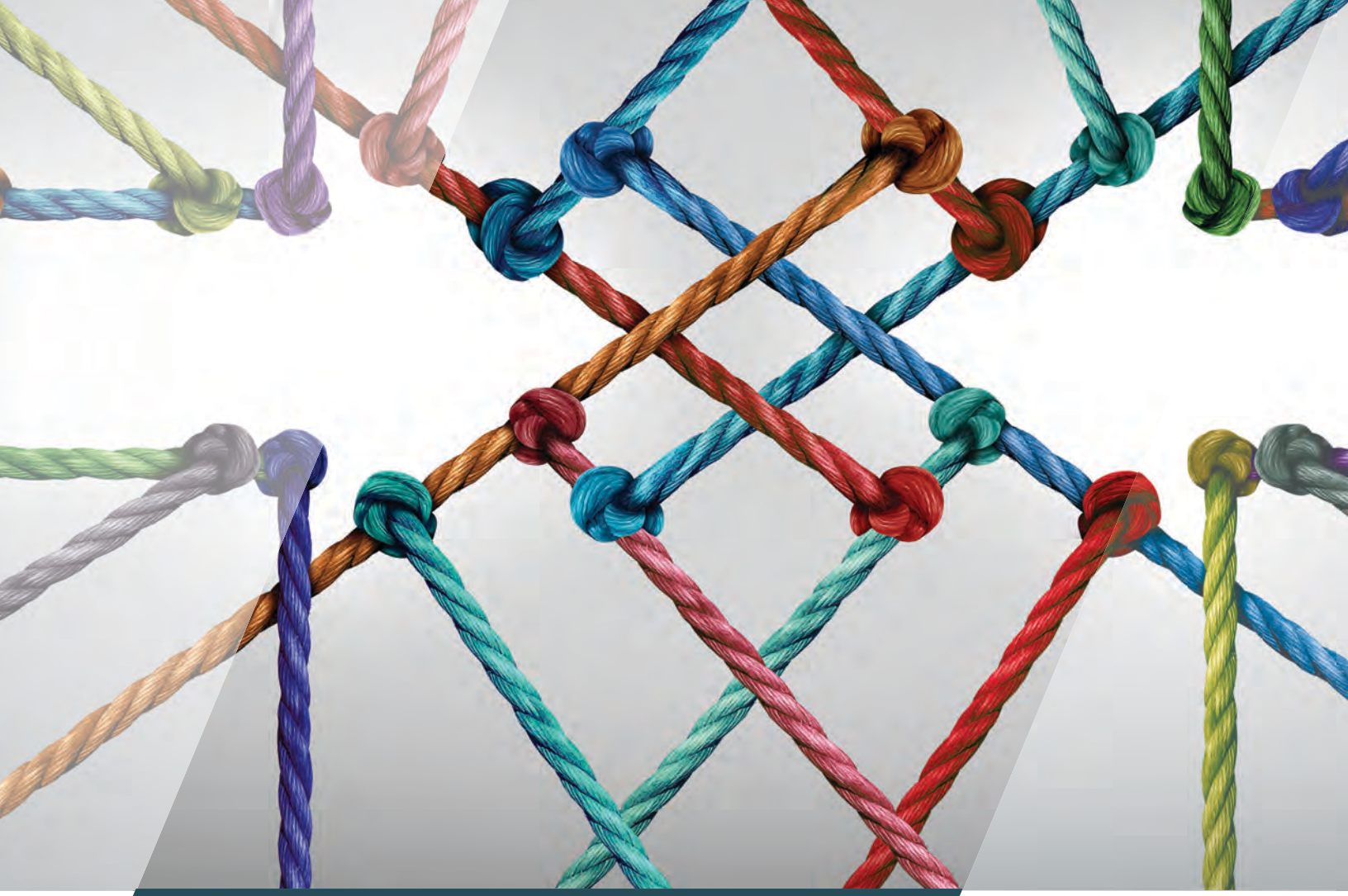


Be Smart. Be Safe. Be Healthy.

MCHCP

my health. my choice. myMCHCP

2021 BENEFIT *Guide*

State Employees & Non-Medicare Retirees

Medical & Pharmacy Plan Overview (for State Employees and Non-Medicare Retiree Members)

	Health Savings Account (HSA) Plan		PPO 750 Plan		PPO 1250 Plan	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible	$1,650/individual $3,300/family	$3,300/individual $6,600/family	$750/individual $1,500/family	$1,500/individual $3,000/family	$1,250/individual $2,500/family	$2,500/individual $5,000/family
Medical Out-of-Pocket Maximum	$4,950/individual $9,900/family	$9,900/individual $19,800/family	$2,250/individual $4,500/family	$4,500/individual $9,000/family	$3,750/individual $7,500/family	$7,500/individual $15,000/family
Prescription Out-of-Pocket Maximum	Combined with Medical		$4,150/individual $8,300/family	No Maximum	$4,150/individual $8,300/family	No Maximum
Preventive Services	MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	40% coinsurance
Office Visit	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	Primary Care or Mental Health: $25 copayment Specialist: $40 copayment Chiropractor: $20 copayment or 50% of total cost of service, whichever is less	40% coinsurance
Live Health Online Visit	MCHCP pays 100%	Not covered	MCHCP pays 100%	Not covered	MCHCP pays 100%	Not covered
Urgent Care	20% coinsurance	Network Benefit	20% coinsurance	Network Benefit	$50 copayment	Network Benefit
Emergency Room	20% coinsurance	Network Benefit	$250 copayment plus 20% coinsurance	Network Benefit	$250 copayment plus 20% coinsurance	Network Benefit
Hospital (Inpatient)	20% coinsurance	40% coinsurance	$200 copayment plus 20% coinsurance	$200 copayment plus 40% coinsurance	$200 copayment plus 20% coinsurance	$200 copayment plus 40% coinsurance
Lab and X-ray	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Surgery	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Prescription Drugs Reduced costs for certain diabetic drugs and supplies.	Generic: 10% coinsurance up to $50* Preferred: 20% coinsurance up to $100* Non-Preferred: 40% coinsurance up to $200* *These amounts are for a 31-day supply.	Generic and Preferred: 40% coinsurance Non-Preferred: 50% coinsurance				

Days' Supply	Generic	Preferred	Non-Preferred	Specialty
1-31 days	$10	$40	$100	$75 through Accredo
32-60 days	$20	$80	$200	-
61-90 days (home delivery)	$25	$100	$250	-
61-90 days (retail)	$30	$120	$300	-

Welcome

Welcome to the 2021 Missouri Consolidated Health Care Plan (MCHCP) Benefit Guide!

MCHCP knows that making health plan choices can be hard to do. We hope this guide helps you understand your MCHCP health plan options and benefits. There is much more information on MCHCP's website. Be sure to check it out.

Each of our members — from active state employees to non-Medicare retirees and their dependents — has different needs. That is why there are different plan options.

We want to make choosing for the 2021 plan year easier for you. During Open Enrollment, if you don't want to make any changes from what you have in 2020, you do not have to do anything. MCHCP will do all the work for you. You will keep your 2020 plan, including any incentives you have. If you need to make any changes, just visit our website between October 1 and October 31, to complete open enrollment with your new choices.

Be sure to follow us on Facebook, Twitter, Instagram and YouTube. We post throughout the year.

To us, the health of every one of our members is important.

Be Smart.
Be Safe. Be Healthy.

MCHCP Member Services
573-751-0771
Toll-free: 800-487-0771
Relay Missouri: 711 or 800-735-2966 (TTY)

MCHCP Website

www.mchcp.org

MCHCP Health Plan Choices

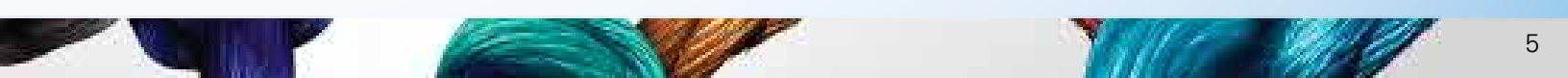
Anthem provides the medical benefits for MCHCP plans and offers a nationwide network of providers. The Health Savings Account (HSA) Plan has the lowest premium cost and highest deductible, of the plan choices. The PPO 750 Plan has the highest premium and lowest deductible. The PPO 1250 Plan's premium cost and deductible amounts are between the HSA Plan and PPO 750 Plan. All MCHCP Health Plans have a separate network and non-network benefit and cover 100 percent of network preventive services and LiveHealth Online virtual visit expenses before any deductible is met. The myPlan Advisor tool on MCHCP's website can help you decide which plan best fits your family's needs. To compare each of the plans, please refer to the chart on pages 2 and 3.

The State of Missouri offers a Flexible Spending Account (FSA) to active state employees, administered by ASI Flex, that you can use to save money on premiums and IRS qualified medical expenses. Active state employees are auto enrolled to allow premiums to be deducted pretax. Employees in a PPO Plan may choose to enroll in the health care FSA and employees in the HSA Plan can chose to enroll in the dental/vision FSA in addition to their HSA. Visit www.mocafe.com to learn more on how they can help you save money.

Partnership and Tobacco-Free incentives

- The Partnership Incentive is a $25 monthly premium reduction available to active employees and non-Medicare retirees who complete the Partnership Promise, online Health Assessment and Health Education Quiz through their myMCHCP account. (Participants can also get a small gift after completing an MCHCP-approved health action!)
- The Tobacco-Free Incentive is a $40 monthly premium reduction available to active employees and their covered spouses, and non-Medicare retirees and their covered non-Medicare spouses.
  - Members who are tobacco-free complete the Tobacco-Free Promise form.
  - Members who are NOT tobacco-free complete the Quit Tobacco Promise form.

For 2021, if you are receiving either incentive in 2020, the incentive you have will carry forward to 2021, without any additional requirements on your part.



HSA Plan

The Health Saving Account (HSA) Plan is an IRS qualified high-deductible plan. There are no copayments with the HSA Plan. Medical and prescription drugs expenses are included in a combined deductible and out-of-pocket maximum. The deductible works a little bit different in the HSA Plan compared to the PPO Plans for family coverage. If you have family coverage, the entire family deductible must be met before any family member can move to the coinsurance phase of coverage. An HSA member pays all medical and prescription expenses (except for preventive and LiveHealth Online services) until the deductible is met. Once the deductible is met, the member pays coinsurance on covered expenses until their out-of-pocket maximum is reached. After that, the plan pays for all covered services including prescriptions for the remainder of the year.

HSA Account

An active employee is required to open an HSA through Central Bank in Jefferson City. Non-Medicare retirees can open an HSA account as well but are not required to do so. The bank sends the account holder a debit card to pay for IRS qualified medical expenses and detailed information about the account. MCHCP makes an annual contribution ($300 for individuals; $600 for families) to each active employee's HSA. (There are special rules if you plan to enroll in the HSA Plan in 2021 and have a balance in your medical flexible spending account on Dec. 31, 2020. Check MCHCP's website to learn more.) You can contribute to your HSA at any time (active employees, through voluntary payroll deductions; retirees, through direct deposit) up to the annual limit set by the IRS. Not everyone qualifies for participation in an HSA. To find out if you do, visit our website.

Family Roll Up

If you and your spouse are both employees and you insure children you may wish to take advantage of family roll-up. Two married active state employees who cover children only need to meet one family deductible and out-of-pocket maximum if both are enrolled in the same plan type (i.e. HSA+HSA).

Important phone numbers and websites:

Anthem Member Services
844-516-0248
TTY: 711

Anthem Website
www.anthem.com

PPO Plans

The PPO 1250 Plan has a higher deductible and out-of-pocket maximum than the PPO 750 Plan. Both PPO Plans work very much alike, but there are differences to consider. The PPO 1250 Plan has copayments for network office and urgent care visits rather than the deductible or coinsurance requirements for those services in the 750 plan. Other services like labs and X-rays received with the office or urgent care visit have deductible and copayment requirements just like the PPO 750 Plan. In Both PPO Plans, the emergency room copayment is waived for a true emergency or if the person is admitted to an inpatient hospital stay. Emergency room and inpatient hospital copayments are in addition to deductible and coinsurance requirements. Prescription drugs have copayments in both PPO Plans.

Copayments do not help meet the deductible but do help meet the out-of-pocket maximum. There are separate out-of-pocket maximums for medical and prescription drugs in both PPO Plans. After meeting your deductible under either plan, you will pay coinsurance on covered expenses until your out-of-pocket maximum is reached (and the plan begins paying 100% of covered services.) The family deductible works a little bit different in the PPO Plans compared to the HSA Plan. If you have family coverage, once a family member meets the individual deductible amount, that person can move to the coinsurance phase. The other family members' expenses must meet the remaining family deductible amount before they move to the coinsurance phase of coverage.

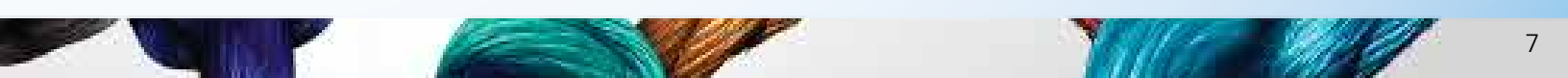
Family Roll Up

If you and your spouse are both employees and you insure children you may wish to take advantage of family roll-up. Two married active state employees who cover children only need to meet one family deductible and out-of-pocket maximum if both are enrolled in the same plan type (i.e. PPO 750+PPO 750 or PPO 1250+PPO 1250).

Important phone numbers and websites:

Anthem Member Services
844-516-0248
TTY: 711

Anthem Website
www.anthem.com



Preventive Services

MCHCP pays for preventive care at 100% (regardless of your plan type or whether you have met your deductible) so long as it is supplied by a network provider, is billed as routine (without indication of injury or illness) and meets preventive service guidelines.

Talk with your provider about which preventive care services and health screenings are appropriate for you or find a list of preventive services covered. There are preventive medications that MCHCP will pay 100% (when accompanied by a prescription and filled at a network pharmacy). A list of these medications can be found on MCHCP's website.

TRICARE Supplement Plan

Military members (and their eligible dependents) can choose the TRICARE Supplement Plan (administered by Selman & Company) instead of MCHCP medical and pharmacy benefits, to work with their TRICARE health benefit plan through the Department of Defense.

Eligible members:

- must be an active state employee, a state retiree, a terminated vested subscriber or a survivor;
- cannot have Medicare coverage; and
- must already be enrolled in a TRICARE plan.

Prescription Drug Benefit

Express Scripts, Inc. (ESI) provides the prescription drug benefit and offers a broad choice of covered drugs through a nationwide pharmacy network. Subscribers will receive an ESI prescription ID card upon enrollment.

ESI places covered drugs into four levels:

- preferred generic,
- preferred brand,
- specialty and
- non-preferred

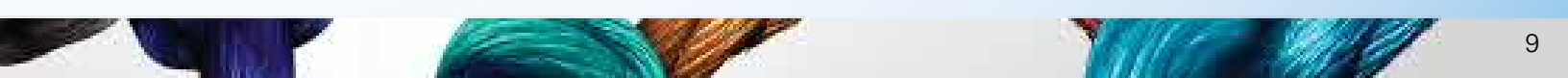
Preferred drugs are covered at a lower cost to you. Non-preferred drugs are covered, but you will pay more than if you had chosen preferred generic or preferred brand drugs.

*ESI's preferred formulary list can change throughout the year. It is available at MCHCP's website.

PPO plan members pay a copayment. HSA plan members pay the full discounted cost of the prescription until the deductible is met. After that, HSA members pay coinsurance up to a maximum amount. Remember: Members continue to pay prescription copayments/coinsurance until their prescription out-of-pocket maximum is reached. After that, the plan pays 100% of covered expenses. For PPO plans, the prescription and medical out-of-pocket maximums are separate. For the HSA Plan, the prescription and medical out-of-pocket maximum is combined.

Specialty medications are drugs that treat chronic, complex conditions. They require frequent dosage adjustments, clinical monitoring, specialty handling and are often unavailable at retail pharmacies. Accredo is ESI's home delivery specialty pharmacy provider. Specialty drugs must be filled through Accredo. If ESI has identified your medication as being needed immediately, you may get the first fill at a retail pharmacy. After that first fill, you must get that specialty medication through Accredo. Members who continue to go to a retail pharmacy will be charged the full discounted price of the specialty drug.

Members taking maintenance medications must decide whether to receive their prescriptions by home delivery or retail pharmacy. The home delivery benefit covers up to a 90-day supply for 2½ copayments for those enrolled in a PPO Plan. Members may fill a maintenance prescription twice at a



retail pharmacy while they decide. If the member has not notified ESI of their choice by the third fill of the prescription, the member must pay the full network discounted amount for the prescription.

For non-network pharmacy claims, the member pays full price of the prescription and files the claim with ESI. Members are reimbursed the network discounted amount, less the applicable copayment or coinsurance.

In addition to preventive prescription drugs, MCHCP plans include 100% coverage for preferred quit tobacco medications and over-the-counter nicotine replacement therapy with a prescription.

Important phone numbers and websites:

ESI Member Services
800-797-5754
TTY: 866-707-1862

ESI Website
www.express-scripts.com

Important notes:

If you (and/or your dependents) 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. See page 22 for more details.

Other rules (including for preauthorization, quantity level limits and step therapy) do apply to members' prescription drug claims. Be sure to carefully review said coverage rules at: http://www.mchcp.org/stateMembers/prescription/non-MedicarePDP.asp

Anthem Health Guide

You expect someone to answer your questions, right? But there are times you need more help. You need someone to help you understand your plan. Or help you figure out next steps in dealing with a health issue. What do you do when a claim is denied and you disagree? What happens if you get an unexpected bill from your health care provider? We hear you. And we're here for you, too.

Anthem Health Guide: supporting you with more than just answers:

You can reach a health guide by phone, mobile app, email or even chat with them online via your computer or mobile device. Whatever you choose, you'll get a health guide who is ready to answer your questions and help you make the most of your health plan benefits.

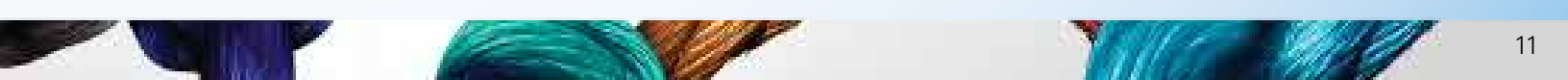
An Anthem Health Guide can:

- Answer all your medical benefit questions, including what is covered by your plan, and what is not, including if a service needs a preauthorization before you get it.
- Help you understand letters, explanation of benefits (EOBs) or bills you receive from a health care provider.
- Help you talk to your health care provider about an unexpected medical bill.
- Walk you through what you need to do to appeal a claim denial.
- Connect you with additional programs and needed support for behavioral health, chronic conditions, bone, joint and muscle pain, pregnancy support and more
- Spot gaps in care, such as routine exams and screenings
- Compare costs, find in-network doctors, set up an appointment and more
- Assist you 24 hours a day, seven days a week

Health Guide Phone Number and Website

Anthem Member Services
844-516-0248
TTY: 711

Anthem Website
www.anthem.com



Engage

Engage is a personalized health assistant via mobile app that connects you to the right benefits and programs, at the right time, with a click of a button. With Engage you can:

- Clearly see your medical benefits and access your digital Anthem insurance card.
- Save time and money through our health and wellness programs.
- Access LiveHealth Online. You can visit with a doctor on your smartphone, tablet or computer.
- Add your wearable fitness device, such as your Fitbit or Apple Watch to hit your well-being goals.
- Protect yourself from overpaying by seeing the cost of services and care before setting up a visit

Ready to Get Started?

Download the Engage app to start using your personalized health assistant and access Anthem Health.

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**
2. Enter **Engage Wellbeing** into the search bar and select **Download**

Once downloaded, the Engage logo will appear on your device.

Smart Shopper

Save Money on Health Tests and Procedures

SmartShopper helps you find the best value for high-quality care

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about some health procedures like mammograms, colonosopies, MRI's and more. You can even earn cash rewards when you choose the SmartShopper suggested providers.

Shop on your own or with a Personal Assistant

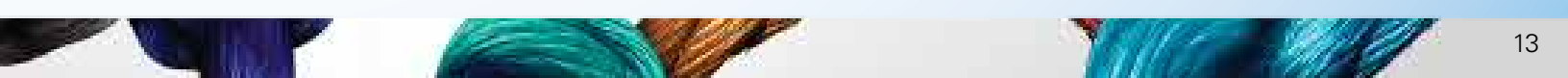
It's easy to use SmartShopper. Shop online at smartshopper.com or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options, how to earn a reward and schedule your appointment.

SmartShopper is easy to use

- When your health care provider orders a test or procedure, visit **smartshopper.com** or call the SmartShopper Personal Assistant Team at **1-844-328-1582**, or link through your Engage App.
- Compare providers, prices and rewards.
- Choose where you would like to have your test or procedure.
- After Anthem pays your claim, SmartShopper will mail you a reward check, if eligible. Your check should arrive in about six weeks.

It's easy to register today and begin shopping and saving on health care. The Personal Assistant Team is happy to help Monday through Thursday from 7 a.m. to 7 p.m. and Friday from 7 a.m. to 5 p.m. CT. or at smartshopper.com.

Reward payments may be taxable. The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.



LiveHealth Online

Using LiveHealth Online, you can have a visit with a doctor using your smartphone, tablet, or computer. Just go to livehealthonline.com or download the LiveHealth Online mobile app to get started. LiveHealth Online can also be accessed through the Engage app, or by calling 888-548-3432 to schedule an appointment.

LiveHealth Online is covered by MCHCP at 100% for all plan types, even before you meet your deductible.

Medical

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.[1]

Sign up at livehealthonline.com, or use the app, and see a board-certified doctor in a few minutes. When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- A cold
- The flu
- A fever
- Allergies
- A sinus infection
- Other non-emergency conditions

A provider can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.[2]

Behavioral Health

When you're feeling stressed, anxious, or having a tough time coping, talk to a behavioral health provider online. In most cases, you can schedule an appointment in four days or less.[3] Psychiatrists can see patients 18 and over within two weeks to help manage medications except controlled substances regulated by the government.[4]

1 Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.
2. Prescription availability is defined by physician judgement.
3. Appointments subject to availability.
4. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

LiveHealth Online is the trade name of Health Management Corporation. 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 healp immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help.

If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

Additional Benefits

Naturally Slim®

MCHCP medical plan members age 18 and older (except those enrolled in Medicare or TRICARE) can sign up for this online weight management and disease prevention program if they meet criteria set by Naturally Slim®. It is covered 100% by MCHCP. Several classes are offered annually. Watch MCHCP's website for announcements on enrollment periods.

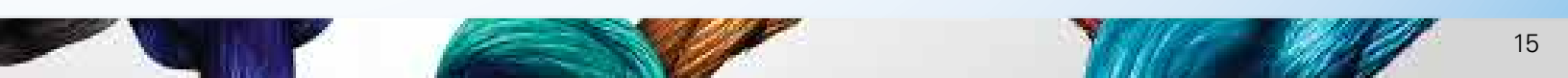
Strive Employee Life and Family (SELF) Program

State employees eligible for MCHCP medical coverage (and members of their household) can use ComPsych's Strive Employee Life and Family (SELF) program 24 hours a day, every day of the year. Services are offered at no cost, and include:

- local, private, in-person counseling
- telephone sessions with a Certified Public Accountant or Certified Financial Planner
- telephone and in-person sessions with an attorney
- identity theft and fraud resolution services
- help reviewing child/elder care facilities, moving, making big purchases and vacation-planning
- an online library of health, wellness, consumer, family, work, education, law and finance topics.

Strive for Wellness® Health Center

The *Strive for Wellness*® Health Center (located in Jefferson City's Harry S Truman Building) offers routine care for common illnesses, basic preventive care and behavioral health counseling services to active state employees enrolled in an MCHCP medical plan.



Dental Plan

MetLife offers dental benefits through their nationwide network, Preferred Dentist Program (PDP) Plus. These benefits include preventive services, basic restorative services and major restorative services.

You select a dentist of your choice. It is recommended you choose a MetLife network provider for best use of the dental plan. However, if you decide to go to a non-network provider, your out-of-pocket costs will likely be much higher. When receiving services from a network provider, MetLife pays the provider directly. When receiving services from a non-network provider, members may need to pay the provider and file the claim. The non-network dentist hasn't agreed to accept MetLife network fees, so may bill you the difference between MetLife's allowable and the full cost of the service.

The maximum benefit, per individual is $2,000 (preventive services do not count toward the maximum). The annual deductible, per individual is $50. The table on the next page is a summary of benefits and more benefit information is available at MCHCP's website at www.mchcp.org.

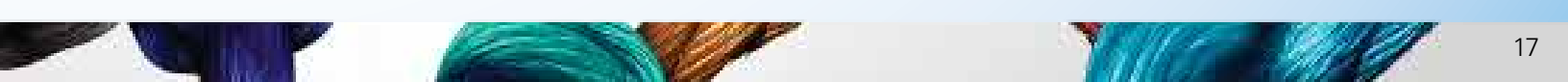
Important phone numbers and websites:

MetLife Member Services
844-222-9106 dedicated to MCHCP
7 a.m. to 10 p.m. M-F

Metlife Website
www.metlife.com/mybenefits.com

Dental Plan Benefit Summary

Service Type	Brief Description	You will owe
Preventive (Type A)	Teeth Cleaning, Oral Exam, Bitewing x-rays.	Network – You owe nothing. There is no deductible. Non-Network – You pay the difference between network allowable and the bill.
Basic Restorative (Type B)	Fillings, simple extractions, x-rays	Network – You owe 20% coinsurance after deductible is met. Non-Network - You owe 20% coinsurance after deductible is met and the difference between network allowable and the bill.
Major Restorative (Type C) 12-month waiting period required, waived with proof of prior 12-month dental coverage	Oral surgery, implants, bridges and dentures, root canal.	Network – You owe 50% coinsurance after deductible is met Non-Network - You owe 50% coinsurance after deductible is met and the difference between network allowable and the bill.



Vision Plan

National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic and premium plans are offered with specific copayments for services from network providers. Both plans offer allowances for services from non-network providers. The vision plan does not replace medical coverage for eye disease or injury.

You select a provider of your choice. It is recommended you choose a NVA network provider for best use of the vision plan. However, if you decide to go to a non-network provider, your out-of-pocket costs will likely be much higher. When receiving services from a network provider, NVA pays the provider directly. When receiving services from a non-network provider, members pay the provider and file the claim. Reimbursement checks for non-network claims may take up to 30 days to process. The table on the next page is a summary of benefits and more benefit information is available at MCHCP's website at www.mchcp.org.

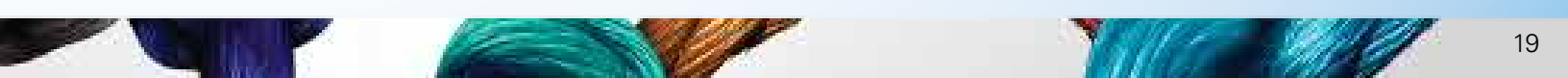
Important phone numbers and websites:

NVA Member Services
877-300-6641
24 hours a day

NVA Website
www.e-nva.com
Username: mchcp Password: vision1

Vision Plan Benefit Summary

Service Type	Brief Description	Basic Plan - Network	Premium Plan - Network	Non-Network
Exams	One per year; 2 per year up to age 18	$10 Copayment	$10 Copayment	NVA pays up to $45
Lenses	Single-vision, bifocal, trifocal, lenticular (see website for other types of lenses coverage)	$25 copayment	$25 Copayment	Maximum amount NVA pays varies based on type of lenses.
Frames	Once every 2 years; once every year for up to age 18	Up to $125 retail allowance and 20% discount off remaining balance	Up to $175 Retail allowance and 20% discount off remaining balance	NVA pays up to $70
Contact Lenses– Elective (you prefer contacts to glasses)	Once every calendar year in place of eyeglass lenses	Up to $125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	Up to $175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	NVA pays up to $105
Contact Fitting and Evaluations	For daily contact lenses; extended contact lenses and specialty contact lenses	$20 to $50 copayment depending on type of lenses	$20 to $50 copayment depending on type of lenses	NVA pays up to $20 to $30 depending on type of lenses



Notice Regarding Strive for Wellness® Program

Strive for Wellness® is a voluntary program available to active Missouri state employees with Missouri Consolidated Health Care Plan (MCHCP) medical coverage. The *Strive for Wellness*® Program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment (HA) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., diabetes or heart disease). You are not required to complete the HA.

However, eligible subscribers who choose to participate in the wellness program will receive a premium reduction of $25 monthly for agreeing to participate in the Partnership Incentive, and completing the HA and a Health Education Quiz. Although you are not required to complete the HA or the Health Education Quiz, only employees who do so will receive the Partnership Incentive of $25 a month.

Partnership Incentive participants can receive a small gift for completing a health-related activity, such as an annual preventive exam or regularly exercising. If you are unable to participate in any of the MCHCP-approved health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting MCHCP at 800-487-0771.

The information from your HA will be used to provide you with information to help you understand your current health and potential risks. You are encouraged to share your HA results or concerns with your health care provider.

Protections from Disclosure of Medical Information

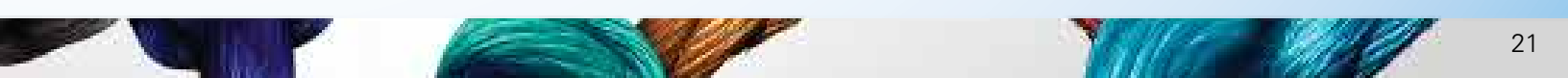
MCHCP is required by law to maintain the privacy and security of your personally identifiable health information. Although the *Strive for Wellness*® Program and MCHCP may use aggregate information it collects to design a program based on identified health risks in the workplace, *Strive for Wellness*® 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 *Strive for Wellness*® Program, or as expressly permitted by law. Medical information provided in connection with the *Strive for Wellness*® Program that personally identifies you will not be provided to your supervisors or managers, and may never be used to make decisions regarding your employment or health benefits.

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 *Strive for 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 *Strive for Wellness*® Program or receiving the Partnership Incentive. Anyone who receives your information for purposes of providing you services as part of the *Strive for Wellness*® Program will abide by the same confidentiality requirements. The only individuals who will have access to your personally identifiable health information are MCHCP Information Technology and Clinical Staff, and only if accessing your personally identifiable health information is needed to potentially provide you with services under the *Strive for Wellness*® Program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, the identity of 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 *Strive for Wellness*® Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact MCHCP Member Services at 800-487-0771.



Important Notice from Missouri Consolidated Health Care Plan 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 Missouri Consolidated Health Care Plan (MCHCP), 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. MCHCP has determined that the prescription drug coverage offered by MCHCP 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 15 to December 7.

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 MCHCP coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

*This notice applies to Medicare-eligible members who are not enrolled in the Express Scripts Medicare Prescription Drug Plan (PDP) through MCHCP.

If you decide to join a Medicare drug plan and drop your current MCHCP coverage, you and your dependents may be able to get your MCHCP 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 MCHCP 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 MCHCP Member Services for further information at 800-487-0771. 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 MCHCP changes. You also may request a copy of this notice at any time.

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

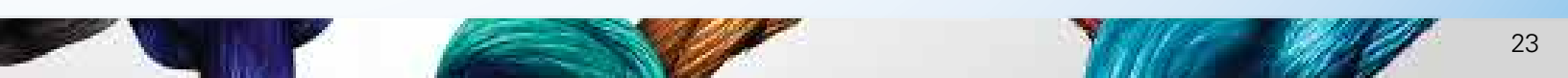
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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).



MCHCP

my health. my choice. myMCHCP

Be Smart.
Be Safe. Be Healthy.