

2020-2021 HEALTH INSURANCE-MONTHLY
EFFECTIVE 07/01/20-06/30/21

\$563.33 Board Paid Fringe
\$50.00 Health Screening & H S A Incentive
\$613.33 Total Board Paid

CODE #312
Employee
Contributions
to H S A

ELIGIBLE FOR HRA INCENTIVE

Monthly

BLUE SAVER SELECT PLUS SPIRA CARE		\$5,000 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	724	\$560.70	\$560.70	\$0.00	(722) \$2.63
Employee & Spouse	725	\$1,093.36	\$613.33	\$480.03	\$0.00
Employee + 1 or more Children	726	\$1,037.31	\$613.33	\$423.98	\$0.00
Family	727	\$1,850.32	\$613.33	\$1,236.99	\$0.00

BLUE SAVER SELECT PLUS SPIRA CARE		\$3,000 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	710	\$613.33	\$613.33	\$0.00	(719) \$0.00
Employee & Spouse	711	\$1,195.94	\$613.33	\$582.61	\$0.00
Employee + 1 or more Children	712	\$1,134.65	\$613.33	\$521.32	\$0.00
Family	713	\$2,023.89	\$613.33	\$1,410.56	\$0.00

PREFERRED CARE BLUE		\$3,500 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	555	\$670.69	\$613.33	\$57.36	\$0.00
Employee & Spouse	556	\$1,307.80	\$613.33	\$694.47	\$0.00
Employee + 1 or more Children	557	\$1,240.77	\$613.33	\$627.44	\$0.00
Family	558	\$2,213.19	\$613.33	\$1,599.86	\$0.00

PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	500	\$687.46	\$613.33	\$74.13	\$0.00
Employee & Spouse	501	\$1,340.49	\$613.33	\$727.16	\$0.00
Employee + 1 or more Children	502	\$1,271.79	\$613.33	\$658.46	\$0.00
Family	503	\$2,268.52	\$613.33	\$1,655.19	\$0.00

PPO I		\$1,500 DEDUCTIBLE			H S A
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	504	\$948.12	\$613.33	\$334.79	\$0.00
Employee & Spouse	505	\$1,848.76	\$613.33	\$1,235.43	\$0.00
Employee + 1 or more Children	506	\$1,753.96	\$613.33	\$1,140.63	\$0.00
Family	507	\$3,128.68	\$613.33	\$2,515.35	\$0.00

PPO II		\$750 DEDUCTIBLE			H S A
BC/BS OF KC-PPO II	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	508	\$973.19	\$613.33	\$359.86	\$0.00
Employee & Spouse	509	\$1,897.61	\$613.33	\$1,284.28	\$0.00
Employee + 1 or more Children	510	\$1,800.34	\$613.33	\$1,187.01	\$0.00
Family	511	\$3,211.44	\$613.33	\$2,598.11	\$0.00