

Webster Groves School District

MEDICAL/DENTAL RATES FOR 2024/2025 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO

Group #W71110

Effective October 1, 2024 - September 30, 2025

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

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

HSA Deductible = (Individual) \$3200 + addtl \$800 for prescriptions
(Family) \$6000 + addtl \$2000 for prescriptions

*HSA (Health Savings Account) \$145 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/\$3200 = \$3200 Plan	
(BOE pays \$923 towards premium)	\$ 1,091.00		\$ 984.00		\$ 778.00	
Employee Only contribution	\$ 168.00	\$ 84.00	\$ 61.00	\$ 30.50	\$ -	\$ -
Employee + Spouse	\$ 1,304.00	\$ 652.00	\$ 1,098.00	\$ 549.00	\$ 829.00	\$ 414.50
Employee + Children	\$ 1,162.00	\$ 581.00	\$ 959.00	\$ 479.50	\$ 704.00	\$ 352.00
Employee + Family	\$ 2,065.00	\$ 1,032.50	\$ 1,866.00	\$ 933.00	\$ 1,497.00	\$ 748.50

Kids Only Medical Plan Option	Monthly	Semi Mthly
	KIDZ Plan 1 Child	\$ 305.00
KIDZ Plan 2+ Children	\$ 610.00	\$ 305.00

Dental Plan		
	Monthly	Semi Mthly
Employee (BOE paid)	\$ 33.02	\$ -
Employee + 1 (Spouse or Child)	\$ 36.34	\$ 18.17
Employee + Spouse/Children	\$ 69.42	\$ 34.71

Voluntary Vision		
	Monthly	Semi Mthly
Employee	\$ 6.48	\$ 3.24
Employee + 1 (Spouse or Child)	\$ 9.72	\$ 4.86
Employee + Spouse/Children	\$ 17.12	\$ 8.56