



2010 SUMMARY OF BENEFITS

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| DED Intranet http://intra.ded.mo.gov/ | Department Information Division Links | Employee Directory Organizational Charts Policies | | | | | | | | | | | | |
| Life Insurance – MOSERS 800-827-1063 www.mosers.org | Term life insurance coverage equal to your salary is provided at no cost. Additional term insurance for the employee, their spouse and children is available through MOSERS. | | | | | | | | | | | | | |
| Retirement MOSERS 800-827-1063 www.mosers.org | The retirement plan is financed solely by state contributions with investment earnings on those contributions. Vestment with MOSERS occurs after completing five years of creditable state service. The retirement benefit is calculated using age, service, salary and payment schedule. Long Term Disability insurance is also provided. This coverage is provided at no cost. | | | | | | | | | | | | | |
| Cafeteria Plan 800-659-3035 www.mocafe.com | You may elect to redirect pre-tax dollars into a trust account from which you can later be reimbursed for eligible expenses. Participation in the Cafeteria Plan lowers the gross taxable income reported to the Internal Revenue Service by the State. | | | | | | | | | | | | | |
| Deferred Compensation 800-392-0925 http://mo.csplans.com | Employees may defer a portion of their salary before taxes are withheld. The state will contribute up to \$17.50 semi-monthly as an incentive match after one-year of consecutive employment with the State of Missouri. | | | | | | | | | | | | | |
| Holidays | <p>There are 12 paid holidays each year.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01-01-10 New Year's Day</td> <td style="width: 50%;">07-05-10 Independence Day</td> </tr> <tr> <td>01-18-10 Martin Luther King, Jr. Day</td> <td>09-06-10 Labor Day</td> </tr> <tr> <td>02-12-10 Lincoln Day</td> <td>10-11-10 Columbus Day</td> </tr> <tr> <td>02-15-10 Washington's Birthday</td> <td>11-11-10 Veterans Day</td> </tr> <tr> <td>05-07-10 Truman Day</td> <td>11-25-10 Thanksgiving Day</td> </tr> <tr> <td>05-31-10 Memorial Day</td> <td>12-24-10 Christmas Day</td> </tr> </table> | | 01-01-10 New Year's Day | 07-05-10 Independence Day | 01-18-10 Martin Luther King, Jr. Day | 09-06-10 Labor Day | 02-12-10 Lincoln Day | 10-11-10 Columbus Day | 02-15-10 Washington's Birthday | 11-11-10 Veterans Day | 05-07-10 Truman Day | 11-25-10 Thanksgiving Day | 05-31-10 Memorial Day | 12-24-10 Christmas Day |
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| Annual and Sick Leave | <p>Annual and sick leave are earned each semi-monthly pay period. Annual is earned and accumulated at variable rates based on length of service.</p> <p style="padding-left: 40px;">Less than 10 years - 5 hours with a 240 hour maximum on October 31st 10 – 15 years - 6 hours with a 288 hour maximum on October 31st 15 + years - 7 hours with a 336 hour maximum on October 31st</p> <p>Sick leave accrual rate is 5 hours per pay period and can be accumulated with no maximum. Accumulated balance is taken into consideration when calculating the employee's retirement benefit. 168 hours counts as 1 month of service.</p> | | | | | | | | | | | | | |
| Employee Assistance Program – (EAP) 800-808-2261 | EAP is a confidential program provided to all active state employees and members of their households. The EAP can help you and household members cope with various personal and emotional issues. | | | | | | | | | | | | | |
| Missouri Credit Union 573-635-8007 or 800-451-1477 | State employees may join Missouri Credit Union at 1815 Southwest Blvd. or at 3200 West Edgewood Drive, Jefferson City, MO. | | | | | | | | | | | | | |
| U.S. Savings Bonds | You may purchase U.S. Savings Bonds (Series EE) in \$100, \$200, \$500 or \$1,000 denominations through payroll deduction. | | | | | | | | | | | | | |
| Workers Compensation | The state is self-insured through the Central Accident Reporting Office (CARO). | | | | | | | | | | | | | |
| Education Reimbursement | This program allows employees to obtain reimbursement for a percentage of tuition fees associated with successful completion of approved undergraduate and graduate courses. You must receive prior approval before utilizing this benefit. | | | | | | | | | | | | | |
| Mandatory Direct Deposit or Pay Card for Payroll Purposes | Direct Deposit of your payroll into a checking or savings account of your choice or deposited to the pay card of your choice. | | | | | | | | | | | | | |
| Leave Share Program | The Department of Economic Development's Leave Share Program is available to assist employees who have exhausted their leave balances due to the employee or a member of the employee's immediate family suffering a catastrophic or life-threatening illness or injury. The Leave Share pool is leave donated by co-workers. | | | | | | | | | | | | | |
| MO\$T Program 888-414-6678 www.missourimost.org | All residents of Missouri can enroll in the MO\$T savings program. | | | | | | | | | | | | | |

Department of Economic Development
 Human Resources
 P.O. Box 1157, 301 W. High St. Room 620
 Jefferson City MO 65102
 573-751-3916 - Fax 573-522-9814

Health Insurance— MCHCP
800-487-0771
www.mchcp.org

Health insurance coverage is provided with premiums paid by the state and the employee. The State contributes each pay period towards the medical coverage. The employee portion will vary depending upon the plan selected and level of coverage.

Copayment Plan (Copay)

Network:

Office visit - \$25 copayment / \$35 copayment for Specialist office visit
Hospitalization - \$300 copayment
Outpatient - \$75 copayment
Urgent Care - \$35 copayment
ER - \$100 copayment - waived if admitted as inpatient

Non-Network:

Office visit – 30% coinsurance after deductible
Hospitalization – 30% coinsurance after deductible
Outpatient – 30% coinsurance after deductible
Urgent Care – \$35 copayment
ER - \$100 copayment – waived if admitted as inpatient
\$600 individual and \$1,200 family deductible

PPO 300 Plan

Network:

Office visit – 10% coinsurance after deductible
Hospitalization – 10% coinsurance after deductible
Outpatient – 10% coinsurance after deductible
Urgent Care – 10% coinsurance after deductible
ER – 10% coinsurance after deductible
\$300 individual and \$600 family deductible

Non-Network:

Office visit – 30% coinsurance after deductible
Hospitalization – 30% coinsurance after deductible
Outpatient – 30% coinsurance after deductible
Urgent Care – 10% coinsurance after deductible
ER – 10% coinsurance after deductible
\$600 individual and \$1,200 family deductible

Prescription Plan

Generic - \$8 copayment
Brand formulary - \$35 copayment
Non-formulary - \$55 copayment
Non-covered prescription drugs – ESI discounted rate
Mail Order Pharmacy – Up to 90 day supply for 2 and one half copayments, or the cost of the drug, whichever is less.

High Deductible Health Plan with Health Savings Account

Network:

Office visit – 20% coinsurance after deductible
Hospitalization – 20% coinsurance after deductible
ER – 20% coinsurance after deductible – contact plan within 48 hours (United Health Care)

Non-Network:

Office visit – 40% coinsurance after deductible
Hospitalization – 40% coinsurance after deductible
ER – 40% coinsurance after deductible – contact plan within 48 hours (United Health Care)

Prescription Plan for Health Savings Account

Network: 20% coinsurance after deductible

Dental Plan: Delta Dental

Three categories of coverage:

- Coverage A – Diagnostic and Preventative (100% with no deductible).
- Coverage B – Basic and Restorative (Paid at 80% after \$50 annual deductible met).
- Coverage C – Major services (Paid at 50% after \$50 annual individual deductible met and a 12 month waiting period to qualify for services).

Vision Plan: Vision Service Plan

Examination - \$10 copayment
Lenses - \$25 copayment
Frames - \$25 copayment (new frames once every 24 months) (one \$25 copayment for lens & frames)
Contacts – \$10 copayment for exam (contact lenses & fitting & evaluation exam covered up to \$125 allowance & 15% discount on the cost of contact lens exam (fitting & evaluation).