



Missouri Consolidated Health Care Plan
 573-751-0771 · 800-487-0771 · www.mchcp.org
 832 Weathered Rock Court, Jefferson City, MO 65101

Non-Contraception Benefit Option Form

Submit this form:

Online: Upload through myMCHCP
Fax: 866-346-8785
Mail: PO Box 104355
 Jefferson City, MO 65110-4355

MCHCP Use Only

ST BOF

Instructions

Please read the following information regarding the non-contraception benefit option available to MCHCP members. Fill out the form, sign it and return it to MCHCP to select the non-contraception benefit option.

Section 1 – Subscriber Information

Name (Last, First, Middle Initial):			MCHCPid (Provide either MCHCPid or Social Security Number)
_____			_____ - _____
Address:			or Social Security Number:
_____			_____ - _____
City:	State:	ZIP Code:	Date of Birth (MM/DD/YYYY):
_____	_____	_____	____/____/____

Section 2 - Non-Contraception Benefit Option Information

Section 191.724, RSMo allows a person the right to decline or refuse coverage for contraception if these items or procedures are contrary to an employee’s religious beliefs or moral convictions. While all MCHCP plans cover these services, if you have such a religious or moral conviction, you are offered a benefit plan option to exclude these services. MCHCP is not able to alter contraception benefits for those with Medicare primary coverage. The U.S. Department of Health and Human Services makes the rules for Medicare and includes contraception benefits in Medicare. Based on your convictions, you may decline contraception coverage by checking the box below. If you declare you have a religious or moral objection, your benefits will provide no coverage for contraception as either a medical or pharmacy benefit for non-Medicare primary individuals covered on your plan.

I have a religious belief or a sincerely held moral conviction and I want to decline coverage of contraception. I understand that my benefits will provide no coverage for contraception as either a medical or pharmacy benefit for non-Medicare primary individuals covered on my plan.

Subscriber Signature:

Date (MM/DD/YYYY):

____/____/____