

MEDICAL PLANS

Blue Valley is pleased to provide you with a choice of five medical plans, paying for single premium medical coverage on three of five plans for eligible employees and will contribute up to \$80.26/month to a Health Savings Account (HSA) if qualified. Eligible employees include certified staff 0.60 FTE+ and classified staff working 20 hours per week.

BlueSelect Plus Network Plans

BlueSelect Plus SPIRA Care HDHP RATES/MONTH*

	HSA OPTION		
Employee	District may contribute up to \$80.26/month to an HSA.	\$	(You Pay) 0.00
Employee & Spouse		\$	471.18
Employee & Child(ren)		\$	365.32
Family		\$	841.74

SPIRA Care RATES/MONTH*

Employee	\$	(You Pay) 0.00
Employee & Spouse	\$	507.64
Employee & Child(ren)	\$	386.18
Family	\$	932.50

EPO RATES/MONTH*

Employee	\$	116.04
Employee & Spouse	\$	795.70
Employee & Child(ren)	\$	643.96
Family	\$	1,326.82

PPO RATES/MONTH*

Employee	\$	(You Pay) 0.00
Employee & Spouse	\$	504.86
Employee & Child(ren)	\$	381.56
Family	\$	936.12

Preferred Care Blue Network Plan

BlueSaver HDHP RATES/MONTH*

	HSA OPTION		
Employee	District may contribute up to \$26.50/month to an HSA.	\$	(You Pay) 0.00
Employee & Spouse		\$	518.42
Employee & Child(ren)		\$	401.92
Family		\$	926.16

*For 9/10 month classified employee rates, refer to the Benefits Guide available on the Benefits website, www.bvschoolsbenefits.com.



Cover out-of-pocket eligible expenses with tax-free HSA, FSA, Limited FSA and Dependent Care Reimbursement Accounts.

Additional benefits include Dental, Vision, Identity Theft, Life Insurance, Retirement and College Savings Plans, Health Savings Options and Short-Term Disability. Short-Term Disability coverage is provided through Principal Financial Group. Employees absent from work due to a personal illness or accident may be provided with a benefit equal to 60% of their base pay, following a 30-day waiting period, for up to 26 weeks.

Delta Dental of KS RATES/MONTH*

Employee	\$	33.58
Employee & Spouse	\$	65.34
Employee & Child(ren)	\$	76.78
Family	\$	124.78

Surency Vision RATES/MONTH*

Employee	\$	10.30
Employee & Spouse	\$	18.14
Employee & Child(ren)	\$	17.02
Family	\$	30.38

Info Armor ID Theft RATES/MONTH*

Employee	\$	9.96
Employee & Spouse	\$	17.96



Blue Valley School District Benefits Department
www.bvschoolsbenefits.com
 Follow us on Twitter and Facebook at @BVSDBenefits

Blue Valley School District



*Ranked #1 on Forbes' List of America's Best Employers by State

2022 BENEFITS INFORMATION

MEDICAL PLANS OVERVIEW



\$7,837.26
In addition to your base salary, Blue Valley offers three single premium healthcare plans at no cost, and short-term disability coverage for qualifying employees. This is a **value added benefit** of up to \$7,837.26.

Choice
We know that when it comes to healthcare, your needs are not one-size-fits-all. That's why in Blue Valley, we offer **choice in your benefits** to fit your individual needs.

A Healthier You
The Blue KC program is designed to make it easy for you to know, improve and maintain your health.

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Blue Valley is pleased to provide you with **FIVE** medical plan options.

	BlueSelect Plus Network				Preferred Care Blue Network
	BlueSelect Plus SPIRA Care Qualified High Deductible Health Plan	SPIRA CARE Exclusive Provider Organization	EPO Exclusive Provider Organization	PPO Preferred Provider Organization	BlueSaver Qualified High Deductible Health Plan
Deductible (Individual / Family)	\$2,800 / \$5,600	\$1,000 / \$3,000	\$0	\$1,500 / \$4,000	\$2,800 / \$7,000
Coinsurance ▪ Member Pays ▪ Blue KC Pays	▪ 0% ▪ 100%	▪ 0% ▪ 100%	N/A	▪ 20% ▪ 80%	▪ 0% ▪ 100%
Out-of-Pocket Maximum* (Individual / Family)	\$2,800 / \$5,600	\$1,000 / \$3,000	\$4,000/\$10,000	\$5,000 / \$12,250	\$2,800 / \$7,000
Office Visits	At Spira Care Centers: \$60; In-Network: Deductible then 100%	At Spira Care Centers: No Charges; In-Network: Deductible	\$35 / \$70 (non-specialist/specialist)	\$35 / \$70 (non-specialist/specialist)	Deductible then 100%
Routine Preventative Care	At Spira Care Centers: No Charges; In-Network: 100%	At Spira Care Centers: No Charges; In-Network: 100%	100%	100%	100%
Inpatient / Outpatient Hospital Services	Deductible then coinsurance	Deductible then 100%	\$500 copay per day (up to \$2,500 per calendar year per member)	Deductible then coinsurance	Deductible then coinsurance
Prescription Drugs RX Deductible (Individual/Family) Tier 1 / Tier 2 / Tier 3	N/A Deductible then 100%	N/A \$15 / \$50 / Deductible then 100%	\$200/\$400 \$12 / \$60 / \$80	\$200/\$400 \$12 / \$60 / \$80	N/A Deductible then 100%

**Out-of-Pocket Maximum: The amount members pay each year toward covered services before Blue Cross and Blue Shield of Kansas City pays 100% of benefits. This includes the total of deductible, coinsurance, office visit copays and prescription drugs. The information listed above is based upon in-network services only; out-of-network services are paid differently. Benefits are subject to plan provisions and are subject to change.*