

HAZELWOOD SCHOOL DISTRICT
Monthly Premiums for Group Health Plans
2025-2026 Active Monthly RATES

MEDICAL - BOARD PAYS EMPLOYEE \$3,000 CORRIDOR PLAN				
ANTHEM BC/BS	Employee only	Add Spouse	Add Children	Add Family
\$2,000 Corridor Plan (Buy-up Plan)	\$1,142.00	\$1,017.00	\$685.00	\$1,519.00
\$3,000 Corridor Plan (Board Paid)	\$936.00	\$830.00	\$562.00	\$1,245.00
\$4,000 Corridor Plan (Buy-Down Plan)	\$898.00	\$800.00	\$540.00	\$1,195.00

DENTAL - BOARD PAYS EMPLOYEE PREMIUM FOR EITHER STANDARD OR ENHANCED PLAN				
DELTA DENTAL OF MO	Employee only	Add Spouse	Add Children	Add Family
Delta Dental Option 1 (Enhanced/High Plan)	\$34.22	\$40.44	\$42.94	\$83.38
Delta Dental Option 2 (Standard/Low Plan)	\$26.80	\$22.62	\$36.46	\$59.06

VISION PLAN - BOARD PAYS EMPLOYEE PREMIUM				
ANTHEM BLUE VIEW VISION	Employee only	Add Spouse	Add Children	Add Family
Vision - (Board Paid Employee only)	\$4.58	\$5.44	\$7.20	\$11.42

Lincoln Financial Group (LFG) LIFE INSURANCE	Supplemental Life Employee & Spouse		Child(ren) Life	
Supplemental Life rates are age rated		Rate per \$1,000	Rate per \$1,000 regardless # of Children	
Employee Log onto online enrollment system for detailed rates	Life	Age Rated	Basic Life	\$0.115 \$0.020
	AD&D	\$0.010		
Spouse	Life	\$0.192		
	AD&D	\$0.02		