

Employee Cost

Excelsior Springs School District #40
July 2022 to July 2023 In-Network Summary of Benefits

Benefits	MEUHP - CIGNA			
	Option 1	Option 2	Option 3	Option 4
Plan	Health Savings Account Open Access Plus PPO	Health Savings Account Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO
Network	5,500 / 11,000	3,000 / 6,000	2,000 / 6,000	500 / 1,500
Deductible (Individual / Family)	5,500 / 11,000	3,000 / 6,000	4,500 / 9,000	2,000 / 4,000
Out of Pocket Max (Ind / Fam)	55	55	30	20
Virtual Care / TeleHealth	Deductible	Deductible	30*	20*
Primary Care Physician	Deductible	Deductible	50* / 50*	40* / 50*
Specialist / Urgent Care	Covered in Full**	Covered in Full**	Covered in Full**	Covered in Full**
Preventive Services	Deductible	Deductible	Deductible + 20%	Deductible + 20%
MRI, MRA, CT, PET Scans	Deductible	Deductible	Deductible + 20%	Deductible + 20%
Outpatient Surgery / Tests	Deductible	Deductible	Deductible + 20%	Deductible + 20%
Inpatient Hospital	Deductible	Deductible	250 + Deductible for any Imaging	250 + Deductible for any Imaging
Emergency Room	Deductible	Deductible	10 / 35 / 75 / 25% (2x Mail Order)	10 / 35 / 75 / 25% (2x Mail Order)
Prescription copays	Deductible	Deductible	Option 3	Option 4
<u>Monthly Premiums</u>				
Employee	Paid by District	\$15	\$41	\$97
Emp + Spouse	\$545	\$637	\$691	\$809
Emp + 1 Child	\$272	\$326	\$366	\$453
Emp + 2+ Children	\$446	\$524	\$573	\$679
Emp + Spouse + 1 Child	\$817	\$948	\$1,016	\$1,165
Emp + Spouse + 2+ Children	\$991	\$1,146	\$1,223	\$1,391
ESSD District Contribution to Health Savings Acct for Employee	\$55 monthly (\$660 annually)	\$0	n/a	n/a

* Deductible may also apply to office visit charges.

** Please see the Policy/Certificate for list of covered Preventive Services.

This is only a summary of In-Network benefits. Please see Policy/Certificate for complete list of coverages and exclusions.

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Total Cost

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<u>Benefits</u>	MEUHP - CIGNA			
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Plan	Health Savings Account	Health Savings Account	PPO	PPO
Network	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO
Deductible (Individual / Family)	5,500 / 11,000	3,000 / 6,000	2,000 / 6,000	500 / 1,500
Out of Pocket Max (Ind / Fam)	5,500 / 11,000	3,000 / 6,000	4,500 / 9,000	2,000 / 4,000
Virtual Care / TeleHealth	55	55	30	20
Primary Care Physician	Deductible	Deductible	30*	20*
Specialist / Urgent Care	Deductible	Deductible	50*	40*/50*
Preventive Services	Covered in Full**	Covered in Full**	Covered in Full**	Covered in Full**
MRI, MRA, CT, PET Scans	Deductible	Deductible	Deductible + 20%	Deductible + 20%
Outpatient Surgery / Tests	Deductible	Deductible	Deductible + 20%	Deductible + 20%
Inpatient Hospital	Deductible	Deductible	Deductible + 20%	Deductible + 20%
Emergency Room	Deductible	Deductible	250 + Deductible for any Imaging	250 + Deductible for any Imaging
Prescription copays	Deductible	Deductible	10 / 35 / 75 / 25% (2x Mail Order)	10 / 35 / 75 / 25% (2x Mail Order)
<u>Monthly Premiums</u>	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>	<u>Option 4</u>
Employee	\$495	\$565	\$591	\$647
Emp + Spouse	\$1,040	\$1,187	\$1,241	\$1,359
Emp + 1 Child	\$767	\$876	\$916	\$1,003
Emp + 2+ Children	\$941	\$1,074	\$1,123	\$1,229
Emp + Spouse + 1 Child	\$1,312	\$1,498	\$1,566	\$1,715
Emp + Spouse + 2+ Children	\$1,486	\$1,696	\$1,773	\$1,941

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