NORTH KANSAS CITY SCHOOLS MONTHLY <u>RETIREE/COBRA</u> BENEFITS COST BENEFIT PLAN YEAR JULY 1, 2022 THROUGH JUNE 30, 2023

Blue Cross Blue Shield: B1 EPO CoPay (\$\$\$)	Total Monthly Pre-65 Retiree Cost	Total Monthly Post-65 Retiree Cost	Total Monthly COBRA Cost
Retiree/Cobra	\$840.08	\$924.10	\$856.88
Retiree/Cobra + Spouse	\$1,726.04	\$1,898.64	\$1,760.56
Retiree/Cobra + Child(ren)	\$1,469.78	\$1,616.76	\$1,499.18
Family	\$1,841.54	\$2,025.70	\$1,878.38

Blue Cross Blue Shield: B2 High Deductible (\$)	Total Monthly Pre-65 Retiree Cost	Total Monthly Post-65 Retiree Cost	Total Monthly COBRA Cost
Retiree/Cobra	\$710.74	\$781.82	\$724.96
Retiree/Cobra + Spouse	\$1,460.30	\$1,606.34	\$1,489.52
Retiree/Cobra + Child(ren)	\$1,243.50	\$1,367.86	\$1,268.38
Family	\$1,558.02	\$1,713.82	\$1,589.18

Blue Cross Blue Shield: B3 EPO/Spira Care (\$\$)	Total Monthly Pre-65 Retiree Cost	Total Monthly Post-65 Retiree Cost	Total Monthly COBRA Cost
Retiree/Cobra	\$775.86	\$853.46	\$791.38
Retiree/Cobra + Spouse	\$1,594.10	\$1,753.52	\$1,625.98
Retiree/Cobra + Child(ren)	\$1,357.40	\$1,493.14	\$1,384.56
Family	\$1,700.78	\$1,870.86	\$1,734.80

Delta Dental	Total Monthly COBRA Cost
Retiree/Cobra	\$27.68
Retiree/Cobra + Spouse	\$56.56
Retiree/Cobra + Child(ren)	\$80.62
Family	\$107.06

EyeMed Vision	Total Monthly COBRA Cost
Retiree/Cobra	\$9.86
Retiree/Cobra + Spouse	\$19.60
Retiree/Cobra + Child(ren)	\$20.96
Family	\$33.48