Shawnee Mission USD # 512

January 1, 2027 Medical Rates - BlueKC

ELIG_RULES_ID =	AC	District Benefit =	$980.00			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$980.00	$0.00	$243.95	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$980.00	$561.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$1,080.00	$318.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,310.00	$937.34		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$980.00	$0.00	$160.43	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$980.00	$737.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$980.00	$577.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$980.00	$1,521.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$980.00	$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$980.00	$1,140.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$980.00	$939.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$980.00	$2,101.57		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$955.56	$175.86		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$655.90	$1,718.90		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$710.15	$1,439.56		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$396.96	$3,052.29		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$961.40	$68.60		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$771.80	$1,377.57		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$809.55	$1,136.83		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$590.53	$2,533.40		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$947.29	$199.96		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$595.50	$1,812.65		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$659.21	$1,520.57		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$291.60	$3,205.78		BCREBTEF	BCBWBTEF

The Blue Care HMO Plan is no longer available as of 6/14/24
Current participants are still allowed, but there should be no new enrollments

ER Includes ERSU and ERAD

ELIG_RULES_ID =	ER	District Benefit =	$980.00			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$980.00	$0.00	$243.95	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$980.00	$561.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$1,080.00	$318.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,310.00	$937.34		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$980.00	$0.00	$160.43	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$980.00	$737.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$980.00	$577.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$980.00	$1,521.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$980.00	$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$980.00	$1,140.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$980.00	$939.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$980.00	$2,101.57		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$955.56	$175.86		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$655.90	$1,718.90		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$710.15	$1,439.56		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$396.96	$3,052.29		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$961.40	$68.60		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$771.80	$1,377.57		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$809.55	$1,136.83		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$590.53	$2,533.40		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$947.29	$199.96		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$595.50	$1,812.65		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$659.21	$1,520.57		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$291.60	$3,205.78		BCREBTEF	BCBWBTEF

ELIG_RULES_ID =	ERPS	District Benefit =	$980.00			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$980.00	$0.00	$243.95	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$980.00	$561.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$1,080.00	$318.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,310.00	$937.34		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$980.00	$0.00	$160.43	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$980.00	$737.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$980.00	$577.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$980.00	$1,521.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$980.00	$50.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$980.00	$1,140.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$980.00	$939.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$980.00	$2,101.57		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$955.56	$175.86		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$655.90	$1,718.90		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$710.15	$1,439.56		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$396.96	$3,052.29		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$961.40	$68.60		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$771.80	$1,377.57		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$809.55	$1,136.83		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$590.53	$2,533.40		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$947.29	$199.96		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$595.50	$1,812.65		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$659.21	$1,520.57		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$291.60	$3,205.78		BCREBTEF	BCBWBTEF

ELIG_RULES_ID =	ER50	District Benefit =	$490.00			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$490.00	$246.05	None	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$490.00	$1,051.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$540.00	$858.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$655.00	$1,592.34		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$490.00	$329.57	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$490.00	$1,227.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$490.00	$1,067.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$490.00	$2,011.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$490.00	$540.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$490.00	$1,630.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$490.00	$1,429.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$490.00	$2,591.57		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$477.78	$653.64		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$327.95	$2,046.85		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$355.08	$1,794.64		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$198.48	$3,250.77		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$480.70	$549.30		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$385.90	$1,763.47		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$404.78	$1,541.61		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$295.27	$2,828.67		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$473.65	$673.61		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$297.75	$2,110.40		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$329.61	$1,850.18		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$145.80	$3,351.58		BCREBTEF	BCBWBTEF

ELIG_RULES_ID = **.60 FTE** District Benefit = $588.00

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$588.00	$148.05	None	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$588.00	$953.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$648.00	$750.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$786.00	$1,461.34		BSHSBTEF	BHBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$588.00	$231.57	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$588.00	$1,129.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$588.00	$969.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$588.00	$1,913.25		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$588.00	$442.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$588.00	$1,532.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$588.00	$1,331.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$588.00	$2,493.57		BSPOBTEF	BPBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$573.34	$558.08		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$393.54	$1,981.26		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$426.09	$1,723.62		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$238.18	$3,211.07		PCBPBTEF	PBBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$576.84	$453.16		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$463.08	$1,686.29		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$485.73	$1,460.65		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$354.32	$2,769.61		BSPEBTEF	BEBWBTEF

Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$568.37	$578.88		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$357.30	$2,050.85		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$395.53	$1,784.25		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$174.96	$3,322.42		BCREBTEF	BCBWBTEF

ELIG_RULES_ID =	0.625	District Benefit =	$612.50			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$612.50	$123.55	None	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$612.50	$929.45		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$672.50	$726.01		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$810.50	$1,436.84		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$612.50	$207.07	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$612.50	$1,105.38		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$612.50	$944.70		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$612.50	$1,888.75		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$612.50	$417.50		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$612.50	$1,507.52		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$612.50	$1,307.40		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$612.50	$2,469.07		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$597.84	$533.58		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$418.04	$1,956.76		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$450.59	$1,699.12		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$262.68	$3,186.57		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$601.34	$428.66		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$487.58	$1,661.79		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$510.23	$1,436.15		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$378.82	$2,745.11		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$592.87	$554.38		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$381.80	$2,026.35		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$420.03	$1,759.75		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$199.46	$3,297.92		BCREBTEF	BCBWBTEF

ELIG_RULES_ID = **.70 FTE** District Benefit = $686.00

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$686.00	$50.05	None	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$686.00	$855.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$756.00	$642.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$917.00	$1,330.34		BSHSBTEF	BHBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$686.00	$133.57	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$686.00	$1,031.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$686.00	$871.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$686.00	$1,815.25		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$686.00	$344.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$686.00	$1,434.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$686.00	$1,233.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$686.00	$2,395.57		BSPOBTEF	BPBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$668.89	$462.53		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$459.13	$1,915.67		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$497.11	$1,652.61		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$277.87	$3,171.38		PCBPBTEF	PBBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$672.98	$357.02		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$540.26	$1,609.11		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$566.69	$1,379.70		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$413.37	$2,710.56		BSPEBTEF	BEBWBTEF

Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$663.10	$484.15		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$416.85	$1,991.30		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$461.45	$1,718.33		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$204.12	$3,293.26		BCREBTEF	BCBWBTEF

ELIG_RULES_ID =	.75 FTE	District Benefit =	$735.00			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$735.00	$1.05		BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$735.00	$806.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$810.00	$588.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$982.50	$1,264.84		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$735.00	$84.57	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$735.00	$982.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$735.00	$822.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$735.00	$1,766.25		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$735.00	$295.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$735.00	$1,385.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$735.00	$1,184.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$735.00	$2,346.57		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$716.67	$414.75		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$491.93	$1,882.88		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$532.61	$1,617.10		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$297.72	$3,151.53		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$721.05	$308.95		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$578.85	$1,570.52		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$607.16	$1,339.22		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$442.90	$2,681.03		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$710.47	$436.78		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$446.63	$1,961.53		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$494.41	$1,685.37		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$218.70	$3,278.68		BCREBTEF	BCBWBTEF

ELIG_RULES_ID = **.80 FTE** District Benefit = $784.00

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$784.00	$0.00	$47.95	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$784.00	$757.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$864.00	$534.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,048.00	$1,199.34		BSHSBTEF	BHBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$784.00	$35.57	None	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$784.00	$933.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$784.00	$773.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$784.00	$1,717.25		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$784.00	$246.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$784.00	$1,336.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$784.00	$1,135.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$784.00	$2,297.57		BSPOBTEF	BPBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$764.45	$366.97		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$524.72	$1,850.08		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$568.12	$1,581.59		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$317.57	$3,131.68		PCBPBTEF	PBBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$769.12	$260.88		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$617.44	$1,531.93		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$647.64	$1,298.74		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$472.42	$2,651.51		BSPEBTEF	BEBWBTEF

Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$757.83	$389.42		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$476.40	$1,931.75		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$527.37	$1,652.41		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$233.28	$3,264.10		BCREBTEF	BCBWBTEF

ELIG_RULES_ID =	0.875	District Benefit =	$857.50			
Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$857.50	$0.00	$121.45	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$857.50	$684.45		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$937.50	$461.01		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,121.50	$1,125.84		BSHSBTEF	BHBWBTEF
Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$857.50	$0.00	$37.93	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$857.50	$860.38		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$857.50	$699.70		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$857.50	$1,643.75		BSVRBTEF	BVBWBTEF
Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$857.50	$172.50		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$857.50	$1,262.52		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$857.50	$1,062.40		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$857.50	$2,224.07		BSPOBTEF	BPBWBTEF
Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$837.95	$293.47		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$598.22	$1,776.58		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$641.62	$1,508.09		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$391.07	$3,058.18		PCBPBTEF	PBBWBTEF
Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$842.62	$187.38		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$690.94	$1,458.43		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$721.14	$1,225.24		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$545.92	$2,578.01		BSPEBTEF	BEBWBTEF
Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$831.33	$315.92		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$549.90	$1,858.25		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$600.87	$1,578.91		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$306.78	$3,190.60		BCREBTEF	BCBWBTEF

ELIG_RULES_ID = **.90 FTE** District Benefit = $882.00

Blue Select Plus QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution	PLAN (Monthly)	PLAN (BW)
Employee Only	$736.05	$882.00	$0.00	$145.95	BSHSBTEO	BHBWBTEO
Employee + Spouse	$1,541.95	$882.00	$659.95		BSHSBTES	BHBWBTES
Employee + Child(ren)	$1,398.51	$972.00	$426.51		BSHSBTEC	BHBWBTEC
Employee + Family	$2,247.34	$1,179.00	$1,068.34		BSHSBTEF	BHBWBTEF

Blue Saver PPO QHDHP	Total Cost	District Benefit	Employee Cost	District H.S.A. Contribution		
Employee Only	$819.57	$882.00	$0.00	$62.43	BSVRBTEO	BVBWBTEO
Employee + Spouse	$1,717.88	$882.00	$835.88		BSVRBTES	BVBWBTES
Employee + Child(ren)	$1,557.20	$882.00	$675.20		BSVRBTEC	BVBWBTEC
Employee + Family	$2,501.25	$882.00	$1,619.25		BSVRBTEF	BVBWBTEF

Blue Select Plus PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$882.00	$148.00		BSPOBTEO	BPBWBTEO
Employee + Spouse	$2,120.02	$882.00	$1,238.02		BSPOBTES	BPBWBTES
Employee + Child(ren)	$1,919.90	$882.00	$1,037.90		BSPOBTEC	BPBWBTEC
Employee + Family	$3,081.57	$882.00	$2,199.57		BSPOBTEF	BPBWBTEF

Preferred Care Blue PPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,131.42	$860.00	$271.42		PCBPBTEO	PBBWBTEO
Employee + Spouse	$2,374.80	$590.31	$1,784.49		PCBPBTES	PBBWBTES
Employee + Child(ren)	$2,149.71	$639.14	$1,510.58		PCBPBTEC	PBBWBTEC
Employee + Family	$3,449.25	$357.26	$3,091.99		PCBPBTEF	PBBWBTEF

Blue Select Plus EPO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,030.00	$865.26	$164.74		BSPEBTEO	BEBWBTEO
Employee + Spouse	$2,149.37	$694.62	$1,454.75		BSPEBTES	BEBWBTES
Employee + Child(ren)	$1,946.38	$728.60	$1,217.79		BSPEBTEC	BEBWBTEC
Employee + Family	$3,123.93	$531.48	$2,592.45		BSPEBTEF	BEBWBTEF

Blue Care HMO	Total Cost	District Benefit	Employee Cost			
Employee Only	$1,147.25	$852.56	$294.69		BCREBTEO	BCBWBTEO
Employee + Spouse	$2,408.15	$535.95	$1,872.20		BCREBTES	BCBWBTES
Employee + Child(ren)	$2,179.78	$593.29	$1,586.49		BCREBTEC	BCBWBTEC
Employee + Family	$3,497.38	$262.44	$3,234.94		BCREBTEF	BCBWBTEF

Wellbeing Incentive		0.5	0.6	0.625	0.7	0.75	0.875	0.9
	$50.00	$25.00	$30.00	$31.25	$35.00	$37.50	$43.75	$45.00