

BENEFITS GUIDE 2027

MOREHEAD STATE UNIVERSITY

Contact Information

	Provider	Member Service Phone	Website/Email
Medical	Anthem KY	833.571.0830	www.anthem.com
Prescription Drug	Know Your Rx Coalition Express Scripts	855.218.5979	kyrx.org
Vision	Anthem KY	866.723.0515	www.anthem.com
Dental	Delta Dental KY	800.955.2030	Member Portal: ky.deltadental.com/memberportal customerservice@deltadentalky.com
Basic and Voluntary Life/AD&D	Guardian	800.525.4542	www.guardiananytime.com
Supplemental Insurance	Guardian	Short Term Disability - 800.268.2525 Long Term Disability - 800.538.4583 Accident/Cancer/Critical Illness/ Hospital Indemnity - 800.541.7846	www.guardiananytime.com
Medical Transport	MASA	860.325.3202	www.masamts.com/member
Employee Assistance Program	Anthem	800.865.1044	anthemeap.com Login Code: Morehead State University
HRA, HSA & FSA	Health Equity	866.346.5800	https://www2.healthequity.com/members/contact
Wellness	WellRight	606.783.2097	msulivewell.wellright.com
State & Federal Benefits Assistance	Fedlogic	877.837.4196	employees.fedlogicgroup.com Access Code: MORE23 services@fedlogicgroup.com
Retirement	TIAA	800.842.2252	tiaa.org
Retirement	Corebridge	800.448.2542	corebridgefinancial.com
Retirement	TRS	800.618.1687	https://trs.ky.gov/
Retirement	KPPA	800.928.4646	www.kyret.ky.gov/Members
Retirement	KY Def Comp	800.542.2667	kentuckyplans.com kydcp@nationwide.com
Educational Savings	KY Saves 529	855.840.4855	kysaves.com
COBRA	Anthem	866.800.2272	benefitadminsolutions.com/anthem
Digital & Financial Protection	Norton LifeLock	800.607.9174	my.norton.com

This document is an outline of the coverage provided under Morehead State University's (MSU's) benefit plans based on information provided by MSU. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official plan documents, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about MSU's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, please contact the Office of Human Resources.



2027 Open Enrollment

WHAT YOU NEED TO KNOW ABOUT MSU'S OPEN ENROLLMENT FOR CALENDAR YEAR 2027

Open enrollment starts October 19 and ends October 30, 2026. All regular full-time employees are eligible to enroll themselves in our various benefits options. While open enrollment is passive, meaning that you are not required to complete if you do not intend to make any changes, it is always a good idea to at least do a quick review to ensure your contact information and beneficiary details are up-to-date.

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2027 HIGHLIGHTS/UPDATES

Due to continued increases in health care costs, some changes to employee benefits were necessary for the upcoming calendar year. However, the University remains committed to managing these costs responsibly and attempting to maintain an affordable plan.

Thank you for your understanding as we work to provide quality benefits in a sustainable way. The following is a list of changes for 2027:

- New for 2027! We have partnered with Norton LifeLock Benefit Solutions to provide digital and financial protection built for the way you live today. See page 24 for more details.
- Spouses are no longer eligible to earn wellness rewards for HSA/HRA.
- Kentucky law now allows dentists to charge their submitted fees once a member has used their full annual maximum. See page 18 for details.
- The tobacco surcharge program has ended and cotinine testing will no longer be conducted.
- Guardian will require evidence of insurability for new lines of life insurance and long term disability coverage or for new coverage over the Guarantee Issue.
- If you have a workplace injury, you may now self-report directly to KEMI through MEDCOR, 24 hours a day, 365 days a year. See page 29 for details.

Next Steps

1. Log in to employeenavigator.com and review/update your benefits for 2027.
2. If electing spouse or family coverage, sign the Affidavit of Spousal Surcharge Compliance form and return to benefits@moreheadstate.edu or bring to OHR by October 30, 2026.

Enrollment Eligibility

Eligibility

Regular full-time employees are eligible to enroll themselves and their eligible family members in MSU's benefits. Eligible family members include:

- Spouse
- Children up to age 26 (to the end of the month in which the child attains age 26)
- Sponsored dependents as defined on this page

When you enroll eligible family members, **you must provide their Social Security number, birthdate, address, and relationship to you**. **This information is required; they will not be covered unless you provide it.**

Also note, when you elect a medical or dental plan, you can choose which eligible family members you want to cover under each plan.

The family members you cover under each plan do not have to be the same. For example, you can cover yourself and your dependents for medical, but choose to cover yourself only under the dental plan.

Health Insurance Premiums & IRS Tax Regulations Related to Sponsored Dependents

In accordance with IRS regulations:

- The portion of insurance premiums for the sponsored dependent and his/her dependent children must be paid on a post-tax basis.
- Medical expenses incurred by the sponsored dependent and his/her dependent children are not allowed for reimbursement under the employee's flexible health care spending account (IRC Section 125) or Health Reimbursement Arrangement (HRA).

The portion of insurance premiums paid by the employee for the sponsored dependent and his/her sponsored dependent children is not subsidized by the University. The employee will receive a single MSU contribution only. Also, MSU's contribution to the Health Savings Account or Health Reimbursement Arrangement will be at the single level.

Covering a "Sponsored Dependent"

Employees may enroll a "sponsored dependent" and his/her eligible children in MSU coverage, provided they meet the following criteria:

A sponsored dependent is defined as an adult that shares primary residence with a covered employee. They must meet all criteria listed below:

- Have lived with the MSU employee for at least 12 months prior to the effective date of coverage;
- Be at least the age of majority;
- Not be a relative (see definition of relative below); and
- Not be employed by MSU.

A sponsored dependent's children are defined as those who meet all criteria listed below:

- Share primary residence with the covered MSU employee;
- Are under age 26;
- Are the natural born or adopted child of the sponsored dependent;
- Are not relatives of the covered MSU employee, (Relatives include parents, children, spouses, brothers, sisters, brothers- and sisters-in law, mothers- and fathers-in law, uncles, aunts, cousins, nieces, great nieces, nephews, great nephews, grandmothers, grandfathers, great grandmothers, great grandfathers, sons- and daughters-in law and half- or step-relatives of the same relationships. Note: Children for whom the employee has legal guardianship are eligible as the employee's dependents.)

To add a sponsored dependent and his/her children to your coverage, an Affidavit of Sponsored Dependent Relationship must be signed by both adult parties and notarized. Additionally, proof of common residency for a 12-month period must be provided. This could include a driver's license with the same address issued for 12 months, rental agreement or mortgage, utility bills in names with a common address that are more than one-year old. The employee must also complete an Anthem Affidavit of Domestic Partnership found on Employee Navigator under Compliance Documents.

Spousal Surcharge

If your spouse or adult sponsored dependent is covered under your MSU medical plan, you will be asked to confirm if he/she has access to medical coverage through his/her own employer or through a retirement plan by signing an Affidavit of Spousal Surcharge Compliance. **If your spouse has access to other coverage, and you elect to enroll him/her on your MSU medical plan, a surcharge of $150 per month will be added to your medical plan payroll deduction.**

If, at any point, your spouse ceases to be eligible for his/her medical coverage, he/she may be enrolled in your MSU medical plan. **You will have 30 days from the loss of eligibility to enroll your spouse in MSU's plan.**

An open enrollment under another employer's benefit plan is considered a mid-year change in status (qualifying life event) under Section 125. If your spouse's open enrollment occurred earlier in the year and your spouse chose not to enroll in coverage for which he/she was eligible, he/she should contact his/her employer and request to enroll in their employer's benefit plan.

This surcharge does not apply toward dependent children. You are able to enroll your dependent children in an MSU medical plan regardless of your spouse's status under this restriction. This surcharge does not apply to a spouse when both spouses are employed at MSU and covered under an MSU Spouse plan.

Please print and complete Affidavit of Spousal Surcharge Compliance. **This document requires a handwritten signature.** Please return it to the Office of Human Resources. You may bring it to the office in person or email a scanned copy to benefits@moreheadstate.edu.

If you do not return the Affidavit and you are enrolling or continuing to cover a spouse on a MSU medical plan, the surcharge will be imposed. You may not make any changes to your election until the following annual benefit enrollment period unless you experience a qualifying event.

Making Changes

Planning a Big Change? Contact OHR First

Before making any significant life or employment decisions, such as getting married, welcoming a child to your family, taking a leave of absence, retiring, or separating from the University, we encourage you to contact the Office of Human Resources first. Our team can help you understand how these events may affect your benefits so that you can make informed decisions and avoid unwanted or unexpected impacts.

OHR is available by the following contact methods:

- Phone - 606.783.2097
- Email - humanresources@moreheadstate.edu or benefits@moreheadstate.edu
- Office - Howell McDowell Room 301

When Changes Are Allowed

An opportunity to change your benefits (medical, vision, dental, life insurance, and flexible spending accounts) occurs during open enrollment in the fall of each year with changes effective the first day of the following calendar year. **Changes during the plan year are permitted only if you have a life event that affects your benefits coverage.**

Examples of life event changes include:

- You get married, separated, or divorced
- You have a baby or adopt a child
- You or your spouse starts or ends employment
- A dependent starts or stops being eligible (i.e., child turns age 26)
- Your spouse's health care coverage through his or her employer changes



You must request changes through the Employee Navigator portal within 30 days of your change in status. You will need to provide proof of your qualifying event to the Office of Human Resources, such as a copy of a marriage license, divorce decree, birth or adoption certificate. Once you have submitted the request in Employee Navigator, send an email to benefits@moreheadstate.edu with the necessary documents or you may bring them by the office in person.



Frequently Asked Questions

The Office of Human Resources cannot advise you on what benefit coverage to elect. Human Resources representatives can provide you with information and resources to assist you in making decisions regarding your benefit coverage and providers.

What is open enrollment?
Open enrollment is a period each year when you can review and make changes to your benefits such as health insurance, dental insurance, life insurance and flexible spending account for the following calendar year. This is the only opportunity you will have to make changes unless you experience a qualifying life event.

When is open enrollment?
Open enrollment begins on October 19 at 12:01 am and ends on October 30 at 11:59 pm.

When do plan changes go into effect?
The benefits you select during open enrollment are effective from January 1 through December 31, 2027.

Can I make changes after open enrollment ends?
No, unless you experience a qualifying life event and submit the event through Employee Navigator. Examples of a qualifying life event include marriage, divorce, birth/adoption, loss of other coverage, and dependent child reaching age 26.

Are there any changes to our current benefits?
Beginning on January 1, Norton LifeLock is a new vendor for digital and financial protections. Please see page 24 for more details.

If I don't want to make any changes, do I need to do anything?
We strongly encourage you to review your benefits during Open Enrollment for the 2027 plan year. Current 2026 benefits will carryover, **with the exception of contributions for any Flexible Spending Accounts (FSA)**. It is important to ensure your beneficiaries are up to date and this is the perfect time to review.

If I changed from the Enhanced HRA Value Plan or the PPO Plan to the Life Long Savings Plan, what happens to my Flexible Spending Account (FSA)?
Since the Life Long Savings Plan requires a Health Savings Account (HSA) and you are not permitted to have an HSA and FSA at the same time, you must use that balance as soon as possible or roll it into a Limited Purpose FSA. MSU is not allowed to establish your HSA until you exhaust the FSA funds or roll them into a Limited Purpose FSA.

What if I do not want MSU health care?
You may opt out of MSU's health insurance by completing open enrollment in Employee Navigator.

What is the cross reference coverage level?
If you and your spouse work for MSU, then you can sign up for the cross reference coverage; this is an adjusted rate to save you money. The policy holder will pay the full amount; the non-policy holder will not pay anything. For more details, please contact the Office of Human Resources.

If I opted out of MSU health care in 2026, do I still need to complete the online enrollment to continue to opt out of coverage for 2027?
No, if you declined coverage in 2026, you do not need to opt out of coverage in Employee Navigator again. Your waiver will carry forward to 2027.

When is the Open Enrollment Vendor Fair?
Just like last year, we will have a live virtual webinar with our vendors on October 20, 2026 from 2 pm to 3:15 pm. They will discuss the benefits they offer and answer questions. Please send your questions in advance to benefits@moreheadstate.edu. There will also be opportunities to win prizes!

When is the Health & Wellness Fair?
The Wellness Fair will be on November 12, 2026 from 9 am to 11 am at the Recreation and Wellness Center. There will be many exhibits from local providers, including biometric screenings, flu/COVID shots, and more! You will have the opportunity to earn up to 20 WellPoints and win prizes!

Is there any type of alert system to notify the campus community of emergencies?
Yes, Eagle Alerts is used to notify the campus community of safety, weather and other emergencies by text message and email. Alerts are also emailed to all MSU employees and posted on the MSU website and social media accounts. For information on how to sign up, go to the Eagle Alerts website.

When do benefits begin for new employees?
Basic and voluntary life insurance along with Guardian's supplemental insurances (i.e., Critical Illness, Hospital Indemnity, etc.) begins on your first day of employment. All other benefits will take effect on the first day of the month following your first day of employment and approval from the benefits provider. Life insurance may require an approved Evidence of Insurability.

When do benefits end for separating employees?
Basic life insurance ends on the same day as your employment. All other benefits will end at the end of the month when you last have 11 work days in a paid status. For example, in February 2027, you will have to remain in a paid status until February 15 in order to have insurance coverage until February 28. If you leave employment prior to February 15, your insurance coverage will end on January 31. We recommend reviewing the Separation Checklist for Supervisors for additional information. Please contact the Office of Human Resources if you are considering separating from MSU.

Medical Plan Options

MSU offers you a choice of three medical plans:

- **Option 1 (HDHP):** Life Long Savings Plan
- **Option 2 (HRA):** Enhanced HRA Value Plan
- **Option 3 (PPO):** Preferred Provider Organization Plan

Each plan covers in-network preventive care at no cost to you.

The plans use the same network of Anthem providers and each plan requires you to meet an annual deductible. MSU has an embedded vision exam under all medical plans which allows members to get a complete eye exam with dilation as needed and refraction, limited to one per calendar year and there is $0 member cost share. This benefit is part of the medical plan and applies to all members enrolled in medical, including those who purchased the Blue View Vision plan.

Each plan covers a wide range of services, from routine preventive care to hospitalization, surgery and prescription drugs, but differ in their cost-sharing arrangements (i.e., premiums, deductibles and coinsurance). You choose the plan that best suits your needs.

The plans each come with a type of account with HealthEquity, either a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA), to help you pay for eligible medical expenses.

Key Features of Our Plans			
Plan Features	**Option 1 HDHP**	**Option 2 HRA**	**Option 3 PPO**
Spending Account	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)	Health Reimbursement Arrangement (HRA)
MSU Contribution to Annual Account	Offers the highest MSU contribution	Offers a higher contribution to the HRA than with the PPO Plan	Offers the lowest MSU contribution
Payroll Deductions	Lowest Payroll Deductions	Lower Payroll Deductions than PPO	Highest Payroll Deductions
Individual Deductible	$3,400	$1,600	$1,650
Cost Sharing	After deductible, you pay 10% coinsurance for in-network services and prescription drugs. There are no copays under this plan.	After deductible, you pay 15% coinsurance for in-network services and prescription drugs. There are no copays under this plan.	After deductible, you pay 20% coinsurance for in-network services subject to coinsurance. You pay set copays for some in-network services and prescription drugs.
Individual Out-of-Pocket Max (in-network)	$4,600	$4,000	$3,500

Monthly Rates

Option 1 (HDHP): Life Long Savings Plan Monthly Medical Premiums					
Coverage Level	**Total Cost**	**MSU Pays**	**You Pay**	**Spousal Surcharge ADD[1]**	**MSU Pays Your HSA[2 3] (Annual Rate)**
Single	$984.23	$827.23	$157.00	-	$360
Employee + Spouse	$1,627.98	$1,267.98	$360.00	$150	$720
Employee + Child(ren)	$1,350.98	$1,042.98	$308.00	-	$1,080
Family	$1,968.44	$1,551.44	$417.00	$150	$1,080
Employee + Spouse Cross Reference	$1,627.98	$1,555.98	$72.00	-	$720
Family Cross Reference	$1,968.44	$1,661.44	$307.00	-	$1,080

Option 2 (HRA): Enhanced HRA Value Plan Monthly Medical Premiums					
Coverage Level	**Total Cost**	**MSU Pays**	**You Pay**	**Spousal Surcharge ADD[1]**	**MSU Pays Your HRA[2 3] (Annual Rate)**
Single	$1,122.61	$920.61	$202.00	-	$180
Employee + Spouse	$1,856.81	$1,437.81	$419.00	$150	$360
Employee + Child(ren)	$1,540.52	$1,187.52	$353.00	-	$540
Family	$2,245.21	$1,736.21	$509.00	$150	$540
Employee + Spouse Cross Reference	$1,856.81	$1,730.81	$126.00	-	$360
Family Cross Reference	$2,245.21	$1,838.21	$407.00	-	$540

Option 3 (PPO): Preferred Provider Organization Plan Monthly Medical Premiums					
Coverage Level	**Total Cost**	**MSU Pays**	**You Pay**	**Spousal Surcharge ADD[1]**	**MSU Pays Your HRA[2 3] (Annual Rate)**
Single	$1,117.29	$878.29	$239.00	-	$90
Employee + Spouse	$1,847.73	$1,388.73	$459.00	$150	$180
Employee + Child(ren)	$1,533.58	$1,143.58	$390.00	-	$270
Family	$2,234.61	$1,684.61	$550.00	$150	$270
Employee + Spouse Cross Reference	$1,847.73	$1,696.73	$151.00	-	$180
Family Cross Reference	$2,234.61	$1,796.61	$438.00	-	$270

[1] Spousal Surcharge only applies if spouse has access to other medical coverage but chooses to be covered by MSU. See page 4 for more details.

[2] Additional contributions available if you participate in MSU's Live Well, Work Well program. See page 16 for more details.

[3] The HSA or HRA contribution will be added to your account in two increments; half of the annual contribution is credited to your account in January and the second half is credited to your account in July.

Anthem Medical Plan Details

You pay less of your own money when you visit in-network providers. Find an in-network provider at www.anthem.com or download the Sydney Health App. Look for Anthem's Blue Distinction providers.

	Option 1 (HDHP) Life Long Savings Plan		Option 2 (HRA) Enhanced HRA Value Plan		Option 3 (PPO) Preferred Provider Organization Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible	Embedded[1]		Embedded[1]		Embedded[1]	
Individual	$3,400	$6,000	$1,600	$3,000	$1,650	$3,500
Family	$6,800	$12,000	$3,200	$6,000	$3,300	$7,000
Employee Coinsurance	You pay 10%	You pay 50%	You pay 15%	You pay 50%	You pay 20%	You pay 50%
Copays	Do not apply		Do not apply		Apply for some services	
Out-of-Pocket Max						
Individual	$4,600	$9,200	$4,000	$8,000	$3,500	$8,500
Family	$9,200	$18,400	$8,000	$16,000	$7,000	$17,000
Preventive Care (annual exam, mammogram, etc.)	Free	Coinsurance applies after deductible	Free	Coinsurance applies after deductible	Free	Coinsurance applies after deductible
Physician Office Services	10% after deductible		15% after deductible		$35 copay	
Telemedicine	10% after deductible		15% after deductible		$35 copay	
Minute Clinic	10% after deductible		15% after deductible		$35 copay	
Specialist Office Services	10% after deductible		15% after deductible		$50 copay	
Urgent Care Services	10% after deductible		15% after deductible		$35 copay	
Emergency Room Services	10% after deductible		15% after deductible		$300 copay plus 20% coinsurance after deductible	
Inpatient Hospital	10% after deductible		15% after deductible		Coinsurance applies after deductible	
Outpatient Services	10% after deductible		15% after deductible			
Separate Retail & Mail Order Prescriptions	10% after deductible		15% after deductible		Rx deductible (applies for Tier 1, 2 and 3 drugs): $50 Single; $100 2-Person and Family Tier 1 copay: $10 retail; $25 mail order Tier 2 copay: $30 retail; $75 mail order Tier 3 copay: $60 retail; $150 mail order Tier 4: You pay 25% coinsurance	

This is only a summary of your medical/rx benefits. Full plan descriptions and details can be found on the official carrier Summary of Benefits and Coverage (SBC) or Certificate of Coverage and those documents will supersede this benefit guide in any case of a discrepancy

[1] Embedded Deductible: With an embedded deductible, each individual within a family plan has their own deductible that they must meet before the insurance company starts paying for their medical expenses. However, once the total amount of all individual deductibles within the family plan reaches the family deductible amount, the insurance company will begin covering expenses for all members of the family, even if some individuals have not yet met their individual deductibles.

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through Special Offers to help you save money while taking care of your health. Learn more by logging in to anthem.com, choose Care, and select Discounts.





Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.

Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

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

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP. LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Prescription Medications

Know Your Rx Coalition + Express Scripts

MSU is a member of the Know Your Rx Coalition, which is a purchasing coalition to help reduce costs. Through the coalition, we join other state and regional agencies and universities who are also interested in reducing costs while increasing the level of service to employees.

Members enrolled in MSU's medical plans are automatically covered under the prescription drug plan administered by Express Scripts and will have access to the services provided by Know Your Rx, which includes:

- Free counseling service via live pharmacists
- Identification of lower cost prescription alternatives
- Contacting physician to seek authorization for lower cost alternative therapies
- Liaison for patients/physicians for issues with Rx benefit including prior authorization, step therapy, and other programs
- Educational resources – adverse effects, drug interactions and medication information
- Convenient mail order program to 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

KNOW YOUR Rx COALITION

855.218.5979

www.kyrx.org

You also have the opportunity to use Express Scripts Home Delivery pharmacy service. **If you are on the PPO plan, this program provides a 90-day supply of your maintenance medication shipped to your home at a discount below what you would pay at the local pharmacy for the same day supply.** Not only will you have the convenience of skipping the drug store, but you will also receive three months of your medication.

Members can save money on generic medications. Select maintenance generic medications will be priced at $0 cost to the patient even before satisfying the deductible. To find out if your medication qualifies, contact the KYRx Coalition at 855.218.5979 or KYRx@uky.edu.

Copayment Assistance for Certain Specialty Drugs

MSU offers employees the opportunity to enroll in a copay assistance program-offered in partnership with the drugs' manufacturers-called the "Variable Copay Program." This program pays the significant share of the cost for these specialty drugs and leaves the patient with a $0 cost.

If you are taking specialty drugs that are part of the program noted above, you will receive a letter from Accredo (Express Scripts specialty pharmacy) alerting you to your new copayment and providing you with instructions for enrolling in copay assistance for your medication.

When you enroll in this program, only the amount you pay out of your own pocket will count toward your annual deductible and out-of-pocket maximum. The assistance you receive through the program will not be applied.

Additional Services from Evernorth

Visit https://www.express-scripts.com/pharmacyservices/resource-center to learn more and find a pharmacy near you.

Pharmacist Prescribing medication may include:

- Smoking Cessation
- HIV Therapy
- Oral Contraceptives

Pharmacy Vaccination Program may include:

- Flu & COVID-19
- Shingles & Tetanus
- Travel & childhood vaccines

Over-the-Counter Home Delivery may include:

- COVID-19 rapid test kits



accredo

www.accredo.com

Health Savings Account

A Health Savings Account, or HSA, is a special account owned by you to pay for current and future health care expenses.

An HSA comes with Option 1 HDHP, the Life Long Savings Plan, and when you choose this plan, the university will establish an HSA for you with HealthEquity, our HSA plan custodian.

How Your HSA is Funded

MSU gets you started with a pre-tax "auto-contribution" to your HSA. The contribution amount is based on the coverage level you choose.

The HSA contribution will be added to your account in two increments: half of the annual contribution is credited to your account in January, and the second half is credited to your account in July.

MSU Automatic HSA Contribution	
Life Long Savings Plan	
Single	$360
Employee + Spouse	$720
Employee + Child(ren)	$1,080
Family	$1,080

Live Well, Work Well @ MSU

MSU contributes additional pre-tax money to your HSA when you participate in the Live Well, Work Well @ MSU program. The amount you can receive will depend on the completion of wellness activities and an annual wellness exam.

These HSA contributions are credited to your account in June and December, based on the WellPoints you accumulate through the year.

- For the period of January 1 to May 31, the points will be loaded to your account in June.
- For the period of June 1 to November 30, the points will be loaded to your account in December.

Live Well, Work Well @ MSU HSA Contribution	
	Life Long Savings Plan
Single	$600
Employee + Spouse	$600[1]
Employee + Child(ren)	$600
Family	$600[1]

[1] Spouses who are not employees of MSU are no longer eligible to participate in the wellness program.

HealthEquity

www.healthequity.com
1-866-346-5800 | Open 24/7



HSA Continued

You can contribute your own money, tax-free, to your HSA. The IRS allows a total annual contribution (MSU's plus your own) of:

- $4,500 if you have Single coverage
- $9,000 if you have 2-Person or Family coverage
- An additional "catch-up" contribution of $1,000 for those age 55 and older

You will decide how much of your own money (up to IRS limits) to contribute during open enrollment. However, you can adjust your contribution amount at any time during the year by logging in to www.employeenavigator.com/benefits and completing a life event to adjust your HSA. Your contributions will be made each pay period through semi-monthly payroll deductions.

PLAN YOUR HSA CONTRIBUTIONS CAREFULLY

If you over-contribute to your account in a given year, you will be required to take a distribution and pay taxes on the amount over the annual limit. Penalties may also apply. So, be sure to plan your own contribution in coordination with MSU's automatic contribution and the amounts you think you will earn through the Live Well, Work Well @ MSU program.

It's Your Money

You can use your HSA account balance on hand to pay your share of health care costs when incurred, or save your money for future expenses. As long as you use your HSA account to pay for eligible expenses (as defined by IRS code), you don't pay taxes on the money coming out of your account. In addition, the HSA is yours. **Your balance rolls over from year to year with no limit on how much you can rollover, and you can keep your account if you separate or retire from MSU.**

It's Easy to Use Your HSA

After you enroll in the Life Long Savings Plan, you will receive a debit card from HealthEquity (our HSA plan custodian). You can use your card to pay a provider directly or you can pay for care with your own money then reimburse yourself through your account.

You will need to file form 8889 with your federal income tax return for each year you contribute to or withdraw from your HSA. Be sure to save your receipts; the IRS may require you to provide a back-up when you submit your taxes.

Use your HSA to pay your deductible and your share of costs for qualified health expenses. Visit www.irs.gov/pub/irs-pdf/p502.pdf to see the full list of qualified expenses.

Interest, Investment Earnings, and Expenses

Your HSA earns interest each month. You also will have the opportunity to invest the money you save through your account.

MSU will pay the administration/bank fees for employees who are enrolled in the Life Long Savings Plan. If you leave MSU, or decide to enroll in a different MSU-sponsored medical plan in subsequent years, you will be responsible for any applicable administrative fees.

Certain Eligibility Requirements Apply

To be eligible to receive the university's HSA contributions, you must enroll in the Life Long Savings Plan option and there may be additional eligibility requirements that apply. You are eligible to enroll in an HSA if:

- You have not received Veterans Affairs (VA) benefits within the past three months.
- You are not covered by any other non-high deductible health plan, such as your spouse's plan.
- You are not eligible for or enrolled in Medicare.
- You do not receive benefits under TRICARE.
- You are not claimed as a dependent on someone else's tax return.



Employees who cover adult children up to age 26 on a High Deductible Health Plan (HDHP) may not be able to use HSA funds to obtain tax-free reimbursements for medical expenses incurred by the adult children. Please consult your tax advisor for additional information.

Questions About Your Balance?

If you would like to know the balance in your HSA, you will need to log in to your account with HealthEquity or call them at 1-866-346-5800. The Office of Human Resources does not have the ability to view your HSA.

Health Reimbursement Arrangement

A Health Reimbursement Arrangement, or HRA, is an employer-sponsored account to pay for eligible healthcare expenses. HRAs are owned and funded by your employer—**you are not allowed to contribute your own money**.

An HRA comes with Option 2 HRA, the Enhanced HRA Value Plan, and Option 3 PPO, the Preferred Provider Organization Plan, and when you choose one of these plans, the university will establish an HRA for you with HealthEquity, our HRA plan custodian. You can use the HRA to pay for any service or item prescribed by a physician, whether medical, dental or vision.

How Your HRA is Funded

MSU gets you started with a pre-tax "auto-contribution" to your HRA. The contribution amount is based on the plan and coverage level you select.

The HRA contribution will be added to your account in two increments: half of the annual contribution is credited to your account in January, and the second half is credited to your account in July.

If your employment ends, you forfeit any funds in the account. **There is no extension to file claims after your separation date.**

MSU Automatic HRA Contribution

	Enhanced HRA Value Plan	PPO Plan
Single	$180	$90
Employee + Spouse	$360	$180
Employee + Child(ren)	$540	$270
Family	$540	$270

Live Well, Work Well @ MSU

MSU contributes additional money to your HRA when you participate in the Live Well, Work Well @ MSU program. The amount you can receive will depend on the completion of wellness activities and an annual wellness exam.

These HRA contributions are credited to your account in June and December, based on the WellPoints you accumulate through the year.

- For the period of January 1 to May 31, the points will be loaded to your account in June.
- For the period of June 1 to November 30, the points will be loaded to your account in December.

Live Well, Work Well @ MSU HRA Contribution

	Enhanced HRA Value Plan	PPO Plan
Single	$600	$600
Employee + Spouse	$600[1]	$600[1]
Employee + Child(ren)	$600	$600
Family	$600[1]	$600[1]

[1] Spouses who are not employees of MSU are no longer eligible to participate in the wellness program.

Limited Purpose HRA

If you move from a plan that requires an HRA (Option 2 or Option 3) to a plan that requires an HSA (Option 1), then your HRA will convert to a Limited Purpose HRA. It can only be used for eligible dental and vision expenses.

Questions About Your Balance?

If you would like to know the balance of your HRA, you may log in to your account or call HealthEquity at 1-866-346-5800. A representative from the Office of Human Resources can also assist you by calling or emailing HealthEquity.

HealthEquity

www.healthequity.com
1-866-346-5800 | Open 24/7



TAKE NOTE...

Your HRA balance can roll over from year to year; however, it cannot exceed $6,000. If your HRA account balance is $6,000 or more on January 1, you will not be eligible for a new HRA contribution. If your account falls below $6,000 by July 1, you will receive half of the university's annual contribution—or the portion of that amount that increases your balance to $6,000.

Flexible Spending Account

A flexible spending account, or FSA, is a tax-advantaged account that lets you use pre-tax dollars to pay for eligible expenses. We offer three types of FSAs, all administered by HealthEquity:

- Healthcare FSA - Out-of-pocket medical expenses including health, dental, vision, and prescription drug expenses
- Limited Purpose FSA (LPFSA) - Dental and vision expenses, in conjunction with an HSA
- Dependent Care FSA (DCFSA) - Dependent care expenses only

Healthcare FSA

Use the healthcare FSA to reimburse yourself for eligible medical expenses.

- **You must renew FSA contributions each year during open enrollment; they do not carryover year to year.**
- **You only have one year to spend your FSA money. If you do not use it, you lose it.**
- Employees may contribute a minimum or $200 up to a maximum of $3,400 in 2027.
- Cannot be combined with a health savings account (HSA).
- The full value of your account is available on the first day of the calendar year, but your total election amount is deducted from your paycheck in equal amounts throughout the year.
- You can incur claims for a period of 14½ months: January 1, 2027 through March 15, 2028. Claims can be filed through March 31, 2028.
- If your employment ends mid-year, you have 30 days from the coverage end date to submit claims for services incurred by the coverage end date.
- You may also be eligible for COBRA for your Healthcare FSA if you have a positive balance remaining in your Healthcare FSA account at the coverage end date.
- You will receive a HealthEquity Visa debit card to use for eligible healthcare out-of-pocket expenses.

Limited Purpose FSA

Used in conjunction with a health savings account (HSA), an LPFSA allows you to contribute additional pre-tax dollars to use for eligible dental and vision expenses.

- **You must renew LPFSA contributions each year during open enrollment; they do not carryover year to year.**
- **You only have one year to spend your LPFSA money. If you do not use it, you lose it.**
- Employees may contribute a minimum or $200 up to a maximum of $3,400 in 2027.
- Can be combined with a health care savings account (HSA). Cannot be combined with a healthcare flexible spending account (FSA).
- Eligible expenses include:
  - Vision exams, LASIK surgery, contact lenses, and eyeglasses
  - Dental cleanings, X-rays, fillings, crowns, and orthodontia
- The full value of your account is available on the first day of the calendar year, but your total election amount is deducted from your paycheck in equal amounts throughout the year.
- You can incur claims for a period of 14½ months: January 1, 2027 through March 15, 2028. Claims can be filed through March 31, 2028.
- If your employment ends mid-year, you have 30 days from the coverage end date to submit claims for services incurred by coverage end date.

Dependent Care FSA

Use the Dependent Care Flexible Spending Account to reimburse yourself for eligible dependent care expenses. Reimbursements can only be made for services already incurred (cannot be reimbursed in advance of service date).

- **You must renew DCFSA contributions each year during open enrollment; they do not carry over year to year.**
- **You only have one year to spend your DCFSA money. If you do not use it, you lose it.**
- Employees may contribute a minimum of $200 up to a maximum of $7,500 in 2027.
- Can be combined with a healthcare savings account (HSA) and a healthcare flexible spending account (FSA).
- A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare.
- The funds are made available only as money is added to the account.
- You can incur claims for a period of 12 months: January 1, 2027 through December 31, 2027. Claims can be filed through March 31, 2028.
- If your employment ends mid-year, you have 30 days from the coverage end date to submit claims for services incurred by coverage end date.



TAKE NOTE...

- Always save your receipts and Explanation of Benefits (EOB) statements! Per IRS regulations, you may be required to provide receipts or EOB to verify expenses are eligible.

Live Well, Work Well



Your Health. Your Rewards.

Earn Rewards for Prioritizing Your Health

The MSU Live Well, Work Well program is designed to encourage and reward all employees for making healthy lifestyle choices. Powered by WellRight, the program offers incentives through health assessments, biometric screenings, preventative visits, and wellness challenges.

Annual physical due by November 30, 2027

Annual physical required to be eligible to earn rewards in the Live Well, Work Well program. Upload the annual physical form in your WellRight account to start earning!

How Can You Earn Rewards?

You can earn WellPoints for completing activities in the Live Well, Live Happy, and Live Health sections. These points translate into monetary contributions to your Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). Employees who are NOT on the medical plan can still earn prizes for participation!

How Can You Participate?

- Live Well
  - Complete the activities that serve as gatekeeper to your current health status, such as health risk assessments and biometric screening.
- Live Healthy
  - Earn 20 points by completing each preventative care visits.
- Live Happy
  - Monthly challenges to improve your health and earn 5 points per challenge! There are 2 challenges each month to focus on building healthy holistic habits. **Never miss a day by turning on text reminders!**
- My Personal Challenges
  - Choose your own path to wellness and work on challenges specific to your wellness goals. Start any challenge anytime during the program. Each challenge is worth 5 points.

HSA & HRA Contributions

Earn up to $600 for your HSA or HRA! See pages 12 & 14 for more details.

These incentives are credited to your account in June and December based on the WellPoints you accumulate.

- For the period of January 1 to May 31, the points will be loaded to your account in June.
- For the period of June 1 to November 30, the points will be loaded to your account in December.

Track Your Activities With Ease!

The wellness portal makes tracking activities effortless! Easily connect your device, log your activities, and even use the text option to automatically earn points for incentives! You do not have to connect a device to participate.

Join the Wellness Program Online:

msulivewell.wellright.com

livewell@moreheadstate.edu

606-783-2097



Live Well, Work Well

Options for Obtaining GLP-1s Without Insurance

Always consult with a licensed provider before starting a GLP-1 medication. These are powerful medications with many benefits as well as potential side effects.

Online Teleheath Providers

You consult with a licensed provider online, and they prescribe GLP-1. Convenient, no insurance required, and meds shipped directly to you.

- Monthly GLP-1 plans often include lab testing, medical screening, and ongoing check-ins
- Subscription pricing (e.g., $250 - $1,000 a month)

Medical Weight Loss Clinics (Local or Online)

- Usually includes in-person visits and ongoing support
- Costs vary (e.g., $300 - $1,000 a month)
- Check with local clinics for additional details.

Tips to Save Money

- Shop around monthly - prices change frequently
- Use your HSA/FSA, if available

Manufacturer Savings & Coupons

If you have a prescription, even without insurance, you may qualify for discount programs or patient assistance.

- Novo Nordisk (Ozempic, Wegovy)
- Eli Lilly (Mounjaro, Zepbound)
- GoodRx

Other Benefits

MSU Recreation and Wellness Center

MSU Recreation and Wellness Center is available at no cost for regular, full-time employees. The Rec Center offers state-of-the-art exercise equipment, indoor walking track, indoor racquetball courts, indoor basketball courts, natatorium, group fitness classes and outdoor adventures.

Visit their website for more details - https://www.moreheadstate.edu/student-life/wellness-safety/recreation-wellness/

Tuition Waiver

Employees may use the tuition waiver for up to 18 semester hours per academic year. Spouses and/or dependents may use the tuition waiver for up to 12 semester hours per academic year. See University Administrative Regulations (UAR) 327.06, Morehead State University Faculty and Staff Tuition Waiver Program for full details.

Educational Savings Account

Sponsored by the Commonwealth of Kentucky, KY Saves 529 helps you save for education. Voluntary contributions may be made by payroll deduction into an educational savings account through a salary reduction agreement. You can enroll in this benefit at any time—election is not limited to the open enrollment period, and you can make changes at any time.

To get started, go to kysaves.com and click "Get Started". Once you have the account setup, complete a Salary Reduction Agreement form and send it to benefits@moreheadstate.edu.

If you have questions, please call them at 1-855-840-4855.

Community Discounts

Some local businesses may offer employee discounts. These offers are provided independently by the businesses and are not coordinated by MSU. Please contact the business directly to confirm eligibility and terms.

Dental Plan Options

MSU offers employees two dental plan options:

- Delta Dental Basic
- Delta Dental Buy-Up

Monthly Dental Premiums		
	Basic	Buy-Up
Single	$18.81	$26.55
2 Person	$37.63	$53.11
Family	$59.27	$83.63

You can enroll yourself and your eligible family members in dental coverage.

With Delta Dental of Kentucky, you have access to a large network of providers who agree to negotiated rates. When you use a network dentist, you will pay less of your own money for dental care and Delta's dentists will file your claims. You pay your applicable deductible and coinsurance for the services you receive. You can also access your benefits information online—search for a Delta network dentist, check your benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more—all at your own convenience.

New in July 2026 - KY law now allows KY dentists to charge their submitted fees once a member has used their full annual maximum. Prior to this change, in-network KY dentists were held to in-network contracted fees when a member had reached their annual maxiumum. Members can review their remaining annual maximum by calling Delta Dental customer service at 1-800-955-2030 or using the member portal.

If you have questions, please call Delta Dental at 800.955.2030 or go to www.DeltaDentalKY.com.

	Basic Plan	Buy-Up Plan
	PPO In-Network Benefits	PPO In-Network Benefits
Annual Maximum		
Per covered person, per benefit	$750	$1,000
Diagnostics and Preventive Services - These do not count toward your annual maximum		
Exams, Cleanings & X-rays	100% coverage No deductible	100% coverage No deductible
Fluoride (through age 18)		
Sealants (through age 15)		
Minor Services		
Fillings	80% coverage	80% coverage
Simple Extractions		
Oral Surgery/Surgical Extractions	Covered under Major Services	80% coverage
Major Services[1][2] - 12 month waiting period for new enrollees		
Endodontics	25% coverage	50% coverage
Periodontics		
Dentures		
Implants		
Crowns/Bridges		
Oral Surgery/Surgical Extractions	25%	Covered under Minor S ervices
Orthodontics[1] - 12 month waiting period for new enrollees		
Orthodontic Services (through age 18)	N/A	50%, up to $1,000 per covered dependent
Orthodontic Lifetime Maximum	N/A	$1,000 per covered dependent
Deductible	$75 per person, per benefit year $175 max per family Applies to Minor and Major Services only	$50 per person, per benefit year $150 max per family Applies to Minor and Major Services only

[1] 12 month waiting period only applies to new enrollees.
[2] Replacement of teeth missing prior to the effective date not covered.

Download the Delta Mobile App today to access dentist search, check claims and coverage, view ID cards and more!

DELTA DENTAL

TAKE NOTE...

amplifon

Delta Dental KY (DDKY) partnered with Amplifon to develop the Hearing Health Care Program. Visit www.amplifonusa.com/deltadentalky for more information.

Vision Plan Options

Blue View Vision

You have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select Find a Doctor. You may also call for assistance at 1.866.723.0515.

Out-of-Network – If you choose, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

Monthly Vision Premiums		
	Basic	**Buy-Up**
Single	Included in health plan	$9.60
Employee + Spouse	Included in health plan	$19.20
Employee + Child(ren)	Included in health plan	$21.29
Family	Included in health plan	$33.59

Blue View Buy-Up Vision Plan			
	In-Network	**Out-of-Network**	**Frequency**
Routine Eye Exam			
A comprehensive eye examination	$0 copay	Reimbursed up to $42	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$150 Allowance, then 20% off any remaining balance	Reimbursed up to $45	Once every calendar year
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses			
Single vision lenses	$0 copay	Reimbursed up to $40	Once every calendar year
Bifocal lenses	$0 copay	Reimbursed up to $60	
Trifocal lenses	$0 copay	Reimbursed up to $80	
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
Transitions Lenses (for a child under age 21)	$0 copay	No allowance when obtained out-of-network	Once every calendar year
Standard polycarbonate (for a child under age 21)	$0 copay		
Factory Scratch Coating	$0 copay		
Contact Lenses (instead of eyeglass lenses)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
Elective conventional (non-disposable) OR	$150 allowance, then 15% off any remaining balance	Reimbursed up to $105	Once every calendar year
Elective disposable OR	$150 allowance (no additional discout)	Reimbursed up to $105	
Non-elective (medically necessary)	Covered in full	Reimbursed up to $210	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS

(This is not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

- Amounts in excess of covered vision expenses
- Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power
- Orthoptics or vision training and any associated supplemental testing
- Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicate din the plan design
- Plano sunglasses and accompanying frames
- Safety glasses and accompanying frames

Vision Plan Details

Optional Savings Available From Blue View Vision In-Network Providers Only		
		In-Network Member Cost (after any applicable copay)
Retinal Imaging - at member's option, can be performed at time of eye exam		Not more than $39
Eyeglass Lens Upgrade When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	Transition lenses (Adults)	$75
	Standard Polycarbonate (Adults)	$40
	Tint (Solid and Gradient)	$15
	UV Coating	$15
	Progressive Lenses[1]	
	Standard	$55
	Premium Tier 1	$85
	Premium Tier 2	$95
	Premium Tier 3	$110
	Premium Tier 4	$175
	Anti-Reflective Coating[2]	
	Standard	$45
	Premium Tier 1	$57
	Premium Tier 2	$68
	Premium Tier 3	$85
	Other Add-Ons	20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	Complete Pair	40% off retail price
	Eyeglass materials purchased separately	20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to 2 follow-up visits are available to you once a comprehensive eye exam has been completed.	Standard contact lens fitting[3]	Up to $55
	Premium contract lens fitting[4]	10% off retail price
Conventional Contact Lenses	Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include, but not limited to, disposable and frequent replacement.

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.
*Discounts cannot be used in conjunction with your covered benefits.

Life Insurance

Basic and Voluntary Life Insurance

If something happens to you, life insurance can help your family reduce financial stress. Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Life insurance coverage begins on your first day of full-time employement.

Life Coverage		
	MSU Paid Basic Life	**Voluntary Term Life**
Employee Benefit	MSU provides $50,000 Basic Term Life coverage for all full time employees.	$10,000 increments to a max of $750,000. See Cost Illustration page for details.
Accidental Death & Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	N/A	$10,000 increments to a maximum of $250,000. See Cost Illustration page for details.[1]
Child Benefit	N/A	Your dependent children age birth[2] to 26 years. $1,000 increments to a maximum of $15,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Up to $50,000 per employee	Up to: Employee $300,000 Spouse $50,000 Dependent children $10,000
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes	Yes
Waiver of Premiums Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reductions Benefits are reduced by a certain percentage as an employee ages	35% at age 70 55% at age 75 70% at age 80 85% at age 85	No

[1] Voluntary Life: Infant coverage is limited based on age.

[2] Spouse coverage terminates at age 70.

For more information on rates and to make your 2027 elections, please log in to employeenavigator.com/benefits.

Voluntary Insurance

Voluntary Insurance

If something happens to you, life insurance can help your family reduce financial stress. Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they will be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

Disability Insurance

Covers a part of your income, so you can pay your bills if you are injured or sick and cannot work.

Most disability insurance plans pay out a portion or percentage of your income if you are diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Short Term Disability

- Coverage amount - 60% of salary to max of $1000/week
- Max payment period - 12 weeks
- Accident benefits begin - Day 8
- Illness benefits begin - Day 8

Long Term Disability

- Coverage amount - 60% of salary to maximum $6,000/month
- Max payment period - Social Security normal retirement age
- Accident benefits begin - Day 91
- Illness benefits begin - Day 91

Critical Illness Insurance

May help you cover expenses not covered by your health insurance.

Critical illness insurance is a cash payment you receive if you ever experience a serious illness like cancer, a heart attack, or a stroke, giving you the financial support to focus on recovery. It can cover expenses like deductibles, treatments, and living costs.

- Employee benefit amount - Choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments.
- Spouse benefit amount - Choose a lump sum benefit of $5,000 to $30,000 in $5,000 increments, up to 100% of the employee's lump sum benefit
- Child benefit amount - 50% of employee's lump sum benefit (children age birth to 26 years).

All Guardian coverage begins on your first day of full-time employment.

For more information and to make your 2027 elections, please log in to employeenavigator.com/benefits.

Accident Insurance

An extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Accident insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures,hospital confinement, and surgery.

Hospital Indemnity Insurance

Can cover some of the cost associated with a hospital stay, letting you focus on your recovery.

Being hospitalized for illness or injury can happen to anyone, at any time. While medical insurance may cover hospital bills, it may not cover all the costs associated with a hospital stay.

- Deductibles and co-pays
- Travel to and from the hospital for treatment
- Childcare assistance while recovering

Also available with qualifying lines of coverage:

Caregiving support with Wellthy

From navigating parenthood to arranging in-home care for a loved one, you are covered with this service that is integrated directly into your Guardian hospital indemnity insurance.

Fertility health and family-building support with Carrot

Navigating fertility, family-building, or hormonal health can feel overwhelming. Through your Guardian hospital indemnity insurance, you have access to educational resources including 'live' expert sessions to keep you informed along your journey.

Cancer support with Osara Health

Partnering with Osara Health, Guardian brings members facing a cancer diagnosis the support services that can help you focus on your holistic well-being throughout your treatment.

Medical Transport Solutions



DID YOU KNOW?

28M

emergency transports are dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered cossts for emergency transportation.

*National Association of EMS Officials, 2020

masa

Ensure you and your family are protected from unexpected costs when you use emergency transportation by enrolling in MASA.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you will never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We will advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

With a MASA plan, you will have a critical layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan. Gain peace of mind and shield your finances knowing there is a MASA plan best suited for your needs.

Benefit	Emergent Plus $14/month	Platinum $39/month
Emergency Ground Ambulance Coverage	● 3	● 3
Emergency Air Ambulance Coverage	● 3	● 3
Repatriation to Hospital Near Home Coverage	● 3	● 1
Hospital to Hospital Ambulance Coverage	● 3	● 3
Patient Return Transportation Coverage		● 1
Companion Transportation Coverage		● 2
Hospital Visitor Transportation Coverage		● 2
Minor Return Transportation Coverage		● 2
Pet Return Transportation Coverage		● 2
Vehicle & RV Return Coverage		● 2
Organ Retrieval Transportation Coverage		● 4
Mortal Remains Transportation Coverage		● 1

Coverage territories
1: Worldwide Coverage — Coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel.
2: Basic Coverage Area — Coverage benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.
3: United States and Canada Only.
4: United States Only.
The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some policies. Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state.
MASA MTS utilizes third-party transportation service providers and does not own or lease any vehicles. MASA, MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation and an affiliated company with MASA Insurance Services, Inc. (MISI). AK, DE, IA, KY, MD, MT, ND, NM, PA, SC, and WV residents: As a condition of coverage, an individual must be an employee, member, or otherwise affiliated with the organization offering the MASA benefit. MISI, with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324, offers insurance coverage through Obsidian Insurance Company. Coverage is not available in all states and is subject to the company underwriting guidelines and the issued policy. Policy forms and policy terms may vary by state and territory. National Producer #19897480.
If an insured has a high deductible health plan ("HDHP") that is compatible with a health savings account ("HSA"), benefits may become available under the MASA policy for expenses incurred for medical care (as defined under Internal Revenue Code (IRC) section 213 (d)) once the insured satisfies the applicable statutory minimum deductible under IRC section 223(c) for HDHP coverage that is compatible with a HSA.
Under the Emergent Plus policy, the Maximum Benefit Amount pays up to a maximum of Twenty Thousand Dollars ($20,000) for out-of-pocket expenses for Emergency Air Ambulance coverage. Please refer to the Emergent Plus.
MASA_CORE_INSURANCE_COMPARISON_2023 - MOREHEAD STATE

Norton LifeLock NEW

Digital and financial protection built for the way you live today.

Whether you're banking, browsing, or building your future, this benefit helps protect your identity, your finances, and your digital life — with financial wellness tools to help you move forward with confidence.

Get Protection Now

We at Norton LifeLock Benefit Solutions believe everyone around the world deserves a clear and easy way to live their digital lives safely, privately, and confidently. Millions of users globally trust Norton, LifeLock, and the rest of our family of consumer brands.

Monthly Premiums		
	Essential	Premier
Single	$6.99	$8.99
Family	$13.98	$14.98

- Identity & financial protection - Keep your information and finances safer. Proactive monitoring and expert support help limit long-term impact.
- Digital protection - Help protect your online life from scams and security threats across everyday devices.
- Privacy online - Give you control of your personal data and reduce exposure as your digital footprint grows.
- Secure financial wellness - Help manage and grow your finances at every stage of life with confidence.

Benefit	Essential	Premier
Idenity & Credit Monitoring[1]	● 1 credit bureau (Equifax)[2]	● 3 credit bureaus (Equifax, Experian, TransUnion)[3]
Million Dollar Protection Package & Restoration Support[4]	● Up to $3 million	● Up to $5 million
Financial & Credit Insights	●	●
Device Security w/ Secure VPN	● 3 devices, family gets 6	● 5 devices, family gets 10
Scam Protection Pro	●	●
Password Manager	●	●
Privacy Monitor	●	●
Home Title Monitoring		●

1-Credit features require setup, identity verification and sufficient credit history by TransUnion and/or Equifax. Credit monitoring features may take several days to activate after enrollment.
2-The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.
3-The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.
4-Reimbursement and Expense Compensation, each with limits of up to $1 million for Benefit Essential, Premier, and Premier Plus, and up to $50,000 for LifeLock Benefit Junior ($25,000 reimbursement coverage and $25,000 fraudulent withdrawals). All plans include up to $1 million in coverage for lawyers and experts. Cyber Crime Insurance, if applicable, covers up to $50,000 for covered expenses per Plan. All benefits are issued and covered by third party partners. Policy terms, conditions, and exclusions at: gendigital.com/legal.





Gallagher | Marketplace

Benefits With Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying—like home and auto, pre-paid legal services, identity theft protection, pet insurance, renters insurance, boat or RV insurance, employee discount perks as well as extended vehicle warranties. Gallagher Marketplace also offers access to individual medical, dental and vision coverage as well as Medicare supplemental programs.

With a centralized hub, you can explore an array of benefit options, available not only to Gallagher clients but also to their friends and families.

Discover what benefits your organization offers through Gallagher Marketplace.

The Value

- Whether full-time, part-time or contract workers, all employees and their families are eligible
- Benefit access and potential savings through bundling with the ability to choose from multiple carriers
- Potential costs savings compared to shopping on your own
- Licensed insurance advisors to help find the policy that meets your needs

The Convenience

- Enroll any time of the year, not just during open enrollment
- Simple sign-up with payment options
- Easily compare rates from multiple carriers
- Schedule a callback from licensed insurance advisors for a time that's most convenient
- All programs are portable so you can keep the coverage no matter where life takes you

How It Works

1. Visit Gallagher Marketplace to see your available benefits.
2. Select a product to view more details.
3. Click on the partner link to learn more, get a free no obligation quote or apply for coverage.

Scan the QR code to learn more

AJG.com **The Gallagher Way.** Since 1927.

Insurance is subject to availability and individual eligibility.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice..

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Retirement

MSU offers several options for retirement:

- KPPA - for employees in positions that require less than a bachelor's degree
- KTRS/ORP - for employees in positions that require at least a bachelor's degree
- Voluntary Supplemental Retirement - 403b, 457b, KY Deferred Compensation

Kentucky Public Pensions Authority (KPPA)

If you are hired in a full-time position in which the minimum educational requirement is less than a bachelor's degree, you will enroll in KPPA.

For details about the Kentucky Public Pensions Authority (KPPA) defined benefit plan go to https://kyret.ky.gov/Pages/index.aspx. Select either Tier 1, Tier 2 or Tier 3 based on your initial participation date with a state retirement system. Participation date is the date you began participating with KPPA or TRS, even if it was with another KPPA or TRS covered agency.

Teachers' Retirement System of Kentucky (TRS) or an Optional Retirement Plan (ORP)

If you are hired in a full-time position in which the minimum educational requirement is a bachelor's degree or higher, you have the option to enroll in either TRS or the ORP.

Teachers' Retirement System of Kentucky (TRS)

Your contribution rate will depend on what tier you qualify for based on your initial entry date. You may view the tiers and entry dates at https://trs.ky.gov/active-members/. You may view the tier contribution rates at https://trs.ky.gov/employers/information/contribution-rates/.

For details about the TRS defined benefit plan, go to https://trs.ky.gov. If you select the TRS plan in Benefits Enrollment Online, you will receive information from TRS regarding your enrollment.

Optional Retirement Plan (ORP)

Your contribution rate to the ORP will be 8.185% of your gross pay and the University's contribution will be 8.74% of your gross pay. This money (both your contribution and the MSU contribution) will be forwarded to the annuity company in which you choose to participate. Contribution rates are governed by state statute and are, therefore, subject to change each fiscal year.

With the ORP, you are immediately vested, which means you have full ownership of all contributions as soon as those contributions are deposited into your account. The ORP contribution is exempt from Federal and State taxes. They are, however, subject to Social Security Tax, Morehead City Tax and Rowan County Tax.

As an ORP participant, your investment options are greater and you determine how to allocate your investment funds. ORPs have management administrative fees that you will be required to pay and there are no survivor, death, or LTD benefits and no medical insurance upon retirement.

To participate in an ORP, please contact the provider of your choosing from the list below to complete an application.

Voluntary Supplemental Retirement

Voluntary contributions may be made by payroll deduction into a supplemental retirement plan through a salary reduction agreement. **You can enroll in these benefits at any time—election is not limited to the open enrollment period, and you can make changes at any time.** Complete the Supplemental Retirement Change Form and send it to benefits@moreheadstate.edu to enroll or make changes.

- 403b annuities offered through TIAA and Corebridge Financial
- 457b annuities offered through TIAA, Corebridge Financial and KY Deferred Compensation Authority
- 401k offered through KY Deferred Compensation Authority

TIAA

tiaa.org

800.842.2252

Corebridge Financial

corebridgefinancial.com

Chris Routt

812.503.1577

christopher.routt@corebridgefinancial.com

KY Deferred Compensation

kentuckyplans.com

800.542.2667

Time Off

Vacation Leave

Vacation shall be accumulated at 7.5 hours or 8 hours (depending on regularly scheduled work day) for each month of regular employment through the first 4 years of continuous service. Accumulation rates will change based on years of continuous service. See policy for full details.

Personnel Policy PG-48, Vacation Leave

Paid Holidays

There are 8 official annual holidays (9 during presidential election years):

- New Year's Day
- Martin Luther King, Jr. Birthday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Presidential Election Day
- Thanksgiving Day
- Christmas Day

Personnel Policy PG-8, University Holidays

Funeral Leave

Normally, up to three (3) days with pay, upon the death of a member of employee's immediate family and one-half (1/2) day to attend the funeral of an associate, close friend, or relative not defined as immediate family in the policy may be approved by the supervisor.

Personnel Policy PG-24, Time Off for Death in Family or Funeral

Sick Leave

FACULTY

Upon appointment, a regular full-time faculty member is credited with a sick leave accumulation equal to one day per month of appointment, i.e., 67.5 hours for 9-month appointment, 75.0 hours for 10-month appointment, 82.5 hours for 11-month appointment.

Beginning in the second year of employment, the full-time regular faculty member accumulates 7.5 hours of sick leave per month of contract.

STAFF

A regular, non-faculty full-time employee, hired after June 30, 1990, accumulates 7.5 or 8.0 hours of sick leave per month of contract.

Upon appointment, a regular full-time administrative employee (as defined in PG-2, Payroll Classification Categories) is credited with 90 hours of sick leave. Beginning with the second year of employment the full-time regular administrative employee accumulates 7.5 hours of sick leave per calendar month or per month of contract, whichever is less. This is added to any sick leave balance from the first year.

Personnel Policy PG-49, Sick Leave

Family and Medical Leave (FMLA)

Provides employees with unpaid job-protected leave in keeping with the provisions of the Family and Medical Leave Act (FMLA) of 1993. Eligible faculty and staff are able to use up to a total of 12 weeks of leave in any rolling 12-month year with proper medical or other documentation. Please contact the Office of Human Resources to request FMLA.

Personnel Policy PG-52, Family and Medical Leave

Sick Leave Bank

The purpose of the Morehead State University Voluntary Sick Leave Bank (Bank) is to provide additional paid leave for employees who have exhausted their accrued sick and vacation leave benefits as the result of a serious health condition. The Bank serves as a depository into which participating employees may voluntarily contribute accrued sick leave for allocation to other participating employees. The purpose of the Bank is not intended to provide unlimited paid sick leave for any medical reason but to alleviate the hardship caused when employees lose compensation as the result of a serious health condition. This regulation follows the FMLA definition of serious health condition and includes time required to care for an immediate family member.
University Administrative Regulation (UAR) 304.04, Sick Leave Bank

Up to 60 Days Paid Leave in a 12-Month Period

Provides regular full-time faculty and staff up to 60 days in a rolling 12-month period of paid sick leave in the event of a catastrophic illness or injury.

New Employee Eligibility

New full-time employees with a minimum of 6 months of service and a minimum of 5 days of accumulated sick leave time can enroll voluntarily in the Bank after their employment of 6 months. The initial donation requirement is 2 days (as defined by the employee's regularly scheduled work day). Participation begins on the first of the month following the donation.

If eligibility is not met at 6 months, then employee must wait until the next open enrollment to qualify for participation under the full-time regular employee requirements.

Initial Membership Eligibility

Full-time employees with a sick leave balance of at least 6 days on December 31 are eligible to enroll in the bank. The initial donation requirement is 2 days (as defined by the employee's regularly scheduled work day). Participation begins on January 1 following the donation.

Employee must complete and submit a Sick Leave Bank Enrollment Form during Open Enrollment.

Current Sick Leave Bank Participants

No action is necessary if you want to continue your enrollment in the sick leave bank each year.

Employee must donate 2 additional days of sick leave each subsequent calendar year. Beginning with the 5th consecutive year of participation, the leave donation will be reduced to 1 day per year.

If you want to cancel your enrollment, send an email to benefits@moreheadstate.edu

TAKE NOTE...

- Employee must be in a pay status on the employee's work day before and following the holiday.
- Employee must be in a paid status for 11 working days in the month in order to accumulate vacation and sick leave.

Sick Leave Comparisons

	PG-49 Sick Leave	UAR 304.04 Sick Leave Bank	Guardian Short Term Disability
Eligibility	An employee accumulates sick leave in any month in which they are actively employed and in a paid status for 11 or more days. The accrued sick day is applied to the employee's sick leave balance on the last working day of the month in which the employee has been in a paid status for 11 or more days. Sick leave days may not be used in advance of actual accrual.	Employees who have exhausted all sick and vacation leave and who are not receiving disability or Worker's Compensation. Initial membership eligibility is for current full-time employees with a sick leave balance of at least 6 days on December 31 or for new full-time employees after 6 months of service and a sick leave balance of at least 5 days.	Replaces income when MSU employees are unable to work due to illness, injury, or childbirth. The benefits pays up to 60% of salary, starting after a short waiting period (7 days). The maximum benefit duration will typically extend up to 12 weeks. This benefit covers non-work-related conditions like surgery recovery, serious illness, or maternity leave. Employees can sign up for coverage without answering health questions during Open Enrollment the first year (2026 plan year).
Utilizing the Benefit	Submit an Exception Approval form in advance of your necessary leave for supervisory approval (e.g., a scheduled dental exam or colonoscopy). Keep record of the form and note the sick leave on your electronic time sheet in self-service. Submit a Leave Balance Adjustment Form for supervisory approval after returning from an illness (e.g., cold or flu). For unplanned sick leave, notify your supervisor as soon as practi Send to humanresources@moreheadstate.edu to ensure that your leave balance is adjusted accordingly.	Must complete an application, submit it to the Office of Human Resources. Applications for sick leave bank time must be accompanied by a statement from a licensed health care provided that includes the beginning date of condition, description of illness or injury, and a prognosis for recovery. Indication of estimated number of sick days required and information related to any pending disability claims and meet the requirements for serious health condition established by the US Dept of Labor FMLA. Enrollment in the Bank continues, provided two additional days of sick leave are donated each subsequent calendar year. Beginning with 5 consecutive years of participation, leave donation will be reduced to one day per year. Eligibility for each subsequent year is contingent on whether or not the employee has the available leave to donate in December. Must waive all claims to sick leave voluntarily donated to the Bank, including any monetary or retirement-related value the days may hold.	To file a Short-Term Disability (STD) claim with Guardian Life Insurance, employees should begin by gathering all necessary personal and medical information. This includes their group plan number and Member ID (which may be their employee ID or tax ID), full name, address, phone number, email, date of birth, Social Security number, and bank routing and account number for direct deposit. They will also need their physician's name and contact information. The recommended method for submitting a claim is online: **guardianlife.com**, log in to their Guardian Anytime account, and follow the prompts to complete the claim submission. Alternatively, claims can be submitted by phone by calling Guardian's Claims Service Center at 800-268-2525, available Monday through Friday from 8:00 AM to 8:00 PM ET. It's important to note that this process does not apply to Family Medical Leave (FML) claims, which must be submitted through a separate process. Disability benefits for childbirth will be payable only after the policy has been in force ten months. What "3/12 Pre-x" means - "3" months look-back period: the insurer checks if you received treatment, diagnosis, or consultation for a condition within 3 months before your coverage started."12" months exclusion period: if the condition is considered pre-existing, benefits will not be paid for that condition during the first 12 months of coverage.
Leave Accumulation	Most employees accrue the equivalent of 1 day of sick leave per month, however precise leave accrual amounts are determined by hire date and by position classification. See Personnel Policy PG-49, Sick Leave.	Cannot receive more than 60 sick leave bank days in a rolling 12-month period. Any use of sick leave bank is included in the 12 weeks of leave provided under the provisions of FMLA. Once a serious health condition is certified, sick bank leave can be used intermittently when full day absences are required as long as physician's documentation is provided for the time and it does not exceed the 12 week limit.	Max disability due to childbirth is six weeks for non-cesarean delivery and eight weeks for cesarean delivery, less the Elimination Period. Long-Term Disability (LTD) insurance is essential for employees because it provides income protection if they become unable to work for an extended period due to a serious illness or injury. Unlike STD, which typically covers up to 12 weeks, LTD kicks in after a longer waiting period and can continue for years—sometimes until retirement age. The 90-day elimination period means the employee must be continuously disabled for 90 days before LTD benefits begin. During this time, they may rely on STD, MSU sick leave, or personal savings. Once approved, the LTD benefit typically pays a percentage of the employee's income (60%) and continues until the employee either recovers, returns to work, or reaches Social Security Normal Retirement Age (SSNRA)—which varies based on birth year but is generally between 66 and 67. In short, LTD is a financial safety net that helps employees maintain stability during long-term health challenges, ensuring they can cover essential expenses even when they are unable to earn a paycheck for months or years.

Medcor®

In Case of a Worksite Injury

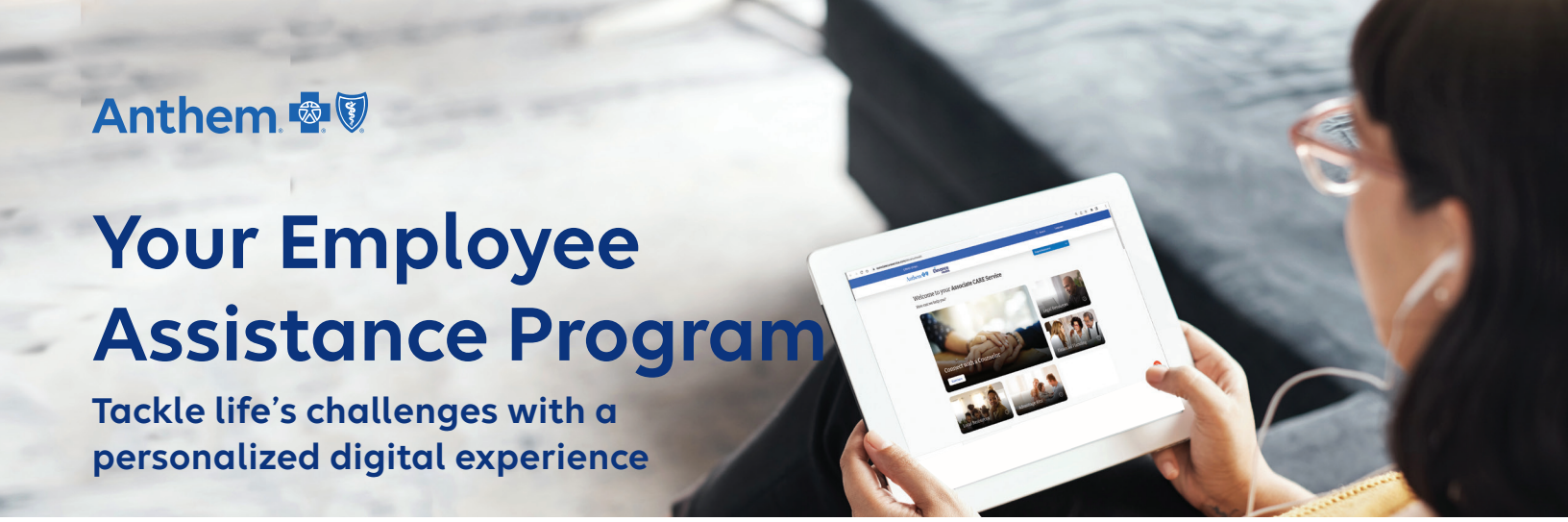
Call Immediately!



KEMI
Making workers' comp work

1-833-919-1777

For potentially life-threatening injuries CALL 911
Para lesiones potencialmente mortales LLAME AL 911



Your Employee Assistance Program

Tackle life's challenges with a personalized digital experience

During those moments when you feel overwhelmed, your Employee Assistance Program (EAP) is here for you with real-life tips, tools, articles, webinars, and links to helpful resources. As always, your EAP is private, confidential, and included as part of your benefits.[1]

Support and advice for every step of the way

Counseling

Connect with a mental health professional for a variety of matters, including in moments of crisis. In-person and virtual options are available. Virtual options are offered through Talkspace or LiveHealth Online.[2]

Work-life resources

Find resources for career, parenting, healthy communication, and balancing work and family.

Financial planning

Talk with a professional and find resources that can help you take charge of your finances.

Connect to resources anytime

For questions or issues, you have access to your EAP 24/7. Contact your EAP by calling **800-865-1044** or visit your **anthem.com/EAP** and enter your company code Morehead State University.

Legal resources

Access online resources and legal help in-person or by phone for each issue, each year, at no added cost.[3] You or eligible family members can call EAP and request a consultation for each separate issue, with a network attorney at no cost.

Self-paced courses and resources

Emotional Well-being resources connect you to one-on-one coaching, self-help digital tools and access to articles, podcasts, and webinars for help with depression, anxiety, relationships, and alcohol use.

Self-assessments

Take self-assessments to get personalized recommendations on the best resources for your needs.

1 In accordance with federal and state law, and professional ethical standards.
2 Appointments are subject to the availability of a therapist. Online counseling is not appropriate for all kinds of issues. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call the National Suicide Prevention Lifeline 24/7 at 988, or dial 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room.
3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly. If you have Anthem health coverage, your cost for a visit may be similar to what you would pay for an office therapy visit, depending on your benefits, copay, or percentage of the cost. If you're not covered by an Anthem plan, you'll be responsible for paying the full cost for a visit.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988, the National Suicide Prevention Lifeline, and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Talkspace does not offer emergency services.

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

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Gallagher | Marketplace

Benefits With Gallagher Marketplace

Giving you year-round access to additional benefits that could save you money.

Gallagher Marketplace is your gateway for discovering and accessing unique benefits that best fit your lifestyle. Our program offers significant savings on things you are already buying—like home and auto, pre-paid legal services, identity theft protection, pet insurance, renters insurance, boat or RV insurance, employee discount perks as well as extended vehicle warranties. Gallagher Marketplace also offers access to individual medical, dental and vision coverage as well as Medicare supplemental programs.

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Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice..

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Healthcare Terminology Glossary

Coinsurance - A percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible.

Copayment - 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.

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 do not pay taxes on this money. This means you will 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.

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, 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.

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 copayments and coinsurance.

Preferred Provider Organization 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.

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.



2027 Annual Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are not currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility.

ALABAMA– Medicaid	INDIANA – Medicaid	MINNESOTA – Medicaid
http://myalhipp.com 855.692.5447	Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ | 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584	https://mn.gov/dhs/health-care-coverage/ 800.657.3672
ALASKA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**	**MISSOURI – Medicaid**
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Medicaid: https://hhs.iowa.gov/programs/welcome-io-wa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/ iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/ hipp 888.346.9562	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
ARKANSAS – Medicaid	**KANSAS – Medicaid**	**MONTANA – Medicaid**
http://myarhipp.com 855.MyARHIPP (855.692.7447)	https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov
CALIFORNIA – Medicaid	**KENTUCKY – Medicaid**	**NEBRASKA – Medicaid**
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 855.459.6328 | Email: KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov | Phone: 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms	http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
COLORADO – Medicaid and CHIP	**LOUISIANA – Medicaid**	**NEVADA – Medicaid**
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442	www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)	http://dhcfp.nv.gov 800.992.0900
FLORIDA – Medicaid	**MAINE – Medicaid**	**NEW HAMPSHIRE – Medicaid**
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268	Enrollment: https://www.mymaineconnection.gov/ benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/ applications-forms 800.977.6740 | TTY: Maine relay 711	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
GEORGIA – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**	**NEW JERSEY – Medicaid and CHIP**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid. georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711| Email: masspremassistance@accenture.com	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid	RHODE ISLAND – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831	http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/ health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
NORTH CAROLINA – Medicaid	SOUTH CAROLINA – Medicaid	WASHINGTON – Medicaid
https://dma.ncdhhs.gov 919.855.4100	http://www.scdhhs.gov 888.549.0820	https://www.hca.wa.gov/ 800.562.3022
NORTH DAKOTA – Medicaid	SOUTH DAKOTA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
https://www.hhs.nd.gov/healthcare 844.854.4825	http://dss.sd.gov 888.828.0059	https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
OKLAHOMA – Medicaid and CHIP	TEXAS – Medicaid	WISCONSIN – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742	https://www.hhs.texas.gov/services/financial/ health-insurance-premium-payment-hipp-program 800.440.0493	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
OREGON – Medicaid and CHIP	UTAH – Medicaid and CHIP	WYOMING – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075	Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ | Email: upp@utah.gov | 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269
PENNSYLVANIA – Medicaid and CHIP	VERMONT – Medicaid	
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurancepremium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)	https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.gov
877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

HIPAA Notice Of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Morehead State University is committed to the privacy of your health information. The administrators of the health plans (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Dr. Caroline Atkins at c.atkins@moreheadstate.edu.

HIPAA Special Enrollment Rights

Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Morehead State University Health Plan. To actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction.

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within "30 days" after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within "30 days" after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Dr. Caroline Atkins at c.atkins@moreheadstate.edu.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete a form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Morehead State University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Morehead State University and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Morehead State University has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Morehead State University coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Morehead State University coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Morehead State University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Morehead State University changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2027
Name of Entity/Sender: Morehead State University
Contact–Position/Office: Office of Human Resources
Office Address: 301 Howell-McDowell Administration Building
Morehead, KY 40351
Phone Number: 606.783.2097

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)
Continuation Coverage Rights Under COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.

When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

Office of Human Resources
301 Howell-McDowell Administration Building
Morehead, KY 40351

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage.

However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Office of Human Resources
301 Howell-McDowell Administration Building
Morehead, KY 40351

[1]https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 10.22%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 800.318.2596. TTY users can call 855.889.4325.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-26-26.pdf for 2026.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact http://www.cms.hhs. gov/CreditableCoverage/.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name		4. Employer Identification Number
Morehead State University		61-1014029
5. Employer Address		6. Employer Phone Number
301 Howell-McDowell Administration Building Morehead, KY 40351		606-783-2097
7. City	8. State	9. ZIP code
Morehead	KY	40351
10. Who can we contact about health coverage at this job?		
Office of Human Resources		
11. Phone Number (if different from above)	12. Email address	
	benefits@moreheadstate.edu	

Here is some basic information about health coverage offered by this employer:

» As your employer, we offer a health plan to:

- ☑ All employees. Eligible employees are: **Full-Time working 30 or more hours a week.**
- ◊ Some employees. Eligible employees are:

» With respect to dependents:

- ☑ We do offer coverage. Eligible dependents are: **Spouses, dependent children, sponsored dependents.**
- ◊ We do not offer coverage.
- ◊ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Morehead State University may use aggregate information it collects to design a program based on identified health risks in the workplace, MSU Live Well will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

The intent of this analysis is to provide general information regarding the provisions of current federal laws and regulation. It does not necessarily fully address all your organization's specific issues. It should not be construed as, nor is it intended to provide, legal advice. Your organization's general counsel or an attorney who specializes in this practice area should address questions regarding specific issues.

Vocational Programs with Federal Support

Vocational educational programs at Morehead State University supported by federal funds include industrial education, vocational agriculture, business education, and the associate degree program in nursing. Any inquiries should be addressed to: Morehead State University Office of Human Resources, 301 Howell-McDowell Administration Building, Morehead, KY 40351, 606.783.2097. While the Office of Human Resources does not coordinate these programs, they will forward requests for information on to the appropriate contact person/department.

Non-Discrimination Policy

Morehead State University is committed to providing equal educational opportunities to all persons regardless of race, color, national origin, age, religion, sex, sexual orientation, gender identity, gender expression, disabled veterans, recently separated veterans, other protected veterans, and armed forces service medal veterans, disability, or social or political viewpoint in its educational programs, services, activities, employment policies, and admission of students to any program of study. The University condemns religious and ethnic discrimination, including discriminatory acts based on antisemitism. The University is committed to intellectual diversity and viewpoint neutrality. In this regard the University conforms to all the laws, statutes, and regulations concerning equal employment opportunities. This includes: Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Orders 11246 and 11375, Equal Pay Act of 1963, Vietnam Era Veterans Readjustment Assistance Act of 1974, Age Discrimination in Employment Act of 1967, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, and Kentucky Revised Statutes 207.130 to 207.240; Chapter 344; Kentucky Senate Joint Resolution 55; and other applicable statutes. Vocational educational programs at Morehead State University supported by federal funds include industrial education, vocational agriculture, business education, and the associate degree program in nursing. Any inquiries should be addressed to: General Counsel, Morehead State University, 305 Howell-McDowell Administration Building, Morehead, KY 40351, 606-783-2053.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).