MCHCP

my health. my choice. myMCHCP

ENROLLMENT GUIDE & PREMIUMS

STATE EMPLOYEE

2027

NEW PLAN OPTIONS AVAILABLE

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.

Our benefits are designed to support your well-being by providing medical, dental and vision coverage options. With these benefits, you can take control of your health, stay on top of preventive care and manage medical costs with confidence.

Open enrollment runs from October 1–31, 2026. During this time, log into your myMCHCP account to make changes to your current coverage, such as adding or removing dependents or selecting a different plan. Be sure to review all available options and choose the best coverage for your needs.

If you are enrolled in the Health Savings Account (HSA) Plan or have a Flexible Spending Account (FSA), you will need to set your 2027 contribution amounts, as they reset to $0 at the end of the year. Be sure to take advantage of reduced monthly premiums through MCHCP's Partnership and Tobacco-Free Incentives.

If you're happy with your current coverage and don't want to make changes, your plan will automatically carry over for 2027. You do not have to do anything. Keep in mind, there are additional steps needed to receive the incentives.

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!

Medical & Pharmacy Plan Overview

Health Savings Account (HSA) Plans

MCHCP will annually contribute to the HSAs of active employees (*$500 for individual coverage and $1,000 for family coverage.)*

	HSA 3500 Plan		HSA 1800 Plan	
Benefit	***Network***	Non-Network	***Network***	Non-Network
Deductible (Must meet deductible Before coinsurance)	***$3,500/Individual $7,000/Family***	$5,000/Individual $10,000/Family	***$1,800/Individual $3,600/Family***	$3,300/Individual $6,600/Family
Medical Out-of-Pocket Maximum	***$8,700/Individual $17,400/Family****	$15,000 /Individual $30,000 /Family	***$5,400/Individual $10,800/Family****	$9,900/Individual $19,800/Family
Prescription Out-of-Pocket Maximum	***Combined with Medical***	Combined with Medical	***Combined with Medical***	Combined with Medical
Preventive Services	***MCHCP pays 100%***	40% Coinsurance	***MCHCP pays 100%***	40% Coinsurance
Office Visit	***20% Coinsurance***	40% Coinsurance	***20% Coinsurance***	40% Coinsurance
Virtual Care through Sydney Health, Hinge Health, and Lark's Virtual Diabetes Prevention Program	***MCHCP pays 100%***	N/A	***MCHCP pays 100%***	N/A
Urgent Care	***20% Coinsurance***	Paid as Network Benefit	***20% Coinsurance***	Paid as Network Benefit
Emergency Room	***20% Coinsurance***	Paid as Network Benefit	***20% Coinsurance***	Paid as Network Benefit
Hospital (Inpatient)	***20% Coinsurance***	40% Coinsurance	***20% Coinsurance***	40% Coinsurance
Lab and X-ray	***20% Coinsurance***	40% Coinsurance	***20% Coinsurance***	40% Coinsurance
Surgery	***20% Coinsurance***	40% Coinsurance	***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%)***			

**Any individual family member need only incur a maximum of $8,700 before the plan begins paying one hundred percent (100%) of covered charges for that individual.*

Medical & Pharmacy Plan Overview

PPO Plans

PPO 2500 Plan		PPO 1250 Plan		PPO 750 Plan	
Network	Non-Network	***Network***	Non-Network	***Network***	Non-Network
$2,500/Individual $5,000/Family	$5,000/Individual $10,000/Family	***$1,250/Individual $2,500/Family***	$2,500/Individual $5,000/Family	***$750/Individual $1,500/Family***	$1,500/Individual $3,000/Family
$7,500/Individual $15,000/Family	$15,000/Individual $30,000/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	***$4,150/Individual $8,300/Family***	No Maximum
MCHCP pays 100%	40% Coinsurance	***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	***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	***MCHCP pays 100%***	N/A
$50 Copayment	Paid as Network Benefit	***$50 Copayment***	Paid as Network Benefit	***20% Coinsurance***	Paid as Network Benefit
$250 Copayment plus 20% Coinsurance Copayment waived if admitted or true emergency	Paid as Network Benefit	***$250 Copayment plus 20% Coinsurance*** Copayment waived if admitted or true emergency	Paid as Network Benefit	***$250 Copayment plus 20% Coinsurance*** Copayment waived if admitted or true emergency	Paid as Network Benefit
$200 Copayment plus 20% Coinsurance	$200 Copayment plus 40% Coinsurance	***$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	***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

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)

www.mchcp.org

MCHCP Plan Updates for **2027**

This year, we're excited to offer even more choices when selecting your health coverage!

In addition to the HSA 1800, PPO 1250, and PPO 750 Plans we're adding two new plan options:

- **HSA 3500 Plan**
- **PPO 2500 Plan**

We know healthcare needs and budgets can vary, so these new plans provide additional flexibility to help you find the coverage that works best for you and your family. As you make your enrollment decisions, take a few minutes to review all available options located on page 3 and 4 of this guide and choose the plan that best fits your needs.

Preventive and Other Services

Anthem health plans include some services at no cost when you use a network provider. Don't wait until you get sick to use your health benefits! These services can help you stay healthy and catch health issues sooner.

*Preventive Services**

Some preventive services can help identify problems early and prevent others from occurring. Examples of preventive services include:

- Preventive exams (annual physical, well-woman and well-child visits)
- Immunizations
- Cholesterol blood tests
- Breast and colon cancer screenings
- Contraception
- Preferred tobacco cessation products
- A preferred glucometer, test strips and lancets for diabetes
- So much more

*IMPORTANT: The preventive service claim your network provider sends Anthem must be for routine services without an injury or illness code for the service to be covered at 100%.

Other Services

Some diagnostic services are also covered at no cost for those in the PPO plans, and at no cost after deductible is met for those in the HSA Plans, including:

- Diagnostic colorectal screenings (Common reasons for this service include screenings with a history of polyps or a history of colon cancer.)
- Diagnostic breast examinations and mammograms
- Nutrition counseling
- Diabetes Self-Management Education (four visits)
- Vasectomies

Virtual Care through Sydney Health

You can use Sydney Health to receive virtual health care service. All virtual care services through Sydney Health are covered at 100%.

Frequently Asked Questions

Have questions about open enrollment? We've gathered the most common ones to help make your **health insurance decisions easier**.

Can I keep my 2026 plan choices in 2027 without changes?

If 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 2027 that you had in 2026.

I have Strive for Wellness® incentives in 2026. Do I need to do anything to keep them?

Members who received a *Strive for Wellness®* incentive premium reduction in 2026 will need to complete the requirements for that incentive again prior to Nov. 30, 2026, if they wish to also receive it at the start of the 2027 plan year (Jan. 1, 2027). Incentive requirements can be completed at any time. Premium reductions begin the first day of the second month after the required incentive steps are completed.

I am married to a state employee or to a Lincoln University employee. Can I enroll my spouse as my dependent under my coverage?

If both spouses are employees covered by MCHCP (whether either is a state employee or Lincoln University employee), each spouse must enroll separately, but they may participate in the "Family Roll Up" if covering children.

My spouse and I are enrolled separately, and we have children. What do we need to do?

You may participate in a "Family Roll Up" if you cover children to share a single family deductible and out-of-pocket maximum. To have a Family Roll Up, each spouse must enroll in the same health plan for medical coverage and provide their respective spouse's social security number, so we can link them together in our system. You can decide which children are enrolled under which spouse's coverage.

How do I add dependents (spouse or children)?

Log in to your myMCHCP account to add dependents to your health plan(s). Enrollment is not complete until proof of eligibility is received by MCHCP for each dependent. If dependents are added during Open Enrollment, proof of eligibility must be received by Nov. 20, 2026, for coverage to begin Jan. 1, 2027. If you miss the deadline, you may have to wait until the next open enrollment period before you can add a dependent to your coverage.

How do I submit proof of eligibility?

You can upload a PDF or JPG file of the proof of eligibility from your myMCHCP account. Go to the Upload Center, select Proof of Eligibility, and follow the instructions. If you do not have a PDF or JPG file of your proof of eligibility, you can fax it to 866-346-8785, mail it to MCHCP at PO Box 104355, Jefferson City, MO 65110-4355, or you can drop it off at our office. Be sure when you fax or mail it to include your identification (name and MCHCP ID or the last four digits of your Social Security number) with it, so we know it is for your dependent(s).

How do I enroll, change or cancel coverage?

To enroll, change or cancel coverage, simply log in to your myMCHCP account during Open Enrollment to make your choice for 2027.

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

Examples of Proof of Eligibility

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

Health Plan Options

MCHCP offers different HSA and PPO plans to fit a variety of budgets and health care needs. They 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 Plans

The HSA Plans are qualified high-deductible plans that can help you save money by giving you access to a health savings account (HSA). You choose how much or how little to contribute to your HSA each month prior to paying taxes on those funds, and MCHCP makes an annual contribution to each HSA based on whether it is utilized by an individual member ($500) or a family unit ($1,000).

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. HSA funds roll over from year to year.

On a 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 a HSA Plan, a larger family deductible must be met before the plan pays.

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.

PPO Plans

MCHCP offers PPO plans with the plan names representing the individual deductible amounts associated with them (see the Medical & Pharmacy Plan Overview charts at the beginning of this guide for more information).

Under our PPO plans, most services are subject to deductible and coinsurance. Some of the plans also include 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.

The 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.

PPO plan members also have access to a flexible spending account (FSA) that you then use to pay for certain out-of-pocket health care costs. Those funds are forfeited if they are not used.

Subscribers have the option to declare a religious or moral objection and decline contraception coverage. Contact MCHCP for more information.

myPlan Advisor

Choosing the right health plan for medical coverage is an important decision. It is important to consider how the plans are similar, where they differ in cost, and which one is the right fit for you. To help you decide which best fits your needs, go to the myPlan Advisor tool available through your myMCHCP account. It will help you review premiums and, using your past claims, estimate your out of-pocket costs to rank your choices.

Reduce your Premium

You can reduce your MCHCP medical premium with our two *Strive for Wellness®* incentives and save up to $1,260 per year! Here's how:

Partnership Incentive: Complete the Partnership Promise and Health Assessment online to earn a $25 monthly premium reduction. That's a total savings of $300 for all 12 months.

Tobacco-Free Incentive: You and your covered spouse can complete the Tobacco-Free Promise or Quit Tobacco Promise form to earn up to an $80 monthly premium reduction ($40 per person). That's a total savings of $960 for all 12 months if both you and your covered spouse participate. If only one person participates, your total savings will be $480 for all 12 months.

Take Action: *Strive for Wellness®* incentives do not automatically renew each year. You must complete incentive requirements by Nov. 30, 2026, to begin saving Jan. 1, 2027. If you miss the Nov. 30, 2026 date, you can still earn them, but savings will start after January 2027. The longer you delay, the less you save!

Those enrolled in the TRICARE Supplement Plan are not eligible to participate.

Health Savings Account (HSA) and Flexible Spending Account (FSA)

An HSA (through Central Bank of Jefferson City) or FSA (through MoCAFE administered by ASIFlex) can help save you money with pre-tax deductions from your paycheck. Both accounts allow you to deposit money to pay qualified medical expenses as allowed by the Internal Revenue Service (IRS).

Health Savings Account

HSA Plan subscribers will get an HSA through Central Bank of Jefferson City, so they can start accumulating money over time. It's a great way to save money for retirement to help pay medical expenses. MCHCP will contribute an annual maximum of $500 (subscriber-only coverage) or $1,000 (subscriber with dependent coverage) to eligible state employees' HSAs. Subscribers can contribute more money up to the federal contribution limits. Contributions must be elected each year. You can make changes to the amount you contribute to the HSA throughout the year. We make it easy when you log in to your myMCHCP account. Contribution rules for HSAs are complex, so consult a tax advisor if you have any questions, as we do not provide tax advice.

Flexible Spending Account

All state employees are auto-enrolled in a premium-only plan to allow premiums to be deducted from paychecks tax free. With a couple of exceptions, only PPO plan members are eligible for an FSA. HSA Plan members can also have a limited purpose FSA just for dental and vision expenses. Once you enroll in an FSA, you cannot make changes to your contribution amount unless you meet an exception. You must use all the funds before the annual deadline or lose what funds remain. MCHCP makes it easy to elect FSA contributions when you go through Open Enrollment. Visit www.mocafe.com, or scan the QR code to learn more.

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

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.

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

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 Sydney℠ Health mobile app, or by selecting the "Medical" tile in your myMCHCP account.

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 Sydney℠ 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" tile 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

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, 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.

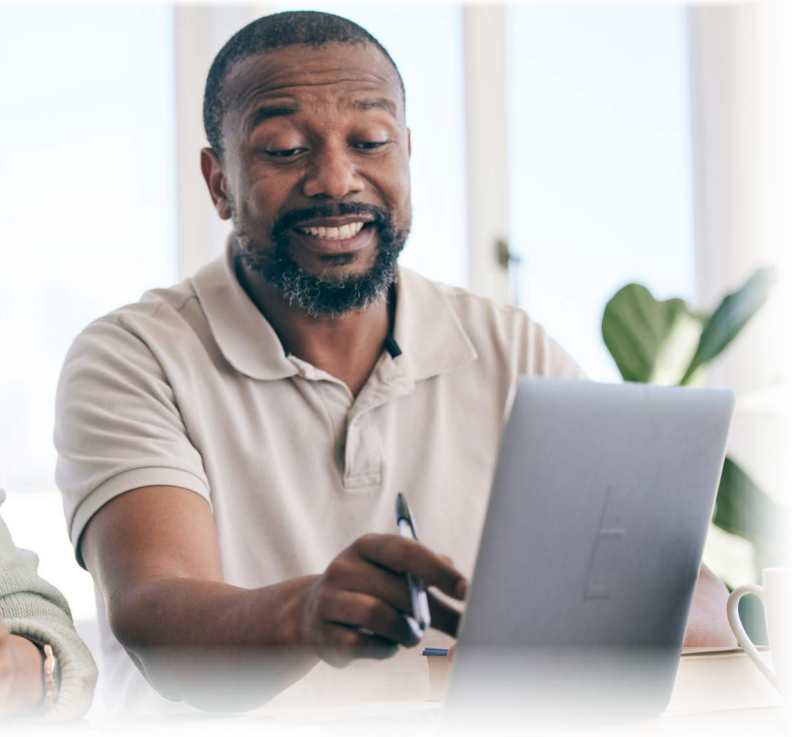
When you need care quickly knowing where to go can save you time and money

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 Sydney℠ Health app, no appointment needed	Usually available during normal business hours and may also provide medical advice by phone after hours	Typically walk-in or same day care
Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, urinary tract infection (UTI), and other nonemergency symptoms	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	Sore throat, flu-like symptoms, fever, sprains, infections (ear, sinus, urinary tract), minor burns, minor cuts and scrapes, and rash
Cost: $0 / Average Wait: 10 min	Cost: $$ / Average Wait: 18 min	Cost: $$ / Average Wait: 30 min



How to find the care you need:

1. Go to ***anthem.com*** or download the **Sydney 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.

EXPRESS SCRIPTS®

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 an 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, refills and more

Smart90℠ 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 an 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.

PHARMACY
Name : Ms. Sulawan D.
PO Box. 52
Nonthaburi
Sender :
Pharmacy Delivery
PO Box. 92
Bangkok
PHARMACY

Strive Employee Life and Family (SELF) Program

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.

Active employees eligible for MCHCP medical coverage can log in to myMCHCP for access to SELF services. Employees can keep using the SELF program for 18 months following their retirement. Household members can use the SELF program for six months after the member's death.

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

The *Strive for Wellness®* Health Center (located in room 478 of Jefferson City's Harry S Truman State Office Building) offers routine care at hours designed to fit into a hectic workday. State Adult Anthem members can receive treatment for common illnesses and behavioral health services at a low cost.

An office visit fee (PPO Plans — $15, HSA Plans — $45) covers the entire visit. Preventive services are covered at 100%. Health Center services are outside of MCHCP's health plan benefits, so fees do not apply toward deductibles or out-of-pocket maximums. Payment is due at the time of the service. Cash, check and major credit cards are accepted.

Examples of services offered include:

- Treatment of sinus and ear infections, flu, back pain and allergies
- Certain vaccinations (flu, hepatitis B, shingles, etc.)
- Health screenings and lab work
- Behavioral health counseling

The Health Center is open at the following times:

Mondays: 8 a.m.–1 p.m. and 2–5 p.m.
Tuesdays: 7–11 a.m. and 12–4 p.m.
Wednesdays: 8 a.m.–1 p.m. and 2–5 p.m.
Thursdays: 8 a.m.–1 p.m. and 2–5 p.m.
Fridays: 7–11 a.m. and 12–4 p.m.

To schedule an appointment, call 573-526-3175 (TTY 573-526-3180), or log in to your myMCHCP account. Parking passes are available for reserved spaces upon request.

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!

Review possible options for lower-cost medications (including generics that are equally effective).

Compare prices between different pharmacies.

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.

TRICARE Supplement Plan

Military members (and their eligible dependents) can choose Selman and Company's TRICARE Supplement Plan instead of MCHCP medical and pharmacy benefits. These are typically members who are retired military personnel, not eligible for Medicare, and under age 65. The TRICARE Supplement Plan works with the U.S. Department of Defense's TRICARE health benefit plan. Only non-Medicare members enrolled in TRICARE are eligible to participate. Premiums are not set by MCHCP, and MCHCP does not contribute to them.

TRICARE Supplement Premiums

Subscriber only	$60.50
Subscriber and spouse	119.50
Subscriber and child(ren)	119.50
Subscriber and family	160.50
Residents of New York, contact MCHCP for premiums applicable to you.	

Premiums

Active Employee Premiums With Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$0	$25	$0	$25
Subscriber and spouse	73	98	81	106
Subscriber and child	11	36	14	39
Subscriber and children	17	42	20	45
Subscriber, spouse and child	86	111	95	120
Subscriber, spouse and children	92	117	101	126

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Active Employee Premiums With Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$39	$64	$44	$69	$76	$101
Subscriber and spouse	237	262	256	281	340	365
Subscriber and child	67	92	74	99	120	145
Subscriber and children	87	112	95	120	152	177
Subscriber, spouse and child	265	290	286	311	383	408
Subscriber, spouse and children	284	309	307	332	417	442

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Active Employee Premiums Without Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$40	$65	$40	$65
Subscriber and spouse	153	178	161	186
Subscriber and child	51	76	54	79
Subscriber and children	57	82	60	85
Subscriber, spouse and child	166	191	175	200
Subscriber, spouse and children	172	197	181	206

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Active Employee Premiums Without Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$79	$104	$84	$109	$116	$141
Subscriber and spouse	317	342	336	361	420	445
Subscriber and child	107	132	114	139	160	185
Subscriber and children	127	152	135	160	192	217
Subscriber, spouse and child	345	370	366	391	463	488
Subscriber, spouse and children	364	389	387	412	497	522

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Leave of Absence Subscriber Premiums With Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$786	$811	$848	$873
Subscriber and spouse	1,908	1,933	2,059	2,084
Subscriber and child	1,118	1,143	1,204	1,229
Subscriber and children	1,543	1,568	1,664	1,689
Subscriber, spouse and child	2,198	2,223	2,374	2,399
Subscriber, spouse and children	2,622	2,647	2,834	2,859

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Leave of Absence Subscriber Premiums With Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$878	$903	$942	$967	$1,001	$1,026
Subscriber and spouse	2,145	2,170	2,303	2,328	2,447	2,472
Subscriber and child	1,198	1,223	1,286	1,311	1,367	1,392
Subscriber and children	1,666	1,691	1,788	1,813	1,903	1,928
Subscriber, spouse and child	2,465	2,490	2,647	2,672	2,813	2,838
Subscriber, spouse and children	2,933	2,958	3,149	3,174	3,349	3,374

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Leave of Absence Subscriber Premiums Without Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$826	$851	$888	$913
Subscriber and spouse	1,988	2,013	2,139	2,164
Subscriber and child	1,158	1,183	1,244	1,269
Subscriber and children	1,583	1,608	1,704	1,729
Subscriber, spouse and child	2,278	2,303	2,454	2,479
Subscriber, spouse and children	2,702	2,727	2,914	2,939

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Leave of Absence Subscriber Premiums Without Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$918	$943	$982	$1,007	$1,041	$1,066
Subscriber and spouse	2,225	2,250	2,383	2,408	2,527	2,552
Subscriber and child	1,238	1,263	1,326	1,351	1,407	1,432
Subscriber and children	1,706	1,731	1,828	1,853	1,943	1,968
Subscriber, spouse and child	2,545	2,570	2,727	2,752	2,893	2,918
Subscriber, spouse and children	3,013	3,038	3,229	3,254	3,429	3,454

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

COBRA Subscriber Premiums With Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$759	$784	$823	$848
Subscriber and spouse	1,861	1,886	2,016	2,041
Subscriber and child	1,056	1,081	1,144	1,169
Subscriber and children	1,489	1,514	1,612	1,637
Subscriber, spouse and child	2,157	2,182	2,336	2,361
Subscriber, spouse and children	2,590	2,615	2,805	2,830
Child only	296	296	321	321

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

COBRA Subscriber Premiums With Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$895	$920	$961	$986	$1,021	$1,046
Subscriber and spouse	2,188	2,213	2,349	2,374	2,496	2,521
Subscriber and child	1,222	1,247	1,312	1,337	1,395	1,420
Subscriber and children	1,699	1,724	1,824	1,849	1,941	1,966
Subscriber, spouse and child	2,515	2,540	2,700	2,725	2,870	2,895
Subscriber, spouse and children	2,992	3,017	3,212	3,237	3,416	3,441
Child only	326	326	350	350	374	374

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

COBRA Subscriber Premiums Without Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$799	$824	$863	$888
Subscriber and spouse	1,941	1,966	2,096	2,121
Subscriber and child	1,096	1,121	1,184	1,209
Subscriber and children	1,529	1,554	1,652	1,677
Subscriber, spouse and child	2,237	2,262	2,416	2,441
Subscriber, spouse and children	2,670	2,695	2,885	2,910
Child only	296	296	321	321

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

COBRA Subscriber Premiums Without Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$935	$960	$1,001	$1,026	$1,061	$1,086
Subscriber and spouse	2,268	2,293	2,429	2,454	2,576	2,601
Subscriber and child	1,262	1,287	1,352	1,377	1,435	1,460
Subscriber and children	1,739	1,764	1,864	1,889	1,981	2,006
Subscriber, spouse and child	2,595	2,620	2,780	2,805	2,950	2,975
Subscriber, spouse and children	3,072	3,097	3,292	3,317	3,496	3,521
Child only	326	326	350	350	374	374

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Level B Foster Parent Premiums With Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$786	$811	$848	$873
Subscriber and spouse	1,908	1,933	2,059	2,084
Subscriber and child	1,118	1,143	1,204	1,229
Subscriber and children	1,543	1,568	1,664	1,689
Subscriber, spouse and child	2,198	2,223	2,374	2,399
Subscriber, spouse and children	2,622	2,647	2,834	2,859

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Level B Foster Parent Premiums With Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$878	$903	$942	$967	$1,001	$1,026
Subscriber and spouse	2,145	2,170	2,303	2,328	2,447	2,472
Subscriber and child	1,198	1,223	1,286	1,311	1,367	1,392
Subscriber and children	1,666	1,691	1,788	1,813	1,903	1,928
Subscriber, spouse and child	2,465	2,490	2,647	2,672	2,813	2,838
Subscriber, spouse and children	2,933	2,958	3,149	3,174	3,349	3,374

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are in the Tobacco-Free Incentive. If only one is in the Tobacco-Free Incentive, $40 will be added to the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Level B Foster Parent Premiums Without Tobacco-Free Incentive (HSA)

LEVEL OF COVERAGE	HSA 3500 PLAN		HSA 1800 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$826	$851	$888	$913
Subscriber and spouse	1,988	2,013	2,139	2,164
Subscriber and child	1,158	1,183	1,244	1,269
Subscriber and children	1,583	1,608	1,704	1,729
Subscriber, spouse and child	2,278	2,303	2,454	2,479
Subscriber, spouse and children	2,702	2,727	2,914	2,939

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Level B Foster Parent Premiums Without Tobacco-Free Incentive (PPO)

LEVEL OF COVERAGE	PPO 2500 PLAN		PPO 1250 PLAN		PPO 750 PLAN	
	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium	Partnership Premium	Standard Premium
Subscriber only	$918	$943	$982	$1,007	$1,041	$1,066
Subscriber and spouse	2,225	2,250	2,383	2,408	2,527	2,552
Subscriber and child	1,238	1,263	1,326	1,351	1,407	1,432
Subscriber and children	1,706	1,731	1,828	1,853	1,943	1,968
Subscriber, spouse and child	2,545	2,570	2,727	2,752	2,893	2,918
Subscriber, spouse and children	3,013	3,038	3,229	3,254	3,429	3,454

The premium listed for "subscriber and spouse" and "subscriber, spouse and child(ren)" assumes that both the subscriber and the spouse are not in the Tobacco-Free Incentive. If one is in the Tobacco-Free Incentive, $40 will be subtracted from the listed premium.

Premiums without contraception coverage are available upon request.

Premiums

Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active, Leave of Absence and Level B Foster Parent Subscribers	$30.42	$60.58	$62.88	$105.38	N/A
COBRA Subscribers	31.03	61.79	64.14	107.49	33.11

Vision Premiums

	Plan Type	Active, Leave of Absence and Level B Foster Parent Subscribers	COBRA Subscribers
Subscriber Only	Basic Plan	$3.28	$3.34
	Premium Plan	4.02	4.10
	Ultra Plan	5.78	5.89
Subscriber and Spouse	Basic Plan	6.58	6.71
	Premium Plan	8.02	8.18
	Ultra Plan	11.56	11.79
Subscriber and Child(ren)	Basic Plan	9.48	9.66
	Premium Plan	11.60	11.83
	Ultra Plan	16.70	17.03
Subscriber and Family	Basic Plan	13.52	13.79
	Premium Plan	16.54	16.87
	Ultra Plan	23.82	24.29
COBRA Child(ren)	Basic Plan	N/A	6.32
	Premium Plan	N/A	7.73
	Ultra Plan	N/A	11.13

Health Plan Contacts

Medical

Anthem
HSA and PPO Plans
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

TRICARE Supplement Plan
Selman & Company
info.selmanco.com/mchcp
800-638-2610

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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832 Weathered Rock Court

Jefferson City, MO 65110-4355

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573-751-0771

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