

**EUDORA U.S.D. NO. 491
BCBS OF KS RATES
EFFECTIVE OCTOBER 1, 2009**

MONTHLY HEALTH INSURANCE PREMIUM	MONTHLY DISTRICT PAID BENEFIT	MONTHLY AMOUNT EMPLOYEE PAYS
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**OPTION 1 -
(1,000/2,000 Deductible):**

Employee	368.72	275.00	93.72
Employee/Spouse	791.77	275.00	516.77
Employee/Child(ren)	711.68	275.00	436.68
Family	1,134.75	275.00	859.75

**OPTION 2 -
(1,500/3,000 Deductible):**

Employee	353.45	275.00	78.45
Employee/Spouse	758.93	275.00	483.93
Employee/Child(ren)	682.52	275.00	407.52
Family	1,088.01	275.00	813.01

**OPTION 3 -
(2,500/5,000 Deductible):**

Employee	330.79	275.00	55.79
Employee/Spouse	710.23	275.00	435.23
Employee/Child(ren)	639.25	275.00	364.25
Family	1,018.70	275.00	743.70

**OPTION 4 -
HDHP/HSA (2,500/5,000 Deductible):**

Employee	293.47	275.00	18.47
Employee/Spouse	630.01	275.00	355.01
Employee/Child(ren)	567.98	275.00	292.98
Family	904.52	275.00	629.52