

# NORTH KANSAS CITY SCHOOLS MONTHLY BENEFITS COST

## BENEFIT PLAN YEAR JULY 1, 2023 THROUGH JUNE 30, 2024

### NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE COST COMPARISON

Monthly Cost for Benefits Effective 7/1/23

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	\$895.60	\$807.00	\$88.60	\$118.60	n/a
Employee + Spouse	\$1,850.22	\$807.00	\$1,043.22	\$1,073.22	n/a
Employee + Child(ren)	\$1,587.08	\$807.00	\$780.08	\$810.08	n/a
Family	\$2,023.64	\$807.00	\$1,216.64	\$1,246.64	n/a
<b>Family Split Premium**</b>	<b>\$2,023.64</b>	<b>\$1,614.00</b>	<b>\$409.64</b>	<b>\$439.64</b>	<b>\$204.82</b>

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	\$757.72	\$757.72	\$0.00	\$30.00	n/a	\$49.28
Employee + Spouse	\$1,565.36	\$757.72	\$807.64	\$837.64	n/a	\$49.28
Employee + Child(ren)	\$1,342.74	\$757.72	\$585.02	\$615.02	n/a	\$49.28
Family	\$1,712.08	\$757.72	\$954.36	\$984.36	n/a	\$49.28
<b>Family Split Premium**</b>	<b>\$1,712.08</b>	<b>\$1,515.44</b>	<b>\$196.64</b>	<b>\$226.64</b>	<b>\$98.32</b>	<b>\$98.56</b>

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	\$827.14	\$807.00	\$20.14	\$50.14	n/a
Employee + Spouse	\$1,708.78	\$807.00	\$901.78	\$931.78	n/a
Employee + Child(ren)	\$1,465.72	\$807.00	\$658.72	\$688.72	n/a
Family	\$1,868.96	\$807.00	\$1,061.96	\$1,091.96	n/a
<b>Family Split Premium**</b>	<b>\$1,868.96</b>	<b>\$1,614.00</b>	<b>\$254.96</b>	<b>\$284.96</b>	<b>\$127.48</b>

Ameritas Dental (Contracted through 7/1/2026)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost	Monthly Cost Per FSP EE
Employee	\$23.60	\$23.60	\$0.00	n/a
Employee + Spouse	\$48.22	\$23.60	\$24.62	n/a
Employee + Child(ren)	\$68.76	\$23.60	\$45.16	n/a
Family	\$91.30	\$23.60	\$67.70	n/a
<b>Family Split Premium**</b>	<b>\$91.30</b>	<b>\$47.20</b>	<b>\$44.10</b>	<b>\$22.05</b>

EyeMed Vision (Contracted through 7/1/2024)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$9.66	\$0.00	\$9.66
Employee + Spouse	\$19.22	\$0.00	\$19.22
Employee + Child(ren)	\$20.54	\$0.00	\$20.54
Family	\$32.82	\$0.00	\$32.82

MetLife Basic Life/AD&D (Contracted through 7/1/2024)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$2.20	\$2.20	\$0.00

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

\*\*Both spouse work for NKC Schools electing Family Tier

*Any discrepancy between this document and the Plan Certificate, the Plan Certificate will prevail.*