

Webster Groves School District

MEDICAL/DENTAL RATES FOR 2025/2026 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO
 Group #W71110 Effective October 1, 2025 - September 30, 2026

HRA Premium Plan Deductible = (Individual)\$3500 (Family)\$7000
HRA \$1500 corridor (Health Reimbursement Account) maximum = (Individual)\$2000 (Family)\$4000
HRA \$2500 corridor (Health Reimbursement Account) maximum = (Individual)\$1000 (Family)\$2000
NO HRA ROLLOVER FUNDS ALLOWED

HSA Deductible = (Individual) \$3300 + addtl \$1200 for prescriptions (Family) \$6600 + addtl \$2400 for prescriptions
*HSA (Health Savings Account) \$183 Monthly BOE contribution

<i>Medical Plan - Options**</i>	<i>\$1500</i> <i>(HRA Premium plan)</i>		<i>\$2500</i> <i>(HRA Premium plan)</i>		<i>HSA *</i> <i>(Health Savings Account)</i>	
	\$1500/\$2000 = \$3500 Plan		\$2500/\$1000 = \$3500 Plan		\$0/\$3300 = \$3300 Plan	
	Monthly	Semi Mthly	Monthly	Semi Mthly	Monthly	Semi Mthly
<i>(BOE pays \$1,108 towards premium)</i>	\$ 1,297.00		\$ 1,169.00		\$ 925.00	
<i>Employee Only contribution</i>	\$ 189.00	\$ 94.50	\$ 61.00	\$ 30.50	\$ -	\$ -
<i>Employee + Spouse</i>	\$ 1,349.00	\$ 674.50	\$ 1,232.00	\$ 616.00	\$ 985.00	\$ 492.50
<i>Employee + Children</i>	\$ 1,180.00	\$ 590.00	\$ 1,067.00	\$ 533.50	\$ 836.00	\$ 418.00
<i>Employee + Family</i>	\$ 2,253.00	\$ 1,126.50	\$ 2,145.00	\$ 1,072.50	\$ 1,778.00	\$ 889.00

<i>Kids Only</i> <i>Medical Plan Option</i>	Monthly	Semi Mthly
<i>KIDZ Plan 1 Child</i>	\$ 338.00	\$ 169.00
<i>KIDZ Plan 2+ Children</i>	\$ 676.00	\$ 338.00

<i>Dental Plan</i>		
	Monthly	Semi Mthly
<i>Employee (BOE paid)</i>	\$ 33.32	\$ -
<i>Employee + 1 (Spouse or Child)</i>	\$ 36.66	\$ 18.33
<i>Employee + Spouse/Children</i>	\$ 70.04	\$ 35.02

<i>Voluntary Vision</i>		
	Monthly	Semi Mthly
<i>Employee</i>	\$ 6.78	\$ 3.39
<i>Employee + 1 (Spouse or Child)</i>	\$ 10.16	\$ 5.08
<i>Employee + Spouse/Children</i>	\$ 17.90	\$ 8.95

**** To calculate the total premium, combine the employee and dependent rates.**