Mehlville School District
Individually Focused. Committed to All.

Health Benefits Summary: RETIREES - Calendar Year 2026

Medical Insurance - CIGNA.

	CIGNA Choice Fund HSA				Open Access In (OAPIN)				Open Access Plus (OAP)			
	Retiree (RET)	RET/Spouse	RET/Child	Family	Retiree (RET)	RET/Spouse	RET/Child	Family	Retiree (RET)	RET/Spouse	RET/Child	Family
Monthly Premium*	$ 873	$ 1,746	$ 1,162	$ 2,035	$ 986	$ 1,972	$ 1,313	$ 2,299	$ 1,038	$ 2,076	$ 1,452	$ 2,490
	*Cost retiree pays for dependent coverage				*Cost retiree pays for dependent coverage				*Cost retiree pays for dependent coverage			
Deductible	$ 5,000	$ 10,000	$ 10,000	$ 10,000	$ 2,500	$ 5,000	$ 5,000	$ 5,000	$ 1,750	$ 3,500	$ 3,500	$ 3,500
	Services are applied against the deductible.				*Non-copay costs are first applied against the deductible.*				*Non-copay costs are first applied against the deductible.*			
Co-insurance	100%	100%	100%	100%	50%	50%	50%	50%	70%	70%	70%	70%
	After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.				*After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.*				*After the deductible is met, non-copay costs are applied to co-insurance until the OOP Maximum is met.*			
OOP Maximum	$ 5,000	$ 10,000	$ 10,000	$ 10,000	$ 4,750	$ 9,500	$ 9,500	$ 9,500	$ 3,500	$ 7,000	$ 7,000	$ 7,000
	OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.				*OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.*				*OOP Maximum represents deductible + co-insurance + copay costs, but excludes monthly premiums.*			
Retiree Max Cost	$ 15,476	$ 30,952	$ 23,944	$ 34,420	$ 16,582	$ 33,164	$ 25,256	$ 37,088	$ 15,956	$ 31,912	$ 24,424	$ 36,880
	Retiree maximum cost = OOP Maximum + monthly premiums.				*Retiree maximum cost = OOP Maximum + monthly premiums.*				*Retiree maximum cost = OOP Maximum + monthly premiums.*			
Copays:	*Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.*				*Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.*				*Copays are applied directly against the OOP Maximum and are not applied against the deductible or co-insurance.*			
Primary/Specialist	$0 after deductible				$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60	$30/$60
Urgent Care	$0 after deductible				$75	$75	$75	$75	$75	$75	$75	$75
Emergency Room	$0 after deductible				$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit	$400 per visit
Preventive Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Chiro Copay	$0 after deductible				$60	$60	$60	$60	$60	$60	$60	$60
Chiro # visits	26	26	26	26	26	26	26	26	26	26	26	26
Prescription Tiers	$0 after deductible				$20/$50/$90/$200 after $100/$200 deductible				$20/$50/$90/$200			
Mail Order Drugs	$0 after deductible				$50/$125/$225/$500				$50/$125/$225/$500			
Dependent Age	Covered until their 26th birthday - to end of month				Covered until their 26th birthday - to end of month				Covered until their 26th birthday - to end of month			
	All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.				**All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.**				**All data shown above is based on IN NETWORK rates, NOT out of network rates which are much higher.**			

Dental Insurance - Delta Dental.

	Retiree	Spouse	Child	Family
Monthly Premium	$36.00	$72.00	$91.00	$122.00
Max Coverage	$ 2,500	per person per year		
Deductible	$ 50	$ 100	$ 150	$ 150
Prevent/Diagnostic	100%	per person (PPO network)		
Basic Services	90%	per person (PPO network)		
Major Services	60%	per person (PPO network)		
Orthodontia	50%	per person (PPO network) ($2,500 lifetime limit, age 19 limit)		
Dependent Age	Covered until 26th birthday - to end of month			

Vision Insurance - Vision Benefits of America.

	Retiree	Retiree + 1	Family	
Monthly Premium	$4.40	$9.90	$13.90	(Dependent is eligible until 26th birthday and covered through the day of their 26th birthday)
Frequency of Service	Vision Exam	12 months		
	Lenses	12 months		
	Frames	24 months		

2026

Detail Rates Per Month - Retirees

CIGNA Choice Fund HSA	Per Month Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	873.00	-	873.00	873.00	10,476.00
EE + Spouse	873.00	873.00	1,746.00	1,746.00	20,952.00
EE + Child(ren)	873.00	289.00	1,162.00	1,162.00	13,944.00
EE + Family	873.00	1,162.00	2,035.00	2,035.00	24,420.00

CIGNA OAPIN	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	986.00	-	986.00	986.00	11,832.00
EE + Spouse	986.00	986.00	1,972.00	1,972.00	23,664.00
EE + Child(ren)	986.00	327.00	1,313.00	1,313.00	15,756.00
EE + Family	986.00	1,313.00	2,299.00	2,299.00	27,588.00

CIGNA OAP	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	1,038.00	-	1,038.00	1,038.00	12,456.00
EE + Spouse	1,038.00	1,038.00	2,076.00	2,076.00	24,912.00
EE + Child(ren)	1,038.00	414.00	1,452.00	1,452.00	17,424.00
EE + Family	1,038.00	1,452.00	2,490.00	2,490.00	29,880.00

Delta Dental	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	36.00	-	36.00	36.00	432.00
EE + Spouse	36.00	36.00	72.00	72.00	864.00
EE + Child(ren)	36.00	55.00	91.00	91.00	1,092.00
EE + Family	36.00	86.00	122.00	122.00	1,464.00

Vision - VBA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	4.40	-	4.40	4.40	52.80
EE + One	4.40	5.50	9.90	9.90	118.80
EE + Family	4.40	9.50	13.90	13.90	166.80

2025

Detail Rates Per Month - Retirees

CIGNA Choice Fund HSA	Per Month Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	836.00	-	836.00	836.00	10,032.00
EE + Spouse	836.00	836.00	1,672.00	1,672.00	20,064.00
EE + Child(ren)	836.00	289.00	1,125.00	1,125.00	13,500.00
EE + Family	836.00	1,125.00	1,961.00	1,961.00	23,532.00

CIGNA OAPIN	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	949.00	-	949.00	949.00	11,388.00
EE + Spouse	949.00	949.00	1,898.00	1,898.00	22,776.00
EE + Child(ren)	949.00	327.00	1,276.00	1,276.00	15,312.00
EE + Family	949.00	1,276.00	2,225.00	2,225.00	26,700.00

CIGNA OAP	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	1,001.00	-	1,001.00	1,001.00	12,012.00
EE + Spouse	1,001.00	1,001.00	2,002.00	2,002.00	24,024.00
EE + Child(ren)	1,001.00	414.00	1,415.00	1,415.00	16,980.00
EE + Family	1,001.00	1,415.00	2,416.00	2,416.00	28,992.00

Delta Dental	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	36.00	-	36.00	36.00	432.00
EE + Spouse	36.00	36.00	72.00	72.00	864.00
EE + Child(ren)	36.00	55.00	91.00	91.00	1,092.00
EE + Family	36.00	86.00	122.00	122.00	1,464.00

Vision - VBA	Per Payroll Cost			Cost Per	Cost Per
Coverage	EE only	SP/Ch/Fam	Total	Month	Year
Employee (EE) Only	4.40	-	4.40	4.40	52.80
EE + One	4.40	5.50	9.90	9.90	118.80
EE + Family	4.40	9.50	13.90	13.90	166.80