

# Missouri

Effective January 1, 2024

# Medical

## Benefit Charts

## 2024 Chamber Benefit Plan plans



**ALL PRODUCT OFFERINGS ARE SUBJECT TO REGULATORY REVIEW AND APPROVAL**

For Broker/Employer Use Only. Not For General Distribution.

## Chamber Benefit product details – 2 to 50 employees

### \*NEW\* for 2024

- Enhanced mail order multipliers: Tier 1 at 2x retail copay (previously 2.5x) and Tiers 2-3 at 2.5x retail copay (previously 3x)
- The HSA Deductible has changed to \$3,200/\$6,400 for plan options 1 and 3.
- New PPO Plan Option 17 with 3500/0% plan design.

The following benefit charts show network benefits for select visits and/or services. Additional services rendered as part of a visit or service (including urgent care and emergency room visits) may be subject to additional cost shares.

Our PPO plans include non-network benefits with higher cost shares, including deductible, coinsurance and copays.

**Our plans are available on two networks: Freedom Network Select and Open Access III.**

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
	MCF MEWA PPO 0/5000 Focus	MCF MEWA PPO 1000/6500 Focus	MCF MEWA PPO 2500/7900 Focus
Plan name	MCF MEWA PPO 0/5000 Focus	MCF MEWA PPO 1000/6500 Focus	MCF MEWA PPO 2500/7900 Focus
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$0/\$0	\$1,000/\$2,000	\$2,500/\$5,000
Coinsurance	Limited \$	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,500/\$13,000	\$7,900/\$15,800
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$0 SPC: \$30	PCP: \$0 SPC: \$30	PCP: \$0 SPC: \$30
Telemedicine: Preferred	\$0	\$0	\$0
Urgent care (office and facility)	\$0	\$0	\$0
Emergency room (facility)	\$500 copay per visit	Deductible, then \$500 copay	Deductible, then \$500 copay
Outpatient surgery (facility)	\$500 copay per visit	Deductible, then \$500 copay	Deductible, then \$500 copay
Hospital inpatient admission	\$500 copay	Deductible, then \$750 copay	Deductible, then \$750 copay
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

§ A limited number of benefits use coinsurance - home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.  
 † All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 3500/8500 Focus	MCF MEWA PPO 1000/0%/2500 Plan 1	MCF MEWA PPO 1500/0%/3000 Plan 2
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$3,500/\$7,000	\$1,000/\$2,000	\$1,500/\$3,000
Coinsurance	Limited §	0%	0%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$2,500/\$5,000	\$3,000/\$6,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$0 SPC: \$30	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telemedicine: Preferred	\$0	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$0	\$75	\$75
Emergency room (facility)	Deductible, then \$500 copay	\$300 copay per visit	\$300 copay per visit
Outpatient surgery (facility)	Deductible, then \$500 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then \$750 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.

1 All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 2000/0%/4000 Plan 3	MCF MEWA PPO 2500/0%/4500 Plan 4	MCF MEWA PPO 1500/20%/4500 Plan 5
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000	\$1,500/\$3,000
Coinsurance	0%	0%	20%
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$300 copay per visit	\$300 copay per visit	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 2000/20%/5000 Plan 6	MCF MEWA PPO 2500/20%/5500 Plan 7	MCF MEWA PPO 5000/0%/6500 Plan 8
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,500/\$11,000	\$6,500/\$13,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$300 copay per visit
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 3500/20%/6500 Plan 9	MCF MEWA PPO 5000/20%/7150 Plan 10	MCF MEWA PPO 1500/20%/9100 Plan 11
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$3,500/\$7,000	\$5,000/\$10,000	\$1,500/\$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$7,150/\$14,300	\$9,100/\$18,200
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$15 SPC: \$45	PCP: \$15 SPC: \$45	PCP: \$30 SPC: \$60
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$15/\$50/\$90
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$30/\$125/\$225
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 2000/20%/9100 Plan 12	MCF MEWA PPO 2500/20%/9100 Plan 13	MCF MEWA PPO 3500/20%/9100 Plan 14
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$15/\$50/\$90	\$15/\$50/\$90	\$15/\$50/\$90
Home delivery pharmacy: 90-day supply	\$30/\$125/\$225	\$30/\$125/\$225	\$30/\$125/\$225
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	PPO		
Plan name	MCF MEWA PPO 5000/20%/9100 Plan 15	MCF MEWA PPO 6500/20%/9100 Plan 16	MCF MEWA PPO 6500/20%/9100 Plan 17 *NEW*
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$5,000/\$10,000	\$6,500/\$13,000	\$3,500/\$7,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$5,500/\$11,000
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60	PCP: \$15 SPC: \$45
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$300, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$15/\$50/\$90	\$15/\$50/\$90	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$30/\$125/\$225	\$30/\$125/\$225	\$20/\$88/\$175
Specialty drugs	25% up to \$350 per script	25% up to \$350 per script	25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	HSA		
Plan name	MCF MEWA HSA 5000/0%/7250 Focus w/HSA	MCF MEWA HSA 3000/0%/4500 w/HSA Plan 1	MCF MEWA HSA 3500/0%/6550 w/HSA Plan 2
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$5,000/\$10,000	\$3,200/\$6,400	\$3,500/\$7,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$4,500/\$9,000	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)	PCP: Deductible, then \$0 SPC: Deductible, then \$30	PCP: Deductible, then \$15 SPC: Deductible, then \$45	PCP: Deductible, then \$15 SPC: Deductible, then \$45
Telemedicine: Preferred	Matches PCP/SCP copay	Matches PCP/SCP copay	Matches PCP/SCP copay
Urgent care (office and facility)	Deductible, then \$0 copay per visit	Deductible, then \$75 copay per visit	Deductible, then \$75 copay per visit
Emergency room (facility)	Deductible, then \$500 copay per visit	Deductible, then \$300 copay per visit	Deductible, then \$300 copay per visit
Outpatient surgery (facility)	Deductible, then \$500 copay per visit	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then \$750 copay per visit	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	Deductible, then 25% up to \$350 per script	Deductible, then 25% up to \$350 per script	Deductible, then 25% up to \$350 per script

<sup>1</sup> All plans have embedded deductibles.

## Chamber Benefit product details – 2 to 50 employees

Our plans are available on two networks: Freedom Network Select and Open Access III.

The below overview represents network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [www.mcfbp.consoliplex.com](http://www.mcfbp.consoliplex.com).

**All product offerings are subject to regulatory review and approval and are subject to change.**

Plan type	HSA	
Plan name	MCF MEWA HSA 3000/20%/5400 w/HSA Plan 3	MCF MEWA HSA 5000/20%/6550 w/HSA Plan 4
Network	Freedom Network Select Open Access III	Freedom Network Select Open Access III
Deductible (individual/family)	\$3,200/\$6,400	\$5,000/\$10,000
Coinsurance	20%	20%
Out-of-pocket maximum (individual/family)	\$5,400/\$10,800	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Telemedicine: Preferred	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office and facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs	Express Scripts national preferred formulary	Express Scripts national preferred formulary
Pharmacy deductible (individual/family)	\$0	\$0
Retail pharmacy: 30-day supply	\$10/\$35/\$70	\$10/\$35/\$70
Home delivery pharmacy: 90-day supply	\$20/\$88/\$175	\$20/\$88/\$175
Specialty drugs	Deductible, then 20%	Deductible, then 20%

<sup>1</sup> All plans have embedded deductibles.

# PARTNERED FOR POSSIBILITIES

## Helping to contain costs and improving access to quality care

We appreciate the opportunity to partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're working hard to build confidence, improve the member experience, and make care convenient and accessible.

**We care for the same things you do**, including finding simple solutions for your day-to-day challenges. We look forward to supporting you and your employees and are excited about our future **possibilities**.

