and Vision Care FSA

For HDHP participants only

To participate you must complete a yearly election during open enrollment. The Dental and Vision Care FSA maximum is $3,400 and may ***only*** be used for 2027 dental & vision qualifying expenses.

Dependent Care

To participate you must complete a yearly election during open enrollment. The 2027 Dependent Care annual maximum contribution amount is $7500.

The total amount you contribute to your Health Care FSA and Dependent Care FSA is non-taxable, saving you at least 20 percent on each dollar.

Log onto https://asiflex.com/MoCafe/ and click on FSA store to help estimate your annual eligible expenses, find a list of qualifying expenses or learn more.

Find the ASI Flex Self Service Mobile app in the iTunes or Google Play store. With the app, you can review your account, submit claims and track payment progress.

APP:

Grace Period

Members are allowed to submit expenses incurred up to March 15, 2027, to allow members to use up the remaining 2026 balance in their Health and Dependent Care FSAs.

Over the Counter Medication

Over the Counter (OTC) medications are eligible for reimbursement and do not require a prescription. Just submit a claim with a copy of the merchant itemized store receipt, showing the store name, date of purchase, a description of each item plus dollar amount.

Fee Schedule

The premium only category fee is $.12 per pay period. The fees associated with flexible spending accounts are:

- $2.00 per pay period for check reimbursement
- $1.30 per pay period for direct deposit reimbursement

Link to ASI website

MCHCP Dental/Vision Highlights for 2027

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

Open Enrollment

The Missouri Consolidated Health Care Plan (MCHCP) will hold open enrollment for 2027 dental & vision coverage during **October 1-31, 2026**, for active employees only. Visit **www.mchcp.org** to make an election. **Members currently enrolled in dental or vision, and wish to maintain the same elections for 2027, no action is required.**

The dental carrier will remain **Delta Dental** and members will encounter a premium increase with no benefit plan changes.

NVA will continue as the vision carrier for 2027. Vision premiums will remain the same and the Basic, Premium and Ultra Plan will continue to be offered with no plan design changes.

Dental/Vision Rates

Please refer to **www.mchcp.org** for information regarding 2027 dental and vision rates and benefit details. If you wish to receive a print copy, notify MCHCP through myMCHCP or call 1-800-487-0771.

Deferred Compensation Highlights for 2027

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

The State of Missouri Deferred Compensation Plan is an effective way to supplement your retirement benefit.

If you wish to begin or increase your deferred comp contribution, contact ICMA-RC at 1-573-893-1053 or visit their website.

The Deferred Compensation match was reinstated July 1, 2022. Legislature passed budget to include $25 monthly match for 2027, & will match your contributions dollar to dollar, up to $25.

For details or to make changes to your deductions, visit / log onto: **www.modeferredcomp.org**

Employee Assistance Program for 2027

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

ComPsych offers a confidential counseling and referral service that can help you and your family successfully deal with life's challenges. EAP services are available to ***active employees*** at no cost because the premiums are funded by MoDOT and MSHP to benefit you and your family.

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

ComPsych offers support on such topics as:

- Work-Life balance
- Stress
- Health and wellness
- Identity Theft
- Depression and anxiety
- Alcohol or drug concerns
- Legal consultation
- Financial services consultation
- Family Source

For more information, contact ComPsych or log on to www.guidanceresources.com.

Member HIPAA Notification

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

Your Privacy Matters

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

Notice of Privacy Practices

Effective: **4/14/2003 (Revised 04/22/2013)**

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

A. Our Commitment to Your Privacy

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

B. What Types of Personal Information Do We Collect?

To best service your Benefits, we need information about you. This information may come from you, the Claims Administrator, or other payors or health benefits plan sponsors or our affiliates. Examples include your name, address, phone number, Social Security number, date of birth, marital status, employment information, or medical history. We also receive information from health care Providers and others about you. Examples include the health care services you receive. This information may be in the form of health care claims and encounters, medical information, or a service request. We may receive your information in writing, by telephone, or electronically. In some instances, we may ask you about your race/ethnicity or language, however providing this information is entirely voluntary.

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

Keeping your information safe is one of our most important duties. We limit access to your personal information, including race/ethnicity and language, to those who need it. We maintain appropriate safeguards to protect it. For example, we protect access to our buildings and computer systems. Our Privacy Office also assures the training of our staff on our privacy and security policies.

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

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

- **Treatment:** We may use and share your personal information with health care Providers for coordination and management of your care. Providers include Physicians, Hospitals, and other caregivers who provide services to you.
- **Payment:** We may use and share your personal information to determine your eligibility, coordinate care, review Medical Necessity, pay claims, obtain external review, and respond to complaints. For example, we may use information from your health care Provider to help process your claims. We may also use and share your personal information to obtain payment from others that may be responsible for such costs.
- **Health care operations:** We may use and share your personal information, including race/ethnicity and language, as part of our operations in servicing your Benefits. Operations include credentialing of Providers; quality improvement activities such as assessing health care disparities; accreditation by independent organizations; responses to your questions, or grievance or external review programs; and disease management, case management, and care coordination, including designing intervention programs and designing and directing outreach materials. We may also use and share information for our general administrative activities such as prescription drug program; detection and investigation of fraud; auditing; underwriting and rate-making; securing and servicing reinsurance policies; or in the sale, transfer, or merger of all or a part of the Claims Administrator with another entity. For example, we may use or share your personal information in order to evaluate the quality of health care delivered, to remind you about Preventive Care, or to inform you about a disease management program. We cannot use or disclose your genetic, race/ethnicity or language information for underwriting purposes, to set rates, or to deny coverage of or benefits.

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

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

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

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

- **Treatment options:** To inform you about treatment options or health-related Benefits or services.

- **Plan Sponsors:** To permit the sponsor of your health Benefit Plan to service the Benefit Plan and your Benefits. Please see your Employer's Plan documents for more information.

- **Research:** To researchers so long as all procedures required by law have been taken to protect the privacy of the data.

- **Others involved in your health care:** We may share certain personal information with a relative, such as your Spouse, close personal friend, or others you have identified as being involved in your care or payment for that care. For example, to those individuals with knowledge of a specific claim, we may confirm certain information about it. Also, we may mail an explanation of Benefits to the Subscriber. Your family may also have access to such information on our Web site. If you do not want this information to be shared, please tell us in writing.

- **Personal representatives:** We may share personal information with those having a relationship that gives them the right to act on your behalf. Examples include parents of an unemancipated minor or those having a Power of Attorney.

- **Business associates:** To persons providing services to us and who assure us that they will protect the information. Examples may include those companies providing your prescription drug or behavioral health Benefits.

- **Other situations:** We also may share personal information in certain public interest situations. Examples include protecting victims of abuse or neglect; preventing a serious threat to health or safety; tracking diseases or medical devices; or informing military or veteran authorities if you are an armed forces member. We may also share your information with coroners; for workers' compensation; for national security; and as required by law.

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

We will obtain your written permission to use or share your health information for reasons not identified by this notice and not otherwise permitted or required by law. For example, we will not share your psychotherapy notes, use or share your health information for marketing purposes or sell your health information unless you give written permission or applicable law permits the use or disclosure. If you withdraw your permission, we will no longer use or share your health information for those reasons.

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

G. Rights Established by Law

- **Requesting restrictions:** You can request a restriction on the use or sharing of your health information for treatment, payment, or health care operations. However, we may not agree to a requested restriction.

- **Confidential communications:** You can request that we communicate with you about your health and related issues in a certain way, or at a certain location. For example, you may ask that we contact you by mail, rather than by telephone, or at work, rather than at home. We will accommodate reasonable requests.

- **Access and copies:** You can inspect and obtain a copy of certain health information. We may charge a fee for the costs of copying, mailing, labor, and supplies related to your request. We may deny

your request to inspect or copy in some situations. In some cases denials allow for a review of our decision. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs. You may also request your health information electronically and it will be provided to you in a secure format.

- **Amendment:** You may ask us to amend your health information if you believe it is incorrect or incomplete. You must provide us with a reason that supports your request. We may deny your request if the information is accurate, or as otherwise allowed by law. You may send a statement of disagreement.

- **Accounting of disclosures:** You may request a report of certain times we have shared your information. Examples include sharing your information in response to court orders or with government agencies that license us. All requests for an accounting of disclosures must state a time period that may not include a date earlier than six years prior to the date of the request and may not include dates before April 14, 2003. We will notify you of any costs pertaining to these requests, and you may withdraw your request before you incur any costs.

- **Breach Notification:** You have a right to receive notice from us if there is a breach of your unsecured health information.

H. To Receive More Information or File a Complaint

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

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

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

MoDOT Insurance Representative Contacts

Dept. ID	Locations	Benefits Contact	Telephone Number	Email Address
2ANW	Northwest District	Mia' Williams	(816) 387-2405	Mia'.Williams@modot.mo.gov
		Angie Downey, HR Manager	(816) 387-2512	Angie.Downey@modot.mo.gov
2BNE	Northeast District	Janet Groenda	(573) 248-2617	Janet.Groenda@modot.mo.gov
		Susan Cernea (back-up)	(573) 248-2474	Susan.Cernea@modot.mo.gov
2CKC	Kansas City District	Emma Worley	(816) 607-2143	Emma.Worley@modot.mo.gov
		Lexie Gordanier (back-up)	(816) 607-2148	Lexie.Gordanier@modot.mo.gov
2DCD	Central District	Gina Berhorst	(573) 751-7686	Gina.Berhorst@modot.mo.gov
		Shari Hayden, HR Manager	(573) 751-8653	shari.hayden@modot.mo.gov
2FSL	St. Louis District	Prenness Josey-Person	(314) 453-1717	Prenness.Josey-Person@modot.mo.gov
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2XCS	Commission Secretary's Ofc.	Jill Kliethermes	(573) 522-1294	Jill.Kliethermes@modot.mo.gov
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2XER	Enterprise Resource Plan Unit	Charlotte Onstott	(573) 526-0138	Charlotte.Onstott@modot.mo.gov
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2XIN	Interstate Program Teams	Charlotte Onstott	(573) 526-0138	Charlotte.Onstott@modot.mo.gov
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2XMT	Maintenance	Jill Kliethermes	(573) 522-1294	Jill.Kliethermes@modot.mo.gov
2XMC	Motor Carrier Services	Jill Kliethermes	(573) 522-1294	Jill.Kliethermes@modot.mo.gov
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	Troop C - St. Louis	Janis Leesmann	(636) 300-2800 x 3333	Janis.Leesmann@mshp.dps.mo.gov
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	Troop F - Jefferson City	Tammy Mahaney	(573) 751-1000 x3622	Tammy.Mahaney@mshp.dps.mo.gov
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MoDOT Employee Benefits

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