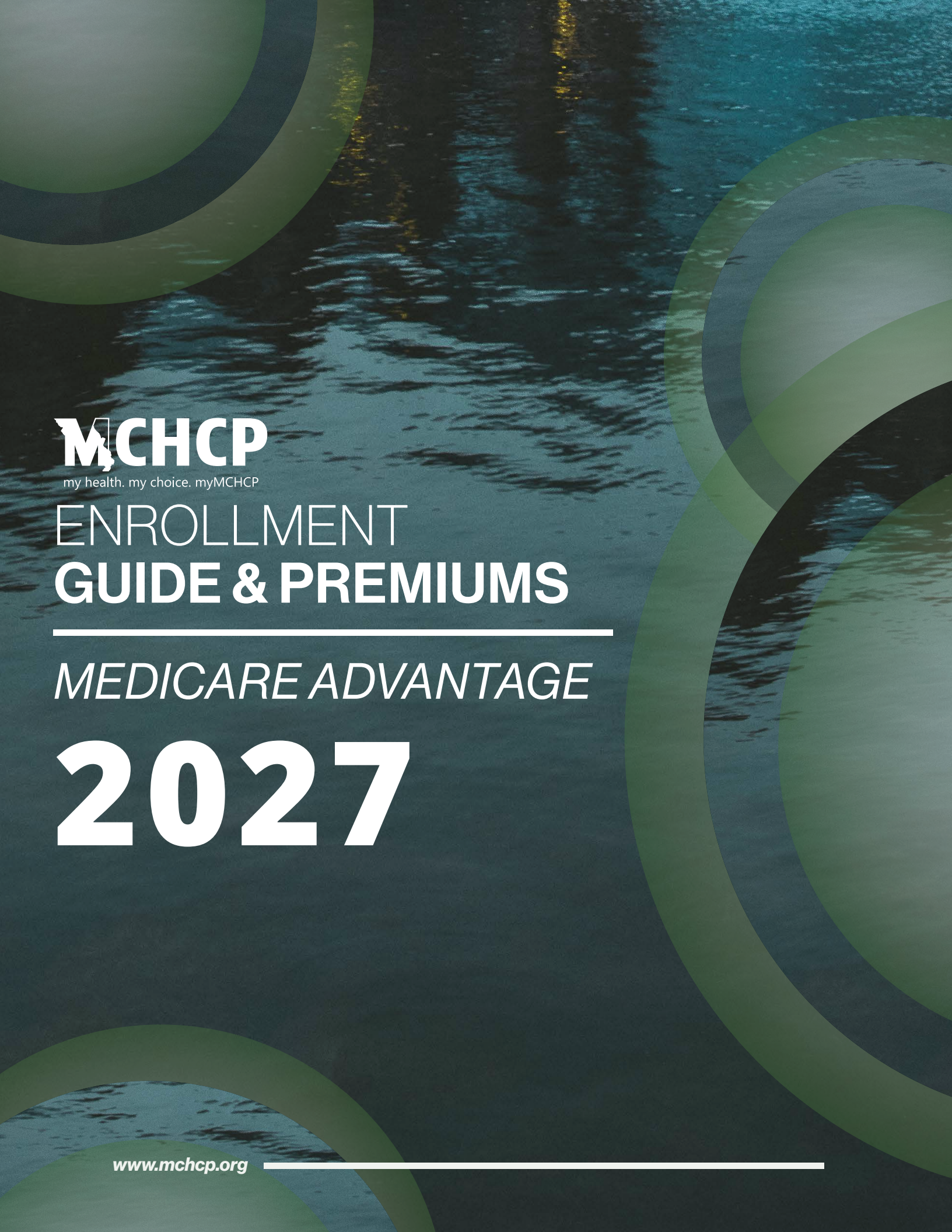

MCHCP

my health. my choice. myMCHCP

ENROLLMENT GUIDE & PREMIUMS

MEDICARE ADVANTAGE

2027

www.mchcp.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's Medicare Advantage Plan includes the UnitedHealthcare® Group Medicare Advantage (PPO) plan for medical coverage and the Express Scripts Medicare Prescription Drug Plan. You will have a UnitedHealthcare member ID card for medical coverage and an Express Scripts ID card for prescription drug coverage. You will not use your Original Medicare card to receive health care services.

Members with Medicare (and Medicare-eligible dependents) are automatically enrolled in the Medicare Advantage Plan each year and normally do not need to do anything during Open Enrollment. MCHCP takes care of it for you!

If you or one of your dependents does not have Medicare, that person will have a different plan. You will learn more inside this guide.

For more details on Open Enrollment, visit www.mchcp.org. If you need assistance, contact Member Services at 800-487-0771. Follow us on Facebook for MCHCP news, updates, and tips on maximizing your health plan benefits!

Enrollment Options

Coverage for retirees* with Medicare and Medicare-eligible dependents of retirees is through the Medicare Advantage Plan, which includes the UnitedHealthcare® Group Medicare Advantage (PPO) plan for medical coverage and Express Scripts' Medicare Prescription Drug Plan for prescription drug coverage. If you do not want to be in the Medicare Advantage Plan, you must cancel your coverage with MCHCP, unless you qualify for an exception as a Qualified Medicare Beneficiary.

- If you decide not to be in the Medicare Advantage Plan, you will lose your medical and prescription drug coverage through MCHCP, and you and your dependents will not be able to enroll later.
- If you decide not to enroll your Medicare-eligible dependent, they will lose medical and prescription drug coverage through MCHCP and will not be able to enroll later.
- If you decide not to be in the Medicare Advantage Plan, and you are a long-term disability subscriber, you will lose your medical and prescription drug coverage through MCHCP, and you will not be able to enroll until your retirement date, if applicable.

Enrollment in a non-MCHCP-sponsored Medicare Advantage Plan or Medicare Part D Prescription Drug Plan may result in you losing MCHCP coverage.

Non-Medicare Members

New Plan Options are Available!

When you or one of your covered family members does not have Medicare, the non-Medicare family member(s) will be in a PPO Plan or HSA Plan through Anthem, and those with Medicare will be in the Medicare Advantage Plan. There is a different Enrollment Guide for the non-Medicare person(s) to explain the choices available to them.

If you or your non-Medicare family member do not want to change to a different Anthem plan from your 2026 coverage, MCHCP will automatically keep you in that same plan in 2027.

*And other groups listed on pages 16-18 in this guide (Medicare Long-Term Disability Subscribers and Medicare Terminated Vested Subscribers)

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
Loss of Medicaid status	Within 60 days of status loss
Qualified Medical Child Support Order (QMCSO)	Within 60 days of court order

Examples of Proof of Eligibility

- **Petition for adoption**
- **Court-ordered guardianship**
- **Order of placement**
- **Birth certificate**
- **Paternity order**
- **Marriage license**

UnitedHealthcare® Group Medicare Advantage (PPO) Plan

MCHCP offers the UnitedHealthcare (UHC) Group Medicare Advantage (PPO) plan for your medical coverage.

The word “Group” means that UHC designed this plan just for MCHCP. Only Medicare-eligible MCHCP members can be in this plan.

“Medicare Advantage” is also known as Medicare Part C. Medicare Advantage has all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (health care provider and outpatient care), plus extra programs that go beyond Original Medicare (Medicare Parts A and B).

Cost Sharing

Preventive services are covered with no cost sharing. Most other services have copayments. That means you have a set fee, and the plan will pay the rest. You do not have to meet a deductible before the plan starts paying for these services – you just owe the copayment. Once the deductible is met, you will have to pay a 20% coinsurance. Your plan has an annual out-of-pocket maximum of $1,500. Refer to your information packet or contact UnitedHealthcare® for additional information.

UHC will cover Medicare Part B drugs. Generally, drugs covered under Medicare Part B are drugs you wouldn’t usually give to yourself but get in a health care provider’s office or hospital outpatient setting. A few examples of Part B drugs include vaccinations like flu shots (covered at 100%), drugs used with a durable medical equipment item, injectable and infused drugs, transplant drugs and certain oral cancer drugs and anti-nausea drugs. You will pay 10% coinsurance after deductible for Part B drugs unless they are a preventive service which will be covered at 100%.

UHC’s Group Medicare Advantage (PPO) plan is contracted with Medicare. You will have access to the UHC provider network with nationwide coverage. You can see any provider (network or non-network) at the same cost share if the provider accepts the plan and has not opted out of Medicare.

You will get an information packet from UHC about services covered, as well as a member ID card. Each member of your family in the UHC Group Medicare Advantage (PPO) plan is separately enrolled and will get their own information packet.

UHC also offers special programs like Renew Active. You will have access to gyms and a variety of fitness classes, will be able to work with a personal trainer to create a fitness plan and much more.

This is a short description of some of the Medicare Advantage Plan benefits.

Refer to your UnitedHealthcare (UHC) information packet (including the UHC Annual Notice of Changes) or contact UHC for additional benefit information.

Plan Costs	Member Responsibility
Annual medical deductible	$275
Annual out-of-pocket maximum	$1,500

Medical Benefits
Medical benefits covered by the plan and Original Medicare

Service Type	Member Responsibility
Health care provider's office visit	$15 Primary care provider (PCP)
	$0 Virtual health care provider visits
	$30 Specialist
Preventive services Medicare-covered	$0 copay
Inpatient hospital care	$150 copay per stay
Skilled nursing facility (SNF)	$0 copay, Days 1-100
Outpatient surgery	$100 copay
Outpatient rehabilitation Physical, occupational, or speech/language therapy	$30 copay
Mental health Outpatient and virtual	$30 copay - Group therapy
	$30 copay - Individual therapy
	$30 copay - Virtual visits
Diagnostic radiology services such as MRIs, CT scans	$30 copay
Lab services	$0 copay
Outpatient x-rays	$25 copay
Therapeutic radiology services such as radiation treatment for cancer	$30 copay
Ambulance	$100 copay
Emergency care	$100 copay (worldwide)
Urgently needed services	$50 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

Service Type	Member Responsibility
Routine physical	$0 copay, 1 per plan year
Medicare-covered chiropractic care (manual manipulation of the spine to correct subluxation)	$20 copay
Chiropractic - routine	$0 copay, Unlimited visits per year
Foot care - routine	$0 copay, Up to 6 visits per year
Hearing - routine exam	$0 copay, 1 per plan year
Hearing aids UnitedHealthcare Hearing	Plan pays through UnitedHealthcare Hearing (combined for both ears) for hearing aids every 2 years. Contact UHC for more information.
Vision - routine eye exam	$0 copay, 1 exam every 12 months
Fitness program Renew Active	$0 copay for a standard gym membership at participating locations
Virtual Health Care Provider Visits	Talk with a health care provider about medical concerns using your computer, tablet or smartphone - anytime, day or night. *$0 virtual visits with Amwell and Doctors on Demand *$0 virtual and phone visits with Teladoc

UnitedHealthcare® Programs

House Calls

With UnitedHealthcare® HouseCalls, you get a yearly in-home visit from one of our health care practitioners at no extra cost to you. A HouseCalls visit is designed to support, but not take the place of, your regular health care provider's care.

The visit takes up to an hour and is tailored to your needs. It includes health screenings and a chance to:

- Review current medications.
- Receive health education, prevention tips, care and resource assistance, if needed.
- Get advice and ask questions on how to manage health conditions.
- Receive referrals to other health services and more.

At the end of the visit, our health care practitioner will leave you with a personalized checklist and send a summary to your regular health care provider.

Renew Active

Renew Active® is the gold standard in Medicare fitness programs for body and mind. It's available with your UnitedHealthcare® Medicare Advantage plan at no additional cost.

Work out where you want, whether that's at a gym or fitness location or from your home:

- A free gym membership.
- Access to our nationwide network of gyms and fitness locations. It's the largest of all Medicare fitness programs, including many premium gyms.
- An annual personalized fitness plan.
- Allows you to bring a family member or friend to the gym with you to assist in your workout, at no additional cost.
- Access to thousands of on-demand workout videos and live streaming.

UnitedHealthcare® Programs

Let's Move

In addition to Renew Active and at no additional cost to you, Let's Move by UnitedHealthcare is here to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, stay connected and be financially, physically and mentally fit.

- Treat yourself to tasty recipes, fun cooking events and support.
- Get free access to online at-home workouts and local fitness events.
- Learn ways to help manage your financial well-being.
- Support your mental health with services, online tools and resources.
- Find ways to connect through local and online events, classes, volunteering and more.
- Find caregiver resources to help you support loved ones and yourself.

Healthy at Home

Home Delivered Meals:
Receive up to 28 home-delivered meals within 30 days of a discharge from an inpatient or skilled nursing facility when referred by a UnitedHealthcare Engagement Specialist. Call the number on your UnitedHealthcare member ID card to learn more or to get a referral.

Non-Emergency Transportation:
Receive up to 12 one-way rides up to 50 miles per one-way trip to and from medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist. Call the customer service number on your UnitedHealthcare member ID card for more information and to schedule your trips.

Non-Medical Personal Care:
Receive up to six hours of non-medical personal care provided through a professional caregiver to perform tasks such as companionship, meal prep, medication reminders and more. Call the customer service number on your UnitedHealthcare member ID card for more information and to request and schedule care.

Express Scripts Medicare Prescription Drug Plan

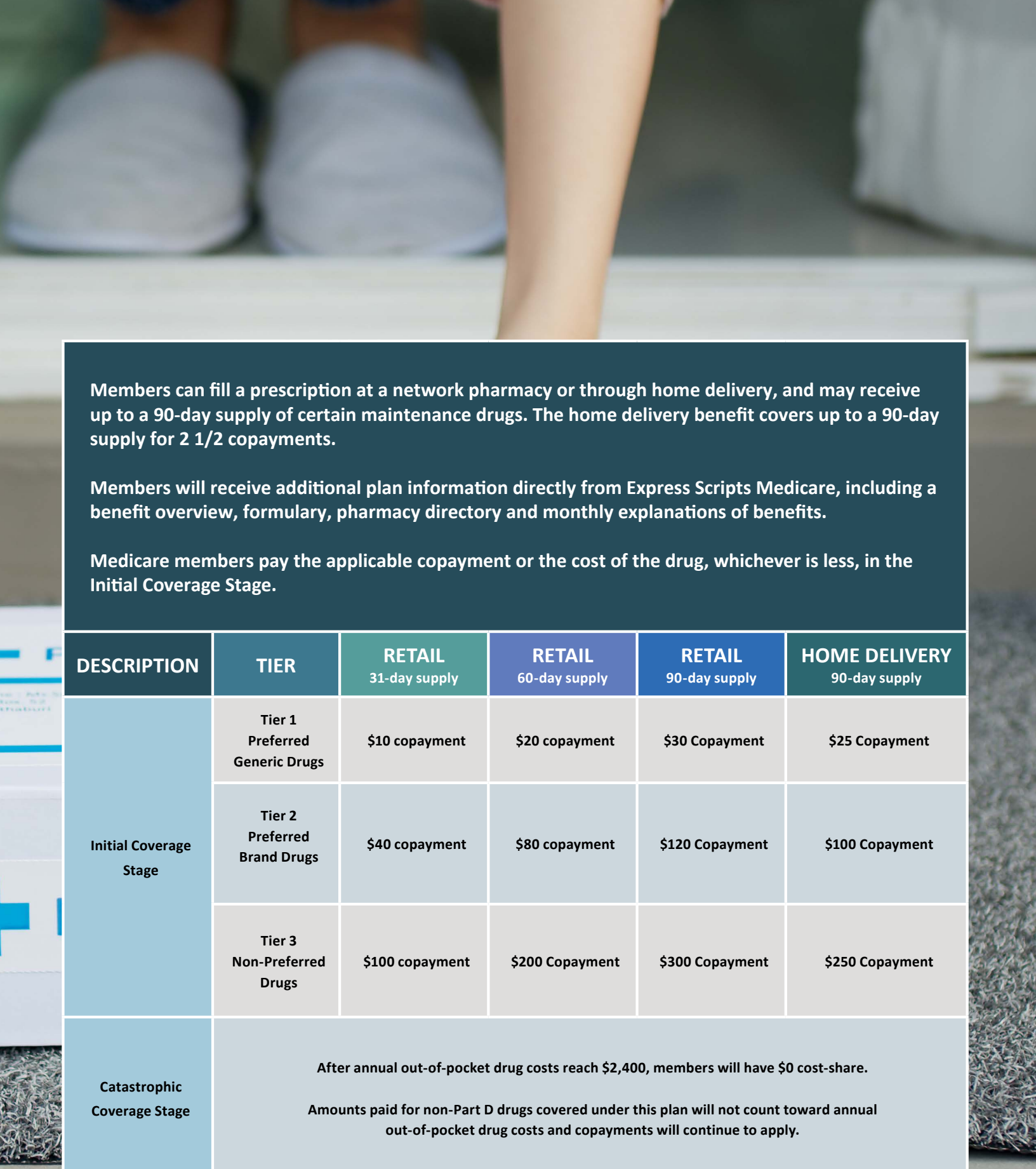
MCHCP offers the Express Scripts Medicare Prescription Drug Plan (PDP) for your prescription drug coverage.

The Express Scripts Medicare PDP is a Medicare Part D plan with expanded prescription coverage for some non-Part D drugs. You will have access to Express Scripts' network of pharmacies to fill your prescriptions. You must use the Medicare PDP network pharmacies. Covered Medicare Part D drugs are available at non-network pharmacies only in very special circumstances, such as illness while traveling where there is no network pharmacy. You may have to pay more for drugs received at non-network pharmacies, so it is important to use a network pharmacy whenever possible.

The PDP has a broad choice of covered drugs through the formulary. The Medicare PDP formulary is a list of covered FDA-approved generic and brand-name prescription drugs. Express Scripts places covered drugs into three levels: preferred generic, preferred brand and non-preferred. Preferred drugs are covered at a lower cost to you.

There are some drugs that are not covered. These drugs have a covered alternative option that can be discussed with your provider. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price. Your provider may request a clinical exception. Approved exceptions are covered as a non-preferred drug.

The formulary list is available on *myMCHCP.org* or by contacting Express Scripts, and can change throughout the year. Contact Express Scripts with questions about what non-Part D drugs are covered under this plan.



Members can fill a prescription at a network pharmacy or through home delivery, and may receive up to a 90-day supply of certain maintenance drugs. The home delivery benefit covers up to a 90-day supply for 2 1/2 copayments.

Members will receive additional plan information directly from Express Scripts Medicare, including a benefit overview, formulary, pharmacy directory and monthly explanations of benefits.

Medicare members pay the applicable copayment or the cost of the drug, whichever is less, in the Initial Coverage Stage.

DESCRIPTION	TIER	RETAIL 31-day supply	RETAIL 60-day supply	RETAIL 90-day supply	HOME DELIVERY 90-day supply
Initial Coverage Stage	Tier 1 Preferred Generic Drugs	$10 copayment	$20 copayment	$30 Copayment	$25 Copayment
	Tier 2 Preferred Brand Drugs	$40 copayment	$80 copayment	$120 Copayment	$100 Copayment
	Tier 3 Non-Preferred Drugs	$100 copayment	$200 Copayment	$300 Copayment	$250 Copayment
Catastrophic Coverage Stage	After annual out-of-pocket drug costs reach $2,400, members will have $0 cost-share. Amounts paid for non-Part D drugs covered under this plan will not count toward annual out-of-pocket drug costs and copayments will continue to apply.				

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.

SCAN

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

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.

Retirees who are not enrolled in vision coverage at retirement are not eligible to enroll later.

User Name: mchcp

Password: vision1

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

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.)

How to Access Rx Savings Solutions:

1. Log in to myMCHCP.
2. From the myMCHCP homepage, select the RxSS tile.
3. You will be redirected to Rx Savings Solutions, where you can search for medications, compare pharmacy prices, and review available savings options.

Premiums

Medicare Retiree Subscribers With Medicare Dependents

The premiums on this page are what you will pay each month for coverage based on your years of service.

YEARS OF SERVICE	RETIREE/ SURVIVOR	WITH 1 MEDICARE DEPENDENT	WITH 2 MEDICARE DEPENDENTS	WITH 3 MEDICARE DEPENDENTS
26 years+	$84	$167	$251	$335
25 years	90	179	269	359
24 years	96	191	287	383
23 years	102	203	305	407
22 years	108	215	323	431
21 years	114	227	341	455
20 years	119	239	358	477
19 years	125	251	376	501
18 years	131	263	394	525
17 years	137	275	412	549
16 years	143	287	430	573
15 years	149	299	448	597
14 years	155	311	466	621
13 years	161	323	484	645
12 years	167	335	502	669
11 years	173	347	520	693
10 years	179	358	537	716
9 years	185	370	555	740
8 years	191	382	573	764
7 years	197	394	591	788
6 years	203	406	609	812
5 years	209	418	627	836
4 years	215	430	645	860
3 years	221	442	663	884
2 years	227	454	681	908
1 year	233	466	699	932

MEDICARE RETIREE SUBSCRIBER BEFORE JULY 1, 2002		
YEARS OF SERVICE	RETIREE/ SURVIVOR	WITH MEDICARE SPOUSE
26 years or more	$84	$167
25 years	90	179
24 years	96	191
23 years	102	203
22 years	108	215
21 years	114	227
20 years	119	239
1-19 years	121	245

MEDICARE NON-RETIRED SUBSCRIBER CATEGORIES		
	SUBSCRIBER	WITH MEDICARE SPOUSE
Long-Term Disability	$121	$245
Terminated Vested	239	478

Premiums

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

The premiums on this page are the total monthly premium, and are not what you will pay for coverage. 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 3500 PLAN	HSA 1800 PLAN
Medicare retiree and non-Medicare spouse	$1,338	$1,430
Medicare retiree, non-Medicare spouse, and non-Medicare child	1,646	1,763
Medicare retiree, non-Medicare spouse, and non-Medicare children	1,898	2,037
Medicare retiree, Medicare spouse, and non-Medicare child	786	812
Medicare retiree, Medicare spouse, and non-Medicare children	1,039	1,086
Medicare retiree and non-Medicare child	547	573
Medicare retiree and non-Medicare children	800	846
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the applicable premium.		

Premiums without contraception coverage are available upon request.

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

The premiums on this page are the total monthly premium, and are not what you will pay for coverage. 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	PPO 2500 PLAN	PPO 1250 PLAN	PPO 750 PLAN
Medicare retiree and non-Medicare spouse	$1,494	$1,586	$1,664
Medicare retiree, non-Medicare spouse, and non-Medicare child	1,838	1,955	2,054
Medicare retiree, non-Medicare spouse, and non-Medicare children	2,159	2,301	2,418
Medicare retiree, Medicare spouse, and non-Medicare child	822	848	869
Medicare retiree, Medicare spouse, and non-Medicare children	1,144	1,193	1,233
Medicare retiree and non-Medicare child	583	608	630
Medicare retiree and non-Medicare children	905	954	994
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the applicable premium.			

Premiums without contraception coverage are available upon request.

Premiums

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

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

LEVEL OF COVERAGE	HSA 3500 PLAN	HSA 1800 PLAN
Medicare subscriber and non-Medicare spouse	$1,001	$1,093
Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,196	1,313
Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,448	1,587
Medicare subscriber, Medicare spouse, and non-Medicare child	439	465
Medicare subscriber, Medicare spouse, and non-Medicare children	692	739
Medicare subscriber and non-Medicare child	318	344
Medicare subscriber and non-Medicare children	571	617
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the premium amount of coverage		

Premiums without contraception coverage are available upon request.

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

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

LEVEL OF COVERAGE	PPO 2500 PLAN	PPO 1250 PLAN	PPO 750 PLAN
Medicare subscriber and non-Medicare spouse	$1,157	$1,249	$1,327
Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,388	1,505	1,604
Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,709	1,851	1,968
Medicare subscriber, Medicare spouse, and non-Medicare child	475	501	522
Medicare subscriber, Medicare spouse, and non-Medicare children	797	846	886
Medicare subscriber and non-Medicare child	354	379	401
Medicare subscriber and non-Medicare children	676	725	765
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the premium amount of coverage			

Premiums without contraception coverage are available upon request.

Premiums

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

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

LEVEL OF COVERAGE	HSA 3500 PLAN	HSA 1800 PLAN
Medicare subscriber and non-Medicare spouse	$1,125	$1,198
Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,372	1,466
Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,576	1,687
Medicare subscriber, Medicare spouse, and non-Medicare child	726	747
Medicare subscriber, Medicare spouse, and non-Medicare children	930	967
Medicare subscriber and non-Medicare child	487	508
Medicare subscriber and non-Medicare children	691	728
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the premium amount of coverage		

Premiums without contraception coverage are available upon request.

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

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

LEVEL OF COVERAGE	PPO 2500 PLAN	PPO 1250 PLAN	PPO 750 PLAN
Medicare subscriber and non-Medicare spouse	$1,249	$1,323	$1,385
Medicare subscriber, non-Medicare spouse, and non-Medicare child	1,593	1,692	1,776
Medicare subscriber, non-Medicare spouse, and non-Medicare children	1,915	2,038	2,139
Medicare subscriber, Medicare spouse, and non-Medicare child	822	848	869
Medicare subscriber, Medicare spouse, and non-Medicare children	1,144	1,193	1,233
Medicare subscriber and non-Medicare child	583	608	630
Medicare subscriber and non-Medicare children	905	954	994
Medicare retirees will choose one of the HSA or PPO plans for their non-Medicare dependents. If you have a child(ren) with Medicare, contact MCHCP for the premium amount of coverage			

Premiums without contraception coverage are available upon request.

Premiums

Dental Premiums

Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family
$30.42	$60.58	$62.88	$105.38

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

UnitedHealthcare (UHC)

Group Medicare Advantage (PPO) plan
www.uhcretiree.com/MCHCP
844-884-1848
8 a.m. to 8 p.m. M-F

Express Scripts

Express Scripts Medicare
www.express-scripts.com
866-544-6963
24 hours a day

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

my health. my choice. myMCHCP

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573-751-0771

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