

# 2026 Plan Year **Dental and Vision**

## **Open Enrollment**

*Oct. 1 – 31, 2025*

During Open Enrollment, active employees may elect coverage and/or change coverage levels to be effective Jan. 1.

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 during Open Enrollment if you are not already enrolled in these plans.

If you are currently enrolled in a dental and vision plan and do not make any changes during Open Enrollment, your coverage will remain the same.

## **Proof of Eligibility**

MCHCP requires proof of eligibility for all dependents added to your coverage, such as a birth certificate for a child or a marriage license for a spouse. If you enroll dependents during Open Enrollment, proof of eligibility must be received by Nov. 20, or your eligible dependents will not be added for coverage effective Jan. 1.

## **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

## **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.mhcp.org](http://www.mhcp.org).



# DELTA DENTAL®

## DENTAL PLAN

*Delta Dental of Missouri*

Delta Dental of Missouri offers dental benefits through their nationwide network. These benefits include preventive services, basic restorative services and major restorative services.

You may select the dentist of your choice. Using an in-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.



**SCAN**



The table below is an overview of benefits. More benefit information is available at [www.mchcp.org](http://www.mchcp.org).

### Dental Services

SERVICE TYPE	BRIEF DESCRIPTION	YOU WILL OWE
<b>Preventive (Type A)</b> 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
<b>Basic Restorative (Type B)</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
<b>Major Restorative (Type C)</b> 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

### Dental Premiums

	Subscriber Only	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family	COBRA Child(ren)
Active Employee, Leave of Absence and Level B Foster Parents	\$27.92	\$55.58	\$57.70	\$96.68	Not Available
COBRA Subscriber	28.47	56.69	58.84	98.61	30.38
Retirees, Vested, Long-Term Disability	27.92	55.58	57.70	96.68	Not Available



National Vision Administrators, L.L.C.

## VISION PLAN

*National Vision Administrators, L.L.C.*

National Vision Administrators, L.L.C. (NVA) offers vision benefits through a nationwide network. Basic, premium and ultra plans are available, each with specific copayments for services received 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, 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

The table below is an overview of benefits. More benefit information is available at [www.mchcp.org](http://www.mchcp.org).

### Vision Services

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 ( <i>You prefer contacts to glasses.</i> )	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

### Vision Premiums

Plan Type	Subscriber Only			Subscriber and Spouse			Subscriber and Child(ren)			Subscriber and Family			COBRA Child(ren)		
	Basic	Premium	Ultra	Basic	Premium	Ultra	Basic	Premium	Ultra	Basic	Premium	Ultra	Basic	Premium	Ultra
Active Employee, Leave of Absence and Level B Foster Parents	\$3.28	\$4.02	\$5.78	\$6.58	\$8.02	\$11.56	\$9.48	\$11.60	\$16.70	\$13.52	\$16.54	\$23.82	Not Available		
COBRA Subscriber	3.35	4.10	5.90	6.70	8.18	11.78	9.66	11.82	17.02	13.79	16.87	24.29	6.31	7.72	11.13
Retirees, Vested, Long-Term Disability	3.43	4.20	6.05	6.86	8.38	12.07	9.89	12.11	17.43	14.12	17.27	24.86	Not Available		



# Health Plan Contacts

## Dental Plan

*Delta Dental of Missouri*  
[microsite.deltadentalmo.com/MCHCP](http://microsite.deltadentalmo.com/MCHCP)  
(866) 429-1095

## Vision Plan

*National Vision Administrators, L.L.C. (NVA)*  
[www.e-nva.com](http://www.e-nva.com)  
Username: mchcp  
Password: vision1  
877-300-6641

## MCHCP

*Missouri Consolidated Health Care Plan*  
PO Box 104355  
832 Weathered Rock Court  
Jefferson City, MO 65110-4355  
800-487-0771  
573-751-0771

Relay Missouri:  
711 or 800-735-2966 (TTY)

Member Services Hours:  
Monday - Friday  
8:30 a.m. - 12 p.m. & 1:00 - 4:30 p.m.  
[www.mchcp.org](http://www.mchcp.org)