

NORTH KANSAS CITY SCHOOLS MONTHLY BENEFITS COST

BENEFIT PLAN YEAR JULY 1, 2022 THROUGH JUNE 30, 2023

Blue KC B1 EPO Copay (\$\$\$)	Total Monthly Cost	District Monthly Benefit	Monthly Cost w/Wellness*	Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness
Employee	\$840.08	\$768.00	\$72.08	\$102.08	n/a
Employee + Spouse	\$1,726.04	\$768.00	\$958.04	\$988.04	n/a
Employee + Child(ren)	\$1,469.78	\$768.00	\$701.78	\$731.78	n/a
Family	\$1,841.54	\$768.00	\$1,073.54	\$1,103.54	n/a
Family Split Premium**	\$1,841.54	\$1,536.00	\$305.54	\$335.54	\$152.78

Blue KC B2 High Deductible (\$)	Total Monthly Cost	District Monthly Benefit*	Monthly Cost w/Wellness*	Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness	District HSA Monthly Contribution
Employee	\$710.74	\$710.74	\$0.00	\$30.00	n/a	\$57.26
Employee + Spouse	\$1,460.30	\$710.74	\$749.56	\$779.56	n/a	\$57.26
Employee + Child(ren)	\$1,243.50	\$710.74	\$532.76	\$562.76	n/a	\$57.26
Family	\$1,558.02	\$710.74	\$847.28	\$877.28	n/a	\$57.26
Family Split Premium**	\$1,558.02	\$1,421.48	\$136.54	\$166.54	\$68.28	\$114.52

Blue KC B3 EPO/SPIRA Care (\$\$)	Total Monthly Cost	District Monthly Benefit	Monthly Cost w/Wellness*	Monthly Cost w/o Wellness	Monthly Cost Per FSP EE w/ Wellness
Employee	\$775.86	\$768.00	\$7.86	\$37.86	n/a
Employee + Spouse	\$1,594.10	\$768.00	\$826.10	\$856.10	n/a
Employee + Child(ren)	\$1,357.40	\$768.00	\$589.40	\$619.40	n/a
Family	\$1,700.78	\$768.00	\$932.78	\$962.78	n/a
Family Split Premium**	\$1,700.78	\$1,536.00	\$164.78	\$194.78	\$82.40

Delta Dental (Contracted through 7/1/2023)	Total Monthly Cost	District Monthly Benefit	Monthly Cost	Monthly Cost Per FSP EE
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	\$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

MetLife Basic Life/AD&D (Contracted through 7/1/2024)	Total Monthly Cost	District Monthly Benefit	Employee Monthly Cost
Employee	\$2.20	\$2.20	\$0.00

*With Wellness Credit (Complete Biometric Screening and HRA)

**Both spouse work for NKC Schools electing Family Tier

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