

Webster Groves School District

MEDICAL/DENTAL RATES FOR 2016/2017 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO

Group #004005276

Effective October 1, 2016

Deductible = \$3000

HRA (Health Reimbursement Account) \$3000 maximum

*HSA (Health Savings Account) \$59 Monthly BOE contribution

Medical Plan - Options	\$1000 (HRA Premium plan)		\$2000 (HRA Premium plan)		HSA * (Health Savings Account)	
	Monthly	Semi Mthly	Monthly	Semi Mthly	Monthly	Semi Mthly
	\$2000/\$1000 = \$3000 Plan		\$1000/\$2000 = \$3000 Plan		\$0/\$3000 = \$3000 Plan	
Employee (BOE pays \$510 towards premium)	\$ 634.00		\$ 571.00		\$ 451.00	
Employee contribution	\$ 124.00	\$ 62.00	\$ 61.00	\$ 30.50	\$ -	\$ -
Spouse**	\$ 785.00	\$ 392.50	\$ 666.00	\$ 333.00	\$ 482.00	\$ 241.00
Children**	\$ 702.00	\$ 351.00	\$ 584.00	\$ 292.00	\$ 409.00	\$ 204.50
Family**	\$ 1,229.00	\$ 614.50	\$ 1,112.00	\$ 556.00	\$ 872.00	\$ 436.00
KIDZ Plan 1 Child	\$ 198.50	\$ 99.25	\$ 198.50	\$ 99.25	\$ 198.50	\$ 99.25
KIDZ Plan 2 Children	\$ 397.00	\$ 198.50	\$ 397.00	\$ 198.50	\$ 397.00	\$ 198.50

Dental Plan***		
	Monthly	Semi Mthly
Employee (BOE paid)	\$ 39.12	\$ -
Employee + 1	\$ 43.04	\$ 21.52
Spouse/Children	\$ 82.28	\$ 41.14

Voluntary Vision***		
	Monthly	Semi Mthly
Employee	\$ 8.36	\$ 4.18
Employee + 1	\$ 12.55	\$ 6.28
Family	\$ 22.09	\$ 11.05

** Employee share is included in dependent premium cost

***No change in dental and vision rates