

# 2016 BENEFITS

## BENEFITS YOU CAN COUNT ON!

A quick guide on how to enroll in  
and become familiar with your total  
compensation package as a new  
State of Missouri employee.



ENROLL BY:

December 2015

## Benefits Paid by Your Employer

(no cost to you)

- Retirement/Survivor Benefits (if employed in benefit-eligible position prior to January 1, 2011)
- Basic Life Insurance (term)
- Long-Term Disability Insurance
- Education Assistance (where available)
- Paid Holidays
- Annual Leave & Sick Leave
- Workers' Compensation
- Unemployment Compensation
- Employee Assistance Program (EAP)

## Benefits Paid by You & Your Employer

(cost is shared)

- Retirement/Survivor Benefits (if employed in benefit-eligible position on or after January 1, 2011)
- Medical Coverage
- Social Security Retirement
- Medicare

## Optional Benefits

(you pay premiums)

- Optional Life Insurance (term)
- Universal Life Insurance
- Spouse & Dependent Life Insurance
- Dental & Vision Coverage

## Optional Tax-Saving Benefits

(you contribute money toward tax and retirement savings)

- Cafeteria Plan
- Deferred Compensation

# SUMMARY

This brochure is designed to provide an overview of your benefits as an active Missouri state employee, even if you choose not to participate in some. As a benefit-eligible employee, your total compensation is more than just the dollars you receive in your paycheck.

Benefits are a significant part of your compensation package, but are often overlooked. The ongoing contributions from your employer (salary and benefits) represent a significant financial commitment to you and your family.

## How to Enroll - [www.sebes.mo.gov](http://www.sebes.mo.gov)

Provide your employer with an email address on your hire date. Secure login information (for SEBES enrollment only) will be forwarded to your email account. If you are unable to provide an email address, this information will be mailed to your home. Mailing secure login information to your home will cut into your 31-day enrollment period.

Visit [www.sebes.mo.gov](http://www.sebes.mo.gov) and log in with your SEBES password before the deadline.

Complete your enrollment by the deadline listed on page 1, which is 31 days from your hire date. After the deadline, you must contact the appropriate administrator(s) directly to determine eligibility.

## What is a Benefit-Eligible Position?

Your employer determines whether your position is eligible for benefits. The position must be permanent and normally require the performance of duties during at least 1,040 hours per year.

## Self-Service Information

Most state employees have access to employment information through the Missouri State Employees' Self-Service (ESS) Portal. Access your individual payroll stubs, detailed deduction information, leave balances, statewide electronic payroll announcements, agency-specific announcements, blank Form W-4s, your future Form W-2s, and a direct link to benefit providers through this secure web portal. Enter name and address changes that will automatically update agency payroll systems and be communicated with benefit providers. After receiving your first paycheck, you can register in ESS at <https://ess.mo.gov>. (Employees of regional colleges/universities and "local payroll" agencies do not have access to ESS. It is available only to employees paid through SAM II.)

*This brochure is designed to give you an overview of the benefits provided to you as an active state employee in a benefit-eligible position. Employees in part-time positions may not be eligible for some of the benefits described in this brochure. Depending on the agency you work for, some benefits may not be available. Please contact your human resources representative or the specific plan administrator for detailed benefit information.*

Core benefits are provided to you through various administrators, which you will find described on the following pages. These benefits are intended to improve your quality of life and assist you in your pursuit of financial security.

## Your Benefit Providers:

If your retirement is through Missouri State Employees' Retirement System (MOSERS)

Employee Classification	Retirement/ Survivor Benefits	Term Life Insurance	Disability	Medical Insurance	Dental/Vision Insurance	Universal Life Insurance
General Employees	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MoVLIC
Conservation	MOSERS	Conservation	MOSERS	Conservation	MCHCP	MoVLIC
College/University*	MOSERS	College/University	College/University	College/University	Varies by institution	MoVLIC
State Tech. College of MO	MOSERS	MOSERS	MOSERS	State Tech	State Tech	MoVLIC
Lincoln University	MOSERS	MOSERS	MOSERS	Lincoln University	Lincoln University	MoVLIC
Legislators	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MoVLIC
Judges	MOSERS	MOSERS	MOSERS	MCHCP	MCHCP	MoVLIC

\*University of Missouri employees are not members of MOSERS. They receive benefits from the University of Missouri system.

If your retirement is through MoDOT & Patrol Employees' Retirement System (MPERS)

Employee Classification	Retirement/ Survivor Benefits	Term Life Insurance	Disability	Medical Insurance	Dental/Vision Insurance	Universal Life Insurance
MPERS	MPERS	MoDOT/MSHP Medical Board	MPERS	MoDOT/MSHP Medical Board	MCHCP	MoVLIC
Department of Transportation	MPERS	MoDOT/MSHP Medical Board	MPERS	MoDOT/MSHP Medical Board	MCHCP	MoVLIC
State Highway Patrol	MPERS	MoDOT/MSHP Medical Board	MPERS	MoDOT/MSHP Medical Board	MCHCP	MoVLIC

### Benefits Available to ALL Eligible Employees

- Deferred Compensation
- MO Cafe Cafeteria Plan (Central Bank/ASI)
- Universal Life Insurance (MoVLIC)

### Acronym Key for Benefit Providers

MoVLIC	Missouri Voluntary Life Insurance Contractor
MPERS	MoDOT & Patrol Employees' Retirement System
MCHCP	Missouri Consolidated Health Care Plan
MoDOT	Missouri Department of Transportation
MOSERS	Missouri State Employees' Retirement System
MSHP	Missouri State Highway Patrol

## Who To Contact With Questions

1. As indicated on the chart above, your benefits are handled by various administrators.
2. Each administrator has its own contact information and website.
3. You will find a complete list of contact information in the back of this brochure.
4. If you have questions regarding a specific benefit, please contact that provider or your human resources (HR) representative.

# HEALTH & WELLNESS

## Medical Insurance

Affordable, quality health care is your employer's goal whether your health care program is administered by MCHCP, the Department of Conservation, or MoDOT/MSHP.

### MCHCP

Missouri Consolidated Health Care Plan (MCHCP) oversees the health insurance plans for state and local government employees. MCHCP offers a variety of coverage options at subsidized group rates, including medical, Employee Assistance Program (EAP), wellness, and Disease Management (DM) Services. Dental and vision plans are also available; please see the section below for more information.



### Strive for Wellness

(for Employees with MCHCP Coverage)

Strive for Wellness®, MCHCP's wellness program, is designed to encourage members to get and stay healthy. The program provides health and wellness education resources and voluntary activities, including:



- Healthy Moment Videos and recipes
- Health Action Campaigns
- Quit Tobacco and Weight Management courses
- An annual 5K event and more!

Strive for Wellness® also offers eligible members lower premiums for participation in the Partnership Incentive and Tobacco-Free Incentive programs.

Active state employee subscribers, enrolled in an MCHCP medical plan, have access to the Strive for Wellness® Health Center. The Center offers routine care for common illnesses and basic preventive care at hours designed to fit into a hectic workday. It is located in Jefferson City's Harry S Truman Building. Parking passes for reserved spaces are available.

### Missouri Department of Conservation (MDC)

The Missouri Department of Conservation (MDC) offers a self-insured health benefit plan through the Conservation Employees' Benefits Plan (CEBP) to MDC employees and their eligible dependents. MDC offers a variety of benefit options including medical, life, accidental death and dismemberment, and employee assistance programs.



If you elect medical coverage through the CEBP, a portion of your medical plan premiums are subsidized by the Conservation Commission.

### MoDOT and MSHP

The Missouri Department of Transportation (MoDOT) and the Missouri State Highway Patrol (MSHP) offer a self-funded PPO plan to eligible employees statewide. The PPO plan allows participants to utilize in-network and out-of-network providers with the level of benefits paid in accordance with the plan.



The cost is shared by you and your employer. The employer bears the largest share to subsidize your premium and premiums for spouse and/or dependent coverage.

## Vision & Dental Coverage

MCHCP offers statewide vision and dental plans to members of MPERS and MOSERS, including Department of Conservation employees. Both plans are employee-funded, and offer network and non-network services.

Vision coverage makes purchasing glasses or contact lenses more affordable for you and your family. Two plan options are available – basic or premium – with specific copayments for services received. Both options include coverage for routine vision exams and provides eyeglasses and contact lenses at discounted rates.

- Diagnostic and preventive care services
- Basic and restorative services, and
- Major services

A detailed list of covered services can be found on the MCHCP website - [www.mchcp.org](http://www.mchcp.org)

## Cafeteria Plan

*Would you like to increase your spendable income?* If you are in the 25% tax bracket, you can save \$25 or more in federal, state and social security taxes for each \$100 paid for such things as:

- State-sponsored medical, dental, and vision insurance premiums
- Out-of-pocket medical, dental, and vision expenses
- Child/adult dependent care expenses
- You can also save taxes on work-related parking and/or mass transit expenses. Sign up any time for these benefits.

The state offers a cafeteria plan program in which you are automatically enrolled to have your medical, dental, and vision insurance premiums deducted from your paycheck before taxes. If you wish to save taxes on health care expenses or dependent care expenses, you have to enroll when you are first eligible or during the annual open enrollment period (Oct. 1 - Dec. 1).

*NO Cafe*

## Other Benefits

### Flexible Work Schedule

The state recognizes the need of many employees to work schedules other than the traditional work hours. In an effort to accommodate these needs, employees may request a flexible work schedule.

Because of safety, security, customer service, and other concerns, not all agencies offer flexible work schedules. Check with your supervisor to determine whether alternative work schedules are available at your agency.

### Employee Assistance Program\*

The Employee Assistance Program (EAP) is available to employees and their families to help prevent minor difficulties from developing into major problems. The EAP can help you with stress, parenting, alcohol and drug abuse, marital problems, anxiety, depression, legal issues, and financial concerns. Never assume your problem is too small to seek help.

You and each household member may receive up to six sessions per problem per calendar year. These services are provided at no cost to you and your household members.

It's free, it's confidential, and it's easy – call (800) 808-2261. Trained professionals are available 24 hours a day.

### Social Security

Your social security benefit provides you with supplemental income at retirement or survivor income for your family in the event of your death. You pay a percentage of your earnings to social security each month. The state matches your contribution to this federal program that provides retirement, disability, and death benefits to you and/or your dependents. Go online or contact your local social security office for information about each of the many benefits available and how to obtain them.

### Unemployment Compensation

Unemployment compensation coverage provides you with partial compensation in the event you are laid off or terminated from work for reasons other than misconduct.

### Education Assistance

Some agencies offer reimbursement for tuition, fees, and materials to employees in permanent positions who either desire to continue their education or receive a request from their department for continued education. Each department is responsible for approving requests on the basis of the courses being consistent with the department's stated mission. Check with your supervisor to determine whether education assistance is available at your agency.

### Paid Holidays

As an eligible state employee, by law, you receive 12 paid holidays each year. (Additional days may be granted by the Governor.)

### Annual Leave

(may be different for college & university members - check with HR)

The state's annual leave policy provides eligible employees time off with pay. The amount of annual leave earned is based on your length of service.

Years of Service	Hours Earned/Month	Max. Balance
Up to 10 years	10 hours	240 hours
10 - 15 years	12 hours	288 hours
15+ years	14 hours	336 hours

### Sick Leave

As an employee of the state, you may earn sick leave that can later be used when you are ill and cannot report to work. Sick leave for eligible state employees is accrued at the rate of 10 hours per month. This benefit provides you with income during periods of absence due to illness. (See *Credible Service at Retirement* on page 7 for information on unused sick leave.)

### Workers' Compensation

As a state employee, you may receive workers' compensation for injuries and illnesses arising out of and in the course of your employment. Benefits can include: medical care, payment based on lost wages, and physical therapy.

\* Conservation, college/university, MoDOT, Patrol, & MPERS employees should contact your HR office regarding your benefits.

# PROTECTION FOR THE FUTURE

## Term Life Insurance

Group term life insurance protects you and your family from financial hardship in case of death. Term life insurance does not accumulate cash value and results in a benefit payment only upon the death of the covered individual.

## Basic Coverage

If your life insurance plan is administered by MOSERS or MoDOT and you are a benefit-eligible state employee, you receive coverage of one times your annual salary (\$15,000 minimum) in basic life insurance at no cost to you. If your death is determined by the insurance carrier to be duty-related, your beneficiaries will receive three times your basic life insurance coverage. If your life insurance is administered by the Missouri Department of Conservation, the Conservation Commission provides coverage of one times your annual salary in basic life and accidental death & dismemberment coverage at no cost to you.

## Optional Coverage

You may also be eligible to purchase additional term life insurance coverage for yourself, your spouse, and your dependent children. The premium will be deducted from your paycheck and will be based on your age and the amount of coverage you elect.

## Universal Life Insurance

In addition to the term life insurance provided by the state, you may purchase universal life coverage through the Missouri Voluntary Life Insurance Contractor (MoVLIC). Universal life coverage offers an easy and affordable way to safeguard your future and provide benefits.

Besides providing death benefits to your family, your universal life insurance plan builds a cash value that can help you with more immediate needs, such as sending your children to college or supplementing your retirement income. The premium can be deducted from your paycheck and will be based on your age and the amount of coverage you elect. It also offers a long-term care rider.

## Disability

*Will you be able to pay your bills if you become disabled?*

People insure their lives, health, homes and other possessions. Unfortunately, they often overlook their most important asset - their ability to earn an income. Disability insurance is an important part of securing a sound financial future for you and your family by providing partial income replacement in the event of a disability.

## MOSERS

As a member of a plan administered by MOSERS, the state provides long-term disability (LTD) insurance at no cost to you.\* If you are determined by the insurance carrier to be disabled, your monthly LTD benefit will replace up to 60% of your pre-disability salary. Before disability benefits begin, you must complete a 90-day benefit waiting period or exhaust your unused sick leave as you are entitled to through your employers sick leave program, whichever is longer. If you receive LTD benefits, you will continue to accrue credible service toward retirement benefits.

### *Constitutional Disability for Judges*

Judges who are unable to perform the duties of their office due to a continued sickness or physical or mental infirmity may apply to the Commission on Retirement, Removal and Discipline of Judges for constitutional disability benefits. Judges eligible for such disability benefits will receive 50% of the salary they were receiving on the date of disability. This benefit continues until the expiration of their current term.

## MPERS

Members of MPERS who become disabled may qualify for benefits under one of the following disability plans:

(1) long-term or (2) work-related. The cost for both plans is paid by your employer.

- **Long-Term** - If you are unable to perform your present job or any other position in MoDOT or the MSHP and your disability has been diagnosed as being of such nature as to exist for more than one year, you may qualify for LTD benefits. The benefits under the LTD plan will replace up to 60% of your pre-disability salary. Before disability benefits begin, you must complete a 180-day waiting period or exhaust your unused sick leave, whichever occurs later.
- **Work-Related** - If you are injured while performing your job duties and become unable to perform your job, you may qualify for work-related disability benefits. These benefits are equal to 70% of your pre-disability salary. However, the combined MPERS and social security disability benefits cannot exceed 90% of your pre-disability compensation.

\* MOSERS' long-term disability benefits are not available to employees of MODOT, Hwy Patrol, colleges/universities (except State Technical College of Missouri and Lincoln University).

## Retirement

In an effort to help you build a financially secure future, your employer makes monthly contributions to finance your retirement benefit.

### MOSERS and MPERS

Whether you are a member of a plan administered by the Missouri State Employees' Retirement System (MOSERS) or the MoDOT & Patrol Employees' Retirement System (MPERS), once you meet certain age and service requirements and retire under a MOSERS or MPERS defined benefit plan, you are guaranteed a lifetime retirement benefit. In addition to retirement benefits, the plans provide survivor benefits in the event of a vested member's death. For specific information on your plan's vesting and eligibility requirements, please consult the applicable retirement handbook, which is available online.

One of the ways the state rewards your continued employment is by increasing the value of your retirement benefit for each additional year of service. In general, the longer you work in a benefit-eligible position and the higher your annual salary; the higher your retirement benefit will be. You will receive a personalized *Annual Benefit Statement* to keep you informed about your retirement benefits.

State employees working in a benefit-eligible position for the first time on or after January 1, 2011, are required to contribute 4% of pay to their retirement system. This is done through payroll deduction.

#### ***Creditable Service at Retirement***

If eligible, there are provisions through MOSERS and MPERS that allow you to receive one month of creditable service for every 168 hours of unused sick leave. At the time you retire, your unused sick leave is converted to creditable service and is added to your total service. This amount will be used in calculating the amount of your benefit but not your eligibility for a benefit.



### DEFERRED COMPENSATION

The average state employee will replace approximately 65% of their pre-retirement paycheck with pension and social security benefits. For this reason, it is crucial to build personal savings to provide an additional source of retirement pay. As a new employee, you are automatically enrolled at a 1% contribution per pay period. This contribution, which can be adjusted at any time, is made through automatic payroll deduction. (Rehires, university, and previous temporary or seasonal non-benefit-eligible employees are excluded from automatic enrollment.)

The State of Missouri Deferred Compensation Plan provides a convenient way to build retirement savings through payroll deduction. Advantages include:

- Lower income taxes
- Before-tax and after-tax (Roth) savings options
- Low investment fees
- Professionally managed, customized target date funds
- Flat dollar or percentage-of-pay contribution options
- Automatic contribution increase tools
- Free seminars and one-on-one consultations at locations throughout the state
- Penalty-free access to personal savings at any age following separation from service



# WHO TO CONTACT



**Missouri Consolidated Health Care Plan (MCHCP)**  
PO Box 104355  
Jefferson City, MO 65110-4355  
**Phone:** (573) 751-0771  
(800) 487-0771  
**Fax:** (866) 346-8785  
**Secure Message:** [my.MCHCP.org](mailto:my.MCHCP.org) (Login Required)  
**Web:** [www.mchcp.org](http://www.mchcp.org)



**Strive for Wellness**  
**Phone:** (573) 751-0771  
(800) 487-0771  
**Web:** [www.mchcp.org](http://www.mchcp.org)  
(select the Strive for Wellness tab)



**Missouri State Employees' Cafeteria Plan (Central Bank/ASI)**  
PO Box 858  
Columbia, MO 65205-0858  
**Phone:** (573) 442-3035  
(800) 659-3035  
**Claims Fax:** (877) 879-9038  
**Email:** [asi@asiflex.com](mailto:asi@asiflex.com)  
**Web:** [www.mocafe.com](http://www.mocafe.com)



**Social Security**  
**Phone:** (800) 772-1213  
**Web:** [www.socialsecurity.gov](http://www.socialsecurity.gov)



**Missouri Voluntary Life Insurance Contractor (MoVLIC)**  
**McDaniel Hazley Group, Inc. (MHG)**  
1100 Main Street, Suite 1850  
Kansas City, MO 64105  
**Phone:** (866) 668-5421  
(866) 891-4149  
**Fax:** (816) 531-7503  
**Email:** [dmeyer@mhgmovlic.org](mailto:dmeyer@mhgmovlic.org)  
**Web:** [www.mhgmovlic.org](http://www.mhgmovlic.org)



**MoDOT/MSHP Medical & Life Insurance Plan**  
PO Box 270  
Jefferson City, MO 65102-0270  
**Phone:** (877) 863-9406  
**Web:**  
[www.modot.mo.gov/newsandinfo/benefits.htm](http://www.modot.mo.gov/newsandinfo/benefits.htm)

**MSHP**  
PO Box 568  
Jefferson City, MO 65102-0568  
**Phone:** (573) 526-6136  
(573) 526-6356



**Missouri Dept of Conservation**  
PO Box 570  
Jefferson City, MO 65102-0507  
**Phone:** (573) 522-4115 x 3229  
(573) 522-4115 x 3698  
**Email:** [HRBenefits@mdc.mo.gov](mailto:HRBenefits@mdc.mo.gov)  
**Web:** <http://mdc.mo.gov/about-us/careers/employee-benefits>



**Missouri State Employees' Retirement System (MOSERS)**  
PO Box 209  
Jefferson City, MO 65102-0209  
**Phone:** (573) 632-6100  
(800) 827-1063  
**Fax:** (573) 632-6103  
**Email:** [mosers@mosers.org](mailto:mosers@mosers.org)  
**Web:** [www.mosers.org](http://www.mosers.org)



**MoDOT & Patrol Employees' Retirement System (MPERS)**  
PO Box 1930 • 1913 William St.  
Jefferson City, MO 65102-1930  
**Phone:** (573) 298-6080  
(800) 270-1271  
**Fax:** (573) 522-6111  
**Email:** [mpers@mpers.org](mailto:mpers@mpers.org)  
**Web:** [www.mpers.org](http://www.mpers.org)



**State of Missouri Deferred Compensation Plan**  
3349 American Avenue, Suite A  
Jefferson City, MO 65109  
**Phone:** (573) 893-1053  
(800) 392-0925  
**Fax:** (573) 893-1059  
**Web:** [www.modeferrredcomp.org](http://www.modeferrredcomp.org)

— 2016 Plan Year —

# DENTAL & VISION GUIDE

## Open Enrollment

*Oct. 1 – 31, 2015*

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 enroll 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](http://www.mchcp.org) or in the 2016 Benefit Guide.

## Dental Plan

*Delta Dental*

[www.deltadentalmo.com/stateofmo](http://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](http://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](http://www.mchcp.org)  
myMCHCP

# Vision Plan

National Vision Administrators, L.L.C.

When receiving services from a National Vision Administrators (NVA) provider, NVA pays the provider directly. If you use a non-network provider, you must pay the provider and file the claim.

## 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

## Vision Services – Basic Plan

Benefit	Service	Network	Non-network
<b>Exams</b> <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
<b>Lenses</b> <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
<b>Frames</b>	<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 <sup>1</sup>	Reimbursed up to \$70
<b>Contact lenses</b> <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 <sup>2</sup>	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
<b>Other</b>	Optional Items (cosmetic extras)	Discount applied to all lens options	Not covered

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

<sup>2</sup> 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
<b>Active Employee</b>	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
<b>Leave of Absence</b>	\$3.84	\$4.84	\$7.68	\$9.66	\$11.06	\$13.96	\$15.78	\$19.90	Not Available	
<b>COBRA Subscriber</b>	\$3.91	\$4.94	\$7.82	\$9.85	\$11.28	\$14.23	\$16.10	\$20.30	\$7.37	\$9.29
<b>Retiree, Long-Term Disability, Terminated Vested and Survivor</b>	\$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
<b>Exams</b> <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
<b>Lenses</b> <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
<b>Standard anti-reflective coating</b>		\$30 copayment	Not covered
<b>Standard progressive multifocal</b> <i>Discount applied to all lens options</i>		\$50 copayment	Not covered
<b>Frames</b>	<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 <sup>1</sup>	Reimbursed up to \$70
<b>Contact lenses</b> <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 <sup>2</sup>	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
<b>Other</b>	Optional Items (cosmetic extras)	Discount applied to all lens options	Not covered

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

<sup>2</sup> 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.

#### New for 2016

The dental plan will provide coverage of implants and bone grafts at the major services level, once every seven years.

### Dental Services\*

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 plan maximum
	Prophylaxes (teeth cleaning)	0% coinsurance	
	Fluoride		
	Bitewing X-rays		
	Sealants		
<i>Basic and Restorative</i>	Emergency Palliative Treatment	\$50/person deductible <sup>1</sup>	X-rays do not apply to the individual plan maximum
	Space Maintainers		
	All Other X-rays	20% coinsurance	
	Minor Restorative Services (fillings)		
	Simple Extractions		
<i>Major Services</i>	Prosthetic Device Repair	\$50/person deductible <sup>1</sup>	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		

\* 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)
<b>Active Employee</b>	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
<b>Leave of Absence</b>	\$25.36	\$50.50	\$52.42	\$87.88	Not Available
<b>COBRA Subscriber</b>	\$25.86	\$51.51	\$53.47	\$89.64	\$27.61
<b>Retiree, Long-Term Disability, Terminated Vested and Survivor</b>	\$25.36	\$50.50	\$52.42	\$87.88	Not Available

# MCHCP NEW HIRE BENEFITS OVERVIEW

## Your Plan Options

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*This is a broad overview of the plans offered; refer to MCHCP's website for detailed plan information and access to the yearly plan guide.*

### *Health Savings Account (HSA)*

This is the highest deductible plan offered. There are no copays for doctor visits, urgent care or emergency room visits in this plan. The employee pays 100% of their medical expenses until the deductible is met for the year. After the deductible is met employees pay 20% coinsurance until the out of pocket maximum is reached. There is no prescription drug coverage with this plan; prescriptions are paid by the employee, when deductible is met the employee pays the specified coinsurance percentage.

### *PPO 600*

This plan is a happy medium; while the employee still pays 100% of their medical expenses until the deductible is met for the year, it has a much lower deductible than the HSA plan. After the deductible is met the employee pays a 10% coinsurance or set copay until the out of pocket maximum is met. The prescription drug coverage for 31 day supply is \$8/35/100.

### *PPO 300*

The PPO 300 has the lowest deductible of the three plans offered. The employee has copays for the Doctor, Urgent Care, Specialist, ER and Chiropractor; these copays do not count toward the yearly deductible. After the yearly deductible is met the employee pays 10% coinsurance until the out of pocket maximum is met. The prescription drug coverage for 31 day supply is \$8/35/100.

\*Please note all plans cover annual physical exams, immunizations and age specific screenings at 100% as long as the service is received In-Network

## Your Cost

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### *Premiums*

Please see page 73 of attached spreadsheet with monthly premiums that do not include the tobacco incentive. The column titled Standard Premium is the out of pocket monthly cost to the employee without any incentives.

### *Incentives*

#### *Tobacco-Free Incentive*

On the attached spreadsheet notice page 72 lists employee premiums with the Tobacco-Free Incentive. This incentive is \$40/month off the insurance premium for employees and an additional \$40/month off the insurance premium for covered spouses who attest to be tobacco free or sign an agreement to quit smoking within 6 months of signing. Smoking cessation programs are offered to assist the enrollee in quitting tobacco use. The attestation forms will be submitted to MCHCP and the directions will be on their website as you work your way through enrollment.

### *Partnership Premium*

Each year MCHCP offers a wellness incentive to employees who agree to the Strive for Wellness requirements of the year. These requirements vary some each year but generally require the employee to complete an Online Health Assessment to begin receiving the incentive. This incentive is \$25/month off your plan cost and is listed on the attached spreadsheet as the Partnership Premium. The specific requirements, instructions and any required forms will be on MCHCP's website.

## Timing Your Enrollment

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### *Enrollment Deadline*

You will enroll for healthcare through the SEBES website. This must be done within 31 days of hire. If you do not enroll by the deadline you will not be eligible to enroll in healthcare coverage until open enrollment, barring a qualifying event.

### *Insurance Effective Date*

Your insurance will be effective the 1<sup>st</sup> of the month following your completion of the MCHCP enrollment forms. Please keep this in mind as you go through the enrollment process.

## Questions

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### *Policy Specific Questions*

Please contact MCHCP with policy specific questions. This would include questions regarding an existing condition, how certain health situations, procedures or surgeries would be covered etc.

### *General Enrollment Questions*

Please let me know if you have general benefits questions while enrolling or at any point during your tenure with DHSS.

Yavanna Blanke – Personnel Clerk  
573-522-1256  
Yavanna.Blanke@health.mo.gov

# Medical & Pharmacy Plan Overview

## Benefit

**Health Savings Account Plan (HSA Plan)**  
Through UMR (All Regions) or Aetna (Southwest & South Central Regions Only)<sup>1</sup>

**Network** **Non-Network**

### Plan Description

You pay the deductible and coinsurance amounts until you reach the out-of-pocket maximum. Your HSA can be used to help pay medical and prescription expenses.

### Deductible

<i>Individual</i>	\$1,650	\$4,000
<i>Family</i>	\$3,300	\$8,000

### Medical

<i>Individual</i>	\$3,300	\$5,000
<i>Family</i>	\$6,600	\$10,000

### Prescription

<i>Individual</i>	Combined with medical
<i>Family</i>	

### Annual Health Savings Account Contribution

<i>Active members only</i>	Individual Coverage: \$300
	Family Coverage: \$600

### Preventive Services

<i>Annual physical exams, Immunizations Age-specific screenings</i>	MCHCP pays 100%	40% coinsurance
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### Office Visit

	20% coinsurance	40% coinsurance
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### Urgent Care

	20% coinsurance	20% coinsurance
--	-----------------	-----------------

### Emergency Room

	20% coinsurance	20% coinsurance
--	-----------------	-----------------

### Hospital (Inpatient)

	20% coinsurance	40% coinsurance
--	-----------------	-----------------

### Lab and X-ray

	20% coinsurance	40% coinsurance
--	-----------------	-----------------

### Surgery

	20% coinsurance	40% coinsurance
--	-----------------	-----------------

### Prescription Drugs

Generic:	10% coinsurance	Generic and Brand:
Brand:	20% coinsurance	40% coinsurance
Non-formulary:	20% coinsurance	Non-Formulary:
	40% coinsurance	50% coinsurance

**Deductible:** The annual amount a member must pay before the plan begins to pay for covered medical services. **Coinsurance:** The percentage of a medical bill that a member must pay after the deductible is met. **Out-of-Pocket Maximum:** The maximum amount a member must pay before the plan pays 100 percent of covered services for the rest of the year.

# Medical & Pharmacy Plan Overview

## PPO 600 Plan

Through UMR (All Regions) or Aetna (Southwest & South Central Regions Only)<sup>1</sup>

## PPO 300 Plan

Through UMR (All Regions) or Aetna (Southwest & South Central Regions Only)<sup>1</sup>

Network		Non-Network		Network		Non-Network	
You pay the deductible and coinsurance amounts until you reach the out-of-pocket maximum.		You pay a higher deductible and coinsurance amounts until you reach the out-of-pocket maximum.		You pay the deductible and coinsurance amounts until you reach the out-of-pocket maximum.		You pay a higher deductible and coinsurance amounts until you reach the out-of-pocket maximum.	
\$600	\$1,200	\$1,200	\$300	\$600	\$600	\$1,200	\$600
\$1,200	\$2,400	\$2,400	\$600	\$1,500	\$3,000	\$3,000	\$6,000
\$1,500	\$3,000	\$3,000	\$1,500	\$3,000	\$6,000	\$6,000	\$6,000
\$3,000	\$6,000	\$6,000	\$3,000	\$5,100	\$10,200	\$10,200	\$10,200
\$5,100							
\$10,200							

N/A

N/A

MCHCP pays 100%

30% coinsurance

MCHCP pays 100%

30% coinsurance

10% coinsurance

30% coinsurance

Primary Care or Mental Health: \$25 copayment  
Specialist: \$40 copayment  
Chiropractor: \$20 copayment or 50% of total cost of service, whichever is less

30% coinsurance

10% coinsurance

10% coinsurance

\$50 copayment

\$50 copayment

\$100 copayment plus 10% coinsurance

10% coinsurance

30% coinsurance

Prescription Drug PPO Plan Copayments apply when filled at a network pharmacy.

Days' Supply

Generic

Brand

Non-Formulary

1 to 31 days

\$8

\$35

\$100

32 to 60 days

\$16

\$70

\$200

61 to 90 days (home delivery)

\$20

\$87.50

\$250

61 to 90 days (retail)

\$24

\$105

\$300

**\*See page 48 for non-network pharmacy benefits.**

1. Southwest Region Counties: Barry, Barton, Cedar, Christian, Dade, Dallas, Greene, Hickory, Jasper, Laclede, Lawrence, McDonald, Newton, Polk, St. Clair, Stone, Taney, Vernon and Webster. South Central Region Counties: Douglas, Howell, Oregon, Ozark, Shannon, Texas and Wright.

# Active Employee Premiums *With Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee Only	\$0	\$25	\$41	\$66	\$70	\$95
Employee and Spouse <sup>1</sup>	73	98	241	266	314	339
Employee and One Child	12	37	69	94	110	135
Employee and Two Children	18	43	89	114	141	166
Employee and Three Children	23	48	109	134	172	197
Employee and Four Children	31	56	129	154	204	229
Employee and Five or more Children	32	57	149	174	240	265
Employee, Spouse and One Child <sup>1</sup>	102	127	311	336	394	419
Employee, Spouse and Two Children <sup>1</sup>	110	135	331	356	426	451
Employee, Spouse and Three Children <sup>1</sup>	116	141	351	376	457	482
Employee, Spouse and Four Children <sup>1</sup>	121	146	371	396	488	513
Employee, Spouse and Five or more Children <sup>1</sup>	124	149	391	416	525	550

1. The premium listed for "Employee and Spouse" and "Employee, Spouse and Child(ren)" assumes that both the employee and spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, \$40 will be added to the listed premium.

# Active Employee Premiums *Without Tobacco-Free Incentive*

Level of Coverage	HSA Plan		PPO 600 Plan		PPO 300 Plan	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Employee Only	\$40	\$65	\$81	\$106	\$110	\$135
Employee and Spouse <sup>1</sup>	153	178	321	346	394	419
Employee and One Child	52	77	109	134	150	175
Employee and Two Children	58	83	129	154	181	206
Employee and Three Children	63	88	149	174	212	237
Employee and Four Children	71	96	169	194	244	269
Employee and Five or more Children	72	97	189	214	280	305
Employee, Spouse and One Child <sup>1</sup>	182	207	391	416	474	499
Employee, Spouse and Two Children <sup>1</sup>	190	215	411	436	506	531
Employee, Spouse and Three Children <sup>1</sup>	196	221	431	456	537	562
Employee, Spouse and Four Children <sup>1</sup>	201	226	451	476	568	593
Employee, Spouse and Five or more Children <sup>1</sup>	204	229	471	496	605	630

1. The premium listed for "Employee and Spouse" and "Employee, Spouse and Child(ren)" assumes that both the employee and spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, \$40 will be subtracted from the listed premium.