

**2024 Monthly Benefit Premiums for COBRA & Retiree Members**

**Medical Plans**

<b><u>PREFERRED BLUE SAVER QHDHP</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 705.66	\$ 662.82
Employee & Spouse	\$1,479.69	\$1,389.32
Employee & Child(ren)	\$1,340.75	\$1,259.36
Family Coverage	\$2,152.92	\$2,022.85

<b><u>BLUE SELECT PLUS QHDHP</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 632.74	\$ 595.28
Employee & Spouse	\$1,326.08	\$1,247.03
Employee & Child(ren)	\$1,202.20	\$1,131.03
Family Coverage	\$1,931.24	\$1,817.51

<b><u>PREFERRED CARE BLUE PPO</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 976.84	\$ 915.02
Employee & Spouse	\$2,050.95	\$1,920.59
Employee & Child(ren)	\$1,856.00	\$1,738.55
Family Coverage	\$2,977.31	\$2,789.54

<b><u>BLUE SELECT PLUS PPO</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 871.37	\$ 817.21
Employee & Spouse	\$1,828.77	\$1,714.54
Employee & Child(ren)	\$1,655.61	\$1,552.70
Family Coverage	\$2,656.69	\$2,492.19

<b><u>BLUE SELECT PLUS EPO</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 883.52	\$ 828.48
Employee & Spouse	\$1,854.36	\$1,738.28
Employee & Child(ren)	\$1,678.69	\$1,574.11
Family Coverage	\$2,693.62	\$2,526.44

<b><u>BLUE CARE HMO</u></b>	<b><u>RETIREE</u></b>	<b><u>COBRA</u></b>
Single Coverage	\$ 990.65	\$ 927.83
Employee & Spouse	\$2,080.04	\$1,947.56
Employee & Child(ren)	\$1,882.24	\$1,762.87
Family Coverage	\$3,019.29	\$2,828.47

**Dental Plans**

<u>Delta Dental of Kansas PPO</u>	<u>COBRA</u>
Single Coverage	\$ 31.91
2-Person Coverage	\$ 64.68
Family Coverage	\$109.48

<u>Delta Dental of Kansas Premier</u>	<u>COBRA</u>
Single Coverage	\$ 38.69
2-Person Coverage	\$ 82.08
Family Coverage	\$124.42

**Vision Plan**

<u>VSP</u>	<u>COBRA</u>
Single Coverage	\$ 15.20
2-Person Coverage	\$ 32.96
Family Coverage	\$ 32.96