Excelsior Springs School District #40 July 2023 to July 2024 In-Network Summary of Benefits

ESSD District Contribution to Health Savings Account	Emp + Spouse + 2+ Children	Emp + Spouse + 1 Child	Emp + 2+ Children	Emp + 1 Child	Emp + Spouse	Employee	Monthly Premiums	Prescription copays	Emergency Room	Inpatient Hospital	Outpatient Surgery / Tests	MRI, MRA, CT, PET Scans	Preventive Services	Specialist / Urgent Care	Primary Care Physician	Virtual Care / TeleHealth	Out of Pocket Max (Ind / Fam)	Deductible (Indvidual / Family)	Network	Plan		Benefits
\$47 monthly (\$564 annually)	\$1,056	\$871	\$475	\$290	\$581	District Paid	Option 1	Deductible + 10% (List of Prev Rx's covered at 100%)	Deductible + 10%	Deductible + 10%	Deductible + 10%	Deductible + 10%	Covered in Full	Deductible + 10%	Deductible + 10%	55	6,500 / 13,000	5,500 / 11,000	Open Access Plus PPO	Health Savings Account	Option 1	
n/a	\$1,234	\$1,023	\$571	\$360	\$691	\$28	Option 2	Deductible + 10% (List of Prev Rx's covered at 100%)	Deductible + 10%	Deductible + 10%	Deductible + 10%	Deductible + 10%	Covered in Full	Deductible + 10%	Deductible + 10%	55	4,000 / 8,000	3,000 / 6,000	Open Access Plus PPO	Health Savings Account	Option 2	MEUJ
n/a	\$1,261	\$1,047	\$588	\$374	\$710	\$37	Option 3	10 / 35 / 75 / 25% (2x Mail Order)	250 + Deductible for any Imaging	Deductible + 20%	Deductible + 20%	Deductible + 20%	Covered in Full	50*/50*	30*	30	7,000 / 14,000	3,000 / 9,000	Open Access Plus PPO	PPO	Option 3	MEUHP - CIGNA
n/a	\$1,421	\$1,188	\$689	\$456	\$822	\$90	Option 4	10 / 35 / 75 / 25% (2x Mail Order)	250 + Deductible for any Imaging	Deductible + 20%	Deductible + 20%	Deductible + 20%	Covered in Full	50*/50*	30*	30	3,500 / 7,000	1,000 / 3,000	Open Access Plus PPO	PPO	Option 4	

2023 Health Savings Account Contribution Maximums \$3,850 Employee Only / \$7,750 Employee + Dep(s)

*Deductible may also apply to office visit charges

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

Bill Griffey III
Griffey Insurance Agency
816-739-4591 cell
bgriffey3@yahoo.com
bill3@griffeyinsurance.com

Excelsior Springs School District #40 July 2023 to July 2024 In-Network Summary of Benefits

	isit charges.	* Deductible may also apply to office visit charges		
\$1,996	\$1,836	\$1,809	\$1,584	Emp + Spouse + 2+ Children
\$1,763	\$1,622	\$1,598	\$1,399	Emp + Spouse + 1 Child
\$1,264	\$1,163	\$1,146	\$1,003	Emp + 2+ Children
\$1,031	\$949	\$935	\$818	Emp + 1 Child
\$1,397	\$1,285	\$1,266	\$1,109	Emp + Spouse
\$665	\$612	\$603	\$528	Employee
Option 4	Option 3	Option 2	Option 1	Monthly Premiums
10 / 35 / 75 / 25% (2x Mail Order)	10 / 35 / 75 / 25% (2x Mail Order)	Deductible + 10% (List of Prev Rx's covered at 100%)	Deductible + 10% (List of Prev Rx's covered at 100%)	Prescription copays
250 + Deductible for any Imaging	250 + Deductible for any Imaging	Deductible + 10%	Deductible + 10%	Emergency Room
Deductible + 20%	Deductible + 20%	Deductible + 10%	Deductible + 10%	Inpatient Hospital
Deductible + 20%	Deductible + 20%	Deductible + 10%	Deductible + 10%	Outpatient Surgery / Tests
Deductible + 20%	Deductible + 20%	Deductible + 10%	Deductible + 10%	MRI, MRA, CT, PET Scans
Covered in Full**	Covered in Full**	Covered in Full**	Covered in Full**	Preventive Services
50*/50*	50*/50*	Deductible + 10%	Deductible + 10%	Specialist / Urgent Care
30*	30*	Deductible + 10%	Deductible + 10%	Primary Care Physician
30	30	55	55	Virtual Care / TeleHealth
3,500 / 7,000	7,000 / 14,000	4,000 / 8,000	6,500 / 13,000	Out of Pocket Max (Ind / Fam)
1,000/3,000	3,000/9,000	3,000 / 6,000	5,500 / 11,000	Deductible (Indvidual / Family)
Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO	Open Access Plus PPO	Network
PPO	PPO	Health Savings Account	Health Savings Account	Plan
Option 4	Option 3	Option 2	Option 1	
	MEUHP - CIGNA	MEUI		Benefits

Deductible may also apply to office visit charges.

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

Bill Griffey III
Griffey Insurance Agency
Griffey Insurance Agency
816-739-4591 cell
bgriffey3@yahoo.com
bill3@griffeyinsurance.com

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