

Webster Groves School District

MEDICAL/DENTAL RATES FOR 2022/2023 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO

Group #004005276

Effective October 1, 2022

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) \$103 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	
(BOE pays \$723 towards premium)	\$ 870.00		\$ 784.00		\$ 620.00	
Employee Only contribution	\$ 147.00	\$ 73.50	\$ 61.00	\$ 30.50	\$ -	\$ -
Employee + Spouse	\$ 1,053.00	\$ 526.50	\$ 889.00	\$ 444.50	\$ 661.00	\$ 330.50
Employee + Children	\$ 940.00	\$ 470.00	\$ 778.00	\$ 389.00	\$ 562.00	\$ 281.00
Employee + Family	\$ 1,660.00	\$ 830.00	\$ 1,502.00	\$ 751.00	\$ 1,195.00	\$ 597.50

Kids Only Medical Plan Option	Monthly	Semi Mthly
	KIDZ Plan 1 Child	\$ 248.00
KIDZ Plan 2+ Children	\$ 496.00	\$ 248.00

Dental Plan		
	Monthly	Semi Mthly
Employee (BOE paid)	\$ 33.06	\$ -
Employee + 1 (Spouse or Child)	\$ 36.38	\$ 18.19
Employee + Spouse/Children	\$ 69.50	\$ 34.75

Voluntary Vision		
	Monthly	Semi Mthly
Employee	\$ 6.36	\$ 3.18
Employee + 1 (Spouse or Child)	\$ 9.52	\$ 4.76
Employee + Spouse/Children	\$ 16.78	\$ 8.39