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ENROLLMENT GUIDE & PREMIUMS

STATE EMPLOYEES

IN STEP WITH YOUR HEALTH

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 2023, 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 2024. These incentives help lower your monthly medical 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 2024.

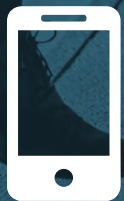
To complete these steps, or to make any enrollment changes, visit our website between Oct. 1–31. Log in to your myMCHCP account and complete the enrollment process.

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.

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



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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
Deductible (must meet deductible before coinsurance)	\$1,650/individual \$3,300/family	\$3,300/individual \$6,600/family
Medical Out-of-Pocket Maximum	\$4,950/individual \$9,900/family	\$9,900/individual \$19,800/family
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Preventive Services	MCHCP pays 100%	40% coinsurance
Office Visit	20% coinsurance	40% coinsurance
Virtual Care through Sydney Health	MCHCP pays 100%	N/A
Urgent Care	20% coinsurance	Paid as Network Benefit
Emergency Room	20% coinsurance	Paid as Network Benefit
Hospital (Inpatient)	20% coinsurance	40% coinsurance
Lab and X-ray	20% coinsurance	40% coinsurance
Surgery	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* <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	
\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family	\$750/individual \$1,500/family	\$1,500/individual \$3,000/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	
\$4,150/individual \$8,300/family	No Maximum	\$4,150/individual \$8,300/family	No Maximum	
MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	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	
MCHCP pays 100%	N/A	MCHCP pays 100%	N/A	
\$50 copayment	Paid as Network Benefit	20% coinsurance	Paid as Network Benefit	
\$250 copayment plus 20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as Network Benefit	
\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance	\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance	
20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	
20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	
Days' Supply	Generic	Preferred	Non-Preferred	Specialty
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	-



What's New in 2024

MCHCP will be offering several benefit updates, new digital programs and diabetes support services in 2024:

Updated Benefits, Programs and Services:

Delta Dental

Delta Dental will provide the dental plan in 2024!

Annual MCHCP HSA Contribution Increase

MCHCP's annual contribution to employees' health savings accounts (HSAs) is increasing. The annual amount MCHCP will contribute for individual coverage will increase from \$300 to \$500 and for family coverage from \$600 to \$1,000.

Fertility Support

MCHCP is adding coverage for fertility support services. Members who qualify will have access to WINFertility — a fertility support program through Anthem that includes a lifetime maximum of two cycles.

Diabetes Care Value Program

Express Scripts now offers the Diabetes Care Value Program, which helps support our members who have diabetes and pre-diabetes. Eligible members will have access to a digital weight loss program through Omada, which provides a cellular connected scale, coaching and more; as well as diabetes remote monitoring through LifeScan.

Expansion of Virtual Care through Anthem's Sydney Health

MCHCP is expanding virtual care offered through Sydney Health. Virtual visits through Sydney Health are available at no cost. Virtual care will include the following new services.

▶ ***Virtual Primary Care***

Can't make it to your primary care provider's office? Don't have a primary care provider? No problem! Make a virtual primary care visit through Sydney Health.

▶ ***Mercy Express Care***

Mercy Express Care is a way for members to seek and get care quickly for minor health issues. Patients answer a few questions digitally, get a care plan and (if needed) can get a prescription sent to their pharmacy.

▶ ***Hinge Health***

Hinge Health is a virtual joint and muscle clinic for physical therapy. It includes access to a personalized exercise program and care team to help members relieve pain from neck to foot.

▶ ***Lark Diabetes Prevention Program***

Lark is a digital diabetes prevention program offered at no cost, and helps eligible members lower their risk of developing type 2 diabetes via coaching and lesson plans that follow guidelines from the Centers for Disease Control and Prevention (CDC).

Examples of proof of eligibility

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

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).

Enrollment Options

Frequently asked Questions

Can I keep my 2023 plan choices in 2024 without changes?

If you do not want to make changes to your health plan or covered dependents, MCHCP will automatically reenroll you and your dependents in the same plan(s) for 2024 that you had in 2023.

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 2024.

I have Strive for Wellness® incentives in 2023. Do I need to do anything to keep them?

Members who received a Strive for Wellness® incentive premium reduction in 2023 will need to complete the requirements for that incentive again prior to Nov. 30, 2023, if they wish to also receive it at the start of the 2024 plan year (Jan. 1, 2024). 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.

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.

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
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
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 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 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 members 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, using your past claims, 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).

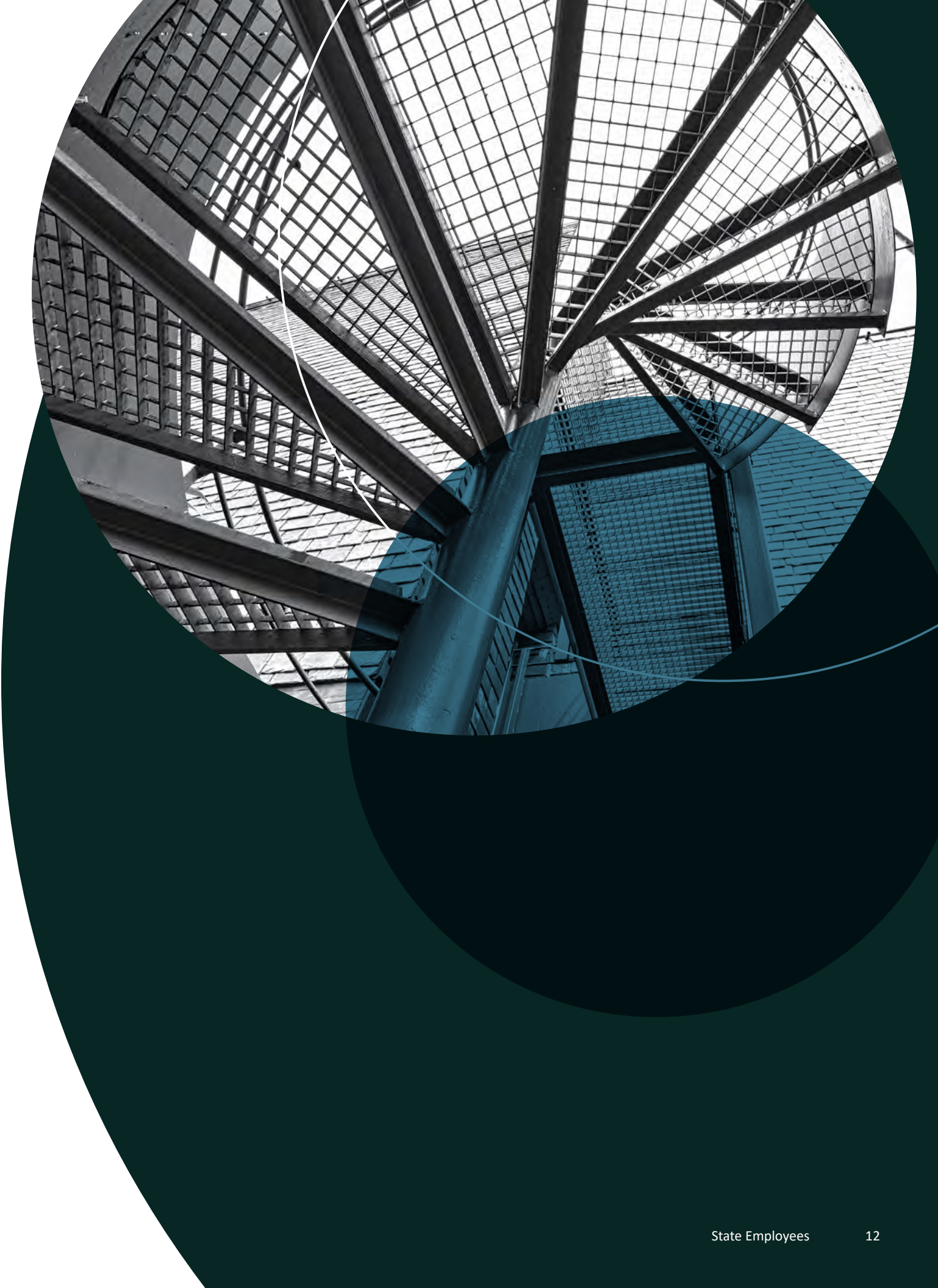
Health Savings Account

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 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 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 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 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.



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. 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[®]

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, 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, 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).

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
Call WIN's Service Team at 877-767-0303
8 am - 6:30 pm CST | Monday - Friday

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

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.

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. 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.



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

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	\$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.

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	\$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

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

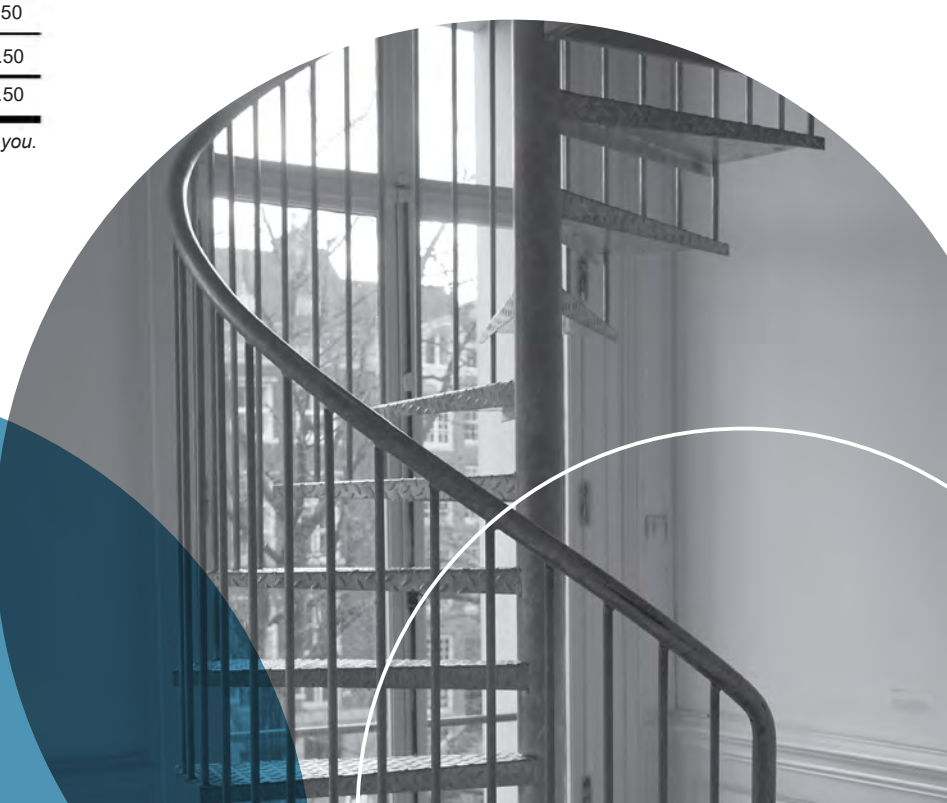
Vision Premiums

	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 and Level B Foster Parent 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

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