



ENROLLMENT GUIDE

PUBLIC ENTITY

2026

www.mhcp.org

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It's time for Open Enrollment.

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

MCHCP offers a variety of options when it comes to health care benefits. Your employer will make the decision on which health plans will be available to employees.

The 2026 MCHCP Enrollment Guide will help you make informed decisions about the health plans you have available through your employer. If your employer makes no changes to the health plans they offer their employees and 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.

To make any changes, log into your myMCHCP account and complete the listed enrollment steps anytime between Oct. 1–31, or you can ask your employer for a form to complete your enrollment.

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



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.



SCAN



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: <u>\$1,800</u> for an individual <u>\$3,600</u> for a family Out of Pocket Maximum: <u>\$5,400</u> for an individual <u>\$10,800</u> for a family
PPO 750 and 1250 Updates	Prescription Drug Copays: Generic: <u>\$15</u> Copayment Preferred: <u>\$50</u> Copayment Non-Preferred: <u>\$120</u> Copayment Specialty: <u>\$100</u> 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.

Health Plan Options

Check with your employer to see which health plan(s) will be available to you.

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. Subscribers can contribute money to their HSA up to the federal contribution limits. Contribution rules for HSAs are complex. Consult a tax advisor if you have questions, as we do not provide tax advice.

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 also some services covered at no cost to MCHCP members.

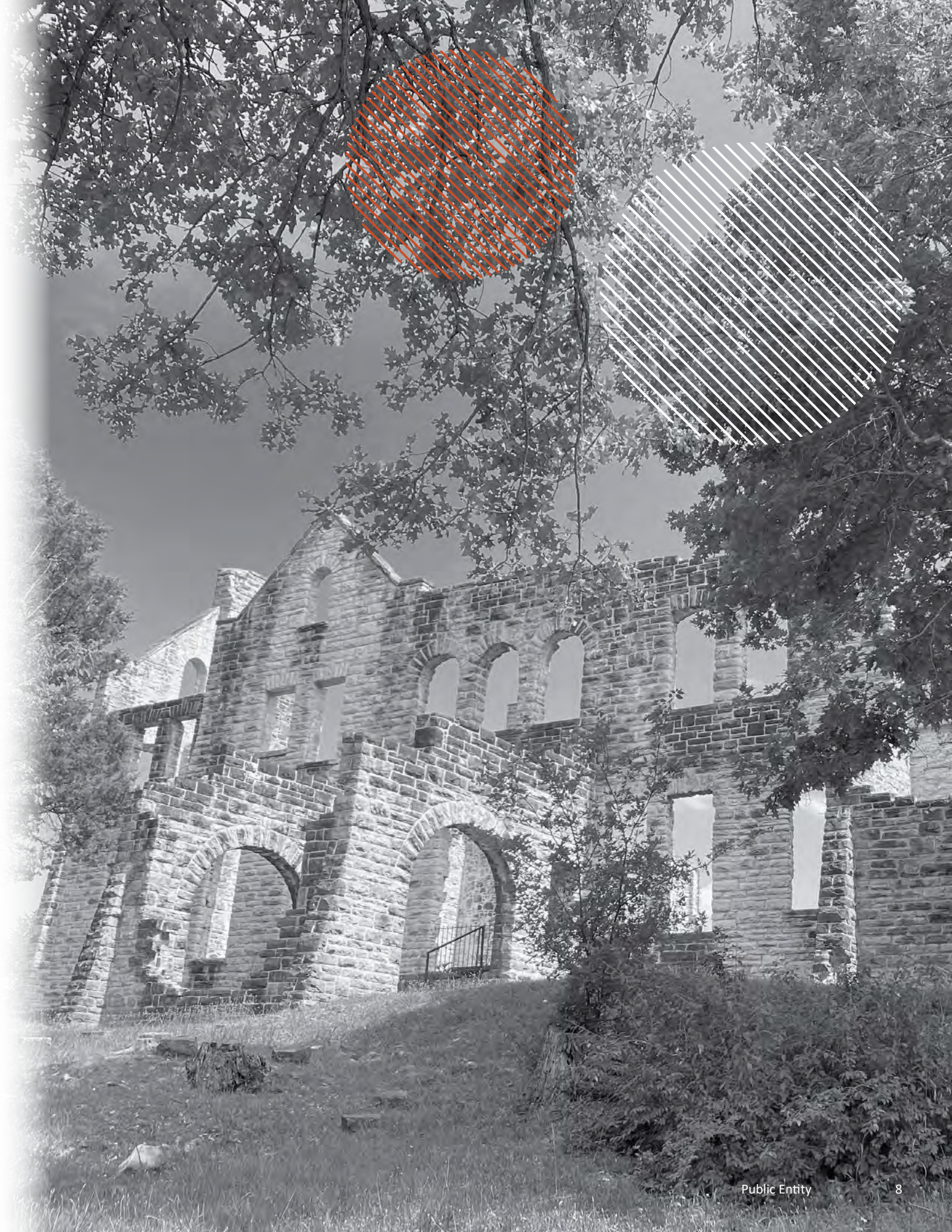
Both PPO plans have a copayment for emergency room visits (waived if it is a true emergency or if admitted as an inpatient), plus you pay a deductible and coinsurance. Hospital stays also have a copayment, plus you pay a deductible and coinsurance. Copayments do not count toward the deductible, but do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







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 yourself or your dependents, or even change plans. 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
Loss of Medicaid status	Within 60 days of status loss
Qualified Medical Child Support Order (QMCSO)	Within 60 days of court order

Dental

Delta Dental of Missouri offers dental benefits through their nationwide networks. These benefits include preventive services, basic restorative services, and major restorative services. Check with your employer to see if the dental plan is available to you.

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.



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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. Check with your employer to see if the vision plan is available to you.



User Name:
mchcp

Password:
vision1

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.

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

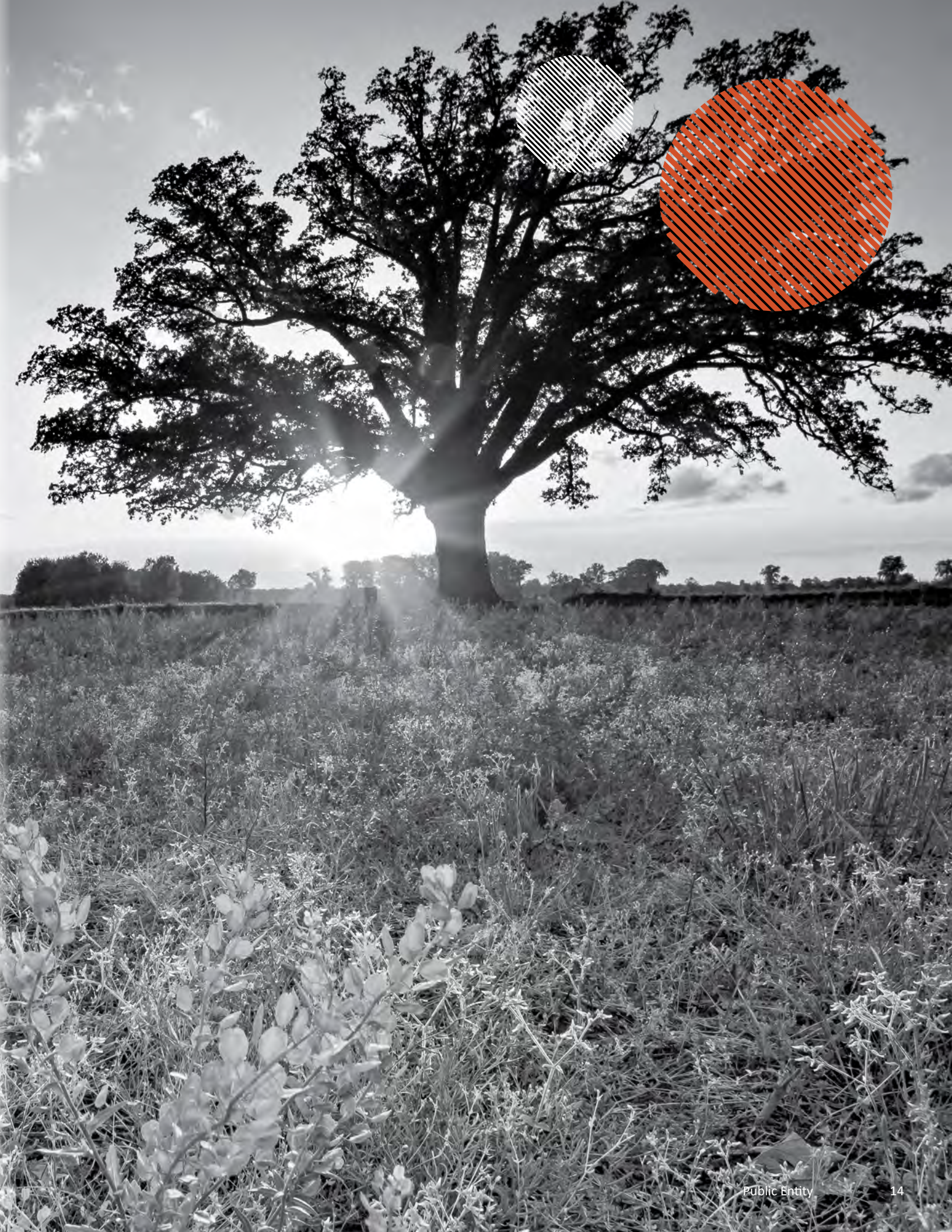
You and your advocate, health care providers and pharmacist have access to the most up-to-date information on your health in a single record. These real-time insights can help improve your care and may lower your healthcare costs over time.

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 SydneySM 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 SydneySM 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 SydneySM Health app, no appointment needed Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, urinary tract infection (UTI), and other nonemergency symptoms	 Usually available during normal business hours and may also provide medical advice by phone after hours 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	 Typically walk-in or same day care 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 **SydneySM 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.

Public Entity
18

Express Scripts Pharmacy Programs



Express Scripts provides options for members taking maintenance medications that could save them time and money.

Home Delivery

Skip the trip with home delivery

Members taking maintenance medications can choose to receive their prescriptions by home delivery from Express Scripts Pharmacy. The home delivery benefit covers a 90-day supply for 2½ copayments for those enrolled in a PPO plan. Members enrolled in the HSA Plan will pay their applicable deductible and coinsurance.

Other benefits of home delivery include:

- ▶ No-cost standard shipping with online tracking
- ▶ Medications sent in secure, weather-resistant packages
- ▶ Talk with a pharmacist by phone 24/7
- ▶ Get texts and emails about orders and refills and more

Smart90SM Program

Save time with the convenience of the Smart90 Program

Members enrolled in a PPO or HSA plan can choose the convenience of receiving a 90-day supply of maintenance medications at a participating retail pharmacy. Members enrolled in a PPO plan will pay the applicable 90-day retail supply copayment and members enrolled in the HSA Plan will pay the applicable deductible and coinsurance.

Other benefits of Smart90 include the easy transfer of prescriptions in-store, by phone or online and the convenience of auto-refills and refill reminders upon request.

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



MCHCP Programs



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

Health care providers know a lot, but they may not know what your prescriptions will cost you. That's where RxSS comes in. RxSS layers on top of your existing Express Scripts prescription drug coverage to

uncover every clinically sound way you can spend less on your prescriptions! RxSS proactively alerts members when lower-cost prescription drug options become available, saving them not only money, but time and energy, too!

If this all still sounds a bit overwhelming, remember: this resource is as simple as 1, 2, 3!



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

Strive Employee Life and Family (SELF) Program

Check with your employer to see if the SELF Program is available to you.

Personal problems, planning for big life events or dealing with daily stress can affect your overall well-being. The Strive Employee Life & Family (SELF) program (offered through ComPsych) is here to help. State employees eligible for MCHCP medical coverage (and members of their household) can use the SELF program 24 hours a day, every day of the year. Services are offered at no cost, and include:



Local, private, in-person, telephone, chat or video counseling



Telephone sessions with a Certified Public Accountant or Certified Financial Planner



Telephone and in-person sessions with an attorney



Identity theft and fraud resolution services



Help reviewing child and elder care facilities, moving, making big purchases and vacation-planning



An online library of health, wellness, consumer, family, work, education, law and finance topics

Eligible employees can log in to myMCHCP for access to SELF services.



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

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)

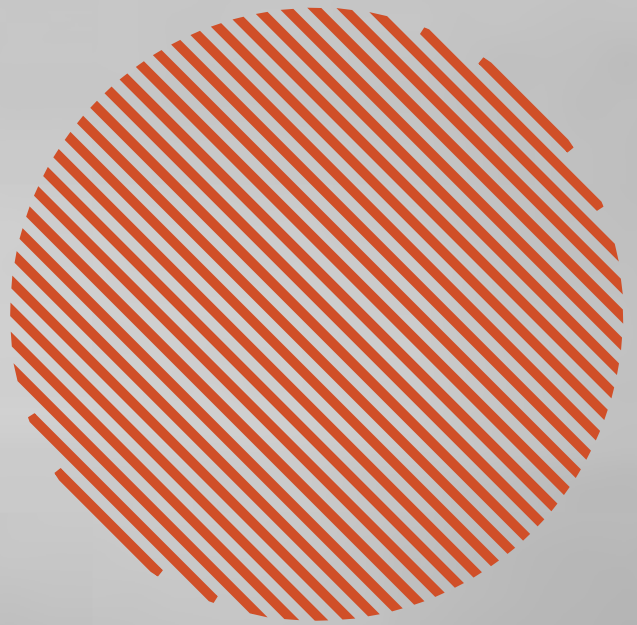
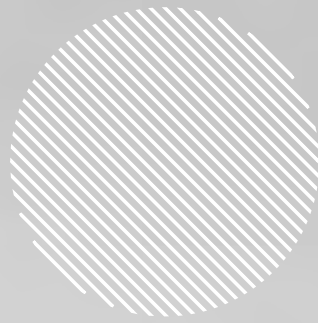
www.e-nva.com
User Name: mchcp
Password: vision1
877-300-6641
TTY: 711
24 hours a day



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.







my health. my choice. myMCHCP

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