

# NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE COST COMPARISON

Monthly Cost for Benefits Effective 7/1/25

Blue KC B1 EPO Copay (\$\$\$)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness
Employee	\$990.68	\$910.00	\$80.68	\$110.68
Employee + Spouse	\$2,068.94	\$910.00	\$1,158.94	\$1,188.94
Employee + Child(ren)	\$1,800.16	\$910.00	\$890.16	\$920.16
Family	\$2,371.96	\$910.00	\$1,461.96	\$1,491.96
Family Split Premium**	\$2,371.96	\$1,820.00	\$275.98 (per employee)	\$305.98 (per employee)

Blue KC B2 High Deductible (\$)	Total Monthly Cost	District Monthly Benefit*	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness	District HSA Monthly Contribution
Employee	\$838.14	\$838.14	\$0.00	\$30.00	\$71.86
Employee + Spouse	\$1,750.38	\$838.14	\$912.24	\$942.24	\$71.86
Employee + Child(ren)	\$1,523.00	\$838.14	\$684.86	\$714.86	\$71.86
Family	\$2,006.76	\$838.14	\$1,168.62	\$1,198.62	\$71.86
Family Split Premium**	\$2,006.76	\$1,676.28	\$165.24 (per employee)	\$195.24 (per employee)	\$143.72

Blue KC B3 EPO/SPIRA Care (\$\$)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness
Employee	\$914.94	\$910.00	\$4.94	\$34.94
Employee + Spouse	\$1,910.78	\$910.00	\$1,000.78	\$1,030.78
Employee + Child(ren)	\$1,662.48	\$910.00	\$752.48	\$782.48
Family	\$2,190.64	\$910.00	\$1,280.64	\$1,310.64
Family Split Premium**	\$2,190.64	\$1,820.00	\$185.32 (per employee)	\$215.32 (per employee)

Ameritas Dental (Contracted through 7/1/2026)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$23.60	\$23.60	\$0.00
Employee + Spouse	\$48.22	\$23.60	\$24.62
Employee + Child(ren)	\$68.76	\$23.60	\$45.16
Family	\$91.30	\$23.60	\$67.70
Family Split Premium**	\$91.30	\$47.20	\$22.06 (per employee)

VSP Vision (Contracted through 7/1/2029)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$8.98	\$0.00	\$8.98
Employee + Spouse	\$17.96	\$0.00	\$17.96
Employee + Child(ren)	\$19.22	\$0.00	\$19.22
Family	\$30.70	\$0.00	\$30.70

New York Life Basic Life/AD&D (Contracted through 7/1/2027)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$1.80	\$1.80	\$0.00

"\*With Wellness Credit (Complete Biometric Screening, HRA and Point requirements)

\*\*Both EE & spouse work for NKC Schools electing Family Tier  
Any discrepancy between this document and the Plan Certificate, the Plan Certificate will prevail."