

# Webster Groves School District

## MEDICAL/DENTAL RATES FOR 2023/2024 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO

Group #004005276

Effective October 1, 2023 - September 30, 2024

HRA Premium Plan Deductible = (Individual)\$3000 (Family)\$6000

HRA (Health Reimbursement Account) maximum = (Individual)\$3000 (Family)\$6000

HSA Deductible = (Individual) \$3000 + addtl \$1000 for prescriptions  
(Family) \$6000 + addtl \$2000 for prescriptions

\*HSA (Health Savings Account) \$123 Monthly BOE contribution

Medical Plan - Options	\$1000 (HRA Premium plan)		\$2000 (HRA Premium plan)		HSA* (Health Savings Account)	
	\$2000/\$1000 = \$3000 Plan		\$1000/\$2000 = \$3000 Plan		\$0/\$3000 = \$3000 Plan	
	Monthly	Semi Mthly	Monthly	Semi Mthly	Monthly	Semi Mthly
(BOE pays \$817 towards premium)	\$ 974.00		\$ 878.00		\$ 694.00	
Employee Only contribution	\$ 157.00	\$ 78.50	\$ 61.00	\$ 30.50	\$ -	\$ -
Employee + Spouse	\$ 1,171.00	\$ 585.50	\$ 987.00	\$ 493.50	\$ 740.00	\$ 370.00
Employee + Children	\$ 1,044.00	\$ 522.00	\$ 863.00	\$ 431.50	\$ 629.00	\$ 314.50
Employee + Family	\$ 1,850.00	\$ 925.00	\$ 1,673.00	\$ 836.50	\$ 1,337.00	\$ 668.50

Kids Only Medical Plan Option	Monthly	Semi Mthly
KIDZ Plan 1 Child	\$ 288.00	\$ 144.00
KIDZ Plan 2+ Children	\$ 576.00	\$ 288.00

Dental Plan		
	Monthly	Semi Mthly
Employee (BOE paid)	\$ 32.66	\$ -
Employee + 1 (Spouse or Child)	\$ 35.94	\$ 17.97
Employee + Spouse/Children	\$ 68.66	\$ 34.33

Voluntary Vision		
	Monthly	Semi Mthly
Employee	\$ 6.34	\$ 3.17
Employee + 1 (Spouse or Child)	\$ 9.50	\$ 4.75
Employee + Spouse/Children	\$ 16.74	\$ 8.37