

**NORTH KANSAS CITY SCHOOLS MONTHLY RETIREE/COBRA BENEFITS COST  
BENEFIT PLAN YEAR JULY 1, 2023 THROUGH JUNE 30, 2024**

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	\$895.60	\$985.16	\$913.52
Retiree/Cobra + Spouse	\$1,850.22	\$2,035.24	\$1,887.22
Retiree/Cobra + Child(ren)	\$1,587.08	\$1,745.80	\$1,618.82
Family	\$2,023.64	\$2,226.00	\$2,064.12

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	\$757.72	\$833.50	\$772.88
Retiree/Cobra + Spouse	\$1,565.36	\$1,721.90	\$1,596.68
Retiree/Cobra + Child(ren)	\$1,342.74	\$1,477.00	\$1,369.60
Family	\$1,712.08	\$1,883.28	\$1,746.32

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	\$827.14	\$909.86	\$843.68
Retiree/Cobra + Spouse	\$1,708.78	\$1,879.66	\$1,742.96
Retiree/Cobra + Child(ren)	\$1,465.72	\$1,612.30	\$1,495.04
Family	\$1,868.96	\$2,055.86	\$1,906.34

Ameritas Dental	Total Monthly COBRA Cost
Retiree/Cobra	24.08
Retiree/Cobra + Spouse	49.18
Retiree/Cobra + Child(ren)	70.14
Family	93.14

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