

2021 Plan Year

Dental and Vision



Open Enrollment

Oct. 1 – 31, 2020

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.

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

MetLife or National Vision Administrators (NVA) for:

- Locating a provider
- Claim questions
- ID cards

- 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 MetLife 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.

Proof of Eligibility

MCHCP for:

- General benefit questions

Dental Plan

MetLife

www.metlife.com/mybenefits

1-800-942-0854

Claims Address:

MetLife Dental Claims

PO Box 14588

Lexington, KY 40512

Second-Level Appeals Address:

MetLife Group Claims Review

PO Box 14589

Lexington, KY 40512

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



DENTAL PLAN

MetLife

OVERVIEW

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 table below is a summary of benefits and more benefit information is available on MCHCP's website at www.mchcp.org.

Dental Services (Coverage is limited to \$2,000 per person per calendar year benefit period. Some services do not apply to the limit.)

Coverage	Service	You Pay	Note
<i>Diagnostic and Preventive</i>	Examinations	No deductible	Dental exams, X-rays, cleanings and fluoride treatment do not apply to the individual coverage limit
	Prophylaxes (teeth cleaning)	0% coinsurance	
	Fluoride		
	Bitewing X-rays		
	Sealants		
<i>Basic and Restorative</i>	Emergency Palliative Treatment	\$50/person deductible	X-rays do not apply to the individual coverage limit
	Space Maintainers		
	All Other X-rays	20% coinsurance	
	Minor Restorative Services (fillings)		
	Simple Extractions		
<i>Major Services</i>	Prosthetic Device Repair	\$50/person deductible	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
	All Other Oral Surgery		
	Periodontics	50% coinsurance	
	Endodontics		
	Prosthetic devices (bridges, dentures)		
	Major Restorative Services (crowns, inlays, onlays)		
	Implants/Bone Grafts		

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active Employee	\$23.44	\$46.68	\$48.44	\$81.22	Not Available
Retirees Under 65	\$23.44	\$46.68	\$48.44	\$81.22	Not Available
COBRA Subscriber	\$23.91	\$47.61	\$49.41	\$82.83	\$25.50
Retirees Over 65	\$23.44	\$46.68	\$48.44	\$81.22	Not Available

VISION PLAN

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

OVERVIEW

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, 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 below is a summary of benefits and more benefit information is available on MCHCP's website at www.mchcp.org.

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 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 Once every calendar year for children up to age 18</i>	Up to \$125 retail allowance and 20% discount off remaining balance	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	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

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	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	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

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	\$3.54	\$4.48	\$7.10	\$8.94	\$10.22	\$12.90	\$14.60	\$18.40	Not Available	
Retirees Under 65	\$3.70	\$4.67	\$7.41	\$9.33	\$10.68	\$13.47	\$15.24	\$19.22	Not Available	
COBRA Subscriber	\$3.61	\$4.56	\$7.23	\$9.11	\$10.42	\$13.16	\$14.88	\$18.77	\$6.81	\$8.60
Retirees Over 65	\$3.70	\$4.67	\$7.41	\$9.33	\$10.68	\$13.47	\$15.24	\$19.22	Not Available	