

**KSCEA Medical Rates  
75% - 100% Time Employees  
Effective January 1, 2021**

		Bi-Weekly	Employee			Monthly COBRA	Employee Plus Spouse			Monthly COBRA	Employee Plus Child/Children			Monthly COBRA	Family			Monthly COBRA
			Monthly	Annual			Bi-Weekly	Monthly	Annual		Bi-Weekly	Monthly	Annual		Bi-Weekly	Monthly	Annual	
<b>Open Access Plus HSA</b>	Employee	\$ 20.70	\$ 44.86	\$ 538.32		\$ 83.85	\$ 181.68	\$ 2,180.16		\$ 65.22	\$ 141.31	\$ 1,695.72		\$ 148.04	\$ 320.75	\$ 3,849.00		
	Employer		\$ 852.33	\$ 10,227.96			\$ 1,837.00	\$ 22,044.00			\$ 1,428.77	\$ 17,145.24			\$ 2,146.53	\$ 25,758.36		
	<b>Deductible:</b> <b>\$1,500/\$3,000</b>	Total		\$ 897.19	\$ 10,766.28	\$ 915.13		\$ 2,018.68	\$ 24,224.16	\$ 2,059.05		\$ 1,570.08	\$ 18,840.96	\$ 1,601.48		\$ 2,467.28	\$ 29,607.36	\$ 2,516.63
<b>Open Access Plus</b>	Employee	\$ 45.07	\$ 97.65	\$ 1,171.80		\$ 141.97	\$ 307.60	\$ 3,691.20		\$ 110.42	\$ 239.25	\$ 2,871.00		\$ 223.10	\$ 483.38	\$ 5,800.56		
	Employer		\$ 878.87	\$ 10,546.42			\$ 1,889.56	\$ 22,674.72			\$ 1,469.66	\$ 17,635.88			\$ 2,202.05	\$ 26,424.60		
	<b>Deductible:</b> <b>\$500/\$1,000</b>	Total		\$ 976.52	\$ 11,718.22	\$ 996.05		\$ 2,197.16	\$ 26,365.92	\$ 2,241.10		\$ 1,708.91	\$ 20,506.88	\$ 1,743.08		\$ 2,685.43	\$ 32,225.16	\$ 2,739.14
<b>Open Access Plus</b>	Employee	\$ 60.58	\$ 131.25	\$ 1,575.00		\$ 179.92	\$ 389.82	\$ 4,677.84		\$ 139.93	\$ 303.19	\$ 3,638.28		\$ 266.54	\$ 577.51	\$ 6,930.12		
	Employer		\$ 918.77	\$ 11,025.24			\$ 1,972.72	\$ 23,672.68			\$ 1,534.34	\$ 18,412.13			\$ 2,310.04	\$ 27,720.52		
	<b>Deductible:</b> <b>\$200/\$400</b>	Total		\$ 1,050.02	\$ 12,600.24	\$ 1,071.02		\$ 2,362.54	\$ 28,350.52	\$ 2,409.79		\$ 1,837.53	\$ 22,050.41	\$ 1,874.28		\$ 2,887.55	\$ 34,650.64	\$ 2,945.30

Assumes 100% time and 26 Pay periods