

Health Plan and Prescription Drugs

Blue Cross Blue Shield

For 2026, St. Joseph School District now offers three plan options with coverage through Blue KC — the PPO Base, PPO Buy-Up, and HDHP plans. Below is a summary of SJSD's medical plan options.

Go to mybluekc.com to search for providers in-network, review the prescription formulary, or track your claims and healthcare costs. You can also download the MyBlueKC mobile app.

Services	PPO Base Preferred Care Blue	PPO Buy-Up Preferred Care Blue	Blue Saver HDHP (HSA-eligible)
Primary Care/Specialist	\$40/\$80 copay	\$40/\$80 copay	Deductible, then 10%
Deductible			
Individual	\$3,000 (ind.)	\$1,500 (ind.)	\$3,400 (ind.)
Family	\$6,000 (fam.)	\$3,000 (fam.)	\$6,800 (fam.)
Coinsurance	20%	20%	10%
Hospitalization	Deductible, then 20%	Deductible, then 20%	Deductible, then 10%
Preventive Care	\$0 member cost	\$0 member cost	\$0 member cost
Emergency Room	\$200 copay	\$150 copay then 20% coinsurance	Deductible, then 10%
Urgent Care	\$50 copay	\$25 copay	Deductible, then 10%
Out-of-Pocket Max			
Individual	\$6,000 (ind.)	\$3,500 (ind.)	\$4,200 (ind.)
Family	\$12,000 (fam.)	\$7,000 (fam.)	\$8,400 (fam.)
Prescription Drugs			
Generic	\$8	\$8	Deductible, then \$8
Preferred	\$45	\$35	Deductible, then \$35
Non-Preferred	\$85	\$55	Deductible, then \$55
Specialty	\$150	\$150	Deductible, then \$150

Benefits included in this benefit chart are for in-network services only. Please refer to the benefit summaries for more specific information for both in-network and out-of-network services.

Your Cost in 2026

Below are the monthly premiums that will be effective July 1, 2026.

All employee costs are based on completing the wellness requirements (biometric screening).

Coverage Level	PPO Base		PPO Buy-Up		HDHP/HSA	
	Employee Cost	SJSD Cost	Employee Cost	SJSD Cost	Employee Cost	SJSD Cost
Employee	\$25.52	\$935.00	\$81.03	\$935.00	\$0.00*	\$935.00
Employee + Spouse	\$725.30	\$984.03	\$1,044.42	\$984.02	\$675.48*	\$991.06
Employee + Child(ren)	\$470.17	\$935.00	\$738.39	\$935.00	\$430.80*	\$940.24
Family	\$837.16	\$1,133.23	\$1,199.87	\$1,133.24	\$778.91*	\$1,141.27

*\$166.67 per month District contribution to employee HSA. For details and important information, see Health Savings Account Information