

ENROLLMENT GUIDE & PREMIUMS

NON-MEDICARE RETIREE

2025

It's time for Open Enrollment.

At MCHCP, we are here to help make connections and build bridges to the care and services members need.

Each and every one of our members is unique. That's why we offer different health plan options, allowing you to choose the coverage levels and benefits best suited for you and your family.

During Open Enrollment, you can choose to make changes to your health plan selections. If you do not want to make changes to the coverage you currently have, you don't have to do a thing. It will remain the same.

Keep in mind: There are additional steps you are required to complete in order to earn monthly premium reductions via the Partnership and Tobacco-Free incentives in 2025.

All of this can be done by logging into your myMCHCP account and completing the listed steps anytime between Oct. 1–31. Additional Open Enrollment information can be found at www.mchcp.org.

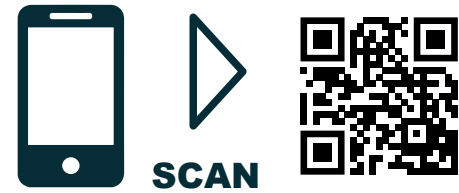
And be sure to follow us on Facebook and YouTube! We post MCHCP news and updates, recipes, health videos and other useful information throughout the year — yet another way of connecting you with all that your benefits have to offer!

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Questions?

This guide is an overview. For more information, visit MCHCP's website.



MCHCP Member Services:

573-751-0771

Member Services Hours:

Monday - Friday

8:30 a.m. - 12 p.m. & 1:00 - 4:30 p.m.

Toll-free:

800-487-0771

Relay Missouri:

711 or

800-735-2966 (TTY)

MCHCP Website:

www.mchcp.org

Medical & Pharmacy

Health Savings Account (HSA) Plan

	<i>Network</i>	<i>Non-Network</i>
Deductible (must meet deductible before coinsurance)	<i>\$1,650/individual \$3,300/family</i>	<i>\$3,300/individual \$6,600/family</i>
Medical Out-of-Pocket Maximum	<i>\$4,950/individual \$9,900/family</i>	<i>\$9,900/individual \$19,800/family</i>
Prescription Out-of-Pocket Maximum	<i>Combined with Medical</i>	<i>Combined with Medical</i>
Preventive Services	<i>MCHCP pays 100%</i>	<i>40% coinsurance</i>
Office Visit	<i>20% coinsurance</i>	<i>40% coinsurance</i>
Virtual Care through Sydney Health, Hinge Health, and Lark's Virtual Diabetes Prevention Program	<i>After deductible, MCHCP pays 100%</i>	<i>N/A</i>
Urgent Care	<i>20% coinsurance</i>	<i>Paid as Network Benefit</i>
Emergency Room	<i>20% coinsurance</i>	<i>Paid as Network Benefit</i>
Hospital (Inpatient)	<i>20% coinsurance</i>	<i>40% coinsurance</i>
Lab and X-ray	<i>20% coinsurance</i>	<i>40% coinsurance</i>
Surgery	<i>20% coinsurance</i>	<i>40% coinsurance</i>
Prescription Drugs Reduced costs for certain drugs and supplies.	<i>Preventive: MCHCP Pays 100%</i> <i>Generic: 10% coinsurance up to \$50</i> <i>Preferred: 20% coinsurance up to \$100</i> <i>Non-Preferred: 40% coinsurance up to \$200</i> <i>Notes: 1) Amounts are for a 31-day supply</i> <i>2) Diabetic Drugs have reduced copayments (5%/10%/20%)</i>	

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

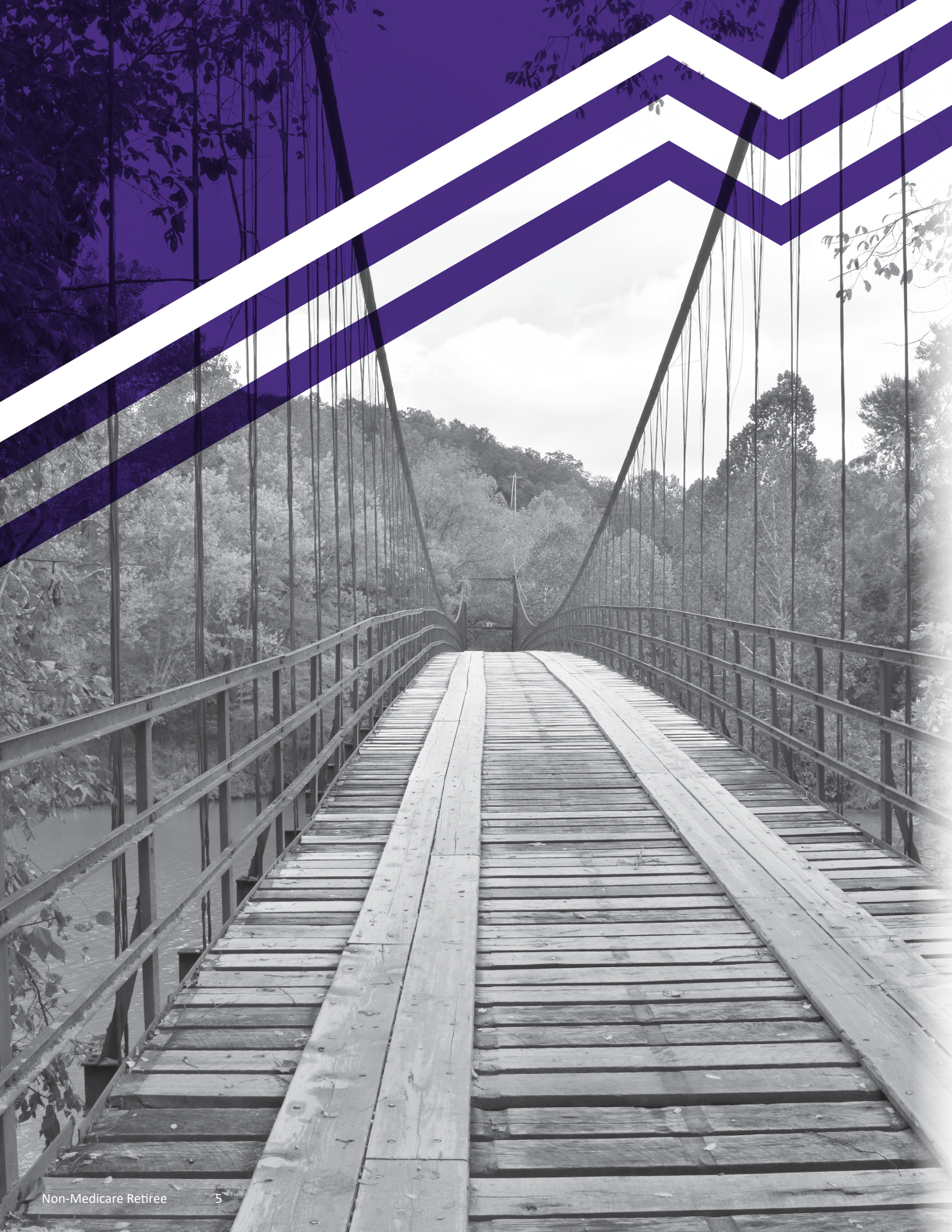
Preventive: MCHCP Pays 100%

Generic: \$10 Copayment

Preferred: \$40 Copayment / Non-Preferred: \$100 Copayment

Specialty: \$75 through Accredo

Notes: 1) Amounts are for a 31-day supply 2) Express Scripts Home delivery has a reduced copayment for 61 - 90 day supply (\$25/\$100/\$250) 3) Diabetic Drugs have reduced copayments (\$5/\$20/\$50)



No-Cost Services

Did you know our Anthem health plans include services at no cost when you use a network provider or pharmacy? Don't wait until you get sick to use your health benefits! These services can help you stay healthy and catch health issues sooner.

Preventive Services*

Some preventive services can help identify problems early and prevent others from occurring. Examples of preventive services include:

- ▶ preventive exams (annual physical, well-woman and well-child visits),
- ▶ immunizations,
- ▶ cholesterol blood tests,
- ▶ breast and colon cancer screenings,
- ▶ contraception,
- ▶ preferred tobacco cessation products,
- ▶ a preferred glucometer, test strips and lancets for diabetes, and
- ▶ so much more.

***IMPORTANT:** The preventive service claim your network provider sends Anthem must be for routine services without an injury or illness code for the service to be covered at 100%.

Other Services

Some diagnostic services are also covered at no cost for those in the PPO plans, and at no cost after deductible is met for those in the HSA Plan, including:

- ▶ diagnostic colorectal screenings (Common reasons for this service include screenings with a history of polyps or a history of colon cancer.),
- ▶ diagnostic breast examinations and mammograms,
- ▶ nutrition counseling,
- ▶ Diabetes Self-Management Education (four visits), and
- ▶ vasectomies.

Sydney Health Virtual Services

You can use Sydney Health to receive virtual health care services — many of which are covered at no cost to you! (If you are in the HSA Plan, many of these virtual services are covered at no cost only after you meet your deductible due to IRS rules, unless it is a preventive care service.) Examples of virtual services available on Sydney Health include K Health, LiveHealth Online and Hinge Health.





Enrollment Options

Frequently Asked Questions

Can I keep my 2024 plan choices in 2025 without changes?

If you do not want to make changes to your health plan or covered dependents, MCHCP will automatically re-enroll you and your dependents in the same plan(s) for 2025 that you had in 2024.

I have Strive for Wellness® incentives in 2024. Do I need to do anything to keep them?

Members who received a *Strive for Wellness*® incentive premium reduction in 2024 will need to complete the requirements for that incentive again prior to Nov. 30, 2024, if they wish to receive it at the start of the 2025 plan year (Jan. 1, 2025). Incentive requirements can be completed at any time. Premium reductions begin the first day of the second month after the required incentive steps are completed.

My spouse and/or I will be turning 65 later this year, and will be eligible for Medicare. What will happen to our coverage?

When a member turns 65 and enrolls in Medicare, he or she will be automatically enrolled in the UnitedHealthcare® (UHC) Group Medicare Advantage (PPO) plan and the Express Scripts Medicare Prescription Drug Plan (PDP) for prescription drug coverage. Visit MCHCP's website for more information about services and costs as a Medicare-eligible member. Any non-Medicare members will continue with their current coverage. Your monthly premium will be adjusted based on Medicare status.

How do I change or cancel coverage?

To change or cancel coverage, simply log in to your myMCHCP account during Open Enrollment to make your choice for 2025.

Examples of proof of eligibility

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



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 your dependents. 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 (marriage, 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
Qualified Medical Child Support Order (QMCSO)	Within 60 days of court order
Loss of Medicaid Status	Within 60 days of loss

Health Plan Options

MCHCP offers three health plan options that include medical coverage administered by Anthem, and prescription drug coverage administered by Express Scripts. Each option offers the same nationwide networks. 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 access to a health savings account (HSA) through the bank of your choice.

HSA funds accumulate to pay for IRS-qualified medical expenses, such as health care provider and chiropractor fees, dental treatments, hospital bills, prescriptions and more. You decide how to spend that money based on your health care needs and budget. HSA funds roll over from year to year.

On the HSA Plan, you will pay all medical and prescription drug expenses until your individual deductible is met — then you will usually pay coinsurance. Some services are covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.) If two or more family members are covered by the HSA Plan, a larger family deductible must be met before the plan pays.

PPO Plans

MCHCP offers two PPO plans – the PPO 1250 Plan and PPO 750 Plan. The plan names come from the individual deductible amounts associated with them — \$1,250 for the PPO 1250 Plan and \$750 for the PPO 750 Plan.

Under our PPO plans, most services are subject to deductible and coinsurance. The PPO 1250 Plan includes the added benefit of office visit copayments not subject to deductible and coinsurance. There are some services covered at no cost to MCHCP members. (To learn more about services covered at no cost, turn to page 6.)

Both PPO plans have a copayment for emergency room visits (waived if it is a true emergency or if admitted as an inpatient), plus you pay a deductible and coinsurance. Hospital stays also have a copayment, plus you pay a deductible and coinsurance. Copayments do not count toward the deductible, but do count toward the member or family unit's out-of-pocket maximum.

If two or more family members are covered under one of our PPO plans, and one family member reaches the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the individual. If one or more additional family members meet the individual deductible or out-of-pocket maximum, the medical plan begins paying claims for the entire family.

Prescription Drugs

All medical coverage includes MCHCP's prescription drug benefits, administered by Express Scripts. Express Scripts provides a nationwide retail pharmacy network, as well as its specialty pharmacy, Accredo. Express Scripts 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. Express Scripts' preferred formulary list is available on myMCHCP or by calling Express Scripts.

Subscribers have the option to declare a religious or moral objection and decline contraception coverage. Contact MCHCP for more information.



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.

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, 2024, to begin saving Jan. 1, 2025. If you miss the Nov. 30, 2024 date, you can still earn them, but savings will start after January 2025. The longer you delay, the less you save!

Those enrolled in the TRICARE Supplement Plan are not eligible to participate.



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.

Retirees who do not continue dental coverage into retirement are not eligible to enroll.



SCAN



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 new enrollees that provide proof of 12 months of continuous dental coverage 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 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.



User Name:
mchcp

Password:
vision1

Retirees who do not continue vision coverage into retirement are not eligible to enroll.

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

Total Health Connections (Beginning January 1, 2025)

With Total Health Connections, you have your own personal health champion, called a family advocate, who is here to help you and your family through unexpected emergencies and everyday health needs. They stay one step ahead, helping you get the care and support you need at no extra cost to you!

Here's how you'll benefit:

You can reach your family advocate by phone, email or even chat with them online via your computer or mobile device. Whatever you choose, you'll get an advocate who is ready to answer your questions and help you make the most of your health plan benefits.

A dedicated family advocate

Your family advocate is here to connect you with the right care at the right time. They can help you:

- ▶ find and schedule appointments with network health care providers, specialists and care facilities,
- ▶ stay on top of preventive care and manage chronic conditions,
- ▶ understand the health plan benefits available to you,
- ▶ quickly get preapprovals for urgent medical needs, like surgery, and
- ▶ connect with our in-house clinical experts, who work with you and your health care provider to create a personal care plan that supports your overall wellness and ongoing health needs.

A connected health record

You and your advocate, health care providers and pharmacist have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

Attention to your whole health

Your physical health impacts your overall well-being, but it's just one piece of the puzzle. Your advocate can connect you with community resources to help with food, child care, transportation, and other social, financial and mental health concerns.

Connect with your family advocate by downloading the Sydney Health mobile app, or by selecting the "Medical" icon in your myMCHCP account.

**With a dedicated
advocate in your corner,
health care is easier at
every step!**



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



SCAN



Find Care

Search for health care providers, 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.



Family Advocate

Connect with a Family Advocate who can guide you to the next best action based on specific benefits, health needs and community support.

Anthem Programs

SmartShopper[®]

Save money and earn a cash reward!

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 1-855-231-3613, 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).

Express Scripts Pharmacy Programs



Express Scripts 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 deductible and 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 deductible and 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 Express Scripts to find a pharmacy participating in the Smart90 program.



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MCHCP Programs



Tired of paying more than you should at the pharmacy? Lower your prescription drug costs with Rx Savings Solutions (RxSS)!

Health care providers 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!



Pharmacy technicians from RxSS will work with your health care providers 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.)

MCHCP Programs



SSDC Services Corp. helps eligible MCHCP members apply for Social Security Disability Benefits (SSDI).

SSDC identifies whether you or your dependent(s) are potentially eligible for SSDI and early Medicare and assists with applying for these benefits at no cost to you.

Have Questions?

If you have questions, please call SSDC at 800-374-9950, ext. 222, Monday through Friday 8 a.m. – 5 p.m. CT, or visit www.ssdcservices.com.



Why is Early Medicare Important?

Your medical expenses typically drop when you enroll in Medicare. Medicare enrollees can have lower out-of-pocket costs when you see health care providers or other providers.



What if I Never Paid into Social Security?

If you paid the Medicare tax, then you are still eligible to go through the SSDI process to determine if you are eligible for early Medicare benefits.



What's Next?

If you receive a survey from SSDC, complete and return it. SSDC will reach out to you if they think you qualify for SSDI and early Medicare.

MCHCP Programs



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. Subscribers and their dependents aged 18 and older on an Anthem plan can receive treatment for common illnesses and behavioral health services at a low cost.

An office visit fee (PPO plans — \$15, HSA Plan — \$45) covers 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.

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

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.

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. These are typically members who are retired military personnel, not eligible for Medicare, and under age 65. 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.

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.

Premiums

Non-Medicare Retiree Subscriber (Survivor) With Tobacco-Free Incentive And With Non-Medicare Spouse

The premiums on this page are the total monthly premium, and are not what you will pay. To determine what you will pay, go to your myMCHCP account to calculate your monthly premium. The amount will vary by years of service.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree only	\$977	\$1,002	\$1,109	\$1,134	\$1,175	\$1,200
Retiree and spouse	1,953	1,978	2,218	2,243	2,349	2,374
Retiree, spouse, and child	2,227	2,252	2,523	2,548	2,672	2,697
Retiree, spouse, and children	2,452	2,477	2,805	2,830	2,969	2,994
Retiree and child	1,250	1,275	1,414	1,439	1,498	1,523
Retiree and children	1,475	1,500	1,696	1,721	1,795	1,820
Surviving child	273	273	305	305	323	323

The premium listed assumes that both the retiree and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium. If there is more than one surviving child, the youngest child becomes the subscriber and there is a charge for each additional surviving child.

Non-Medicare Retiree Subscriber (Survivor) Without Tobacco-Free Incentive And With Non-Medicare Spouse

The premiums on this page are the total monthly premium, and are not what you will pay. To determine what you will pay, go to your myMCHCP account to calculate your monthly premium. The amount will vary by years of service.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree only	\$1,017	\$1,042	\$1,149	\$1,174	\$1,215	\$1,240
Retiree and spouse	2,033	2,058	2,298	2,323	2,429	2,454
Retiree, spouse, and child	2,307	2,332	2,603	2,628	2,752	2,777
Retiree, spouse, and children	2,532	2,557	2,885	2,910	3,049	3,074
Retiree and child	1,290	1,315	1,454	1,479	1,538	1,563
Retiree and children	1,515	1,540	1,736	1,761	1,835	1,860
Surviving child	273	273	305	305	323	323

The premium listed assumes that both the retiree and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium. If there is more than one surviving child, the youngest child becomes the subscriber and there is a charge for each additional surviving child.

Premiums without contraception coverage are available upon request.

Premiums

Non-Medicare Retiree Subscriber (Survivor) With Tobacco-Free Incentive And With Medicare Spouse

The premiums on this page are the total monthly premium, and are not what you will pay. To determine what you will pay, go to your myMCHCP account to calculate your monthly premium. The amount will vary by years of service.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree and spouse	\$1,216	\$1,241	\$1,348	\$1,373	\$1,414	\$1,439
Retiree, spouse, and child	1,490	1,515	1,653	1,678	1,737	1,762
Retiree, spouse, and children	1,716	1,741	1,958	1,983	2,060	2,085

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Non-Medicare Retiree Subscriber (Survivor) Without Tobacco-Free Incentive And With Medicare Spouse

The premiums on this page are the total monthly premium, and are not what you will pay. To determine what you will pay, go to your myMCHCP account to calculate your monthly premium. The amount will vary by years of service.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Retiree and spouse	\$1,256	\$1,281	\$1,388	\$1,413	\$1,454	\$1,479
Retiree, spouse, and child	1,530	1,555	1,693	1,718	1,777	1,802
Retiree, spouse, and children	1,756	1,781	1,998	2,023	2,100	2,125

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Premiums

Non-Medicare Long-Term Disability Subscriber With Tobacco-Free Incentive And With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber only	\$750	\$775	\$882	\$907	\$948	\$973
Non-Medicare subscriber and non-Medicare spouse	1,540	1,565	1,805	1,830	1,936	1,961
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,702	1,727	1,998	2,023	2,147	2,172
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,927	1,952	2,280	2,305	2,444	2,469
Non-Medicare subscriber and non-Medicare child	914	939	1,078	1,103	1,162	1,187
Non-Medicare subscriber and non-Medicare children	1,139	1,164	1,360	1,385	1,459	1,484

The premium listed assumes that both the employee and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Non-Medicare Long-Term Disability Subscriber Without Tobacco-Free Incentive And With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber only	\$790	\$815	\$922	\$947	\$988	\$1,013
Non-Medicare subscriber and non-Medicare spouse	1,620	1,645	1,885	1,910	2,016	2,041
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,782	1,807	2,078	2,103	2,227	2,252
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,007	2,032	2,360	2,385	2,524	2,549
Non-Medicare subscriber and non-Medicare child	954	979	1,118	1,143	1,202	1,227
Non-Medicare subscriber and non-Medicare children	1,179	1,204	1,400	1,425	1,499	1,524

The premium listed assumes that both the employee and the spouse are not in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be subtracted from to the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Non-Medicare Long-Term Disability Subscriber With Tobacco-Free Incentive And With Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber and Medicare spouse	\$907	\$932	\$1,039	\$1,064	\$1,105	\$1,130
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,070	1,095	1,233	1,258	1,317	1,342
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,296	1,321	1,538	1,563	1,640	1,665

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Non-Medicare Long-Term Disability Subscriber Without Tobacco-Free Incentive And With Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber and Medicare spouse	\$947	\$972	\$1,079	\$1,104	\$1,145	\$1,170
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,110	1,135	1,273	1,298	1,357	1,382
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,336	1,361	1,578	1,603	1,680	1,705

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Premiums without contraception coverage are available upon request.

Premiums

Non-Medicare Terminated Vested Subscriber With Tobacco-Free Incentive And With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber only	\$787	\$812	\$893	\$918	\$946	\$971
Non-Medicare subscriber and non-Medicare spouse	1,575	1,600	1,787	1,812	1,892	1,917
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,795	1,820	2,032	2,057	2,152	2,177
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,976	2,001	2,259	2,284	2,391	2,416
Non-Medicare subscriber and non-Medicare child	1,008	1,033	1,139	1,164	1,206	1,231
Non-Medicare subscriber and non-Medicare children	1,189	1,214	1,366	1,391	1,445	1,470

The premium listed assumes that both the employee and the spouse are in the Tobacco-Free Incentive.

If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

Non-Medicare Terminated Vested Subscriber Without Tobacco-Free Incentive And With Non-Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber only	\$827	\$852	\$933	\$958	\$986	\$1,011
Non-Medicare subscriber and non-Medicare spouse	1,655	1,680	1,867	1,892	1,972	1,997
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,875	1,900	2,112	2,137	2,232	2,257
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,056	2,081	2,339	2,364	2,471	2,496
Non-Medicare subscriber and non-Medicare child	1,048	1,073	1,179	1,204	1,246	1,271
Non-Medicare subscriber and non-Medicare children	1,229	1,254	1,406	1,431	1,485	1,510

The premium listed assumes that both the employee and the spouse are not in the Tobacco-Free Incentive.

If only one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Non-Medicare Terminated Vested Subscriber With Tobacco-Free Incentive And With Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber and Medicare spouse	\$1,026	\$1,051	\$1,132	\$1,157	\$1,185	\$1,210
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,247	1,272	1,378	1,403	1,445	1,470
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,428	1,453	1,605	1,630	1,684	1,709

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Non-Medicare Terminated Vested Subscriber Without Tobacco-Free Incentive And With Medicare Dependent(s)

The premiums on this page are what you will pay each month for coverage.

LEVEL OF COVERAGE	HSA PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Non-Medicare subscriber and Medicare spouse	\$1,066	\$1,091	\$1,172	\$1,197	\$1,225	\$1,250
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,287	1,312	1,418	1,443	1,485	1,510
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,468	1,493	1,645	1,670	1,724	1,749

If you have a child(ren) with Medicare, contact MCHCP for the premium amount for coverage.

Premiums without contraception coverage are available upon request.

Premiums

Dental Premiums

Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family
\$26.90	\$53.58	\$55.60	\$93.20

Vision Premiums

Subscriber Only		Subscriber and Spouse		Subscriber and Child(ren)		Subscriber and Family	
Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan	Basic Plan	Premium Plan
\$3.43	\$4.33	\$6.86	\$8.64	\$9.89	\$12.48	\$14.12	\$17.80



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

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



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.



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