

2017 Plan Year

Dental and Vision



Open Enrollment

Oct. 1 – 31, 2017

During Open Enrollment, active employees may elect coverage and/or change coverage levels to be effective Jan. 1.

If you are a retired, terminated vested, long-term disability or survivor subscriber, you cannot add dependents, nor enroll in dental and/or vision coverage during Open Enrollment if you are not already enrolled in these plans.

If you do not change coverage during Open Enrollment and you are currently enrolled in a dental or vision plan, your coverage will continue at the same level.

Proof of Eligibility

MCHCP requires proof of eligibility for all dependents added to your coverage, such as a birth certificate for a child or marriage license for a spouse. If you enroll dependents during Open Enrollment, proof of eligibility must be received by Nov. 20, or your eligible dependents will not be added for coverage effective Jan. 1.

Who to Contact

Delta Dental or National Vision Administrators (NVA) for:

- Locating a provider
- Claim questions
- ID cards

MCHCP for:

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

Helpful Tips

Provider Directories

Participating providers may change during the year. Contact the plan or the provider to verify participation. Visit Delta Dental or NVA's website for a list of network providers.

Benefit Information

This guide provides a summary of your benefits. More detailed information is available at www.mchcp.org.

Dental Plan

Delta Dental

www.deltadentalmo.com/stateofmo

866-737-9802

PO Box 8690

St. Louis, MO 63126-0690

First-Level Appeals Address:

Attn: Customer Service

12399 Gravois Road

St. Louis, MO 63127

Second-Level Appeals Address:

Attn: Appeals Committee

12399 Gravois Road

St. Louis, MO 63127

Vision Plan

National Vision Administrators, L.L.C. (NVA)

www.e-nva.com

877-300-6641

Claims Address:

Attn: Claims

PO Box 2187

Clifton, NJ 07015

Appeals Address:

Attn: Complaints, Grievances and Appeals

PO Box 2187

Clifton, NJ 07015

832 Weathered Rock Court
Jefferson City, MO 65101

800-487-0771

573-751-0771

www.mchcp.org

myMCHCP



VISION PLAN

National Vision Administrators, L.L.C.

If using a network provider, the member will pay a vision exam copayment plus the applicable cost for materials purchased.

If using a non-network provider, the member will be responsible for paying the provider in full, as well as submitting a claim form to NVA. NVA will then reimburse the member up to specific amount. This amount is based on the member's vision plan (Basic or Premium) as well as the service and/or materials purchased. Visit the MCHCP website for more information.

EyeEssential Discount Plan*

When members exhaust their annual benefits, NVA offers the EyeEssential

Discount Plan—a low cost, member-friendly vision plan, which includes significant discounts on materials through participating NVA network providers.

For example, the plan covers one pair of frames every 2 calendar years for adults, but you can get discounts on additional frames purchased throughout the 24-month period.

LASIK Discounts*

Applies to Basic & Premium Plans

NVA members will pay a maximum amount for corrective laser surgery:

- Traditional PRK – \$1,500 per eye
- Traditional LASIK – \$1,800 per eye
- Custom LASIK – \$2,300 per eye

Members may receive additional benefits at LasikPlus locations nationwide:

- Special pricing on select technologies
- Free initial consultation and comprehensive LASIK vision exam
- Advanced laser technologies including Wavefront and IntraLase (All-Laser LASIK)
- Financing options available

*In Missouri, members may be required to pay the full retail amount and not the negotiated discount amount at certain participating providers.

Vision Services – Basic Plan

Benefit	Service	Network	Non-network
Exams <i>Once every calendar year</i>	Vision Exam <i>Two annual exams covered for children up to age 18</i>	\$10 copayment	Reimbursed up to \$45
Lenses <i>Once every calendar year</i> <i>One \$25 copayment for lenses</i>	Single-vision lenses (per pair)	\$25 copayment	Reimbursed up to \$30
	Bifocal lenses (per pair)	\$25 copayment	Reimbursed up to \$50
	Trifocal lenses (per pair)	\$25 copayment	Reimbursed up to \$65
	Lenticular lenses (per pair)	\$25 copayment	Reimbursed up to \$100
	Polycarbonate lenses (per pair) <i>Applies to children up to age 18</i>	100% coverage	Not covered
Frames	<i>Once every 2 calendar years</i> <i>Once every calendar year for children up to age 18</i>	Up to \$125 retail allowance and 20% discount off remaining balance ¹	Reimbursed up to \$70
Contact lenses <i>Once every calendar year in place of eye glass lenses</i>	Elective <i>If member prefers contacts to glasses</i>	Up to \$125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance ²	Contact lenses reimbursed up to \$105
	Necessary <i>If medically necessary with prior approval from NVA</i>	Additional costs covered at 100%	Contact lenses reimbursed up to \$210
	Fitting and Evaluation	\$20 copayment for daily contact lenses \$30 copayment for extended contact lenses \$50 copayment for specialty contact lenses	Reimbursed up to \$20 for daily contact lenses or \$30 for extended or specialty contact lenses
Other	Optional Items (cosmetic extras)	Discount applied to all lens options	Not covered

¹ At Walmart or Sam's Club Locations, frame price point is \$55. Discount off remaining balance does not apply.

² At Walmart or Sam's Club Locations, contact lens price point is \$92. Discount off remaining balance does not apply.

Vision Premiums

Plan Type	Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family		COBRA Child(ren)	
	Basic	Premium	Basic	Premium	Basic	Premium	Basic	Premium	Basic	Premium
Active Employee	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
Leave of Absence	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
COBRA Subscriber	\$3.91	\$4.94	\$7.82	\$9.85	\$11.28	\$14.23	\$16.10	\$20.30	\$7.37	\$9.29
Retiree, Long-Term Disability, Terminated Vested and Survivor	\$4.00	\$5.05	\$8.01	\$10.09	\$11.55	\$14.57	\$16.48	\$20.79	Not Available	

Vision Services – Premium Plan

Benefit	Service	Network	Non-network
Exams <i>Once every calendar year</i>	Vision Exam <i>Two annual exams covered for children up to age 18</i>	\$10 copayment	Reimbursed up to \$45
Lenses <i>Once every calendar year One \$25 copayment for lenses</i>	Single-vision lenses (per pair)	\$25 copayment	Reimbursed up to \$30
	Bifocal lenses (per pair)	\$25 copayment	Reimbursed up to \$50
	Trifocal lenses (per pair)	\$25 copayment	Reimbursed up to \$65
	Lenticular lenses (per pair)	\$25 copayment	Reimbursed up to \$100
	Polycarbonate lenses (per pair) <i>Applies to children up to age 18</i>	100% coverage	Not covered
Standard anti-reflective coating		\$30 copayment	Not covered
Standard progressive multifocal <i>Discount applied to all lens options</i>		\$50 copayment	Not covered
Frames	<i>Once every 2 calendar years Once every calendar year for children up to age 18</i>	Up to \$175 retail allowance and 20% discount off remaining balance ¹	Reimbursed up to \$70
Contact lenses <i>Once every calendar year in place of eye glass lenses</i>	Elective <i>If member prefers contacts to glasses</i>	Up to \$175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance ²	Contact lenses reimbursed up to \$105
	Necessary <i>If medically necessary with prior approval from NVA</i>	Additional costs covered at 100%	Contact lenses reimbursed up to \$210
	Fitting and Evaluation	\$20 copayment for daily contact lenses \$30 copayment for extended contact lenses \$50 copayment for specialty contact lenses	Reimbursed up to \$20 for daily contact lenses or \$30 for extended or specialty contact lenses
Other	Optional Items (cosmetic extras)	Discount applied to all lens options	Not covered

¹ At Walmart or Sam's Club Locations, frame price point is \$77. Discount off remaining balance does not apply.

² At Walmart or Sam's Club Locations, contact lens price point is \$129. Discount off remaining balance does not apply.

DENTAL PLAN

Delta Dental of Missouri (DDMO)

You may visit the dentist of your choice and select dentists on a treatment-by-treatment basis. Your out-of-pocket costs may vary depending on your choice. You have three options:

Delta Dental PPO Network

This network offers you cost-control and claim-filing benefits.

Delta Dental Premier Network

This network also offers you cost-control and claim-filing benefits. However, out-of-pocket expenses (coinsurance amounts) may be higher with a Premier dentist.

All participating dentists (PPO and Premier) have the forms to submit your claim. DDMO participating dentists will usually file claims for you, and DDMO will pay them directly.

Visit MCHCP's or DDMO's website to find out if your dentist participates, or contact DDMO for PPO and Premier participating dentists in your area.

Non-Participating Dentist

If you go to a dentist not contracted with a Delta Dental plan, DDMO will make payment directly to you. It will be your obligation to make full payment to the dentist and file your claim. Obtain a claim form from MCHCP's or DDMO's website.

Additional Benefits

Two additional cleanings are allowed per calendar year for members who are pregnant, diabetic, have a suppressed immune system or have a history of periodontal therapy. To be eligible for the additional cleanings, you must submit a Self-Report form, which can be obtained from MCHCP's or DDMO's website or by contacting DDMO.

If periodontal therapy has already been reported on your claims, the Self-Report form is not necessary.

Dental Services*

Coverage	Service	You Pay	Note
<i>Diagnostic and Preventive</i>	Examinations Prophylaxes (teeth cleaning) Fluoride Bitewing X-rays Sealants	No deductible 0% coinsurance	Dental exams, X-rays, cleanings and fluoride treatment do not apply to the individual plan maximum
<i>Basic and Restorative</i>	Emergency Palliative Treatment Space Maintainers All Other X-rays Minor Restorative Services (fillings) Simple Extractions	\$50/person deductible ¹ 20% coinsurance	X-rays do not apply to the individual plan maximum
<i>Major Services</i>	Prosthetic Device Repair All Other Oral Surgery Periodontics Endodontics Prosthetic devices (bridges, dentures) Major Restorative Services (crowns, inlays, onlays) Implants/Bone Grafts	\$50/person deductible ¹ 50% coinsurance	12-month waiting period for major services. The waiting period is waived with proof of 12 months of continuous dental coverage for major services immediately prior to the effective date of coverage in MCHCP's Dental Plan

* Coverage is limited to \$1,000 per person per calendar year benefit period.

1. Coinsurance amounts apply after the \$50 individual deductible is met under either Basic and Restorative or Major Services combined

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active Employee	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
Leave of Absence	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
COBRA Subscriber	\$25.86	\$51.51	\$53.47	\$89.64	\$27.61
Retiree, Long-Term Disability, Terminated Vested and Survivor	\$25.36	\$50.50	\$52.42	\$87.88	Not Available

Discrimination is Against the Law

MCHCP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MCHCP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MCHCP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Shelley Farris.

If you believe that MCHCP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Shelley Farris

Director of Benefit Administration
832 Weathered Rock Court
PO Box 104355
Jefferson City, MO 65110
Phone/Fax: 573-526-3427
Compliance@mchcp.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, [Name and Title of Civil Rights Coordinator] is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue
SW Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019
800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-487-0771 (TTY: 1-800-735-2966).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
請致電 1-800-487-0771 (TTY: 1-800-735-2966)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
Gọi số 1-800-487-0771 (TTY: 1-800-735-2966).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.
Nazovite 1-800-487-0771 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-735-2966).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-800-487-0771 (TTY: 1-800-735-2966).

كل رفاوتت ةىوغلل ةدعاسملا تامدخ نإف، ةغلل ركذا تدرحتت تنك اذا: ةظوحلم 1-800-487-0771 (مقر :مكبلاو مصلا فتاه 1-800-735-2966).
مقرب لصتا. ناجملااب

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-800-487-0771 (телетайп: 1-800-735-2966).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-487-0771 (TTY: 1-800-735-2966) 번으로 전화해 주십시오.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
Appelez le 1-800-487-0771 (ATS : 1-800-735-2966).

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava
'o ma'u ia. Telefoni mai 1-800-487-0771 (TTY: 1-800-735-2966).

Wann du Deutsch schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.
Ruf selli Nummer uff: Call 1-800-487-0771 (TTY: 1-800-735-2966).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ
1-800-487-0771 (ማስማት ለተሳናቸው: 1-800-735-2966)።

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.
Telefononi në 1-800-487-0771 (TTY: 1-800-735-2966).

هجوت 1-800-487-0771 (TTY: 1-800-735-2966) امش ىارب ناگىار تروصب ىنابز تالىهست، دىنك ىم وگتفگ ىسراف نابز هب رگا: هجوت
دىرىگب سامت اب. دشاب ىم مهارف

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
Bilbilaa 1-800-487-0771 (TTY: 1-800-735-2966).