St Joseph School District
July 2025-June 2026
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	$174.98	$820.43	$995.41
EPO	No	Employee & Spouse	$1,166.80	$820.43	$1,987.23
EPO	No	Employee & Child(ren)	$819.01	$820.43	$1,639.44
EPO	No	Family	$1,465.30	$820.43	$2,285.73
PPO	No	Employee Only	$51.53	$887.53	$939.06
PPO	No	Employee & Spouse	$916.71	$958.07	$1,874.78
PPO	No	Employee & Child(ren)	$641.55	$905.08	$1,546.63
PPO	No	Family	$1,056.19	$1,100.17	$2,156.36
Blue Saver HDHP	*HSA Eligible	Employee Only	$0.00	$664.32	$664.32
Blue Saver HDHP	*HSA Eligible	Employee & Spouse	$612.40	$728.04	$1,340.44
Blue Saver HDHP	*HSA Eligible	Employee & Child(ren)	$390.57	$676.76	$1,067.33
Blue Saver HDHP	*HSA Eligible	Family	$706.17	$868.69	$1,574.86

***SJSD will contribute $199.85 a month to your HSA (if applicable) once your HSA has been established/provided to Benefits Dept. & Blue Saver High Deductible Health Plan coverage effective**

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