



2
0
2
4

ENROLLMENT GUIDE & PREMIUMS

MEDICARE ADVANTAGE

IN STEP WITH YOUR HEALTH

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.

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



SCAN



Table of Contents

3-4 Enrollment Options

4 Special Enrollment Periods

5-6 UnitedHealthcare Group Medicare Advantage PPO

7-8 Express Scripts Medicare Prescription Drug Plan

9 Dental

10 Vision

11 MCHCP Programs

11 Rx Savings Solutions

13-16 Premiums

13 Medicare Subscribers With Medicare
Dependent(s)

14 Medicare Retiree Subscribers With
Non-Medicare Dependent(s)

15 Medicare Long-Term Disability Subscribers
With Non-Medicare Dependent(s)

15 Medicare Terminated Vested Subscribers With
Non-Medicare Dependent(s)

16 Dental and Vision

18 Health Plan 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, those with 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 2023 coverage, MCHCP will automatically keep you in that same plan in 2024.

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 your dependents. We will need supporting documentation to prove that the event happened. Make sure to enroll within the time frame given for the event below.

EVENT	TIME PERIOD
Life events (change in marital status, 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).

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.

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. 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.

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
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.

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.

Medicare members pay the applicable copayment or the cost of the drug, whichever is less, in the Initial Coverage and Coverage Gap Stage.

Description	Tier	Home delivery 90-day supply	Retail 31-day supply	Retail 60-day supply	Retail 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 \$5,030, members will continue to pay the same cost-sharing amounts as in the Initial Coverage Stage (capped at 25% of network discounted cost) until annual out-of-pocket drug costs reach \$8,000.				
Catastrophic Coverage Stage	After annual out-of-pocket drug costs reach \$8,000 members will have \$0 cost-share.				



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
Preventive (Type A) 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
Basic Restorative (Type 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
Major Restorative (Type C) 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. 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 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

MCHCP Programs



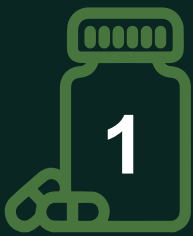
Tired of paying more than you should at the pharmacy? Lower your prescription drug costs with Rx Savings Solutions (RxSS)!

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 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)!



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 Advantage Plan

Retired Subscriber After July 1, 2002

Years of Service	Retiree/ Survivor	Retiree/Survivor & 1 Dependent	Retiree/Survivor & 2 Dependents	Retiree/Survivor & 3 Dependents
1 year	\$229	\$458	\$687	\$916
2 years	223	446	669	892
3 years	217	435	652	869
4 years	211	423	634	845
5 years	206	411	617	823
6 years	200	399	599	799
7 years	194	388	582	776
8 years	188	376	564	752
9 years	182	364	546	728
10 years	176	352	528	704
11 years	170	341	511	681
12 years	164	329	493	657
13 years	159	317	476	635
14 years	153	305	458	611
15 years	147	294	441	588
16 years	141	282	423	564
17 years	135	270	405	540
18 years	129	258	387	516
19 years	123	247	370	493
20 years	118	235	352	469
21 years	112	223	335	447
22 years	106	211	317	423
23 years	100	200	300	400
24 years	94	188	282	376
25 years	88	176	264	352
26 years or more	82	164	246	328

Retired Subscriber Before July 1, 2002

Years of Service	Retiree/ Survivor	Retiree/Survivor & Spouse
1-19 years	\$117	\$237
20 years	117	235
21 years	112	223
22 years	106	211
23 years	100	200
24 years	94	188
25 years	88	176
26 years or more	82	164

Non-Retired Subscriber Categories

	Subscriber	Subscriber & Spouse
Long-Term Disability	\$117	\$237
Terminated Vested	235	470

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.

<i>Medicare Plan Option:</i>	Medicare Advantage Plan		
<i>Non-Medicare Plan Options:</i>	HSA Plan	PPO 1250 Plan	PPO 750 Plan
Medicare retiree and non-Medicare spouse	\$1,179	\$1,314	\$1,379
Medicare retiree, non-Medicare spouse and non-Medicare child	1,444	1,611	1,695
Medicare retiree, non-Medicare spouse and non-Medicare children	1,661	1,883	1,982
Medicare retiree, Medicare spouse and non-Medicare child	734	766	785
Medicare retiree, Medicare spouse and non-Medicare children	951	1,039	1,072
Medicare retiree and non-Medicare child	499	532	550
Medicare retiree and non-Medicare children	717	804	837

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	\$842	\$977	\$1,042
Medicare subscriber, non-Medicare spouse and non-Medicare child	994	1,161	1,245
Medicare subscriber, non-Medicare spouse and non-Medicare children	1,211	1,433	1,532
Medicare subscriber, Medicare spouse and non-Medicare child	387	419	438
Medicare subscriber, Medicare spouse and non-Medicare children	604	692	725
Medicare subscriber and non-Medicare child	270	303	321
Medicare subscriber and non-Medicare children	488	575	608

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	\$996	\$1,104	\$1,157
Medicare subscriber, non-Medicare spouse and non-Medicare child	1,210	1,401	1,472
Medicare subscriber, non-Medicare spouse and non-Medicare children	1,385	1,674	1,759
Medicare subscriber, Medicare spouse and non-Medicare child	683	766	785
Medicare subscriber, Medicare spouse and non-Medicare children	858	1,039	1,072
Medicare subscriber and non-Medicare child	448	532	550
Medicare subscriber and non-Medicare children	623	804	837

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.

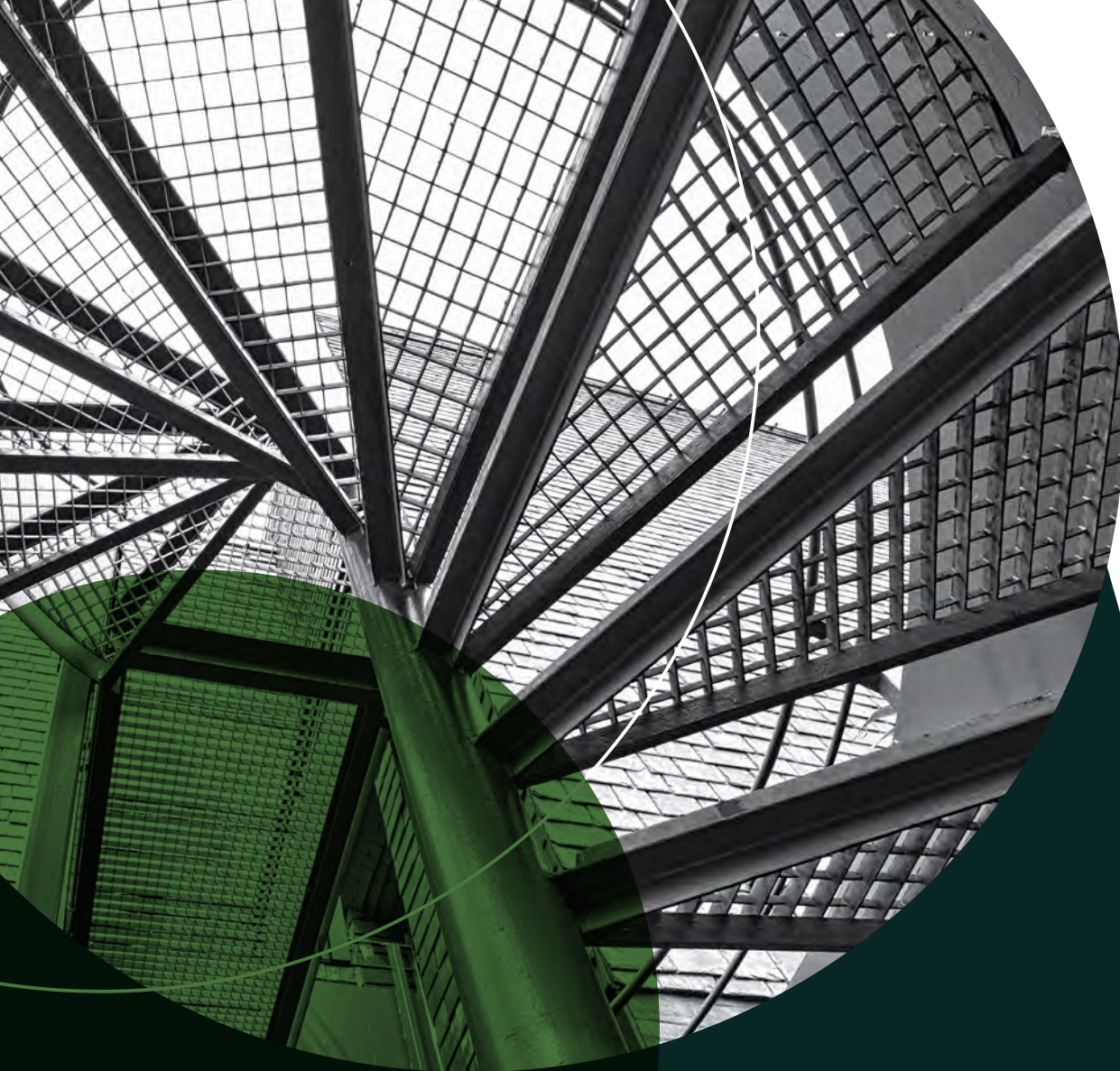
Premiums

Dental Premiums

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
\$26.90		\$53.58		\$55.60		\$93.20	

Vision Premiums

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
\$3.43	\$4.33	\$6.86	\$8.64	\$9.89	\$12.48	\$14.12	\$17.80





Health Plan Contacts

Medical

UnitedHealthcare (UHC)

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

24 hours a day

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

myMCHCP



MCHCP

my health. my choice. myMCHCP

IN STEP WITH YOUR HEALTH