

Missouri State University

2027 Medical and Pharmacy Benefits

Member Responsibility

Base Plan	Magers Health Center	In-Network	Out-of-Network
Medical Benefits			
Preventive Care	0% Plan Pays 100%	0% Plan Pays 100%	Regular Benefits
Deductible Individual (maximum) Family (maximum)	\$0 \$0	\$1,600 \$3,200	\$3,200 \$6,400
Coinsurance Individual (maximum) Family (maximum)	20% \$2,000 \$4,000		40% \$4,000 \$8,000
Office Visit Copay Primary Care* Specialist*	\$10 \$10	\$40 \$60	N/A N/A
Emergency Room Deductible (per incident)*	N/A	\$500	\$500
*Copay & ER Deductible Individual (maximum) Family (maximum)	\$1,750 \$3,500		No Maximum No Maximum
Total Medical Out of Pocket Individual (maximum) Family (maximum)	\$5,350 \$10,700		No Maximum No Maximum
Pharmacy Benefits			
Pharmacy Preventive	0% Plan Pays 100%	0% Plan Pays 100%	N/A
Pharmacy All Other	20%	30%	N/A
Total Pharmacy Out of Pocket Individual (maximum) Family (maximum)	\$2,000 \$4,000		
Total Out of Pocket Maximum** Individual (maximum) Family (maximum)	Magers + In-Network \$7,350 \$14,700		Out-of-Network No Maximum 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	\$54	\$24	
Employee + Spouse	\$512	\$482	
Employee + Child(ren)	\$378	\$348	
Employee + Family	\$585	\$555	