

2022 OPEN ENROLLMENT

CHOOSE

WELL



LIVE

WELL



STAY

WELL

Inside Murray State's 2022 Benefits

Who is eligible?	5
Making changes during the plan year	5
Medical	6
Compare your Health Plans	8
Healthcare Terminology	9
Prescription Medications	10
Savings Accounts	12
Dental	18
Vision	18
Group Accident	19
Group Hospital Indemnity	19
Group Critical Illness	20
Short Term Disability	20
Basic Life Insurance and Supplemental Life Insurance	22
Racer Wellness	23
Employee Assistance Program (EAP)	24
Retirement and Benefit Notifications	25

Your Benefits

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

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

CHOOSE
WELL



LIVE
WELL



STAY
WELL

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.

Highlights for 2022

Open Enrollment for 2022 plan year is October 15, 2021—October 29, 2021.

2022 Plan Year

- ◆ **No increase in health premiums for any of the plans!** Murray State University will continue to offer three medical plan options: Two High Deductible Health Plans (HDHP) - the Premium Saver Plan and Balanced Saver Plan—one Preferred Provider Organization Plan (PPO) - the Legacy PPO.
- ◆ **No increase in health plan design features, such as deductibles, out-of-pocket costs and co-pays!**
- ◆ **Single Sign-On (SSO)** is now available to access Benefitfocus on the Employee tab of MyGate!
- ◆ **All Anthem participants will receive a new ID card for 2022. If you are enrolled in medical and vision you will have one card for both plans!**
- ◆ **Health Savings Account** employer contributions will remain at **\$400 single/\$800 family**.
- ◆ **No increase in employee rates in any of Murray State's voluntary plans! Voya** offers options to manage out-of-pocket costs associated with HDHP: **Accident, Hospital Indemnity, Critical Illness and Short Term Disability**.
- ◆ Voya is also the vendor for Life Insurance. Employees currently enrolled in the supplemental life plan will have the opportunity to increase coverage by **\$50,000** up to the guaranteed issue amount of \$250,000 without evidence of insurability. **New for 2022 open enrollment!** If you previously waived supplemental life insurance, you may elect **\$10,000** without evidence of insurability.
- ◆ Preventive screenings will continue to be covered at 100 percent!
- ◆ Accident and Critical Illness voluntary plans offer **additional wellness benefit up to \$400!**
- ◆ **2022 Racer Wellness Pledge**—Take the Racer Wellness Pledge **and** earn \$250! To earn the complete incentive payment employees must complete Phase 1 by June 1, 2022 and Phase 2 by October 1, 2022.
- ◆ **Susan E Bauernfeind Wellness Center Access Program**—Must be enrolled in Murray State's health plan and must elect the Wellness Pledge, as well as complete the program requirements. The Wellness Center Access program is a taxable benefit.
- ◆ Prescription drug coverage will continue to be supported through the Kentucky coalition, **Know Your Rx**.
- ◆ Spouses with comparable coverage available through their employer are **not eligible** for medical coverage through Murray State's plan.
- ◆ The tobacco surcharge will be \$55 per month added to the health insurance premium for tobacco users.



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, and vision insurance coverage and Group Accident, Critical Illness and Hospital Indemnity policies:

- ◆ Your legal spouse—unless your spouse is able to obtain comparable health insurance through their employer. Voluntary benefits are not included in this limitation.
- ◆ Your children under age 26 for medical insurance and voluntary benefits.
- ◆ 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 benefits is **effective on the first day of the month after 28 days of employment**. If you are enrolling for benefits for the first time, you must enroll within 30 days of your hire date. For Example: The first day of employment is August 15th. Medical Insurance and other voluntary benefits would become effective October 1st

Making Changes During the Year

You can make changes within 30 days of the event to your medical, dental, vision, disability coverage, flexible spending accounts, as well as Group Accident, Critical Illness and Hospital Indemnity policies during the plan year only if you have a life circumstance change such as:

- ◆ 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 **submit the change on Benefitfocus within 30 days of the event**. If you don't, you must wait until the next annual open enrollment to make any changes to your medical, dental, vision, disability coverage, flexible spending accounts, as well as Group Accident, Critical Illness and Hospital Indemnity policies. Plan changes are not allowed, only coverage level. For example: employee only to family coverage is allowed with a qualifying event, as this is a coverage level change. Changing from a PPO to a High Deductible Health Plan (HDHP) midyear is not allowed as, this is a plan change. Premiums will be assessed if covered one day in the month.

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).

Medical Benefits

Murray State University offers three medical plan options:

One Preferred Provider Organization Plan (PPO)

- ◆ Legacy PPO

Two High Deductible Health Plans (HDHP)

- ◆ Premium Saver HDHP
- ◆ Balanced Saver HDHP



All medical plans:

- ◆ Offer coverage in- and out-of-network. You save money when you choose doctors or facilities in Anthem's network. Find a complete list of in-network providers at www.anthem.com.
- ◆ Cover 100% of the cost of eligible preventive care coverage per person - with no co-pay and no deductible requirement.
- ◆ Have 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: <https://www.murraystate.edu/headermenu/Offices/HumanResources/Benefits/index.aspx> or in the Human Resources office by calling 270.809.2146.



Explore Your Healthcare Options

Legacy PPO Plan Basics: See full plan details for more information

- ◆ Preventive care covered at 100% (you 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.

Premium Saver and Balanced Saver HDHP Plan Basics: See full plan details for more information

- ◆ 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 and 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 9 for how the plans pay for covered services and view 2022 medical premiums.

High Deductible Health Plan (HDHP) with a Health Savings Account

Murray State’s HDHP plans are designed to encourage you to be more engaged in your health insurance choices. For the 2022 plan year two HDHP plans will be available - Premium Saver and Balanced Saver. Please review the plan comparison chart (page 9) for details of coverage. While deductibles are higher with these plans, your out-of-pocket costs can be offset by **employer and employee pre-tax health savings account contributions and other voluntary benefits such as Group Critical Illness, Group Accident, and Group Hospital Indemnity policies.**

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 and 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.

Compare 2022 Health Plans

	PREMIUM SAVER		BALANCED SAVER		LEGACY PPO	
	Employees Covering Just Themselves	Employees Covering Family Members	Employees Covering Just Themselves	Employees Covering Family Members	Employees Covering Just Themselves	Employees Covering Family Members
Preventive Exams, Screenings & some RXs	FREE	FREE	FREE	FREE	FREE	FREE
Murray State HSA Contribution Opportunity	\$400	\$800	\$400	\$800	N/A	N/A
Racer Wellness Incentive Opportunity	Racer Wellness Pledge: Completing Phase 1 results in a incentive of \$150. Completion of Phase 2 results in an additional \$100 incentive.					
Deductible (excludes copays)	\$3,000	\$3,000/Individual \$6,000/Family	\$1,750	\$3,500/Family	\$600	\$600/Individual \$1,200/Family
EE Coinsurance (after deductible)	Hospital & Surgery: 10% Other Services: 30%	Hospital & Surgery: 10% Other Services: 30%	Hospital & Surgery: 10% Other Services: 20%	Hospital & Surgery: 10% Other Services: 20%	15% to all services not subject to a copay	15% to all services not subject to a copay
Emergency Room	No copays, Deductible + Coinsurance	No copays, Deductible + Coinsurance	No copays, Deductible + Coinsurance	No copays, Deductible + Coinsurance	\$200 copay	\$200 copay
Office Visits General / Specialist					\$30 / \$45	\$30 / \$45
RX: Generic / Brand / BrandNF / Specialty Mail order 2x for copays except specialty					\$15 / \$35 / \$70 / \$140 per month	\$15 / \$35 / \$70 / \$140 per month
Out-of-pocket limit (including deductible)	\$6,000	\$6,000/Individual \$12,000/Family	\$4,250	\$4,250/Individual \$8,500/Family	\$2,500	\$2,500/Individual \$5,000/Family

2022 Health Premiums

	PREMIUM SAVER		BALANCED SAVER		LEGACY PPO	
	MURRAY STATE	EMPLOYEE	MURRAY STATE	EMPLOYEE	MURRAY STATE	EMPLOYEE
Employee Only	\$573.77	\$18.27	\$590.12	\$56.65	\$565.24	\$147.07
Employee + Child(ren)	\$957.14	\$50.64	\$945.13	\$161.17	\$901.85	\$312.85
Employee + Spouse	\$1,040.63	\$58.16	\$1,027.09	\$181.16	\$989.29	\$350.03
Family	\$1,448.99	\$126.14	\$1,429.75	\$309.58	\$1,403.60	\$563.37

TOBACCO SURCHARGE: Tobacco users will pay a \$55 monthly surcharge in addition to medical premiums.

Procedures for 2022 when enrolling in Murray State's medical plan:

- ♦ Medical Premium Tobacco Surcharge - All employees enrolled in Murray State'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 \$55.00 per month for medical coverage under the plan.
- ♦ Spousal Coverage - Spouse participation in Murray State University's medical plan is not available if a spouse is employed and is eligible for comparable health insurance coverage through his/her employer's plan.

Comparable coverage 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.

Healthcare Terminology Glossary

- ◆ **Co-insurance:** A percentage of a healthcare cost—such as 20 percent—that the covered employee pays after meeting the deductible.
- ◆ **Co-payment:** The fixed dollar amount—such as \$30 for each doctor visit—that the covered employee pays for medical services.
- ◆ **Deductible:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for expenses. Plans usually require separate limits per person and per family.
- ◆ **Formulary:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than higher-cost brand-name drugs.
- ◆ **Health savings account (HSA):** HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government (for 2022, the limit is \$3,650 for self-only coverage and \$7,300 for family coverage), using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- ◆ **High-deductible health plan (HDHP):** An HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) plan. With the exception of preventive care, employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO or other traditional plan.
- ◆ **Preferred Provider Plan (PPO):** A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. Your out-of-pocket cost is lower if you use providers that belong to the plan's network.
- ◆ **In-network:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- ◆ **Out-of-network:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
- ◆ **Out-of-pocket limit:** The most an employee could pay during a coverage period (usually one year) for his/her share of the costs of covered services, including co-payments & co-insurance.
- ◆ **Premium:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.
- ◆ **Flexible Spending Accounts—Health or Dependent Care (HCFSA or DCFSA):** An account you put money into that you use to pay for certain out-of-pocket health or childcare costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. You lose this money each year if it is not used on qualified expenses. 9



Prescription Medications

Murray State University is a member of the **Know Your Rx** Coalition. Know Your Rx is a statewide 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.

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

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

<i>Contact</i> Know Your Rx to...	<i>Contact</i> Express Scripts to...
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.	<ul style="list-style-type: none">◆ Order a replacement prescription benefit ID card◆ Set up automatic mail order prescription refills.
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.	Access an exclusive online resource featuring detailed information on prescription medications, as well as other health and well-being resources.
Know Your Rx 855-218-5979 KYRX.org	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 healthcare expenses. Knowing how the prescription drug program works and what to do to manage costs can help you make good decisions.



EXPRESS SCRIPTS®

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

Medical plans offer you 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, for all tiers except specialty. On the PPO plan, 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 (in all tiers EXCEPT Specialty, which is limited to 30 day supply and co-pay) This saves you one (1) copay or co-insurance amount four (4) times a year and a lot of precious time.

The HDHP's do not offer the (3) three months for the cost of (2) two months option, but there may be cost savings based on mail order pricing.



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 healthcare 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 daycare expenses.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-exempt trust or custodial bank account 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 you are eligible for an HSA, Murray State will contribute **up to \$400/single and \$800/Family**. New hires after January 1 will have a prorated employer contribution based on the effective date of your benefits. Murray State University will continue to cover the fees associated with the account, while eligible on MSU’s group plan. Employee contributions can be stopped, started or changed at the beginning of each quarter through the Benefitfocus portal.

All contributions you make to the HSA account are tax-free. Under federal government rules, you can contribute in 2022 up to \$3,650 for single coverage, \$7,300 for family coverage, plus an additional \$1,000 for those 55 years and older in 2022. 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 2022 the maximum contribution (employee + employer) is \$3,650 and \$7,300 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’s 125 Cafeteria Plan, **Murray State will provide BenefitWallet with data and information requested and reasonably needed by BenefitWallet in order to open your BenefitWallet HSA**, including accepting the Benefit Wallet 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 healthcare coverage except what is permitted under “other health coverage” Other healthcare 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.
- ◆ 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, unless you are considered a veteran with a disability rating.

Notice: According to IRS guidelines, if you enroll in one of the HSA HDHP Plans, you cannot also enroll in Murray State’s FSA plan. If your spouse works at Murray State and elects coverage from the PPO plan, the spouse cannot elect the FSA. Additionally, regardless of where the spouse is employed, the IRS does not allow the family to have FSA and HSA at the same time. Employees should consult with their tax advisors for additional information.

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-term and mid-term healthcare costs, but also to save for healthcare 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 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 able 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)

Health Equity—WageWorks administers a Murray State tax-saving program that allows you to contribute to Flexible Spending Accounts (FSAs) to pay yourself back 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 \$2,750 to a **Healthcare Flexible Spending 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 Healthcare Spending Account Works

- ◆ Decide how much you want to contribute to the account for 2022.
- ◆ Have your contributions deducted from your paycheck each pay period before taxes are withheld.
- ◆ Employees may only contribute a **maximum of \$2,750** (current IRS limit) per employee, regardless of whether you cover just yourself or your full family. If both spouses work at MSU, they can each claim the \$2,750 for a total household limit of \$5,500.
- ◆ Use the money in your account to pay for eligible expenses such as copayments, coinsurance and deductibles.
- ◆ The full value of your account is available 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 Healthcare FSA account at the coverage end date.

Notice According to IRS guidelines, if you enroll in one of the HSA HDHP Plans, you cannot also enroll in Murray State's FSA plan. If your spouse works at Murray State and elects coverage from the PPO plan, the spouse cannot elect the FSA. Additionally, regardless of where the spouse is employed, the IRS does not allow the family to have FSA and HSA at the same time. Employees should consult with their tax advisors for additional information.

Your Healthcare Flexible Spending Account Debit Card

Use the debit card to pay for eligible healthcare 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 EOBs! 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

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

Healthcare FSA (HCFSA) Carryover option for 2022

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, in the 2021 plan year, healthcare flexible spending account participants may carry over up to \$500 of unused funds into the next plan year, if enrolled in the FSA for the following year. You are not eligible for the 2021 \$500 carryover if you do not elect a Healthcare FSA in 2022. Carryover funds from 2021 are available after June 1, 2022.

This carryover provision does not apply to the dependent care account.

Please note: With the carryover up to \$500 provision the ability to use your Healthcare Flexible Spending Debit Card for any remaining funds in the previous plan year, for services incurred during the 2½ month grace period (until March 15) will not be available.

Health Equity—WageWorks Direct Deposit

Participants can sign up for direct deposit for their Health Equity—WageWorks spending accounts. By signing up for direct deposit, participants can avoid extra trips to the bank.

View a complete list of eligible expenses for the healthcare spending account at www.wageworks.com.

How the Dependent Care (Daycare) Flexible Spending Account (DCFSA) Works

Use the Dependent Care Flexible Spending Account (daycare) 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 (daycare), 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 daycare 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 2021 dependent care flexible spending account (daycare) until December 31, 2021, and file claims through May 31, 2022. 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.

Get support from doctors, therapists and psychiatrists anytime.

Use LiveHealth Online, anytime, for a private video visit with a doctor or mental health professional.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



Download the Sydney Health app today in the Google Play or Apple App Store!



LiveHealth
ONLINE

How to access care around the world

The Blue Cross Blue Shield Global Core Program gives you benefits when you travel outside the U.S.

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program**. It gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.²



Need care outside the U.S.? You can:



Go straight to the nearest hospital in an emergency.



Go to www.bcbsglobalcore.com to search for a doctor or hospital.



Use the Blue Cross Blue Shield Global Core app to find a doctor or hospital.



Call the Blue Cross Blue Shield Global Core Service Center 24/7 at 1-800-810-2583 (BLUE) or call collect at 1-804-673-1177. They can help you set up a doctor visit or hospital stay.

Download the Blue Cross Blue Shield Global Core app today



With the app, you can:

- Search for a doctor or hospital.³
- Submit claims.
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.³
- Find a drug's generic name, local brand name and check whether it's available.
- Get information about how to find and contact a U.S. embassy.



Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). What if you get care from a doctor or hospital that has not accepted a GOP?

1. You will need to pay up front in full for your care.
2. Download an international claim form at www.bcbsglobalcore.com or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email or postal mail.

¹ Blue Cross Blue Shield Association website, *BlueFacts* (accessed March 2017): bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts_.pdf.

² GeoBlue website, *More than 20 years as a leader in international healthcare* (accessed March 2017): about.geo-blue.com.

³ Using the Blue Cross Blue Shield Global Core app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection (accessed March 2017): bcbsglobalcore.com/Home/MobileApp/#features.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

Voluntary Benefits

Dental Plan - Coverage through Delta Dental



Core Plan Basics: Full plan details available at murraystate.edu/HR.

- ♦ 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: includes some orthodontia coverage

- ♦ 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.
- ♦ *Orthodontia services* paid at 50%, only on buy-up plan, for dependent children 19 years or younger .
Lifetime \$1000 Maximum payment for orthodontic services (including surgical repositioning of teeth).
- ♦ Calendar year maximum of \$1000.

DENTAL: DELTA DENTAL MONTHLY PREMIUM

CORE		BUY-UP*	
Employee Only	Employee + Dependent(s)	Employee Only	Employee + Dependent(s)
\$18.09	\$53.93	\$27.91	\$72.99

*BUY-UP PLAN INCLUDES SOME ORTHODONTIA COVERAGE.

Vision Plan - Coverage through Anthem Blue Vision

Plan Basics: Full plan details available on the Human Resources website.



- ♦ Contact Lenses—\$150 allowance in-network (every 12 months).
- ♦ \$10 co-pay in-network for eye exams & lenses.
- ♦ Frames—\$100 allowance in-network, then 20% off any remaining balance (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: ANTHEM MONTHLY PREMIUM

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$7.25	\$13.39	\$14.21	\$20.35

Group Accident Plan—Coverage through Voya

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. The plan provides an accidental death benefit. **In addition, the plan also pays an annual wellness benefit of \$100 per adult and \$50 per child on the plan, for a wellness exam. There is an annual maximum of \$200 for all children combined.**

Features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

VOYA ACCIDENT MONTHLY PREMIUM

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$8.52	\$14.42	\$16.24	\$22.14

Group Hospital Confinement Indemnity—Coverage through Voya

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 **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.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Affordable coverage:** Rates are typically lower when you purchase coverage through your employer.
- **Portable:** Should you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

For additional information visit <https://presents.voya.com/EB/LandingPage/MSU>

See full plan details for more information.

VOYA HOSPITAL CONFINEMENT INDEMNITY MONTHLY PREMIUM

Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$18.19	\$36.30	\$27.10	\$45.21

Group Critical Illness—Coverage through Voya

VOYA features a reimbursement for completing a preventative screen!

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You also have the option to elect additional coverage. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

In addition, the plan also pays you an annual wellness benefit of \$100 per adult and \$50 per child on the plan, for a wellness exam. There is an annual maximum of \$200 for all children combined.

VOYA CRITICAL ILLNESS MONTHLY PREMIUM								
NON-TOBACCO AND TOBACCO RATES								
	Employee Only		Employee + Child(ren)		Employee + Spouse		Family	
>30	\$7.80	\$10.20	\$10.10	\$12.50	\$11.90	\$15.60	\$14.20	\$17.90
30-39	\$10.20	\$14.60	\$12.50	\$16.90	\$15.75	\$22.60	\$18.05	\$24.90
40-49	\$18.50	\$28.30	\$20.80	\$30.60	\$28.70	\$43.95	\$31.00	\$46.25
50-59	\$31.30	\$49.80	\$33.60	\$52.10	\$48.95	\$78.05	\$51.25	\$80.35
60-64	\$42.50	\$70.20	\$44.80	\$72.50	\$66.20	\$109.50	\$68.50	\$111.80
65-69	\$58.80	\$89.20	\$61.10	\$91.50	\$90.20	\$136.75	\$92.50	\$139.05
70+	\$76.30	\$115.10	\$78.60	\$117.40	\$116.70	\$175.80	\$119.00	\$178.10

Short-term Disability— Coverage through Voya

Murray State offers benefit-eligible employees the opportunity to purchase short-term disability income benefits through Voya. In the event you become disabled from a non-work related injury or sickness, disability income benefits can represent a source of income. **Short-term disability** is also available for maternity leave. You are not eligible to receive short-term disability benefits if you are receiving workers’ compensation benefits or while receiving sick leave pay. Please refer to the information below for a brief description of the benefits. Per-pay cost is based on your current age as of the effective date of coverage and will be calculated during the online enrollment process. Evidence of insurability may be required if electing for the first time.

VOYA SHORT-TERM DISABILITY				
Weekly Benefit Percentage	Max Weekly Benefit Amount	Accident Elimination Period	Sickness Elimination Period	Maximum Benefit Duration
60% of base salary	\$1,000.00	1 day	8 days	13 weeks

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

For employees of Murray State University enrolled in Critical Illness Insurance, and/or Accident Insurance.

What is the Wellness Benefit?

The Wellness Benefit is a rider that is included with your Accident and/or Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a health screening test, whether or not there is any out-of-pocket cost to you. You are eligible to receive one annual benefit, regardless of how many screening tests you may complete. You may also receive a benefit for your covered spouse and/or children if they complete a health screening test.

How can the Wellness Benefit help?

Regular health screenings increase the chance of a positive outcome when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit you receive for your health screening test can be used however you like.

What types of health screening tests are eligible?

Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum protein electrophoresis (myeloma)
- Breast ultrasound
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- PSA (prostate cancer)
- Routine eye exam
- Routine dental exam
- Well child/preventive exams through age 18

Murray State provides a semi-annual, optional wellness fair screening. If this screening is completed, it qualifies for the wellness benefit.

What is my Wellness Benefit amount?

	Accident Insurance	Critical Illness Insurance
You (employee)	\$100	\$100
Spouse	\$100	\$100
Child	\$50 with a maximum of \$200 per year	\$50 with a maximum of \$200 per year

If you have coverage for more than one of these products, there is a Wellness Benefit for you and covered family members under both/all coverages, even if it is for the same health screening test. The same benefit guidelines described above apply to each coverage.

Basic Life Insurance—Coverage through Voya

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 **Murray State 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 Voya

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. The 2022 rate for Supplemental life is \$.31 cents per \$1,000—for example an additional \$40,000 supplemental life policy would cost \$12.40 per month.

Basic Term Life and AD&D	Supplemental Term Life and AD&D
Provided at no cost to you: \$10,000 basic life \$10,000 AD&D	You may purchase during open enrollment: <ul style="list-style-type: none">◆ 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.◆ 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. New employees may purchase up to \$250,000 without evidence of insurability at initial enrollment.

- ◆ 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.

Accidental Death & Dismemberment - Accidental Death & Dismemberment (AD&D) pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through Murray State University.

Special non-insurance services—included in Basic Life Insurance

- Voya Travel Assistance—Voya Travel Assistance offers four types of services when traveling more than 100 miles from home, including: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.
- Funeral Planning and Concierge Services—Everest Funeral Planning and Concierge Services connect employees with professionals who can help with funeral planning for themselves and eligible family members.



Racer Wellness 2022

Racer Wellness 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.

Health Fairs and Health Education

Racer Wellness offers Health Fair opportunities. All fairs offer many different screenings and opportunities to talk with healthcare professionals. Each semester there will be different educational opportunities that will be offered to employees.

Take the Racer Wellness Pledge and earn \$250! To earn the complete employees must complete Phase 1 by June 1, 2022 and Phase 2 by October 1, 2022. Participation in the pledge is offered annually during the Open Enrollment period. Participants must elect Murray State health insurance for wellness pledge screenings.

Earn \$250 incentive upon completion of Phase 1 and Phase 2

PHASE 1

- \$150 paid in January 2022
- **January 1, 2022 – May 31, 2022**
- Complete and/or attend 4 Racer Wellness sanctioned events, activities and screenings.

COMPLETE PHASE 1 BY JUNE 1, 2022 TO MOVE TO PHASE 2

PHASE 2

- \$100 paid in September 2022
- **June 1, 2022 – September 30, 2022**
- Complete and/or attend 2 Racer Wellness sanctioned events and activities

COMPLETE PHASE 2 BY OCTOBER 1, 2022

If Phase 1 is **NOT completed**, employees will incur a penalty of \$180, assessed monthly September 2022 - November 2022.

If Phase 2 is **NOT completed**, employees will incur a penalty of \$120, assessed monthly October 2022 - December 2022.

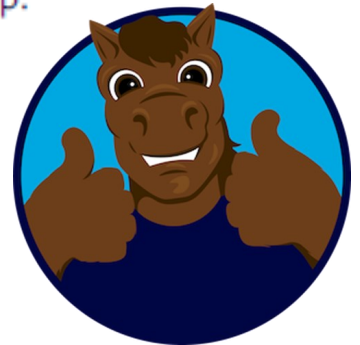
Complete details are at murraystate.edu/racerwellness.

Reasonable alternatives and accommodations will be made available in compliance with HIPAA & ADA.

Susan E Bauernfeind Wellness Center Access

Employees who have taken the 2022 Racer Wellness Pledge are also eligible to participate in the program, which allows access to the Wellness Center.

- Must be a Racer Wellness Pledge participant to be eligible — this program is **NOT** part of Racer Wellness Pledge programming.
- Must meet minimum number of visits to maintain membership:
 - January 1, 2022 – May 31, 2022: **40 visits**
 - August 1, 2022 – September 30, 2022: **15 visits**
- The membership fee is paid by Racer Wellness.
- This is a taxable employee benefit.



Employee Assistance Program

Employee Assistance Program (EAP) is a voluntary, confidential program that provides professional help to employees and their household members who may need assistance to discuss and find solutions for issues such as:



- emotional challenges
- stress & anxiety
- relationship concerns
- alcohol/drug problems
- legal matters
- financial management

The EAP program offers a variety of resources ranging from legal and financial services, legal document templates, eldercare and childcare resources, webinars, and short-term counseling. Employees and household members can receive six counseling sessions per issue, per year. In addition to face-to-face counseling sessions, EAP telecounseling services are available.

Employees also have access to an EAP Work-Life website portal with interactive tools and resources that promote overall well-being.

This benefit is available at no cost. Individuals may contact the EAP by calling Wayne Corporation at 502-451-8262 or 1-800-441-1EAP (1327) or visiting www.waynecorp.com.

Retirement & Benefit Notifications

Full-time and certain part-time employees of Murray State University are required to participate in one of the following retirement plans depending on the employment category. Employees may also choose to supplement their retirement savings by contributing to a 403(b) retirement plan on a voluntary basis.

- **Kentucky Employees Retirement System (KERS)**- employees in positions that do not require a Bachelor's Degree.
- **Kentucky Employees Retirement System-Hazardous (KERS-Haz.)** - Police Department officers and other qualified employees.

For more information regarding KERS and KERS– Haz. Please visit the website @ <https://kyret.ky.gov>.

Employees in positions requiring a minimum of a Bachelor's Degree have the following options:

- **Teachers' Retirement System - (TRS)** – full-time faculty and staff meeting the eligibility requirements. For more information regarding TRS please visit the website @ <https://trs.ky.gov>.
- **Optional Retirement Plan - (ORP)** – this is available to full-time faculty and staff who would otherwise participate in TRS. The ORP vendors are VOYA, TIAA, Fidelity Investments, and VALIC. For more information regarding the ORP plan, please visit the Murray State Human Resource's website @ <http://murraystate.edu/headermenu/Offices/HumanResources/Benefits>.

Voluntary Supplemental Retirement—Supplemental 403(b) plans - for employees wishing to make a voluntary contribution into a supplemental retirement plan. The supplemental retirement vendors are Fidelity Investments, Kentucky Deferred Compensation, The Legend Group, MassMutual, Pacific Life, Prudential Insurance Company, TIAA, VALIC. Please contact Human Resources at 270-809-2146 for the supplemental retirement vendor contact information.

Important Benefit Notifications

Benefit Notifications may be found on the Murray State Human Resource's site at

<http://murraystate.edu/headermenu/Offices/HumanResources/Benefits/index.aspx>.

- HIPAA Privacy Notice
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Introduction to New Health Insurance Marketplace Coverage Options
- Important Notice from Murray State University about your prescription drug coverage and Medicare
- Women's Health and Cancer Rights Act
- Newborn's Act Disclosure
- Medicaid and Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Coverage to Children and Families
- HIPAA Special Enrollment Notice
- Kentucky Pregnant Workers Act

We are forward-moving.
We are family.
We are Racers.



MURRAY STATE
UNIVERSITY

HUMAN RESOURCES
270-809-2146 | 412 Sparks Hall | murraystate.edu/hr