Dunklin R-V School District

Benefits Summary

Effective July 1, 2025

	2025-2026 Plan Options					
Medical Benefits	**Plan 2- with HRA**	**Plan 2- No HRA**	**Plan 4 - HSA**	**Plan 6**	**Plan 7**	**Plan 8**
DEDUCTIBLE: Individual	$500	$1,500	$3,300	$2,500	$4,000	$5,000
DEDUCTIBLE: Family	$1,500	$3,000	$6,600	$5,000	$8,000	$10,000
OUT OF POCKET MAX: Individual	$4,000	$5,000	$4,500	$6,000	$5,500	$6,500
OUT OF POCKET MAX: Family	$8,000	$10,000	$9,000	$12,000	$11,000	$13,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Coinsurance	80% AD	70% AD	70% AD	70% AD	100% AD	100% AD
Office Visit Copay	$30/$60	$30/$60	70% AD	$30/$60	100% AD	100% AD
Preventive Care (no deductible)	100%	100%	100%	100%	100%	100%
Emergency Room	$250	$250	70% AD	$250	100% AD	100% AD
Urgent Care	$50	$50	70% AD	$50	100% AD	100% AD
Prescription Drugs	$15/$40/$75/20% to $150	$15/$40/$75/20% to $150	$15/$40/$75/20% to $150 AD--Preventive Rx Covered	$15/$40/$75/20% to $150	$15/$40$75/20% to $150 AD--Preventive Rx Covered	$15/$40/$75/20% to $150 AD--Preventive Rx Covered
Employee	$227.00	$102.00	$0.00	$20.00	$0.00	$0.00
Employee/Spouse	$1,302.00	$1,052.00	$653.00	$881.00	$626.00	$601.00
Employee/Child	$982.00	$782.00	$467.00	$637.00	$448.00	$431.00
Family	$2,063.00	$1,663.00	$1,071.00	$1,433.00	$1,028.00	$986.00
****** Employer Contributes $770.00 toward Employee Medical Premiums Monthly**		**HSA District Contributions**	**$171.00**		**$195.00**	**$219.00**

Dental and Vision Coverages - No Benefit Changes Effective 7/1/25

Dental PPO PLAN - Dental Employee Cost	
Employee	**$0.00**
EE + Spouse	**$41.02**
EE + Child(ren)	**$60.90**
Family	**$106.67**

VSP CHOICE NETWORK - Employee Cost		**DAVIS VISION NETWORK - Employee Cost**	
Employee	**$9.71**	Employee	**$8.29**
EE + Spouse	**$17.88**	EE + Spouse	**$15.28**
EE + Child(ren)	**$18.74**	EE + Child(ren)	**$16.02**
Family	**$28.06**	Family	**$23.98**