KSCASA, KSCSA & KSCDSA Medical Rates
75% - 100% Time Employees
Effective January 1, 2027

Anthem BCBS		Employee Bi-Weekly	Employee Monthly	Employee Annual	Monthly COBRA	Employee Plus Spouse Bi-Weekly	Employee Plus Spouse Monthly	Employee Plus Spouse Annual	Monthly COBRA	Employee Plus Child/Children Bi-Weekly	Employee Plus Child/Children Monthly	Employee Plus Child/Children Annual	Monthly COBRA	Family Bi-Weekly	Family Monthly	Family Annual	Monthly COBRA
Open Access HSA	Employee	$ 30.89	$ 66.93	$ 803.16		$ 115.84	$ 250.99	$ 3,011.88		$ 90.10	$ 195.22	$ 2,342.64		$ 200.69	$ 434.83	$ 5,217.96	
	Employer		$ 1,048.58	$ 12,582.96			$ 2,258.88	$ 27,106.56			$ 1,756.93	$ 21,083.16			$ 2,671.10	$ 32,053.20	
Deductible:	Total		$ 1,115.51	$ 13,386.12	$ 1,137.82		$ 2,509.87	$ 30,118.44	$ 2,560.07		$ 1,952.15	$ 23,425.80	$ 1,991.19		$ 3,105.93	$ 37,271.16	$3,168.05
$2,250/$4,500																	
Open Access	Employee	$ 67.25	$ 145.71	$ 1,748.52		$ 201.73	$ 437.08	$ 5,244.96		$ 156.90	$ 339.95	$ 4,079.40		$ 310.32	$ 672.37	$ 8,068.44	
	Employer		$ 1,068.41	$ 12,820.92			$ 2,294.71	$ 27,536.52			$ 1,784.77	$ 21,417.24			$ 2,689.47	$ 32,273.64	
Deductible:	Total		$ 1,214.12	$ 14,569.44	$ 1,238.40		$ 2,731.79	$ 32,781.48	$ 2,786.43		$ 2,124.72	$ 25,496.64	$ 2,167.21		$ 3,361.84	$ 40,342.08	$3,429.08
$1,000/$2,000																	
Open Access	Employee	$ 90.38	$ 195.83	$ 2,349.96		$ 257.59	$ 558.11	$ 6,697.32		$ 200.34	$ 434.08	$ 5,208.96		$ 381.12	$ 825.75	$ 9,909.00	
	Employer		$ 1,109.70	$ 13,316.40			$ 2,379.29	$ 28,551.48			$ 1,850.58	$ 22,206.96			$ 2,764.43	$ 33,173.16	
Deductible:	Total		$ 1,305.53	$ 15,666.36	$ 1,331.64		$ 2,937.40	$ 35,248.80	$ 2,996.15		$ 2,284.66	$ 27,415.92	$ 2,330.35		$ 3,590.18	$ 43,082.16	$3,661.98
$300/$600																	

Assumes 26 Pay periods