

Drury University



2026 Benefit Enrollment
It's Time To Talk
About Your Benefits



ENROLL FOR 2026 BENEFITS

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Drury University is proud to offer a comprehensive benefits package. Faculty and staff working at least 30 hours per week are eligible for health, life and other supplemental insurance. Dental and vision insurance are available to employees working at least 20 hours per week. The retirement plan is available to employees working at least 1,000 hours in a year. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Drury University provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

BENEFITS OFFERED

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short-Term Disability
- Long-Term Disability
- Accident Insurance
- Critical Illness Insurance
- Retirement 403(b)

ELIGIBILITY

You and your dependents are eligible for Drury University benefits on the first day of the month following their date of hire. Spouses who have coverage available to them through another employer are not eligible to enroll in the Drury plan.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Drury University eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 18 – 19 for more details.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, 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 your employer'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, you should contact your Human Resources/Benefits Department.



MEDICAL & PHARMACY

Administered by UMR

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventing screenings provide a no-cost review of your health if you use an in-network provider. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

| | HDHP – HSA ELIGIBLE | | STANDARD PPO PLAN | |
|---|----------------------------------|---|----------------------------------|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Lifetime Benefit Maximum | Unlimited | | Unlimited | |
| Calendar Year Deductible | \$3,700 single / \$7,400 family | \$7,400 single / \$14,800 family | \$750 single / \$1,000 family | \$3,000 single / \$4,000 family |
| Calendar Year Out-of-Pocket Maximum | \$7,400 single / \$14,800 family | \$14,800 single / \$29,600 family | \$7,900 single / \$15,900 family | Unlimited |
| Coinsurance | 10% | 40% | 25% | 50% |
| DOCTOR'S OFFICE | | | | |
| Primary Care Office Visit | 10% after deductible | 40% after deductible | \$25 copay per visit | 50% after deductible |
| Specialist Office Visit | 10% after deductible | 40% after deductible | \$45 copay per visit | 50% after deductible |
| Preventive Care (screening, immunization, blood work) | 0% | 40% after deductible | 0% | 50% after deductible |
| Diagnostic Test (x-ray, blood work) | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |
| Imaging (CT/PET scans, MRIs) | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |
| PRESCRIPTION DRUGS | | | | |
| Retail—Tier 1 (Generic and Some Brand-Name) (30-day supply) | 10% after deductible | If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount. | \$5 copay per prescription | If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount. |
| Retail—Tier 2 (Preferred Brand-Name and Some Generic) (30-day supply) | 10% after deductible | | \$40 copay per prescription | |
| Retail—Tier 3 (Nonpreferred Brand-Name and Nonpreferred Generic) (30-day supply) | 10% after deductible | | \$60 copay per prescription | |
| Tier 4 (specialty drugs) (30-day supply) | 10% after deductible | | 15% copay | |
| Mail Order—Tier 1 (Generic and Some Brand-Name) (31- 90-day supply) | 10% after deductible | | \$10 copay per prescription | |
| Mail Order—(Preferred Brand-Name and Some Generic) (31 - 90-day supply) | 10% after deductible | | \$80 copay per prescription | |
| Mail Order—Tier 3 (Nonpreferred Brand-Name and Nonpreferred Generic) (31 - 90-day supply) | 10% after deductible | | \$120 copay per prescription | |



MEDICAL & PHARMACY

| | HDHP – HSA ELIGIBLE | | STANDARD PPO PLAN | |
|---|---|----------------------|---|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| HOSPITAL SERVICES | | | | |
| Emergency Room (Copay may be waived if admitted) | 10% after deductible | 10% after deductible | \$200 copay per visit, then 25% after deductible | \$200 copay per visit, then 25% after deductible |
| Urgent Care | 10% after deductible | 40% after deductible | \$75 copay per visit, then 25% after deductible | 50% after deductible |
| Inpatient | 10% after deductible | 40% after deductible | \$200 copay per admission, then 25% after deductible | \$600 copay per admission, then 50% after deductible |
| Outpatient Surgery | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |
| Ambulance Service | 10% after deductible | 10% after deductible | 25% after deductible | 25% after deductible |
| MENTAL HEALTH SERVICES | | | | |
| Inpatient Services | 10% after deductible | 40% after deductible | \$200 copay per admission, then 25% after deductible | \$600 copay per admission, then 50% after deductible |
| Outpatient Services | Office visits: 10% after deductible; Other outpatient services: 10% after deductible | 40% after deductible | Office visits: \$25 copay per visit; Other outpatient services: 25% after deductible | 50% after deductible |
| SUBSTANCE ABUSE SERVICES | | | | |
| Inpatient Services | 10% after deductible | 40% after deductible | \$200 copay per admission, then 25% after deductible | \$600 copay per admission, then 50% after deductible |
| Outpatient Services | Office visits: 10% after deductible; Other outpatient services: 10% after deductible | 40% after deductible | Office visits: \$25 copay per visit; Other outpatient services: 25% after deductible | 50% after deductible |
| OTHER SERVICES | | | | |
| Maternity Office Visits | 0% | 40% after deductible | 0% | 50% after deductible |
| Childbirth/Delivery Professional Services | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |
| Childbirth/Delivery Facility Services | 10% after deductible | 40% after deductible | \$200 copay per admission; 25% coinsurance | \$600 copay per admission; 50% coinsurance |
| Muscle Manipulation Services (60 Maximum visits per calendar year) | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |
| Physical, Occupational and Speech Therapy Services (60 Maximum visits per calendar year) | 10% after deductible | 40% after deductible | \$45 copay per visit | 50% after deductible |
| Skilled Nursing 60-day calendar year maximum | 10% after deductible | 40% after deductible | 25% after deductible | 50% after deductible |



DENTAL BENEFITS

Administered by Delta Dental

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Drury University dental benefit plan. Delta Dental has an extensive list of in-network dentists, but you can still see your dentist if he/she is not on the list. However, your claims(s) will be paid at the price that the procedure/treatment would have cost had you used an in-network dentist, possibly leaving you with a balance to pay.

| SERVICES | IN-NETWORK AND OUT-OF-NETWORK PPO |
|---|--|
| Calendar Year Deductible | \$50 per person; \$150 family limit |
| Calendar Year Benefit Maximum | \$1,500 |
| Preventive Dental Services (cleanings, exams, x-rays) | 100% |
| Basic Dental Services (fillings, root canal therapy, oral surgery) | 80% after deductible |
| Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs) | 50% after deductible |
| Orthodontia Services | Not covered |



24/7 online access to benefits and service


Register today

Visit DeltaDentalMO.com/Members/Register to receive electronic delivery of your benefit information. Once registered, log in to your account online or with the Delta Dental Mobile App.

You have access to important plan information

- Review and print your dental plan's coverage levels, deductibles, maximums, age limits and limitations
- Verify your eligibility
- Request or download a claim form
- Order or print an ID card
- View your Explanation of Benefits (EOB)
- Get answers to frequently asked questions




 **Log in to view your benefits**

Visit www.DeltaDentalMO.com, and click on one of the Member or Sign In links. To register, follow the steps under Member Sign In.

 **Find a Delta Dental participating dentist**

Visit www.DeltaDentalMO.com, and click on [Find a Provider](#) then on [Find a Dentist](#).

 **Call or email customer service**

We are here to help every Monday through Friday from 7 am to 5 pm CT.
800-335-8266
Service@DeltaDentalMO.com

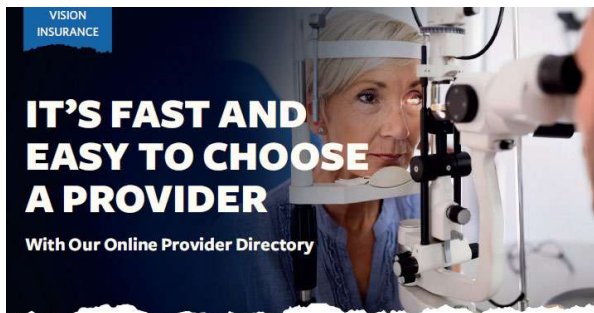


VISION BENEFITS

Administered by Mutual of Omaha

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

| SERVICE | IN-NETWORK (EYEMED INSIGHT) | OUT-OF-NETWORK |
|---|--|----------------|
| Eye Exam — once every 12 months | \$10 copay | Up to \$37 |
| LENSES — ONCE EVERY 12 MONTHS | | |
| Single Vision Lenses | \$25 copay | Up to \$20 |
| Lined Bifocal Lenses | \$25 copay | Up to \$36 |
| Lined Trifocal Lenses | \$25 copay | Up to \$64 |
| Frames — once every 24 months | \$150 allowance, 20% off over allowance | Up to \$66 |
| CONTACT LENSES — ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES | | |
| Allowance | \$150 allowance, 15% off over allowance | Up to \$102 |
| Medically Necessary | Covered in full | Up to \$210 |
| Separate Fitting Allowance | Standard fitting: up to \$40 copay; Premium fitting: 10% off retail price | N/A |



With our vision insurance, you have access to advanced vision technology at many independent and retail providers, including popular national chains and regional favorites, as well as online retailers. That way, you receive vision care and services when and where it's convenient for you.

- 1 Go to MutualOfOmaha.com/Vision
- 2 In the **Extensive Network** section, click on the **Locate a Provider** link.
- 3 Enter a **ZIP code** or click on **Use My Location** to see providers in your area.



If you have questions or need additional assistance during business hours, contact our service team at (833) 279-4358.



Download the EyeMed Members app on your iPhone, iPad or Android to view benefit information and ID card.





SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS (FSA)

Administered by TerillFlex

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit \$3,400

Dependent Care Spending Limit \$7,500

If you enroll in the High Deductible Health Plan with HSA eligibility, the IRS says you're not eligible to enroll in a healthcare FSA. However, you may enroll in a Limited Purpose FSA, which may only be used for eligible dental and vision expenses.

HEALTH SAVINGS ACCOUNT (HSA)

Administered by Consolidated Admin Services

The Health Savings Account (HSA) is a triple tax-advantaged savings and investment account that pairs with our High Deductible Health Plan (HDHP). The HSA is a personal savings account that you own, even if you change jobs or retire. Funds roll over year to year. It offers three distinct tax benefits:

- Tax-Free Contributions: Both your contributions (made pre-tax via payroll deductions) and Drury University's contribution are deposited into your account tax-free, lowering your taxable income.
- Tax-Free Growth: Your balance grows tax-free over time.
- Tax-Free Withdrawals: Funds are withdrawn tax-free when used for qualified medical expenses.

2026 Annual Contribution Limit (these limits include employee and Drury University's contributions combined):

- Single Coverage - \$4,400
- Family Coverage - \$8,750

Please note: If you're 55 years of age or older, you are eligible to make an annual catch-up contribution, which lets you contribute an additional \$1,000 on top of the above annual contribution limits.

Invest in Your Future with an HSA

To help you build health savings, Drury University provides a generous contribution to your HSA up to \$500.



LIFE & DISABILITY INSURANCE

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Mutual of Omaha

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Drury University. The company provides basic life insurance of 1x Annual Earnings to max \$300,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Drury University provides AD&D coverage of 1x Annual Earnings to max \$300,000 at no cost to you.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Mutual of Omaha

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee — 1x, 2x, 3x, 4x, or 5x Annual Earnings to max \$500,000

Spouse — Increments of \$5,000, \$100,000 not to exceed 50% of EE's amount

Children — Increments of \$2,000 up to \$10,000

DISABILITY INSURANCE

Drury University also provides disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you are unable to work as a result of a non-job illness or injury.

| | HOW IT WORKS | WHO PAYS FOR THE BENEFIT |
|--|--|--------------------------|
| Voluntary Short-term Disability | You receive 60% of your income up to \$1,500 per week. Benefits begin on 14 calendar days of Illness and Injury of absence from work and continue for up to 24 weeks. | Employee |
| Long-term Disability | You receive 60% of your income up to \$15,000 per month. Benefits begin on 180 calendar days of absence from work and continue until you reach Normal Retirement Age or To age 65. | Company |

VOLUNTARY BENEFITS

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

ACCIDENT

Administered by Mutual of Omaha

The Accident plans provide cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. You have the choice between the Low Plan and High Plan. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summaries for detailed information and schedule of benefits and exclusions.

CRITICAL ILLNESS

Administered by Mutual of Omaha

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.





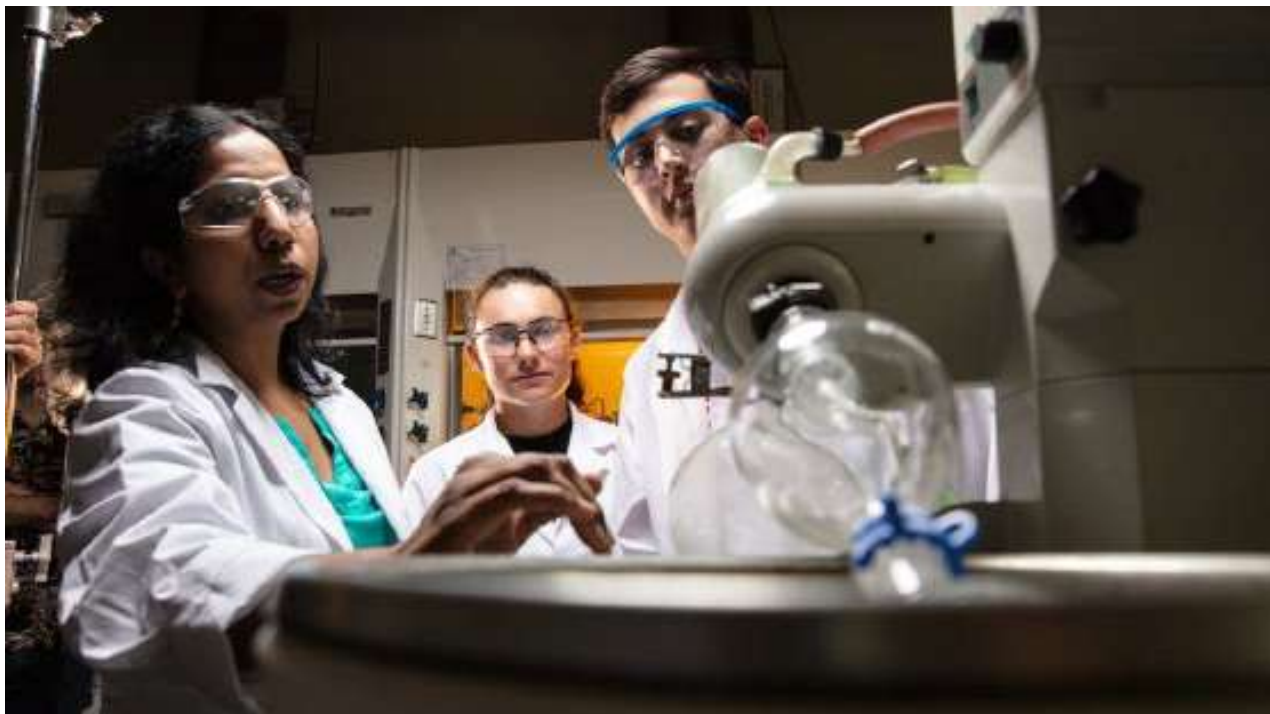
PLANNING FOR RETIREMENT

What does retirement look like for you? Whatever your vision for retirement is, it's important to plan ahead so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 403(b) retirement plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan or you can choose to open a Roth 403(b). Drury University matches 3% of eligible employee contributions after two years of continuous employment, if hired after 6/1/2025. Any employee, other than students, may enroll in the plan and defer their own income dollars but only eligible employees receive the match.

Increase Your Retirement Savings with a 403(b)

- To participate employees must also meet with our financial advisor to open their retirement account(s).
- When you begin participation in the Plan, the amounts you elect to contribute will be withheld from your pay and deposited to the funding vehicles that you selected. You may change your enrollment at any time through ADP.
- The employee is fully vested as the time he/she/they contributes to the plan.
- Two retirement options are available, traditional 403(b) and Roth 403(b).
- Roth contributions are the opposite tax treatment to your Traditional 403(b). Roth contributions use after-tax money and grow tax-free. Traditional contributions are pre-tax and are taxable when you take distributions. You can choose if you pay taxes now or later on your contributions.





EMPLOYEE CONTRIBUTIONS

EMPLOYEE MONTHLY PAYROLL DEDUCTIONS FOR BENEFITS

| MEDICAL MONTHLY RATES FOR EMPLOYEE | | |
|------------------------------------|---------------------|-------------------|
| | HDHP - HSA ELIGIBLE | STANDARD PPO PLAN |
| Up to \$29,999.99* | \$22.00 | \$32.00 |
| \$30,000 - \$39,999.99** | \$37.00 | \$54.00 |
| \$40,000 - \$49,999.99 | \$50.00 | \$71.00 |
| \$50,000 - \$59,999.99 | \$62.00 | \$89.00 |
| \$60,000 - \$69,999.99 | \$75.00 | \$107.00 |
| \$70,000 - \$79,999.99 | \$87.00 | \$125.00 |
| \$80,000 - \$89,999.99 | \$100.00 | \$143.00 |
| \$90,000 - \$99,999.99 | \$112.00 | \$161.00 |
| \$100,000.00 - \$149,999.99 | \$130.00 | \$186.00 |
| \$150,000.00 + | \$182.00 | \$260.00 |
| Add Spouse | | \$362.00 |
| Add Child(ren) | | \$321.00 |
| Add Family | | \$682.00 |

* Employees in this salary range adding children or family will receive a \$200/month discount.

** Employees in this salary range adding children or family will receive a \$150/month discount.

| BENEFIT PLAN | MONTHLY |
|-----------------------|----------|
| Dental Rates | |
| Employee | \$38.18 |
| Employee + Spouse | \$77.71 |
| Employee + Child(ren) | \$71.37 |
| Family | \$110.91 |

| BENEFIT PLAN | MONTHLY |
|-----------------------|---------|
| Vision Rates | |
| Employee | \$6.63 |
| Employee + Spouse | \$12.60 |
| Employee + Child(ren) | \$13.24 |
| Family | \$19.48 |



CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

| BENEFIT | ADMINISTRATOR | PHONE | WEBSITE/EMAIL |
|---------------------------------|-----------------------------|--------------|--|
| Medical | UMR | 800.826.9781 | www.umar.com |
| Prescription | RxBenefits | 800-334-8134 | www.optumrx.com |
| Dental | Delta Dental | 800-335-8266 | www.DeltaDentalMO.com |
| Vision | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com/Vision |
| Flexible Spending Account | TerillFlex | 800.467.5982 | info@terillflex.com |
| Health Savings Account | Consolidated Admin Services | 877-941-5956 | www.consolidatedadmin.com |
| Life and AD&D | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Voluntary Life and AD&D | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Voluntary Short-Term Disability | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Long-Term Disability | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Accident | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Critical Illness | Mutual of Omaha | 800-369-3809 | www.MutualofOmaha.com |
| Director of Human Resources | Jennifer Baltes | 417.873.7266 | jbates01@drury.edu |





LEGAL NOTICES

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Standard PPO Plan: Individual: 25% coinsurance and \$750 deductible; Family: 25% coinsurance and \$1,000 deductible

Plan 2: HDHP Plan: Individual: 10% coinsurance and \$3,700 deductible; Family: 10% coinsurance and \$7,400 deductible

If you would like more information on WHCRA benefits, please call your Plan Administrator at 417.873.7266 or jbaltres01@drury.edu.

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).



LEGAL 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 **1-877-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 **1-866-444-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 January 31, 2026. Contact your State for more information on eligibility –

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|--|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx |
| ARKANSAS – Medicaid | CALIFORNIA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | FLORIDA – Medicaid |
| Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442 | Website: https://www.flmedicaidplrecovery.com/flmedicaidplrecovery.com/hipp/index.html Phone: 1-877-357-3268 |



LEGAL NOTICES

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|--|
| <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p> | <p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p> |
| IOWA – Medicaid and CHIP (Hawki) | KANSAS – Medicaid |
| <p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p> | <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p> |
| KENTUCKY – Medicaid | LOUISIANA – Medicaid |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p> | <p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p> |
| MAINE – Medicaid | MASSACHUSETTS – Medicaid and CHIP |
| <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p> | <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| MINNESOTA – Medicaid | MISSOURI – Medicaid |
| <p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p> | <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |



LEGAL NOTICES

| MONTANA – Medicaid | NEBRASKA – Medicaid |
|---|---|
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178 |
| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
| Medicaid Website: http://dhcfc.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711) | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid and CHIP |
| Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075 |
| PENNSYLVANIA – Medicaid and CHIP | RHODE ISLAND – Medicaid and CHIP |
| Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line) |
| SOUTH CAROLINA – Medicaid | SOUTH DAKOTA - Medicaid |
| Website: https://www.scdhhs.gov Phone: 1-888-549-0820 | Website: http://dss.sd.gov Phone: 1-888-828-0059 |



LEGAL NOTICES

| TEXAS – Medicaid | UTAH – Medicaid and CHIP |
|---|--|
| Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493 | Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/ |
| VERMONT– Medicaid | VIRGINIA – Medicaid and CHIP |
| Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427 | Website: 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/CHIP Phone: 1-800-432-5924 |
| WASHINGTON – Medicaid | WEST VIRGINIA – Medicaid and CHIP |
| Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 | Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid |
| Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002 | Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 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
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, 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 3/31/2026)



LEGAL NOTICES

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Drury University is committed to the privacy of your health information. The administrators of the Drury University Health Plan (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 Jennifer Baltes - Director of HR at 417.873.7266 or jbates01@drury.edu.

HIPAA Special Enrollment Rights

Drury University Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Drury University Health Plan (to actually participate, you must complete an enrollment form and 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 31 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 31 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 Jennifer Baltes - Director of HR at 417.873.7266 or jbates01@drury.edu.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our 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.



LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from Drury 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 Drury 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. Drury 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 Drury University coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Drury University coverage, be aware that you and your dependents may 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 Drury 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 Drury 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.



LEGAL NOTICES

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: | June 01, 2026 |
| Name of Entity/Sender: | Drury University |
| Contact—Position/Office: | Jennifer Baltes - Director of HR |
| Office Address: | 900 N Benton Ave Springfield, Missouri 65802-3712 United States |
| Phone Number: | 417.873.7266 |



LEGAL NOTICES

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 Employment-Based 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 9.12%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 9.12% 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.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

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.



LEGAL NOTICES

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](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.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](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

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 through your employment, please check your health plan's summary plan description or contact Jennifer Baltes.

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



LEGAL NOTICES

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 Drury University | | 4. Employer Identification Number (EIN) 44-0552049 | |
| 5. Employer address 900 N Benton Ave | | 6. Employer phone number 417.873.7266 | |
| 7. City Springfield | 8. State Missouri | 9. ZIP code 65802-3712 | |
| 10. Who can we contact about employee health coverage at this job? Jennifer Baltes | | | |
| 11. Phone number (if different from above) | | 12. Email address jbates01@drury.edu | |

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

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

x All employees. Eligible employees are: Employees working 30 hours per week

• With respect to dependents:

x We do offer coverage. Eligible dependents are: to age 26

x 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.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



Notes



This benefit summary prepared by



Insurance | Risk Management | Consulting