

2021 Premiums
Medical Premiums (per pay period):
Full Wellness Participation

- Employee Only: \$72
- Employee/Spouse: \$170
- Employee/Child(ren): \$159
- Family: \$239

Partial Wellness Participation

- Employee Only: \$92
- Employee/Spouse: \$191
- Employee/Child(ren): \$181
- Family: \$265

No Wellness Participation

- Employee Only: \$113
- Employee/Spouse: \$212
- Employee/Child(ren): \$202
- Family: \$285

Dental Premiums (per pay period):

No Change to 2020 Premiums

- Employee Only: \$11
- Employee/Spouse: \$22
- Employee/Child(ren): \$27.50
- Family: \$38.50

Vision Premiums (per pay period):

No Change to 2020 Premiums

- Employee Only: \$8
- Employee/Spouse: \$12.20
- Employee/Child(ren): \$12.50
- Family: \$19.10

For all your benefit questions, please contact Cathy Moore, senior benefits specialist, at cmoore@phelpshealth.org or (573) 458-7168.

Changes to your coverage DURING the year:

- You can **ONLY** make changes to your benefits, during the year, if you have a qualifying life event. **All changes MUST be made within 30 days of the date the event took place.**
- All enrollment can be done online at www.phelpshealth.bswift.com

Medical Plan Levels

No changes to deductibles, co-insurance or out-of-pocket max

	Level 1	Level 2	Level 3
I=Individual F=Family	In-Network Phelps Health/ CoxHealth	In-Network (e.g. Barnes, STL Childrens, MU Health, SSM)	Out-of-Network (e.g. Mercy, out-of- state hospitals)
Annual Deductible	\$250 (I) \$500 (F)	\$1,000 (I) \$2,000 (F)	\$1,500 (I) \$3,000 (F)
Co-pays	\$25 office visit \$150 ER	Deductible, then Co-insurance \$150 ER	Deductible, then Co-insurance \$150 ER
Wellness/Preventive	100% covered	100% covered	100% covered
Co-insurance (Plan vs. Patient Pay after Deductible)	90% plan / 10% patient	70% plan / 30% patient	50% plan / 50% patient
Annual Out-of-Pocket Maximum <small>(includes pharmacy)</small>	\$3,000 (I) \$6,000 (F)	\$5,500 (I) \$11,000 (F)	\$10,000 (I) \$20,000 (F)