

Carl Junction R-1 School Dist
Health Insurance Premiums
2026-2027

BLUE PREFERRED PLAN
Board Paid Health: \$500

In Network Hospital: Freeman-Joplin, MO & Cox Health - Springfield

Anthem - Plan 2 \$1000 Deductible - Co-Pay 80/20 - \$2000 MOOP \$25/35 OV RX \$10/\$30/\$60

Plan Type	Total Premium	Employee Pays
Employee	\$874.00	\$374.00
Employee/Spouse	\$1,720.00	\$1,220.00
Employee/Child(ren)	\$1,534.00	\$1,034.00
Family	\$2,429.00	\$1,929.00

Anthem - Plan 5 \$1500 Deductible - Co-Pay 70/30 - \$3500 MOOP \$30/\$50 OV RX \$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee	\$768.00	\$268.00
Employee/Spouse	\$1,515.00	\$1,015.00
Employee/Child(ren)	\$1,351.00	\$851.00
Family	\$2,137.00	\$1,637.00

Anthem - Plan 8 \$2500 Deductible - Co-Pay 80/20 - \$5000 MOOP \$25/\$35 OV RX \$10/\$35/\$60

Plan Type	Total Premium	Employee Pays
Employee	\$702.00	\$202.00
Employee/Spouse	\$1,383.00	\$883.00
Employee/Child(ren)	\$1,233.00	\$733.00
Family	\$1,951.00	\$1,451.00

Anthem - Plan 9 \$3000 Deductible - Co-Pay 70/30 - \$5000 MOOP \$30/\$50 OV RX \$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee	\$686.00	\$186.00
Employee/Spouse	\$1,351.00	\$851.00
Employee/Child(ren)	\$1,203.00	\$703.00
Family	\$1,905.00	\$1,405.00

Anthem Plan 16 HDHP \$6000 Deductible -Co-Pay 80/20 - \$7000 MOO 20% OV RX 20% after Deductible

Plan Type	Total Premium	Employee Pays	HSA
Employee	\$473.00	\$0.00	\$27.00
Employee/Spouse	\$931.00	\$458.00	\$27.00
Employee/Child(ren)	\$831.00	\$358.00	\$27.00
Family	\$1,315.00	\$842.00	\$27.00

Carl Junction R-1 School Dist
Health Insurance Premiums
2026-2027

BLUE ACCESS PLAN
BOARD PAID HEALTH: \$500

In Network Hospitals (partial list): Barnes Jewish - St Louis, Freeman , Mercy, Cox Spfg, (Athem.com for add'l)

Anthem - Plan 2 \$1000 Deductible - Co-Pay 80/20 - \$2000 MOOP \$25/35 OV RX \$10/\$30/\$60

Plan Type	Total Premium	Employee Pays
Employee	\$916.00	\$416.00
Employee/Spouse	\$1,804.00	\$1,304.00
Employee/Child(ren)	\$1,609.00	\$1,109.00
Family	\$2,548.00	\$2,048.00

Anthem - Plan 5 \$1500 Deductible - Co-Pay 70/30 - \$3500 MOOP \$30/\$50 OV RX \$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee	\$806.00	\$306.00
Employee/Spouse	\$1,587.00	\$1,087.00
Employee/Child(ren)	\$1,416.00	\$916.00
Family	\$2,242.00	\$1,742.00

Anthem - Plan 8 \$2500 Deductible - Co-Pay 80/20 - \$5000 MOOP \$25/\$35 OV RX \$10/\$35/\$60

Plan Type	Total Premium	Employee Pays
Employee	\$736.00	\$236.00
Employee/Spouse	\$1,450.00	\$950.00
Employee/Child(ren)	\$1,293.00	\$793.00
Family	\$2,046.00	\$1,546.00

Anthem - Plan 9 \$3000 Deductible - Co-Pay 70/30 - \$5000 MOOP \$30/\$50 OV RX \$10/\$35/\$75

Plan Type	Total Premium	Employee Pays
Employee	\$719.00	\$219.00
Employee/Spouse	\$1,416.00	\$916.00
Employee/Child(ren)	\$1,262.00	\$762.00
Family	\$1,998.00	\$1,498.00

Anthem Plan 16 HDHP \$6000 Deductible -Co-Pay 80/20 - \$7000 MOO 20% OV RX 20% after Deductible

Plan Type	Total Premium	Employee Pays	HSA
Employee	\$497.00	\$0.00	\$3.00
Employee/Spouse	\$977.00	\$480.00	\$3.00
Employee/Child(ren)	\$872.00	\$375.00	\$3.00
Family	\$1,379.00	\$882.00	\$3.00