MCHCP

my health. my choice. myMCHCP

ENROLLMENT GUIDE & PREMIUMS

NON-MEDICARE RETIREE

2026

www.mchcp.org

TABLE OF CONTENTS

3-4 Medical & Pharmacy Plan Overview

6 MCHCP Plan Updates for 2026

7-8 Enrollment Options

7 Frequently Asked Questions

8 Proof of Eligibility & Examples

8 Special Enrollment Periods

9-12 Health Plan Options

9 HSA Plan

9 PPO Plans

10 Reduce Your Premium

11 Dental

12 Vision

13-18 Anthem Information

13 Total Health Connections

15 Sydney Health

16 Your Health Care Summary

17 Where to go for Care

18 Finding Care

19 Express Scripts Pharmacy Programs

19 Home Delivery

19 Smart90℠ Program

21-23 MCHCP Programs

21 Rx Savings Solutions

22 SSDC

23 *Strive for Wellness*® Health Center

24 TRICARE® Supplement Plan

25-31 Premiums

25 Non-Medicare Retiree Subscriber With Non-Medicare Dependent(s)

26 Non-Medicare Retiree Subscriber With Medicare Dependent(s)

27 Non-Medicare Long-Term Disability Subscriber With Non-Medicare Dependent(s)

28 Non-Medicare Long-Term Disability Subscriber With Medicare Dependent(s)

29 Non-Medicare Terminated Vested Subscriber With Non-Medicare Dependent(s)

30 Non-Medicare Terminated Vested Subscriber With Medicare Dependent(s)

31 Dental and Vision

32 Health Plan Contacts

It’s time for Open Enrollment.

Providing you and your family with access to quality health care coverage is our mission at MCHCP.

Our benefits are designed to support your well-being by providing medical, dental and vision coverage options. With these benefits, you can take control of your health, stay on top of preventive care and manage medical costs with confidence.

Open enrollment runs from October 1–31, 2025. During this time, log into your myMCHCP account to make changes to your current coverage, remove dependents or select a different plan. Note: you cannot add dependents unless a qualifying event occurs. Be sure to review all available options to choose the best coverage for your needs.

If you’re happy with your current coverage and don’t want to make changes, your plan will automatically carry over for 2026. You do not have to do anything. Keep in mind, there are additional steps needed to receive the incentives.

For more details on Open Enrollment, visit www.mchcp.org. If you need assistance, contact Member Services at 573-751-0771. Follow us on Facebook for MCHCP news, updates, and tips on maximizing your health plan benefits!

Medical & Pharmacy

	Health Savings Account (HSA) Plan	
	Network	Non-Network
Deductible (must meet deductible before coinsurance)	***$1,800/individual $3,600/family***	$3,300/individual $6,600/family
Medical Out-of-Pocket Maximum	***$5,400/individual $10,800/family***	$9,900/individual $19,800/family
Prescription Out-of-Pocket Maximum	***Combined with Medical***	Combined with Medical
Preventive Services	***MCHCP pays 100%***	40% coinsurance
Office Visit	***20% coinsurance***	40% coinsurance
Virtual Care through Sydney Health, Hinge Health, and Lark's Virtual Diabetes Prevention Program	***MCHCP pays 100%***	N/A
Urgent Care	***20% coinsurance***	Paid as Network Benefit
Emergency Room	***20% coinsurance***	Paid as Network Benefit
Hospital (Inpatient)	***20% coinsurance***	40% coinsurance
Lab and X-ray	***20% coinsurance***	40% coinsurance
Surgery	***20% coinsurance***	40% coinsurance
Prescription Drugs Reduced costs for certain drugs and supplies.	***Preventive: MCHCP Pays 100% Generic: 10% coinsurance up to $50 Preferred: 20% coinsurance up to $100 Non-Preferred: 40% coinsurance up to $200 Notes: 1) Amounts are for a 31-day supply 2) Diabetic Drugs have reduced copayments (5%/10%/20%)***	

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: $15 Copayment
Preferred: $50 Copayment / Non-Preferred: $120 Copayment
Specialty: $100 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 ($37.50/$125/$300) 3) Diabetic Drugs have reduced copayments ($7.50/$25/$60)

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

MCHCP Plan Updates for 2026

There are a few changes to the health plans for 2026. The table below highlights what's new.

HSA Plan Updates	**Deductibles:** **$1,800 for an individual** **$3,600 for a family** **Out of Pocket Maximum:** **$5,400 for an individual** **$10,800 for a family**
PPO 750 and 1250 Updates	**Prescription Drug Copays:** **Generic: $15 Copayment** **Preferred: $50 Copayment** **Non-Preferred: $120 Copayment** **Specialty: $100 through Accredo** **Notes:** **1) Amounts are for a 31-day supply**
Vision Plan Update	**MCHCP added the NVA Ultra Plan option for members (refer to Vision Plan page for specific information)**
Dental Plan Update	**Oral exams and cleanings are now two per calendar year.**

Frequently Asked Questions

Can I keep my 2025 plan choices in 2026 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 2026 that you had in 2025.

I have Strive for Wellness® incentives in 2025. Do I need to do anything to keep them?

Members who received a *Strive for Wellness®* incentive premium reduction in 2025 will need to complete the requirements for that incentive again prior to Nov. 30, 2025, if they wish to receive it at the start of the 2026 plan year (Jan. 1, 2026). 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 2026. Retirees who cancel coverage may not enroll at a later date.

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 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. 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.

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 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, 2025, to begin saving Jan. 1, 2026. If you miss the Nov. 30, 2025 date, you can still earn them, but savings will start after January 2026. The longer you delay, the less you save!**

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

DELTA DENTAL®

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 are not enrolled in dental coverage at retirement are not eligible to enroll later.

SCAN

SERVICE TYPE	BRIEF DESCRIPTION	YOU WILL OWE
Preventive (Type A) Services do not count towards your annual maximum	Oral exam – two per calendar year Cleaning – two per calendar year 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 all enrollees 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.	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, premium and ultra plans are offered with specific copayments for services from network providers. 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 are not enrolled in vision coverage at retirement are not eligible to enroll later.

SERVICE TYPE	BRIEF DESCRIPTION	BASIC PLAN - NETWORK	PREMIUM PLAN - NETWORK	ULTRA PLAN - NETWORK	NON-NETWORK
Exams	One every calendar year, two every calendar year up to age 18	$10 copayment	$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	$25 copayment Lens includes scratch coating, UV protection, Polycarbonate, tints, AR coating (tier 1) & Progressive Lenses Tiers 1 & 2	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	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	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	$0 Copayment	NVA pays up to $20 to $30 depending on type of lenses

Anthem Information

Total Health Connections

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.
- 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

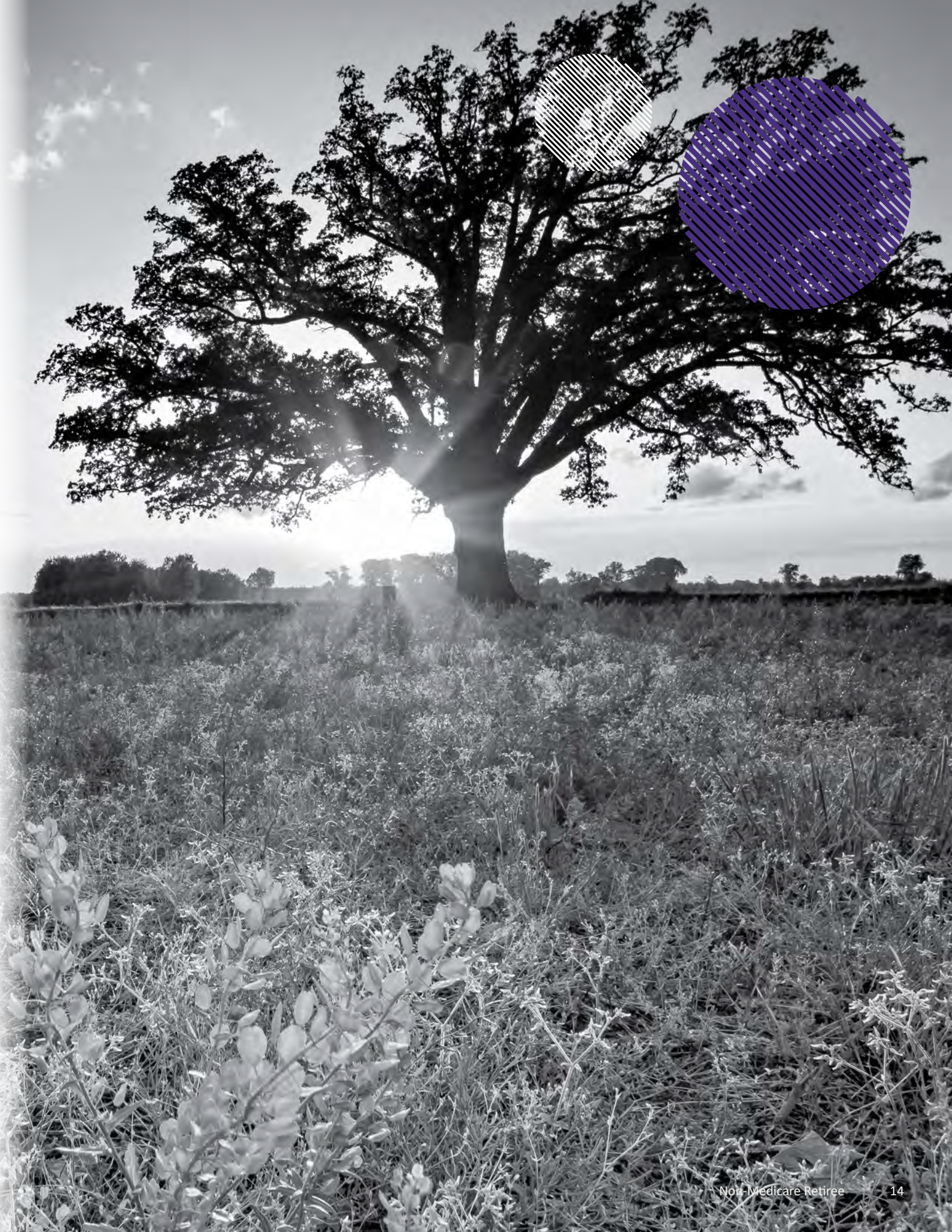
You and your advocate, health care providers and pharmacist have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

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 Information

Sydney Health

Access personalized health and wellness information when you need it.

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.

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

Anthem Information

Your Health Care Summary — **beyond an explanation of your benefits**

You expect a lot from us as your health plan. That's why your *Health Care Summary* from Anthem includes all the details you're used to seeing in an Explanation of Benefits (EOB) — the care you received, what the charge was, how much you'll pay and how much we'll pay. But it doesn't stop there! Check it out ...

- **It includes everything you'll want to know about a claim.**
  In the *Claims summary* section, you'll get a quick look at how much the charge was for your care and how much of that you need to pay. For more details about a claim … well, go to the *Claims details* page. It'll break down the amounts for your copay, deductible, percentage of the costs and services not covered to make it simpler to understand your claims.

- **Want to know how much of a claim went toward your deductible and out-of-pocket maximum?**
  Your year-to-date summary will give you a look at that and also show you how much is left until you reach those.

- **Looking for savings opportunities?**
  Maybe you didn't know how much money you can save when you get care from a health care provider or facility in your plan. Your *Health Care Summary* can show you easy ways to save on your out-of-pocket costs.

- **You'll also see any recommended preventive care you should get.**
  You know, the screenings, checkups, lab tests or vaccines you may have put off or the things you need to do if you have certain health conditions. If you have kids, it'll even show any preventive care they should get.

- **How about tips and tools on health and wellness, and ways to get the most out of your health plan?**
  Your *Health Care Summary* has those, too! For example, do you know where the closest urgent care is to your home? We do — and we'll make sure you do, too!

- **What's in a name? A lot!**
  Your *Health Care Summary* is exactly what it says it is: a summary of all the important information you need to know about the health care you received.

Anthem Information

When you need care quickly knowing where to go can save you time and money

When you need care right away, the emergency room (ER) might be the first place that comes to your mind. However, the ER may not be the best choice in every situation. You have options when you have a sudden need for care, and knowing what they are can help you save time and money — and feel better sooner.

Where to go for care

Going to the ER or calling 911 is always your best option for emergencies. If it's not an emergency, you can see your primary care provider (PCP), have a virtual visit with a provider, or go to a convenient care clinic or urgent care clinic. This chart compares those options:

Virtual Care	Primary Care Provider	Convenient Care Clinic
24/7 access to providers through the Sydney℠ Health app, no appointment needed	Usually available during normal business hours and may also provide medical advice by phone after hours	Typically walk-in or same day care
Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, urinary tract infection (UTI), and other nonemergency symptoms	Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms	Sore throat, flu-like symptoms, fever, sprains, infections (ear, sinus, urinary tract), minor burns, minor cuts and scrapes, and rash
Cost $ / **Average Wait** 10 min	**Cost** $$ / **Average Wait** 18 min	**Cost** $$ / **Average Wait** 30 min

Anthem Information

How to find the care you need:

1. Go to ***anthem.com*** or download the **Sydney℠ Health** mobile app from the App Store® or Google Play™. Then, log in to:

- Find a health care provider if you don't have a PCP.
- Have a virtual visit with a provider using the Sydney Health mobile app.
- Find a convenient care clinic, urgent care clinic, or ER.

2. Choose **Find Care** and follow the steps.

Urgent Care Clinic

Walk-in, open extended hours

Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, urinary tract infections (UTI), cuts requiring stitches, minor burns, and minor fractures

Cost	Average Wait
$$$	30 min

Emergency Room

Stand-alone facilities or part of hospitals, open 24/7

Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding — and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy

Cost	Average Wait
$$$$	90 min

Did You Know?

The average total cost of an ER visit can be up to 10 times more than an urgent care center visit. ER wait time is usually about three times more than at an urgent care center.

Learn more about your healthcare options.

Use your phone's camera to scan this QR code.

Express Scripts Pharmacy Programs

EXPRESS SCRIPTS®

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

Smart90℠ 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.

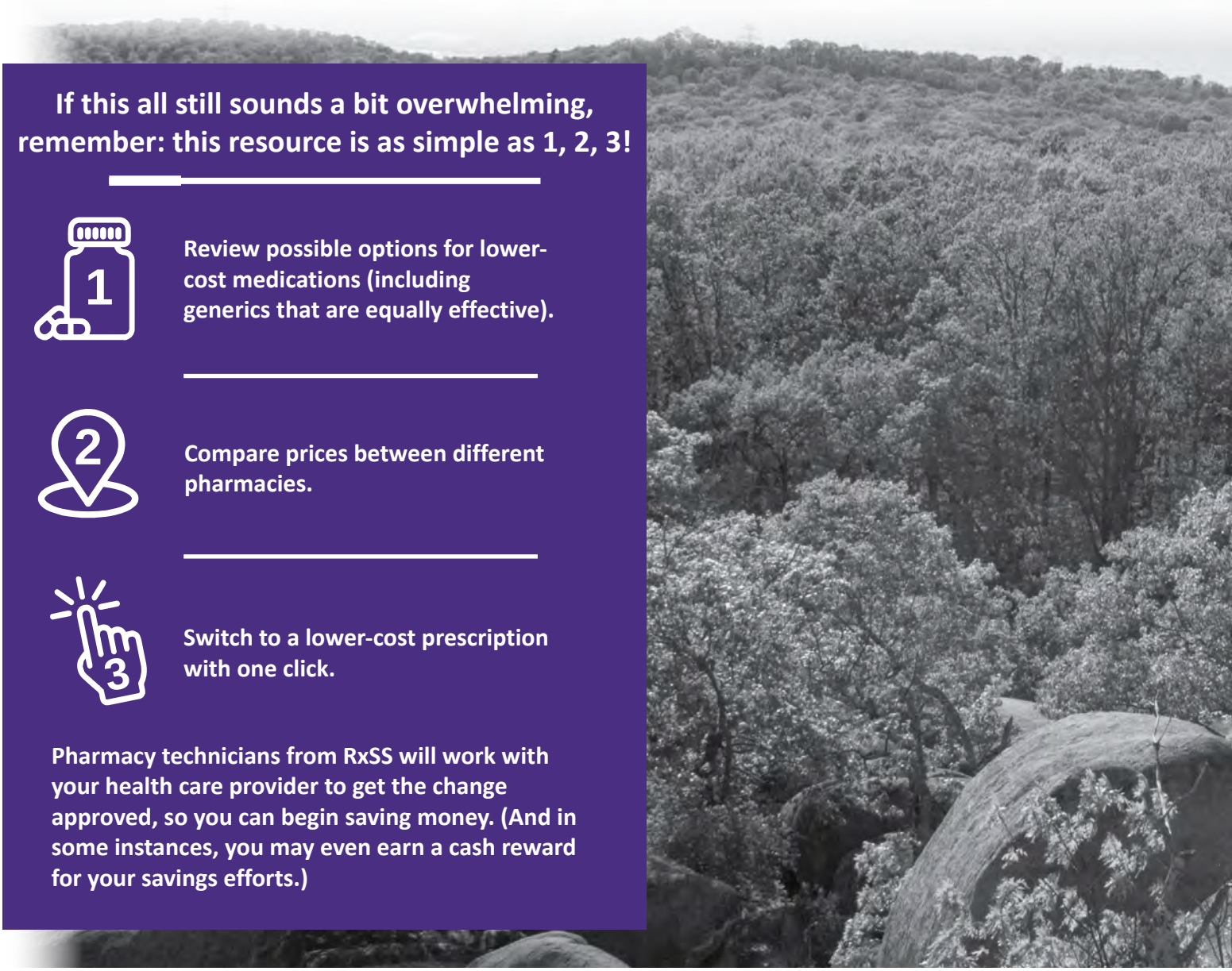
Contact Express Scripts to find a pharmacy participating in the Smart90 program.

MCHCP Programs

rxss®
Rx Savings Solutions

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!

1. **Review possible options for lower-cost medications (including generics that are equally effective).**
2. **Compare prices between different pharmacies.**
3. **Switch to a lower-cost prescription with one click.**

Pharmacy technicians from RxSS will work with your health care provider 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

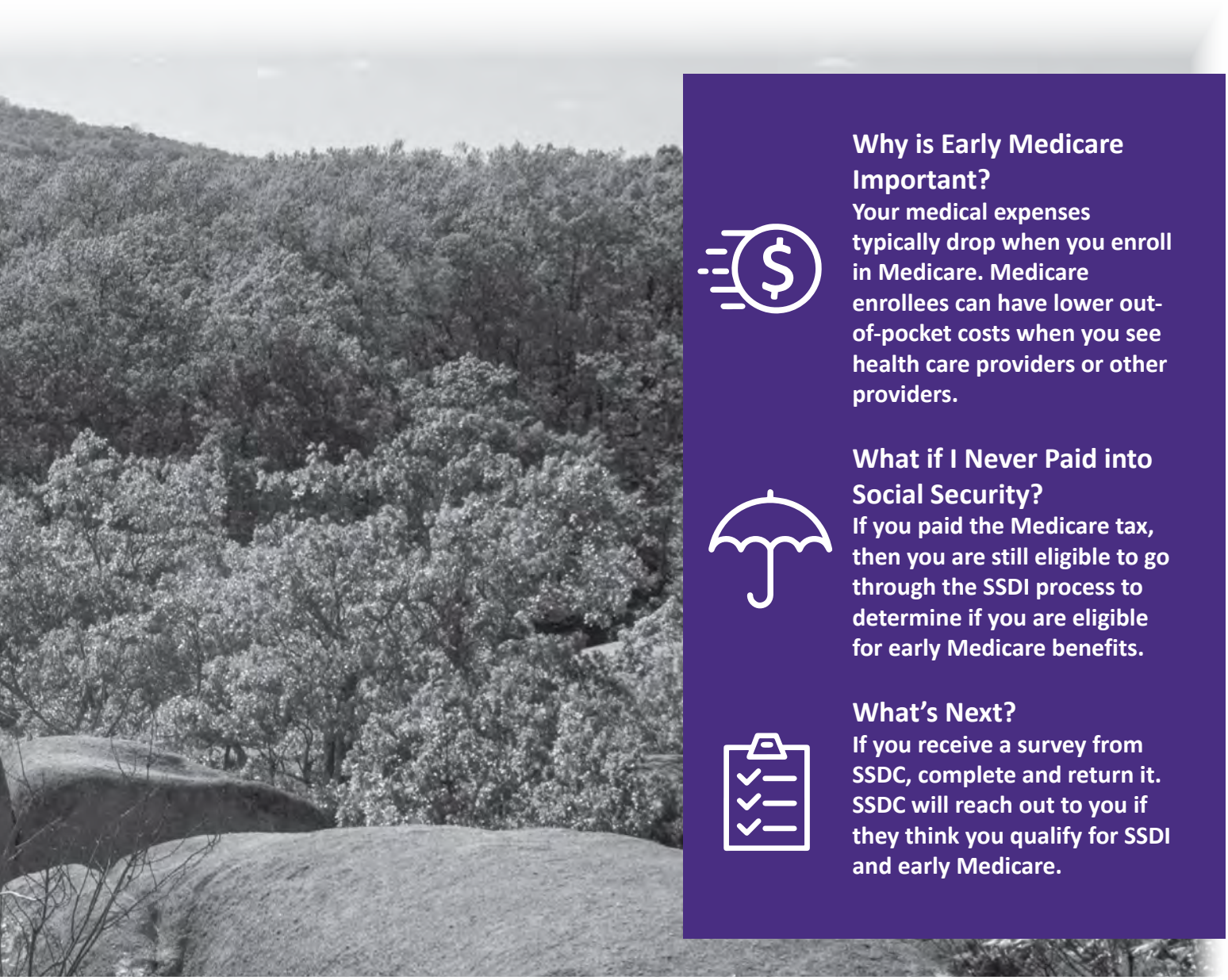
SSDC Services Corporation

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?

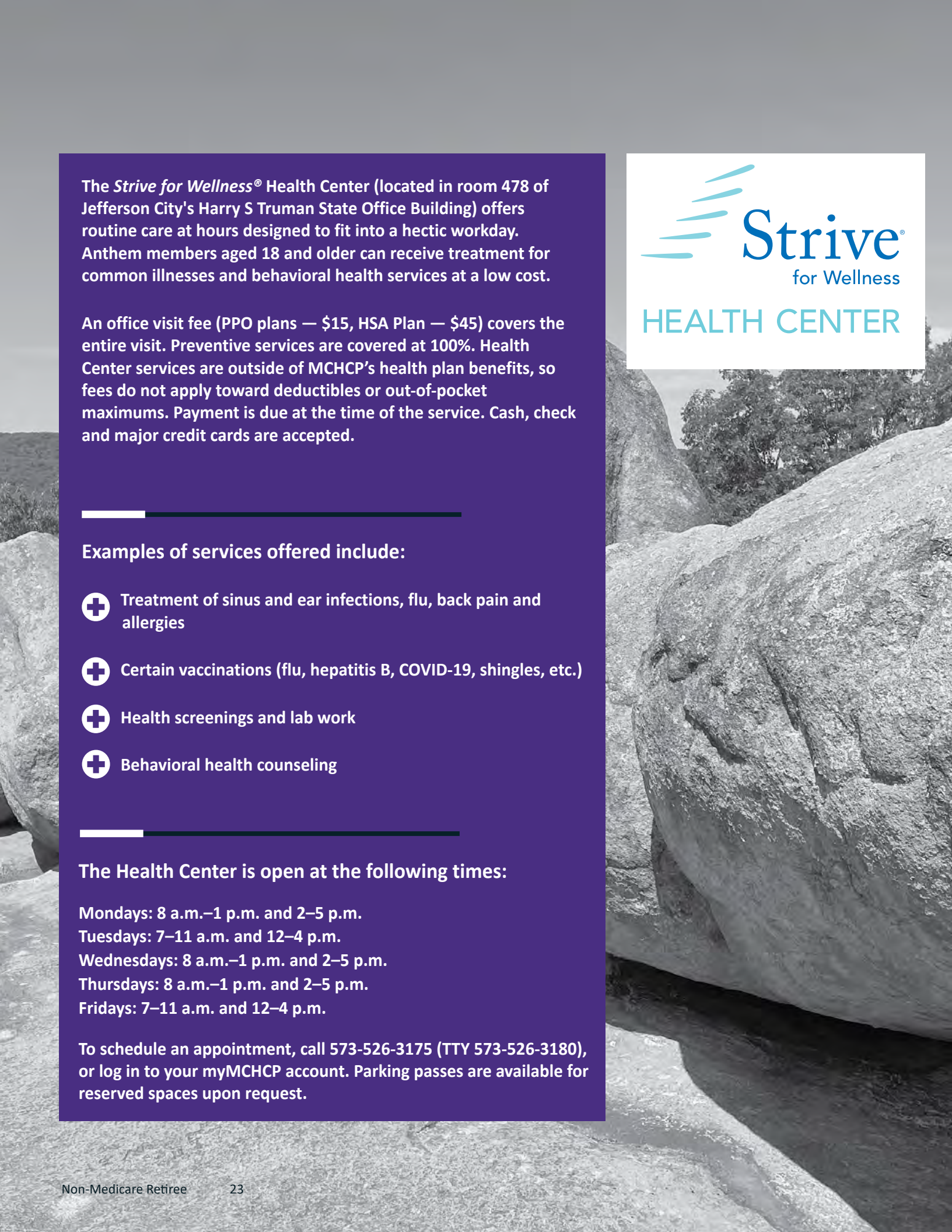
Your medical expenses typically drop when you enroll in Medicare. Medicare enrollees can have lower out-of-pocket costs when you see health care providers or other providers.

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.



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. Anthem members aged 18 and older 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.

Strive® for Wellness HEALTH CENTER

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	$1,110	$1,135	$1,256	$1,281	$1,327	$1,352
Retiree and spouse	2,220	2,245	2,511	2,536	2,655	2,680
Retiree, spouse, and child	2,530	2,555	2,855	2,880	3,019	3,044
Retiree, spouse, and children	2,786	2,811	3,178	3,203	3,358	3,383
Retiree and child	1,421	1,446	1,600	1,625	1,691	1,716
Retiree and children	1,676	1,701	1,922	1,947	2,030	2,055
Surviving child	311	311	344	344	364	364

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	$1,150	$1,175	$1,296	$1,321	$1,367	$1,392
Retiree and spouse	2,300	2,325	2,591	2,616	2,735	2,760
Retiree, spouse, and child	2,610	2,635	2,935	2,960	3,099	3,124
Retiree, spouse, and children	2,866	2,891	3,258	3,283	3,438	3,463
Retiree and child	1,461	1,486	1,640	1,665	1,731	1,756
Retiree and children	1,716	1,741	1,962	1,987	2,070	2,095
Surviving child	311	311	344	344	364	364

The premium listed assumes that both the retiree and the spouse are not 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	$1,349	$1,374	$1,495	$1,520	$1,566	$1,591
Retiree, spouse, and child	1,660	1,685	1,839	1,864	1,931	1,956
Retiree, spouse, and children	1,917	1,942	2,183	2,208	2,295	2,320
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	$1,389	$1,414	$1,535	$1,560	$1,606	$1,631
Retiree, spouse, and child	1,700	1,725	1,879	1,904	1,971	1,996
Retiree, spouse, and children	1,957	1,982	2,223	2,248	2,335	2,360
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 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	$883	$908	$1,029	$1,054	$1,100	$1,125
Non-Medicare subscriber and non-Medicare spouse	1,807	1,832	2,098	2,123	2,242	2,267
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	2,005	2,030	2,330	2,355	2,494	2,519
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,261	2,286	2,653	2,678	2,833	2,858
Non-Medicare subscriber and non-Medicare child	1,085	1,110	1,264	1,289	1,355	1,380
Non-Medicare subscriber and non-Medicare children	1,340	1,365	1,586	1,611	1,694	1,719
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	$923	$948	$1,069	$1,094	$1,140	$1,165
Non-Medicare subscriber and non-Medicare spouse	1,887	1,912	2,178	2,203	2,322	2,347
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	2,085	2,110	2,410	2,435	2,574	2,599
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,341	2,366	2,733	2,758	2,913	2,938
Non-Medicare subscriber and non-Medicare child	1,125	1,150	1,304	1,329	1,395	1,420
Non-Medicare subscriber and non-Medicare children	1,380	1,405	1,626	1,651	1,734	1,759
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	$1,040	$1,065	$1,186	$1,211	$1,257	$1,282
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,240	1,265	1,419	1,444	1,511	1,536
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,497	1,522	1,763	1,788	1,875	1,900
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	$1,080	$1,105	$1,226	$1,251	$1,297	$1,322
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,280	1,305	1,459	1,484	1,551	1,576
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,537	1,562	1,803	1,828	1,915	1,940
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	$894	$919	$1,011	$1,036	$1,068	$1,093
Non-Medicare subscriber and non-Medicare spouse	1,788	1,813	2,021	2,046	2,136	2,161
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	2,038	2,063	2,298	2,323	2,429	2,454
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,244	2,269	2,558	2,583	2,701	2,726
Non-Medicare subscriber and non-Medicare child	1,144	1,169	1,287	1,312	1,361	1,386
Non-Medicare subscriber and non-Medicare children	1,350	1,375	1,547	1,572	1,633	1,658

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	$934	$959	$1,051	$1,076	$1,108	$1,133
Non-Medicare subscriber and non-Medicare spouse	1,868	1,893	2,101	2,126	2,216	2,241
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare child	2,118	2,143	2,378	2,403	2,509	2,534
Non-Medicare subscriber, non-Medicare spouse, and non-Medicare children	2,324	2,349	2,638	2,663	2,781	2,806
Non-Medicare subscriber and non-Medicare child	1,184	1,209	1,327	1,352	1,401	1,426
Non-Medicare subscriber and non-Medicare children	1,390	1,415	1,587	1,612	1,673	1,698

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	$1,133	$1,158	$1,250	$1,275	$1,307	$1,332
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,383	1,408	1,527	1,552	1,600	1,625
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,589	1,614	1,786	1,811	1,873	1,898
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	$1,173	$1,198	$1,290	$1,315	$1,347	$1,372
Non-Medicare subscriber, Medicare spouse, and non-Medicare child	1,423	1,448	1,567	1,592	1,640	1,665
Non-Medicare subscriber, Medicare spouse, and non-Medicare children	1,629	1,654	1,826	1,851	1,913	1,938
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
$27.92	$55.58	$57.70	$96.68

Vision Premiums

	Plan Type	Retiree, Long-Term Disability, and Terminated Vested Subscribers
Subscriber Only	Basic Plan	3.43
	Premium Plan	4.20
	Ultra Plan	6.05
Subscriber and Spouse	Basic Plan	6.86
	Premium Plan	8.38
	Ultra Plan	12.07
Subscriber and Child(ren)	Basic Plan	9.89
	Premium Plan	12.11
	Ultra Plan	17.43
Subscriber and Family	Basic Plan	14.12
	Premium Plan	17.27
	Ultra Plan	24.86

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.

MCHCP

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