

Webster Groves School District

MEDICAL/DENTAL RATES FOR 2026/2027 SCHOOL YEAR

The CSD Insurance Trust - Anthem Access Choice PPO
Group #W71110 Effective October 1, 2026 - September 30, 2027

HRA Standard 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) \$3400 + addtl \$1100 for prescriptions (Family) \$6800 + addtl \$2200 for prescriptions
*HSA (Health Savings Account) \$170 Monthly BOE contribution

<i>Medical Plan - Options</i>	<u>\$1500</u> <i>(HRA Standard plan)</i>		<u>\$2500</u> <i>(HRA Standard plan)</i>		<u>HSA *</u> <i>(Health Savings Account)</i>	
	\$1500/\$2000 = \$3500 Plan		\$2500/\$1000 = \$3500 Plan		\$0/\$3400 = \$3400 Plan	
	Monthly	Semi Mthly	Monthly	Semi Mthly	Monthly	Semi Mthly
(BOE pays \$1,126 towards premium)	\$ 1,317.00		\$ 1,187.00		\$ 956.00	
Employee Only contribution	\$ 191.00	\$ 95.50	\$ 61.00	\$ 30.50	\$ -	\$ -
Spouse	\$ 1,369.00	\$ 684.50	\$ 1,251.00	\$ 625.50	\$ 1,018.00	\$ 509.00
Children	\$ 1,198.00	\$ 599.00	\$ 1,083.00	\$ 541.50	\$ 864.00	\$ 432.00
Family (Spouse and Children)	\$ 2,287.00	\$ 1,143.50	\$ 2,177.00	\$ 1,088.50	\$ 1,837.00	\$ 918.50

<i>Kids Only Medical Plan Option</i>	Monthly	Semi Mthly
KIDZ Plan 1 Child	\$ 349.00	\$ 174.50
KIDZ Plan 2+ Children	\$ 698.00	\$ 349.00

<i>Dental Plan</i>		
	Monthly	Semi Mthly
Employee (BOE paid)	\$ 33.52	\$ -
Employee + 1 (Spouse or Child)	\$ 36.88	\$ 18.44
Employee + Spouse/Children	\$ 70.46	\$ 35.23

<i>Voluntary Vision</i>		
	Monthly	Semi Mthly
Employee	\$ 6.88	\$ 3.44
Employee + 1 (Spouse or Child)	\$ 10.32	\$ 5.16
Employee + Spouse/Children	\$ 18.16	\$ 9.08

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