

**KSCEA Medical Rates**  
**75% - 100% Time Employees**  
**Effective January 1, 2019**

		Employee			Monthly COBRA	Employee Plus Spouse			Monthly COBRA	Employee Plus Child/Children			Monthly COBRA	Family			Monthly COBRA
		Bi-Weekly	Monthly	Annual		Bi-Weekly	Monthly	Annual		Bi-Weekly	Monthly	Annual		Bi-Weekly	Monthly	Annual	
<b>Open Access Plus HSA</b>	Employee	\$ 16.30	\$ 35.32	\$ 423.84		\$ 66.01	\$ 143.03	\$ 1,716.36		\$ 51.34	\$ 111.24	\$ 1,334.88		\$ 116.54	\$ 252.51	\$ 3,030.12	
	Employer		\$ 670.99	\$ 8,051.88			\$ 1,446.17	\$ 17,354.04			\$ 1,124.80	\$ 13,497.60			\$ 1,689.85	\$ 20,278.20	
	<b>Deductible:</b> <b>\$1,500/\$3,000</b>	Total		\$ 706.31	\$ 8,475.72	\$ 720.44		\$ 1,589.20	\$ 19,070.40	\$ 1,620.98		\$ 1,236.04	\$ 14,832.48	\$ 1,260.76		\$ 1,942.36	\$ 23,308.32
<b>Open Access Plus</b>	Employee	\$ 33.71	\$ 73.03	\$ 876.36		\$ 99.79	\$ 216.22	\$ 2,594.64		\$ 83.82	\$ 181.62	\$ 2,179.44		\$ 170.76	\$ 369.97	\$ 4,439.64	
	Employer		\$ 695.73	\$ 8,348.76			\$ 1,513.50	\$ 18,162.00			\$ 1,163.71	\$ 13,964.52			\$ 1,744.13	\$ 20,929.56	
	<b>Deductible:</b> <b>\$500/\$1,000</b>	Total		\$ 768.76	\$ 9,225.12	\$ 784.14		\$ 1,729.72	\$ 20,756.64	\$ 1,764.31		\$ 1,345.33	\$ 16,143.96	\$ 1,372.24		\$ 2,114.10	\$ 25,369.20
<b>Open Access Plus</b>	Employee	\$ 43.87	\$ 95.06	\$ 1,140.72		\$ 133.06	\$ 288.29	\$ 3,459.48		\$ 103.49	\$ 224.22	\$ 2,690.64		\$ 204.59	\$ 443.28	\$ 5,319.36	
	Employer		\$ 731.57	\$ 8,778.84			\$ 1,571.62	\$ 18,859.44			\$ 1,222.38	\$ 14,668.56			\$ 1,829.94	\$ 21,959.28	
	<b>Deductible:</b> <b>\$200/\$400</b>	Total		\$ 826.63	\$ 9,919.56	\$ 843.16		\$ 1,859.91	\$ 22,318.92	\$ 1,897.11		\$ 1,446.60	\$ 17,359.20	\$ 1,475.53		\$ 2,273.22	\$ 27,278.64

Assumes 100% time and 26 Pay periods