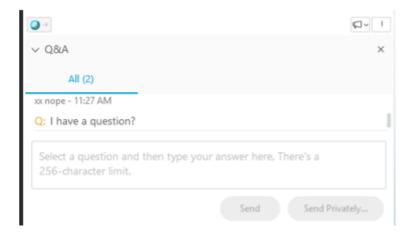
Welcome MCHCP retirees!

The presentation will begin shortly.

Your phone will be muted throughout the meeting; however, we welcome your questions throughout!

To ask a question, use the Q&A box located in the bottom right corner of the screen





UnitedHealthcare® Group Medicare Advantage (PPO)





MCHCP's Medicare Advantage Plan



Missouri Consolidated Health Care Plan (MCHCP)





Jody Tellman Education Specialist





2026 Open Enrollment Agenda

- ✓ UnitedHealthcare (Part C)
- ✓ Express Scripts Medicare (Part D)
- ✓ Delta Dental
- ✓ National Vision Administrators (NVA)
- ✓ 2026 Premiums
- ✓ 2026 Confirmation letters





2026 Premiums

Log into myMCHCP to calculate your premiums!

- Retiree medical premiums calculated using full years of state service multiplied by 2.5%.
- MCHCP medical contributions capped at 65%.
- Medicare retiree contribution based on the Medicare Advantage Plan total premium.





Express Scripts MedicarePart D Prescription Drug Plan

Members can fill a prescription at a network pharmacy or through home delivery, and may receive up to a 90-day supply of certain maintenance drugs. The home delivery benefit covers up to a 90-day supply for 2 1/2 copayments.

Members will receive additional plan information directly from Express Scripts Medicare, including a benefit overview, formulary, pharmacy directory and monthly explanations of benefits.

Medicare members pay the applicable copayment or the cost of the drug, whichever is less, in the Initial Coverage Stage.

DESCRIPTION	TIER	RETAIL 31-day supply	RETAIL 60-day supply	RETAIL 90-day supply	HOME DELIVERY 90-day supply
Initial Coverage Stage	Tier 1 Preferred Generic Drugs	\$10 copayment	\$20 copayment	\$30 Copayment	\$25 Copayment
	Tier 2 Preferred Brand Drugs	\$40 copayment	\$80 copayment	\$120 Copayment	\$100 Copayment
	Tier 3 Non-Preferred Drugs	\$100 copayment	\$200 Copayment	\$300 Copayment	\$250 Copayment
Catastrophic Coverage Stage	After annual out-of-pocket drug costs reach \$2,100, members will have \$0 cost-share. Amounts paid for non-Part D drugs covered under this plan will not count toward annual out-of-pocket drug costs and you will continue to pay a copayment.				





Delta Dental Plan



Nationwide Network

 Delta Dental PPO or Delta Dental Premier



Services Included:

- o Preventative
- o Basic
- o Major



If Currently Enrolled:

- Automatically Enrolled for 2026
- O No Action Required





National Vision Administrators (NVA) Vision Plan



Nationwide Network



Basic, Premium and Ultra Plans

 The Ultra Plan is a new enrollment option and will require completing the open enrollment process



If Currently Enrolled:

- Automatically Enrolled for 2026
- No Action Required





Open Enrollment Reminders

- ✓ MCHCP will mail confirmation of coverage letters.
- ✓ No action needed, unless making changes to your coverage.
- ✓ ID cards
- ✓ If you cancel coverage, you cannot re-enroll at a later date.





Looking forward to what's ahead



more support getting ready

Missouri Consolidated Health Care Plan (MCHCP)

October 2025 I DeDe Raybuck, Keith Chumbley, & Jennifer Billig









We're here to help explain:

- Plan benefits
- Programs and features
- What to expect next
- How to enroll
- Questions and answers







UnitedHealthcare Group Medicare Advantage (PPO) plan

Medical benefits, programs and features



Plan highlights



Part A

- Hospital stays
- Skilled nursing
- Home health



Part B

- Provider visits
- Outpatient care
- Screenings and shots
- Lab tests



Medicare Advantage (Part C) plans include Parts A and B and are bundled with added benefits, programs and services.

These plans are provided through private insurers like UnitedHealthcare.



Plan Benefits

Benefit Coverage	Amount You Pay	
Annual Deductible – the following services apply toward the annual deductible: Part B Drugs, Durable Medical Equipment	\$275	
Medicare Part B Drugs	10%	
Durable Medical Equipment	10%	
Inpatient Hospital	\$150 copay/admission	
Skilled Nursing Facility – 3-day inpatient hospital stay <i>is not</i> required	\$0 copay for days 1-100	
Primary Care Physician Office Visit	\$15 copay	
Specialist Office Visit	\$30 copay	
Outpatient Surgery	\$100 copay	
Urgent Care	\$50 copay	
Emergency Room – waived if admitted within 24 hours	\$100 copay	
Annual Out of Pocket Maximum	\$1,500	



Additional Non-Medicare Covered Benefits

Benefit Coverage	Amount You Pay		
Routine Chiropractic – unlimited	\$0 copay		
Routine Hearing Exam	\$0 copay		
 Hearing Aid Allowance – every 2 years Hearing Aids purchased outside of UnitedHealthcare Hearing National Network are not covered 	Plan Pays through UnitedHealthcare Hearing (combined for both ears) for hearing aids every 2 years		
Routine Podiatry – 6 visits per plan year	\$0 copay		
Routine Eye Exam – every 12 months	\$0 copay		



Testing and monitoring supplies to help manage diabetes

When you use one of the approved meters and corresponding strips, your cost share for diabetes testing and monitoring supplies is a \$0 copay.

These supplies also include any brand of:

- Lancet
- Lancing device
- Glucose control solution (to test the accuracy of your meter)
- Replacement batteries for your meter



To switch to one of the preferred brands, you may be required to get a new prescription from your provider. You can request a temporary supply of your current brand.

Plus, your plan provides coverage for many of the **Contour and ACCU-CHEK** blood glucose testing strips and meters*.

All trademarks are property of their respective owners.

^{*}Other suppliers/vendors/providers are available in our network.



Getting vaccinated is important to your health

Vaccines work with your body's natural defenses to protect against infection and help reduce the risk of disease.

They do this by copying an infection without causing the disease and getting your immune system to respond the same way it would to a real infection. This prepares your body to recognize and fight the disease in the future.



Check with your provider to see if these common vaccines are right for you

Covered by Part B

- Influenza (flu)
- Pneumococcal
- Hepatitis B for those at medium or high risk
- COVID-19*

Covered by Part D

- Shingles
- Tetanus, diphtheria, pertussis (Tdap)
- Hepatitis A
- Hepatitis B for those at low risk

*You will have \$0 cost share (copayments, deductibles or coinsurance) on FDA-authorized COVID-19 vaccines at both network and out-of-network providers.





Extra benefits, programs and services



Keep your health on track with a \$0 Annual Wellness Visit*

- Combine visits
 Save time by combining your wellness visit and physical into a single appointment.
- Schedule early
 Schedule your appointment early in the year to get any other preventive care you may need.
- Follow recommendations

 Make sure you follow through with your provider's recommendations for screenings, exams and other care.

We can help you find and schedule your appointment — you don't have to wait 12 months between visits



What's the difference between your annual physical and wellness visit?

A **physical exam** includes a head-to-toe exam, blood sugar test and cholesterol test. This visit is a good time to review your medications and/or health concerns. Your plan covers this visit once per calendar year.

A **wellness visit** includes a blood pressure check, height and weight measurement and body mass index (BMI) test. Your plan covers this visit once per calendar year.

^{*}A copay or coinsurance may apply if you receive services that are not part of the Annual Wellness Visit and physical.



Optum® HouseCalls brings yearly check-in care to you*

Get a yearly in-home visit from a licensed health care practitioner at no cost to you. The visit includes:

- Up to an hour of 1-on-1 time with the health care practitioner
- A comprehensive exam
- Tailored health screenings
- A medication review
- An opportunity to get advice and ask questions to help you manage your health
- Education, prevention tips and referrals to health services, if needed



Prefer a video visit?

HouseCalls offers a video visit using a computer, tablet or smartphone to connect plan members with a health care practitioner. They will review your health history and current medications, discuss important health screenings, identify health risks and provide health education.

^{*}HouseCalls may not be available in all areas.



Renew Active® by UnitedHealthcare

Renew Active is a Medicare fitness program offered at no additional cost to you. It includes:

- A gym membership at a fitness center you select from our large national network
- Thousands of on-demand workout videos and livestreaming fitness classes
- Activities at local health and wellness classes



The Renew Active® Program and its gym network varies by plan/area and may not be available on all plans. Participation in the Renew Active program is voluntary. Consult your doctor prior to beginning an exercise program or making changes to your lifestyle or health care routine. Renew Active includes standard fitness membership at participating locations and other offerings. The participating locations and offerings may change at any time. Fitness membership equipment, classes and activities may vary by location. Certain services, classes, activities and online fitness offerings are provided by affiliates of UnitedHealthcare Insurance Company or other third parties not affiliated with UnitedHealthcare. Participation in these third-party services is subject to your acceptance of their respective terms and policies. UnitedHealthcare is not responsible for the services or information provided by third parties. The information provided through these services is for informational purposes only and is not a substitute for the advice of a doctor.



Let's Move by UnitedHealthcare is your plan's exclusive wellness program

At no additional cost to you, Let's Move by UnitedHealthcare is here to help keep your mind, body and social life active. With simple resources, tools, fun events and personalized support, we'll help you explore ways to eat well, stay connected and be financially, physically and mentally fit.



Let's eat well

Treat yourself to tasty recipes, fun cooking events and support.



Let's get fit

Get free access to at-home workouts, participating gyms and local fitness events.



Let's be mentally fit

Support your mental health with services, online tools and resources.



Let's make friends

Find ways to connect through local and online events, classes, volunteering and more.



Let's live well

From helping to manage your financial well-being to supporting caregivers to helping stop tobacco use, we're here for your wellness.



Get care anywhere with Virtual Visits

With Virtual Visits, you can live video chat* with a medical provider or behavioral health specialist from your computer, tablet or smartphone anytime, day or night.**

Ask questions, get a diagnosis, or even get medication prescribed*** and sent to your pharmacy. All you need is a strong internet connection.

Find participating Virtual Visit providers by logging in to your member website

Virtual Provider Visits may be best for:

- Allergies, bronchitis, cold/cough
- Fever, seasonal flu, sore throat
- Migraines/headaches, sinus problems, stomachaches

Virtual Behavioral Health Visits may be best for:

- Initial evaluation
- Behavioral health medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

^{***}Providers cannot prescribe medications in all states.



^{*}The device you use must be webcam-enabled. Data rates may apply. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

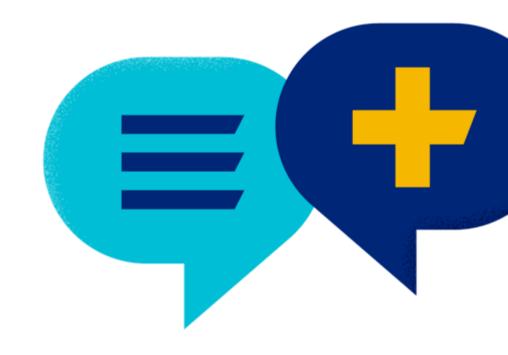
^{**}Benefits and availability may vary by plan and location.

Get answers to your health questions with 24/7 provider support

With 24/7 provider support:

- Providers can diagnose, treat a wide range of conditions and prescribe medication*
- Connect by phone, web or app from anywhere
- Results of the visit can be shared with your primary care provider**

Get help making health decisions — at no cost to you



^{**}With member consent.



^{*}When medically necessary.

Extra help recovering with UnitedHealthcare Healthy at Home

You are eligible for the following benefits up to 30 days after all inpatient hospital and skilled nursing facility discharges*:



28 home-delivered meals when referred by a UnitedHealthcare Engagement Specialist



12 one-way rides to medically related appointments and to the pharmacy when referred by a UnitedHealthcare Engagement Specialist



6 hours of non-medical personal care provided by a professional caregiver to perform tasks such as preparing meals, bathing, medication reminders and more; a referral is not required



See real results

Real Appeal® is an online weight management* and healthy lifestyle program proven to help members achieve lifelong results. Real Appeal Diabetes Prevention** is a CDC-recognized lifestyle program for prediabetes and high-risk individuals.

The programs are designed to help you feel your best, reduce the risk of developing serious health conditions, and achieve your long-term health goals through behavior change strategies and support.



^{**}Real Appeal Diabetes Prevention is available to you if you have a BMI of 25, not previously diagnosed with type 1 or type 2 diabetes, not pregnant and have a pre-diabetes, gestational diabetes history, or high-risk pre-diabetes test result.



^{*}Real Appeal Weight Management is available to you if you have a BMI of 19 or higher. If you are pregnant, please speak with your primary care provider (PCP) before joining the program. Limitations and restrictions apply.

Hear the moments that matter most

With UnitedHealthcare Hearing, you can get a hearing exam and access to one of the widest selections of prescription and non-prescription hearing aids at significant savings.

Plus, you'll get personalized care and follow-up support from experienced hearing providers, helping you to hear better and live life to the fullest.

- Get friendly expert advice through our national network of 6,500+ hearing providers*
- Get personalized support to help you adjust to your new hearing aids
- Choose from the latest technology from popular brands including Phonak, Starkey[®], Oticon, Signia, ReSound, Widex[®] and Unitron™



Save thousands of dollars, up to

50%

off standard industry prices^ with exclusive pricing

Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply. Other hearing exam providers are available in the UnitedHealthcare network. The plan only covers hearing aids from a UnitedHealthcare Hearing network provider. Provider network size may vary by local market.



^{*}Please refer to your Summary of Benefits for details on your benefit coverage.

[^]Based on suggested manufacturer pricing.



What to expect next



How to use your new UnitedHealthcare member ID card

In the month of December 2025, you and any Medicare-eligible dependents covered by the plan will each get a Welcome Letter/Quick Start Guide and UnitedHealthcare member ID card, which is your confirmation of enrollment.*

- Beginning 01/01/2026, simply use your UnitedHealthcare member ID cards each time you go to a provider or hospital.
- The back of your member ID card lists important phone numbers you may need throughout the year
- Store this card in a safe place
- Don't discard your red, white and blue Medicare card

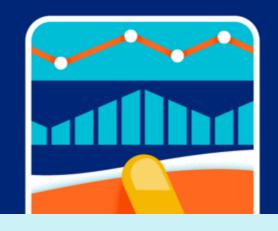




Register for your secure personal online account at https://retiree.uhc.com/mchcp

Follow these easy steps to register for your secure and personal online account:

- Visit the website and click on the Sign In or register button and then click Register Now
- Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
- Create your username and password, enter your email address, and click **Create my ID**
- For security purposes, you will need to verify your account by call or text



After you sign up, you can:

- Look up your latest claim information
- Review benefit information and plan materials
- Print a temporary member ID card and request a new one
- Search for network providers
- Sign up to get your Explanation of Benefits online





How to enroll



Enrolling for MCHCP retirees

The Missouri Consolidated Health Care Plan (MCHCP) will continue to offer UnitedHealthcare Group Medicare Advantage (PPO) coverage for all Medicare-eligible retirees, spouses and dependents.

- You should have already received information from MCHCP about your health care coverage. If you are Medicare eligible, you will automatically be enrolled into the UnitedHealthcare [®] Group Medicare Advantage (PPO) plan unless you choose to opt out.
- If you are already enrolled in the UnitedHealthcare ® Group Medicare Advantage (PPO) and you do not wish to Opt Out, **no action is required**. You will be automatically re-enrolled in the same benefit plan effective January 1, 2026.

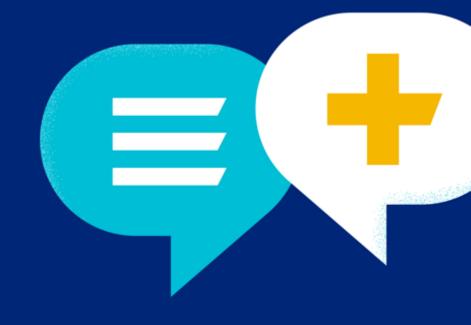
You can opt out

You will have the opportunity to opt out of this plan if you don't want to be enrolled. To opt out of coverage, call 1-800-487-0771 for assistance.

Please note, in the event you opt-out of the Group Medicare Advantage (PPO) coverage, or cancel your plan, you and/or your dependents will not be able to continue medical and prescription coverage through MCHCP, and will not be able to enroll later.







Questions & Answers



Thank you We look forward to welcoming you to our Medicare family



Benefits, features and/or devices vary by plan/area. Limitations, exclusions and/or network restrictions may apply.

Provider/ networks

The provider network may change at any time. You will receive notice when necessary.

You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party.

This document is available in alternative formats.

If you receive full or partial subsidy for your premium from a plan sponsor (former employer, union group or trust), the amount you owe may be different than what is listed in this document. For information about the actual premium you will pay, please contact your plan sponsor's benefit administrator directly.

Out-of-network/non-contracted providers are under no obligation to treat UnitedHealthcare® Group Medicare Advantage (PPO) members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

The company does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities. We provide free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact Customer Service at 1-844-884-1848, TTY: 711, 8 a.m.—8 p.m. local time, M-F, for additional information.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

