Murray State University offers a comprehensive benefits program to all regular, fulltime employees including, but not limited to, health, dental, vision, tax-exempt spending accounts, life insurance and additional voluntary benefits. This Benefits Guide includes the full line-up of your choices.

**Tip:** During Open Enrollment if you choose not to enroll for coverage in Murray State University’s health insurance plan, you’ll need to complete the online enrollment process to opt out of health insurance coverage and to make decisions on other benefits.

This benefits guide contains only highlights of the major provisions of the benefit program of Murray State University. Legal documents describe the plans in complete detail and govern their operation. If there is any disagreement between this guide and any legal document, the terms of the legal document always govern. Murray State University reserves the right to change, suspend or end benefit plans at any time.
What’s New?

Open Enrollment for 2016 plan year, will extend from October 23, 2015—November 6, 2015. Everyone must complete the enrollment process this year. Murray State University is committed to offering benefits to eligible employees and their families a competitive comprehensive benefits package. Below is a preview of what is changing and what is new for 2016.

- **New** Health plan design with wellness premium savings is available for 2016. When you agree to meet the wellness incentive goals for 2016, you will receive a **wellness premium savings of $10/month** to choose well and live well.
- Murray State University will offer three medical plan options: Two High Deductible Health Plans (HDHP) and one Preferred Provider Organization Plan (PPO).
- Health Savings Account employer contributions will increase from $350 single/$650 family to **$400 single/$800 family** for those contributing to a HSA.
- **Additional voluntary benefit** options will be available to manage out-of-pocket costs associated with HDHP. New Plans for your review: Group Critical Illness, Group Accident, and Group Hospital Indemnity.
- Prescription drug coverage will be supported through the Kentucky coalition, **Know Your Rx**.
- **$50 per month tobacco user premium surcharge** will be applied to the Health Insurance premium for tobacco users.
- **Spouses with comparable coverage** available through their employer will **no longer be eligible** for coverage through Murray State’s plan.
- Flexible Spending Account guidelines have changed: the “Use it or Lose it” rule was amended. FSA accounts now feature a **$500 Carryover**, limiting your risk of losing unused funds, and giving you more control and flexibility in managing your out-of-pocket healthcare expenses.
Who is Eligible

All full-time, regular employees are eligible for Murray State University’s benefit coverage. Also, employees who become eligible under the Affordable Care Act will receive health benefits only. You can also enroll the following eligible dependents in medical, dental, vision and disability insurance coverage:

- Your legal spouse—*unless your spouse is able to obtain comparable health insurance through their employer
- Your children under age 26 for medical, dental, and vision insurance
- Your unmarried children age 26 and older who are not able to support themselves due to a physical or mental disability

New to Murray State University?

Coverage for most benefits is effective on the first day of the month after 28 days of employment. If you’re enrolling for benefits for the first time, you must enroll within 30 days of your hire date.

Making Changes During the Year

You can make changes within 30 days of the event to your medical, dental, vision, life, and flexible spending accounts during the plan year only if you have a life circumstance change such as:

(The change must be made within 30 days of the event and in writing)

- Marriage or divorce
- Birth, adoption, or placement for adoption of a child
- Gaining or losing a dependent
- Change in employment status for you or your spouse

If you experience a life circumstance change, you must notify Human Resources in writing within 30 days of the event. If you don’t, you must wait until the next annual enrollment to make any changes to your health, dental, vision, life, or FSA accounts.

Murray State University will also allow a special 60-day enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for your state’s premium assistance program under Medicaid or Children’s Health Insurance Program (CHIP).

For these enrollment opportunities, you will have 60 days – instead of 30 days – from the date of the Medicaid/CHIP eligibility change to request enrollment or termination of yourself or your dependents in Murray State University’s health plan.
Murray State University offers three medical plan options:
Two High Deductible Health Plans (HDHP) and one Preferred Provider Organization Plan (PPO).

All medical plans:

- Cover 100% of the cost of eligible preventive care coverage per person - with no co-pay and no deductible requirement.
- Pay coinsurance for other medical services after you meet your deductible.
- Have a maximum out-of-pocket annually (a cap on the amount you may spend out-of-pocket, including the deductible, each year.)
- Include prescription drug coverage.
- Include separate in- and out-of-network deductibles and out-of-pocket limits.
- Have an unlimited lifetime maximum.
- Have no pre-existing exclusions.

Privacy Notice:
The Murray State University HIPAA Privacy Notice is available on the Human Resources website at https://www.murraystate.edu/headermenu/Offices/HumanResources/Benefits/index.aspx or in the Human Resources office by calling 270.809.2146.
Explore Your Health Care Options

PPO Plan Basics:
- Preventive care covered at 100% (do not have to meet the deductible).
- Deductible Phase – You pay a co-pay when applicable and 100% of all eligible expenses up to the plan’s annual deductible. Includes non-preventive medical visits and services that do not have an applicable co-pay.
- Coinsurance Phase – After meeting your deductible, you pay a percentage of expenses, in addition to co-pays when applicable, until you reach your maximum out-of-pocket for the year.
- Out-of-pocket Phase – Plan pays 100% of the eligible cost once you have met the annual maximum out-of-pocket. This is the most you will pay for the plan year.

HDHP Plan Basics:
- Preventive care covered at 100% (do not have to meet the deductible).
- Deductible Phase – You pay 100% of all eligible expenses up to the plan’s annual deductible. Includes non-preventive medical visits and services & prescriptions.
- Coinsurance Phase – After meeting your deductible, you pay a percentage of expenses until you reach your maximum out-of-pocket cost for the year.
- Out-of-pocket Phase – Plan pays 100% of the eligible cost once you have met the annual maximum. This is the most you will pay for the plan year.

See page 7 for how the plans pay for covered services and page 8 for 2016 medical premiums.

Why choose a High Deductible Health Plan (HDHP)?
The HDHP offers lower premium costs and may allow you to set aside tax-free dollars in a Health Savings Account (HSA) to pay for current or future healthcare expenses.

HDHP benefits include:
- Ability to contribute to a tax-advantaged HSA with No “use-it-or-lose-it” requirement; remaining account balance will carry over from year to year.
- Lower health insurance premiums.
- Greater flexibility in how your healthcare dollars are spent.
- Control over your healthcare spending; pay for qualified medical expenses or save for future medical expenses.
- Contributions are tax deductible, and earnings along with withdrawals from an HSA are tax-free when used to pay for qualified medical expenses.
- The HSA account goes with you even if you change jobs or insurance coverage.

High Deductible Health Plan (HDHP) with a Health Savings Account
The Murray State’s HDHP plans are designed to encourage you to take a more active role in your health. For the 2016 plan year two HDHP plans will be available, HDHP A and HDHP B. Please review the plan comparison chart (page 7) for details of coverages. While deductibles are higher with these plans, your out-of-pocket costs can be offset by a health savings account and other voluntary benefits such as Group Critical Illness, Group Accident, and Group Hospital Indemnity policies.
## Compare Your Health Plans

<table>
<thead>
<tr>
<th></th>
<th>High Deducible Health Plan B (HDHP B)</th>
<th>High Deducible Health Plan A (HDHP A)</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single (Does not include co-pays)</td>
<td>$2,000</td>
<td>$4,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family (Does not include co-pays)</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td>$10,000</td>
<td>$20,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Office Visit</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>All other services in office</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td><strong>Preventive Care – Not subject to deductible</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Outpatient Physical &amp; Medical Therapies</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational, &amp; Speech: 30 visit max</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Spinal Manipulations: 20 visit max</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>coinsurance</strong></td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Inpatient: unlimited days except for 180 days Network/Non-Network combined for skilled nursing facility</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Outpatient Surgery: Hospital/Alternative Care Facility</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Inpatient and Outpatient Professional Charges</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Non-Surgical Outpatient Services: MRI, Chemotherapy, ultrasound, &amp; other services.</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Medical Supplies, Equipment, Appliances</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Home Care Services: 30 visit limit for out-of-network Excludes IV therapy</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Hospice</td>
<td>100%*</td>
<td>100%*</td>
<td>100%*</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Paid at 70%*</td>
<td>Paid at 70%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Human Organ and Tissue Transplants</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Inpatient &amp; Outpatient: No visit limit</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail: 30 day supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Formulary</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Gen/Brand Non-Formulary</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Specialty</td>
<td>Paid at 70%*</td>
<td>Paid at 50%*</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Mail Order: 90 day supply</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Formulary</td>
<td>Paid at 70%*</td>
<td>Not Covered</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Brand Formulary</td>
<td>Paid at 70%*</td>
<td>Not Covered</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Gen/Brand Non-Formulary</td>
<td>Paid at 70%*</td>
<td>Not Covered</td>
<td>Paid at 80%*</td>
</tr>
<tr>
<td>Specialty</td>
<td>Paid at 70%*</td>
<td>Not Covered</td>
<td>Paid at 80%*</td>
</tr>
</tbody>
</table>

*Coinsurance after deductible
**Maximum out-of-pocket: Includes deductible, coinsurance and copays for medical and prescription drugs

HDHP Plans - Entire family deductible must be met before co-insurance applies.
Specialty Drugs have a 30 day supply per fill limit for both retail and mail order.
### 2016 Medical Plans - Monthly Premiums

<table>
<thead>
<tr>
<th></th>
<th>HDHP B Plan</th>
<th></th>
<th>HDHP A Plan</th>
<th></th>
<th>PPO Plan</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MSU</td>
<td>EE</td>
<td>MSU</td>
<td>EE</td>
<td>MSU</td>
<td>EE</td>
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<tr>
<td>Employee Only</td>
<td>$405.86</td>
<td>$16.20</td>
<td>$430.78</td>
<td>$49.02</td>
<td>$416.03</td>
<td>$124.97</td>
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<tr>
<td>Employee + Spouse</td>
<td>$789.08</td>
<td>$51.57</td>
<td>$799.98</td>
<td>$156.72</td>
<td>$786.88</td>
<td>$297.42</td>
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<tr>
<td>Employee + Children</td>
<td>$713.19</td>
<td>$44.90</td>
<td>$720.86</td>
<td>$139.42</td>
<td>$704.15</td>
<td>$265.83</td>
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<tr>
<td>Family</td>
<td>$1,150.28</td>
<td>$111.85</td>
<td>$1,168.10</td>
<td>$267.82</td>
<td>$1,144.29</td>
<td>$478.70</td>
</tr>
</tbody>
</table>

**New Procedures for 2016 when enrolling in Murray State’s medical plan:**

- **Wellness Premium Savings** - When you agree to meet the wellness incentive goals for 2016, you will receive a Wellness premium savings of $10 per month to choose well and live well.

- **Medical Premium Tobacco Surcharge** - All employees enrolled in Murray State University’s medical plan who use tobacco products, will incur an additional premium with their health insurance plan. Specifically, tobacco users will be required to pay a premium surcharge of $50.00 per month for medical coverage under the plan.

- **Spousal Coverage** - Spouse participation in Murray State University’s medical plan will not be available if a spouse is employed and is eligible for comparable health insurance coverage through his/her employer’s plan.

  **Comparable if any of the following are true:**

  1. Their employer has 50 or more employees, or
  2. There is a single coverage monthly employee premium available that is less than $125 per month.

**Prescription Medications**

Murray State University is pleased to be joining the **Know Your Rx** Coalition in 2016. Know Your Rx is a governmental purchasing coalition to help reduce costs. Through the coalition, we join other state and regional universities who are also interested in reducing costs while increasing the level of service to employees.

Members enrolled in Murray State University’s health plans are automatically covered under the prescription drug plan and will have access to the services provided by Know Your Rx.
Prescription Benefit Resources

Know Your Rx will provide personalized support to assist you in making the most of your prescription benefit. The experts at Know Your Rx will work together with Murray State University and Express Scripts, your pharmacy benefits administrator, to ensure the best possible experience for you and your family. You will have access to a dedicated team of pharmacists who will be able to assist you in answering questions regarding prescriptions.

The reference table below reflects the resources available through Murray State University’s prescription benefit.

<table>
<thead>
<tr>
<th><strong>Contact</strong> Know Your Rx to......</th>
<th><strong>Contact Express Scripts to.....</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Get answers to questions about your pharmacy benefit and/or co-payments, as well as address any concerns with new or existing prescriptions, such as potential side effects or interactions.</td>
<td>♦ Order a replacement prescription benefit ID card ♦ Set up automatic mail order prescription refills.</td>
</tr>
<tr>
<td>Receive expert guidance on cost-saving strategies, including new generic prescription drug options and/or opportunities to make your prescription refills more cost-effective and more convenient.</td>
<td>Access an exclusive online resource featuring detailed information on prescription medications, as well as other health and well-being resources.</td>
</tr>
</tbody>
</table>

**Know Your Rx**
855-218-5979  
KYRX@uky.edu

**Express Scripts**
844-581-1742  
www.express-scripts.com

If you take medications regularly, prescriptions can add up to a significant part of your overall health care expenses. Knowing how the prescription drug program works and what to do to manage costs can help you make good buying decisions.
The prescription drug program features:

- Convenient **mail order** program to help you save money on maintenance prescriptions
- Easy-to-use **retail pharmacy** program with a broad network of Express Script pharmacies including major pharmacy chains and independent stores

- Four basic coverage tiers:
  1. Generic Formulary (Tier 1) - prescription drug with the same active ingredients and effectiveness as its brand name counterpart, but less expensive
  2. Brand Formulary (Tier 2) - brand-name drug that generally does not have a generic version of the drug available
  3. Generic/Brand Non-Formulary (Tier 3) - brand-name drug that generally either has equally effective and less costly generic equivalents and/or one or more brand formulary alternatives
  4. Specialty (Tier 4) - usually newly approved pharmaceutical drugs, including specialty medications

**Home Delivery Pharmacies are a Great Way to Save Money**

Regardless of which medical plan you are enrolled in, you will have the opportunity to use a home delivery pharmacy service. These programs allow you to receive a 90-day supply of your maintenance medication shipped to your home. Not only will you have the convenience of skipping the drug store, you will receive three (3) months worth of your medication for what you would normally pay for two (2) months. This saves you one (1) copay or co-insurance amount four (4) times a year and a lot of precious time.
Coverage While Traveling In U.S. (outside of plan area):

You can use the BlueCard® Program through Anthem in order to have access to your benefits while living or traveling outside of your local area.

To find a Provider:

♦ Anthem.com lists the most current online Provider Directory
♦ Call BlueCard Access at 800.810.BLUE (2583)
♦ Contact Anthem Member Services at the number on the back of your card

Helpful Tip

Pre-certification will help insure that services you receive while traveling take place in an appropriate setting, meet the medical necessity criteria of the health plan, and are paid appropriately.

Coverage While Traveling Outside of the U.S.:

BlueCard Worldwide® provides Blue Cross and Blue Shield members with access to a network of traditional inpatient, outpatient and professional healthcare providers around the world. The program includes a range of medical assistance and claim support services for members traveling or living in countries outside their Home Plan service area.

Find a Doctor or Hospital Worldwide

♦ BlueCard Doctor and Hospital Finder (you will be sent to the BlueCard Worldwide website)
♦ BlueCard Worldwide Service Center Outside the U.S. (call collect): 1.804.673.1177

When You Need Healthcare Outside the U.S.

♦ Always carry your Blue Cross and Blue Shield identification card.
♦ Check with your Blue Cross and Blue Shield Company before leaving the U.S. because your health care benefits may be different outside the U.S.
♦ If you need emergency medical care, go to the nearest hospital. Call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177 if you’re admitted.
♦ If you need non-emergency inpatient medical care, you must call the BlueCard Worldwide Service Center. The Service Center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a doctor. It is important that you call the BlueCard Worldwide Service Center in order to obtain cash-less access for inpatient care except for your usual out-of-pocket expenses (e.g., deductible, coinsurance). The Service Center is staffed with multilingual representatives and is available 24 hours a day, seven days a week.

Claims Filing and Payment Information

♦ For inpatient care at a BlueCard Worldwide® hospital that was arranged through the BlueCard Worldwide Service Center, 1.800.810.BLUE (2583), you only pay the provider the usual out-of-pocket expenses (non-covered services, deductible, co-payment and co-insurance). The provider files the claim for you.
♦ For all outpatient and professional medical care, you pay the provider and submit a claim. You may also have to pay the hospital (and submit a claim) for inpatient care obtained from a non-BlueCard Worldwide® hospital or when inpatient care was not arranged through the BlueCard Worldwide Service Center.
♦ To submit a claim, you complete an International Claim Form and send it to the BlueCard Worldwide Service Center. The claim form must be completed fully, otherwise it will be returned to you and payment will be delayed.
Optional Health and Dependent Care Savings Accounts

The healthcare climate is moving toward consumer-driven healthcare by allowing employees to control and manage their own health care dollars through Health Savings Accounts and Flexible Spending Accounts. Dependent Care Flexible Spending Accounts are available as well to set aside funds “pre-tax” in order to reimburse yourself for day care expenses.

Health Savings Account (HSA)

A health savings account (HSA) is a tax-exempt trust or custodial bank account that you set up with a qualified HSA trustee (bank) to pay or reimburse qualified medical expenses you incur.

You must be enrolled in a High Deductible Health Plan (HDHP) to qualify for an HSA. For those who elect a HDHP and elect to enroll in the HSA, Murray State University will contribute $400/single and $800/Family when biweekly-paid employees contribute $5.50 or more per pay period to their account and monthly-paid employees contribute $11 or more per pay period to their account. Murray State University will continue to cover the fees associated with the account. Employee contributions can be stopped, started or changed at the beginning of each quarter, provided 15-days’ advance notice is sent to HR. You can find the HSA form at www.murraystate.edu/hr/benefits. If you choose not to contribute, Murray State University will make no contribution to your account.

All contributions you make to the HSA account are tax-free. Under federal government rules, you can contribute in 2016 up to $3,350 for single coverage, $6,750 for family coverage, plus an additional $1,000 for those 55 years and older in 2016. MSU’s contributions count toward the account’s annual limit. Partial year tax rules also apply. IRS guidelines apply if you are 65 or older and enrolled in Medicare.

What are the benefits of an HSA?

- You can claim a tax deduction for contributions you, or someone other than your employer, make to your HSA even if you do not itemize your deductions on Form 1040.

- Contributions to your HSA made by your employer may be excluded from your gross income. For 2016 the maximum contribution (employee + employer) is $3,350 and $6,750 for family.

- The contributions remain in your account from year to year, allowing you to save for future medical expenses.

- The interest or other earnings on the assets in the account are tax free.

- Distributions may be tax free if you use the funds to pay qualified medical expenses.

- An HSA is “portable” so it stays with you if you change employers or leave the work force.

If you elect the qualified High Deductible Health Plan (HDHP)/Health Savings Account (HSA) option through Murray State Internal Revenue Code Section 125 Cafeteria Plan, Murray State will provide BenefitWallet (BW) with data and information requested by BW and reasonably needed by BW in order to open your BW HSA, including accepting the BW HSA terms and conditions and rate and fee schedule on your behalf and agreeing to receive account statements and other account documents electronically.
Qualifying for an HSA
You must be covered under a high deductible health plan (HDHP) on the first day of the month.

You have no other first dollar health care coverage except what is permitted under “other health coverage.” Other health care insurance permitted includes:

- Specific injury or accident insurance, disability, dental care, vision care, or long-term care insurance.
- You are not enrolled in Medicare. Employees who are 65 and older who are enrolled in Medicare are not eligible to contribute to an HSA. Contact HR for contribution options.
- You cannot be claimed as a dependent on someone else’s prior year tax return.
- You cannot participate in the HSA if you are a Veteran and have received any health benefits from the Veterans Administration or one of their facilities, including prescription drugs, in the last 3 months.

Tax Advantages
HSA’s are owned by you and are portable, even if you change employers. HSA’s provide tax-free contributions, growth, and disbursement for qualified medical expenses. If the money is not used, funds roll over from year to year. HDHPs and HSAs are evolving as a way to pay for not only short and mid-term healthcare costs, but also to save for health care costs during retirement. Your money in the account earns tax-free interest. Distributions from HSAs are tax-free when used for qualified medical expenses for the individual covered by the HDHP and his/her spouse and eligible dependents. Qualified medical expenses are defined under Section 213(d) of the IRS code. For HSAs, qualified medical expenses generally do not include health insurance premiums. In addition, HSA funds can be used for the following without federal tax:

- Qualified long-term care insurance, subject to certain dollar limitations
- COBRA continuation coverage
- Health plan coverage while an individual is receiving unemployment compensation
- At age 65 and over, Medicare premiums and out-of-pocket expenses or any health insurance premiums (e.g., Medicare HMO & group retiree plans), other than a Medicare Supplement (Medigap) policy. Refer to the IRS website for a complete list of Section 213(d) expenses (www.irs.gov/pub/irs-pdf/p502.pdf) HSA funds are available for use; however, if you are 65 or older and you are enrolled in to Medicare, contributions are not allowed.

Notice: Parents who Cover Adult Children to age 26 enrolled in a HDHP
Parents who cover adult children to age 26 on a High Deductible Health Plan (HDHP) may not be to use HSA funds to reimburse themselves on a tax-free basis for medical expenses incurred by those adult children. Please consult your tax advisor regarding your situation.
Flexible Spending Accounts (FSA)

As part of Murray State University’s Tax-Saver Program, you can contribute to Flexible Spending Accounts (FSAs) that let you pay yourself back on a tax-free basis for certain healthcare and dependent day care expenses.

Explore Your Flexible Spending Account Options

You can contribute a minimum of $50 and a maximum of $2,500 to a Health Care Flexible Spending Tax Saver Account or $5,000 to a Dependent Care Flexible Spending Account (Child Care), or both. Your contributions are paid through payroll deductions with pre-tax dollars. This means the actual impact on your take-home pay is less.

How the Health Care Spending Tax-Saver Account Works

- Decide how much you want to contribute to the account for 2016.
- Have your contributions deducted from your paycheck each pay period before taxes are withheld. Employees may only contribute a maximum of $2,550 (IRS limit for 2015) per employee, regardless of whether you cover just yourself or your full family. If both spouses work at MSU, they can each claim the $2,550 for a total household limit of $5,100.
- Use the money in your account to pay for eligible expenses such as copayments, coinsurance and deductibles.
- The full value of your account is available after the first of the calendar year.
- If your employment is terminated mid-year, you have three (3) months from the coverage end date to submit claims for services incurred by the end of your coverage end date. You are eligible for COBRA for your Health Care FSA if you have a positive balance remaining in your Health Care FSA account at the coverage end date.

Your Health Care Flexible Spending Tax-Saver Account Debit Card

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

Tip: Always save your receipts and EOB’s! IRS regulations require plans to verify improper payments. You may be required to provide receipts or EOB to verify expense. Your card privileges will be suspended if transaction remains unverified after 90 days. Card use verification form is available through your online account and must be submitted to the carrier. Card privileges will be automatically reinstated once unverified card transactions are resolved.

Online Claims Option

WageWorks offers participants the convenience and option to complete your Pay Me Back (PMB) claim form online when you log on to your WageWorks account. Once the form is complete, you can then print it and mail or fax it to WageWorks with receipts, or upload the corresponding receipts to the WageWorks system for processing, which requires no faxing or mailing.
New Medical FSA Carryover option for 2016

Unclaimed funds in a flexible spending account after 90 days following the plan year, for services incurred during the plan year, are not refundable to the employee according to IRS provisions. However, as of the 2016 plan year, health care flexible spending account participants may carry over up to $500 of unused funds into the next plan year, with the first carryover from 2015 to 2016. Please note that this carryover provision does not apply to the dependent care account.

Please note: With the enhancement of the “carry over up to $500”, the provision to use “any remaining funds in the previous plan year for services incurred during the 2½ month grace period (until March 15) on your Health Care Flexible Spending Debit Card will no longer be in effect.

WageWorks Direct Deposit

Participants can sign up for direct deposit for their WageWorks accounts. By signing up for direct deposit, participants can say goodbye to extra trips to the bank.

How the Dependent Care Flexible Spending Account (Child Care) Works

Use the Dependent Care Flexible Spending Account (Child Care) to reimburse yourself (while you and your spouse work, or go to school full-time) for day care expenses.

A qualifying dependent for the FSA is your tax dependent:

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

With the Dependent Care Flexible Spending Tax-Saver Account (Child Care), you can contribute up to $5,000 each year for a married couple filing a joint return, or for a single parent filing as “Head of Household”. For a married couple filing separate returns, the limit is $2,500 each year. You can be reimbursed for up to the amount available in your account at the time of your request.

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

Important: You can incur claims on your 2016 dependent care flexible spending account (child care) until December 31, 2016, and file claims through May 31, 2017.
**Voluntary Benefits**

**Dental Plan** - Coverage through Delta Dental in 2016

Core plan coverage has been enhanced and Buy-up plan includes some orthodontia coverage.

**Core Plan Basics:**
- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Limited oral evaluations for a specific problem or complaint are payable twice per calendar year.
- Cleanings are payable twice per calendar year (additional benefits available for documented history of disease).
- Some benefit available for fillings, fluoride treatments, sealants, crowns, oral surgery, implants, etc.
- Calendar year maximum of $750.

**Buy-up Plan Basics:**
- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Cleanings are payable twice per calendar year (additional benefits available for documented history of disease).
- Some benefit available for fillings, fluoride treatments, sealants, crowns, oral surgery, implants, etc.
- NEW FOR 2016 orthodontia services paid at 50%, only on buy-up plan.
- Calendar year maximum of $1000.

**Dental Plan - 2016 Monthly Employee Premiums**

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Buy-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$17.56</td>
<td>$27.10</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$52.36</td>
<td>$70.86</td>
</tr>
</tbody>
</table>

**Vision Plan** - Coverage through Anthem in 2016

**Plan Basics:**
- $10 co-pay in-network for eye exams & lenses—Contact Lenses—$150 allowance in-network (every 12 months).
- Frames—$150 allowance in-network (every 24 months).
- Out-of-network rates available for all services
- Continue to have vision exam available through Anthem preventive care in addition to this coverage.

**Vision Plan - 2016 Monthly Premiums**

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<tr>
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</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>$7.25</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$14.21</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$13.39</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
<td>$20.35</td>
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</tbody>
</table>
**Group Accident - New Plan for 2016!**

You can’t always avoid accidents, but you can protect yourself and your family from accident related costs that can put a strain on your budget. A **Group Accident** plan pays a cash benefit directly to you if you have a covered injury and need treatment or hospital care. In addition, the plan provides an accidental death benefit. For additional information visit [www.allstatebenefits.com](http://www.allstatebenefits.com).

<table>
<thead>
<tr>
<th>Group Accident Plan - 2016 Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
</tr>
<tr>
<td>$9.36</td>
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<tr>
<td>Employee &amp; Child(ren)</td>
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<tr>
<td>$18.94</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
</tr>
<tr>
<td>$13.69</td>
</tr>
<tr>
<td>Employee &amp; Family</td>
</tr>
<tr>
<td>$23.62</td>
</tr>
</tbody>
</table>

**Group Hospital Indemnity - New Plan for 2016!**

A trip to the hospital can be stressful, and so can the bills. Even with major medical insurance, you may still be responsible for co-payments, deductibles and other out of pocket expenses. A **Group Hospital Indemnity** plan pays a cash benefit directly to you in the event you or a covered family member are admitted to the hospital. The cash benefit you receive can be used to assist in paying expenses associated with a hospital stay. For additional information visit [www.allstatebenefits.com](http://www.allstatebenefits.com).

<table>
<thead>
<tr>
<th>Group Hospital Indemnity - 2016 Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
</tr>
<tr>
<td>$13.26</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
</tr>
<tr>
<td>$22.88</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
</tr>
<tr>
<td>$28.99</td>
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<tr>
<td>Employee &amp; Family</td>
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<tr>
<td>$38.61</td>
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</tbody>
</table>

**Group Critical Illness - New Plan for 2016!**

(NEW) Allstate features a **$100 reimbursement** for completing many preventative screenings!

When a serious illness strikes, a **Group Critical Illness** plan helps provide additional protection for you and your family. In the event of a critical illness such as heart attack, stroke or cancer, a lump sum cash payment can assist in covering a variety of expenses like out of pocket medical costs, home healthcare, travel expenses, rehabilitation and more. In addition, the plan also pays an annual wellness benefit. For additional information visit [www.allstatebenefits.com](http://www.allstatebenefits.com). Allstate applies tobacco rates if anyone to be insured used tobacco in the past 12 months.

<table>
<thead>
<tr>
<th>Group Critical Illness - 2016 Monthly Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tobacco Rates</td>
</tr>
<tr>
<td>EE or EE+ Child(ren)</td>
</tr>
<tr>
<td>$11.22</td>
</tr>
<tr>
<td>EE+ Spouse or Family</td>
</tr>
<tr>
<td>$18.76</td>
</tr>
<tr>
<td>Tobacco Rates</td>
</tr>
<tr>
<td>EE or EE+ Child(ren)</td>
</tr>
<tr>
<td>$15.30</td>
</tr>
<tr>
<td>EE+ Spouse or Family</td>
</tr>
<tr>
<td>$24.87</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>EE or EE+ Child(ren)</th>
<th>EE+ Spouse or Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-35</td>
<td>$11.22</td>
<td>$18.76</td>
</tr>
<tr>
<td>36-50</td>
<td>$21.02</td>
<td>$33.50</td>
</tr>
<tr>
<td>51-60</td>
<td>$39.52</td>
<td>$61.23</td>
</tr>
<tr>
<td>61-63</td>
<td>$59.89</td>
<td>$91.78</td>
</tr>
<tr>
<td>64+</td>
<td>$87.32</td>
<td>$132.90</td>
</tr>
</tbody>
</table>

Allstate applies tobacco rates if anyone to be insured used tobacco in the past 12 months.
Basic Life Insurance - Coverage through Prudential in 2016

Financial stability is important to you and your family. Including insurance in your financial plan now can benefit you and your family in the future. You can protect your family's quality of life no matter what the future brings, and save your loved ones the stress of financial worries during an already stressful time. Life insurance is an important part of a full financial plan. It's a crucial component of estate planning and can hasten estate settlements. Your beneficiary receives a cash benefit. That’s why the university provides basic $10,000 term life insurance coverage and a $10,000 accidental death and dismemberment (AD&D) coverage at no cost to you.

Supplemental Life - Coverage through Prudential in 2016

In addition to basic life insurance, new employees at initial enrollment may purchase supplemental life coverage in $10,000 increments not to exceed the lesser of 7 times their salary or $500,000. Evidence of insurability is required for coverage over $250,000. Regular full-time employees can purchase additional supplemental life coverage with evidence of insurability.

<table>
<thead>
<tr>
<th>Basic Term Life and AD&amp;D</th>
<th>Supplemental Term Life and AD&amp;D*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided at no cost to you:</td>
<td>You may purchase during open enrollment:</td>
</tr>
<tr>
<td>$10,000 basic life</td>
<td>♦ Supplemental Life insurance in increments of $10,000 (not to exceed the lesser of 7 times their salary or $500,000) can be purchased if approved with evidence of insurability.</td>
</tr>
<tr>
<td>$10,000 AD&amp;D</td>
<td>♦ Benefits reduce by 50% at the age of 70. All benefits terminate when employment ends unless you chose to continue coverage under the portability or conversion options.</td>
</tr>
<tr>
<td></td>
<td>New employees may purchase up to $250,000 without evidence of insurability at initial enrollment.</td>
</tr>
</tbody>
</table>

♦ Premiums for the Basic Term Life and AD&D are paid by Murray State University and are not taxed. Premiums for the Supplemental Term Life and AD&D are paid by the employee and up to the first $40,000 will be deducted on a pretax basis.

Disability

When you’re healthy, it’s hard to imagine not being able to work because of serious illness or injury, but a disability that keeps you out of work can have a devastating effect on your income. Would you be able to maintain the same lifestyle or pay your bills? Disability coverage helps replace a portion of your pay if you are unable to work due to an injury, illness or pregnancy. Disability premiums through the McConnell Insurance Agency are payroll deductible. If you are interested in voluntary, short-term disability for yourself or your spouse, you may contact McConnell Insurance Agency, 518 South 12th Street, Murray, KY 42071; phone number 270.753.4199.

NOTE: Employees who have been participants for five or more years in the Kentucky Employee Retirement System (KERS) or Kentucky Teachers’ Retirement System (KTRS) are eligible for long-term disability coverage.
Racer Wellness

MSU supports health and well being of all employees. It is our hope all employees will embrace healthy lifestyle behaviors to reduce health and injury risks, to enhance overall well being, and to reduce health-related costs.

Mission

The mission of Murray State University’s Racer Wellness program is to encourage, support, and assist employees in taking a proactive approach to improve their health and well being.

Overall Goal

To improve employee health, well being, morale, and productivity, while decreasing absenteeism and health insurance expenses. Murray State employees will be offered multiple health and wellness opportunities each semester at no cost. In order to keep up with Racer Wellness please consider utilizing the methods below to have the latest information at your fingertips.

How do I Connect with Racer Wellness?

Check out our website: www.murraystate.edu/racerwellness (Sign up for e-mail updates through our website)

Facebook: Murray State University Racer Wellness

Twitter: @RacerWellness

Classes

There are group fitness classes available year-round to employees and spouses. These classes generally meet in Carr Health (unless otherwise noted) and do not require any pre-registration. The full schedule can be found at the above website.

Health Fairs

Racer Wellness sponsors three Health Fairs per year. One in the fall and spring on the main campus and one on the BVC campus in Hopkinsville. All fairs offer many different screenings and opportunities to talk with healthcare professionals.

Health Education

Each semester there will be different opportunities like Lunch & Learn sessions that will be offered to employees. This is designed around the needs of our employees and to further your education in areas that will hopefully be useful to you and your health!

HEA 189

This is a course for employees that meets online only (via Canvas) and allows employees to have a membership to the Susan E. Bauernfeind Recreation and Wellness Center. Please visit the HR website https://www.murraystate.edu/headermenu/Offices/HumanResources/ to find more information on this course.
Murray State University Health Services is available to all MSU faculty, staff, and students. Clients are seen for ambulatory health care issues in a convenient setting on campus. Whenever visiting Health Services, please be prepared to present your Racer ID card.

Services include:

♦ Physical assessment for acute illness or injury
♦ Treatment of acute illnesses or minor injuries
♦ Laboratory services – On-campus CLIA certified lab is used for moderately complex procedures including complete blood counts, urinalysis, rapid strep screens, urine colony counts, pregnancy tests, and sexually transmitted infection testing. Laboratory procedures such as chemistry for Lipids, etc. are sent to LabCorp and the client is billed by LabCorp for this service. (Please present insurance card for this service.)
♦ Health promotion and education
♦ Preventive care to avoid illness and injury
♦ Crutches are available on a loan basis
♦ Referrals as needed

Confidentiality – Medical records are strictly confidential. No medical information is released without the client’s written consent except as required by law. Records will not be faxed, except for unusual circumstances to avoid the potential for breaches in confidentiality.

Cost of Services – There is no charge for services other than LabCorp (if applicable).

Location – The facility is located on campus on the north side of Wells Hall on the ground floor. The main entrance faces the quadrangle and is the door closest to Faculty Hall.

Hours of Operation – Monday thru Friday: 8:00 a.m. to 4:00 p.m.; closed Wednesday afternoon, but personnel are available for consultation and emergencies.

Phone – Call 270.809.3809 for more information and medical advice.