

NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE COST COMPARISON
Monthly Cost for Benefits Effective 7/1/26

Blue KC B1 EPO Copay (\$\$\$)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness
Employee	\$1,035.26	\$951.00	\$84.26	\$114.26	n/a
Employee + Spouse	\$2,162.04	\$951.00	\$1,211.04	\$1,241.04	n/a
Employee + Child(ren)	\$1,881.18	\$951.00	\$930.18	\$960.18	n/a
Family	\$2,478.70	\$951.00	\$1,527.70	\$1,557.70	n/a
Family Split Premium**	\$2,478.70	\$1,902.00	\$288.36	\$318.36	\$144.18

Blue KC B2 High Deductible (\$)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness	District HSA Monthly Contribution
Employee	\$875.86	\$951.00	\$0.00	\$30.00	n/a	\$75.14
Employee + Spouse	\$1,829.16	\$951.00	\$953.30	\$983.30	n/a	\$75.14
Employee + Child(ren)	\$1,591.54	\$951.00	\$715.68	\$745.68	n/a	\$75.14
Family	\$2,097.06	\$951.00	\$1,221.20	\$1,251.20	n/a	\$75.14
Family Split Premium**	\$2,097.06	\$1,902.00	\$172.68	\$202.68	\$86.34	\$150.28

Blue KC B3 EPO/SPIRA Care (\$\$)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness*	Employee Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness
Employee	\$956.12	\$951.00	\$5.12	\$35.12	n/a
Employee + Spouse	\$1,996.78	\$951.00	\$1,045.78	\$1,075.78	n/a
Employee + Child(ren)	\$1,737.30	\$951.00	\$786.30	\$816.30	n/a
Family	\$2,289.22	\$951.00	\$1,338.22	\$1,368.22	n/a
Family Split Premium**	\$2,289.22	\$1,902.00	\$193.62	\$223.62	\$96.82

Ameritas Dental (Contracted through 7/1/2027)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost	Monthly Cost Per FSP EE
Employee	\$25.24	\$25.24	\$0.00	n/a
Employee + Spouse	\$51.60	\$25.24	\$26.36	n/a
Employee + Child(ren)	\$73.60	\$25.24	\$48.36	n/a
Family	\$97.68	\$25.24	\$72.44	n/a
Family Split Premium**	\$97.68	\$50.48	\$23.60	\$11.80

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.