

Monthly

BLUE SAVER BLUE SELECT PLUS		\$5,000 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly		Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	583	\$395.06	\$395.06	\$0.00	(576) 54.78
Employee & Spouse	584	\$770.36	\$449.84	\$320.52	\$0.00
Employee + 1 or more Children	585	\$730.88	\$449.84	\$281.04	\$0.00
Family	586	\$1,303.70	\$449.84	\$853.86	\$0.00

BLUE SAVER PREFERRED CARE BLUE		\$3,500 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly		Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	559	\$458.38	\$449.84	\$8.54	(571) \$0.00
Employee & Spouse	560	\$893.80	\$449.84	\$443.96	\$0.00
Employee + 1 or more Children	561	\$848.00	\$449.84	\$398.16	\$0.00
Family	562	\$1,512.60	\$449.84	\$1,062.76	\$0.00

BLUE SAVER PREFERRED CARE BLUE		\$3,000 DEDUCTIBLE			H S A
HEALTH-BLUE CROSS BLUE SHIELD OF KC	Benefit Code	Monthly	Monthly		Monthly
BC/BS OF KC-QHDHP	#	Premium Amount	Board Paid	Employee Cost	Board Paid
Employee Only	514	\$469.84	\$449.84	\$20.00	(526) \$0.00
Employee & Spouse	515	\$916.16	\$449.84	\$466.32	\$0.00
Employee + 1 or more Children	516	\$869.20	\$449.84	\$419.36	\$0.00
Family	517	\$1,550.42	\$449.84	\$1,100.58	\$0.00

PREFERRED CARE BLUE PPO I		\$1,500 DEDUCTIBLE		
BC/BS OF KC-PPO1	#	Premium Amount	Board Paid	Employee Cost
Employee Only	518	\$647.98	\$449.84	\$198.14
Employee & Spouse	519	\$1,263.52	\$449.84	\$813.68
Employee + 1 or more Children	520	\$1,198.74	\$449.84	\$748.90
Family	521	\$2,138.28	\$449.84	\$1,688.44

PREFERRED CARE BLUE PPO II		\$750 DEDUCTIBLE		
BC/BS OF KC-PPO II	#	Premium Amount	Board Paid	Employee Cost
Employee Only	522	\$665.12	\$449.84	\$215.28
Employee & Spouse	523	\$1,296.92	\$449.84	\$847.08
Employee + 1 or more Children	524	\$1,230.44	\$449.84	\$780.60
Family	525	\$2,194.84	\$449.84	\$1,745.00