

NORTH KANSAS CITY SCHOOLS MONTHLY BENEFITS COST

BENEFIT PLAN YEAR JULY 1, 2020 THROUGH JUNE 30, 2021

Aetna: A1 EPO Copay (\$\$\$) (Contracted through 7/1/2021)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$713.20	\$650.00	\$63.20	\$93.20	
Employee + Spouse	\$1,465.36	\$650.00	\$815.36	\$845.36	
Employee + Child(ren)	\$1,247.78	\$650.00	\$597.78	\$627.78	
Family	\$1,563.40	\$650.00	\$913.40	\$943.40	
Family Split Premium	\$1,563.40	\$1,300.00	\$263.40	\$323.40	\$131.70

Aetna: A2 High Deductible (\$) (Contracted through 7/1/2021)	Total Monthly Cost	District Monthly Benefit*	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$603.38	\$603.38	\$0.00	\$30.00	
Employee + Spouse	\$1,239.74	\$603.38	\$636.36	\$666.36	
Employee + Child(ren)	\$1,055.66	\$603.38	\$452.28	\$482.28	
Family	\$1,322.70	\$603.38	\$719.32	\$749.32	
Family Split Premium	\$1,322.70	\$1,206.76	\$115.94	\$175.94	\$57.97

*District benefit amount will include \$46.62 per month to HSA (\$559.44 annually)

Aetna: A3 EPO Primary Care 100 (\$\$) (Contracted through 7/1/2021)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost w/Wellness	Employee Monthly Cost w/o Wellness	Monthly Cost per Employee
Employee	\$658.66	\$650.00	\$8.66	\$38.66	
Employee + Spouse	\$1,353.32	\$650.00	\$703.32	\$733.32	
Employee + Child(ren)	\$1,152.38	\$650.00	\$502.38	\$532.38	
Family	\$1,443.88	\$650.00	\$793.88	\$823.88	
Family Split Premium	\$1,443.88	\$1,300.00	\$143.88	\$203.88	\$71.94

Delta Dental (Contracted through 7/1/2023)	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 7/1/2024)	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

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