

**NORTH KANSAS CITY SCHOOLS MONTHLY EMPLOYEE BENEFIT COST**

Monthly Cost for Benefits Effective 7/1/24

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	\$945.20	\$858.00	\$87.20	\$117.20	n/a
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
<b>Family Split Premium**</b>	<b>\$2,199.38</b>	<b>\$1,716.00</b>	<b>\$483.38</b>	<b>\$513.38</b>	<b>\$241.70</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
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
<b>Family Split Premium**</b>	<b>\$1,860.76</b>	<b>\$1,599.36</b>	<b>\$261.40</b>	<b>\$291.40</b>	<b>\$130.70</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	\$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
<b>Family Split Premium**</b>	<b>\$2,031.26</b>	<b>\$1,716.00</b>	<b>\$315.26</b>	<b>\$345.26</b>	<b>\$157.64</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>\$22.06</b>

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

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
<b>Employee</b>	<b>\$1.80</b>	<b>\$1.80</b>	<b>\$0.00</b>

\*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.*

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