



Health Insurance for Individuals

In partnership with ST. JOHNS

Southwest Missouri Short-Term Non-Tobacco Plans

All plans are a PPO and have the following:

Medical Co-insurance	Maximum Out-of-pocket	Prescription Co-pay	Prescription Drug Deductible
80% In-Network / 60% Out-of-Network	\$4,000 In-Network / \$8,000 Out-of-Network	\$15 Generic / \$40 Preferred Brand	\$0

Age *	3-MONTH		\$2500 Deductible / \$35 / \$45 Office Visit		\$5000 Deductible / \$35 / \$45 Office Visit	
	\$1000 Deductible / \$15 / \$25 Office Visit		Male	Female	Male	Female
	Plan G	Plan H	Plan I	Plan I	Plan I	
1 to 4	\$82.18	\$82.18	\$67.67	\$67.67	\$57.04	\$57.04
5 to 18	\$66.07	\$66.07	\$54.40	\$54.40	\$45.86	\$45.86
19 to 24	\$100.04	\$153.15	\$82.38	\$126.10	\$69.44	\$106.30
25 to 29	\$112.37	\$179.43	\$92.52	\$147.74	\$77.99	\$124.54
30 to 34	\$126.87	\$209.34	\$104.46	\$172.37	\$88.06	\$145.30
35 to 39	\$155.87	\$241.05	\$128.34	\$198.48	\$108.19	\$167.32
40 to 44	\$195.74	\$284.55	\$161.17	\$234.30	\$135.86	\$197.51
45 to 49	\$231.99	\$320.80	\$191.02	\$264.15	\$161.02	\$222.67
50 to 54	\$282.01	\$366.11	\$232.21	\$301.46	\$195.74	\$254.12
55 to 59	\$331.31	\$410.52	\$272.80	\$338.02	\$229.96	\$284.94
60 to 64	\$400.18	\$484.83	\$329.50	\$399.21	\$277.76	\$336.52
+ 1 Dependent Child	\$77.34	\$77.34	\$63.69	\$63.69	\$53.69	\$53.69
+ 2 Dep Children	\$154.69	\$154.69	\$127.37	\$127.37	\$107.37	\$107.37
+3 or more Dep Children	\$232.03	\$232.03	\$191.06	\$191.06	\$161.06	\$161.06

Age *	6-MONTH		\$2500 Deductible / \$35 / \$45 Office Visit		\$5000 Deductible / \$35 / \$45 Office Visit	
	\$1000 Deductible / \$15 / \$25 Office Visit		Male	Female	Male	Female
	Plan J	Plan K	Plan L	Plan L	Plan L	
1 to 4	\$82.18	\$82.18	\$67.67	\$67.67	\$57.04	\$57.04
5 to 18	\$66.07	\$66.07	\$54.40	\$54.40	\$45.86	\$45.86
19 to 24	\$100.04	\$153.15	\$82.38	\$126.10	\$69.44	\$106.30
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See Other Side for Short-Term Tobacco Plans

Acceptance is subject to medical underwriting. Rates subject to change. Tobacco user rates do not apply to children under 19.

For Missouri residents only. Check with Mercy Health Plans for availability by county.

The premium for the HIPAA plan is higher than the non-HIPAA plans.

*For children under 1 year old, child only rates are not available; children this age can only be covered as a dependent under a parent's policy.

**Maternity benefits apply only to the applicant and spouse and will not begin for one year. Maternity coverage is not available on the child only plan.



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	Plan G	Male	Female	Plan H	Male	Female	Plan I	Male	Female
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5 to 18		\$66.07	\$66.07		\$54.40	\$54.40		\$45.86	\$45.86
19 to 24		\$122.05	\$186.84		\$100.50	\$153.85		\$84.72	\$129.69
25 to 29		\$137.09	\$218.91		\$112.88	\$180.25		\$95.15	\$151.94
30 to 34		\$154.78	\$255.39		\$127.44	\$210.29		\$107.43	\$177.27
35 to 39		\$190.16	\$294.09		\$156.57	\$242.15		\$131.99	\$204.13
40 to 44		\$238.80	\$347.16		\$196.63	\$285.85		\$165.75	\$240.96
45 to 49		\$283.02	\$391.38		\$233.04	\$322.26		\$196.45	\$271.66
50 to 54		\$344.05	\$446.66		\$283.29	\$367.78		\$238.80	\$310.03
55 to 59		\$404.19	\$500.83		\$332.81	\$412.39		\$280.55	\$347.63
60 to 64		\$488.21	\$591.49		\$402.00	\$487.03		\$338.87	\$410.55
+ 1 Dependent Child		\$77.34	\$77.34		\$63.69	\$63.69		\$53.69	\$53.69
+ 2 Dep Children		\$154.69	\$154.69		\$127.37	\$127.37		\$107.37	\$107.37
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