Missouri Consolidated Health Care Plan

Non-Contraception Benefit Option Form

Submit this form
Online: Upload through myMCHCP
Fax: 866-346-8785
Mail: PO Box 104355
Jefferson City, MO 65110-4355

ST BOF

Revised 10/2020

Instructions

Please read the following information regarding the non-contraception benefit option available to MCHCP members. Fill out the form, sign it and return it to MCHCP to select the non-contraception benefit option.

Section 1: Subscriber Information

Name (Last, First, MI): ☐ New Name

Address: ☐ New Address

City: **State:** **Zip Code:**

MCHCP ID:

OR

Social Security Number:

Date of Birth (MM/DD/YYYY):

Section 2: Bank Information

Section 191.724, RSMo allows a person the right to decline or refuse coverage for contraception if these items or procedures are contrary to an employee's religious beliefs or moral convictions. While all MCHCP plans cover these services, if you have such a religious or moral conviction, you are offered a benefit plan option to exclude these services. MCHCP is not able to alter contraception benefits for those with Medicare primary coverage. The U.S. Department of Health and Human Services makes the rules for Medicare and includes contraception benefits in Medicare. Based on your convictions, you may decline contraception coverage by checking the box below. If you declare you have a religious or moral objection, your benefits will provide no coverage for contraception as either a medical or pharmacy benefit for non-Medicare primary individuals covered on your plan.

☐ I have a religious belief or a sincerely held moral conviction and I want to decline coverage of contraception. I understand that my benefits will provide no coverage for contraception as either a medical or pharmacy benefit for non-Medicare primary individuals covered on my plan.

Signature:

Date (MM/DD/YYYY):