

Gasconade Co. R-I
Effective : 7/1/2018

NETWORK Open Access Plus
REGION Central/St. Louis
TIER 2



Enroll on line at www.ftjconnect.com

User Name: 197firstnamelastname

PASSWORD : Initial password will be last 4 of your Social Security Number.

		HSA 5000	HSA 4000	HSA 2700	PPO 3500
MONTHLY PREMIUM - EMPLOYEE		\$386	\$426	\$453	\$540
DISTRICT PAYS	What <i>YOUR DISTRICT</i> pays per employee per month	\$386	\$426	\$453	\$453
	What <i>YOUR DISTRICT</i> contributes to your personal HSA per month	\$67	\$27	\$0	N/A
	ANNUAL HSA CONTRIBUTION	\$804	\$324	\$0	N/A
Employee: TOTAL AMOUNT YOU PAY PER MONTH	Employee Only	\$0	\$0	\$0	\$87
	Employee + Spouse	\$463	\$511	\$544	\$735
	Employee + One child	\$232	\$256	\$272	\$411
	Employee + 2 or More Children	\$367	\$405	\$430	\$600
	Emp + Sp + One Child	\$695	\$767	\$816	\$1,059
	Emp + Sp + 2 or More Children	\$830	\$916	\$974	\$1,248

HSA Maximum for 2018

Individual	\$3,450
Family	\$6,850
Annual Catch up contribution for those age 55 and over	\$1,000

The MEUHP Summaries of Benefits and Coverage (SBCs) are available at www.ftjconnect.com or from your Payroll Supervisor. The MEUHP Plan Document is available at www.meuhp.com.

Questions? Call: 800-821-7303 ext 1179 for benefit questions or ext 1316 for system or password questions.

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		HSA5000	HSA4000	HSA 2700	PPO 3500
IN NETWORK BENEFITS					
Individual	Calendar Year Deductible	\$5,000	\$4,000	\$2,700	\$3,500
	Out of Pocket Maximum (includes deductible)	\$6,450	\$5,000	\$5,000	\$7,150
Family	Calendar Year Deductible	\$10,000	\$8,000	\$5,000	\$10,500
	Out of Pocket Maximum (includes deductible)	\$12,900	\$10,000	\$10,000	\$14,300
Benefit Highlights					
	Office Visit	Deductible, then 0%	Deductible, then 0%	Deductible, then 20%	\$30 - Primary \$50 - Specialist
	Coinsurance (amount you pay after deductible)	0%	0%	20%	20%
	Emergency Room	Deductible, then 0%	Deductible, then 0%	Deductible, then 20%	\$250 copay
	RX	\$15/\$45/\$75/25% W \$400 max after deductible. Extra \$1,450 Ind. / \$2,900 Family	\$15/\$45/\$75/25% W \$400 max after deductible. Extra \$1,000 Ind. / \$2,000 Family	Deductible, then 20%	\$10/\$35/\$75/ 25% to \$150 max Tier 2, Tier 3 and Tier 4 Rx only: One \$200 calendar year deductible
	Preventive Rx.	No Deductible; No coinsurance - for certain Preventive Rx. See List	No Deductible; No coinsurance - for certain Preventive Rx. See List	No Deductible; No coinsurance - for certain Preventive Rx. See List	N/A
	Preventive Care including (but not limited to) routine exams, mammogram, PSA test, immunizations.	No Deductible; No coinsurance	No Deductible; No coinsurance	No Deductible; No coinsurance	No copayment; No coinsurance

**Summary of Benefits and Coverage (SBCs) are available at www.ftjconnect
 See the SBCs for more plan details including out of network benefits.**