

# 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.

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

\*For 9/10 month classified employee rates, refer to the Benefits Guide available on the Benefits website, [www.bvschoolsbenefits.com](http://www.bvschoolsbenefits.com).



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.

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

<b>Surency Vision</b>		<b>RATES/MONTH*</b>	
Employee	\$		10.30
Employee & Spouse	\$		18.14
Employee & Child(ren)	\$		17.02
Family	\$		30.38

<b>Info Armor ID Theft</b>		<b>RATES/MONTH*</b>	
Employee	\$		9.96
Employee & Spouse	\$		17.96



Blue Valley School District Benefits Department  
[www.bvschoolsbenefits.com](http://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.

**5**  
 Blue Valley is pleased to provide you with **FIVE** medical plan options.

**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.

	BlueSelect Plus Network			Preferred Care Blue Network	
	<b>BlueSelect Plus SPIRA Care</b> Qualified High Deductible Health Plan	<b>SPIRA CARE</b> Exclusive Provider Organization	<b>EPO</b> Exclusive Provider Organization	<b>BlueSaver</b> Qualified High Deductible Health Plan	<b>PPO</b> Preferred Provider Organization
<b>Deductible</b> (Individual / Family)	\$2,800 / \$5,600	\$1,000 / \$3,000	\$0	\$2,800 / \$5,600	\$1,500 / \$4,000
<b>Coinsurance</b> ▪ Member Pays ▪ Blue KC Pays	▪ 0% ▪ 100%	▪ 0% ▪ 100%	N/A	▪ 0% ▪ 100%	▪ 20% ▪ 80%
<b>Out-of-Pocket Maximum*</b> (Individual / Family)	\$2,800 / \$5,600	\$1,000 / \$3,000	\$4,000/\$10,000	\$2,800 / \$5,600	\$5,000 / \$12,250
<b>Office Visits</b>	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)
<b>Routine Preventative Care</b>	At Care Center: No Charge/ In-Network: 100%	At Care Center: No Charge/ In-Network: 100%	100%	100%	100%
<b>Inpatient / Outpatient Hospital Services</b>	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
<b>Prescription Drugs</b> 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 services, are \$60 at SPIRA Care Centers.	+ Primary care, including x-rays, labs and behavioral health services, is 100% covered at SPIRA Care Centers.	*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.