

**KSCEA Medical Rates  
75% - 100% Time Employees  
Effective January 1, 2025**

		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	\$ 31.13	\$ 67.44	\$ 809.28		\$ 107.38	\$ 232.65	\$ 2,791.80		\$ 83.52	\$ 180.95	\$ 2,171.40		\$ 179.10	\$ 388.04	\$ 4,656.48	
	Employer		\$ 831.70	\$ 9,980.40			\$ 1,790.40	\$ 21,484.80			\$ 1,392.55	\$ 16,710.60			\$ 2,115.46	\$ 25,385.52	
	<b>Deductible:</b> <b>\$2,250/\$4,500</b>	Total		\$ 899.14	\$ 10,789.68	\$ 917.12		\$ 2,023.05	\$ 24,276.60	\$ 2,063.51		\$ 1,573.50	\$ 18,882.00	\$ 1,604.97		\$ 2,503.50	\$ 30,042.00
<b>Open Access Plus</b>	Employee	\$ 56.46	\$ 122.33	\$ 1,467.96		\$ 167.69	\$ 363.32	\$ 4,359.84		\$ 130.42	\$ 282.58	\$ 3,390.96		\$ 256.38	\$ 555.50	\$ 6,666.00	
	Employer		\$ 856.30	\$ 10,275.60			\$ 1,838.61	\$ 22,063.32			\$ 1,430.03	\$ 17,160.36			\$ 2,154.27	\$ 25,851.24	
	<b>Deductible:</b> <b>\$1,000/\$2,000</b>	Total		\$ 978.63	\$ 11,743.56	\$ 998.20		\$ 2,201.93	\$ 26,423.16	\$ 2,245.97		\$ 1,712.61	\$ 20,551.32	\$ 1,746.86		\$ 2,709.77	\$ 32,517.24
<b>Open Access Plus</b>	Employee	\$ 75.28	\$ 163.11	\$ 1,957.32		\$ 213.09	\$ 461.69	\$ 5,540.28		\$ 165.74	\$ 359.10	\$ 4,309.20		\$ 307.19	\$ 665.58	\$ 7,986.96	
	Employer		\$ 889.20	\$ 10,670.40			\$ 1,905.97	\$ 22,871.64			\$ 1,482.42	\$ 17,789.04			\$ 2,228.24	\$ 26,738.88	
	<b>Deductible:</b> <b>\$300/\$600</b>	Total		\$ 1,052.31	\$ 12,627.72	\$ 1,073.36		\$ 2,367.66	\$ 28,411.92	\$ 2,415.01		\$ 1,841.52	\$ 22,098.24	\$ 1,878.35		\$ 2,893.82	\$ 34,725.84

Assumes 26 Pay periods