KSCEA Medical Rates
75% - 100% Time Employees
Effective January 1, 2027

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	$ 38.62	$ 83.67	$ 1,004.04		$ 133.21	$ 288.63	$ 3,463.56		$ 103.61	$ 224.49	$ 2,693.88		$ 222.19	$ 481.41	$ 5,776.92	
	Employer		$ 1,031.84	$ 12,382.08			$ 2,221.24	$ 26,654.88			$ 1,727.66	$ 20,731.92			$ 2,624.52	$ 31,494.24	
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	$ 70.04	$ 151.76	$ 1,821.12		$ 208.04	$ 450.75	$ 5,409.00		$ 161.80	$ 350.57	$ 4,206.84		$ 318.08	$ 689.17	$ 8,270.04	
	Employer		$ 1,062.36	$ 12,748.32			$ 2,281.04	$ 27,372.48			$ 1,774.15	$ 21,289.80			$ 2,672.67	$ 32,072.04	
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	$ 93.40	$ 202.36	$ 2,428.32		$ 264.36	$ 572.79	$ 6,873.48		$ 205.62	$ 445.51	$ 5,346.12		$ 381.12	$ 825.75	$ 9,909.00	
	Employer		$ 1,103.17	$ 13,238.04			$ 2,364.61	$ 28,375.32			$ 1,839.15	$ 22,069.80			$ 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