



# MISSOURI EDUCATORS' TRUST

## Plan Summary & Rates

Effective July 1, 2021 - June 30, 2022

Lebanon R-III School District

Anthem Alliance EPO network available in select counties.

PLAN DESCRIPTION	Embedded HDHP/HSA											
	BUY-UP PLUS Plan 2 PPO		BUY-UP Plan 2 EPO		BASE PLUS Plan 8 PPO		BASE Plan 8 EPO		HSA PLUS Plan 13		HSA Plan 13 EPO	
	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	In-Network	Out-of-Network
<b>Individual Deductible</b>	\$1,000	\$2,000	\$1,000	No Benefits	\$2,500	\$5,000	\$2,500	No Benefits	\$3,000	\$6,000	\$3,000	No Benefits
<b>Family Deductible</b>	\$2,000	\$4,000	\$2,000	No Benefits	\$5,000	\$10,000	\$5,000	No Benefits	\$6,000	\$12,000	\$6,000	No Benefits
<b>Individual Out-of-Pocket</b>	\$2,000	\$4,000	\$2,000	No Benefits	\$5,000	\$10,000	\$5,000	No Benefits	\$6,000	\$12,000	\$6,000	No Benefits
<b>Family Out-of-Pocket</b>	\$4,000	\$8,000	\$4,000	No Benefits	\$10,000	\$20,000	\$10,000	No Benefits	\$12,000	\$24,000	\$12,000	No Benefits
<b>Coinsurance Level</b>	80%/20%	50%/50%	80%/20%	No Benefits	80%/20%	50%/50%	80%/20%	No Benefits	80%/20%	60%/40%	80%/20%	No Benefits
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	No Benefits	Unlimited	Unlimited	Unlimited	No Benefits	Unlimited	Unlimited	Unlimited	No Benefits
<b>Office Visits (PCP/Specialist)</b>	\$25/\$35	50% AD	\$25/\$35	No Benefits	\$25/\$35	50% AD	\$25/\$35	No Benefits	20% AD	40% AD	\$20/\$40 AD	No Benefits
<b>Preventive Care</b>	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	40% AD	\$0 Copay	No Benefits
<b>Outpatient Lab Services</b>	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Outpatient Radiology Services</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Inpatient Hospital Care</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Outpatient Hospital/Free Standing Facility</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Emergency Care (waived if admitted)*</b>	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	20% AD	20% AD	20% AD	20% AD
<b>Urgent Care***</b>	\$50 Copay	50% AD	\$50 Copay	\$50 Copay	\$50 Copay	50% AD	\$50 Copay	\$50 Copay	20% AD	40% AD	20% AD	20% AD
<b>Physical, Occupational, Speech Therapy (40 visits per therapy per benefit year)</b>	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Cardiac/Pulmonary Rehab (40 visits per therapy per benefit year)</b>	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Chiropractic Services (26 visits per benefit year)</b>	\$35 Copay**	50% AD	50% of allowed (no Deductible)	No Benefits	\$35 Copay**	50% AD	50% of allowed (no Deductible)	No Benefits	20% AD	40% AD	50% of allowed AD	No Benefits
<b>Skilled Nursing Facility (60 days per benefit year)</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Home Health Care (60 visits per benefit year)</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Rx Copay - (Specialty Drugs not covered out of network)</b>	\$30/\$60/20% to \$100	50% All Tiers	\$30/\$60/20% to \$100	No Benefits	\$30/\$35/\$60/20% to \$100	with \$60 min All Tiers	\$30/\$35/\$60/20% to \$100	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>Mail Order Prescriptions (in-network only, Specialty Drugs Excluded)</b>	2x Retail Copay	Not Covered	2x Retail Copay	No Benefits	2x Retail Copay	Not Covered	2x Retail Copay	No Benefits	20% AD	Not Covered	20% AD	No Benefits
<b>Injectable Medications</b>	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	40% AD	20% AD	No Benefits
<b>RATES/NETWORK</b>	Anthem BLUE ACCESS		Anthem ALLIANCE EPO		Anthem BLUE ACCESS		Anthem ALLIANCE EPO		Anthem BLUE ACCESS		Anthem ALLIANCE EPO	
<b>Retiree</b>	\$734.38		\$700.52		\$589.89		\$562.68		\$490.98		\$468.33	
<b>Retiree &amp; Spouse</b>	\$1,447.30		\$1,380.55		\$1,162.53		\$1,108.90		\$967.62		\$922.98	
<b>Retiree &amp; Child(ren)</b>	\$1,290.32		\$1,230.80		\$1,036.45		\$988.65		\$862.68		\$822.90	
<b>Family</b>	\$2,043.97		\$1,949.70		\$1,641.78		\$1,566.05		\$1,366.52		\$1,303.50	

\*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