

**Missouri Education Health Group
2021-2022 Renewal Options
United Health Care
Moberly**

Rates	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee	\$635	\$0	\$564	\$0
Employee+Spouse	\$1,268	\$633	\$1,138	\$574
Employee+Child(ren)	\$1,110	\$475	\$997	\$433
Family	\$1,743	\$1,108	\$1,492	\$928
Family, 2 MSD Employees	\$1,743	\$473	\$1,492	\$364

	Flexpoint \$4000 Deductible		\$5000 Deductible HSA*	
	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$4,000	\$7,500	\$5,000	\$10,000
Family Deductible	\$8,000	\$15,000	\$10,000	\$20,000
Co-Insurance	80%	50%	100%	70%
Individual OOP Max	\$6,750	\$10,000	\$6,900	\$12,500
Family OOP Max	\$13,500	\$20,000	\$13,800	\$25,000
Inpatient Hospital	Ded+Co-Ins	Ded+Co-Ins	Deductible	Ded + Co-Ins
Outpatient Hospital	Ded+Co-Ins	Ded+Co-Ins	Deductible	Ded + Co-Ins
Office Visit Co-Pay Primary	\$35 (limited)	Ded+Co-Ins	\$30 (AD)	Ded + Co-Ins
Office Visit Co-Pay Specialist	\$70 (limited)	Ded+Co-Ins	\$60 (AD)	Ded + Co-Ins
RX Co-Pay	\$20/\$50/\$125/\$250	Ded+Co-Ins	\$20/\$50/\$125/\$250 (AD)	Ded + Co-Ins
Emergency Room	Ded+Co-Ins	Ded+Co-Ins	\$300(AD)	Ded + Co-Ins
Urgent Care	\$75 (limited)	Ded+Co-Ins	\$75(AD)	Ded + Co-Ins
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited

Reminder PDL updated quarterly (January, April, July, October)

***\$71 HSA Contribution**

**This benefit summary is intended only to highlight your Benefits & should not be relied upon to fully determine your coverage. If this benefit summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of the services & supplies that are covered, those which are excluded or limited, & other terms and conditions of coverage.*

AD: After deductible
 OOP: Out of pocket maximum
 PDL: Prescription drug list