



MISSOURI EDUCATORS' TRUST

Plan Summary & Rates

Effective July 1, 2020 - June 30, 2021

Richards R-V School District

Anthem Blue Preferred network available in select counties.

PLAN DESCRIPTION	Plan 5 PPO		Plan 8 PPO		Embedded HDHP/HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	Plan 11	
					In-Network	Out-of-Network
Individual Deductible	\$1,500	\$3,000	\$2,500	\$5,000	\$3,500	\$7,000
Family Deductible	\$3,000	\$6,000	\$5,000	\$10,000	\$7,000	\$14,000
Individual Out-of-Pocket	\$3,500	\$8,000	\$5,000	\$10,000	\$3,500	\$9,000
Family Out-of-Pocket	\$7,000	\$16,000	\$10,000	\$20,000	\$7,000	\$18,000
Coinsurance Level	70%/30%	50%/50%	80%/20%	50%/50%	100%/0%	70%/30%
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits (PCP/Specialist)	\$30/\$50	50% AD	\$25/\$35	50% AD	0% AD	30% AD
Preventive Care	\$0 Copay	50% AD	\$0 Copay	50% AD	\$0 Copay	30% AD
Outpatient Lab Services	\$0 Copay	50% AD	\$0 Copay	50% AD	0% AD	30% AD
Outpatient Radiology Services	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
Inpatient Hospital Care	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
Outpatient Hospital/Free Standing Facility	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
Emergency Care (waived if admitted)*	30% AD	30% AD	\$100 Copay	\$100 Copay	0% AD	0% AD
Urgent Care***	\$75 Copay	50% AD	\$50 Copay	50% AD	0% AD	30% AD
Physical, Occupational, Speech Therapy (40 visits per therapy per benefit year)	\$30 Copay**	50% AD	\$35 Copay**	50% AD	0% AD	30% AD
Cardiac/Pulmonary Rehab (40 visits per therapy per benefit year)	\$30 Copay**	50% AD	\$35 Copay**	50% AD	0% AD	30% AD
Chiropractic Services (26 visits per benefit year)	\$30 Copay**	50% AD	\$35 Copay**	50% AD	0% AD	30% AD
Skilled Nursing Facility (60 days per benefit year)	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
Home Health Care (60 visits per benefit year)	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
Rx Copay - (Specialty Drugs not covered out of network)	\$10/\$35/\$75/\$100	50% with \$75 min All Tiers	\$10/\$35/\$60/20% to \$100	50% with \$60 min All Tiers	0% AD	30% AD All Tiers
Mail Order Prescriptions (in-network only, Specialty Drugs Excluded)	\$15/\$75/\$150	Not Covered	2x Retail Copay	Not Covered	\$0 Copay AD	Not Covered
Injectable Medications	30% AD	50% AD	20% AD	50% AD	0% AD	30% AD
RATES/NETWORK	Anthem BLUE ACCESS		Anthem BLUE ACCESS		Anthem BLUE ACCESS	
Employee	\$626.14		\$571.60		\$563.60	
Employee & Spouse	\$1,233.96		\$1,126.48		\$1,110.70	
Employee & Child(ren)	\$1,100.13		\$1,004.31		\$990.24	
Family	\$1,742.67		\$1,590.87		\$1,568.59	
	Anthem BLUE PREFERRED		Anthem BLUE PREFERRED		Anthem BLUE PREFERRED	
Employee	\$597.26		\$545.23		\$537.59	
Employee & Spouse	\$1,177.04		\$1,074.52		\$1,059.47	
Employee & Child(ren)	\$1,049.38		\$957.99		\$944.56	
Family	\$1,662.29		\$1,517.49		\$1,496.24	

*Emergency Care copay applicable ONLY to facility charges.

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

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

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.

Out of Pocket includes Deductible and Copays.

AD = After Deductible