

2019 Benefit Summary



What's Inside?

This brochure provides a summary of your options and is designed to help you make your benefit choices and enroll for your coverage. If you have any questions before you enroll, please call the benefit plan providers directly or log on to their web sites for more details. Please see the back cover for contact information.

Who's Eligible?

As a full-time active employee, you are eligible for the benefits described in this brochure.

You can also enroll your eligible dependents for coverage. Eligible dependents are your spouse, and children under age 26, and disabled dependents of any age.

Changing Status During the Year

You can change your status during the year when you experience a qualifying event.

Please note: You must notify Human Resources and change your enrollment form within 31 days of a qualified change in status.



Type of Change	Effective Date of Coverage	Documentation Required in Addition to Enrollment Form	Health Insurance, Dental, Vision	Healthcare & Dependent Care Flexible Spending Account
Marriage	1st of month following Date of marriage	Marriage certificate Notify HR	Enroll self and/or spouse and stepchild(ren) if applicable	Can change contributions consistent with qualified change in status
Divorce/ Legal Separation	End of the month following divorce	Divorce decree Notify HR	Must drop spouse and stepchild(ren) if applicable	
Birth/Adoption	Date of birth/placement	Adoption paperwork is required Notify HR	Can enroll new child	
Dependent Loss of Eligibility (age 26)	End of calendar year following 26th birthday	Notify HR	Must drop dependent	
Death of Dependent	Date of death	Death certificate Notify HR	Must drop dependent	
Termination of Spouse's Employment	1st of month following Date of termination	Notify HR	Can enroll self, spouse and/or child	

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Stay Healthy with Medical Coverage

Administered by Aetna

As a foundation for your good health, Truman provides you with a choice of three medical plan options from Aetna that offer quality, flexibility and value.

Nationwide Medical Benefits

You can receive the in-network level of benefits while traveling. If you obtain services from a non-Aetna provider, benefits will be paid at the out-of-network level. To find an in-network provider from outside the service area, call 855.788.6778 outside the United States. You can also find Aetna providers online at www.aetna.com.

PPO

The Preferred Provider Organization (PPO) options (Plans A and B) from Aetna provide you with a high level of benefits when you use network providers. In general, PPOs offer inexpensive office visits, low to high annual deductibles and a high percentage of coverage when you use in-network providers. The PPO options also provide benefits when you use providers who are not contracted with the network. For such out-of-network expenses, the PPO requires separate, higher annual deductibles and pays a lower percentage of covered expenses.

HSA

The HSA Plan from Aetna provides benefit coverage after a higher in-network annual deductible is satisfied. Qualified high deductible health plans also give you the opportunity to open a Health Savings Account through which your contributions, earnings, and eligible withdrawals are tax-free. Truman will contribute \$1,000 per individual and \$2,000 per family to each employee's HSA in 2019. If you wish to establish a Health Savings Account (HSA), please contact the Benefits Coordinator for details. Please review the comparison chart below for a summary of medical plan features.

Did You Know?

If you participate in the HSA Plan, you can set up a Health Savings Account (HSA) with a qualified HSA trustee, such as a bank or an insurance company.

Use the money in your HSA to reimburse yourself for qualified healthcare expenses.

If you're generally healthy, you can build a substantial balance in your HSA.

Plan Feature	Plan A		Plan B		HSA Plan (Plan C)**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible						
Per Person	\$750	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000
Maximum Per Family	\$1,500	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000
Calendar Year Out-of-Pocket Maximum (Medical)						
Per Person	\$2,500	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000
Maximum Per Family	\$5,000	\$12,000	\$10,000	\$20,000	\$10,000*	\$20,000
Calendar Year Out-of-Pocket Maximum (Prescription)					Included in medical out-of-pocket	
Per Person	\$2,000	N/A	\$1,600	N/A		
Maximum Per Family	\$3,000	N/A	\$3,000	N/A		
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Per Person						
OFFICE VISITS						
Primary	\$25	50%	\$25	50%	20%	40%
Specialist	\$35	50%	\$35	50%	20%	40%
Allergy Injections only	\$10	50%	\$10	50%	20%	40%
PREVENTIVE CARE (In-Network is paid at 100%)						
Exams	100%	50%	100%	50%	100%	40%
Screenings	100%	50%	100%	50%	100%	40%
Immunizations (ages vary)	100%	50%	100%	50%	100%	40%

*HSA family out-of-pocket maximum per person as required by PPACA is included.

**Some preventive prescriptions now covered at 100% before deductible.

Plan Feature	Plan A		Plan B		HSA Plan (Plan C)**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
HOSPITAL SERVICES						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	20%	50%	20%	50%	20%	40%
MENTAL HEALTHCARE						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	\$25	50%	\$25	50%	20%	40%
SUBSTANCE ABUSE CARE						
Inpatient	20%	50%	20%	50%	20%	40%
Outpatient	\$25	50%	\$25	50%	20%	40%
OTHER SERVICES						
Emergency Room (waived if admitted)	\$200 copay	\$200 copay	\$200 copay	\$200 copay	20%	20%
Urgent Care Center	\$50	\$50	\$50	\$50	20%	40%
Outpatient Diagnostic X-Ray & Lab	20%	50%	20%	50%	20%	40%

*HSA family out-of-pocket maximum per person as required by PPACA is included.

**Some preventive prescriptions now covered at 100% before deductible.

Take Your Medicine with Prescription Drug Coverage

If you enroll in a Truman medical plan, prescription drug benefits are available. If you take certain medications on a regular basis, you can save money by purchasing prescriptions by mail order. With mail order prescriptions, you pay less because of discounts and you get convenient home delivery.

Your prescription drug coverage is in the form of a four-tier benefit structure based on a Premier Formulary.

What Is a Formulary?

A formulary is an approved list of safe and effective brand name and generic drugs. Your copay varies, depending on the type of prescription.

Rx Category	Aetna Plans A and B		HSA Plan*/***	
	Retail 30-day supply	Mail Order** 90-day supply	Retail 30-day supply	Mail Order** 90-day supply
Level 1—generic drugs	\$15	\$30	20%	20%
Level 2—brand name formulary drugs	\$30	\$60	20%	20%
Level 3—brand name non-formulary drugs	\$60	\$120	20%	20%
Level 4—self-injectable	20% (\$200 maximum)	20% (\$200 maximum)	20%	20%

*Prescriptions are purchased at retail, and then applied towards your deductible.

**Coverage is in-network only.

***Some preventive prescriptions now covered at 100% before deductible.

Did You Know?

Generic drugs are an excellent value. To help control the rising cost of prescription drugs, use a generic drug whenever possible. By law, the active ingredient(s) in generic and brand name drugs must meet the same standards for purity, strength and quality. Generic drugs cost less because they are created without the costly development, advertising, and sales expenses required for brand name drugs.

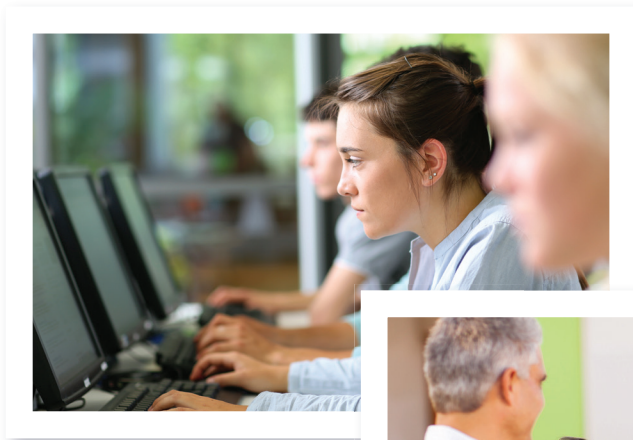


See Clearly with Vision Coverage

Insured by Davis Vision

Truman provides you and your covered family members with an opportunity to enroll in vision coverage from Davis Vision. The chart below provides plan details.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam	\$10 copay	Up to \$40
MATERIALS		
Frames	\$130 allowance	Up to \$50
Lenses	\$25 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$100
Single Vision		
Bifocal		
Trifocal Lenticular		
Contact Lenses (in lieu of frames)	\$130 in allowance	Up to \$105
LASIK and PRK Vision Correction Procedures	Discounts available	N/A
Frequency		
Exams	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Lenses	Once every 12 months	Once every 12 months



Enhance Your Smile with Dental Coverage

Administered by Delta Dental

Strong teeth and gums are an important part of good health, which is why Truman offers you and your eligible dependents a choice of two dental plans from Delta Dental of Missouri. Review the chart below for a comparison of dental features. Frequency limitations apply to certain services. Please see your Summary Plan Description for more information. As of January 1, 2019, additional discounts are available if a PPO dentist is utilized.

Delta Dental Providers

You may use any dentist, but if you use a Delta Dental provider, your benefits will be paid at a higher level and your out-of-pocket expenses will likely be lower. To find a Delta Dental provider, visit www.deltadentalmo.com.

	Plan A (Low Option)	Plan B (High Option)		
		1st Year	2nd Year	3rd Year
Calendar Year Deductible Per Person	None	\$50	\$50	\$50
Calendar Year Maximum Per Person	\$1,000	\$1,000	\$1,000	\$1,000
Class I—Preventive and Diagnostic Care <i>Deductible Waived</i> (Exams, prophylaxis, fluoride, x-ray, sealants)	100%	100%	100%	100%
Class II—Basic Restorative Care Restorations, endodontics, periodontics, simple extractions	Not covered	80%	80%	80%
Class III—Major Restorative Care Crowns, dentures, partials, bridges and implants, oral surgery, surgical extractions	Not covered	10%	25%	50%
Orthodontic Care For child up to age 19 Orthodontia Lifetime Maximum, Per Person	Not covered N/A	0% N/A	0% N/A	50% \$1,500

Flexible Spending Accounts

Administered by ASIFlex

Flexible spending accounts (FSAs) save you money by allowing you to pay for certain out-of-pocket healthcare and dependent care expenses with pretax dollars. Each year you will have the opportunity to participate in the FSAs and elect the amount you want to contribute to one or more of the FSAs. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). In 2019, you may contribute up to:

Healthcare Expense Account—\$2,650 per year

Dependent Care Account—\$5,000 per year (\$2,500 if you are married and file your taxes separately)

If you enroll in the HSA Plan with a Health Savings Account...
the FSA can be used only for dependent care expenses.

When you have eligible expenses, you submit a claim for reimbursement from your FSAs. For a complete list of eligible expenses, visit www.irs.gov.

Protect Your Loved Ones with Life and AD&D Insurance

Insured by The Standard

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed. Your coverage amount will be paid to the beneficiary of your choice. Coverage amounts begin to reduce at age 65.

Basic Employee Life and AD&D

Truman pays for coverage in the amount of one times your annual salary up to a maximum of \$200,000.

Accidental Death

If your death is due to an accident, your beneficiary will receive an additional amount equal to your life insurance coverage.

Beneficiaries

Please remember to update your beneficiary designation!

Dismemberment

In the event of an accidental dismemberment, you will receive a scheduled benefit amount corresponding to the loss. Please see your Summary Plan Description for details.

Additional Life and AD&D

You may purchase additional voluntary life and AD&D insurance in the amount of 1, 2, or 3 times your annual earnings up to a maximum of \$500,000.

Dependent Life Insurance

You may purchase life insurance in the amount of \$5,000, \$10,000, or \$15,000 for your spouse and/or eligible child(ren).

Short-Term Disability

(New offering for January 1, 2019)

Short-term disability (STD) insurance provides income if you become disabled due to an injury or illness. The short-term disability (STD) plan pays you a weekly benefit after the start of your disability and pays 60% of your weekly salary with a maximum weekly benefit of \$2,000/week.

Long-Term Disability

If you become totally and permanently disabled, the long-term disability (LTD) plan begins to pay you a monthly benefit 180 days after the start of your disability. LTD works with Social Security—and any other group disability coverage—to provide you with a combined monthly benefit equal to 60% of the monthly salary you were earning as an active employee, up to \$10,000 per month.

Proof of Good Health

You are required to submit proof of good health for all late applications and requests for coverage increases and wait for approval before coverage becomes effective.

Accident

(New offering for January 1, 2019)

Accident Insurance helps pay for unexpected healthcare expenses due to non-occupational accidents and follow-up care. Coverage is available to all full-time employees, spouses, and children.

Ask the Experts

Benefit	Administrator	Phone	Website/Email
Medical/Pharmacy	Aetna	855.788.6778	www.aetna.com
Vision	Davis Vision	877.923.2847	www.davisvision.com
Dental	Delta Dental of Missouri	314.656.3001 800.335.8266	www.deltadentalmo.com
Flexible Spending Accounts	ASIFlex	800.659.3035	www.mocafe.com claims@asiflex.com
Life and AD&D	The Standard	800.628.8600	N/A
Long-Term Disability and Short-Term Disability	The Standard	800.368.1135	N/A
Accident	The Hartford	800.523.2233	GBDcustomerservice@thehartford.com
Employee Assistance Program (EAP)	The Standard (Horizon Behavioral Services, LLC)	888.293.6948	www.eapbda.com
Travel Assistance	The Standard	N/A	https://members.medexassist.com
General Information	Truman Benefits Coordinator	Extension 7480	sallydet@truman.edu http://hr.truman.edu/benefits

Get Help from the Employee Assistance Program (EAP)

Offered by The Standard (Horizon Behavioral Services, LLC)

Employee Assistance Program (EAP) services are automatically provided to you and your family members at no cost to you. Call a trained counselor anytime (24/7) for confidential assistance with a variety of work/life issues. You may also meet with a counselor face-to-face, if you choose—up to three times per year per incident. Call The Standard (Horizon Behavioral Services, LLC) at 888.293.6948.





This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting