



## MISSOURI EDUCATORS' TRUST

Plan Summary & Rates Effective July 1, 2022 - June 30, 2023

Houston R-I School District

PLAN DESCRIPTION	Plan 3 PPO		Plan 4 PPO		Plan 8 PPO		Embedded HDHP/HSA Plan 12		Embedded HDHP/HSA Plan 16	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
	<b>Individual Deductible</b>	\$1,000	\$2,000	\$1,000	\$2,000	\$2,500	\$5,000	\$5,000	\$8,000	\$6,000
<b>Family Deductible</b>	\$2,000	\$4,000	\$2,000	\$4,000	\$5,000	\$10,000	\$10,000	\$16,000	\$12,000	\$24,000
<b>Individual Out-of-Pocket</b>	\$3,000	\$4,000	\$3,500	\$4,000	\$5,000	\$10,000	\$6,350	\$12,000	\$7,000	\$14,000
<b>Family Out-of-Pocket</b>	\$6,000	\$8,000	\$7,000	\$8,000	\$10,000	\$20,000	\$12,700	\$24,000	\$14,000	\$28,000
<b>Coinsurance Level</b>	80%/20%	50%/50%	60%/40%	50%/50%	80%/20%	50%/50%	100%/0%	70%/30%	80%/20%	60%/40%
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visits (PCP/Specialist)</b>	\$25/\$50	50% AD	\$25/\$40	50% AD	\$25/\$35	50% AD	\$20/\$40 AD	30% AD	20% AD	40% AD
<b>Preventive Care</b>	\$0 Copay	50% AD	\$0 Copay	50% AD	\$0 Copay	50% AD	\$0 Copay	30% AD	\$0 Copay	40% AD
<b>Outpatient Lab Services</b>	\$0 Copay	50% AD	\$0 Copay	50% AD	\$0 Copay	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Outpatient Radiology Services</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Inpatient Hospital Care</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Outpatient Hospital/Free Standing Facility</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Emergency Care (waived if admitted)*</b>	\$200 Copay	\$200 Copay	\$200 Copay + 40%	\$200 Copay + 40%	\$100 Copay	\$100 Copay	\$150 Copay AD	\$150 Copay AD	20% AD	20% AD
<b>Urgent Care**</b>	\$50 Copay	50% AD	\$50 Copay	50% AD	\$50 Copay	50% AD	\$50 Copay AD	30% AD	20% AD	40% AD
<b>Physical Therapy (40 visits per therapy per benefit year)</b>	\$50 Copay	50% AD	\$40 Copay	50% AD	\$35 Copay	50% AD	\$40 Copay AD	30% AD	20% AD	40% AD
<b>Occupational and Speech Therapy (40 visits per therapy per benefit year)</b>	20% AD	50% AD	40% AD	50% AD	\$35 Copay***	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Cardiac/Pulmonary Rehab (40 visits per therapy per benefit year)</b>	20% AD	50% AD	40% AD	50% AD	\$35 Copay***	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Chiropractic Services (26 visits per benefit year)</b>	\$50 Copay***	50% AD	\$40 Copay***	50% AD	\$35 Copay***	50% AD	\$40 Copay AD***	30% AD	20% AD	40% AD
<b>Skilled Nursing Facility (60 days per benefit year)</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Home Health Care (60 visits per benefit year)</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD
<b>Rx Copay (Specialty Drugs are not covered out of network)</b>	\$15/\$35/\$75/20% to \$100	50% with \$75 min All Tiers	\$15/\$35/\$75/20% to \$100	50% All Tiers	\$10/\$35/\$60/20% to \$100	50% with \$60 min All Tiers	\$10/\$30/\$60/20% to \$100 All AD	\$20/\$60/\$120 All AD	20% AD	40% AD
<b>Mail Order Prescriptions (in-network only, Specialty Drugs Excluded)</b>	2x Retail Copay	Not Covered	2x Retail Copay	Not Covered	2x Retail Copay	Not Covered	2x Retail Copay AD	Not Covered	20% AD	Not Covered
<b>Injectable Medications</b>	20% AD	50% AD	40% AD	50% AD	20% AD	50% AD	0% AD	30% AD	20% AD	40% AD

	Plan 3 PPO	Plan 4 PPO	Plan 8 PPO	Plan 12 HDHP/HAS **Embedded	Plan 16 HDHP/HAS **Embedded
<b>RATES/NETWORK</b>	Anthem BLUE ACCESS	Anthem BLUE ACCESS	Anthem BLUE ACCESS	Anthem BLUE ACCESS	Anthem BLUE ACCESS
<b>Employee</b>	\$97.54	\$67.33	0.00	-\$102.66	-\$203.33
<b>Employee &amp; Spouse</b>	\$797.49	\$737.96	\$605.28	\$402.94	\$204.57
<b>Employee &amp; Child(ren)</b>	\$643.34	\$590.29	\$472.02	\$291.63	\$114.77
<b>Family</b>	\$1,383.30	\$1,299.25	\$1,111.85	\$826.13	\$545.95

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 BDPDHLTH. 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 show on your paystub as EEPDHLTH.

The Houston School District pays for the Employees health insurance. The amount paid for the 2022-2023 school year is \$623.51.

This is a partial description of benefits offered. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This illustration is only to assist in determining what Plan(s) your district will offer. The Summary of Benefits & Coverage (SBC) and Plan Document will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

\*Emergency Care copay applicable ONLY to facility charges.

\*\*Urgent Care charges apply to deductible &/or coinsurance if billed as a hospital or outpatient charge.

\*\*\*Therapy copay applicable ONLY when place of service is Physician Office. Deductible &/or Coinsurance applies at any other place of service.

\*\*\*\*In the interest of plan and member savings, all Specialty drug participants will be required to complete an application to determine applicable drug program. Out of Pocket includes Deductible and Copays.

AD = After Deductible

  
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