

Carl Junction R-1 School Dist
Health Insurance Premiums
2024-2025

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	\$783.00	\$283.00
Employee/Spouse	\$1,541.00	\$1,041.00
Employee/Child(ren)	\$1,374.00	\$874.00
Family	\$2,176.00	\$1,676.00

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	\$688.00	\$188.00
Employee/Spouse	\$1,357.00	\$857.00
Employee/Child(ren)	\$1,210.00	\$710.00
Family	\$1,915.00	\$1,415.00

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	\$629.00	\$129.00
Employee/Spouse	\$1,239.00	\$739.00
Employee/Child(ren)	\$1,104.00	\$604.00
Family	\$1,748.00	\$1,248.00

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	\$614.00	\$114.00
Employee/Spouse	\$1,210.00	\$710.00
Employee/Child(ren)	\$1,078.00	\$578.00
Family	\$1,707.00	\$1,207.00

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

Plan Type	Total Premium	Employee Pays
Employee	\$424.00	\$0.00
Employee/Spouse	\$834.00	\$410.00
Employee/Child(ren)	\$744.00	\$320.00
Family	\$1,178.00	\$754.00

Carl Junction R-1 School Dist
Health Insurance Premiums
2024-2025

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	\$820.00	\$320.00
Employee/Spouse	\$1,616.00	\$1,116.00
Employee/Child(ren)	\$1,441.00	\$941.00
Family	\$2,282.00	\$1,782.00

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	\$722.00	\$222.00
Employee/Spouse	\$1,422.00	\$922.00
Employee/Child(ren)	\$1,268.00	\$768.00
Family	\$2,008.00	\$1,508.00

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	\$659.00	\$159.00
Employee/Spouse	\$1,299.00	\$799.00
Employee/Child(ren)	\$1,158.00	\$658.00
Family	\$1,833.00	\$1,333.00

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	\$644.00	\$144.00
Employee/Spouse	\$1,268.00	\$768.00
Employee/Child(ren)	\$1,130.00	\$630.00
Family	\$1,790.00	\$1,290.00

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

Plan Type	Total Premium	Employee Pays
Employee	\$445.00	\$0.00
Employee/Spouse	\$875.00	\$430.00
Employee/Child(ren)	\$781.00	\$336.00
Family	\$1,235.00	\$790.00