

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

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

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.

Total Cost

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

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

\* Deductible may also apply to office visit charges.

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

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