



MISSOURI EDUCATORS' TRUST Plan Summary & Rates for Active Staff

Effective July 1, 2022 - June 30, 2023 Houston R-I School District

Health Insurance – Anthem Blue Access

RATES/ NETWORK	Employer will pay the following for Plan 3,4,8	Plan 3 PPO Full Rate	Plan 3 PPO Employee Cost	Plan 4 PPO Full Rate	Plan 4 PPO Employee Cost	Plan 8 PPO Full Rate	Plan 8 PPO Employee Cost
Employee	\$623.51	\$721.05	\$97.54	\$690.84	\$67.33	\$623.51	0
Employee & Spouse	\$623.51	\$1,421.00	\$797.49	\$1,361.47	\$737.96	\$1,228.79	\$605.28
Employee & Child(ren)	\$623.51	\$1,266.85	\$643.34	\$1,213.80	\$590.29	\$1,095.53	\$472.02
Family	\$623.51	\$2,006.81	\$1,383.30	\$1,922.76	\$1,299.25	\$1,735.36	\$1,111.85

RATES/ NETWORK	Plan 12 HDHP/HSA Full Rate	Plan 12 HDHP/HSA Employee Cost	Employer will pay the following for Plan 12	Employer Deposit into Employee HSA account monthly Plan 12	Plan 16 HDHP/HSA Full Rate	Plan 16 HDHP/HSA Employee Cost	Employer will pay the following for Plan 16	Employer Deposit into Employee HSA account monthly Plan 16
	**Embedded	**Embedded		**Embedded	**Embedded	**Embedded		**Embedded
Employee	\$520.85	0.00	\$520.85	-\$102.66	\$420.18	0.00	\$420.18	-\$203.33
Employee & Spouse	\$1,026.45	\$505.60	\$520.85	-\$102.66	\$828.08	\$407.90	\$420.18	-\$203.33
Employee & Child(ren)	\$915.14	\$394.29	\$520.85	-\$102.66	\$738.28	\$318.10	\$420.18	-\$203.33
Family	\$1,449.64	\$928.79	\$520.85	-\$102.66	\$1,169.46	\$749.28	\$420.18	-\$203.33

The H.S.A. Plans are a high deductible plan. It doesn't pay out anything until you meet your deductible. If HSA is chosen, the highlighted amount will be deposited monthly in the Employee's HSA account with American Fidelity. Employees may elect to have additional amount withheld and deposited into the HSA.

Embedded HDHP – if an employee has a dependent(s) covered, an individual must only meet the individual deductible before copy apply. Two or more must meet the family deductible. An individual must meet the individual oop (out of pocket), and two or more must meet the family oop.

The Houston School District pays for the Employees health insurance up to an approved amount – see above. This will show on your paystub as BDPDLTH. If you choose to purchase additional insurance for your spouse or children or you opt for a Buy Up plan, your paycheck will be deducted on a monthly basis. This will how on your paystub as EEPDLTH.

Cigna Dental / Vision Benefit Summary Missouri Educators' Trust

Plan Effective Date: July 1, 2019 - June 30, 2024

Insured by: Cigna Health and Life Insurance Company

	DENTAL PLAN RATES					VISION PLAN RATES	
RATES/ NETWORK	Option 1	Option 2	Option 3	Option 4		Option 1	Option 2
Employee	\$23.10	\$27.77	\$32.07	\$33.93		\$4.00	\$5.77
Employee & Spouse	\$45.48	\$54.83	\$63.43	\$67.13		\$8.02	\$11.53
Employee & Child(ren)	\$59.16	\$70.68	\$79.79	\$81.27		\$8.50	\$12.87
Family	\$89.23	\$105.31	\$119.56	\$124.33		\$13.38	\$19.56

More detailed information on all plans are available