

City of Lee's Summit

2018 Medical Plan Rates & Employee Contributions

BCBSKC

Enrollment Tier	June Enrollment	Employee Contribution	Employer Contribution	Total Monthly Premium Rate
Preferred Care Blue Choice \$0 Deductible				
Employee Only	131	\$83.17	\$707.31	\$790.48
Employee + Spouse or Child(ren)	66	\$483.12	\$1,245.58	\$1,728.70
Family	145	\$560.77	\$1,445.92	\$2,006.69
Total Monthly	342	\$124,093	\$384,524	\$508,617
Total Annual		\$1,489,117	\$4,614,288	\$6,103,406
% Cost Share		24%	76%	

Enrollment Tier	June Enrollment	Employee Contribution	Employer Contribution	Total Monthly Premium Rate
Preferred Care Blue \$500 Deductible				
Employee Only	153	\$0.00	\$707.31	\$707.31
Employee + Spouse or Child(ren)	65	\$311.39	\$1,245.58	\$1,556.97
Family	71	\$361.48	\$1,445.92	\$1,807.40
Total Monthly	289	\$45,906	\$291,841	\$337,747
Total Annual		\$550,868	\$3,502,094	\$4,052,963
% Cost Share		14%	86%	

Enrollment Tier	June Enrollment	Employee Contribution	Employer Contribution	Total Monthly Premium Rate
BlueSaver HDHP Plan				
Employee Only	13	\$0.00	\$654.38	\$654.38
Employee + Spouse or Child(ren)	3	\$194.30	\$1,245.58	\$1,439.88
Family	9	\$225.57	\$1,445.92	\$1,671.49
Total Monthly	25	\$2,613	\$25,257	\$27,870
Total Annual		\$31,357	\$303,083	\$334,440
		9%	91%	

Total Monthly	656	\$172,612	\$701,622	\$874,234
Total Annual		\$2,071,342	\$8,419,466	\$10,490,808
% Cost Share		20%	80%	

Note: City contributes \$52.93 to Employee Only HDHP HSA accounts each month. (\$635.16 annually)

Note: assumes City contribution based on 100% of EE Only & 80% of Family for Base \$500 deductible plan.

City of Lee's Summit

2018 Dental Plan Rates & Employee Contributions

BCBSKC

Enrollment Tier	June Enrollment	Employee Contribution	Employer Contribution	Total Monthly Premium Rate
Dental Plan				
Employee Only	254	\$0.00	\$35.17	\$35.17
Family	404	\$17.70	\$70.80	\$88.50
Total Monthly	658	\$7,151	\$37,536	\$44,687
Total Annual		\$85,810	\$450,437	\$536,246
% Cost Share		16%	84%	

Note: assumes City contribution of 100% of Employee Only & 80% of Family.

City of Lee's Summit

2018 Vision Plan Rates & Employee Contributions

VSP Vision

Enrollment Tier	May Enrollment	Employee Contribution	Employer Contribution	Total Monthly Premium Rate
Vision Plan				
Employee Only	276	\$0.00	\$6.34	\$6.34
Family	383	\$3.01	\$12.04	\$15.05
Total Monthly	659	\$1,153	\$6,361	\$7,514
Total Annual		\$13,834	\$76,334	\$90,168
% Cost Share		15%	85%	

Note: assumes City contribution of 100% of Employee Only & 80% of Family.

City of Lee's Summit

2018 Monthly Premium & COBRA Rates

BCBSKC Preferred Care Blue Choice \$0 Deductible	Employee Contribution	Employer Contribution	Total Monthly Premium Rate	Total Monthly COBRA Rate
Employee Only	\$83.17	\$707.31	\$790.48	\$806.29
Employee + Spouse or Child(ren)	\$483.12	\$1,245.58	\$1,728.70	\$1,763.27
Family	\$560.77	\$1,445.92	\$2,006.69	\$2,046.82

BCBSKC Preferred Care Blue \$500 Deductible	Employee Contribution	Employer Contribution	Total Monthly Premium Rate	Total Monthly COBRA Rate
Employee Only	\$0.00	\$707.31	\$707.31	\$721.46
Employee + Spouse or Child(ren)	\$311.39	\$1,245.58	\$1,556.97	\$1,588.11
Family	\$361.48	\$1,445.92	\$1,807.40	\$1,843.55

BCBSKC BlueSaver HDHP Plan	Employee Contribution	Employer Contribution	Total Monthly Premium Rate	Total Monthly COBRA Rate
Employee Only	\$0.00	\$654.38	\$654.38	\$667.47
Employee + Spouse or Child(ren)	\$194.30	\$1,245.58	\$1,439.88	\$1,468.68
Family	\$225.57	\$1,445.92	\$1,671.49	\$1,704.92

BCBSKC Dental Plan	Employee Contribution	Employer Contribution	Total Monthly Premium Rate	Total Monthly COBRA Rate
Employee Only	\$0.00	\$35.17	\$35.17	\$35.87
Family	\$17.70	\$70.80	\$88.50	\$90.27

VSP Vision Plan	Employee Contribution	Employer Contribution	Total Monthly Premium Rate	Total Monthly COBRA Rate
Employee Only	\$0.00	\$6.34	\$6.34	\$6.47
Family	\$3.01	\$12.04	\$15.05	\$15.35