

Shawnee Mission USD # 512

January 1, 2023 Medical Rates - BCBS

ELIG_RULES_ID = AC		District Benefit = \$742.00				
Blue Care HMO						
	Total Cost	District Benefit	Employee Cost		PLAN (Monthly)	PLAN (BW)
Employee Only	\$885.72	\$742.00	\$143.72		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$742.00	\$1,117.18		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$742.00	\$940.87		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$742.00	\$1,958.10		BCREBTEF	BCBWBTEF
Preferred Care Blue PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$742.00	\$131.50		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$742.00	\$1,091.43		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$742.00	\$917.65		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$742.00	\$1,920.95		PCBPBTEF	PBBWBTEF
District H.S.A.						
Blue Saver PPO QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$632.74	\$742.00	\$0.00	\$109.26	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$742.00	\$584.27		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$742.00	\$460.21		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$742.00	\$1,189.05		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$742.00	\$894.73		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$742.00	\$740.24		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$742.00	\$1,637.09		BSPOBTEF	BPBWBTEF
Blue Select Plus EPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$742.00	\$917.39		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$742.00	\$760.67		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$742.00	\$1,669.79		BSPEBTEF	BEBWBTEF
District H.S.A.						
Blue Select Plus QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$568.26	\$742.00	\$0.00	\$173.74	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$742.00	\$448.44		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$742.00	\$337.70		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$742.00	\$993.03		BSHSBTEF	BHBWBTEF

ELIG_RULES_ID = **ER**District Benefit = **\$742.00**

Blue Care HMO	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$742.00	\$143.72		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$742.00	\$1,117.18		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$742.00	\$940.87		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$742.00	\$1,958.10		BCREBTEF	BCBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$742.00	\$131.50		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$742.00	\$1,091.43		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$742.00	\$917.65		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$742.00	\$1,920.95		PCBPBTEF	PBBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$632.74	\$742.00	\$0.00	\$109.26	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$742.00	\$584.27		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$742.00	\$460.21		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$742.00	\$1,189.05		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$742.00	\$894.73		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$742.00	\$740.24		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$742.00	\$1,637.09		BSPOBTEF	BPBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$742.00	\$917.39		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$742.00	\$760.67		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$742.00	\$1,669.79		BSPEBTEF	BEBWBTEF

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$568.26	\$742.00	\$0.00	\$173.74	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$742.00	\$448.44		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$742.00	\$337.70		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$742.00	\$993.03		BSHSBTEF	BHBWBTEF

Shawnee Mission USD # 512

January 1, 2022 Medical Rates - BCBS

ELIG_RULES_ID = ERPS		District Benefit =		\$742.00		
Blue Care HMO						
	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$742.00	\$143.72		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$742.00	\$1,117.18		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$742.00	\$940.87		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$742.00	\$1,958.10		BCREBTEF	BCBWBTEF
Preferred Care Blue PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$742.00	\$131.50		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$742.00	\$1,091.43		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$742.00	\$917.65		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$742.00	\$1,920.95		PCBPBTEF	PBBWBTEF
District H.S.A.						
Blue Saver PPO QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$632.74	\$742.00	\$0.00	\$109.26	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$742.00	\$584.27		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$742.00	\$460.21		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$742.00	\$1,189.05		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$742.00	\$894.73		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$742.00	\$740.24		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$742.00	\$1,637.09		BSPOBTEF	BPBWBTEF
Blue Select Plus EPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$742.00	\$50.00		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$742.00	\$917.39		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$742.00	\$760.67		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$742.00	\$1,669.79		BSPEBTEF	BEBWBTEF
District H.S.A.						
Blue Select Plus QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$568.26	\$742.00	\$0.00	\$173.74	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$742.00	\$448.44		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$742.00	\$337.70		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$742.00	\$993.03		BSHSBTEF	BHBWBTEF

ELIG_RULES_ID = **ER50**District Benefit = **\$371.00**

Blue Care HMO	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$371.00	\$514.72		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$371.00	\$1,488.18		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$371.00	\$1,311.87		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$371.00	\$2,329.10		BCREBTEF	BCBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$371.00	\$502.50		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$371.00	\$1,462.43		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$371.00	\$1,288.65		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$371.00	\$2,291.95		PCBPBTEF	PBBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$632.74	\$316.37	\$316.37	\$54.63	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$371.00	\$955.27		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$371.00	\$831.21		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$371.00	\$1,560.05		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$371.00	\$421.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$371.00	\$1,265.73		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$371.00	\$1,111.24		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$371.00	\$2,008.09		BSPOBTEF	BPBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$371.00	\$421.00		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$371.00	\$1,288.39		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$371.00	\$1,131.67		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$371.00	\$2,040.79		BSPEBTEF	BEBWBTEF

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$568.26	\$284.13	\$284.13	\$86.87	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$371.00	\$819.44		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$371.00	\$708.70		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$371.00	\$1,364.03		BSHSBTEF	BHBWBTEF

Shawnee Mission USD # 512

January 1, 2022 Medical Rates - BCBS

ELIG_RULES_ID = ER60		District Benefit = \$445.20				
Blue Care HMO						
	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$445.20	\$440.52		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$445.20	\$1,413.98		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$445.20	\$1,237.67		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$445.20	\$2,254.90		BCREBTEF	BCBWBTEF
Preferred Care Blue PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$445.20	\$428.30		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$445.20	\$1,388.23		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$445.20	\$1,214.45		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$445.20	\$2,217.75		PCBPBTEF	PBBWBTEF
District H.S.A.						
Blue Saver PPO QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$632.74	\$379.64	\$253.10	\$65.56	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$445.20	\$881.07		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$445.20	\$757.01		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$445.20	\$1,485.85		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$445.20	\$346.80		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$445.20	\$1,191.53		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$445.20	\$1,037.04		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$445.20	\$1,933.89		BSPOBTEF	BPBWBTEF
Blue Select Plus EPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$445.20	\$346.80		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$445.20	\$1,214.19		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$445.20	\$1,057.47		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$445.20	\$1,966.59		BSPEBTEF	BEBWBTEF
District H.S.A.						
Blue Select Plus QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$568.26	\$340.95	\$227.31	\$104.56	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$445.20	\$745.24		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$445.20	\$634.50		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$445.20	\$1,289.83		BSHSBTEF	BHBWBTEF

ELIG_RULES_ID = **ER70**

District Benefit = **\$519.40**

Blue Care HMO	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$519.40	\$366.32		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$519.40	\$1,339.78		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$519.40	\$1,163.47		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$519.40	\$2,180.70		BCREBTEF	BCBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$519.40	\$354.10		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$519.40	\$1,314.03		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$519.40	\$1,140.25		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$519.40	\$2,143.55		PCBPBTEF	PBBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$632.74	\$442.91	\$189.83	\$76.49	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$519.40	\$806.87		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$519.40	\$682.81		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$519.40	\$1,411.65		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$519.40	\$272.60		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$519.40	\$1,117.33		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$519.40	\$962.84		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$519.40	\$1,859.69		BSPOBTEF	BPBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$519.40	\$272.60		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$519.40	\$1,139.99		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$519.40	\$983.27		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$519.40	\$1,892.39		BSPEBTEF	BEBWBTEF

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$568.26	\$397.78	\$170.48	\$121.62	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$519.40	\$671.04		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$519.40	\$560.30		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$519.40	\$1,215.63		BSHSBTEF	BHBWBTEF

Shawnee Mission USD # 512

January 1, 2022 Medical Rates - BCBS

ELIG_RULES_ID = ER75		District Benefit = \$556.50				
Blue Care HMO		Total Cost	District Benefit	Employee Cost	PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$556.50	\$329.22		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$556.50	\$1,302.68		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$556.50	\$1,126.37		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$556.50	\$2,143.60		BCREBTEF	BCBWBTEF
Preferred Care Blue PPO		Total Cost	District Benefit	Employee Cost		
Employee Only	\$873.50	\$556.50	\$317.00		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$556.50	\$1,276.93		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$556.50	\$1,103.15		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$556.50	\$2,106.45		PCBPBTEF	PBBWBTEF
Blue Saver PPO QHDHP		Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	
Employee Only	\$632.74	\$474.55	\$158.19	\$81.45	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$556.50	\$769.77		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$556.50	\$645.71		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$556.50	\$1,374.55		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO		Total Cost	District Benefit	Employee Cost		
Employee Only	\$792.00	\$556.50	\$235.50		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$556.50	\$1,080.23		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$556.50	\$925.74		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$556.50	\$1,822.59		BSPOBTEF	BPBWBTEF
Blue Select Plus EPO		Total Cost	District Benefit	Employee Cost		
Employee Only	\$792.00	\$556.50	\$235.50		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$556.50	\$1,102.89		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$556.50	\$946.17		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$556.50	\$1,855.29		BSPEBTEF	BEBWBTEF
Blue Select Plus QHDHP		Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	
Employee Only	\$568.26	\$426.19	\$142.07	\$130.31	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$556.50	\$633.94		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$556.50	\$523.20		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$556.50	\$1,178.53		BSHSBTEF	BHBWBTEF

ELIG_RULES_ID = **ER80**

District Benefit = **\$593.60**

Blue Care HMO	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$593.60	\$292.12		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$593.60	\$1,265.58		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$593.60	\$1,089.27		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$593.60	\$2,106.50		BCREBTEF	BCBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$593.60	\$279.90		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$593.60	\$1,239.83		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$593.60	\$1,066.05		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$593.60	\$2,069.35		PCBPBTEF	PBBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$632.74	\$506.19	\$126.55	\$87.41	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$593.60	\$732.67		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$593.60	\$608.61		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$593.60	\$1,337.45		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$593.60	\$198.40		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$593.60	\$1,043.13		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$593.60	\$888.64		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$593.60	\$1,785.49		BSPOBTEF	BPBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$593.60	\$198.40		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$593.60	\$1,065.79		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$593.60	\$909.07		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$593.60	\$1,818.19		BSPEBTEF	BEBWBTEF

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$568.26	\$454.61	\$111.51	\$138.99	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$593.60	\$596.84		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$593.60	\$486.10		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$593.60	\$1,141.43		BSHSBTEF	BHBWBTEF

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ELIG_RULES_ID = ER90		District Benefit = \$667.80				
Blue Care HMO						
	Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$667.80	\$217.92		BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$667.80	\$1,191.38		BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$667.80	\$1,015.07		BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$667.80	\$2,032.30		BCREBTEF	BCBWBTEF
Preferred Care Blue PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$667.80	\$205.70		PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$667.80	\$1,165.63		PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$667.80	\$991.85		PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$667.80	\$1,995.15		PCBPBTEF	PBBWBTEF
District H.S.A.						
Blue Saver PPO QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$632.74	\$569.46	\$63.28	\$97.54	BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$667.80	\$658.47		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$667.80	\$534.41		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$667.80	\$1,263.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$667.80	\$124.20		BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$667.80	\$968.93		BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$667.80	\$814.44		BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$667.80	\$1,711.29		BSPOBTEF	BPBWBTEF
Blue Select Plus EPO						
	Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$667.80	\$124.20		BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$667.80	\$991.59		BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$667.80	\$834.87		BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$667.80	\$1,743.99		BSPEBTEF	BEBWBTEF
District H.S.A.						
Blue Select Plus QHDHP						
	Total Cost	District Benefit	Employee Cost	Contribution		
Employee Only	\$568.26	\$511.43	\$56.83	\$156.37	BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$667.80	\$522.64		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$667.80	\$411.90		BSHSBTEC	BHBWBTEC
Employee + Family	\$1,735.03	\$667.80	\$1,067.23		BSHSBTEF	BHBWBTEF

ELIG_RULES_ID = **CASH**

District Benefit = **\$0.00**

Blue Care HMO		Total Cost	District Benefit	Employee Cost		PLAN (MO)	PLAN (BW)
Employee Only	\$885.72	\$0.00	\$885.72			BCREBTEO	BCBWBTEO
Employee + Spouse	\$1,859.18	\$0.00	\$1,859.18			BCREBTES	BCBWBTES
Employee + Child(ren)	\$1,682.87	\$0.00	\$1,399.00			BCREBTEC	BCBWBTEC
Employee + Family	\$2,700.10	\$0.00	\$2,700.10			BCREBTEF	BCBWBTEF
Preferred Care Blue PPO		Total Cost	District Benefit	Employee Cost			
Employee Only	\$873.50	\$0.00	\$873.50			PCBPBTEO	PBBWBTEO
Employee + Spouse	\$1,833.43	\$0.00	\$1,833.43			PCBPBTES	PBBWBTES
Employee + Child(ren)	\$1,659.65	\$0.00	\$1,399.00			PCBPBTEC	PBBWBTEC
Employee + Family	\$2,662.95	\$0.00	\$2,662.95			PCBPBTEF	PBBWBTEF
Blue Saver PPO QHDHP		Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$632.74	\$0.00	\$632.74	\$0.00		BSVRBTEO	BVBWBTEO
Employee + Spouse	\$1,326.27	\$0.00	\$1,326.27	\$0.00		BSVRBTES	BVBWBTES
Employee + Child(ren)	\$1,202.21	\$0.00	\$1,028.89	\$0.00		BSVRBTEC	BVBWBTEC
Employee + Family	\$1,931.05	\$0.00	\$1,931.05	\$0.00		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO		Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$0.00	\$792.00			BSPOBTEO	BPBWBTEO
Employee + Spouse	\$1,636.73	\$0.00	\$1,636.73			BSPOBTES	BPBWBTES
Employee + Child(ren)	\$1,482.24	\$0.00	\$1,255.46			BSPOBTEC	BPBWBTEC
Employee + Family	\$2,379.09	\$0.00	\$2,379.09			BSPOBTEF	BPBWBTEF
Blue Select Plus EPO		Total Cost	District Benefit	Employee Cost			
Employee Only	\$792.00	\$0.00	\$792.00			BSPEBTEO	BEBWBTEO
Employee + Spouse	\$1,659.39	\$0.00	\$1,659.39			BSPEBTES	BEBWBTES
Employee + Child(ren)	\$1,502.67	\$0.00	\$1,255.46			BSPEBTEC	BEBWBTEC
Employee + Family	\$2,411.79	\$0.00	\$2,411.79			BSPEBTEF	BEBWBTEF
Blue Select Plus QHDHP		Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	\$568.26	\$0.00	\$568.26	\$0.00		BSHSBTEO	BHBWBTEO
Employee + Spouse	\$1,190.44	\$0.00	\$1,190.44	\$0.00		BSHSBTES	BHBWBTES
Employee + Child(ren)	\$1,079.70	\$0.00	\$929.77	\$0.00		BSHSBTEC	BHBWBTEC
Employee + Family	1735.03	\$0.00	\$1,735.03	\$0.00		BSHSBTEF	BHBWBTEF