TITLE 22 – MISSOURI CONSOLIDATED HEALTH CARE PLAN
Division 10 – Health Care Plan
Chapter 2 – State Membership

EMERGENCY AMENDMENT

22 CSR 10-2.053 ***[Health Savings Account] HSA 1800*** **Plan Benefit Provisions and Covered Charges.** The Missouri Consolidated Health Care Plan is amending the title, purpose statement, and sections (21) and (22), and subsections (3)(A), (24)(A) and (24)(E).

PURPOSE: This rule establishes the policy of the board of trustees in regard to the ***[Health Savings Account (HSA)]*** **HSA 1800** *Plan, benefit provisions, and covered charges of the Missouri Consolidated Health Care Plan.*

PURPOSE: This amendment revises the name of the HSA Plan to the HSA 1800 Plan and the amount an individual family member enrolled in a family plan need only incur before plan begins paying one hundred percent (100%) of covered charges for the individual.

EMERGENCY STATEMENT: This emergency amendment must be in place by January 1, 2027, in accordance with the new plan year. Therefore, this emergency amendment is necessary to serve a compelling governmental interest of protecting members (employees, retirees, officers, and their families) enrolled in the Missouri Consolidated Health Care Plan (MCHCP) from the unintended consequences of confusion regarding eligibility or availability of benefits and will allow members to take advantage of opportunities for reduced premiums for more affordable options without which they may forego coverage. Further, it clarifies member eligibility and responsibility for various types of eligible charges, beginning with the first day of coverage for the new plan year. It may also help ensure that inappropriate claims are not made against the state and help protect the MCHCP and its members from being subjected to unexpected and significant financial liability and/or litigation. It is imperative that this amendment be filed as an emergency amendment to maintain the integrity of the current health care plan. This emergency amendment fulfills the compelling governmental interest of offering access to more convenient and affordable medical services to members as one (1) method of protecting the MCHCP trust fund from more costly expenses. This emergency amendment reflects changes made to the plan by the Missouri Consolidated Health Care Plan Board of Trustees. A proposed amendment, which covers the same material, will be published in the December 15, 2026, issue of the ***Missouri Register****. This emergency amendment complies with the protections extended by the* ***Missouri*** *and* ***United States Constitutions*** *and limits its scope to the circumstances creating the emergency. The MCHCP follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances. This emergency amendment was filed November 16, 2026, becomes effective January 1, 2027, and expires June 29, 2027.*

(3) Out-of-pocket maximum.

(A) The family out-of-pocket maximum applies when two (2) or more family members are covered. The family out-of-pocket maximum must be met before the plan begins to pay one hundred percent (100%) of all covered charges for any covered family member. Out-of-pocket maximums are per calendar year, as follows:

1. Network out-of-pocket maximum for individual – five thousand four hundred dollars ($5,400);

2. Network out-of-pocket maximum for family – ten thousand eight hundred dollars ($10,800). Any individual family member need only incur a maximum of eight thousand *[five]* **seven** hundred dollars *[($8,500)]* **($8,700)** before the plan begins paying one hundred percent (100%) of covered charges for that individual;

3. Non-network out-of-pocket maximum for individual – nine thousand nine hundred dollars ($9,900); and

4. Non-network out-of-pocket maximum for family – nineteen thousand eight hundred dollars ($19,800).

(21) An active employee subscriber does not qualify for the HSA **1800** Plan if s/he is claimed as a dependent on another person's tax return or, except for the plans listed in section (23) of this rule, is covered under or enrolled in any other health plan that is not a high deductible health plan, including but not limited to the following types of insurance plans or programs:

(22) If an active employee subscriber and/or his/her dependent(s) is enrolled in the HSA **1800** Plan and becomes ineligible for the HSA **1800** Plan during the plan year, the subscriber and/or his/her dependent(s) will be enrolled in the PPO 1250 Plan. The subscriber may enroll in a different non-HSA Plan within thirty-one (31) days of notice from MCHCP.

(24) Health Savings Account (HSA) Contributions.

(A) To receive contributions from MCHCP, the subscriber must be an active employee and HSA eligible as defined in the Internal Revenue Service Publication 969 on the date the contribution is made and open an HSA with the bank designated by MCHCP.

1. Subscribers who enroll in the HSA **1800** Plan during open enrollment who have a balance in a health care FSA on January 1 of the new plan year cannot receive an HSA contribution from MCHCP until after the health care FSA grace period ends March 15.

(E) If both spouses are state employees covered by MCHCP and they both enroll in an HSA Plan, they must each have a separate HSA. The maximum contribution MCHCP will make for the family is one thousand dollars ($1,000) regardless of the number of HSAs or the number of children covered under *[the]* **an** HSA Plan for either parent. MCHCP will consider married state employees as one (1) family and will not make two (2) family contributions to both spouses or one (1) family contribution and one (1) individual contribution. MCHCP will make a maximum five hundred dollar ($500) contribution to each spouse to total a maximum of one thousand dollars ($1,000).

AUTHORITY: sections 103.059 and 103.080.3, RSMo 2016. Emergency rule filed Dec. 22, 2008, effective Jan. 1, 2009, expired June 29, 2009. Original rule filed Dec. 22, 2008, effective June 30, 2009. For intervening history, please consult the ***Code of State Regulations****. Emergency amendment filed Nov. 16, 2026, effective January 1, 2027, expires June 29, 2027. An emergency and a proposed amendment covering this same material will be published in the December 15, 2026, issue of the* ***Missouri Register****.*

PUBLIC COST: This emergency amendment will not cost state agencies or political subdivisions more than five hundred dollars ($500) in the time the emergency is in effect.

PRIVATE COST: This emergency amendment will not cost private

entities more than five hundred dollars ($500) in the time the emergency is in effect.