

2017—2018 PREMIUM CONTRIBUTIONS

BLUE CROSS BLUE SHIELD OF KANSAS PREMIUMS			
	Full Monthly Premium	BOE Paid Benefit	Employee Cost
Option 1: \$500 Deductible			
Single	\$658.03	\$520.00	\$138.03
Family	\$1,522.27	\$820.00	\$702.27
Option 2: \$1,000 Deductible			
Single	\$609.27	\$520.00	\$89.27
Family	\$1,409.38	\$820.00	\$589.38
DELTA DENTAL PREMIUMS			
	Full Monthly Premium	BOE Paid Benefit	Employee Cost
Single	\$30.05	\$30.05	\$0.00
Family	\$84.81	\$30.05	\$54.76
SURENCY VISION PREMIUMS			
	Employee Cost		
Single	\$8.13		
Employee + Spouse	\$17.08		
Employee + Children	\$14.63		
Family	\$28.46		

As per the Negotiated Agreement, the employer paid monthly medical and/or dental benefit is used to help offset the cost of the plans. Please remember that the employer paid contributions are defined medical and/or dental benefits and you must participate in the medical and/or dental insurance to receive the benefit

Open Enrollment Elections and August New Hires

- Medical/Rx and Dental Benefits are effective October 1, 2017—September 30, 2018
- All other benefit elections are effective September 1, 2017—August 31, 2018

New Hire Elections (September - July)

- Enrollment/declination on The benefitsHUB is required within 30-days from date of hire/eligibility
- Benefits elected are effective the first of the month following your date of hire

Classified Staff Notice

- July and August premiums will be withheld between September and June for all classified staff who work 10-months