

ELIGIBLE FOR HRA INCENTIVE

Semi-Monthly

1st Pay	2nd Pay	Total	
\$ 317.81	\$ 317.80	\$ 635.61	Board Paid Fringe
\$ 25.00	\$ 25.00	\$ 50.00	HRA Incentive
\$ 342.81	\$ 342.80	\$ 685.61	Total Board Paid

BLUE SELECT PLUS SPIRA CARE		\$5,000 DEDUCTIBLE					H S A - Board Paid	
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay	Semi-Monthly	
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost	1st Pay	2nd Pay
Employee Only	738	\$626.78	\$313.39	\$0.00	\$313.39	\$0.00	(737) \$29.42	\$ 29.41
Employee & Spouse	739	\$1,222.22	\$342.81	\$268.31	\$342.80	\$268.30	\$0.00	\$0.00
Employee + 1 or more Children	740	\$1,159.56	\$342.81	\$236.98	\$342.80	\$236.97	\$0.00	\$0.00
Family	741	\$2,068.37	\$342.81	\$691.38	\$342.80	\$691.37	\$0.00	\$0.00

BLUE SELECT PLUS SPIRA CARE		\$3,000 DEDUCTIBLE					H S A - Board Paid	
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay	Semi-Monthly	
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost	1st Pay	2nd Pay
Employee Only	706	\$685.61	\$342.81	\$0.00	\$342.80	\$0.00	(720)0	\$0.00
Employee & Spouse	707	\$1,336.88	\$342.81	\$325.64	\$342.80	\$325.63	\$0.00	\$0.00
Employee + 1 or more Children	708	\$1,268.37	\$342.81	\$291.38	\$342.80	\$291.38	\$0.00	\$0.00
Family	709	\$2,262.41	\$342.81	\$788.40	\$342.80	\$788.40	\$0.00	\$0.00

PREFERRED CARE BLUE		\$3,500 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	563	\$749.72	\$342.81	\$32.06	\$342.80	\$32.05
Employee & Spouse	564	\$1,461.93	\$342.81	\$388.16	\$342.80	\$388.16
Employee + 1 or more Children	565	\$1,387.00	\$342.81	\$350.70	\$342.80	\$350.69
Family	566	\$2,474.03	\$342.81	\$894.21	\$342.80	\$894.21

PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	528	\$768.49	\$342.81	\$41.44	\$342.80	\$41.44
Employee & Spouse	529	\$1,498.48	\$342.81	\$406.44	\$342.80	\$406.43
Employee + 1 or more Children	530	\$1,421.68	\$342.81	\$368.04	\$342.80	\$368.03
Family	531	\$2,535.88	\$342.81	\$925.14	\$342.80	\$925.13

PPO I		\$1,500 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	532	\$1,059.85	\$342.81	\$187.12	\$342.80	\$187.12
Employee & Spouse	533	\$2,066.63	\$342.81	\$690.51	\$342.80	\$690.51
Employee + 1 or more Children	534	\$1,960.66	\$342.81	\$637.53	\$342.80	\$637.52
Family	535	\$3,497.40	\$342.81	\$1,405.90	\$342.80	\$1,405.89

CODE #317
Employee
Contributions
to H S A

PPO II		\$750 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-PPO II	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	536	\$1,087.89	\$342.81	\$201.14	\$342.80	\$201.14
Employee & Spouse	537	\$2,121.25	\$342.81	\$717.82	\$342.80	\$717.82
Employee + 1 or more Children	538	\$2,012.52	\$342.81	\$663.46	\$342.80	\$663.45
Family	539	\$3,589.92	\$342.81	\$1,452.16	\$342.80	\$1,452.15

NOT ELIGIBLE FOR HRA INCENTIVE

Semi-Monthly

1st Pay 2nd Pay Total
\$ 317.81 \$ 317.80 \$ 635.61 Board Paid Fringe

BLUE SELECT PLUS SPIRA CARE		\$5,000 DEDUCTIBLE					H S A - Board Paid	
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay	Semi-Monthly	
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost	1st Pay	2nd Pay
Employee Only	732	\$626.78	\$313.39	\$0.00	\$313.39	\$0.00	(736) 4.42	\$ 4.41
Employee & Spouse	733	\$1,222.22	\$317.81	\$293.31	\$317.80	\$293.30	\$0.00	\$0.00
Employee + 1 or more Children	734	\$1,159.56	\$317.81	\$261.98	\$317.80	\$261.97	\$0.00	\$0.00
Family	735	\$2,068.37	\$317.81	\$716.38	\$317.80	\$716.38	\$0.00	\$0.00

BLUE SELECT PLUS SPIRA CARE		\$3,000 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	702	\$685.61	\$317.81	\$25.00	\$317.80	\$25.00
Employee & Spouse	703	\$1,336.88	\$317.81	\$350.64	\$317.80	\$350.63
Employee + 1 or more Children	704	\$1,268.37	\$317.81	\$316.38	\$317.80	\$316.38
Family	705	\$2,262.41	\$317.81	\$813.40	\$317.80	\$813.40

PREFERRED CARE BLUE		\$3,500 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	567	\$749.72	\$317.81	\$57.06	\$317.80	\$57.05
Employee & Spouse	568	\$1,461.93	\$317.81	\$413.16	\$317.80	\$413.16
Employee + 1 or more Children	569	\$1,387.00	\$317.81	\$375.70	\$317.80	\$375.69
Family	570	\$2,474.03	\$317.81	\$918.21	\$317.80	\$918.21

PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	542	\$768.49	\$317.81	\$66.44	\$317.80	\$66.44
Employee & Spouse	543	\$1,498.48	\$317.81	\$431.44	\$317.80	\$431.43
Employee + 1 or more Children	544	\$1,421.68	\$317.81	\$393.04	\$317.80	\$393.03
Family	545	\$2,535.88	\$317.81	\$950.14	\$317.80	\$950.13

PPO I		\$1,500 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	546	\$1,059.85	\$317.81	\$212.12	\$317.80	\$212.12
Employee & Spouse	547	\$2,066.63	\$317.81	\$715.51	\$317.80	\$715.51
Employee + 1 or more Children	548	\$1,960.66	\$317.81	\$662.53	\$317.80	\$662.52
Family	549	\$3,497.40	\$317.81	\$1,430.90	\$317.80	\$1,430.89

CODE #317
Employee
Contributions
to H S A

PPO II		\$750 DEDUCTIBLE				
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	1st Pay	1st Pay	2nd Pay	2nd Pay
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid	Employee Cost
Employee Only	550	\$1,087.89	\$317.81	\$226.14	\$317.80	\$226.14
Employee & Spouse	551	\$2,121.25	\$317.81	\$742.82	\$317.80	\$742.82
Employee + 1 or more Children	552	\$2,012.52	\$317.81	\$688.46	\$317.80	\$688.45
Family	553	\$3,589.92	\$317.81	\$1,477.16	\$317.80	\$1,477.15

2021-2022 HEALTH INSURANCE-MONTHLY
EFFECTIVE 07/01/21-06/30/22

\$635.61 Board Paid Fringe
\$50.00 Health Screening & H S A Incentive
\$685.61 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	\$626.78	\$626.78	\$0.00	(722) 58.83
Employee & Spouse	725	\$1,222.22	\$685.61	\$536.61	\$0.00
Employee + 1 or more Children	726	\$1,159.56	\$685.61	\$473.95	\$0.00
Family	727	\$2,068.37	\$685.61	\$1,382.76	\$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	\$685.61	\$685.61	\$0.00	(719) \$0.00
Employee & Spouse	711	\$1,336.88	\$685.61	\$651.27	\$0.00
Employee + 1 or more Children	712	\$1,268.37	\$685.61	\$582.76	\$0.00
Family	713	\$2,262.41	\$685.61	\$1,576.80	\$0.00

PREFERRED CARE BLUE		\$3,500 DEDUCTIBLE		
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost
Employee Only	555	\$749.72	\$685.61	\$64.11
Employee & Spouse	556	\$1,461.93	\$685.61	\$776.32
Employee + 1 or more Children	557	\$1,387.00	\$685.61	\$701.39
Family	558	\$2,474.03	\$685.61	\$1,788.42

PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE		
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost
Employee Only	500	\$768.49	\$685.61	\$82.88
Employee & Spouse	501	\$1,498.48	\$685.61	\$812.87
Employee + 1 or more Children	502	\$1,421.68	\$685.61	\$736.07
Family	503	\$2,535.88	\$685.61	\$1,850.27

PPO I		\$1,500 DEDUCTIBLE		
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost
Employee Only	504	\$1,059.85	\$685.61	\$374.24
Employee & Spouse	505	\$2,066.63	\$685.61	\$1,381.02
Employee + 1 or more Children	506	\$1,960.66	\$685.61	\$1,275.05
Family	507	\$3,497.40	\$685.61	\$2,811.79

PPO II		\$750 DEDUCTIBLE		
BC/BS OF KC-PPO II	#	Premium Amount	Board Paid	Employee Cost
Employee Only	508	\$1,087.89	\$685.61	\$402.28
Employee & Spouse	509	\$2,121.25	\$685.61	\$1,435.64
Employee + 1 or more Children	510	\$2,012.52	\$685.61	\$1,326.91
Family	511	\$3,589.92	\$685.61	\$2,904.31

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

NOT ELIGIBLE FOR HRA INCENTIVE

Monthly

\$635.61 Board Paid Fringe

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	728	\$626.78	\$626.78	\$0.00	(723) 8.83
Employee & Spouse	729	\$1,222.22	\$635.61	\$586.61	\$0.00
Employee + 1 or more Children	730	\$1,159.56	\$635.61	\$523.95	\$0.00
Family	731	\$2,068.37	\$635.61	\$1,432.76	\$0.00

BLUE SAVER SELECT PLUS SPIRA CARE		\$3,000 DEDUCTIBLE		
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost
Employee Only	714	\$685.61	\$635.61	\$50.00
Employee & Spouse	715	\$1,336.88	\$635.61	\$701.27
Employee + 1 or more Children	716	\$1,268.37	\$635.61	\$632.76
Family	717	\$2,023.89	\$635.61	\$1,388.28

PREFERRED CARE BLUE		\$3,500.00 DEDUCTIBLE		
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost
Employee Only	559	\$749.72	\$635.61	\$114.11
Employee & Spouse	560	\$1,461.93	\$635.61	\$826.32
Employee + 1 or more Children	561	\$1,387.00	\$635.61	\$751.39
Family	562	\$2,474.03	\$635.61	\$1,838.42

**CODE #312
Employee
Contributions
to H S A**

PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE		
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly	Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost
Employee Only	514	\$768.49	\$635.61	\$132.88
Employee & Spouse	515	\$1,498.48	\$635.61	\$862.87
Employee + 1 or more Children	516	\$1,421.68	\$635.61	\$786.07
Family	517	\$2,535.88	\$635.61	\$1,900.27

PPO I		\$1,500 DEDUCTIBLE		
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost
Employee Only	518	\$1,059.85	\$635.61	\$424.24
Employee & Spouse	519	\$2,066.63	\$635.61	\$1,431.02
Employee + 1 or more Children	520	\$1,960.66	\$635.61	\$1,325.05
Family	521	\$3,497.40	\$635.61	\$2,861.79

PPO II		\$750 DEDUCTIBLE		
BC/BS OF KC-PPO II	#	Premium Amount	Board Paid	Employee Cost
Employee Only	522	\$1,087.89	\$635.61	\$452.28
Employee & Spouse	523	\$2,121.25	\$635.61	\$1,485.64
Employee + 1 or more Children	524	\$2,012.52	\$635.61	\$1,376.91
Family	525	\$3,589.92	\$635.61	\$2,954.31

MONTHLY- NOT ELIGIBLE