



Employee Benefit Monthly Rates

Fiscal Year 2020-2021

Health Insurance - Blue Cross Blue Shield of Kansas

						% increase/decrease			
		Employee	Employee Children	Employee Spouse	Employee Dependents	Employee	Employee Children	Employee Spouse	Employee Dependents
<i>Option A</i>	Total cost	\$ 545.64	\$ 1,095.40	\$ 1,171.93	\$ 1,721.67				
\$500 deductible	Employer	\$ 545.64	\$ 545.64	\$ 545.64	\$ 545.64	3.20%	3.30%	3.20%	3.20%
	Employee	\$ -	\$ 549.76	\$ 626.29	\$ 1,176.03				
<i>Option B</i>	Total cost	\$ 526.36	\$ 1,056.33	\$ 1,130.48	\$ 1,660.44				
\$1000 deductible	Employer	\$ 526.36	\$ 526.36	\$ 526.36	\$ 526.36	2.90%	3.00%	2.90%	3.00%
	Employee	\$ -	\$ 529.97	\$ 604.12	\$ 1,134.08				
<i>Option C</i>	Total cost	\$ 509.81	\$ 1,022.79	\$ 1,094.88	\$ 1,607.86				
\$1500 deductible	Employer	\$ 509.81	\$ 509.81	\$ 509.81	\$ 509.81	2.60%	2.70%	2.60%	2.70%
	Employee	\$ -	\$ 512.98	\$ 585.07	\$ 1,098.05				

Dental Insurance - Delta Dental of Kansas

Employee pays 100%				
	Employee	Employee Spouse	Employee Children	Family
	\$ 36.33	\$ 77.85	\$ 83.81	\$ 124.45
% increase/decrease	0.00%	0.00%	0.00%	0.00%

Vision Insurance - Ameritas/VSP

Employee pays 100%				
	Employee	Employee Spouse	Employee Children	Family
	\$ 14.74	\$ 29.40	\$ 28.22	\$ 43.74
% increase/decrease	0.00%	0.00%	0.00%	0.00%