KSCEA Medical Rates
75% - 100% Time Employees
Effective January 1, 2026

Anthem BCBS		Employee Bi-Weekly	Employee Monthly	Employee Annual	Employee Monthly COBRA	Employee Plus Spouse Bi-Weekly	Employee Plus Spouse Monthly	Employee Plus Spouse Annual	Employee Plus Spouse Monthly COBRA	Employee Plus Child/Children Bi-Weekly	Employee Plus Child/Children Monthly	Employee Plus Child/Children Annual	Employee Plus Child/Children Monthly COBRA	Family Bi-Weekly	Family Monthly	Family Annual	Family Monthly COBRA
Open Access HSA	Employee	$ 35.39	$ 76.67	$ 920.04		$ 122.06	$ 264.47	$ 3,173.64		$ 94.94	$ 205.70	$ 2,468.40		$ 203.59	$ 441.12	$ 5,293.44	
	Employer		$ 945.47	$ 11,345.64			$ 2,035.32	$ 24,423.84			$ 1,583.05	$ 18,996.60			$ 2,404.84	$ 28,858.08	
Deductible:	Total		$ 1,022.14	$ 12,265.68	$ 1,042.58		$ 2,299.79	$ 27,597.48	$ 2,345.79		$ 1,788.75	$ 21,465.00	$ 1,824.53		$ 2,845.96	$ 34,151.52	$2,902.88
$2,250/$4,500																	
Open Access	Employee	$ 64.18	$ 139.06	$ 1,668.72		$ 190.62	$ 413.02	$ 4,956.24		$ 148.26	$ 321.23	$ 3,854.76		$ 291.46	$ 631.49	$ 7,577.88	
	Employer		$ 973.44	$ 11,681.28			$ 2,090.12	$ 25,081.44			$ 1,625.65	$ 19,507.80			$ 2,448.96	$ 29,387.52	
Deductible:	Total		$ 1,112.50	$ 13,350.00	$ 1,134.75		$ 2,503.14	$ 30,037.68	$ 2,553.20		$ 1,946.88	$ 23,362.56	$ 1,985.82		$ 3,080.45	$ 36,965.40	$3,142.06
$1,000/$2,000																	
Open Access	Employee	$ 85.58	$ 185.42	$ 2,225.04		$ 242.24	$ 524.85	$ 6,298.20		$ 188.41	$ 408.22	$ 4,898.64		$ 349.21	$ 756.63	$ 9,079.56	
	Employer		$ 1,010.84	$ 12,130.08			$ 2,166.69	$ 26,000.28			$ 1,685.21	$ 20,222.52			$ 2,533.05	$ 30,396.60	
Deductible:	Total		$ 1,196.26	$ 14,355.12	$ 1,220.19		$ 2,691.54	$ 32,298.48	$ 2,745.37		$ 2,093.43	$ 25,121.16	$ 2,135.30		$ 3,289.68	$ 39,476.16	$3,355.47
$300/$600																	

Assumes 26 Pay periods