

# Missouri State University

## 2026 Medical and Pharmacy Benefits

### Member Responsibility

| Base Plan  | Magers Health Center                       | In-Network           | Out-of-Network                             |
|--|--|----------------------|--|
| Medical Benefits   |  |                      |  |
| Preventive Care  | 0%<br>Plan Pays 100%                       | 0%<br>Plan Pays 100% | Regular Benefits                           |
| Deductible<br>Individual (maximum)<br>Family (maximum)   | \$0<br>\$0                                 | \$1,600<br>\$3,200   | \$3,200<br>\$6,400                         |
| Coinsurance<br>Individual (maximum)<br>Family (maximum)  | 20%<br>\$2,000<br>\$4,000                  |                      | 40%<br>\$4,000<br>\$8,000                  |
| Office Visit Copay<br>Primary Care*<br>Specialist*   | \$10<br>\$10                               | \$40<br>\$60         | N/A<br>N/A                                 |
| Emergency Room<br>Deductible (per incident)*   | N/A  | \$500                | \$500                                      |
| *Copay & ER Deductible<br>Individual (maximum)<br>Family (maximum)   | \$1,750<br>\$3,500                         |                      | No Maximum<br>No Maximum                   |
| Total Medical Out of Pocket<br>Individual (maximum)<br>Family (maximum)  | \$5,350<br>\$10,700                        |                      | No Maximum<br>No Maximum                   |
| Pharmacy Benefits  |  |                      |  |
| Pharmacy Preventive  | 0%<br>Plan Pays 100%                       | 0%<br>Plan Pays 100% | N/A  |
| Pharmacy All Other   | 20%  | 30%                  | N/A  |
| Total Pharmacy Out of Pocket<br>Individual (maximum)<br>Family (maximum)                                       | \$2,000<br>\$4,000                         |                      |  |
| Total Out of Pocket Maximum**<br>Individual (maximum)<br>Family (maximum)                                      | Magers + In-Network<br>\$7,350<br>\$14,700 |                      | Out-of-Network<br>No Maximum<br>No Maximum |
| **Total Out of Pocket Maximum does not include ineligible amounts, including amounts over Usual and Customary. |  |                      |  |
| Monthly Premium  | Without Incentive                          | With Incentive       |  |
| Employee Only  | \$48                                       | \$18                 |  |
| Employee + Spouse  | \$458                                      | \$428                |  |
| Employee + Child(ren)  | \$338                                      | \$308                |  |
| Employee + Family  | \$524                                      | \$494                |  |