



# ENROLLMENT GUIDE

*PUBLIC ENTITY*

# 2025

[www.mhcp.org](http://www.mhcp.org)

# It's time for Open Enrollment.

At MCHCP, we are here to help make connections and build bridges to the care and services members need.

MCHCP offers a variety of options when it comes to health care benefits. Your employer will make the decision on which health plans will be available to employees.

The 2025 MCHCP Enrollment Guide will help you make informed decisions about the health plans you have available through your employer. If your employer makes no changes to the health plans they offer their employees and you do not want to make changes to your health plan or covered dependents, MCHCP will automatically re-enroll you and your dependents in the same plan(s) for 2025 that you had in 2024.

To make any changes, log into your myMCHCP account and complete the listed enrollment steps anytime between Oct. 1–31, or you can ask your employer for a form to complete your enrollment.

Be sure to follow us on Facebook and YouTube! We post MCHCP news and updates, recipes, health videos and other useful information throughout the year — yet another way of connecting you with all that your benefits have to offer!



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## Questions?

This guide is an overview. For more information, visit MCHCP's website.



SCAN

## MCHCP Member Services:

**573-751-0771**

*Member Services Hours:*

*Monday - Friday*

*8:30 a.m. - 12 p.m. & 1:00 - 4:30 p.m.*

**Toll-free:**

**800-487-0771**

**Relay Missouri:**

**711 or**

**800-735-2966 (TTY)**

**MCHCP Website:**

**[www.mhcp.org](http://www.mhcp.org)**

# Medical & Pharmacy

## Health Savings Account (HSA) Plan

	Network	Non-Network
<b>Deductible</b> (must meet deductible before coinsurance)	<b>\$1,650/individual</b> <b>\$3,300/family</b>	\$3,300/individual \$6,600/family
<b>Medical</b> <b>Out-of-Pocket Maximum</b>	<b>\$4,950/individual</b> <b>\$9,900/family</b>	\$9,900/individual \$19,800/family
<b>Prescription</b> <b>Out-of-Pocket Maximum</b>	<b>Combined with</b> <b>Medical</b>	Combined with Medical
<b>Preventive Services</b>	<b>MCHCP pays 100%</b>	40% coinsurance
<b>Office Visit</b>	<b>20% coinsurance</b>	40% coinsurance
<b>Virtual Care through Sydney Health, Hinge Health, and Lark's Virtual Diabetes Prevention Program</b>	<b>After deductible, MCHCP pays 100%</b>	N/A
<b>Urgent Care</b>	<b>20% coinsurance</b>	Paid as Network Benefit
<b>Emergency Room</b>	<b>20% coinsurance</b>	Paid as Network Benefit
<b>Hospital (Inpatient)</b>	<b>20% coinsurance</b>	40% coinsurance
<b>Lab and X-ray</b>	<b>20% coinsurance</b>	40% coinsurance
<b>Surgery</b>	<b>20% coinsurance</b>	40% coinsurance
<b>Prescription Drugs</b>  Reduced costs for certain drugs and supplies.	<b>Preventive: MCHCP Pays 100%</b> <b>Generic: 10% coinsurance up to \$50</b> <b>Preferred: 20% coinsurance up to \$100</b> <b>Non-Preferred: 40% coinsurance up to \$200</b> <b>Notes: 1) Amounts are for a 31-day supply</b> <b>2) Diabetic Drugs have reduced copayments (5%/10%/20%)</b>	

# Plan Overview

PPO 1250 Plan		PPO 750 Plan	
Network	Non-Network	Network	Non-Network
<b>\$1,250/individual \$2,500/family</b>	\$2,500/individual \$5,000/family	<b>\$750/individual \$1,500/family</b>	\$1,500/individual \$3,000/family
<b>\$3,750/individual \$7,500/family</b>	\$7,500/individual \$15,000/family	<b>\$2,250/individual \$4,500/family</b>	\$4,500/individual \$9,000/family
<b>\$4,150/individual \$8,300/family</b>	No Maximum	<b>\$4,150/individual \$8,300/family</b>	No Maximum
<b>MCHCP pays 100%</b>	40% coinsurance	<b>MCHCP pays 100%</b>	40% coinsurance
<b>Primary Care or Mental Health: \$25 copayment Specialist: \$40 copayment Chiropractor: \$20 copayment or 50% of total cost of service, whichever is less</b>	40% coinsurance	<b>20% coinsurance</b>	40% coinsurance
<b>MCHCP pays 100%</b>	N/A	<b>MCHCP pays 100%</b>	N/A
<b>\$50 copayment</b>	Paid as Network Benefit	<b>20% coinsurance</b>	Paid as Network Benefit
<b>\$250 copayment plus 20% coinsurance</b>	Paid as Network Benefit	<b>\$250 copayment plus 20% coinsurance</b>	Paid as Network Benefit
<b>\$200 copayment plus 20% coinsurance</b>	\$200 copayment plus 40% coinsurance	<b>\$200 copayment plus 20% coinsurance</b>	\$200 copayment plus 40% coinsurance
<b>20% coinsurance</b>	40% coinsurance	<b>20% coinsurance</b>	40% coinsurance
<b>20% coinsurance</b>	40% coinsurance	<b>20% coinsurance</b>	40% coinsurance

**Preventive: MCHCP Pays 100%**

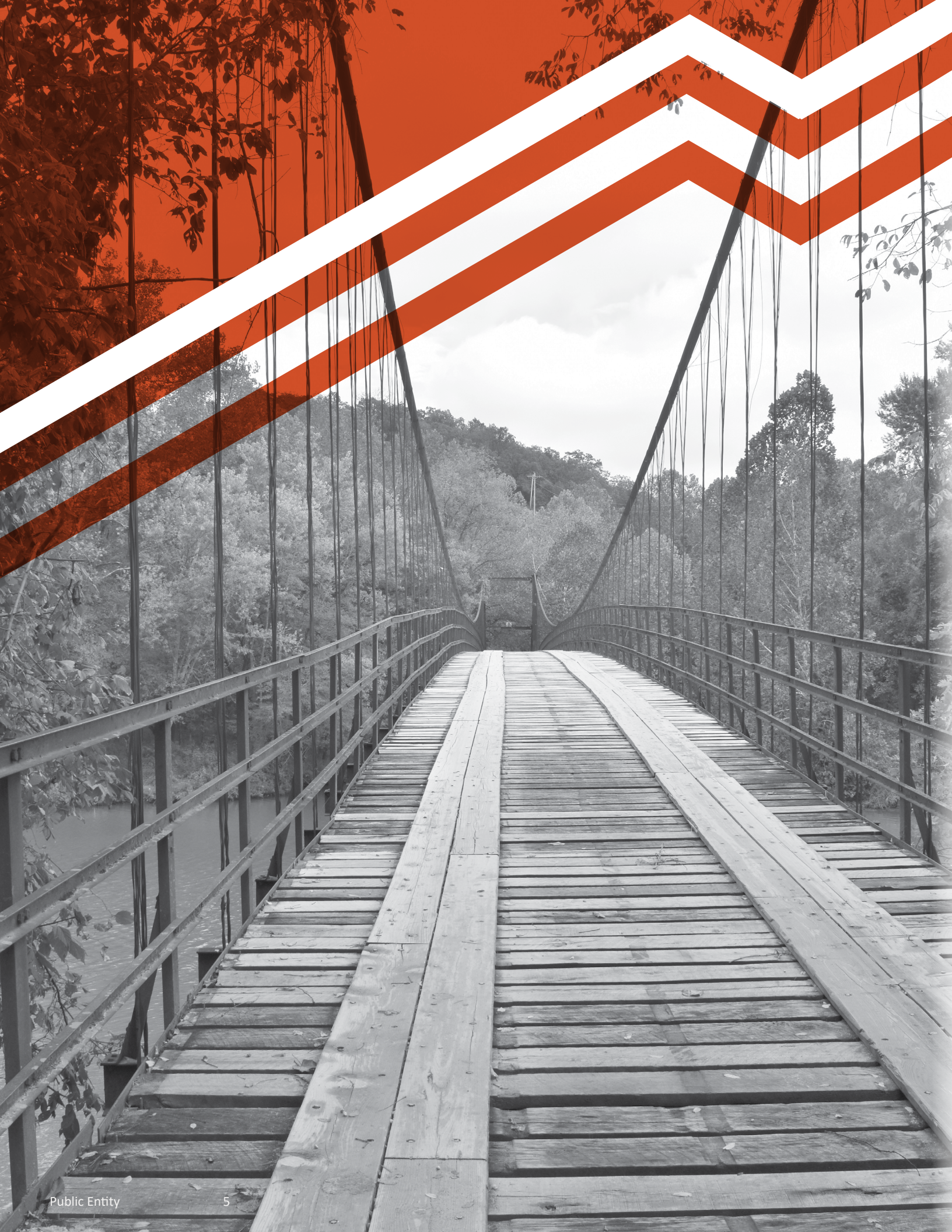
**Generic: \$10 Copayment**

**Preferred: \$40 Copayment / Non-Preferred: \$100 Copayment**

**Specialty: \$75 through Accredo**

**Notes: 1) Amounts are for a 31-day supply 2) Express Scripts Home delivery has a reduced copayment for 61 - 90 day supply (\$25/\$100/\$250) 3) Diabetic Drugs have reduced copayments (\$5/\$20/\$50)**







# No-Cost Services

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Did you know our Anthem health plans include services at no cost when you use a network provider or pharmacy? Don't wait until you get sick to use your health benefits! These services can help you stay healthy and catch health issues sooner.

## ***Preventive Services\****

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Some preventive services can help identify problems early and prevent others from occurring. Examples of preventive services include:

- ▶ preventive exams (annual physical, well-woman and well-child visits),
- ▶ immunizations,
- ▶ cholesterol blood tests,
- ▶ breast and colon cancer screenings,
- ▶ contraception,
- ▶ preferred tobacco cessation products,
- ▶ a preferred glucometer, test strips and lancets for diabetes, and
- ▶ so much more.

**\*IMPORTANT:** The preventive service claim your network provider sends Anthem must be for routine services without an injury or illness code for the service to be covered at 100%.

## ***Other Services***

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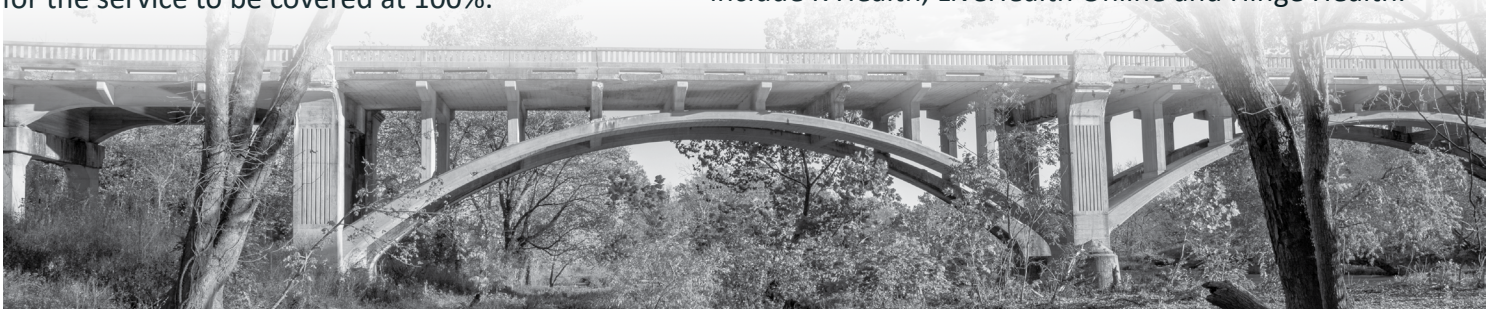
Some diagnostic services are also covered at no cost for those in the PPO plans, and at no cost after deductible is met for those in the HSA Plan, including:

- ▶ diagnostic colorectal screenings (Common reasons for this service include screenings with a history of polyps or a history of colon cancer.),
- ▶ diagnostic breast examinations and mammograms,
- ▶ nutrition counseling,
- ▶ Diabetes Self-Management Education (four visits), and
- ▶ vasectomies.

## ***Sydney Health Virtual Services***

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You can use Sydney Health to receive virtual health care services — many of which are covered at no cost to you! (If you are in the HSA Plan, many of these virtual services are covered at no cost only after you meet your deductible due to IRS rules, unless it is a preventive care service.) Examples of virtual services available on Sydney Health include K Health, LiveHealth Online and Hinge Health.





# Health Plan Options

*Check with your employer to see which health plan(s) will be available to you.*

MCHCP offers three health plan options that include medical coverage administered by Anthem, and prescription drug coverage administered by Express Scripts. Each option offers the same nationwide networks. You can access non-network providers, too. Network preventive services are always paid at 100%. Turn to pages 3 and 4 to compare health plans for medical coverage and cost-sharing. To learn more, visit MCHCP's website.

## HSA Plan

The HSA Plan is a qualified high-deductible plan that can help you save money by giving you access to a health savings account (HSA) through the bank of your choice.

HSA funds accumulate to pay for IRS-qualified medical expenses, such as health care provider and chiropractor fees, dental treatments, hospital bills, prescriptions and more. You decide how to spend that money based on your health care needs and budget. Subscribers can contribute money to their HSA up to the federal contribution limits. Contribution rules for HSAs are complex. Consult a tax advisor if you have questions, as we do not provide tax advice.

On the HSA Plan, you will pay all medical and prescription drug expenses until your individual deductible is met — then you will usually pay coinsurance. Some services are covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.)

If two or more family members are covered by the HSA Plan, a larger family deductible must be met before the plan pays.

## PPO Plans

MCHCP offers two PPO plans — the PPO 1250 Plan and PPO 750 Plan. The plan names come from the individual deductible amounts associated with them — \$1,250 for the PPO 1250 Plan and \$750 for the PPO 750 Plan.

Under our PPO plans, most services are subject to deductible and coinsurance. The PPO 1250 Plan includes the added benefit of office visit copayments not subject to deductible and coinsurance. There are also some services covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.)

Both PPO plans have a copayment for emergency room visits (waived if it is a true emergency or if admitted as an inpatient), plus you pay a deductible and coinsurance. Hospital stays also have a copayment, plus you pay a deductible and coinsurance. Copayments do not count toward the deductible, but do count toward the member or family unit's out-of-pocket maximum.

If two or more family members are covered under one of our PPO plans, and one family member reaches the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the individual. If one or more additional family members meet the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the entire family.

## Prescription Drugs

All medical coverage includes MCHCP's prescription drug benefits, administered by Express Scripts. Express Scripts provides a nationwide retail pharmacy network, as well as its specialty pharmacy, Accredo. Express Scripts offers home delivery for maintenance medications that can help save you time and money. You may have to pay more if you get a brand name drug when a generic is available. Express Scripts' preferred formulary list is available on myMCHCP or by calling Express Scripts.

*Subscribers have the option to declare a religious or moral objection and decline contraception coverage. Contact MCHCP for more information.*







## Special Enrollment Periods

We know things happen during the year that may make a change necessary. When one of the following events happens, you can enroll yourself or your dependents, or even change plans. We will need supporting documentation to prove that the event happened. Make sure to enroll within the time frame given for the event below.

EVENT	TIME PERIOD
Life events (marriage, birth, adoption or placement of child)	Within 31 days of life event
Loss of employer-sponsored group coverage	Within 60 days of involuntary coverage loss
Loss of Medicaid status	Within 60 days of status loss
Qualified Medical Child Support Order (QMCSO)	Within 60 days of court order









## Dental

Delta Dental of Missouri offers dental benefits through their nationwide networks. These benefits include preventive services, basic restorative services, and major restorative services. Check with your employer to see if the dental plan is available to you.

You may select the dentist of your choice. Using a network Delta Dental PPO™ or Delta Dental Premier® dentist provides you the best benefit and savings. You may go to a non-network provider, however, your out-of-pocket costs will likely be higher. While network dentists are paid directly by Delta Dental for their services, a non-network dentist may require that you make full payment at the time of service and file the claim for reimbursement. They may also bill you the difference between the allowed amount and the full retail cost of their service.



**SCAN**



SERVICE TYPE	BRIEF DESCRIPTION	YOU WILL OWE
<b>Preventive (Type A)</b> Services do not count towards your annual maximum	Oral exam – one every six months Cleaning – one every six months Bitewing x-rays – one set every calendar year Topical fluoride – once every calendar year Sealants – once every 5 calendar years Emergency palliative treatment Problem focused exams – 2 every calendar year	No deductible applies  Network – You owe nothing more Non-Network – You may be balance billed any difference between allowed amount and retail cost
<b>Basic Restorative (Type B)</b>	Fillings Simple extractions Full mouth x-rays – once every 5 calendar years Periapical x-rays – as required Space maintainers – once every 5 calendar years	Deductible applies, plus you owe:  Network – 20% coinsurance Non-Network – 20% coinsurance and any difference between allowed amount and retail cost
<b>Major Restorative (Type C)</b> 12-month waiting period. Waiting period will be waived with proof of 12 months of continuous dental coverage for major services immediately prior to the effective date of coverage in MCHCP's Dental Plan.	Oral surgery & surgical extractions Implants – once every 7 calendar years Endodontics / root canal therapy Crowns – once every 7 calendar years Dentures & bridges – once every 7 calendar years Periodontics – surgical & non-surgical	Deductible applies, plus you owe:  Network – 50% coinsurance Non-Network – 50% coinsurance and any difference between allowed amount and retail cost

The annual maximum benefit per individual is \$2,000. The annual deductible per individual is \$50.





National Vision Administrators, L.L.C.

## Vision

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. Check with your employer to see if the vision plan is available to you.

You select a provider of your choice. It is recommended you choose an NVA network provider for best use of the vision plan. If you decide to go to a non-network provider, you can, but your out-of-pocket costs will likely be 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.



User Name:  
mchcp

Password:  
vision1

SERVICE TYPE	BRIEF DESCRIPTION	BASIC PLAN - NETWORK	PREMIUM PLAN - NETWORK	NON-NETWORK
Exams	One every calendar year, two every calendar year up to age 18	\$10 copayment	\$10 copayment	NVA pays up to \$45
Lenses	Once every calendar year Single-vision, bifocal, trifocal, lenticular (see website for other types of lenses and cost sharing)	\$25 copayment	\$25 copayment	Maximum amount NVA pays varies based on type of lenses
Frames	Once every two calendar years, once every calendar year 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

# Anthem Programs

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## Total Health Connections (Beginning January 1, 2025)

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With Total Health Connections, you have your own personal health champion, called a family advocate, who is here to help you and your family through unexpected emergencies and everyday health needs. They stay one step ahead, helping you get the care and support you need at no extra cost to you!

### Here's how you'll benefit:

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

#### A dedicated family advocate

Your family advocate is here to connect you with the right care at the right time. They can help you:

- ▶ find and schedule appointments with network health care providers, specialists and care facilities,
- ▶ stay on top of preventive care and manage chronic conditions,
- ▶ understand the health plan benefits available to you,
- ▶ quickly get preapprovals for urgent medical needs, like surgery, and
- ▶ connect with our in-house clinical experts, who work with you and your health care provider to create a personal care plan that supports your overall wellness and ongoing health needs.

#### A connected health record

You and your advocate, health care providers and pharmacist have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

#### Attention to your whole health

Your physical health impacts your overall well-being, but it's just one piece of the puzzle. Your advocate can connect you with community resources to help with food, child care, transportation, and other social, financial and mental health concerns.

*Connect with your family advocate by downloading the Sydney Health mobile app, or by selecting the "Medical" icon in your myMCHCP account.*

**With a dedicated  
advocate in your corner,  
health care is easier at  
every step!**







# Anthem Programs



## Sydney Health

**Access personalized health and wellness information when you need it.**

With Anthem's Sydney Health mobile app, you can access your benefit details in one place. (Sydney Health is also available in an online format when you select the "Medical" icon in your myMCHCP account.) The simple experience makes it easy to find what you need — with one-tap access to benefit information, member services, virtual care and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

### Download Sydney Health today

- ▶ Find care and compare costs
- ▶ See what's covered and check claims
- ▶ View and use digital ID cards



SCAN



### Find Care

Search for health care providers, hospitals and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken or location.



### My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips and personalized action plans that can help you reach your goals.



### Family Advocate

Connect with a Family Advocate who can guide you to the next best action based on specific benefits, health needs and community support.

# Anthem Programs

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## SmartShopper<sup>®</sup>

### Save money and earn a cash reward!

The SmartShopper program is provided by Sapphire Digital, an independent company. Rewards are for select procedures only, and reward payments may be taxable. Rewards are delivered by check. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.

#### 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, colonoscopies 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](https://smartshopper.com), or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options, schedule your appointment and earn a reward.

#### ► Recommendation

When your health care provider recommends a test or procedure, visit [smartshopper.com](https://smartshopper.com), call the SmartShopper Personal Assistant Team at 1-855-231-3613, or link through your Sydney Health app.

#### ► Compare

Compare providers, prices and rewards.

#### ► Choose

Choose where you would like to have your test or procedure.

#### ► If Eligible

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](https://smartshopper.com)).



# Express Scripts Pharmacy Programs



**EXPRESS SCRIPTS®**

**Express Scripts provides options for members taking maintenance medications that could save them time and money.**

## **Home Delivery**

### **Skip the trip with home delivery**

Members taking maintenance medications can choose to receive their prescriptions by home delivery from Express Scripts Pharmacy. The home delivery benefit covers a 90-day supply for 2½ copayments for those enrolled in a PPO plan. Members enrolled in the HSA Plan will pay their applicable deductible and coinsurance.

### **Other benefits of home delivery include:**

- ▶ no-cost standard shipping with online tracking,
- ▶ medications sent in secure, weather-resistant packages,
- ▶ talk with a pharmacist by phone 24/7,
- ▶ get texts and emails about orders and refills and more.

## **Smart90<sup>SM</sup> Program**

### **Save time with the convenience of the Smart90 Program**

Members enrolled in a PPO or HSA plan can choose the convenience of receiving a 90-day supply of maintenance medications at a participating retail pharmacy. Members enrolled in a PPO plan will pay the applicable 90-day retail supply copayment and members enrolled in the HSA Plan will pay the applicable deductible and coinsurance.

Other benefits of Smart90 include the easy transfer of prescriptions in-store, by phone or online and the convenience of auto-refills and refill reminders upon request.

Contact Express Scripts to find a pharmacy participating in the Smart90 program.







# MCHCP Programs

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## **Tired of paying more than you should at the pharmacy? Lower your prescription drug costs with Rx Savings Solutions (RxSS)!**

Health care providers know a lot, but they may not know what your prescriptions will cost you. That's where RxSS comes in. RxSS layers on top of your existing Express Scripts prescription drug coverage to

uncover every clinically sound way you can spend less on your prescriptions! RxSS proactively alerts members when lower-cost prescription drug options become available, saving them not only money, but time and energy, too!

**If this all still sounds a bit overwhelming, remember: this resource is as simple as 1, 2, 3!**

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Pharmacy technicians from RxSS will work with your health care providers to get the change approved, so you can begin saving money. (And in some instances, you may even earn a cash reward for your savings efforts.)

# MCHCP Programs

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## Strive Employee Life and Family (SELF) Program

*Check with your employer to see if the SELF Program is available to you.*

Personal problems, planning for big life events or dealing with daily stress can affect your overall well-being. The Strive Employee Life & Family (SELF) program (offered through ComPsych) is here to help. Eligible employees (and members of their household) can use the SELF program 24 hours a day, every day of the year. Services are offered at no cost, and include:



local, private, in-person, telephone, chat or video 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 and elder care facilities, moving, making big purchases and vacation-planning



an online library of health, wellness, consumer, family, work, education, law and finance topics

Eligible employees can log in to myMCHCP for access to SELF services.





# Health Plan Contacts

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## Medical

### Anthem

HSA Plan, PPO 1250 Plan and PPO 750 Plan

[www.anthem.com](http://www.anthem.com)

844-516-0248

7 a.m. to 7 p.m. M-F

### Express Scripts

[www.express-scripts.com](http://www.express-scripts.com)

800-797-5754

TTY: 866-707-1862

24 hours a day

### Accredo Specialty Pharmacy

800-803-2523

TTY: 877-804-9222

## Dental

### Delta Dental of Missouri

[microsite.deltadentalmo.com/MCHCP](http://microsite.deltadentalmo.com/MCHCP)

866-429-1095

7 a.m. to 5 p.m. M-F

## Vision

### National Vision Administrators, L.L.C. (NVA)

[www.e-nva.com](http://www.e-nva.com)

User Name: mchcp

Password: vision1

877-300-6641

TTY: 711

24 hours a day



## Websites

You can access all the health plans through your myMCHCP account on MCHCP's website. Health plan websites are provided as a convenience to our members. Access to other websites does not mean MCHCP endorses or is responsible for those websites.



my health. my choice. myMCHCP

**PO Box 104355**

**832 Weathered Rock Court**

**Jefferson City, MO 65110-4355**

**800-487-0771**

**573-751-0771**

**[www.mhcp.org](http://www.mhcp.org)**

