



BUILDING
a healthy future



Medicare Advantage — 2023 —

ENROLLMENT

— Guide and Premiums —

Welcome to MCHCP's Open Enrollment.

Medicare Advantage Plan

MCHCP's Medicare Advantage Plan includes the UnitedHealthcare® Group Medicare Advantage (PPO) plan for medical coverage and Express Scripts' Medicare Prescription Drug Plan. You will have a UnitedHealthcare member ID card for medical coverage and an Express Scripts ID card for prescription drug coverage. You will not use your Original Medicare card to get health care services.

Retiree members with Medicare (and Medicare-eligible dependents of retirees) are automatically enrolled in the Medicare Advantage Plan each year, and normally do not need to do anything during Open Enrollment. MCHCP takes care of it for you.

If you or one of your dependents does not have Medicare, that person will have a different plan. You will learn more inside this guide.



The **UnitedHealthcare Health at Home** program is to help members transition back home after being in the hospital. This support program combines meal delivery, transportation and in-home personal care when referred by a UnitedHealthcare advocate.

Renew Active is replacing SilverSneakers. You will have access to gyms and a variety of fitness classes. You will be able to work with a personal trainer to create a fitness plan and much more.

Rx Savings Solutions is a new service that will help you lower your prescription drug costs — a resource that gives members the ability to save money quickly and easily.

Questions?

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

MCHCP Member Services: 573-751-0771

Toll-free: 800-487-0771

Relay Missouri: 711 or 800-735-2966 (TTY)

MCHCP Website: www.mchcp.org

Use your smartphone or tablet camera to scan this QR code and visit our website.



Table of Contents

4-5	Enrollment Options
5	Special Enrollment Periods
6-7	UnitedHealthcare Group Medicare-Advantage PPO
8-9	Express Scripts Medicare Prescription Drug Plan
10	Dental
11	Vision
12	MCHCP Programs
12	Rx Savings Solutions
14-18	Premiums
14	Medicare Subscribers With Medicare Dependent(s)
15	Medicare Retiree Subscribers With Non-Medicare Dependent(s)
16	Medicare Long-Term Disability Subscribers With Non-Medicare Dependent(s)
16	Medicare Terminated Vested Subscribers With Non-Medicare Dependent(s)
17	Dental and Vision
19	Contacts

Enrollment Options

Coverage for retirees with Medicare and Medicare-eligible dependents of retirees is through the Medicare Advantage Plan, which includes the UnitedHealthcare® Group Medicare Advantage (PPO) plan for medical coverage and Express Scripts' Medicare Prescription Drug Plan for prescription drug coverage. If you do not want to be in the Medicare Advantage Plan, you must cancel your coverage with MCHCP, unless you qualify for an exception.

- ⊕ If you decide not to be in the Medicare Advantage Plan, you will lose your medical and prescription drug coverage through MCHCP, and you and your dependents will not be able to enroll later.
- ⊕ If you decide not to enroll your Medicare-eligible dependent, they will lose medical and prescription drug coverage through MCHCP and will not be able to enroll later.
- ⊕ If you decide not to be in the Medicare Advantage Plan, and you are a long-term disability subscriber, you will lose your medical and prescription drug coverage through MCHCP, and you will not be able to enroll until your retirement date, if applicable.

Enrollment in a non-MCHCP-sponsored Medicare Advantage Plan or Medicare Part D Prescription Drug Plan may result in you losing MCHCP coverage.

You or one of your covered family members does not have Medicare

When you or one of your covered family members does not have Medicare, then those on Medicare will be in the Medicare Advantage Plan, and the non-Medicare family member(s) will be in a plan (PPO 1250 Plan, PPO 750 Plan or HSA Plan) through Anthem. We will send a different Enrollment Guide for the non-Medicare person(s) to explain the choices available to them.

If you or your non-Medicare family member do not want to change to a different Anthem plan from your 2022 coverage, MCHCP will automatically keep you in that same plan in 2023.



Enrollment Options

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 dependents. Generally, we will need supporting documentation to prove that the event happened. Just 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
Qualified Medical Child Support Order (QMCSO)	within 60 days of court order

UnitedHealthcare®

Group Medicare-Advantage (PPO)

MCHCP offers the UnitedHealthcare (UHC) Group Medicare Advantage (PPO) plan for your medical coverage.

The word “Group” means that UHC designed this plan just for MCHCP. Only Medicare-eligible MCHCP members can be in this plan.

“Medicare Advantage” is also known as Medicare Part C.

Medicare Advantage has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care), plus extra programs that go beyond Original Medicare (Medicare Parts A and B).

UHC will cover Medicare Part B drugs. Generally, drugs covered under Medicare Part B are drugs you wouldn’t usually give to yourself. These include drugs you get in a doctor’s office or hospital outpatient setting. A few examples of Part B drugs include vaccinations like flu shots (covered at 100%), drugs used with a durable medical equipment item, injectable and infused drugs, transplant drugs and certain oral cancer drugs and anti-nausea drugs. You will pay 20% coinsurance for Part B drugs unless they are a preventive service which will be covered at 100%.

UHC’s Group Medicare Advantage (PPO) plan is contracted with Medicare. You will have access to the UHC provider network with nationwide coverage. You can see any provider (network or non-network) at the same cost share if the provider accepts the plan and has not opted out of Medicare.

You will get an information packet from UHC about services covered, as well as a member ID card. Each member of your family in the UHC Group Medicare Advantage (PPO) plan is separately enrolled and will get their own information packet.

UHC also offers special programs like Renew Active. Renew Active is replacing SilverSneakers. You will have access to gyms and a variety of fitness classes, will be able to work with a personal trainer to create a fitness plan and much more.

Cost Sharing

Preventive services are covered with no cost sharing. Most other services have copayments. That means you have a set fee, and the plan will pay the rest. You do not have to meet a deductible before the plan starts paying for these services – you just owe the copayment. For services with coinsurance, you must first meet the \$300 deductible before the plan will pay. Once the deductible is met, you will have to pay a 20% coinsurance. Your plan has an annual out-of-pocket maximum of \$1,500. Refer to your information packet or contact UnitedHealthcare® for additional information.

UnitedHealthcare® Group Medicare-Advantage (PPO)

This is a short description of some of the Medicare Advantage Plan benefits. Refer to your information packet or contact UnitedHealthcare for additional benefit information.

Plan Costs	Member Responsibility
Annual medical deductible	\$300
Annual out-of-pocket maximum	\$1,500

Medical Benefits

Medical benefits covered by the plan and Original Medicare

Service Type	Member Responsibility
Doctor's office visit	\$15 Primary care provider (PCP)
	\$0 Virtual doctor visits
	\$30 Specialist
Preventive services Medicare-covered	\$0 copay
Inpatient hospital care	\$150 copay per stay
Skilled nursing facility (SNF)	\$0 copay, Days 1-100
Outpatient surgery	\$100 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	\$30 copay
Mental health Outpatient and virtual	\$30 copay Group therapy
	\$30 copay Individual therapy
	\$30 copay Virtual visits
Diagnostic radiology services such as MRIs, CT scans	\$30 copay
Lab services	\$0 copay
Outpatient x-rays	\$25 copay
Therapeutic radiology services such as radiation treatment for cancer	\$30 copay
Ambulance	\$100 copay
Emergency care	\$100 copay (worldwide)
Urgently needed services	\$50 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

Service Type	Member Responsibility
Routine physical	\$0 copay; 1 per plan year
Chiropractic Services Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	\$20 copay
Chiropractic - routine	\$0 copay, Unlimited visits per year
Foot care - routine	\$0 copay, Up to 6 visits per year
Hearing - routine exam	\$0 copay
Hearing aids UnitedHealthcare Hearing	Plan pays a \$5,000 allowance (combined for both ears) for hearing aids every 2 years.
Vision - routine eye exam	\$0 copay, 1 exam every 12 months
Fitness program Renew Active	\$0 copay for a standard gym membership at participating locations
Telephonic Nurse Services	Receive access to nurse consultations and additional clinical resources at no additional cost.

Express Scripts Medicare Prescription Drug Plan

MCHCP offers the Express Scripts (ESI) Medicare Prescription Drug Plan (PDP) for your prescription drug coverage.

The Express Scripts Medicare PDP is a Medicare Part D plan with expanded prescription coverage. You will have access to ESI's network of pharmacies to fill your prescriptions. You must use the Medicare PDP network pharmacies. Covered Medicare Part D drugs are available at non-network pharmacies only in very special circumstances, such as illness while traveling where there is no network pharmacy. You may have to pay more for drugs received at non-network pharmacies, so it is important to use a network pharmacy whenever possible.

The PDP has a broad choice of covered drugs through the formulary. The Medicare PDP formulary is a list of covered FDA-approved generic and brand-name prescription drugs. ESI places covered drugs into three levels: preferred generic, preferred brand and non-preferred. Preferred drugs are covered at a lower cost to you.

There are some drugs that are not covered. These drugs have a covered alternative option that can be discussed with your provider. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price. Your provider may request a clinical exception. Approved exceptions are covered as a non-preferred drug.

The formulary list is available on the MCHCP website or by contacting ESI and can change throughout the year.

Express Scripts Medicare Prescription Drug Plan

Members can fill a prescription at a network pharmacy or through home delivery, and may receive up to a 90-day supply of certain maintenance drugs. The home delivery benefit covers up to a 90-day supply for 2 1/2 copayments.

Members will receive additional plan information directly from Express Scripts Medicare, including a benefit overview, formulary, pharmacy directory and monthly explanations of benefits.

Description	Tier	Home delivery three-month (90-day) supply	Retail one-month (31-day) supply	Retail two-month (60-day) supply	Retail three-month (90-day) supply
Initial Coverage Stage	Tier 1 Preferred Generic drugs	\$25 copayment	\$10 copayment	\$20 copayment	\$30 copayment
	Tier 2 Preferred Brand drugs	\$100 copayment	\$40 copayment	\$80 copayment	\$120 copayment
	Tier 3 Non-preferred drugs	\$250 copayment	\$100 copayment	\$200 copayment	\$300 copayment
Coverage Gap Stage (Donut Hole)	After annual drug costs reach \$4,660, members will continue to pay the same cost-sharing amount as in the Initial Coverage stage until annual out-of-pocket drug costs reach \$7,400.				
Catastrophic Coverage Stage	After annual out-of-pocket drug costs reach \$7,400, members will pay the greater of 5% coinsurance or: <ul style="list-style-type: none"> A \$4.15 copayment for covered preferred generic drugs (including preferred drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage Stage. An \$10.35 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage Stage. 				

Dental



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, you can, but 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 they may bill you the difference between MetLife's allowable and the full cost of the service.

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.

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



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. However, if you decide to go to a non-network provider, you can, but 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.

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; 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 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.

MCHCP Programs



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

How does it work?

Doctors know a lot, but they may not know what your prescriptions will cost you. That's where RxSS comes in.

RxSS gives MCHCP health plan for medical coverage members the keys to taking charge of their prescription expenses by allowing them to compare medication prices quickly and easily. RxSS proactively alerts members when lower-cost prescription drug options become available, saving 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!



- 1.) Review possible options for lower-cost medications (including generics, brands and equally effective prescription drugs that treat the same condition).

- 2.) Compare prices between different pharmacies.



- 3.) Switch to a lower-cost prescription with one click.

And that's it! Pharmacy technicians from RxSS will work with your doctor 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!)



Premiums

Medicare Subscribers With Medicare Dependents

The premiums on this page are what you will pay each month for coverage based on your years of service.

Medicare Retiree Subscriber After July 1, 2002

Years of Service	Retiree/ Survivor	With 1 Medicare Dependent	With 2 Medicare Dependents	With 3 Medicare Dependents
26 years or more	\$75	\$150	\$225	\$300
25 years	80	160	240	320
24 years	86	171	257	343
23 years	91	182	273	364
22 years	96	193	289	385
21 years	102	203	305	407
20 years	107	214	321	428
19 years	112	225	337	449
18 years	118	235	353	471
17 years	123	246	369	492
16 years	128	257	385	514
15 years	134	267	401	535
14 years	139	278	417	556
13 years	144	289	433	578
12 years	150	300	450	600
11 years	155	310	465	620
10 years	160	321	481	641
9 years	166	332	498	664
8 years	171	342	513	684
7 years	177	353	530	707
6 years	182	364	546	728
5 years	187	375	561	748
4 years	193	385	578	771
3 years	198	396	594	792
2 years	203	407	610	813
1 year	209	417	626	835

Medicare Retiree Subscriber Before July 1, 2002

Years of Service	Retiree/ Survivor	With Medicare Spouse
26 years or more	\$75	\$150
25 years	80	160
24 years	86	171
23 years	91	182
22 years	96	193
1–21 years	96	195

Medicare Non-Retired Subscriber Categories

	Subscriber	With Medicare Spouse
Long-Term Disability	\$96	\$195
Terminated Vested	214	428

Premiums

Medicare Retiree Subscriber With Non-Medicare Dependent(s)

The premiums on this page are the total monthly premium, and are not what you will pay for coverage. To determine what you will pay, go to your myMCHCP account to calculate your monthly premium. The amount will vary by years of service.

Medicare Plan Option:		Medicare Advantage Plan		
Non-Medicare Plan Options:		HSA Plan	PPO 1250 Plan	PPO 750 Plan
Medicare retiree and non-Medicare spouse		\$1,095	\$1,222	\$1,284
Medicare retiree, non-Medicare spouse and non-Medicare child		1,342	1,500	1,578
Medicare retiree, non-Medicare spouse and non-Medicare children		1,545	1,754	1,846
Medicare retiree, Medicare spouse and non-Medicare child		675	706	723
Medicare retiree, Medicare spouse and non-Medicare children		878	960	991
Medicare retiree and non-Medicare child		461	491	509
Medicare retiree and non-Medicare children		664	746	777
Medicare retirees will choose the HSA Plan, PPO 1250 Plan or PPO 750 Plan for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.				

Premiums without contraception coverage are available upon request.

Premiums

Medicare Long-Term Disability Subscriber With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

Medicare Plan Option:	Medicare Advantage Plan		
Non-Medicare Plan Options:	HSA Plan	PPO 1250 Plan	PPO 750 Plan
Medicare subscriber and non-Medicare spouse	\$758	\$885	\$947
Medicare subscriber, non-Medicare spouse and non-Medicare child	892	1,050	1,128
Medicare subscriber, non-Medicare spouse and non-Medicare children	1,095	1,304	1,396
Medicare subscriber, Medicare spouse and non-Medicare child	328	359	376
Medicare subscriber, Medicare spouse and non-Medicare children	531	613	644
Medicare subscriber and non-Medicare child	232	262	280
Medicare subscriber and non-Medicare children	435	517	548

Medicare Long-Term Disability subscribers will choose the HSA Plan, PPO 1250 Plan or PPO 750 Plan for their non-Medicare spouses and/or non-Medicare children. If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Medicare Terminated Vested Subscriber With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

Medicare Plan Option:	Medicare Advantage Plan		
Non-Medicare Plan Options:	HSA Plan	PPO 1250 Plan	PPO 750 Plan
Medicare subscriber and non-Medicare spouse	\$925	\$1,026	\$1,075
Medicare subscriber, non-Medicare spouse and non-Medicare child	1,124	1,304	1,370
Medicare subscriber, non-Medicare spouse and non-Medicare children	1,287	1,558	1,638
Medicare subscriber, Medicare spouse and non-Medicare child	627	706	723
Medicare subscriber, Medicare spouse and non-Medicare children	791	960	991
Medicare subscriber and non-Medicare child	413	491	509
Medicare subscriber and non-Medicare children	577	746	777

Medicare Terminated Vested subscribers will choose the HSA Plan, PPO 1250 Plan or PPO 750 Plan for their non-Medicare spouses and/or non-Medicare children. If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Premiums without contraception coverage are available upon request.

Premiums

Dental

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
\$24.32		\$48.42		\$50.26		\$84.24	

Vision

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
\$3.70	\$4.67	\$7.41	\$9.33	\$10.68	\$13.47	\$15.24	\$19.22



Health Plan Contacts

Medical

UnitedHealthcare®

Group Medicare Advantage (PPO) plan

www.uhcretiree.com/MCHCP

1-844-884-1848

8 a.m. to 8 p.m. M-F

Express Scripts, Inc. (ESI)

Express Scripts Medicare

www.express-scripts.com

866-544-6963

TTY: 800-716-3231

24 hours a day

Dental

Metlife

www.metlife.com/mchcp/

844-222-9106

TTY: 711

7 a.m. to 10 p.m. M-F

Vision

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

www.e-nva.com

User Name: mchcp

Password: vision1

877-300-6641

TTY: 711

24 hours a day

Resource Disclaimers

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.

