2024 Plan Year
Dental and Vision

Open Enrollment
Oct. 1 – 31, 2023
During Open Enrollment, if you do not want to make any dental or vision plan changes or change your covered dependents, MCHCP will automatically re-enroll you and your dependents in the same plan(s) for 2024 that you had in 2023. To change or cancel coverage, simply log in to your myMCHCP account during Open Enrollment to make your choice for 2024.
If you are a retired, terminated vested, long-term disability or survivor subscriber, you cannot add dependents, nor can you enroll in dental and/or vision coverage if you did not have coverage in 2023.

Helpful Tips
Provider Directories
Participating providers may change during the year. Contact the plan or the provider to verify participation. Visit Delta Dental or NVA’s website for a list of network providers.

Benefit Information
This guide provides a summary of your benefits. More detailed information is available at www.mchcp.org.

Special Enrollment Periods
When one of the following events happens, you can enroll yourself/your dependents, or even change plans, outside of Open Enrollment:
• Marriage, birth, adoption or placement of child
• Loss of employer-sponsored group coverage
• Loss of Medicaid status
• Qualified Medical Child Support Order (QMCSO)

Generally, we will need supporting documentation to prove the event happened.

Proof of Eligibility
MCHCP requires proof of eligibility for all dependents added to your coverage. If you add dependents during Open Enrollment, MCHCP must receive one of the following by Nov. 20, 2023 for coverage to begin:
• Petition for adoption
• Court-ordered guardianship
• Order of placement
• Birth certificate
• Proof of paternity
• Marriage license

Who to Contact
Delta Dental of Missouri or National Vision Administrators (NVA) for:
• Locating a provider
• Claims questions
• ID cards

MCHCP for:
• General benefit questions
• Eligibility questions
• Enrollment questions
• Address changes or forms
• MCHCPid requests

Dental Plan
Delta Dental of Missouri
https://microsite.deltadentalmo.com/mchcp
MCHCP (866) 429-1095

Vision Plan
National Vision Administrators, L.L.C. (NVA)
www.e-nva.com
Username: mchcp
Password: vision1
877-300-6641
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 in-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.

The maximum benefit, per individual is $2,000. (Preventive services do not count toward the maximum.) The annual deductible per individual is $50. The table below is an overview of benefits. More benefit information is available at www.mchcp.org.

**Dental Services** *(The maximum benefit per individual is $2,000. Preventive services do not count toward the maximum. The annual deductible per individual is $50.)*

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Brief Description</th>
<th>You will owe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive (Type A)</td>
<td>Oral exam – one every six months&lt;br&gt;Cleaning - one every six months&lt;br&gt;Bitewing x-rays – one set per calendar year&lt;br&gt;Topical fluoride – one per calendar year&lt;br&gt;Sealants - once every 5 calendar years&lt;br&gt;Problem focused exams - 2 per calendar year&lt;br&gt;Emergency palliative treatment</td>
<td>No deductible applies&lt;br&gt;Network – You owe nothing more&lt;br&gt;Non-Network – You may be balance billed any difference between allowed amount and retail cost</td>
</tr>
<tr>
<td>Basic Restorative (Type B)</td>
<td>Fillings&lt;br&gt;Simple extractions&lt;br&gt;Full mouth x-rays – once every 5 calendar years&lt;br&gt;Periapical x-rays – as required&lt;br&gt;Space maintainers – once every 5 calendar years</td>
<td>Deductible applies, plus you owe:&lt;br&gt;Network – 20% coinsurance&lt;br&gt;Non-Network – 20% coinsurance and any difference between allowed amount and retail cost</td>
</tr>
<tr>
<td>Major Restorative (Type C)</td>
<td>Oral surgery &amp; surgical extractions&lt;br&gt;Implants – once every 7 calendar years&lt;br&gt;Endodontics / root canal therapy&lt;br&gt;Crowns – once every 7 calendar years&lt;br&gt;Dentures &amp; bridges – once every 7 calendar years&lt;br&gt;Periodontics - surgical &amp; non-surgical</td>
<td>Deductible applies, plus you owe:&lt;br&gt;Network – 50% coinsurance&lt;br&gt;Non-Network – 50% and any difference between allowed amount and retail cost</td>
</tr>
</tbody>
</table>

**Dental Premiums**

<table>
<thead>
<tr>
<th></th>
<th>Subscriber Only</th>
<th>Subscriber and Spouse</th>
<th>Subscriber and Child(ren)</th>
<th>Subscriber and Family</th>
<th>COBRA Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Employee</td>
<td>$26.90</td>
<td>$3.58</td>
<td>$5.60</td>
<td>$93.20</td>
<td>Not Available</td>
</tr>
<tr>
<td>COBRA Subscriber</td>
<td>$27.44</td>
<td>$54.64</td>
<td>$56.71</td>
<td>$95.05</td>
<td>$29.27</td>
</tr>
<tr>
<td>Retirees</td>
<td>$26.90</td>
<td>$3.58</td>
<td>$5.60</td>
<td>$93.20</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
VISION PLAN
National Vision Administrators, L.L.C.

OVERVIEW

National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic and premium plans are offered with specific copayments for services from network providers. Both plans offer allowances for services from non-network providers. The vision plan does not replace medical coverage for eye disease or injury.

You select a provider of your choice. It is recommended you choose an NVA network provider for best use of the vision plan. If you decide to go to a non-network provider, your out-of-pocket costs will likely be much 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.

The table below is an overview of benefits. More benefit information is available at www.mchcp.org.

### Vision Services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Brief Description</th>
<th>Basic Plan — Network</th>
<th>Premium Plan — Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>One per calendar year; two per calendar year up to age 18</td>
<td>$10 copayment</td>
<td>$10 copayment</td>
<td>NVA pays up to $45.</td>
</tr>
<tr>
<td>Lenses</td>
<td>One per calendar year</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
<td>Maximum amount NVA pays varies based on type of lenses.</td>
</tr>
<tr>
<td></td>
<td>Single-vision, bifocal, trifocal, lenticular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(See website for other types of lenses and cost sharing.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once every two calendar years (and once every calendar year up to age 18)</td>
<td>Up to $125 retail allowance and 20% discount off remaining balance</td>
<td>Up to $175 retail allowance and 20% discount off remaining balance</td>
<td>NVA pays up to $70.</td>
</tr>
<tr>
<td>Contact Lenses — Elective</td>
<td>Once every calendar year in place of eyeglass lenses</td>
<td>Up to $125 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance</td>
<td>Up to $175 retail allowance and 15% discount off conventional or 10% discount off disposable remaining balance</td>
<td>NVA pays up to $105.</td>
</tr>
<tr>
<td>Contact Fitting and Evaluation</td>
<td>For daily contact lenses, extended contact lenses and specialty contact lenses</td>
<td>$20 to $50 copayment, depending on type of lenses</td>
<td>$20 to $50 copayment, depending on type of lenses</td>
<td>NVA pays up to $20 to $30, depending on type of lenses.</td>
</tr>
</tbody>
</table>

### Vision Premiums

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Subscriber Only</th>
<th>Subscriber and Spouse</th>
<th>Subscriber and Child(ren)</th>
<th>Subscriber and Family</th>
<th>COBRA Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basic</td>
<td>Premium</td>
<td>Basic</td>
<td>Premium</td>
<td>Basic</td>
</tr>
<tr>
<td>Active Employee</td>
<td>$3.28</td>
<td>$4.14</td>
<td>$6.58</td>
<td>$8.28</td>
<td>$9.48</td>
</tr>
<tr>
<td>Retirees</td>
<td>$3.43</td>
<td>$4.33</td>
<td>$6.86</td>
<td>$8.64</td>
<td>$9.89</td>
</tr>
</tbody>
</table>