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 SPIRA	Care HDHP		RATES/MONTH*
Employee Employee & Spouse Employee & Child(ren) Family	HSA OPTION District may contribute up to \$80.26/month to an HSA.	\$ \$ \$	(You Pay) 0.00 471.18 365.32 841.74
SPIRA Care			RATES/MONTH*
Employee Employee & Spouse Employee & Child(ren) Family		\$ \$ \$	(You Pay) 0.00 507.64 386.18 932.50
EPO			RATES/MONTH*
Employee Employee & Spouse Employee & Child(ren) Family		\$ \$ \$ \$	116.04 795.70 643.96 1,326.82
BlueSaver HDHP			RATES/MONTH*
Employee Employee & Spouse Employee & Child(ren) Family	HSA OPTION District may contribute up to \$26.50/month to an HSA.	\$ \$ \$	(You Pay) 0.00 518.42 401.92 926.16
PP0			RATES/MONTH*
Employee Employee & Spouse Employee & Child(ren) Family		\$ \$ \$ \$	25.28 623.94 490.24 1,091.64

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

VISION DENTAL LIFE SAVINGS

HEALTH

Cover out-of-pocket eligible expenses with taxfree 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, folloiwng a 30-day waiting period, for up to 26 weeks.

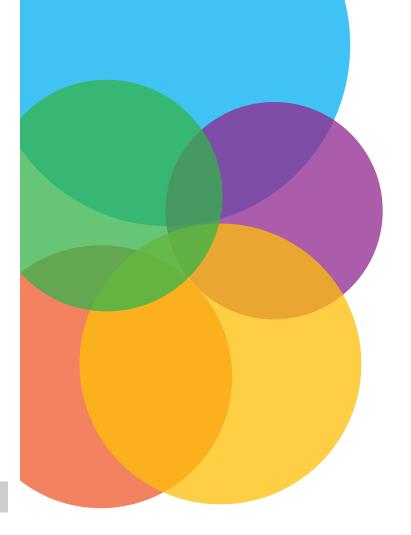
Delta Dental of KS		RATES/MONTH*
Employee	\$	33.58
Employee & Spouse Employee & Child(ren)	\$ \$	65.34 76.78
Family	\$	124.78

Surency Vision		RATES/MONTH*	
Employee Employee & Spouse Employee & Child(ren) Family	\$ \$ \$ \$	10.30 18.14 17.02 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



*Top 10 on Forbes' List of America's Best Employers by State

2020 BENEFITS INFORMATION

MEDICAL PLANS OVERVIEW



\$7,750.32

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 \$7,750.32.

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

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

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	BlueSaver Qualified High Deductible Health Plan	PPO Preferred Provider Organization
Deductible (Individual / Family)	\$2,800 / \$5,600	\$1,000/\$3,000	\$0	\$2,800 / \$5,600	\$1,500 / \$4,000
Coinsurance • Member Pays • Blue KC Pays	• 0% • 100%	• 0% • 100%	N/A	• 0% • 100%	■ 20% ■ 80%
Out-of-Pocket Maximum* (Individual / Family)	\$2,800 / \$5,600	\$1,000/\$3,000	\$4,000/\$10,000	\$2,800 / \$5,600	\$5,000 / \$12,250
Office Visits	At Care Center: \$60 In-Network: Deductible then 100%	At Care Center: No Charge/ In-Network: Deductible	\$35 / \$70 (non-specialist/specialist)	Deductible then 100%	\$35 / \$70 (non-specialist/specialist)
Routine Preventative Care	At Care Center: No Charge/ In-Network: 100%	At Care Center: No Charge/ 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 Tier 1 / Tier 2 / Tier 3	Deductible then 100%	\$15 / \$50 / Deductible then 100%	\$12/\$60/\$80	Deductible then 100%	\$12/\$60/\$80
	+ Primary care, including x-rays, labs and behavioral health	Primary care, including x-rays, labs and behavioral health	*Out-of-Pocket Maximum: The amount Shield of Kansas City pays 100% of be	t members pay each year toward covere enefits. This includes the total of deductib	d services before Blue Cross and Blu ble, coinsurance, office visit copays a

services, is 100% covered

at SPIRA Care Centers.

services, are \$60 at

SPIRA Care Centers.

Benefits are subject to plan provisions and are subject to change.

The information listed above is based upon in-network services only; out-of-network services are paid differently.

prescription drugs.