

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



DENTAL PLAN

Delta Dental of Missouri

OVERVIEW

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.)

| Service Type | Brief Description | You will owe |
|---|---|---|
| Preventive (Type A) Services do not count toward your annual maximum | Oral exam – one every six months Cleaning - one every six months Bitewing x-rays – one set per calendar year Topical fluoride – one per calendar year Sealants - once every 5 calendar years Problem focused exams - 2 per calendar year Emergency palliative treatment | 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 1/1/24 enrollees and for future 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% 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 | \$26.90 | \$53.58 | \$55.60 | \$93.20 | Not Available |
| COBRA Subscriber | \$27.44 | \$54.64 | \$56.71 | \$95.05 | \$29.27 |
| Retirees | \$26.90 | \$53.58 | \$55.60 | \$93.20 | Not Available |

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

| Service Type | Brief Description | Basic Plan — Network | Premium Plan — Network | Non-Network |
|--|--|---|---|---|
| Exams | One per calendar year; two per calendar year up to age 18 | \$10 copayment | \$10 copayment | NVA pays up to \$45. |
| Lenses | One per calendar year Single-vision, bifocal, trifocal, lenticular (See website for other types of lenses and cost sharing.) | \$25 copayment | \$25 copayment | Maximum amount NVA pays varies based on type of lenses. |
| Frames | Once every two calendar years (and 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 | 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 | NVA pays up to \$105. |
| Contact Fitting and Evaluation | 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 | 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 | Basic | Premium | Basic | Premium | Basic | Premium | Basic | Premium |
| Active Employee | \$3.28 | \$4.14 | \$6.58 | \$8.28 | \$9.48 | \$11.96 | \$13.52 | \$17.06 | Not Available | |
| COBRA Subscriber | \$3.35 | \$4.22 | \$6.70 | \$8.44 | \$9.66 | \$12.19 | \$13.79 | \$17.39 | \$6.31 | \$7.97 |
| Retirees | \$3.43 | \$4.33 | \$6.86 | \$8.64 | \$9.89 | \$12.48 | \$14.12 | \$17.80 | Not Available | |



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www.mhcp.org
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