

St Joseph School District
July 2023-June 2024
Health Insurance
Monthly Premiums

Blue Cross Blue Shield of Kansas City
Health Plans - Preferred-Care Blue

Plan options:	HSA Eligible	Coverage level:	Employee Monthly Premium	SJSD Contribution	Total Monthly Plan Cost
EPO	No	Employee Only	\$97.24	\$795.96	\$893.20
EPO	No	Employee & Spouse	\$929.24	\$853.95	\$1,783.19
EPO	No	Employee & Child(ren)	\$662.70	\$808.41	\$1,471.11
EPO	No	Family	\$1,070.45	\$980.59	\$2,051.04
PPO	No	Employee Only	\$46.68	\$795.96	\$842.64
PPO	No	Employee & Spouse	\$830.49	\$851.79	\$1,682.28
PPO	No	Employee & Child(ren)	\$581.21	\$806.62	\$1,387.83
PPO	No	Family	\$956.85	\$978.10	\$1,934.95
Blue Saver HDHP	*HSA Eligible	Employee Only	\$0.00	\$596.11	\$596.11
Blue Saver HDHP	*HSA Eligible	Employee & Spouse	\$554.80	\$648.01	\$1,202.81
Blue Saver HDHP	*HSA Eligible	Employee & Child(ren)	\$353.83	\$603.91	\$957.74
Blue Saver HDHP	*HSA Eligible	Family	\$639.75	\$773.41	\$1,413.16

*SJSD will contribute \$199.85 a month to your HSA (if applicable) once your HSA has been established and you are active in the Blue Saver High Deductible Health Plan

Important: Premiums listed include a \$30.00 Wellness Credit (Biometric Screening)