

Important COBRA Information

Commerce Bancshares, Inc.

COBRA allows you to continue your Health, Dental, Flex and Vision benefits for yourself and your dependents participating in the plans at the time your employment with Commerce ends.

This notice contains important information on the continuation of your coverage.

- **You will receive a COBRA Notification from our administrator, Tri-Star Systems, within 30 days of the end of your coverage.**
- **If you elect COBRA, return the election notice and make your COBRA payment, coverage will be back dated to start on the first day after your coverage for the regular group plan ended.**
- **You have a limited time after receiving your COBRA notice to enroll and pay your premium. All deadlines will be included in the notice.**
- **The duration of COBRA is based on the qualifying event:**

18 Months of Coverage for:

- Termination of Employment
- Reduction of Hours
- Retirement

36 Months for Dependents for:

- Divorce or Separation
- Death of Employee
- Child Ceasing to be Dependent
- Employee Eligible for Medicare

2022 COBRA Monthly Premiums

All Premium payments should be made to Tri-Star Systems at the address below.

United HealthCare Rates:

Tobacco-Free			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 595.57	\$ 519.31	\$ 445.96
EE & Spouse	\$ 1,208.17	\$ 1,052.34	\$ 904.33
EE & Children	\$ 1,112.19	\$ 965.13	\$ 825.26
Family	\$ 1,792.78	\$ 1,583.52	\$ 1,385.95

Tobacco Rates			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 660.57	\$ 584.31	\$ 510.96
EE & Spouse	\$ 1,273.17	\$ 1,117.34	\$ 969.33
EE & Children	\$ 1,177.19	\$ 1,030.13	\$ 890.26
Family	\$ 1,857.78	\$ 1,648.52	\$ 1,450.95

Blue Cross and Blue Shield Rates:

Tobacco-Free			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 591.79	\$ 515.01	\$ 442.04
EE & Spouse	\$ 1,198.58	\$ 1,043.62	\$ 896.49
EE & Children	\$ 1,103.35	\$ 957.11	\$ 818.03
Family	\$ 1,778.57	\$ 1,570.63	\$ 1,374.25

Tobacco Rates			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 656.79	\$ 580.01	\$ 507.04
EE & Spouse	\$ 1,263.58	\$ 1,108.62	\$ 961.49
EE & Children	\$ 1,168.35	\$ 1,022.11	\$ 883.03
Family	\$ 1,843.57	\$ 1,635.63	\$ 1,439.25

Mercy Rates:

Tobacco-Free			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 596.55	\$ 519.29	\$ 445.96
EE & Spouse	\$ 1,208.17	\$ 1,052.34	\$ 904.33
EE & Children	\$ 1,112.19	\$ 965.10	\$ 825.28
Family	\$ 1,792.80	\$ 1,583.55	\$ 1,385.95

Tobacco Rates			
Tier Level	POS/PPO	CDHP 1500/3000	CDHP 2500/5000
EE Only	\$ 661.55	\$ 584.29	\$ 510.96
EE & Spouse	\$ 1,273.17	\$ 1,117.34	\$ 969.33
EE & Children	\$ 1,177.19	\$ 1,030.10	\$ 890.28
Family	\$ 1,857.80	\$ 1,648.55	\$ 1,450.95

Dental Rates:

Tier Level	MetLife Dental Basic	MetLife Dental Premium
EE Only	\$ 30.87	\$ 33.81
EE & Spouse	\$ 63.29	\$ 69.29
EE & Children	\$ 70.00	\$ 76.65
Family	\$ 106.85	\$ 117.01

Vision Rates:

Tier Level	VSP
EE only	8.22
EE & Spouse	16.51
EE & Children	16.91
Family	26.52

All correspondence in reference to COBRA continuation and payments should be directed to: **Tri-Star Systems**

Attn: COBRA

16253 Swingley Ridge Road, Suite 210

Chesterfield, MO 63107

(314) 576-4022, option # 2 or

(800) 727-0182, option # 2