

NORTH KANSAS CITY SCHOOLS MONTHLY BENEFITS COST

BENEFIT PLAN YEAR JULY 1, 2019 THROUGH JUNE 30, 2020

Blue Select Plus EPO (Contracted through 7/1/2020)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$660.50	\$610.00	\$50.50	\$80.50	
Employee + Spouse	\$1,357.08	\$610.00	\$747.08	\$777.08	
Employee + Child(ren)	\$1,155.58	\$610.00	\$545.58	\$575.58	
Family	\$1,447.90	\$610.00	\$837.90	\$867.90	
Family Split Premium	\$1,447.90	\$1,220.00	\$227.90	\$287.90	\$113.95

Blue Select Plus QHDHP (Contracted through 7/1/2020)	Total Monthly Cost	District Monthly Benefit*	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$558.80	\$558.80	\$0.00	\$30.00	
Employee + Spouse	\$1,148.14	\$558.80	\$589.34	\$619.34	
Employee + Child(ren)	\$977.66	\$558.80	\$418.86	\$448.86	
Family	\$1,224.98	\$558.80	\$666.18	\$696.18	
Family Split Premium	\$1,224.98	\$1,117.60	\$107.38	\$167.38	\$53.69

*District benefit amount will include \$51.20 per month to HSA (\$614.40 annually)

Blue Select Plus Spira EPO (Contracted through 7/1/2020)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$610.00	\$610.00	\$0.00	\$30.00	
Employee + Spouse	\$1,253.32	\$610.00	\$643.32	\$673.32	
Employee + Child(ren)	\$1,067.24	\$610.00	\$457.24	\$487.24	
Family	\$1,337.20	\$610.00	\$727.20	\$757.20	
Family Split Premium	\$1,337.20	\$1,220.00	\$117.20	\$177.20	\$58.60

Delta Dental (Contracted through 7/1/2020)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost	Employee Monthly Cost	Monthly Cost per Employee
Employee	\$27.14	\$27.14	\$0.00	n/a	
Employee + Spouse	\$55.44	\$27.14	\$28.30	n/a	
Employee + Child(ren)	\$79.04	\$27.14	\$51.90	n/a	
Family	\$104.96	\$27.14	\$77.82	n/a	
Family Split Premium	\$104.96	\$54.28	\$50.68	n/a	\$25.34

EyeMed Vision (Contracted through 7/1/2020)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$8.54	\$0.00	\$8.54
Employee + Spouse	\$17.00	\$0.00	\$17.00
Employee + Child(ren)	\$18.18	\$0.00	\$18.18
Family	\$29.04	\$0.00	\$29.04

Guardian Basic Life/AD&D (Contracted through 7/1/2021)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$2.20	\$2.20	\$0.00