

2022 ENROLLMENT GUIDE

MCHCP
my health. my choice. myMCHCP

**Non-Medicare Retiree
Effective Jan. 1, 2022**

Welcome to MCHCP Enrollment!

Each of our members has different needs. That is why there are different plan options.

During open enrollment, if you do not want to make any plan changes from what you have in 2021, you do not have to do anything.

You will be required to complete the steps to earn any incentives (Tobacco-Free and Partnership) you want to receive in 2022.

To complete these steps, or make any enrollment changes, just visit our website between Oct. 1–31.

Be sure to follow us on Facebook, Twitter, LinkedIn and YouTube. We post MCHCP news and updates, recipes, health videos and other useful information throughout the year.

About This Guide

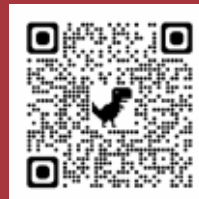
MCHCP knows that making health plan choices can be hard to do. We hope this guide helps you understand your MCHCP health plan options and benefits. There is much more information on MCHCP's website. Be sure to check it out.

Questions?

MCHCP Member Services:
573-751-0771
Toll-free: 800-487-0771
Relay Missouri: 711 or 800
735-2966 (TTY)

MCHCP Website:

www.mchcp.org



*Use your smartphone camera
to scan this QR code.*

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Medical & Pharmacy Plan Overview

	Health Savings Account (HSA) Plan		PPO 1250 Plan		PPO 750 Plan		
	Network	Non-Network	Network	Non-Network	Network	Non-Network	
Deductible (must meet deductible before coinsurance)	\$1,650/individual \$3,300/family	\$3,300/individual \$6,600/family	\$1,250/individual \$2,500/family	\$2,500/individual \$5,000/family	\$750/individual \$1,500/family	\$1,500/individual \$3,000/family	
Medical Out-of-Pocket Maximum	\$4,950/individual \$9,900/family	\$9,900/individual \$19,800/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	
Prescription Out-of-Pocket Maximum	Combined with Medical		\$4,150/individual \$8,300/family	No Maximum	\$4,150/individual \$8,300/family	No Maximum	
Preventive Services	MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	40% coinsurance	MCHCP pays 100%	40% coinsurance	
Office Visit	20% coinsurance	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	
LiveHealth Online Visit	MCHCP pays 100% after deductible	Not covered	MCHCP pays 100%	Not covered	MCHCP pays 100%	Not covered	
Urgent Care	20% coinsurance	Paid as Network Benefit	\$50 copayment	Paid as Network Benefit	20% coinsurance	Paid as Network Benefit	
Emergency Room	20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as Network Benefit	\$250 copayment plus 20% coinsurance	Paid as Network Benefit	
Hospital (Inpatient)	20% coinsurance	40% coinsurance	\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance	\$200 copayment plus 20% coinsurance	\$200 copayment plus 40% coinsurance	
Lab and X-ray	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	
Surgery	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	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* *These amounts are for a 31-day supply.	Generic and Preferred: 40% coinsurance Non-Preferred: 50% coinsurance	Days' Supply 1-31 days 32-60 days 61-90 days (home delivery) 61-90 days (retail)	Generic \$10 \$20 \$25 \$30	Preferred \$40 \$80 \$100 \$120	Non-Preferred \$100 \$200 \$250 \$300	Specialty \$75 through Accredo - - -



Health Plan Options

MCHCP offers three health plan options administered by Anthem. Anthem offers a nationwide network of providers and other tools that can help you. Each plan has a separate non-network benefit. All health plans pay for 100% of network preventive services and include the same services for coverage. Look at the chart on pages 4 and 5 to compare health plan options and cost-sharing.

HSA Plan

The HSA Plan is a qualified high deductible plan that can help you save money by giving you your own Health Savings Account (HSA). Use your HSA funds to pay for IRS-qualified medical expenses. HSA funds roll over from year to year. You can contribute to your account pretax. The HSA Plan covers services with a deductible and coinsurance.

PPO 1250 Plan

The PPO 1250 Plan includes office visit copayments to give you a set amount to pay for office visits rather than deductible/coinsurance. Other services are covered with a deductible and coinsurance. Emergency room visits have a copayment (waived if it is a true emergency or admission as inpatient) plus deductible and coinsurance. Inpatient hospital stays also have a copayment plus deductible and coinsurance.

PPO 750 Plan

The PPO 750 Plan covers services with a deductible and coinsurance. Emergency room visits have a copayment (waived if it is a true emergency or admission as an inpatient) plus deductible and coinsurance. Hospital stays have a copayment plus deductible and coinsurance.

Prescription Drugs

Each health plan includes MCHCP's prescription drug benefits, administered by Express Scripts, Inc. (ESI). ESI offers 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. Certain drugs and supplies may have reduced cost-sharing. 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.

All MCHCP non-Medicare primary subscribers have the option to declare a religious or moral objection and decline contraception coverage. Contact MCHCP for more information.



myPlan Advisor

To help you decide which MCHCP health plan best fits your family's needs, go to the myPlan advisor tool on MCHCP's website.

TRICARE Supplement Plan



Military members (and their eligible dependents) have an option to choose the TRICARE Supplement Plan administered by Selman & Company instead of an MCHCP health plan. The TRICARE Supplement Plan works with the TRICARE health benefit plan through the U.S. Department of Defense. Eligible members are state employees without Medicare coverage and enrolled in TRICARE. TRICARE Supplement Plan premiums are not set by MCHCP, and MCHCP does not contribute to them.

Reduce Your Premium

Reduce your MCHCP premium with our *Strive for Wellness*® incentives!

Partnership Incentive: For state employees. A \$25 monthly premium reduction if you complete the Partnership Promise, online Health Assessment and Health Education Quiz through your myMCHCP account. You can also get a small gift after completing an MCHCP-approved health action.

Tobacco-Free Incentive: For state employee and their covered spouse. Up to \$80 monthly premium reduction (\$40 per person) once each completes the Tobacco-Free Promise form or Quit Tobacco Promise form.

Take Action!

Complete the *Strive for Wellness*® Incentive requirements by Nov. 30, 2021, to begin receiving the Incentives on Jan. 1, 2022. If you miss the Nov. 30, 2021 date, you can still earn the incentive but the reduction in premium will be after Jan. 2022.

**You must take action to earn the incentives for 2022.*



Enrollment Options

Open Enrollment (Oct. 1 – 31, 2021)

During the month of October, you can change or cancel medical, dental or vision coverage to be effective Jan. 1, 2022.

To help you decide which MCHCP health plan best fits your family's needs go the myPlan advisor tool on MCHCP's website. It will help you compare costs.

Log on to your myMCHCP account during Open Enrollment (or you can check out the Forms page on our website for printable options) to act. If you are not sure about how to log in to your account, give us a call. We can help walk you through the steps to do that.

Be sure to save money by earning incentives to get a 2022 medical premium reduction and make your HSA and FSA contributions elections.

I want to keep my 2021 plan choices without changes.

We got you covered. If you do not want to make changes to your plan (health, dental and/or vision) choices or your covered dependents, then MCHCP will auto-enroll you and your dependents in the same plans for 2022 that you had in 2021.

I want to change plans or cancel coverage.

The choice is yours. You can change plans or cancel coverage. Retirees that cancel coverage are not allowed to re-enroll with MCHCP later. Additionally, retirees not enrolled in dental and/or vision coverage cannot add that coverage during Open Enrollment.



Retirees cannot add dependents during Open Enrollment. Retirees can add dependents during Special Enrollment Periods detailed below.

Special Enrollment Periods

We know that 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. Generally, we will need supporting documentation to prove that the event happened. Just act within the time frame given for the event below.

Event	Time period
Life events (marriage, birth, adoption or placement of adopted child)	within 31 days of life event
Loss of employer-sponsored group coverage	within 60 days of involuntary coverage loss
Qualified Medical Child Support Order (QMCSO)	within 60 days of court order



For more information

For more information, visit <http://www.mchcp.org/stateMembers/enrollment/index.asp>, and select "Other Enrollment Periods".

Dental



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.

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, you can, but 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 they 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 above is a summary of benefits. More information is available at www.mchcp.org.



Vision



Service Type	Brief Description	You will owe	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.



National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic and premium plans are offered with specific copayments for services from network providers. Both plans offer allowances for services from non-network providers. The vision plan does not replace medical coverage for eye disease or injury.

You select a provider of your choice. It is recommended you choose an NVA network provider for best use of the vision plan. However, if you decide to go to a non-network provider, you can, but your out-of-pocket costs will likely be much higher. When receiving services from a network provider, NVA pays the provider directly. When receiving services from a non-network provider, members pay the provider and file the claim. Reimbursement checks for non-network claims may take up to 30 days to process. The table on the previous page is a summary of benefits, and more benefit information is available at www.mchcp.org.

Sydney Health

Access personalized health and wellness information when you need it.

With Anthem's new Sydney mobile app, previously Engage, you can access your medical, pharmacy, dental and vision details in one place. The simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

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

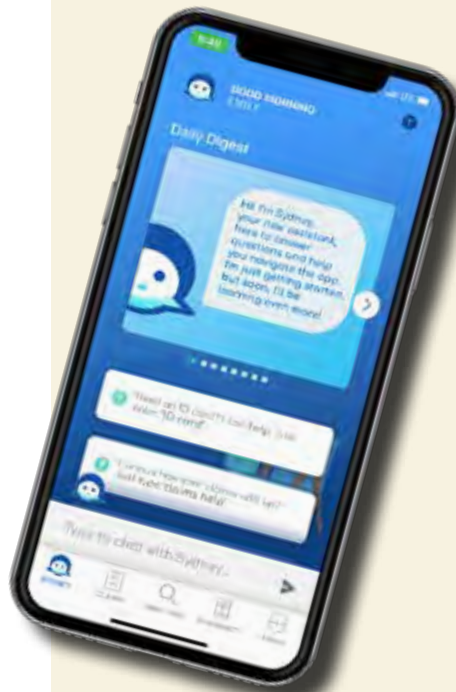
Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

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.

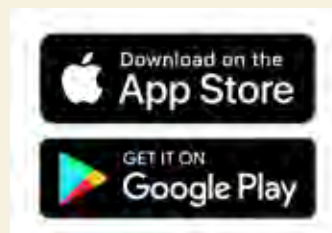


In 2022, Sydney Health will be replacing Engage as the mobile app to connect with Anthem and other services.



Download Sydney Health today

- Use the app anytime to:
- Find care and compare costs
 - See what's covered and check claims
 - View and use digital ID cards



Use your smartphone camera to scan this QR code.

LiveHealth Online

Using LiveHealth Online, you can have a visit with a doctor or behavioral health provider using your smartphone, tablet, or computer. Just go to livehealthonline.com or download the LiveHealth Online mobile app to get started. LiveHealth Online can also be accessed through the Sydney app, or by calling 888-548-3432 to schedule an appointment.

Medical

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.¹

Sign up at livehealthonline.com, or use the app, and see a board-certified doctor in a few minutes. When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- Cold
- Flu
- Fever
- Allergies
- Sinus infection
- Other non-emergency conditions

A provider can assess your condition, provide a treatment plan and then send a prescription to your pharmacy, if it's needed.²

Behavioral Health

When you're feeling stressed, anxious, or having a tough time coping, talk to a behavioral health provider online. In most cases, you can schedule an appointment in four days or less.³ Psychiatrists can see patients 18 and over *within two weeks* to help manage medications (except controlled substances regulated by the government).⁴

¹ Online prescribing only when appropriate based on physician judgment.

² Prescription availability is defined by physician judgement.

³ Appointments subject to availability.

⁴ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

LiveHealth Online is the trade name of Health Management Corporation. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help.

If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.



SmartShopper

Save money and earn a cash reward!

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, earn a reward and schedule your appointment.



When your health care provider recommends a test or procedure, visit smartshopper.com or call the SmartShopper Personal Assistant Team at 1-844-328-1582, or link through your Sydney App.



Compare providers, prices and rewards.



Choose where you would like to have your test or procedure.



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).

★ Benefit 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 may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program.



Anthem Health Guide

You expect someone to answer your questions, right? But there are times you need more help. You need someone to help you understand your plan. Or help you figure out next steps in dealing with a health issue. What do you do when a claim is denied and you disagree? What happens if you get an unexpected bill from your health care provider? We hear you. And we're here for you, too.

Anthem Health Guide: Supporting you with more than just answers.

You can reach a 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 all your medical benefit questions, including what is covered by your plan, and what is not, and if a service needs a preauthorization before you get it.
- Help you understand letters, explanation of benefits (EOBs) or bills you receive from a health care provider.
- Help you talk to your health care provider about an unexpected medical bill.
- Walk you through what you need to do to appeal a claim denial.
- Connect you with additional programs and needed support for behavioral health; chronic conditions; bone, joint and muscle pain, pregnancy support and more.
- Spot gaps in care, such as routine exams and screenings.
- Compare costs, find in-network doctors, set up an appointment and more.
- Assist you 24 hours a day, seven days a week.







Contacts

Medical Plan

Anthem

HSA Plan, PPO 750 and PPO 1250

www.anthem.com

844-516-0248

7 a.m. to 6 p.m. M-F

24/7 NurseLine: 800-337-4770

Prescription Drug Plan

Express Scripts, Inc. (ESI)

www.express-scripts.com

800-797-5754

TTY: 866-707-1862

24 hours a day

Accredo Specialty Pharmacy

800-903-8224

TTY: 877-804-9222

Dental Plan

Metlife

www.metlife.com/mchcp/

844-222-9106

7 a.m. to 10 p.m. M-F

Vision Plan

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

www.e-nva.com

User Name: mchcp

Password: vision

877-300-6641

24 hours a day

TRICARE Supplement Plan

Selman & Company

www.selmantricareresource.com/MCHCP

800-638-2610

Nurse Call Lines

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 on hand all day, every day to help.

To use this service, call 800-337-4770.

Helpful Tips

Websites

You can access all the plans through your myMCHCP account on MCHCP's website. Plan websites are provided as a convenience to our members. The inclusion of other websites does not mean MCHCP endorses or is responsible for those websites.

Provider Directories

Participating providers may change during the year. Contact the plan or the provider to verify participation.

