

2023 Plan Year

Dental and Vision



Open Enrollment

Oct. 1 – 31, 2022

During Open Enrollment, active employees may elect coverage and/or change coverage levels to be effective Jan. 1.

If you are a retired, terminated vested, long-term disability or survivor subscriber, you cannot add dependents, nor can you enroll in dental and/or vision coverage during Open Enrollment if you are not already enrolled in these plans.

If you do not change coverage during Open Enrollment and you are currently enrolled in a dental or vision plan, your coverage will continue at the same level.

Proof of Eligibility

MCHCP requires proof of eligibility for all dependents added to your coverage, such as a birth certificate for a child or marriage license for a spouse. If you enroll dependents during Open Enrollment, proof of eligibility must be received by Nov. 20, or your eligible dependents will not be added for coverage effective Jan. 1.

Who to Contact

MetLife or National Vision Administrators (NVA) for:

- Locating a provider
- Claims questions
- ID cards

MCHCP for:

- General benefit questions
- Eligibility questions
- Enrollment questions
- Address changes or forms
- MCHCPid requests

Helpful Tips

Provider Directories

Participating providers may change during the year. Contact the plan or the provider to verify participation. Visit MetLife or NVA's website for a list of network providers.

Benefit Information

This guide provides a summary of your benefits. More detailed information is available at www.mchcp.org.

Dental Plan

MetLife
www.metlife.com/mchcp
844-222-9106

Claims Address:
MetLife Dental Claims
PO Box 14588
Lexington, KY 40512

Second-Level Appeals Address:
MetLife Group Claims Review
PO Box 14589
Lexington, KY 40512

Vision Plan

National Vision Administrators, L.L.C. (NVA)
www.e-nva.com
Username: mchcp
Password: vision1
877-300-6641

Claims Address:
Attn: Claims
PO Box 2187
Clifton, NJ 07015

Appeals Address:
Attn: Complaints, Grievances and Appeals
PO Box 2187
Clifton, NJ 07015

832 Weathered Rock Court
Jefferson City, MO 65101

800-487-0771
573-751-0771

www.mchcp.org
myMCHCP



DENTAL PLAN

MetLife

OVERVIEW

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. 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, and it 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 below is an overview of benefits. More benefit information is available at www.mchcp.org.

Dental Services (The maximum benefit per individual is \$2,000. Preventive services do not count toward the maximum. The annual deductible per individual is \$50.)

Service Type	Brief Description	You will owe
Preventive (Type A)	Teeth cleaning and oral exam (one every six months), bitewing x-rays, topical fluoride (up to age 14).	Network — You owe nothing. There is no deductible.
		Non-Network — You owe 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 (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, 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.

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active Employee	\$24.32	\$48.42	\$50.26	\$84.24	Not Available
COBRA Subscriber	\$24.80	\$49.39	\$51.26	\$85.91	\$26.46
Retirees	\$24.32	\$48.42	\$50.26	\$84.24	Not Available

VISION PLAN

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

OVERVIEW

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 an NVA network provider for best use of the vision plan. 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 below is an overview of benefits. More benefit information is available at www.mchcp.org.

Vision Services

Service Type	Brief Description	Basic Plan — Network	Premium Plan — Network	Non-Network
Exams	One per year; two 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 and cost sharing)	\$25 copayment	\$25 copayment	Maximum amount NVA pays varies based on type of lenses.
Frames	Once every two years (and once every 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 Evaluation	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.

Vision Premiums

Plan Type	Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family		COBRA Child(ren)	
	Basic	Premium	Basic	Premium	Basic	Premium	Basic	Premium	Basic	Premium
Active Employee	\$3.54	\$4.48	\$7.10	\$8.94	\$10.22	\$12.90	\$14.60	\$18.40	Not Available	
COBRA Subscriber	\$3.61	\$4.56	\$7.23	\$9.11	\$10.42	\$13.16	\$14.88	\$18.77	\$6.81	\$8.60
Retirees	\$3.70	\$4.67	\$7.41	\$9.33	\$10.68	\$13.47	\$15.24	\$19.22	Not Available	

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