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MCHCP
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2021 **BENEFIT**
Guide

Medicare-Eligible Members

Welcome

Medicare Advantage Plan for Medicare-Eligible Members

UnitedHealthcare® provides MCHCP's Medicare-eligible members a Group Advantage (PPO) plan for medical coverage. Express Scripts provides a Medicare Prescription Drug Plan for prescription drug coverage to all Medicare-eligible members who are covered by the Medicare Advantage 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 need to use your Original Medicare card for your coverage.

Enrolling is easy

Medicare-eligible members who are not an active state employee or their dependent will be automatically enrolled in the Medicare Advantage Plan and Medicare Prescription Drug Plan.

If you cover non-Medicare-eligible family members, you will have to choose a non-Medicare MCHCP plan for them. You will get a guide book about non-Medicare MCHCP plans to help you choose. For example:

- If you are Medicare-eligible, but your covered spouse and/or covered children are not, you will be automatically enrolled in the Medicare Advantage Plan, and you will choose a non-Medicare MCHCP plan for your spouse and/or covered children.
- If you and/or your covered children are not eligible for Medicare, but your covered spouse is, you will choose a non-Medicare MCHCP plan for you and/or your children, and your spouse will be automatically enrolled in the Medicare Advantage Plan.

Note: Enrollment in a non-MCHCP Medicare Advantage Plan or Medicare Part D Prescription Plan will disenroll you from MCHCP Medicare Plans, and may result in you losing MCHCP coverage.

If you are Medicare-eligible and do not want the Medicare Advantage Plan

If you do not want to be enrolled in the Medicare Advantage Plan, you must cancel your coverage with MCHCP, unless you qualify for an exception. If you do not cancel, you will be automatically enrolled in the Medicare Advantage Plan. Please review your options carefully before choosing to cancel.

If you decide not to enroll 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 at a later time.
- If your Medicare-covered dependent decides not to enroll, s/he will lose medical and prescription drug coverage through MCHCP, and will not be able to enroll at a later time.
- If 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.

UnitedHealthCare® Group Medicare-Advantage (PPO)

MCHCP has chosen the UnitedHealthcare® Group Medicare Advantage (PPO) plan for your medical coverage.

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

“Medicare Advantage” is also known as Medicare Part C. These plans have 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).

The UnitedHealthcare® Group Medicare Advantage (PPO) plan is a PPO plan with a Medicare contract. You will have access to the UnitedHealthcare® provider network with nationwide coverage. You can see any provider (network or non-network) at the same cost share, as long as they accept the plan and have not opted out of Medicare.

Once you are enrolled, you will receive an information packet about services covered by this plan, as well as a member ID card from UnitedHealthcare®. Each member of your family that is eligible to enroll in the UnitedHealthcare® Group Medicare Advantage (PPO) plan is enrolled separately, and will get their own packet of information.

In addition to the medical services, UnitedHealthcare offers special programs, like SilverSneakers®. SilverSneakers® includes access to exercise equipment, classes and more at 14,000+ fitness locations.

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 \$400 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 \$2,500. Refer to your information packet or contact UnitedHealthCare® for additional information.

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.

Service Type	You will owe
Doctor's office	Primary Care Provider - \$15 copayment Specialist - \$30 copayment
Medicare-covered preventive services	\$0 copayment
Inpatient hospital care	\$350 copayment
Skilled nursing facility	\$0 copayment per day: days 1-20 \$100 copayment per day: day 21 up to 100 days
Physical, occupational, or speech therapy	\$30 copayment
Diagnostic and therapeutic radiology (such as MRIs, CT scans, radiation for cancer)	\$30 copayment
Lab	\$0 copayment
X-rays (outpatient)	\$25 copayment
Ambulance	\$100 copayment
Emergency care (worldwide)	\$100 copayment
Urgent care (worldwide)	\$50 copayment

Additional benefits not covered by Original Medicare

Routine annual physical	\$0 copayment
Routine podiatry	\$30 copayment; 6 visits per year
Chiropractic care	\$30 copayment
Hearing and vision annual routine exam	\$30 copayment
Hearing aids - only through UnitedHealthCare® Hearing	Up to \$5,000 allowance every 2 years (Network only)
Virtual doctor and behavioral visits	See and speak to a specific doctor or mental health professionals using your computer or mobile device. Find participating providers online at www.UHCRetiree.com/mchcp .

Express Scripts Medicare Prescription Drug Plan

The Medicare Prescription Drug Plan is a Medicare Part D Plan with expanded prescription coverage. Express Scripts Medicare Prescription Drug Plan (PDP) administers the benefits. Eligible members will automatically be enrolled in the Express Scripts Medicare PDP when they enroll in a medical plan. Non-Medicare eligible dependents will remain in the non-Medicare prescription drug plan. Subscribers will receive a separate prescription ID card upon enrollment.

Network and Coverage

Express Scripts Medicare PDP maintains a nationwide pharmacy network. Members must use the network pharmacies to fill prescriptions. Covered Medicare Part D drugs are available at non-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. Members may have to pay additional costs for drugs received at non-network pharmacies.

This plan maintains a broad choice of covered drugs through the Medicare PDP formulary. The drug formulary is a list of FDA-approved generic and brand-name prescription drugs and supplies covered by your health insurance plan. ESI places covered drugs into three levels: preferred generic, preferred brand or non-preferred.

Preferred drugs are covered at a lower cost to you. Non-preferred drugs are covered, but you will pay more than if you choose preferred brand or preferred generic drugs. If your health care provider prescribes a non-preferred drug, discuss preferred alternative options with your provider.

Medicare Part B drugs will be covered by the UnitedHealthcare® Group Medicare Advantage (PPO) plan rather than by Express Scripts. Generally, drugs covered under Medicare Part B are drugs you wouldn't usually give to yourself. These include drugs you get at 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 DME item, injectable and infused drugs, transplant drugs and certain oral cancer drugs and anti-nausea drugs. For Medicare-covered Part B drugs not covered as a preventive service, you will pay a 20% coinsurance.

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 to cover the drug by calling Express Scripts' Prior Authorization Line. 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 from any prescriber at a network pharmacy or through home delivery, and may receive up to a 90-day supply of certain maintenance drugs. The home delivery benefit covers up to a 90-day supply for 2 1/2 copayments.

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

Description	Tier	Home delivery three-month (90-day) supply	Retail one-month (31-day) supply	Retail two-month (60-day) supply	Retail three-month (90-day) supply
Initial Coverage Stage	Tier 1 Preferred Generic drugs	\$25 copayment	\$10 copayment	\$20 copayment	\$30 copayment
	Tier 2 Preferred Brand drugs	\$100 copayment	\$40 copayment	\$80 copayment	\$120 copayment
	Tier 3 Non-preferred drugs	\$250 copayment	\$100 copayment	\$200 copayment	\$300 copayment
Coverage Gap Stage (Donut Hole)	After annual drug costs reach \$4,130, members will continue to pay the same cost-sharing amount as in the Initial Coverage stage until annual out-of-pocket drug costs reach \$6,550.				
Catastrophic Coverage Stage	<p>After annual out-of-pocket drug costs reach \$6,550, members will pay the greater of 5% coinsurance or:</p> <ul style="list-style-type: none"> • A \$3.70 copayment for covered preferred generic drugs(including preferred drugs treated as generics), with a maximum not to exceed the standard copayment during the Initial Coverage Stage. • An \$9.20 copayment for all other covered drugs, with a maximum not to exceed the standard copayment during the Initial Coverage Stage. 				

Dental Plan

MetLife offers dental benefits through their nationwide network, Preferred Dentist Program (PDP) Plus. These benefits include preventive services, basic restorative services and major restorative services.

You select a dentist of your choice. It is recommended you choose a MetLife network provider for best use of the dental plan. However, if you decide to go to a non-network provider, your out-of-pocket costs will likely be much higher. When receiving services from a network provider, MetLife pays the provider directly. When receiving services from a non-network provider, members may need to pay the provider and file the claim. The non-network dentist hasn't agreed to accept MetLife network fees, so may bill you the difference between MetLife's allowable and the full cost of the service.

The maximum benefit, per individual is \$2,000 (preventive services do not count toward the maximum). The annual deductible, per individual is \$50. The following table is a summary of benefits and more benefit information is available at MCHCP's website at www.mchcp.org.

Dental Plan Benefit Summary

Service Type	Brief Description	You will owe
Preventive (Type A)	Teeth Cleaning, Oral Exam, Bitewing x-rays.	Network – You owe nothing. There is no deductible. Non-Network – You pay the difference between network allowable and the bill.
Basic Restorative (Type B)	Fillings, simple extractions, x-rays	Network – You owe 20% coinsurance after deductible is met. Non-Network - You owe 20% coinsurance after deductible is met and the difference between network allowable and the bill.
Major Restorative (Type C) 12-month waiting period required, waived with proof of prior 12-month dental coverage	Oral surgery, implants, bridges and dentures, root canal.	Network – You owe 50% coinsurance after deductible is met Non-Network - You owe 50% coinsurance after deductible is met and the difference between network allowable and the bill.



Vision Plan

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 a NVA network provider for best use of the vision plan. However, if you decide to go to a non-network provider, 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. The table on the next page is a summary of benefits and more benefit information is available at MCHCP's website at www.mchcp.org.

Vision Plan Benefit Summary

Service Type	Brief Description	Basic Plan - Network	Premium Plan - Network	Non-Network
Exams	One per year; 2 per year up to age 18	\$10 Copayment	\$10 Copayment	NVA pays up to \$45
Lenses	Single-vision, bifocal, trifocal, lenticular (see website for other types of lens coverage)	\$25 copayment	\$25 Copayment	Maximum amount NVA pays varies based on type of lenses.
Frames	Once every 2 years; once every year up to age 18	Up to \$125 retail allowance and 20% discount off remaining balance	Up to \$175 Retail allowance and 20% discount off remaining balance	NVA pays up to \$70
Contact Lenses— Elective (you prefer contacts to glasses)	Once every calendar year in place of eyeglass lenses	Up to \$125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	Up to \$175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance	NVA pays up to \$105
Contact Fitting and Evaluations	For daily contact lenses; extended contact lenses and specialty contact lenses	\$20 to \$50 copayment depending on type of lenses	\$20 to \$50 copayment depending on type of lenses	NVA pays up to \$20 to \$30 depending on type of lenses

Contact Information

Medicare Advantage Plan

UnitedHealthcare®
Group Medicare Advantage (PPO) plan
www.uhcretiree.com/MCHCP
1-844-884-1848
8 a.m. to 8 p.m. M-F

Claims Address

PO Box 30995
Salt Lake City, UT 84130-0995

Appeals Address

P.O. Box 6103
Cypress, CA 90630-0023

Prescription Drug Plan for Medicare Members

Express Scripts Medicare - www.express-scripts.com
866-544-6963
TTY: 800-716-3231
24 hours a day

Medicare Home Delivery Pharmacy Service

PO Box 66577
St. Louis, MO 63166-9843

Appeals Address

Express Scripts
Attn: Medicare Clinical Appeals
PO Box 66588
St. Louis, MO 63166-6588
800-935-6103

Dental Plan

MetLife - www.metlife.com/mybenefits
1-800-942-0854
844-222-9106 dedicated to MCHCP
7 a.m. to 10 p.m. M-F

Claims Address

MetLife Dental Claims
PO Box 14588
Lexington, KY 40512

Appeals Address

MetLife Group Claims Review
PO Box 14589
Lexington, KY 40512

Who to Contact

Your plan for:

- Claim questions
- ID Cards
- Specific benefit questions
- Appeal information

MCHCP for:

- Eligibility questions
- Enrollment questions
- MCHCPid requests
- General benefit questions
- Address changes or forms
- HIPAA forms and questions

Vision Plan

National Vision Administrators,
L.L.C. (NVA) - www.e-nva.com
User Name: mchcp
Password: vision1
877-300-6641
24 hours a day

Claims Address

Attn: Claims
PO Box 2187
Clifton, NJ 07015

Appeals Address

Attn: Complaints, Grievances & Appeals
PO Box 2187
Clifton, NJ 07015

MCHCP

www.mchcp.org
573-751-8881
Member Services: 573-751-0771
Toll-free: 800-487-0771
Relay Missouri: 711 or 800-735-2966 (TTY)
Fax: 866-346-8785

PO Box 104355
Jefferson City, MO 65110-4355

Notice of Privacy Practices

Effective September 1, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this notice, please contact Missouri Consolidated Health Care Plan's Privacy Officer at 832 Weathered Rock Court, PO Box 104355, Jefferson City, MO 65110, or by calling 573-751-8881 or toll free 800-701-8881.

This notice describes the information privacy practices followed by workforce members of Missouri Consolidated Health Care Plan. For purposes of this notice, the pronouns "we", "us" and "our" and the acronym "MCHCP" refer to Missouri Consolidated Health Care Plan.

This notice applies to the information and records we have about your health care and the services you receive. We are required by law to maintain the privacy of your protected health information and to notify you if there is a breach of your protected health information. We are also required by law to give you this notice. It will tell you about the ways in which we may use and disclose health information about you and describes your rights and our obligations regarding the use and disclosure of that information.

How We May Use and Disclose Health Information About You

For Treatment

We may use or disclose protected health information about you to assist in providing you with medical treatment or services. For example, we may use and disclose protected health information with your providers (pharmacies, physicians, hospitals, etc.) to assist in your treatment.

For Payment

We may use or disclose protected health information about you so that the treatment and services you receive will be paid. For example, we may use or disclose protected health information in order for your claims to be processed, coordinate your benefits, review health care services provided to you and evaluate medical necessity or appropriateness of care or changes. We may also use or disclose your protected health information to determine whether a treatment is covered under the health plan. We may use and disclose your protected health information to determine eligibility for coverage, in order to obtain pretax payment of your premiums from your employer or sponsoring entity, and for

determining wellness premium incentives. We may use and disclose your protected health information for underwriting purposes, but, if we do, we are prohibited from using your genetic information for such purposes.

For Health Care Operations

We may use and disclose protected health information for our health care operations. For example, we may use and disclose your protected health information to address or resolve complaints or appeals regarding your medical benefits. We may use or disclose protected health information with our wellness or disease management programs in which you participate. We may use your protected health information to conduct audits, for purposes of rate-making, as well as for purposes of risk management. We may also disclose your protected health information to our attorneys, accountants and other consultants who assist us in performing our functions. We may disclose your protected health information to health care providers or entities for certain health care operations activities, such as quality assessment and improvement activities, case management and care coordination. In this case, we will only disclose your protected health information to these entities if they have or have had a relationship with you and your protected health information pertains to that relationship, such as with other health plans or insurance carriers in order to coordinate benefits, if you or your family members have coverage through another health plan.

Disclosures to Employer

We may also use and disclose protected health information with your employer as necessary to perform administrative functions. Employers who receive this type of information are required by law to have safeguards in place to protect against inappropriate use or disclosure of your information.

Disclosures to Family Members or Others

We may disclose health information about you to your family members or friends if we obtain your written authorization to do so. Also, unless you object, we may disclose relevant portions of your protected health information to a family member, friend, or other person you indicate is involved in your health care or in helping you receive payment for your health care. For example, we may assume you agree to our disclosure of your personal health information to your spouse when you bring your spouse with you to a meeting or have your spouse on the telephone while such information is discussed. We may also disclose claim and payment information of family members to the subscriber in a family plan.

If you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, we will disclose protected health information (as we determine) in your best interest. After the emergency, we will give you the opportunity to object to future disclosures to family and friends.

Disclosures to Business Associates

We contract with individuals and entities (business associates) to perform various functions on our behalf or provide certain types of services. To perform these functions or provide these services, our business associates will receive, create, maintain, use or disclose protected health information. We require the business associates to agree in writing to contract terms to safeguard your information, consistent with federal and state law. For example, we may disclose your protected health information

to a business associate to administer claims or provide service support, utilization management, subrogation or pharmacy benefit management.

Special Situations

We may use or disclose health information about you without your permission for the following purposes, subject to all applicable legal requirements and limitations:

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Required By Law

We will disclose your health information when required to do so by federal, state or local law.

Public Health Activities

We may disclose your health information to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing disease or injury.

For Research

Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

To a Health Oversight Agency

We may disclose your health information to a health oversight agency for oversight activities authorized by law.

Judicial and Administrative Proceedings

We may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. We may disclose your health information in the course of any judicial or administrative proceeding in response to a subpoena, discovery request, or other lawful process if we receive satisfactory assurance that you have been given notice of the request or that there is a qualified protective order for the information.

Workers' Compensation

We may release health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Law Enforcement

We may release health information if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process, subject to all applicable legal requirements.

For Military, National Security, or Incarceration/Law Enforcement Custody

If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institution, we may release your health information to the proper authorities so they may carry out their duties under the law.

Information Not Personally Identifiable

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Other Uses & Disclosures of Health Information

We will not use or disclose your health information for any purpose other than those identified in the previous sections without your specific, written Authorization. If you give us Authorization to use or disclose health information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, we will no longer use or disclose information about you for the reasons covered by your written Authorization, but we cannot take back any uses or disclosures already made with your permission.

If we have HIV or substance abuse information about you, we cannot release that information without a special signed, written authorization from you. In order to disclose these types of records for purposes of treatment, payment or health care operations, we will have to have a special written Authorization that complies with the law governing HIV or substance abuse records.

If we have psychotherapy notes, we will not use or disclose that information without authorization unless the use or disclosure is used to defend MCHCP in a legal action or other proceeding brought by you.

MCHCP will not use or disclose your protected health information for marketing purposes without an authorization, except if the marketing communication is in the form of a face-to-face communication made by MCHCP to you or in the form of a promotional gift of nominal value provided by MCHCP. MCHCP will not sell your protected health information without your authorization.

Your Rights Regarding Health Information About You

You have the following rights regarding health information we maintain about you:

Right to Inspect and Copy

You have the right to inspect and copy your health information, such as enrollment, eligibility and billing records. You must submit a written request to MCHCP's Privacy Officer in order to inspect and/or copy your health information. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other associated supplies. We may deny your request to inspect and/or copy in certain limited circumstances. If you are denied access to your health information, you may ask that the denial be reviewed. If such a review is required by law, we will select a licensed health care professional to review your request and our denial. The person conducting the review will not be the person who denied your request, and we will comply with the outcome of the review.

Right to Amend Incorrect or Incomplete PHI

If you believe health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment as long as the information is kept by this office.

To request an amendment, complete and submit a Member Record Amendment/Correction Form to MCHCP's Privacy Officer. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

1. We did not create, unless the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the health information that we keep;
3. You would not be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an Accounting of Certain Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you for purposes other than treatment, payment and health care operations. To obtain this list, you must submit your request in writing to MCHCP's Privacy Officer. It must state a time period, which may not go back more than six years from the date of the request. Your request should indicate in what form you want the list (for example, on paper or electronically). We may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for it, like a family member or friend. For example, you could ask that we not use or disclose information about a particular health care treatment you received.

We are Not Required to Agree to Your Request

We are not required to agree to your request for restrictions. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If your request restricts us from using or disclosing information for purposes of treatment, payment or health care operations, we have the right to discontinue providing you with health care treatment and services.

Request Restrictions

To request restrictions, you may complete and submit the Request for Restriction on Use/Disclosure of Health Care Information to MCHCP's Privacy Officer.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may complete and submit the Request for Restriction on Use and Disclosure of Health Care Information and/or Confidential Communication to MCHCP's Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy. To obtain such a copy, contact MCHCP's Privacy Officer.

Changes to This Notice

MCHCP is required to abide by the terms of the notice currently in effect. We reserve the right to change this notice, and to make the revised or changed notice effective for medical information we already have about you, as well as any information we receive in the future.

We will post the revised notice to our website prior to the effective date of the change, and we will distribute any amended notice or information about the change and how to obtain a revised notice in the next annual communication to members, either by mail or electronically if you have agreed to receive communications in that manner. Please note that the amended notice may be part of another mailing from MCHCP. In addition, we will post the current notice in our office and on www.mchcp.org with its effective date directly under the heading. You are entitled to a copy of the notice currently in effect.







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