



University of Missouri System

Insurance Plans At-A-Glance

Regional Medical Plan Eligibility

If you are a benefit-eligible faculty or staff member with a home address or work address in an eligible region, that region's plans are available to you. You may be eligible for more than one region's plans. While some plan structure details between regions may be the same or similar, the network of providers receiving preferred/discounted rates is different. Differences in premium cost between regions are due, in part, to these network differences.

Plan Options

Medical: Healthy Savings Plan

Available systemwide. This plan features a broad network of providers with the lowest monthly premiums and the highest deductible. Participants have an annual deductible and coinsurance for medical services and prescription drugs until the out-of-pocket limit is reached. This plan also includes access to a [Health Savings Account](#) (HSA) with an annual university HSA contribution up to \$1,200, as well as a [Health Payment Account](#) (HPA) for payment plans via payroll deduction without fees or interest. *Learn more:* umurl.us/HSP.

Medical: Custom Network Plan (Columbia)

For employees who live or work in the following **Missouri counties:** Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage and Randolph.

Featuring a smaller pool of in-network providers in exchange for mid-level premiums and service costs, participants have an annual deductible, copayments and coinsurance for medical services and prescription drugs until the out-of-pocket limit is reached. MU Health Care is the primary in-network provider. *Learn more:* umurl.us/CNP.

Medical: Core Network Plan (Kansas City)

For employees who live or work in the following **Missouri counties:** Cass, Clay, Jackson, Johnson, Lafayette, Platte and Ray. **Kansas counties:** Johnson and Wyandotte.

Featuring a smaller pool of in-network providers in exchange for mid-level premiums and service costs, participants have an annual deductible, copayments and coinsurance for medical services and prescription drugs until the out-of-pocket limit is reached. In-network providers include Children's Mercy and St. Luke's and others in Kansas City. *Learn more:* umurl.us/KCNP.

Medical: Surest Plan (Rolla)

For employees who live or work in the following **Missouri counties:** Crawford, Dent, Gasconade, Maries, Phelps, Pulaski and Texas.

Features a broad network of providers. Instead of coinsurance and deductibles for medical services, the plan uses a fixed single copay per specific service. Pricing for medical services is outlined on the [Surest website](#), participants pay copayments or coinsurance for prescriptions filled through mail-order until the out-of-pocket limit is reached. For prescriptions filled through retail, a deductible must be met before paying copayments or coinsurance.

Learn more: umurl.us/RSP.

Medical: Core Network Plan (St. Louis)

For employees who live or work in the following **Missouri counties:** Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Pike, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, and Washington. **Illinois counties:** Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Pike, Randolph and St. Clair.

Featuring a smaller pool of in-network providers in exchange for mid-level premiums and service costs, participants have an annual deductible, copayments and coinsurance for medical services and prescription drugs until the out-of-pocket limit is reached. In-network providers include Mercy and SSM Health and others. *Learn more:* umurl.us/SCNP.

Medical: PPO Plan

Available systemwide. This plan has a broad network of providers but also the highest premium. Participants have an annual deductible, copayments and coinsurance for medical services and prescription drugs until the out-of-pocket limit is reached. *Learn more:* umurl.us/PPO.

Dental

Administered by Delta Dental and available regardless of provider or location. Two coverage options are available: the Dental Base Plan and the Dental Buy Up Plan. Both options cover three classes of expenses: preventive, basic and major services. The Buy Up Plan expands coverage to include orthodontics (\$1,500 maximum lifetime benefit), a lower deductible and higher annual maximum. Claims can be filed through Delta Dental for reimbursement from out-of-network providers. *Learn more:* umurl.us/dental.

Vision

Vision insurance is administered through VSP providing a discounted rate available at all locations where VSP is accepted. The plan does not have a deductible and offers coverage for a number of eye care expenses. *Learn more:* umurl.us/vision.

Disability and Life insurance

Administered by MetLife, employees have several options for Life, Short-Term Disability (available to benefit-eligible staff and certain non-regular academic employees), Long-Term Disability and Accidental Death and Dismemberment insurance. Basic Life, Short-Term Disability and Long-Term Disability have options that are 100% university-paid—available at no cost to participants. *Learn more:* umurl.us/dlins.



*Learn more about
all plan options at
umurl.us/research*

What's New for 2026

With several changes this year, it is important to review your options to ensure you make the best choice for your situation.

- New medical plan options for those who live or work in eligible counties around [Kansas City](#), [Rolla](#) and [St. Louis](#).
- Annual contribution limits increased for Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA).
- [Health Savings Account](#) (HSA) vendor will transition from Optum to Fidelity.
- New [Health Payment Account](#) (HPA) benefit available through Paytient for Healthy Savings Plan participants.
- Medical plan premium increases from \$6 - \$78.
- Deductible, copay and/or coinsurance changes across all medical plans.
- Increases in the Dental Plan and Short-Term Disability Buy-Up Plan.
- Specialty prescriptions will be managed and processed through ArchimedesRx.

When to Enroll

If you are a current faculty or staff member

Annual Enrollment from Oct. 27 – Nov. 7, 2025 is your opportunity to review and change your benefits for the next calendar year. For many insurance plans, the only other time you may make changes is if you have a qualifying family/employment status change. With several changes this year, it is important to review your options to ensure you make the best choice for your situation. **You must re-enroll in Health Care and Dependent Care FSAs each year.** *Learn more:* umurl.us/enrollment.

If you are a newly benefit-eligible faculty or staff member

You must take action during your initial enrollment period, even if your decision is to waive coverage. Otherwise, you will default to the self-only coverage level of the Healthy Savings Plan and pay taxes on your premiums.

Learn more: umurl.us/enrolling.

Enrolling via myHR

Enroll in [myHR](#) (myhr.umsystem.edu) once you've decided which insurance plans are best for you:

1. Visit myhr.umsystem.edu (Firefox or Chrome recommended) and log in.
2. Click the "My Benefits" tile and select "Benefits Enrollment" from the left menu to access the self-service application.
3. Follow the instructions provided to submit your plan choices or waive coverage. Click "Submit" button.
4. Once submitted, you will see a "Benefits Alerts" pop-up confirming your submission and receive an email to your university email address.
 - If these options do not appear, you must enable pop-up windows.
 - You are not done with enrollment until you click both the "Submit" and "Done" buttons on the pop-up screen.
5. You will receive another email notification when your Confirmation Statement is available to view in myHR.
6. Watch the mail for important documents, such as new insurance ID cards.
 - For 2026 coverage, you will receive a new single card for medical and prescription coverage if you are newly enrolled, have changed plans or continue enrollment in the Custom Network or Healthy Savings Plan. Dental ID cards will be issued only if you are newly enrolled and the card will be in the subscriber's name. No card is issued for vision insurance.

Need assistance

HR Service Center

Phone: (573) 882-2146, (800) 488-5288

hrservicecenter@umsystem.edu

umurl.us/hrsc

Learn more about insurance options through

Annual Enrollment presentations

umurl.us/aemeet

Book a one-on-one appointment with your HR Generalist

umurl.us/cbr

Plan contact information

Additional plan contact information can be found at umurl.us/benadmin.

United Healthcare

(844) 634-1237

myuhc.com

Delta Dental

(866) 276-8329

deltadentalmo.com/UM

Metlife

(888) 865-7940

online.metlife.com

ASI Flex

(800) 659-3035

asiflex.com

Surest (a UHC company)

(866) 683-6440

Access code: UNIVERSITYMISSOURI2026

surest.care/universityofmissouri

VSP Vision Care

(800) 877-7195

universityofmo.vspforme.com

Express Scripts, Inc.

(800) 955-1201

express-scripts.com

Fidelity Investments

(800) 343-0860

nb.fidelity.com

Monthly Premiums and Other Employee Benefit Information

HEALTHY SAVINGS PLAN <i>(available systemwide)</i>			COLUMBIA CUSTOM NETWORK PLAN			KANSAS CITY CORE NETWORK PLAN		
Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost	UM Cost
Self only	\$71	\$451	Self only	\$106	\$547	Self only	\$150	\$528
Self and spouse	\$205	\$944	Self and spouse	\$298	\$1,139	Self and spouse	\$404	\$1,087
Self and child(ren)	\$181	\$958	Self and child(ren)	\$278	\$1,146	Self and child(ren)	\$372	\$1,105
Self, spouse and child(ren)	\$350	\$1,497	Self, spouse and child(ren)	\$502	\$1,809	Self, spouse and child(ren)	\$675	\$1,724

PPO PLAN <i>(available systemwide)</i>			ROLLA SUREST PLAN			ST. LOUIS CORE NETWORK PLAN		
Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost	UM Cost
Self only	\$216	\$683	Self only	\$165	\$470	Self only	\$106	\$547
Self and spouse	\$526	\$1,452	Self and spouse	\$445	\$953	Self and spouse	\$298	\$1,139
Self and child(ren)	\$500	\$1,460	Self and child(ren)	\$409	\$976	Self and child(ren)	\$278	\$1,146
Self, spouse and child(ren)	\$847	\$2,337	Self, spouse and child(ren)	\$743	\$1,506	Self, spouse and child(ren)	\$502	\$1,809

DENTAL BASE PLAN			DENTAL BUY UP PLAN			VISION PLAN	
Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost	UM Cost	Coverage level	Employee Cost
Self only	\$15.94	\$15.94	Self only	\$28.98	\$15.94	Self only	\$5.06
Self and spouse	\$31.88	\$31.88	Self and spouse	\$57.90	\$31.88	Self and spouse	\$10.08
Self and child(ren)	\$38.68	\$38.68	Self and child(ren)	\$91.14	\$38.68	Self and child(ren)	\$11.00
Self, spouse and child(ren)	\$54.62	\$54.62	Self, spouse and child(ren)	\$122.28	\$54.62	Self, spouse and child(ren)	\$17.41

BASIC LIFE [^] <i>(per \$1,000 of coverage)</i>			LONG-TERM DISABILITY [^] <i>(per \$100/covered monthly salary)</i>			SHORT-TERM DISABILITY [^] <i>(per \$100/covered monthly salary)</i>		
Plan type	Employee Cost	UM Cost	Plan type	Employee Cost	UM Cost	Plan type	Employee Cost	UM Cost
Option A	\$0	\$0.046	Core Plan (Option A)	\$0	\$0.124	Base Plan	\$0	\$0.52
Option B	\$0.022	\$0.046	Buy-Up Plan (Option B)	\$0.133	\$0.124	Buy-Up Plan	\$1.04	\$0.52

ADDITIONAL LIFE [^] <i>(also called "Optional Life"; per \$1000 of coverage)</i>										
Age as of January 1 <i>(top row)</i> Amount <i>(bottom row)</i>										
<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$0.043	\$0.051	\$0.068	\$0.077	\$0.085	\$0.128	\$0.196	\$0.366	\$0.561	\$1.08	See below [^]

Other Life and Accidental Death and Dismemberment (AD&D) Insurance[^]

Life and accidental death and dismemberment insurance are available at multiple coverage levels:

- **AD&D:** Coverage from \$25,000 to \$150,000 for self only or self and dependent(s).
- **Dependent Life-Child:** Coverage from \$5,000 to \$25,000.
- **Dependent Life-Spouse:** Coverage from \$10,000 to \$100,000; statement of health form[^] may be required.
- **Additional Life:** Coverage of up to 8x annual salary to a maximum of \$1,000,000; statement of health form[^] may be required.

[^]Visit umurl.us/dlins for eligibility, premium information and statement of health process requirements for each plan.

Premium Deductions

Monthly premiums are deducted during the month of coverage. Employees paid bi-weekly will have half the monthly premium deducted from their first two bi-weekly paychecks of the month.

myHR

You can view and update your personal information or access your paychecks and benefit information in myHR. Log in to your myHR at myhr.umsystem.edu.

For more information or assistance logging in to your account, visit umurl.us/pshr.

Medical Plan Comparison Chart | *Columbia Area*

For employees who live or work in the following **Missouri counties**: Audrain, Boone, Callaway, Cole, Cooper, Howard, Moniteau, Osage and Randolph.

		◀ Lowest monthly premium		Regional plan (mid-level premiums)		Highest monthly premium ▶	
		HEALTHY SAVINGS PLAN		COLUMBIA CUSTOM NETWORK PLAN		PPO PLAN	
		In-network	Out-of-network ³	In-network	Out-of-network ³	In-network	Out-of-network ³
DEDUCTIBLE	Medical deductible	\$2,200/self; \$4,400/family ² (combined)	\$4,400/self; \$8,800/family ² (combined)	\$500/self; \$1,500/family ²	\$1,500/self; \$4,500/family ²	\$800/self; \$2,400/family ²	\$1,600/self; \$4,800/family ²
	Rx deductible			Retail: \$75/person Mail order: \$0/person		Retail: \$75/person Mail order: \$0/person	
SERVICES	Preventive care	\$0	40% or more ¹	\$0	50% or more ¹	\$0	40% or more ¹
	Primary care	20% ¹	40% or more ¹	\$20 copay/visit	50% or more ¹	\$25 copay/visit	40% or more ¹
	Specialist care	20% ¹	40% or more ¹	\$40 copay/visit	50% or more ¹	\$40 copay/visit	40% or more ¹
	Urgent care	20% ¹	40% or more ¹	\$100 copay/visit	\$100 copay/visit or more	\$100 copay/visit	\$100 copay/visit or more
	Lab and x-ray	20% ¹	40% or more ¹	10% ¹	50% or more ¹	20% ¹	40% or more ¹
	Outpatient care	20% ¹	40% or more ¹	10% ¹	50% or more ¹	20% ¹	40% or more ¹
	Inpatient care (incl. maternity delivery)	20% ¹	40% or more ¹	10% ¹	50% or more ¹	20% ¹	40% or more ¹
	DME	20% ¹	40% or more ¹	10% ¹	50% or more ¹	20% ¹	40% or more ¹
	Emergency room	20% ¹	20% or more ¹	\$250 copay/visit ¹	\$250 copay/visit or more ¹	\$250 copay/visit ¹	\$250 copay/visit or more ¹
	Ambulance	20% ¹	20% or more ¹	10% ¹	10% or more ¹	20% ¹	20% or more ¹
RX	Rx drug: Non-Maintenance Retail/Mail ⁵ ▪ Formulary generic ▪ Formulary brand ▪ Non-formulary brand	20% ¹	40% or more ¹	Greater of copay or coinsurance ¹ : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{1,4}	Greater of copay or coinsurance ¹ : ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{1,4}
OUT-OF-POCKET ³	Medical limit	\$4,200/self; \$8,400/family ² (combined)	\$8,400 or more/self; \$16,800 or more/family ² (combined)	\$3,750/self; \$7,500/family ²	\$11,250 or more/self; \$22,500 or more/family ²	\$3,750/self; \$7,500/family ²	\$11,250 or more/self; \$22,500 or more/family ²
	Rx limit			\$6,850/self; \$13,700/family ²		\$6,850/self; \$13,700/family ²	

¹ Coinsurance percentage or copayment after deductible is met.

² Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Custom Network Plan, and the PPO Plans. See the glossary (umurl.us/glossary) for details.

³ Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

⁴ Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

⁵ 90-day fill/refill at Mizzou pharmacies at same cost as mail order.

Medical Plan Comparison Chart | *Kansas City Area*

For employees who live or work in the following **Missouri counties:** Cass, Clay, Jackson, Johnson, Lafayette, Platte and Ray. **Kansas counties:** Johnson and Wyandotte.

		<div>◀ Lowest monthly premium</div> <div>Regional plan (mid-level premiums)</div> <div>Highest monthly premium ▶</div>					
		HEALTHY SAVINGS PLAN		KANSAS CITY CORE NETWORK PLAN		PPO PLAN	
		In-network	Out-of-network ^{*3}	In-network	Out-of-network ^{*3}	In-network	Out-of-network ^{*3}
DEDUCTIBLE	Medical deductible	\$2,200/self; \$4,400/family ^{*2} (combined)	\$4,400/self; \$8,800/family ^{*2} (combined)	\$500/self; \$1,500/family ^{*2}	\$1,500/self; \$4,500/family ^{*2}	\$800/self; \$2,400/family ^{*2}	\$1,600/self; \$4,800/family ^{*2}
	Rx deductible			Retail: \$75/person Mail order: \$0/person		Retail: \$75/person Mail order: \$0/person	
SERVICES	Preventive care	\$0	40% or more ^{*1}	\$0	50% or more ^{*1}	\$0	40% or more ^{*1}
	Primary care	20% ^{*1}	40% or more ^{*1}	\$20 copay/visit	50% or more ^{*1}	\$25 copay/visit	40% or more ^{*1}
	Specialist care	20% ^{*1}	40% or more ^{*1}	\$40 copay/visit	50% or more ^{*1}	\$40 copay/visit	40% or more ^{*1}
	Urgent care	20% ^{*1}	40% or more ^{*1}	\$100 copay/visit	\$100 copay/visit or more	\$100 copay/visit	\$100 copay/visit or more
	Lab and x-ray	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Outpatient care	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Inpatient care (incl. maternity delivery)	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	DME	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Emergency room	20% ^{*1}	20% or more ^{*1}	\$250 copay/visit ^{*1}	\$250 copay/visit or more ^{*1}	\$250 copay/visit ^{*1}	\$250 copay/visit or more ^{*1}
	Ambulance	20% ^{*1}	20% or more ^{*1}	10% ^{*1}	10% or more ^{*1}	20% ^{*1}	20% or more ^{*1}
Rx	Rx drug: Non-Maintenance Retail/Mail ▪ Formulary generic ▪ Formulary brand ▪ Non-formulary brand	20% ^{*1}	40% or more ^{*1}	Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{*1,4}	Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{*1,4}
OUT-OF-POCKET ^{*3}	Medical limit	\$4,200/self; \$8,400/family ^{*2} (combined)	\$8,400 or more/self; \$16,800 or more/family ^{*2} (combined)	\$3,750/self; \$7,500/family ^{*2}	\$11,250 or more/self; \$22,500 or more/family ^{*2}	\$3,750/self; \$7,500/family ^{*2}	\$11,250 or more/self; \$22,500 or more/family ^{*2}
	Rx limit			\$6,850/self; \$13,700/family ^{*2}		\$6,850/self; \$13,700/family ^{*2}	

^{*1} Coinsurance percentage or copayment after deductible is met.

^{*2} Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Core Network Plan and the PPO Plan. See glossary (umuri.us/glossary) for details.

^{*3} Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

^{*4} Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

Medical Plan Comparison Chart | *Rolla Area*

For employees who live or work in the following **Missouri counties**: Crawford, Dent, Gasconade, Maries, Phelps, Pulaski and Texas.

		◀ Lowest monthly premium		Regional plan (mid-level premiums)		Highest monthly premium ▶	
		HEALTHY SAVINGS PLAN		ROLLA SUREST PLAN ⁶ (Copay is inclusive of all services received; see footnote for details)		PPO PLAN	
		In-network	Out-of-network ³	In-network	Out-of-network ³	In-network	Out-of-network ³
DEDUCTIBLE	Medical deductible	\$2,200/self; \$4,400/family ² (combined)	\$4,400/self; \$8,800/family ² (combined)	N/A	N/A	\$800/self; \$2,400/family ²	\$1,600/self; \$4,800/family ²
	Rx deductible			Retail: \$75/self; Mail order: \$0/person		Retail: \$75/self; Mail order: \$0/person	
SERVICES	Preventive care	\$0	40% or more ¹	\$0	\$195	\$0	40% or more ¹
	Primary care	20% ¹	40% or more ¹	\$25- \$130/visit	\$220/visit	\$25 copay/visit	40% or more ¹
	Specialist care	20% ¹	40% or more ¹	\$25-\$130/visit	\$220/visit	\$40 copay/visit	40% or more ¹
	Urgent care	20% ¹	40% or more ¹	\$80/visit	\$210/visit	\$100 copay/visit	\$100 copay/visit or more
	Lab and x-ray ⁵	20% ¹	40% or more ¹	\$0/routine \$150-\$1,350/complex	\$0/routine up to \$3,250/complex	20% ¹	40% or more ¹
	Outpatient care	20% ¹	40% or more ¹	\$200-\$1,050	\$3,150-\$10,000	20% ¹	40% or more ¹
	Inpatient care (incl. maternity delivery)	20% ¹	40% or more ¹	\$400-\$3,500 \$1,300-\$2,750/maternity	up to \$10,000 up to \$8,250/maternity	20% ¹	40% or more ¹
	DME	20% ¹	40% or more ¹	\$0-\$1,000	Up to \$2,000	20% ¹	40% or more ¹
	Emergency room	20% ¹	20% or more ¹	\$900/visit	\$900/visit	\$250 copay/visit ¹	\$250 copay/visit or more ¹
	Ambulance	20% ¹	20% or more ¹	\$500	\$500	20% ¹	20% or more ¹
RX	Rx drug: Non-Maintenance Retail/Mail ▪ Formulary generic ▪ Formulary brand ▪ Non-formulary brand	20% ¹	40% or more ¹	Greater of copay or coinsurance ¹ : ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{1,4}	Greater of copay or coinsurance ¹ : ▪ \$10 (retail) /\$20 (mail) or 20% ▪ \$30 (retail) /\$60 (mail) or 25% ▪ \$50 (retail) /\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{1,4}
OUT-OF-POCKET ³	Medical limit	\$4,200/self; \$8,400/family ² (combined)	\$8,400 or more/self; \$16,800 or more/family ² (combined)	\$5,500/self; \$11,000/family ²	\$11,000/self; \$22,000/family ²	\$3,750/self; \$7,500/family ²	\$11,250 or more/self; \$22,500 or more/family ²
	Rx limit			\$6,850/self; \$13,700/family ²		\$6,850/self; \$13,700/family ²	

¹ Coinsurance percentage or copayment after deductible is met.

² Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Rolla Surest Plan and PPO Plan. See glossary (umurl.us/glossary) for details.

³ Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

⁴ Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.

⁵ For lab and x-ray services, “Routine” includes services such as x-ray, blood work, ultrasound, etc. “Complex” includes services such as CT scan, PET scan, MRI, etc.

⁶ On the Surest plan, member costs can vary depending on provider, location and services received. Use the [Surest website](#) to see service costs, by provider.

Medical Plan Comparison Chart | *St. Louis Area*

For employees who live or work in the following **Missouri counties**: Franklin, Gasconade, Jefferson, Lincoln, Montgomery, Pike, St. Charles, St. Francois, St. Louis, St. Louis City, Ste. Genevieve, Warren, and Washington. **Illinois counties**: Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Pike, Randolph and St. Clair.

		◀ Lowest monthly premium		Regional plan (mid-level premiums)		Highest monthly premium ▶	
		HEALTHY SAVINGS PLAN		ST. LOUIS CORE NETWORK PLAN		PPO PLAN	
		In-network	Out-of-network ^{*3}	In-network	Out-of-network ^{*3}	In-network	Out-of-network ^{*3}
DEDUCTIBLE	Medical deductible	\$2,200/self; \$4,400/family ^{*2} (combined)	\$4,400/self; \$8,800/family ^{*2} (combined)	\$500/self; \$1,500/family ^{*2}	\$1,500/self; \$4,500/family ^{*2}	\$800/self; \$2,400/family ^{*2}	\$1,600/self; \$4,800/family ^{*2}
	Rx deductible			Retail: \$75/person Mail order: \$0/person		Retail: \$75/person Mail order: \$0/person	
SERVICES	Preventive care	\$0	40% or more ^{*1}	\$0	50% or more ^{*1}	\$0	40% or more ^{*1}
	Primary care	20% ^{*1}	40% or more ^{*1}	\$20 copay/visit	50% or more ^{*1}	\$25 copay/visit	40% or more ^{*1}
	Specialist care	20% ^{*1}	40% or more ^{*1}	\$40 copay/visit	50% or more ^{*1}	\$40 copay/visit	40% or more ^{*1}
	Urgent care	20% ^{*1}	40% or more ^{*1}	\$100 copay/visit	\$100 copay/visit or more	\$100 copay/visit	\$100 copay/visit or more
	Lab and x-ray	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Outpatient care	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Inpatient care (incl. maternity delivery)	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	DME	20% ^{*1}	40% or more ^{*1}	10% ^{*1}	50% or more ^{*1}	20% ^{*1}	40% or more ^{*1}
	Emergency room	20% ^{*1}	20% or more ^{*1}	\$250 copay/visit ^{*1}	\$250 copay/visit or more ^{*1}	\$250 copay/visit ^{*1}	\$250 copay/visit or more ^{*1}
	Ambulance	20% ^{*1}	20% or more ^{*1}	10% ^{*1}	10% or more ^{*1}	20% ^{*1}	20% or more ^{*1}
Rx	Rx drug: Non-Maintenance Retail/Mail ▪ Formulary generic ▪ Formulary brand ▪ Non-formulary brand	20% ^{*1}	40% or more ^{*1}	Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{*1,4}	Greater of copay or coinsurance ^{*1} : ▪ \$10 (retail)/\$20 (mail) or 20% ▪ \$30 (retail)/\$60 (mail) or 25% ▪ \$50 (retail)/\$100 (mail) or 50%	Greater of \$30 copay or 50% network cost ^{*1,4}
OUT-OF-POCKET ^{*3}	Medical limit	\$4,200/self; \$8,400/family ^{*2} (combined)	\$8,400 or more/self; \$16,800 or more/family ^{*2} (combined)	\$3,750/self; \$7,500/family ^{*2}	\$11,250 or more/self; \$22,500 or more/family ^{*2}	\$3,750/self; \$7,500/family ^{*2}	\$11,250 or more/self; \$22,500 or more/family ^{*2}
	Rx limit			\$6,850/self; \$13,700/family ^{*2}		\$6,850/self; \$13,700/family ^{*2}	

^{*1} Coinsurance percentage or copayment after deductible is met.

^{*2} Considerations for “self” and “family” are different for the Healthy Savings Plan than for the Core Network Plan and the PPO Plan. See glossary (umurl.us/glossary) for details.

^{*3} Refer to the Summary Plan Description (SPD) for additional details on allowable and eligible expenses when using an out-of-network provider.

^{*4} Member will be required to pay the difference between non-participating pharmacy and participating pharmacy charge.