



MISSOURI EDUCATORS' TRUST

Plan Summary & Rates

Effective July 1, 2021 - June 30, 2022

Nixa Public Schools

Anthem Alliance EPO network available in select counties.

PLAN DESCRIPTION	ANTHEM PLAN 7				Embedded HDHP/HSA PLAN 12			
	Alliance EPO - Mercy Only		Blue Access - Cox/Mercy		Alliance EPO - Mercy Only		Blue Access - Cox/Mercy	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$1,500	No Benefits	\$1,500	\$3,000	\$5,000	No Benefits	\$5,000	\$8,000
Family Deductible	\$3,000	No Benefits	\$3,000	\$6,000	\$10,000	No Benefits	\$10,000	\$16,000
Individual Out-of-Pocket	\$4,500	No Benefits	\$4,500	\$6,000	\$6,350	No Benefits	\$6,350	\$12,000
Family Out-of-Pocket	\$9,000	No Benefits	\$9,000	\$12,000	\$12,700	No Benefits	\$12,700	\$24,000
Coinsurance Level	60%/40%	No Benefits	60%/40%	50%/50%	100%/0%	No Benefits	100%/0%	70%/30%
Lifetime Maximum	Unlimited	No Benefits	Unlimited	Unlimited	Unlimited	No Benefits	Unlimited	Unlimited
Office Visits (PCP/Specialist)	\$25/\$50	No Benefits	\$25/\$50	50% AD	\$20/\$40 AD	No Benefits	\$20/\$40 AD	30% AD
Preventive Care	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	30% AD
Outpatient Lab Services	\$0 Copay	No Benefits	\$0 Copay	50% AD	0% AD	No Benefits	0% AD	30% AD
Outpatient Radiology Services	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Inpatient Hospital Care	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Outpatient Hospital/Free Standing Facility	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Emergency Care (waived if admitted)*	\$200 Copay + 40%	\$200 Copay + 40%	\$200 Copay + 40%	\$200 Copay + 40%	\$150 Copay AD	\$150 Copay AD	\$150 Copay AD	\$150 Copay AD
Urgent Care***	\$50 Copay	\$50 Copay	\$50 Copay	50% AD	\$50 Copay AD	\$50 Copay AD	\$50 Copay AD	30% AD
Physical, Occupational, Speech Therapy (40 visits per therapy per benefit year)	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Cardiac/Pulmonary Rehab (40 visits per therapy per benefit year)	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Chiropractic Services (26 visits per benefit year)	50% of allowed (no Deductible)	No Benefits	\$50 Copay**	50% AD	50% of allowed AD	No Benefits	\$40 Copay AD**	30% AD
Skilled Nursing Facility (60 days per benefit year)	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Home Health Care (60 visits per benefit year)	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
Rx Copay - (Specialty Drugs not covered out of network)	\$5/\$75/20% to \$100	No Benefits	\$75/20% to \$100	50% All Tiers	\$10/\$30/\$60/20% to \$100 All AD	No Benefits	\$10/\$30/\$60/20% to \$100 All AD	\$20/\$60/\$120 All AD
Mail Order Prescriptions (in-network only, Specialty Drugs Excluded)	2x Retail Copay	No Benefits	2x Retail Copay	Not Covered	2x Retail Copay AD	No Benefits	2x Retail Copay AD	Not Covered
Injectable Medications	40% AD	No Benefits	40% AD	50% AD	0% AD	No Benefits	0% AD	30% AD
RATES/NETWORK	Anthem ALLIANCE EPO - Plan 7		Anthem BLUE ACCESS - Plan 7		High Deductible/ Health Savings Acct Anthem ALLIANCE EPO - Plan 12		High Deductible/ Health Savings Acct Anthem BLUE ACCESS - Plan 12	
Employee	\$573.40		\$601.13		\$470.02		\$492.76	
Employee & Spouse	\$1,130.03		\$1,184.66		\$926.32		\$971.10	
Employee & Child(ren)	\$1,007.45		\$1,056.18		\$825.86		\$865.79	
Family	\$1,595.87		\$1,673.06		\$1,308.20		\$1,371.47	
	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion
Employee	\$562.68	\$10.72	\$562.68	\$38.45	\$562.68	-\$92.66	\$562.68	-\$69.92
Employee & Spouse	\$562.68	\$567.35	\$562.68	\$621.98	\$562.68	\$363.64	\$562.68	\$408.42
Employee & Child(ren)	\$562.68	\$444.77	\$562.68	\$493.50	\$562.68	\$263.18	\$562.68	\$303.11
Family	\$562.68	\$1,033.19	\$562.68	\$1,110.38	\$562.68	\$745.52	\$562.68	\$808.79

ANTHEM ALLIANCE EPO - MERCY SPRINGFIELD & JOPLIN - NO OUT OF NETWORK BENEFITS EXCEPT FOR EMERGENCY ONLY
 ANTHEM ALLIANCE EPO - MERCY SPRINGFIELD & JOPLIN - NO OUT OF NETWORK BENEFITS EXCEPT FOR EMERGENCY ONLY
 BLUE ACCESS PPO - MERCY (SPFD-JOPLIN) / COX (SPFD-BRANSON) / FREEMAN-JOPLIN / BARNES JEWISH-ST LOUIS / ST FRANCIS-CAPE GIRARDEAU / WASHINGTON UNIVERSITY-ST LOUIS - IN NETWORK & OUT OF NETWORK BENEFITS

*Emergency Care copay applicable ONLY to facility charges.

**Therapy copay applicable ONLY when place of service is Physician Office. Deductible &/or Coinsurance applies at any other place of service.

***Urgent Care charges apply to deductible &/or coinsurance if billed as a hospital or outpatient charge.

This is a partial description of benefits offered. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This illustration is only to assist in determining what Plan(s) your district will offer. The Summary of Benefits & Coverage (SBC) and Plan Document will supersede this illustration. This illustration is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.

Out of Pocket includes Deductible and Copays.

AD = After Deductible



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PLAN DESCRIPTION	BOARD PAID BASE PLAN Plan 8 Anthem		ANTHEM PLAN 8		Plan 2 EPO				Plan 5 EPO			
	Alliance EPO -Mercy Only		Blue Access - Cox/Mercy		Alliance EPO -Mercy Only		Blue Access - Cox/Mercy		Alliance EPO -Mercy Only		Blue Access - Cox/Mercy	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible	\$2,500	No Benefits	\$2,500	\$5,000	\$1,000	No Benefits	\$1,000	\$2,000	\$1,500	No Benefits	\$1,500	\$3,000
Family Deductible	\$5,000	No Benefits	\$5,000	\$10,000	\$2,000	No Benefits	\$2,000	\$4,000	\$3,000	No Benefits	\$3,000	\$6,000
Individual Out-of-Pocket	\$5,000	No Benefits	\$5,000	\$10,000	\$2,000	No Benefits	\$2,000	\$4,000	\$3,500	No Benefits	\$3,500	\$8,000
Family Out-of-Pocket	\$10,000	No Benefits	\$10,000	\$20,000	\$4,000	No Benefits	\$4,000	\$8,000	\$7,000	No Benefits	\$7,000	\$16,000
Coinsurance Level	80%/20%	No Benefits	80%/20%	50%/50%	80%/20%	No Benefits	80%/20%	50%/50%	70%/30%	No Benefits	70%/30%	50%/50%
Lifetime Maximum	Unlimited	No Benefits	Unlimited	Unlimited	Unlimited	No Benefits	Unlimited	Unlimited	Unlimited	No Benefits	Unlimited	Unlimited
Office Visits (PCP/Specialist)	\$25/\$35	No Benefits	\$25/\$35	50% AD	\$25/\$35	No Benefits	\$25/\$35	50% AD	\$30/\$50	No Benefits	\$30/\$50	50% AD
Preventive Care	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD
Outpatient Lab Services	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD	\$0 Copay	No Benefits	\$0 Copay	50% AD
Outpatient Radiology Services	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
Inpatient Hospital Care	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
Outpatient Hospital/Free Standing Facility	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
Emergency Care (waived if admitted)*	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	\$100 Copay	30% AD	30% AD	30% AD	30% AD
Urgent Care***	\$50 Copay	\$50 Copay	\$50 Copay	50% AD	\$50 Copay	\$50 Copay	\$50 Copay	50% AD	\$75 Copay	\$75 Copay	\$75 Copay	50% AD
Physical, Occupational, Speech Therapy (40 visits per therapy per benefit year)	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$30 Copay**	No Benefits	\$30 Copay**	50% AD
Cardiac/Pulmonary Rehab (40 visits per therapy per benefit year)	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$35 Copay**	No Benefits	\$35 Copay**	50% AD	\$30 Copay**	No Benefits	\$30 Copay**	50% AD
Chiropractic Services (26 visits per benefit year)	50% of allowed (no Deductible)	No Benefits	\$35 Copay**	50% AD	50% of allowed (no Deductible)	No Benefits	\$35 Copay**	50% AD	0% of allowed (no Deductible)	No Benefits	\$30 Copay**	50% AD
Skilled Nursing Facility (60 days per benefit year)	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
Home Health Care (60 visits per benefit year)	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
Rx Copay - (Specialty Drugs not covered out of network)	//\$35/\$60/20% to \$100	No Benefits	//\$35/\$60/20% to \$100	with \$60 min All Tiers	\$30/\$60/20% to \$100	No Benefits	\$30/\$60/20% to \$100	50% All Tiers	\$10/\$35/\$75/\$100	No Benefits	\$10/\$35/\$75/\$100	% with \$75 min All Tiers
Mail Order Prescriptions (in-network only, Specialty Drugs Excluded)	2x Retail Copay	No Benefits	2x Retail Copay	Not Covered	2x Retail Copay	No Benefits	2x Retail Copay	Not Covered	\$15/\$75/\$150	No Benefits	\$15/\$75/\$150	Not Covered
Injectable Medications	20% AD	No Benefits	20% AD	50% AD	20% AD	No Benefits	20% AD	50% AD	30% AD	No Benefits	30% AD	50% AD
RATES/NETWORK	Anthem ALLIANCE EPO		Anthem BLUE ACCESS		Anthem ALLIANCE EPO		Anthem BLUE ACCESS		Anthem ALLIANCE EPO		Anthem BLUE ACCESS	
Employee	\$562.68		\$589.89		\$700.52		\$734.38		\$616.37		\$646.18	
Employee & Spouse	\$1,108.90		\$1,162.53		\$1,380.55		\$1,447.30		\$1,214.71		\$1,273.45	
Employee & Child(ren)	\$988.65		\$1,036.45		\$1,230.80		\$1,290.32		\$1,082.96		\$1,135.33	
Family	\$1,566.05		\$1,641.78		\$1,949.70		\$2,043.97		\$1,715.48		\$1,798.44	
	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion	Board Portion	Employee Portion
Employee	\$562.68	\$0.00	\$562.68	\$27.21	\$562.68	\$137.84	\$562.68	\$171.70	\$562.68	\$53.69	\$562.68	\$83.50
Employee & Spouse	\$562.68	\$546.22	\$562.68	\$599.85	\$562.68	\$817.87	\$562.68	\$884.62	\$562.68	\$652.03	\$562.68	\$710.77
Employee & Child(ren)	\$562.68	\$425.97	\$562.68	\$473.77	\$562.68	\$668.12	\$562.68	\$727.64	\$562.68	\$520.28	\$562.68	\$572.65
Family	\$562.68	\$1,003.37	\$562.68	\$1,079.10	\$562.68	\$1,387.02	\$562.68	\$1,481.29	\$562.68	\$1,152.80	\$562.68	\$1,235.76

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