

**2022 Premiums**
**Medical Premiums (per pay period):**
**Full Wellness Participation**

- Employee Only: \$73
- Employee/Spouse: \$173
- Employee/Child(ren): \$161
- Family: \$243

**Dental Premiums (per pay period):**

No Change to Premiums

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

For all your benefit questions, please contact Benefits Manager, Cathy Moore at [cmoore@phelpshealth.org](mailto:cmoore@phelpshealth.org) or (573) 458-7168.

**Vision Premiums (per pay period):**

No Change to Premiums

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

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