NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE BENEFIT COST	[
Monthly Cost for Benefits Effective 7/1/24	

Blue KC B1 EPO Copay (\$\$\$)Total Monthly CostDistrict Monthly BenefitEmployee Monthly Cost w/Wellness*Employee Monthly Cost W/Wellness*Monthly Cost Per FSP EE w/WellnessEmployee\$945.20\$858.00\$87.20\$117.20n/aEmployee + Spouse\$1,963.32\$858.00\$87.20\$117.20n/aEmployee + Child(ren)\$1,696.24\$858.00\$838.24\$868.24n/aFamily\$2,199.38\$858.00\$1,341.38\$1,371.38n/aFamily Split Premium**\$2,199.38\$1,716.00\$483.38\$513.38\$241.70Blue KC B2 High Deductible (\$)Total Monthly CostDistrict Benefit*Employee W/Wellness*Monthly Cost w/Wellness*Per FSP EE w/WellnessEmployee\$799.68\$799.68\$0.00\$30.00n/aEmployee + Spouse\$1,661.04\$799.68\$60.00\$30.00n/aEmployee + Child(ren)\$1,435.10\$799.68\$61.36\$891.36n/aFamily\$1,860.76\$799.68\$1,061.08\$1,091.08n/aFamily\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KC Family Split Premium**\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KC B3 EPO/SPIRA CareTotal MonthlyDistrict Monthly Monthly CostEmployee Monthly Cost Per FSP EEFer FSP EE
Bittle KC B1 EPO Copay (\$\$\$)Monthly CostMonthly BenefitMonthly Cost w/Wellness*Monthly Cost w/O WellnessPer FSP EE w/WellnessEmployee\$945.20\$858.00\$87.20\$117.20n/aEmployee + Spouse\$1,963.32\$858.00\$1,105.32\$1,135.32n/aEmployee + Child(ren)\$1,696.24\$858.00\$838.24\$868.24n/aFamily\$2,199.38\$858.00\$1,341.38\$1,371.38n/aFamily Split Premium**\$2,199.38\$1,716.00\$483.38\$513.38\$241.70Blue KC B2 High Deductible (\$)Total Monthly CostDistrict Benefit*Employee W/Wellness*Monthly Cost w/Wellness*Monthly Cost w/WellnessEmployee\$799.68\$799.68\$0.00\$30.00n/aEmployee + Child(ren)\$1,435.10\$799.68\$635.42\$665.42n/aEmployee + Child(ren)\$1,435.10\$799.68\$1,061.08\$1,091.08n/aEmployee + Child(ren)\$1,435.10\$799.68\$635.42\$665.42n/aFamily\$1,860.76\$799.68\$1,061.08\$1,091.08n/aFamily Split Premium**\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KCTotalDistrictEmployeeEmployeeMonthly Cost
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Employee + Spouse \$1,963.32 \$858.00 \$1,105.32 \$1,135.32 n/a Employee + Child(ren) \$1,696.24 \$858.00 \$838.24 \$868.24 n/a Family \$2,199.38 \$858.00 \$1,341.38 \$1,371.38 n/a Family Split Premium** \$2,199.38 \$1,716.00 \$483.38 \$513.38 \$241.70 Blue KC Total District Employee Employee Monthly Per FSP EE Blue KC Total District Monthly Monthly Solution \$483.38 \$513.38 \$241.70 Blue KC Total District Employee Employee Monthly Cost Per FSP EE Blue KC Yourge for the state of the stat
Employee + Child(ren) \$1,696.24 \$858.00 \$838.24 \$868.24 n/a Family \$2,199.38 \$858.00 \$1,341.38 \$1,371.38 n/a Family Split Premium** \$2,199.38 \$1,716.00 \$483.38 \$513.38 \$241.70 Blue KC Total District Employee Employee Monthly Cost Per FSP EE Blue KC Total District Monthly Monthly Cost W/Wellness* W/Wellness Per FSP EE Employee \$799.68 \$799.68 \$0.00 \$30.00 n/a Employee + Spouse \$1,661.04 \$799.68 \$635.42 \$665.42 n/a Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost \$130.70
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Family Split Premium**\$2,199.38\$1,716.00\$483.38\$513.38\$241.70Blue KC B2 High Deductible (\$)Total Monthly CostDistrict Monthly Benefit*Employee Monthly Cost w/Wellness*Employee Monthly Cost w/O WellnessMonthly Cost Per FSP EE w/WellnessEmployee\$799.68\$799.68\$0.00\$30.00n/aEmployee + Spouse\$1,661.04\$799.68\$861.36\$891.36n/aEmployee + Child(ren)\$1,435.10\$799.68\$635.42\$665.42n/aFamily\$1,860.76\$799.68\$1,061.08\$1,091.08n/aFamily Split Premium**\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KCTotalDistrictEmployeeEmployeeMonthly Cost\$130.70
Blue KC B2 High Deductible (\$)Monthly CostMonthly Benefit*Monthly Cost
Blue KC B2 High Deductible (\$)Monthly CostMonthly Benefit*Monthly Cost w/Wellness*Monthly Cost w/O WellnessPer FSP EE w/WellnessEmployee\$799.68\$799.68\$0.00\$30.00n/aEmployee + Spouse\$1,661.04\$799.68\$861.36\$891.36n/aEmployee + Child(ren)\$1,435.10\$799.68\$635.42\$665.42n/aFamily\$1,860.76\$799.68\$1,061.08\$1,091.08n/aFamily Split Premium**\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KCTotalDistrictEmployeeEmployeeMonthly CostMonthly Cost
B2 High Deductible (\$) Cost Benefit* w/Wellness* w/o Wellness w/Wellness Employee \$799.68 \$799.68 \$0.00 \$30.00 n/a Employee + Spouse \$1,661.04 \$799.68 \$861.36 \$891.36 n/a Employee + Child(ren) \$1,435.10 \$799.68 \$635.42 \$665.42 n/a Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost
Employee \$799.68 \$799.68 \$0.00 \$30.00 n/a Employee + Spouse \$1,661.04 \$799.68 \$861.36 \$891.36 n/a Employee + Child(ren) \$1,435.10 \$799.68 \$635.42 \$665.42 n/a Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost
Employee + Spouse \$1,661.04 \$799.68 \$861.36 \$891.36 n/a Employee + Child(ren) \$1,435.10 \$799.68 \$635.42 \$665.42 n/a Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost
Employee + Child(ren) \$1,435.10 \$799.68 \$635.42 \$665.42 n/a Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost
Family \$1,860.76 \$799.68 \$1,061.08 \$1,091.08 n/a Family Split Premium** \$1,860.76 \$1,599.36 \$261.40 \$291.40 \$130.70 Blue KC Total District Employee Employee Monthly Cost
Family Split Premium**\$1,860.76\$1,599.36\$261.40\$291.40\$130.70Blue KCTotalDistrictEmployeeEmployeeMonthly Cost
Blue KCTotalDistrictEmployeeEmployeeMonthly Cost
B3 EPO/SPIRA Care Monthly Monthly Monthly Cost Monthly Cost Per FSP EE
(\$\$) Cost Benefit w/Wellness* w/o Wellness w/ Wellness
Employee \$872.94 \$858.00 \$14.94 \$44.94 n/a
Employee + Spouse \$1,813.24 \$858.00 \$955.24 \$985.24 n/a
Employee + Child(ren) \$1,566.52 \$858.00 \$708.52 \$738.52 n/a
Family \$2,031.26 \$858.00 \$1,173.26 \$1,203.26 n/a
Family Split Premium**\$2,031.26\$1,716.00\$315.26\$345.26\$157.64
Ameritas Dental Total District
Employee Monthly Cost
(Contracted through Monthly Monthly Monthly Cost 7/1/2020 Cost Per FSP EE
7/1/2026) Cost Benefit Honding Cost Ferror EL
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
Family Split Premium** \$91.30 \$47.20 \$44.10 \$22.06
VSD Vision Total District
VSP Vision Total District Employee
(Contracted through Nonthly Nonthly
7/1/2029) Cost Benefit Monthly Cost
7/1/2029) Cost Benefit Monthly Cost Employee \$8.98 \$0.00 \$8.98
7/1/2029) Cost Benefit Monthly Cost Employee \$8.98 \$0.00 \$8.98 Employee + Spouse \$17.96 \$0.00 \$17.96
7/1/2029) Cost Benefit Monthly Cost Employee \$8.98 \$0.00 \$8.98

Exhibit #2: 2024-25 Monthly Employee Benefits Cost

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 spouse work for NKC Schools electing Family Tier

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

District HSA Monthly Contribution
\$58.32
\$58.32
\$58.32
\$58.32
\$116.64