

**Carl Junction R-1 School District**  
**Health Insurance Premiums (BLUE PREFERRED)**  
**2023-2024**

**In Network Hospital: Freeman – Joplin, MO & Cox Health - Springfield**

Policy #00172815

Board Paid Health: \$450.00

**Anthem- Plan 2 \$1000 Deductible - Co-Pay 80/20 - \$2000 MOOP \$25/\$35 OV RX \$10/\$30/\$60**

Plan Type	Total Premium	Employee Pays
Employee:	\$ 755.00	\$ 305.00
Employee/Spouse:	\$ 1,487.00	\$ 1,037.00
Employee/Child(ren):	\$ 1,326.00	\$ 876.00
Family:	\$2,100.00	\$1,650.00

**Anthem - Plan 5 \$1500 Deductible - Co-Pay 70/30 - \$3500 MOOP \$30/\$50 OV RX \$10/\$35/\$75**

Plan Type	Total Premium	Employee Pays
Employee:	\$ 664.00	\$ 214.00
Employee/Spouse:	\$1,309.00	\$ 859.00
Employee/Child(ren):	\$1,167.00	\$ 717.00
Family:	\$1,848.00	\$1,398.00

**Anthem - Plan 8 \$2500 Deductible- Co-Pay 80/20 - \$5000 MOOP \$25/\$35 OV RX \$10/\$35/\$60**

Plan Type	Total Premium	Employee Pays
Employee:	\$ 607.00	\$ 157.00
Employee/Spouse:	\$ 1,195.00	\$ 745.00
Employee/Child(ren):	\$ 1,065.00	\$ 615.00
Family:	\$1,687.00	\$1,237.00

**Anthem - Plan 9 \$3000 Deductible- Co-Pay 70/30 - \$5000 MOOP \$30/\$50 OV RX\$10/\$35/\$75**

Plan Type	Total Premium	Employee Pays
Employee:	\$ 592.00	\$ 142.00
Employee/Spouse:	\$ 1,167.00	\$ 717.00
Employee/Child(ren):	\$ 1,040.00	\$ 590.00
Family:	\$1,647.00	\$1,197.00

**Anthem - HDHP - Plan 16 \$6000 Deductible - Co-Pay 80/20 - \$7000 MOOP 20% OV after deductible 20% RX**

Plan Type	Total Premium	Employee Pays
Employee:	\$ 409.00	\$ -0-
Employee/Spouse:	\$ 805.00	\$396.00
Employee/Child(ren):	\$ 718.00	\$309.00
Family:	\$1,137.00	\$728.00

**Carl Junction R-1 School District**  
**Health Insurance Premiums (BLUE ACCESS PLANS)\*\***  
**2023-2024**

**In Network Hospitals partial list: Barnes Jewish – St Louis, Freeman – Joplin, Mercy Joplin Springfield  
Cox – Springfield, Via Cristy – Pittsburg, St Francis – Cape Girardeau (More listed at Anthem.Com)**

Policy #00172815

Board Paid Health: \$450.00

**Anthem- Plan 2** \$1000 Deductible - Co-Pay 80/20 - \$2000 MOOP \$25/\$35 OV RX \$10/\$30/\$60

Plan Type	Total Premium	Employee Pays
Employee:	\$ 791.00	\$ 341.00
Employee/Spouse:	\$1,559.00	\$ 1,109.00
Employee/Child(ren):	\$1,390.00	\$ 940.00
Family:	\$2,202.00	\$1,752.00

**Anthem - Plan 5** \$1500 Deductible - Co-Pay 70/30 - \$3500 MOOP \$30/\$50 OV RX \$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee:	\$ 696.00	\$ 246.00
Employee/Spouse:	\$1,372.00	\$ 922.00
Employee/Child(ren):	\$1,223.00	\$ 773.00
Family:	\$1,938.00	\$1,488.00

**Anthem - Plan 8** \$2500 Deductible- Co-Pay 80/20 - \$5000 MOOP \$25/\$35 OV RX \$10/\$35/\$60

Plan Type	Total Premium	Employee Pays
Employee:	\$ 636.00	\$ 186.00
Employee/Spouse:	\$1,253.00	\$ 803.00
Employee/Child(ren):	\$1,117.00	\$ 667.00
Family:	\$1,769.00	\$1,319.00

**Anthem - Plan 9** \$3000 Deductible- Co-Pay 70/30 - \$5000 MOOP \$30/\$50 OV RX\$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee:	\$ 621.00	\$ 171.00
Employee/Spouse:	\$1,223.00	\$ 773.00
Employee/Child(ren):	\$1,090.00	\$ 640.00
Family:	\$1,727.00	\$1,277.00

**Anthem - HDHP - Plan 16** \$6000 Deductible - Co-Pay 80/20 - \$7000 MOOP 20% OV after deductible 20% RX

Plan Type	Total Premium	Employee Pays
Employee:	\$ 429.00	\$ -0-
Employee/Spouse:	\$ 844.00	\$ 415.00
Employee/Child(ren)	\$ 753.00	\$ 324.00
Family:	\$1,192.00	\$ 763.00