

MoDOT & MSHP Medical Plan Benefits-at-a-Glance for Non-Medicare Participants Effective January 1, 2026

Listed below is a partial outline of health services covered under the MoDOT/MSHP Summary Plan Document (SPD). This should not be relied upon to fully determine coverage. See the MoDOT/MSHP SPD for applicable limits and exclusions to coverage for these health services. If differences exist between this document and the SPD, the SPD governs.

Benefit	Anthem HDHP Plan Member's Responsibility	
	In Network Provider	Out-of-Network Provider *
Annual Deductible		
Individual	\$1,700**	\$3,500**
Family	\$3,500	\$7,000
Coinsurance (applies after deductible)		
Up to out-of-pocket maximum	30%	50%
Annual Out-of-Pocket Maximum		
<i>Does not include cost above out-of-network rate.</i>	Includes coinsurance and deductible.	Includes coinsurance and deductible.
Individual	\$3,300**	\$5,000**
Family	\$6,600	\$10,000
Lifetime Maximum	Unlimited	Unlimited
Office Visit	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Emergency Room Services	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)
Immunizations	Covered 100%	<u>Not covered</u>
According to CDC Recommended Schedules		
Inpatient Hospital Care	30% coinsurance after deductible. Pre-admission certification required.	50% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Maternity	30% coinsurance after deductible.	50% coinsurance of out-of-network rate after deductible.
Preventive Care	Covered 100%	<u>Not covered</u>
Surgery	30% coinsurance after deductible. Pre-admission certification required.	50% coinsurance of out-of-network rate after deductible. Pre-admission certification required.
Inpatient and Outpatient		
Urgent Care	30% (up to out-of-pocket maximum)	50% (up to out-of-pocket maximum)

*Out-of-Network Provider service insurance payments are subject to Out-of-Network Rate only. Member will be responsible 100% for amounts above Out-of-Network Rate.

** If you have other family members on the plan, the individual limits do not apply

Pharmacy Benefit - Available Through Participating Pharmacies Only

Deductible	Included in medical deductible.
Coinsurance	30% of costs after deductible is met.
Annual Out-of-Pocket Maximum	Includes coinsurance and deductible.
Individual	Included in medical annual out of pocket maximum.
Family	
Starter Quantity	30 day starter quantity for new medication, including change in strength, or the medication has not been filled for the previous six months.
Brand over Generic Policy	<p>If a generic is available: 30% coinsurance of brand drug's cost plus the difference between the brand and generic after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment.</p> <p>If no generic is available: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment.</p> <p>If brand is medically necessary and approved: 30% coinsurance after calendar year deductible at retail and mail order pharmacy with \$5 minimum copayment.</p>
Quantity	Purchase 90 days at participating retail pharmacies or the mail order pharmacy for maintenance medications.
Prior Authorization	Some drugs may require a prior authorization. Contact the pharmacy benefit number on your insurance card.