

2027 Open Enrollment

MCHCP's Medicare Advantage Plan

Missouri Consolidated Health Care Plan (MCHCP)



Jody Tellman
Sr. Education Specialist



Member Services Representatives

- ✓ Phone
- ✓ myMCHCP
- ✓ In-Person



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Education Specialist



2027 Open Enrollment Agenda

- ✓ UnitedHealthcare (Part C)
- ✓ Express Scripts Medicare (Part D)
- ✓ Delta Dental
- ✓ National Vision Administrators (NVA)
- ✓ 2027 Premiums
- ✓ 2027 Confirmation letters



2027 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 Medicare

Part 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.

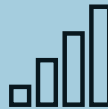
DESCRIPTION	TIER	RETAIL 31-day supply	RETAIL 60-day supply	RETAIL 90-day supply	HOME DELIVERY 90-day supply
Initial Coverage Stage	Tier 1 Preferred Generic Drugs	\$10 copayment	\$20 copayment	\$30 Copayment	\$25 Copayment
	Tier 2 Preferred Brand Drugs	\$40 copayment	\$80 copayment	\$120 Copayment	\$100 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 \$2,400, 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 copayments will continue to apply.				

Delta Dental Plan



Nationwide Network

- Delta Dental PPO or Delta Dental Premier



Services Included:

- Preventive
- Basic
- Major



If Currently Enrolled:

- Automatically Enrolled for 2027
- No Action Required



SCAN



National Vision Administrators (NVA) Vision Plan



Nationwide Network



**Basic, Premium and Ultra Plans
offered**



If Currently Enrolled:

- Automatically Enrolled for 2027
- No Action Required



SCAN



A photograph of a desk with a wooden surface. On the desk is a calendar showing days of the week and numbers. A wooden ruler is placed on the calendar. A black object, possibly a pen or a small container, is also visible.

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.

**Open
Enrollment!**

Thank You!

Missouri Consolidated Health Care Plan

www.mchcp.org

800-487-0771

8:30 a.m.-12 p.m. & 1-4:30 p.m.

Monday through Friday

Contact MCHCP for:

Eligibility/enrollment, premiums, change of address, name change, or general benefit questions.
Plan contact information can be found on our website or in your enrollment guide.



Support at every step

MCHCP

Keith Chumbley – Dede Raybuck – 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 additional 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, Part B Chemo Drugs, Durable Medical Equipment, except for Diabetic Monitoring Supplies	\$275
Medicare Part B Drugs	10%
Durable Medical Equipment	10%
Inpatient Hospital	\$150 copay/admission
Skilled Nursing Facility – 3-day inpatient hospital stay is not 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





Preventive Services

Benefit Coverage	Amount You Pay
Annual Physical	\$0
Annual Wellness Visit	\$0
Immunizations	\$0
Breast Cancer Screenings	\$0
Colon Cancer Screenings	\$0



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	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*.

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



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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.



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**Extra
benefits,
programs
and services**



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



1

Combine visits

Save time by combining your wellness visit and physical into a single appointment.

2

Schedule early

Schedule your appointment early in the year to get any other preventive care you may need.

3

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.



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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.



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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
- +** 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

*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.

***Providers cannot prescribe medications in all states.



Get answers to your health questions 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**



*When medically necessary.

**With member consent.



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Support your mental and physical well-being with Calm Health

As a UnitedHealthcare Group Medicare Advantage plan member, Calm Health is included in your health plan and is available at no additional cost.

The Calm Health app provides programs and tools to help you:

- **Learn techniques to improve well-being:** Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals:** Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body:** Access mental health information and support to help you strengthen the mind-body connection

Look for more information in your plan materials.



Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product and is not intended to make any mental health recommendations or give clinical advice. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.



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

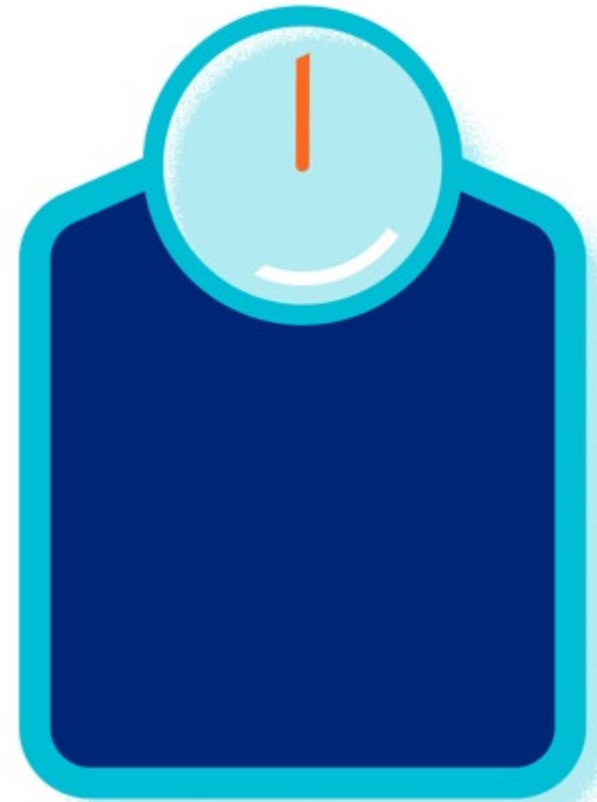
*A new referral is required after every discharge to access your meal and transportation benefit.



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Real results

Our weight management* and diabetes prevention** program combines personalized coaching, nutrition guidance and clinical support to help you feel your best, lower your risk of serious health issues and reach your long-term health goals.



*The Weight Management program 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.

**The Diabetes Prevention program is available to you if you have a BMI of 25 or higher, have not previously been diagnosed with type 1 or type 2 diabetes, are not pregnant and have a pre-diabetes diagnosis, have a history of gestational diabetes, or receive a high-risk pre-diabetes test result.

Refer to the Evidence of Coverage for eligibility requirements. The Weight Management program is available at no additional cost to UnitedHealthcare members on this insurance plan, subject to eligibility.



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 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

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

[^]Based on suggested manufacturer 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.



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What is the TCPA?

The Telephone Consumer Protection Act (TCPA) is a federal law enacted in 1991 to protect consumers from unsolicited telemarketing calls, SMS/text messages and automated voice messages. The law emphasizes the importance of obtaining consumer consent before sending marketing communications.

Why is the TCPA important to you as a member?

Opting in allows members to get reminders about health care screenings, plan information and available services. These calls – which may use an auto-dialer, artificial voice or pre-recorded call technologies – support member's health and help them get the most from their plan.

Allowing personalized automated calls can help you:

- ✓ Stay up-to-date with reminders about important preventive care screenings
- ✓ Learn about plan information that might benefit you
- ✓ Discover available services you may not know about
- ✓ Receive support after events like hospital stays

You can earn a reward* once you become a member by signing up and updating your **Communication Preferences** through **Account Settings** on your member site or the UnitedHealthcare® app. Or call Customer Service at 844-884-1848, TTY **711**, 8 a.m.–8 p.m. local time, Monday–Friday.

*Reward offerings may vary by plan and are not available in all plans. Reward Program Terms of Service apply. This reward is not available to members who have already received a reward for Automated Call Consent.





**What to
expect next**



How to use your new UnitedHealthcare member ID card

In the month of December 2026, 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.*

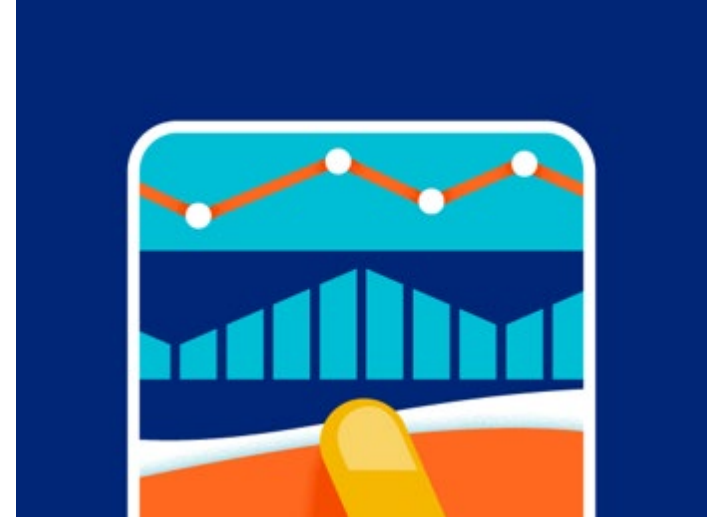
- Beginning 01/01/2027, simply use your UnitedHealthcare member ID cards each time you go to a provider or hospital.
- The back of your member ID card lists important phone numbers you may need throughout the year
- Store this card in a safe place
- Don't discard your red, white and blue Medicare card



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:

- 1 Visit the website and click on the **Sign In or register** button and then click **Register Now**
- 2 Enter your information (first and last name, date of birth, UnitedHealthcare member ID number or Medicare number) and click **Continue**
- 3 Create your username and password, enter your email address, and click **Create my ID**
- 4 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 make any changes, **no action is required**. You will be automatically re-enrolled in the same benefit plan effective January 1, 2027.

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.





Thank you



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.

