

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 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) \$3400 + addtl \$1100 for prescriptions
(Family) \$6800 + addtl \$2200 for prescriptions

*HSA (Health Savings Account) Contributions not allowed for those w/Medicare

<i>Medical Plan - Options</i>	<i>\$1500 (HRA Standard plan)</i>	<i>\$2500 (HRA Standard plan)</i>	<i>HSA * (Health Savings Account)</i>
	\$1500/\$2000 = \$3500 Plan	\$2500/\$1000 = \$3500 Plan	\$0/\$3400 = \$3400 Plan
	<u>Monthly</u>	<u>Monthly</u>	<u>Monthly</u>
Retiree	\$ 1,317.00	\$ 1,187.00	\$ 956.00
Retiree + Spouse	\$ 2,686.00	\$ 2,438.00	\$ 1,974.00
Retiree + Children	\$ 2,515.00	\$ 2,270.00	\$ 1,820.00
Retiree + Family	\$ 3,604.00	\$ 3,364.00	\$ 2,793.00
Retiree + KIDZ Plan 1 Child	\$ 1,666.00	\$ 1,536.00	\$ 1,305.00
Retiree + KIDZ Plan 2+ Children	\$ 2,015.00	\$ 1,885.00	\$ 1,654.00

Dental Plan	
	<u>Monthly</u>
Retiree	\$ 33.52
Retiree + 1 (Spouse or Child)	\$ 70.40
Retiree + Spouse/Children	\$ 103.98

Voluntary Vision	
	<u>Monthly</u>
Retiree	\$ 6.88
Retiree + 1 (Spouse or Child)	\$ 10.32
Retiree + Spouse/Children	\$ 18.16