

2025-2026

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	\$835.00	\$335.00
Employee/Spouse	\$1,644.00	\$1,144.00
Employee/Child(ren)	\$1,466.00	\$966.00
Family	\$2,322.00	\$1,822.00

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	\$734.00	\$234.00
Employee/Spouse	\$1,448.00	\$948.00
Employee/Child(ren)	\$1,291.00	\$791.00
Family	\$2,043.00	\$1,543.00

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	\$671.00	\$171.00
Employee/Spouse	\$1,322.00	\$822.00
Employee/Child(ren)	\$1,178.00	\$678.00
Family	\$1,865.00	\$1,365.00

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	\$655.00	\$155.00
Employee/Spouse	\$1,291.00	\$791.00
Employee/Child(ren)	\$1,150.00	\$650.00
Family	\$1,821.00	\$1,321.00

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	\$452.00	\$0.00	\$ 48.00
Employee/Spouse	\$890.00	\$438.00	\$ 48.00
Employee/Child(ren)	\$794.00	\$342.00	\$ 48.00
Family	\$1,257.00	\$805.00	\$ 48.00

2025-2026

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	\$875.00	\$375.00
Employee/Spouse	\$1,724.00	\$1,224.00
Employee/Child(ren)	\$1,538.00	\$1,038.00
Family	\$2,435.00	\$1,935.00

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	\$770.00	\$270.00
Employee/Spouse	\$1,517.00	\$1,017.00
Employee/Child(ren)	\$1,353.00	\$853.00
Family	\$2,143.00	\$1,643.00

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	\$703.00	\$203.00
Employee/Spouse	\$1,386.00	\$886.00
Employee/Child(ren)	\$1,236.00	\$736.00
Family	\$1,956.00	\$1,456.00

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	\$687.00	\$187.00
Employee/Spouse	\$1,353.00	\$853.00
Employee/Child(ren)	\$1,206.00	\$706.00
Family	\$1,910.00	\$1,410.00

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	\$475.00	\$0.00	\$ 25.00
Employee/Spouse	\$934.00	\$459.00	\$ 25.00
Employee/Child(ren)	\$833.00	\$358.00	\$ 25.00
Family	\$1,318.00	\$843.00	\$ 25.00