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A large circular graphic dominates the center of the page. It depicts a spiral staircase with a central pillar, viewed from above. The staircase has a grey metal railing and perforated metal treads. The central pillar is a solid grey column. The entire scene is set within a circular frame. Overlaid on the bottom-left portion of this circle is a semi-transparent orange circle. Inside this orange circle, the text 'ENROLLMENT GUIDE & PREMIUMS' is written in a large, bold, white, sans-serif font. Below this, the text 'LINCOLN UNIVERSITY' is written in a smaller, white, sans-serif font, with a thin white horizontal line above it.

**ENROLLMENT  
GUIDE & PREMIUMS**

*LINCOLN UNIVERSITY*

**IN STEP WITH YOUR HEALTH**

# Welcome to MCHCP

## It's time to enroll.

Welcome to the Missouri Consolidated Health Care Plan (MCHCP)! We are pleased to partner with Lincoln University to offer eligible employees medical, dental and vision plan coverage in 2024.

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.

Open Enrollment is Oct. 1-31, 2023. During this time, you will make plan selections for coverage effective Jan. 1, 2024. Proof of eligibility is required to enroll dependents.

MCHCP offers members medical coverage through Anthem, prescription drug coverage through Express Scripts, dental coverage through Delta Dental and vision coverage through National Vision Administrators.

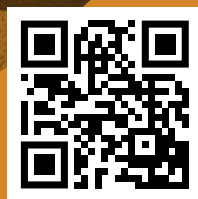
Review this Enrollment Guide and visit [www.mchcp.org](http://www.mchcp.org) to learn about the plan options available to you and your eligible dependents. To enroll, register for our secure online member portal, myMCHCP. (To access it, select the “myMCHCP” link in the upper left of the MCHCP homepage.) Once signed in to myMCHCP, members can complete their enrollment online.

MCHCP will also hold Open Enrollment meetings on campus to provide benefit information and answer your questions about enrollment.

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.

## Questions? We are here to help!

MCHCP's Member Services is available by calling 800-487-0771, Monday through Friday from 8:30 a.m. to 4:30 p.m., or by logging in to myMCHCP and sending a secure message. MCHCP is closed on state holidays.



SCAN



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# Medical & Pharmacy

## Health Savings Account (HSA) Plan

MCHCP will annually contribute to the HSAs of active employees  
\$500 for individual coverage and \$1,000 for family coverage.

	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</b> <b>Sydney Health</b>	<b>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>Generic: 10% coinsurance</b> <b>up to \$50*</b> <b>Preferred: 20% coinsurance</b> <b>up to \$100*</b> <b>Non-Preferred: 40% coinsurance</b> <b>up to \$200*</b>  <i>*These amounts are for a 31-day supply.</i>	Generic and Preferred: 40% coinsurance Non-Preferred: 50% coinsurance

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

# Enrollment Options

## Frequently asked Questions


### *How do I enroll for coverage?*

To enroll, simply register for a myMCHCP account and log in during Open Enrollment to make your choice(s) for 2024. (See pages 9-14 for more information on your health plan options.) Here are the necessary steps you should go through to complete your enrollment:

1. Register for our secure online member portal, myMCHCP. (To access it, select the “myMCHCP” link in the upper left of the MCHCP homepage.)
2. Log in to myMCHCP between Oct. 1-31, and make your Open Enrollment selections.
3. Provide Proof of Eligibility for dependents by Nov. 20, 2023. (For examples of Proof of Eligibility, see the examples on pg. 6.)
4. Complete the Strive for Wellness® incentives (Partnership and/or Tobacco-Free) to receive a reduction in your monthly premiums.

### *What are the Strive for Wellness® incentives, and what do I need to do to get them?*

Members who wish to receive a reduction in premium can do so by completing the steps to receive the Strive for Wellness® incentives. (See page 10 for more information.) Members who want to receive a Strive for Wellness® incentive premium reduction starting Jan. 1, 2024 will need to complete the requirements for that incentive prior to Nov. 30, 2023. Incentive requirements can be completed at any time, though, by logging in to myMCHCP! Premium reductions begin the first day of the second month after the required incentive steps are completed.



***My spouse and I are enrolled separately, and we have children. What do we need to do?***

You may participate in “Family Roll Up” if you cover children to share a single family deductible and out-of-pocket maximum. To have Family Roll Up, each spouse must enroll in the same health plan for medical coverage (HSA, PPO 1250 or PPO 750 Plan) and provide your respective spouse’s social security number, so we can link you both together in our system. You can decide which child(ren) is enrolled under which spouse’s coverage.

***How do I add dependents (spouse or children)?***

Log in to your my MCHCP account to add dependents to your health plan(s). Enrollment is not complete until proof of eligibility is received by MCHCP for each dependent. During Open Enrollment proof of eligibility must be received by Nov. 20, 2023, for coverage to begin Jan. 1, 2024. If you miss the deadline, you may have to wait until the next open enrollment period before you can add a dependent to your coverage.

***How do I submit Proof of Eligibility?***

You can upload a PDF or JPG file of the proof of eligibility from your myMCHCP account. Go to the Upload Center, select Proof of Eligibility, and follow the instructions. If do not have a PDF or JPG file of your proof of eligibility, you can fax it to 866-346-8785 or mail it to MCHCP at PO Box 104355, Jefferson City, MO 65110-4355 or you can drop it off at our office. Be sure when you fax or mail it to include your identification (Name and MCHCP ID or Social Security Number) with it, so we know it is for your dependent(s).

**Examples of proof of eligibility**

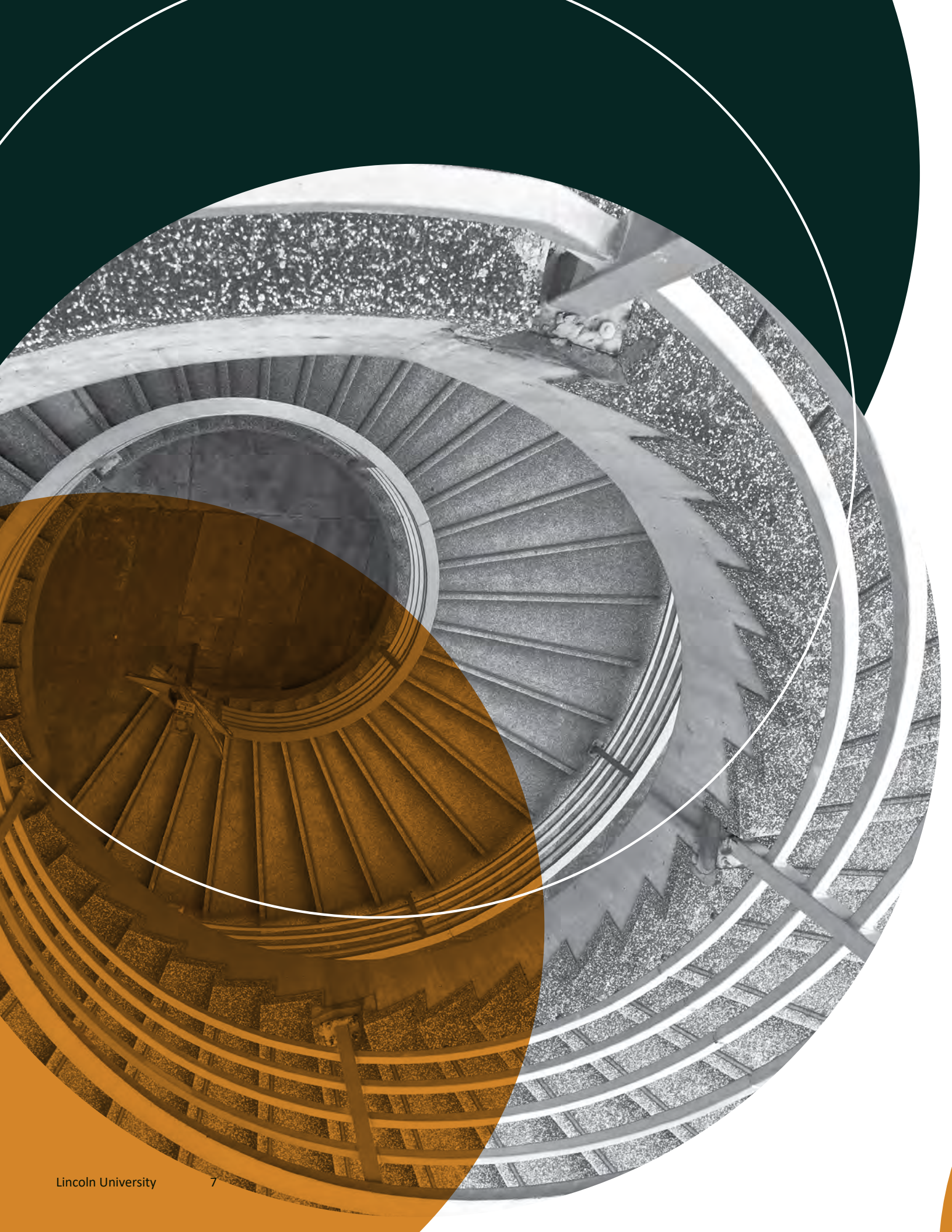
- ▶ petition for adoption
- ▶ court-ordered guardianship
- ▶ order of placement
- ▶ birth certificate
- ▶ proof of paternity
- ▶ marriage license

***I am married to a state employee or to a Lincoln University employee. Can I enroll my spouse as my dependent under my coverage?***

If both spouses are employees covered by MCHCP (whether either is a state employee or Lincoln University employee), each spouse must enroll separately.

***What happens if I do not enroll in MCHCP by Oct. 31, 2023.***

If you do not complete enrollment by Oct. 31, 2023, you will not have coverage through MCHCP starting Jan. 1, 2024. You will have to wait until the next Open Enrollment period before you can enroll in MCHCP, unless you otherwise qualify under a special enrollment period.

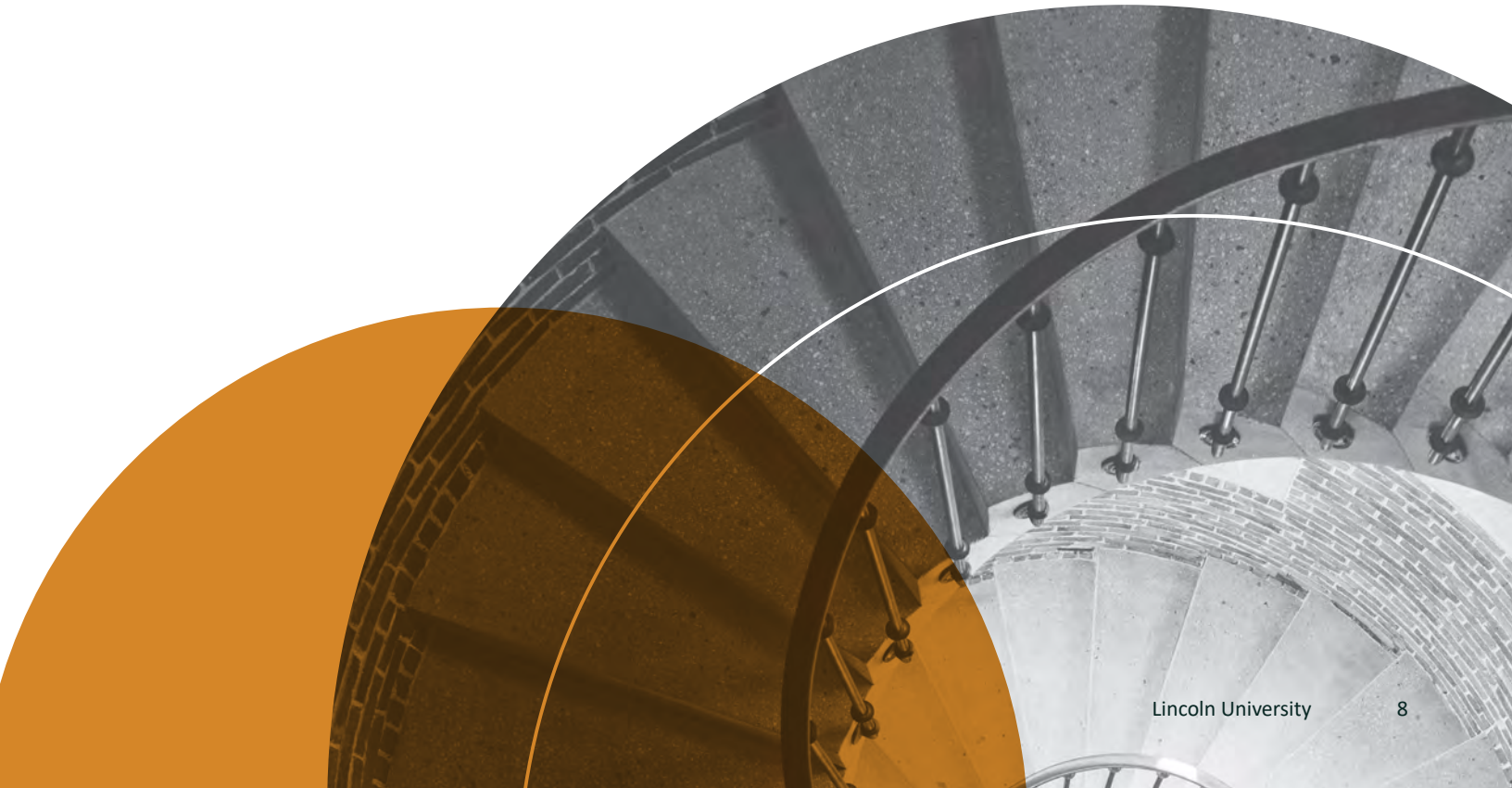




# Special Enrollment Periods

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
<b>Life events</b> (change in marital status, birth, adoption or placement of child)	<b>Within 31 days of life event</b>
<b>Loss of employer-sponsored group coverage</b>	<b>Within 60 days of involuntary coverage loss</b>
<b>Loss of Medicaid status</b>	<b>Within 60 days of status loss</b>
<b>Qualified Medical Child Support Order (QMCSO)</b>	<b>Within 60 days of court order</b>



# 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 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 a health savings account (HSA). To learn more about the health savings account, turn to page 11.

In addition to preventive services and virtual visits through Sydney Health 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. Under the HSA plan, virtual care through Sydney Health is also 100% covered in 2024.

## 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.

## 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 100%. Virtual care through Sydney Health is also 100% covered in 2024. 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 if 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 11.

## 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 Lincoln University employees enrolled in TRICARE are eligible to participate. Premiums are not set by MCHCP, and MCHCP does not contribute to them.

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

## 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 and Health Assessment/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 renew each year. You must complete incentive requirements by Nov. 30, 2023, to begin saving Jan. 1, 2024. If you miss the Nov. 30 2023 date, you can still earn them, but savings will start after January 2024. The longer you delay, the less you save!**

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

## myPlan Advisor

Choosing the right health plan for medical coverage is an important decision. It is important to consider how the plans 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 available through your myMCHCP account. It will help you review premiums and estimate your out-of-pocket costs to rank your choices.

# 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 Internal Revenue Service (IRS).

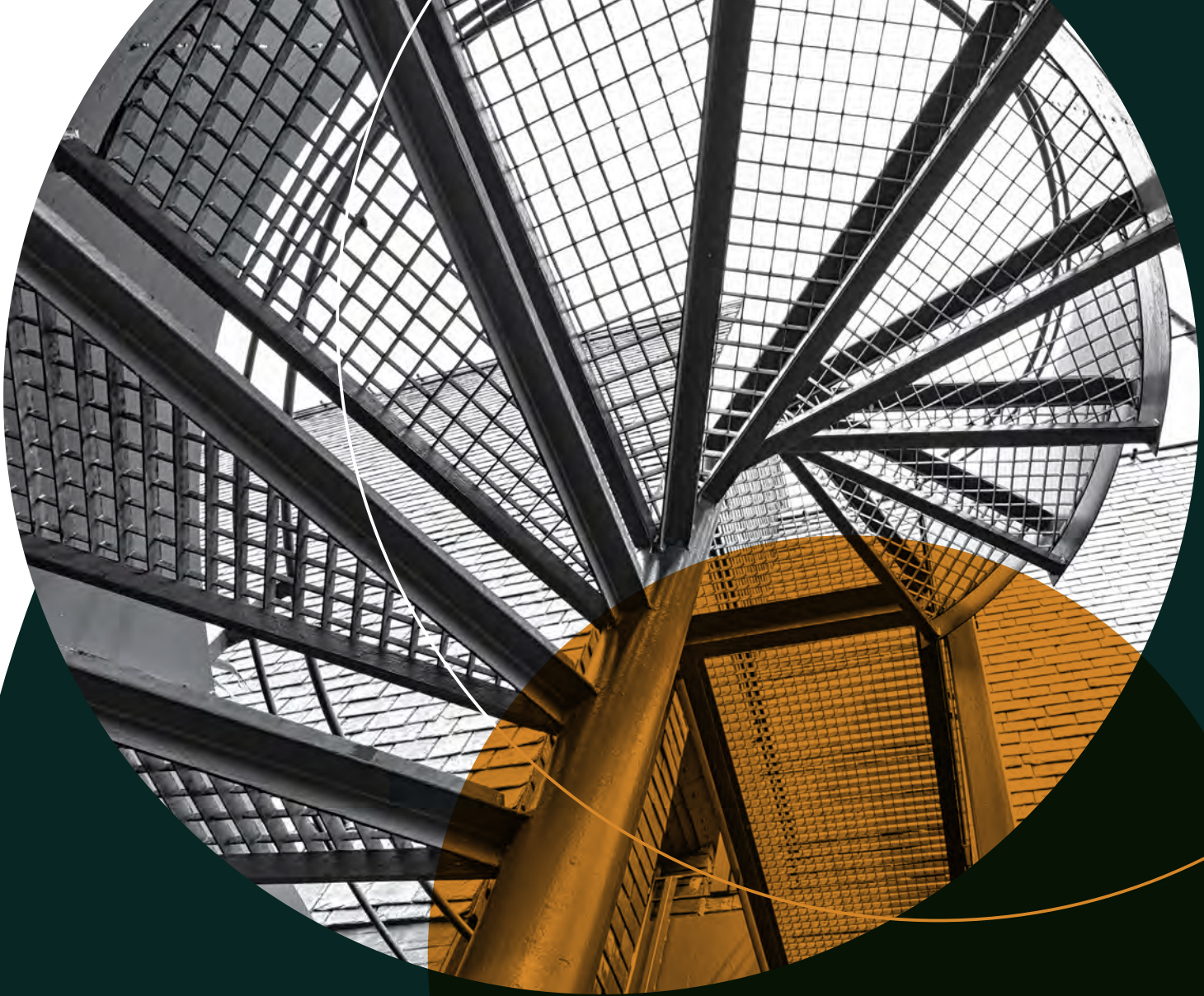
## Health Savings Account

HSA Plan subscribers will get an HSA through Central Bank of Jefferson City, so they 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 \$500 (subscriber-only coverage) or \$1,000 (subscriber-with-dependent coverage) to Lincoln University 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 to the HSA 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 Lincoln University 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](http://www.mocafe.com), or scan the QR code to learn more.







# Dental

Delta Dental of Missouri offers dental benefits through their nationwide networks. These benefits include preventive services, basic restorative services, and major restorative services.

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 for all 1/1/24 enrollees and for future enrollees 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.

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 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 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

## 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



### 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.



# Virtual Care Through Sydney Health

Virtual options can help you take control of your health, work on lifestyle changes and connect with specialized health professionals, no matter where you are.

Sydney gives you access to:

- ▶ **Virtual primary care, coordinated by a care team for routine care, including virtual annual preventive care and personalized care plans for chronic conditions.**
- ▶ **LiveHealth Online for urgent care, allergies, lactation support, healthy sleep, psychiatry, counseling, and more.**
- ▶ **Hinge Health, a digital joint and muscle clinic for prevention, physical therapy for injury recovery, chronic pain, pelvic health, and pre/post-surgery rehabilitation.**
- ▶ **Building Healthy Families for maternity support with resources from preconception through early parenthood.**
- ▶ **Lark's diabetes prevention program focused on helping you improve your health with digital diabetes prevention coaching.**
- ▶ **Mercy Express Care. Just answer a few simple questions, get a care plan and, if needed, have a prescription sent to a pharmacy of your choice. Low acuity conditions commonly treated include bladder infection, rashes, eye irritation, sunburn, acne, yeast infection, and more.**

Download Sydney Health today!

**Access to care and support has never been easier with virtual options through Sydney Health and all at no cost to you!**





# SmartShopper<sup>®</sup>

Save money and earn a cash reward!

## 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.

## 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](http://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](http://smartshopper.com), call the SmartShopper Personal Assistant Team at 1-844-328-1582, 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](http://smartshopper.com)).

# 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, explanation 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

Reach out to an Anthem Health Guide.

Connect from your Anthem Sydney Health mobile app, call 844-516-0248 or log in at [anthem.com](https://www.anthem.com) and select "Contact Us".



## 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 available all day, every day to help. To use this service, call 800-337-4770.





# win

*The next generation  
of family building*

**Missouri Consolidated Health  
Care Plan members enrolled in  
Anthem receive:**

**2 cycle lifetime maximum benefit  
toward certain expenses related to  
fertility treatment**

**Contact WIN to learn more about your benefits  
and connect with a nurse care advocate**

Visit [managed.winfertility.com/mchcp](https://managed.winfertility.com/mchcp)  
Call WIN's Service Team at 877-767-0303  
8 am - 6:30 pm CST | Monday - Friday

Lincoln University

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**Including:**

- ▶ **24/7 nurse care advocate support**  
Including education, guidance, and emotional support to help you each step of the way
- ▶ **Assistance selecting an in-network provider**  
Based on your individual treatment needs, goals, and preferences
- ▶ **Expertise in understanding complex information**  
Such as common causes, testing and treatment options, as well as medication guidance

# 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 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 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.

# Express Scripts Diabetes Care Value Program



Express Scripts is introducing new no cost programs in 2024 to help qualifying members with diabetes and those at risk for diabetes or heart disease.

## Here are highlights of what you will receive once you accept an invitation to participate:

- ▶ Digital care for Type 1 and Type 2 diabetes that securely sends results to diabetes specialists to help patients better control glucose levels, through LifeScan.
- ▶ Use of a Continuous Glucose Monitor (CGM), when clinically appropriate, to give patients and providers better insight of glucose levels.
- ▶ Medication education and counseling for patients diagnosed with diabetes and those hoping to avoid diagnoses.
- ▶ Digital diabetes prevention program, through Omada. Omada is a personalized program designed to help you make gradual changes to the way you eat, move, sleep and manage stress. If you are at risk for diabetes or heart disease, this may be for you!

**Look for more information to come your way**



# 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 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!**



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



**Compare prices between different pharmacies.**



**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)!

# 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. Lincoln University 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

Lincoln University 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.





## HEALTH CENTER

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. Anthem members aged 18 and older 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 Employee 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
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	\$682	\$707	\$757	\$782	\$807	\$832
Subscriber and spouse	1,652	1,677	1,852	1,877	1,973	1,998
Subscriber and child	973	998	1,037	1,062	1,105	1,130
Subscriber and children	1,338	1,363	1,445	1,470	1,542	1,567
Subscriber, spouse and child	1,902	1,927	2,131	2,156	2,272	2,297
Subscriber, spouse and children	2,267	2,292	2,540	2,565	2,709	2,734

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	\$722	\$747	\$797	\$822	\$847	\$872
Subscriber and spouse	1,732	1,757	1,932	1,957	2,053	2,078
Subscriber and child	1,013	1,038	1,077	1,102	1,145	1,170
Subscriber and children	1,378	1,403	1,485	1,510	1,582	1,607
Subscriber, spouse and child	1,982	2,007	2,211	2,236	2,352	2,377
Subscriber, spouse and children	2,347	2,372	2,620	2,645	2,789	2,814

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	\$653	\$678	\$773	\$798	\$823	\$848
Subscriber and spouse	1,600	1,625	1,889	1,914	2,013	2,038
Subscriber and child	908	933	1,057	1,082	1,128	1,153
Subscriber and children	1,280	1,305	1,474	1,499	1,573	1,598
Subscriber, spouse and child	1,855	1,880	2,174	2,199	2,317	2,342
Subscriber, spouse and children	2,227	2,252	2,590	2,615	2,763	2,788
Child only	255	255	285	285	304	304

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	\$693	\$718	\$813	\$838	\$863	\$888
Subscriber and spouse	1,680	1,705	1,969	1,994	2,093	2,118
Subscriber and child	948	973	1,097	1,122	1,168	1,193
Subscriber and children	1,320	1,345	1,514	1,539	1,613	1,638
Subscriber, spouse and child	1,935	1,960	2,254	2,279	2,397	2,422
Subscriber, spouse and children	2,307	2,332	2,670	2,695	2,843	2,868
Child only	255	255	285	285	304	304

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 Subscribers	\$26.90	\$53.58	\$55.60	\$93.20	N/A
COBRA Subscribers	\$27.44	\$54.64	\$56.71	\$95.05	\$29.27

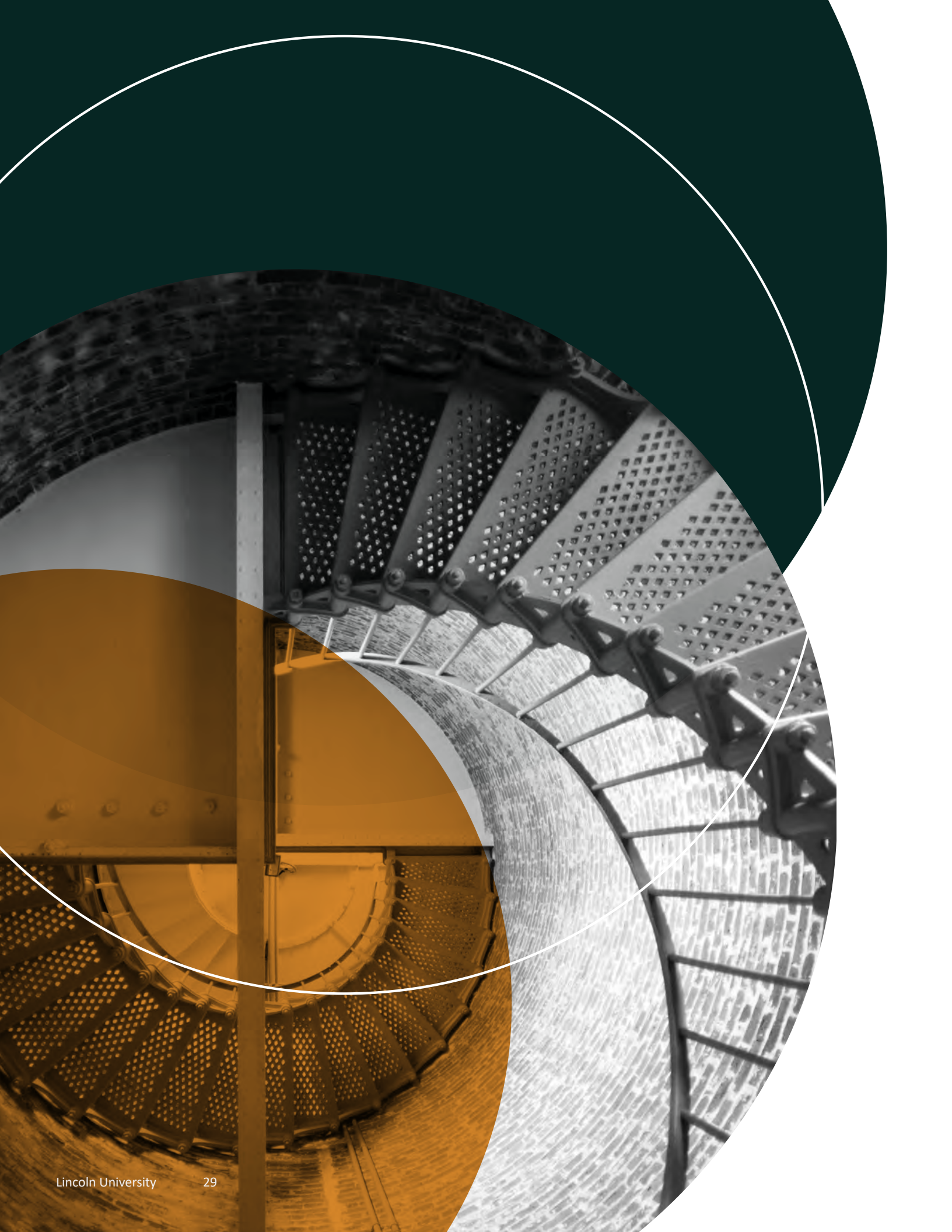
## Vision Premiums

	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 Subscribers	\$3.28	\$4.14	\$6.58	\$8.28	\$9.48	\$11.96	\$13.52	\$17.06	N/A	N/A
COBRA Subscribers	\$3.35	\$4.22	\$6.70	\$8.44	\$9.66	\$12.19	\$13.79	\$17.39	\$6.31	\$7.97

## TRICARE Supplement Premiums

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

*Residents of New York, contact MCHCP for premiums applicable to you.*





# 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

### Delta Dental of Missouri

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  
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.

### *Microsites*

A microsite is a webpage or small group of webpages that provide information specific to your MCHCP plan.

832 Weathered Rock Court

Jefferson City, MO 65101

800-487-0771

573-751-0771

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

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