Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN  
Division 10—Health Care Plan  
Chapter 3—Public Entity Membership

PROPOSED AMENDMENT

22 CSR 10-3.059 PPO 1250 Plan Benefit Provisions and Covered Charges The Missouri Consolidated Health Care Plan is amending section (5).

PURPOSE: This amendment adds one hundred percent (100%) coverage of diagnostic breast examinations and colorectal screenings at a network provider.

(5) The following services are not subject to deductible, coinsurance, or copayment requirements and will be paid at one hundred percent (100%) when provided by a network provider:
   (E) Sterilization procedure for men; [and]
   (F) Virtual visits offered through the vendor’s telehealth tool[.];
   (G) Diagnostic breast examinations, supplemental breast examinations as defined in section 376.1183, RSMo, and low-dose mammography screenings; and
   (H) Diagnostic colorectal screenings.


PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars ($500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Judith Muck, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.