



SHAWNEE MISSION SCHOOL DISTRICT

2020 EMPLOYEE BENEFITS

2020 Medical Rates

	Blue Care HMO			
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)
Employee	\$794.47	\$649.00	\$145.47	\$195.47
Employee + Spouse	\$1665.43	\$649.00	\$1016.43	\$1066.43
Employee + Child(ren)	\$1,509.47	\$649.00	\$860.47	\$910.47
Family	\$2,424.48	\$649.00	\$1,775.48	\$1,825.48

	Preferred Care Blue PPO			
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)
Employee	\$786.44	\$649.00	\$137.44	\$187.44
Employee + Spouse	\$1,649.45	\$649.00	\$1000.45	\$1050.45
Employee + Child(ren)	\$1494.22	\$649.00	\$845.22	\$895.22
Family	\$2,399.03	\$649.00	\$1750.03	\$1,800.03

	BlueSelect Plus PPO			
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)
Employee	\$704.52	\$649.00	\$55.52	\$105.52
Employee + Spouse	\$1,476.87	\$649.00	\$827.87	\$877.87
Employee + Child(ren)	\$1,338.56	\$649.00	\$689.56	\$739.56
Family	\$2,149.97	\$649.00	\$1,500.97	\$1550.97

	BlueSelect Plus EPO			
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)
Employee	\$713.16	\$649.00	\$64.16	\$114.16
Employee + Spouse	\$1,494.17	\$649.00	\$845.17	\$895.17
Employee + Child(ren)	\$1,354.99	\$649.00	\$705.99	\$755.99
Family	\$2,177.33	\$649.00	\$1,528.33	\$1,578.33

	Preferred Care Blue - BlueSaver HDHP (PPO)				HSA Contribution	
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)	WIR	NPR
Employee	\$575.21	\$649.00	Zero	Zero	\$73.79	\$23.79
Employee + Spouse	\$1204.47	\$649.00	\$555.47	\$605.47	N/A	N/A
Employee + Child(ren)	\$1,092.87	\$649.00	\$443.87	\$493.87	N/A	N/A
Family	\$1,756.87	\$649.00	\$1,107.87	\$1,157.87	N/A	N/A

	BlueSelect Plus HDHP (PPO)				HSA Contribution	
	Monthly Premium	Employer	Monthly Contribution Employee (WIR)	(NPR)	WIR	NPR
Employee	\$518.63	\$649.00	Zero	Zero	\$130.37	\$80.37
Employee + Spouse	\$1,085.29	\$649.00	\$436.29	\$486.29	N/A	N/A
Employee + Child(ren)	\$985.38	\$649.00	\$336.38	\$386.38	N/A	N/A
Family	\$1,584.88	\$649.00	\$935.88	\$985.88	N/A	N/A

*WIR = Wellness Incentive Rate, NPR = Non-Participation Rate

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Dental Insurance provided by Delta Dental of Kansas

Tier Level of Coverage	PPO (Group 2604-01) Monthly Dental Premium	Premier (Group 2504-01) Monthly Dental Premium
Employee Only	\$31.28	\$37.93
Employee + One	\$63.42	\$80.47
Employee + Family	\$107.34	\$122.96

Vision Insurance provided by Vision Service Plan (VSP) ~ Group 12026827

Tier Level of Coverage	Monthly Vision Premium
Employee Only	\$14.99
Employee + One / Employee + Family	\$32.20

Dependent Care and Medical Reimbursement Accounts provided by Flex Made Easy

FSA Medical Details	FSA Dependent Care Details
Maximum of \$2,650 annual pledge	Maximum of \$5,000 annual pledge per household
Use-it or Lose-it Account	Use-it or Lose-it Account
If the employee enrolls in a high deductible plan with HSA and elects FSA Medical Account then this account will be a limited-purpose FSA allowing only qualified dental and vision expenses to be reimbursed	Free debit cards for both flexible spending accounts and many convenient methods for reimbursement; IRS governs these types of accounts so keep accurate records in the event of a tax audit

Short Term Disability provided by Assurant Employee Benefits ~ Group 4022885-0

Short Term Disability Plan Details
Short-term disability salary protection is an optional voluntary benefit and is an after-tax benefit
Formula for calculating the monthly premium: Annual salary x .70 x .040 divided by 52 = Monthly Premium (\$.40 per \$10 of benefit)
Total duration of this benefit is 25 consecutive weeks
Coverage provides 70% of weekly compensation up to a maximum of \$1,100
This benefit has a 5-day waiting period and all accumulated paid leave must be exhausted
Dovetails to KPERS Long Term Disability

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Voluntary Life Insurance provided by Standard Insurance Company ~ Group 155117

Voluntary Employee Life Details	Voluntary Spouse/Child Life Details
Voluntary Employee Life coverage is available in increments of \$10,000 up to \$350,000 and is an after-tax benefit	Voluntary Spouse Life coverage is available in increments of \$5,000 up to \$175,000 and is an after-tax benefit
\$350,000 is the maximum face value for Voluntary Employee Life coverage	Guaranteed Issue for Voluntary Spouse Life coverage is \$25,000 <i>when first eligible for coverage</i>
Guaranteed Issue for Voluntary Employee Life coverage is \$250,000 <i>when first eligible for coverage</i>	Voluntary Spouse Life coverage cannot exceed 100% of the employee's life coverage amount
Voluntary Employee Life must be elected to enroll in Voluntary Spouse Life and/or Voluntary Child Life	Voluntary Child Life coverage is available in \$5,000 or \$10,000 increments
Refer to age-banded monthly premium rate sheet for all voluntary life rates	\$10,000 is the maximum face value for Voluntary Child Life
Annual increases are allowed during open enrollment. Employee life can be increased by 10K each year with completion of an enrollment application. Spouse life can be increased by 5K each year with completion of an enrollment application. No underwriting is required on annual increases within the guidelines explained above. <i>Increases over 10K on employee life and increases over 5K on spouse life still require medical underwriting. If it is the first time to enroll in life insurance during open enrollment then medical underwriting is required.</i>	