



BUILDING
a healthy future



State Employees — 2023 —

ENROLLMENT

— Guide and Premiums —

Welcome to MCHCP

It's time to enroll.

MCHCP recognizes that each of our members has unique needs. That is why we offer different health plan options — so our members can choose what is best for themselves and their families.

During Open Enrollment, you can choose to make changes to your health plan selections; or if you do not want to make any health plan changes from what you have in 2022, you can let them remain the same.

There are steps you will be required to complete to earn any incentives (Partnership and Tobacco-Free) you want to receive in 2023. These incentives help lower your monthly premiums by ensuring you take steps to manage your health.

Additionally, if you are enrolled in the Health Savings Account (HSA) Plan or have a Flexible Spending Account (FSA), you will need to make contribution amount selections for 2023.

To complete these steps, or make any enrollment changes, just visit our website between Oct. 1–31. Log in to your myMCHCP account and you can go through the entire enrollment process.

Be sure to follow us on Facebook, Twitter and YouTube. We post MCHCP news and updates, recipes, health videos and other useful information throughout the year.

Together in 2023, we can work to build a healthy future!

Questions?

This guide is a 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.



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Medical & Pharmacy Plan Overview						
	Health Savings Account (HSA) Plan		PPO 1250 Plan		PPO 750 Plan	
	MCHCP will annually contribute to the HSAs of active employees \$300 for individual coverage and \$600 for family coverage.					
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible (must meet deductible before coinsurance)	\$1,650/individual \$3,300/family	\$3,300/individual \$6,600/family	\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family	\$750/individual \$1,500/family	\$1,500/individual \$3,000/family
Medical Out-of-Pocket Maximum	\$4,950/individual \$9,900/family	\$9,900/individual \$19,800/family	\$3,750/individual \$7,500/family	\$7,500/individual \$15,000/family	\$2,250/individual \$4,500/family	\$4,500/individual \$9,000/family
Prescription Out-of-Pocket Maximum	Combined with Medical	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	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	20% coinsurance	40% coinsurance
LiveHealth Online Visit	MCHCP pays 100%	N/A	MCHCP pays 100%	N/A	MCHCP pays 100%	N/A
Urgent Care	20% coinsurance	Paid as Network Benefit	\$50 copayment	Paid as Network Benefit	20% coinsurance	Paid as Network Benefit
Emergency Room	20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as 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 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 1-31 days 32-60 days 61-90 days (home delivery) 61-90 days (retail)	Generic \$10 \$20 \$25 \$30	Preferred \$40 \$80 \$100 \$120	Non-Preferred \$100 \$200 \$250 \$300 Specialty \$75 through Accredo - - -

Enrollment Options

During the month of October, you can enroll, change or cancel medical, dental or vision coverage. Any changes will be effective Jan. 1, 2023.

Log in to your myMCHCP account during Open Enrollment (or you can check out the Forms page on our website for printable options) to act. If you are not sure about how to log in to your account, give us a call at 800-487-0771. We can help walk you through the steps to do that.

There are tools on our website to help you decide which MCHCP health plan best fits your needs. Use the myPlan advisor tool on MCHCP's website to help you compare costs and see which plan option is the best fit for you.

Additionally, be sure to save money by completing the process to earn incentives and receive a 2023 medical premium reduction.

If you are enrolled in the Health Savings Account (HSA) Plan or have a Flexible Spending Account (FSA), you will need to make contribution amount selections for 2023.

What's new for 2023?

Rx Savings Solutions

Lower your prescription drug costs with Rx Savings Solutions — a resource that gives members the ability to save money quickly and easily.
(See page 21.)

Together in 2023, we can work to build a healthy future!

Use your smartphone or tablet camera to scan this QR code and visit the Open Enrollment webpage.



Enrollment Options

Frequently Asked Questions

Can I keep my 2022 plan choices in 2023 without changes?

If 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 2023 that you had in 2022.

How do I enroll, change or cancel coverage?

To enroll, change or cancel coverage, simply log in to your myMCHCP account during Open Enrollment to make your choice for 2023.

How do I add dependents (spouse or children)?

Log in to your myMCHCP account to add dependents to the health plan(s). MCHCP must receive proof of dependent eligibility by Nov. 20, 2022 for coverage to start Jan. 1, 2023.

I have Strive for Wellness Incentives in 2022 - Do I need to do anything to keep them?

Members who received a *Strive for Wellness*® incentive premium reduction in 2022 will need to complete the requirements for that incentive again prior to Nov. 30, 2022, if they wish to receive it at the start of the 2023 plan year (Jan. 1, 2023). Incentive requirements can be completed at any time, though! Premium reductions begin the first day of the second month after the required incentive steps are completed.

EXAMPLES OF PROOF OF ELIGIBILITY

- petition for adoption
- court-ordered guardianship
- order of placement

- birth certificate
- proof of paternity
- marriage license

I'm married to another state employee, and we have children. What do we need to do?

If you are married to another state employee, you must enroll separately. It may make sense for you to participate in a "Family Roll Up" if you cover children, to share a deductible and out-of-pocket maximum. To do that, you must each enroll in the same health plan for medical coverage (HSA, PPO 1250 or PPO 750), and provide your spouse's Social Security number, so we can link you both together in our system.

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 yourself or your dependents, or even change plans. 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
Loss of Medicaid status	within 60 days of status loss
Qualified Medical Child Support Order (QMCSO)	within 60 days of court order



Health Plan Options

MCHCP offers three health plan options that include medical coverage administered by Anthem and prescription drug coverage administered by Express Scripts, Inc. (ESI). Each option offers the same nationwide networks, and you can access non-network providers, too. Network preventive services are always paid at 100%. Turn to pages 4 and 5 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 a health savings account (HSA). To learn more about the health savings account, turn to page 12.

In addition to preventive services paid at 100%, there are some drugs (like covered insulin, statins, and more) that bypass your deductible – you will just owe coinsurance. Network nutrition counseling and four diabetes self-management education visits may be covered at 100% after your deductible is met. For other drugs and services, you must meet the deductible and pay coinsurance. Members with family coverage enrolled in the HSA Plan must meet the overall family deductible before the plan pays.

PPO Plans

MCHCP offers two PPO Plans – the **PPO 1250 Plan** and **PPO 750 Plan**.

In addition to preventive services, network nutrition counseling and four diabetes self-management education visits may be covered at 100%. Under PPO Plans, most services are subject to deductible and coinsurance.

The PPO 1250 Plan includes office visit copayments not subject to deductible and coinsurance. In addition, both PPO Plans have copayments for emergency room visits (waived if it is a true emergency or admitted) plus you pay deductible and coinsurance. Hospital stays also have a copayment plus you pay deductible and coinsurance.

Copayments do not count toward the deductible but do count toward the maximum out-of-pocket amount. PPO Plan members have access to flexible spending accounts (FSAs). To learn more, turn to page 12.

Prescription Drugs

All medical coverage includes MCHCP's prescription drug benefits, administered by Express Scripts, Inc. (ESI). ESI provides a nationwide retail pharmacy network, as well as its specialty pharmacy, Accredo. ESI 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. ESI's preferred formulary list is available on MCHCP's website or by calling ESI.

TRICARE Supplement Plan

Military members (and their eligible dependents) can choose Selman and Company's TRICARE Supplement Plan instead of MCHCP medical and pharmacy benefits. The TRICARE Supplement Plan works with the U.S. Department of Defense's TRICARE health benefit plan. Only non-Medicare state employees enrolled in TRICARE are eligible to participate. Premiums are not set by MCHCP, and MCHCP does not contribute to them.

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

Health Plan Options

myPlan Advisor

Choosing the right health plan for medical coverage is an important decision. It's important to consider how they are similar, where they differ in cost, and which one is the right fit for you. To help you decide which best fits your needs, go to the myPlan advisor tool on MCHCP's website. It will help you review premiums and, using your past claims, estimate your out-of-pocket costs to rank your choices.

Reduce your Premium

You can reduce your MCHCP medical premium with our two *Strive for Wellness*® Incentives and save up to \$1,260 per year! Here's how:

Partnership Incentive: Complete the Partnership Promise, Health Assessment and Health Education Quiz online to earn a \$25 monthly premium reduction. That's a total savings of \$300 for all 12 months.

Tobacco-Free Incentive: You and your covered spouse can complete the Tobacco-Free Promise or Quit Tobacco Promise form to earn up to an \$80 monthly premium reduction (\$40 per person). That's a total savings of \$960 for all 12 months if both you and your covered spouse participate. If only one person participates, your total savings will be \$480 for all 12 months.

Take Action: *Strive for Wellness* Incentives do not automatically annually renew. You must complete the Incentives requirements by Nov. 30, 2022, to begin saving Jan. 1, 2023. If you miss the Nov. 30 2022 date, you can still earn them, but savings will start after Jan. 2023. The longer you delay, the less you save!

Those enrolled in the TRICARE Supplement Plan are not eligible to participate.

Health Plan Options

Health Savings Account (HSA) and Flexible Spending Account (FSA)

An HSA (through Central Bank of Jefferson City) or FSA (through MoCAFE administered by ASIFlex) can help save you money with pre-tax deductions from your paycheck. Both accounts allow you to deposit money to pay qualified medical expenses as allowed by the IRS.

Health Savings Account

HSA Plan subscribers will get an HSA through Central Bank of Jefferson City, so you can start accumulating money over time. It's a great way to save money for retirement to help pay medical expenses. MCHCP will contribute an annual maximum of \$300 (subscriber only coverage) or \$600 (subscriber with dependent coverage) to state employees' HSAs. Subscribers can contribute more money up to the federal contribution limits. Contributions must be elected each year. You can make changes to the amount you contribute throughout the year. We make it easy when you log in to your myMCHCP account. Contribution rules for HSAs are complex, so consult a tax advisor if you have any questions, as we do not provide tax advice.

Flexible Spending Account

All state employees are auto-enrolled in a premium only plan to allow premiums to be deducted from paychecks tax free. With a couple of exceptions, only PPO Plan members are eligible for an FSA. HSA plan members can also have a limited purpose FSA just for dental and vision expenses. Once you enroll in an FSA, you cannot make changes to your contribution amount unless you meet an exception. You must use all the funds before the annual deadline or lose what funds remain. MCHCP makes it easy to elect FSA contributions when you go through Open Enrollment. Visit www.mocafe.com or scan this QR code to learn more.





Health Plan Options

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.

Health Plan Options

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.

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.

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 medical, pharmacy, dental and vision details in one place. (Sydney Health is also available in an online format when you select the "Medical" button 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.



Find Care

Search for doctors, 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.



Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.



Download Sydney Health today

Use the app anytime to:

- ✓ find care and compare costs
- ✓ see what's covered and check claims
- ✓ view and use digital ID cards

Use your smartphone or tablet camera to scan this QR code to download the app.



Anthem Programs

LiveHealth Online

Through LiveHealth Online, you can visit with a doctor or behavioral health provider 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 Sydney Health app, or by calling 888-548-3432 to schedule an appointment.

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
- ✓ cold
- ✓ flu
- ✓ fever
- ✓ allergies
- ✓ sinus infection
- ✓ other non-emergency conditions



A provider can assess your condition, provide a treatment plan and then 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.

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 help 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.

Anthem Programs

SmartShopper[®]

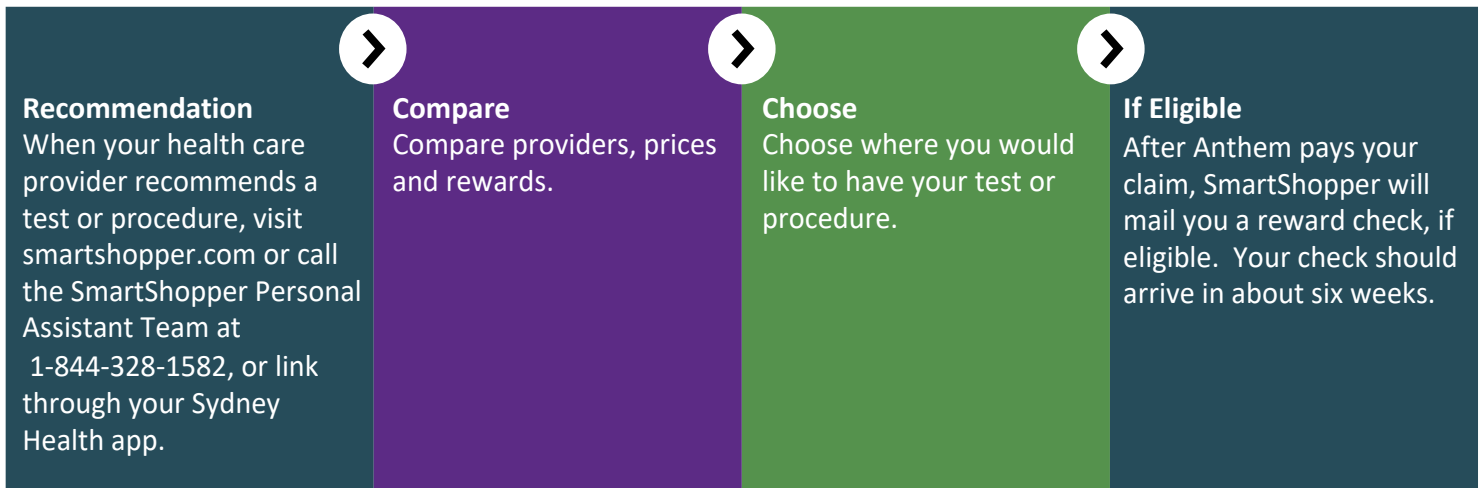
Save money and earn a cash reward!

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, or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options, schedule your appointment and earn a reward.



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).

SmartShopper FYI!

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.

Anthem Programs

Anthem Health Guide

Peace of mind is important. If you are struggling with your medical coverage, you expect someone to answer your questions, right? You want someone to help you understand your benefits, or figure out next steps in dealing with a health issue. What do you do when a claim is denied and you disagree? What if you get an unexpected bill from your health care provider? Anthem hears you. And they're here for you, too.

Anthem Health Guide: Supporting you with more than just answers.

You can reach an Anthem Health Guide by phone, 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:

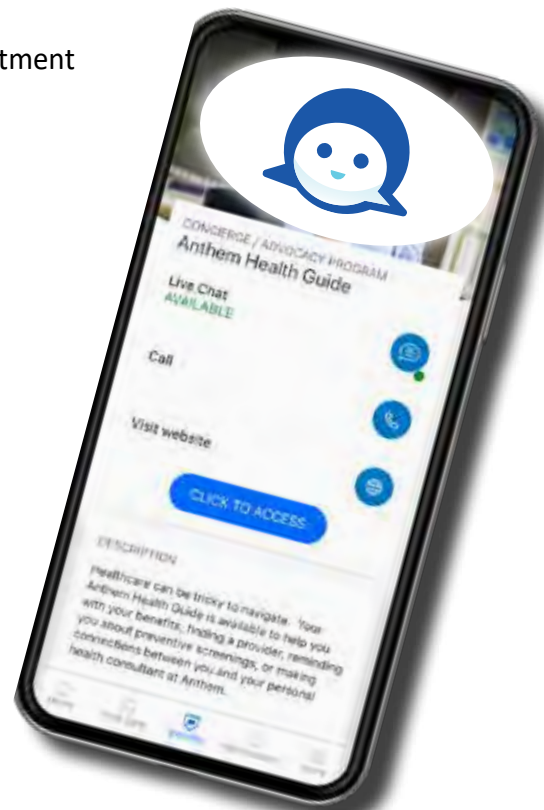
- ✓ answer medical benefit questions, including what is covered or not, and if a service needs a preauthorization
- ✓ help you understand letters, explanations of benefits (EOBs) or bills you receive
- ✓ walk you through what you need to do to appeal a claim denial
- ✓ connect you with additional programs and needed support
- ✓ compare costs, find in-network providers, set up an appointment and more

24/7 NurseLine

Anthem members have access to 24-hour nurse call lines for health-related questions.

If you're unsure whether to go to the doctor for an illness or just want more information about a treatment or condition, registered nurses are on hand all day, every day to help.

To use this service, call 800-337-4770.



ESI Pharmacy Programs







ESI 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 coinsurance.

Other benefits of home delivery include:

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

Smart90SM 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 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 ESI to find a pharmacy participating in the Smart90 program.

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!)

MCHCP Programs

Strive Employee Life and Family (SELF) Program

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. State employees eligible for MCHCP medical coverage (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, telephonic, 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

Active employees eligible for MCHCP medical coverage can log in to myMCHCP for access to SELF services. Employees can keep using the SELF program for 18 months following their retirement. Household members can use the SELF program for six months after the member's death.

MCHCP Programs

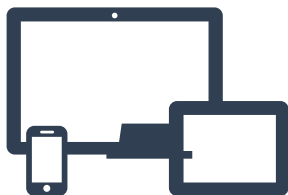


Wondr Health is a personalized, no-cost, skills-based digital weight management program that helps participants feel their best mentally and physically through simple, clinically-proven techniques and tools.



A renowned team of doctors and clinicians teach participants how to enjoy their favorite foods and still lose weight, sleep better and less stress.

Additionally, a group of health coaches are ready to assist participants at any time, and an online support community of counselors and past and current participants are available to share tips, encouragement or answer questions.



All that is required to join Wondr Health is a desktop computer, laptop, smartphone and/or tablet with Internet connectivity. Classes are completely online, and take place several times each year. Participants can watch lessons and interact with the program whenever it's convenient to them.

Participants must be age 18 or older, on a health plan administered by Anthem, and meet Wondr Health's clinical criteria.

Sign-up is limited. Join the wait list today by visiting wondrhealth.com/MCHCP.

MCHCP Programs



The *Strive for Wellness*® Health Center (located in room 478 of Jefferson City's Harry S Truman State Office Building) offers routine care at hours designed to fit into a hectic workday. Non-Medicare primary MCHCP members age 18 and older enrolled in MCHCP medical coverage can receive treatment for common illnesses and behavioral health services at a low cost.

Examples of services offered include:

- ⊕ treatment of sinus and ear infections, flu, back pain and allergies
- ⊕ certain vaccinations (flu, hepatitis B, COVID-19, shingles, etc.)
- ⊕ health screenings and lab work
- ⊕ behavioral health counseling

An office visit fee (PPO plans — \$15; HSA Plan — \$45) covers these services for the entire visit. Preventive services are covered at 100%. Health Center services are outside of MCHCP's health plan benefits, so fees do not apply toward deductibles or out-of-pocket maximums. Payment is due at the time of the service. Cash, check and major credit cards are accepted.

The Health Center is open at the following times:

Mondays: 8 a.m.–1 p.m. and 2–5 p.m.

Tuesdays: 7–11 a.m. and 12–4 p.m.

Wednesdays: 8 a.m.–1 p.m. and 2–5 p.m.

Thursdays: 8 a.m.–1 p.m. and 2–5 p.m.

Fridays: 7–11 a.m. and 12–4 p.m.



To schedule an appointment, call 573-526-3175 (TTY 573-526-3180), or log in to your myMCHCP account. Parking passes are available for reserved spaces upon request.



Premiums

Active Employee Premiums With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$0	\$25	\$42	\$67	\$72	\$97
Employee and spouse	77	102	244	269	324	349
Employee and child	13	38	70	95	114	139
Employee and children	19	44	90	115	145	170
Employee, spouse and child	90	115	272	297	365	390
Employee, spouse and children	96	121	292	317	397	422

The premium listed for "employee and spouse" and "employee, spouse and child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Active Employees Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee only	\$40	\$65	\$82	\$107	\$112	\$137
Employee and spouse	157	182	324	349	404	429
Employee and child	53	78	110	135	154	179
Employee and children	59	84	130	155	185	210
Employee, spouse and child	170	195	352	377	445	470
Employee, spouse and children	176	201	372	397	477	502

The premium listed for "employee and spouse" and "employee, spouse and child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Leave of Absence Subscriber Premiums With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$624	\$649	\$708	\$733	\$755	\$780
Subscriber and spouse	1,518	1,543	1,732	1,757	1,846	1,871
Subscriber and child	883	908	970	995	1,034	1,059
Subscriber and children	1,225	1,250	1,352	1,377	1,443	1,468
Subscriber, spouse and child	1,752	1,777	1,993	2,018	2,125	2,150
Subscriber, spouse and children	2,094	2,119	2,375	2,400	2,534	2,559

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Leave of Absence Subscriber Premiums Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$664	\$689	\$748	\$773	\$795	\$820
Subscriber and spouse	1,598	1,623	1,812	1,837	1,926	1,951
Subscriber and child	923	948	1,010	1,035	1,074	1,099
Subscriber and children	1,265	1,290	1,392	1,417	1,483	1,508
Subscriber, spouse and child	1,832	1,857	2,073	2,098	2,205	2,230
Subscriber, spouse and children	2,174	2,199	2,455	2,480	2,614	2,639

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

COBRA Subscriber Premiums With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$611	\$636	\$722	\$747	\$770	\$795
Subscriber and spouse	1,498	1,523	1,766	1,791	1,883	1,908
Subscriber and child	850	875	989	1,014	1,055	1,080
Subscriber and children	1,198	1,223	1,379	1,404	1,472	1,497
Subscriber, spouse and child	1,736	1,761	2,033	2,058	2,168	2,193
Subscriber, spouse and children	2,085	2,110	2,423	2,448	2,584	2,609
Child only	238	238	267	267	285	285

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

COBRA Subscriber Premiums Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$651	\$676	\$762	\$787	\$810	\$835
Subscriber and spouse	1,578	1,603	1,846	1,871	1,963	1,988
Subscriber and child	890	915	1,029	1,054	1,095	1,120
Subscriber and children	1,238	1,263	1,419	1,444	1,512	1,537
Subscriber, spouse and child	1,816	1,841	2,113	2,138	2,248	2,273
Subscriber, spouse and children	2,165	2,190	2,503	2,528	2,664	2,689
Child only	238	238	267	267	285	285

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Level B Foster Parent Premiums With Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$624	\$649	\$708	\$733	\$755	\$780
Subscriber and spouse	1,518	1,543	1,732	1,757	1,846	1,871
Subscriber and child	883	908	970	995	1,034	1,059
Subscriber and children	1,225	1,250	1,352	1,377	1,443	1,468
Subscriber, spouse and child	1,752	1,777	1,993	2,018	2,125	2,150
Subscriber, spouse and children	2,094	2,119	2,375	2,400	2,534	2,559

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Level B Foster Parent Premiums Without Tobacco-Free Incentive

Level of Coverage	HSA Plan		PPO 1250 Plan		PPO 750 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	\$664	\$689	\$748	\$773	\$795	\$820
Subscriber and spouse	1,598	1,623	1,812	1,837	1,926	1,951
Subscriber and child	923	948	1,010	1,035	1,074	1,099
Subscriber and children	1,265	1,290	1,392	1,417	1,483	1,508
Subscriber, spouse and child	1,832	1,857	2,073	2,098	2,205	2,230
Subscriber, spouse and children	2,174	2,199	2,455	2,480	2,614	2,639

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active, Leave of Absence and Level B Foster Parent Subscribers	\$24.32	\$48.42	\$50.26	\$84.24	N/A
COBRA Subscribers	\$24.80	\$49.39	\$51.26	\$85.91	\$26.46

Vision Premiums

	Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family		COBRA Child(ren)	
	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
Active, Leave of Absence and Level B Foster Parent Subscribers	\$3.54	\$4.48	\$7.10	\$8.94	\$10.22	\$12.90	\$14.60	\$18.40	N/A	N/A
COBRA Subscribers	\$3.61	\$4.56	\$7.23	\$9.11	\$10.42	\$13.16	\$14.88	\$18.77	\$6.81	\$8.60

TRICARE Supplement Premiums

Subscriber Only	\$60.50
Subscriber and Spouse	\$119.50
Subscriber and Child(ren)	\$119.50
Subscriber and Family	\$160.50

Health Plan Contacts

Medical

Anthem
HSA Plan, PPO 1250 Plan and PPO 750 Plan
www.anthem.com
844-516-0248
7 a.m. to 7 p.m. M-F

Express Scripts, Inc. (ESI)
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

TRICARE Supplement Plan
Selman & Company
info.selmanco.com/mchcp
800-638-2610

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.

