

Bourbon County Health Insurance 2024 Semi-Monthly Rates

Bourbon County Rates Health Rates

Effective 07.01.23 - 06.30.24

Employee Rates	Plan A Non		Plan C Non		Plan N Non		Dental	Vision	Vision	HSA	HSA	HRA
	Plan A	Disc	PlanC	Disc	Plan N	Disc		Basic	Enhanced	(min Cont)	(min Cont)	
EE	\$ -	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ -	\$ 1.48	\$ 25.00	\$ 25.00	\$ -
EE + Spouse	\$ 198.15	\$ 218.15	\$ 95.73	\$ 115.73	\$ 65.62	\$ 85.62	\$ 9.99	\$ 1.48	\$ 3.96	\$ 25.00	\$ 25.00	\$ -
EE + Children	\$ 87.17	\$ 107.17	\$ 32.98	\$ 52.98	\$ 27.43	\$ 47.43	\$ 8.00	\$ 1.72	\$ 4.91	\$ 25.00	\$ 25.00	\$ -
Family	\$ 386.02	\$ 406.02	\$ 190.40	\$ 210.40	\$ 136.45	\$ 156.45	\$ 17.99	\$ 2.90	\$ 6.74	\$ 25.00	\$ 25.00	\$ -

Employer Rates	Plan A Non		Plan C Non		Plan N Non		Dental	Vision	Vision	HSA	HSA	HRA
	Plan A	Disc	PlanC	Disc	Plan N	Disc		Basic	Enhanced	Plan C	Plan N	
EE	\$ 444.89	\$ 444.89	\$ 397.48	\$ 397.48	\$ 407.81	\$ 407.81	\$ 33.97	\$ 1.44	\$ 1.44	\$ 41.67	\$ 20.83	\$ 41.67
EE + Spouse	\$ 764.95	\$ 764.95	\$ 675.87	\$ 675.87	\$ 701.83	\$ 701.83	\$ 52.97	\$ 1.44	\$ 1.44	\$ 83.33	\$ 46.88	\$ 83.33
EE + Children	\$ 764.95	\$ 764.95	\$ 675.87	\$ 675.87	\$ 701.83	\$ 701.83	\$ 52.97	\$ 1.44	\$ 1.44	\$ 83.33	\$ 41.67	\$ 83.33
Family	\$ 764.95	\$ 764.95	\$ 675.87	\$ 675.87	\$ 701.83	\$ 701.83	\$ 52.97	\$ 1.44	\$ 1.44	\$ 83.33	\$ 46.88	\$ 83.33

Bourbon County Rates Health Rates


Effective 07.01.24 - 06.30.25

Employee Rates	Plan A Non		Plan C Non		Plan N Non		Dental	Vision	Vision	HSA	HSA	HRA
	Plan A	Disc	PlanC	Disc	Plan N	Disc		Basic	Enhanced	(min Cont)	(min Cont)	
EE	\$ -	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ -	\$ 1.48	\$ 25.00	\$ 25.00	\$ -
EE + Spouse	\$ 198.15	\$ 218.15	\$ 95.73	\$ 115.73	\$ 65.62	\$ 85.62	\$ 9.99	\$ 1.48	\$ 3.96	\$ 25.00	\$ 25.00	\$ -
EE + Children	\$ 87.17	\$ 107.17	\$ 32.98	\$ 52.98	\$ 27.43	\$ 47.43	\$ 8.00	\$ 1.72	\$ 4.91	\$ 25.00	\$ 25.00	\$ -
Family	\$ 386.02	\$ 406.02	\$ 190.40	\$ 210.40	\$ 136.45	\$ 156.45	\$ 17.99	\$ 2.90	\$ 6.74	\$ 25.00	\$ 25.00	\$ -

Employer Rates	Plan A Non		Plan C Non		Plan N Non		Dental	Vision	Vision	HSA	HSA	HRA
	Plan A	Disc	PlanC	Disc	Plan N	Disc		Basic	Enhanced	Plan C	Plan N	
EE	\$ 466.08	\$ 466.08	\$ 418.67	\$ 418.67	\$ 429.00	\$ 429.00	\$ 35.09	\$ 1.44	\$ 1.44	\$ 41.67	\$ 20.83	\$ 41.67
EE + Spouse	\$ 802.14	\$ 802.14	\$ 713.06	\$ 713.06	\$ 739.02	\$ 739.02	\$ 54.72	\$ 1.44	\$ 1.44	\$ 83.33	\$ 46.88	\$ 83.33
EE + Children	\$ 802.14	\$ 802.14	\$ 713.06	\$ 713.06	\$ 739.02	\$ 739.02	\$ 54.72	\$ 1.44	\$ 1.44	\$ 83.33	\$ 41.67	\$ 83.33
Family	\$ 802.14	\$ 802.14	\$ 713.06	\$ 713.06	\$ 739.02	\$ 739.02	\$ 54.72	\$ 1.44	\$ 1.44	\$ 83.33	\$ 46.88	\$ 83.33



Platinum \$ 19.50
Emergent Plus \$ 7.00



Group Cancer Insurance

	EE	E/S	E/C	F
Plan 1	\$ 11.16	\$ 20.53	\$ 15.02	\$ 22.72
Plan 2	\$ 14.33	\$ 27.42	\$ 19.32	\$ 30.37
Plan 3	\$ 18.19	\$ 35.28	\$ 24.18	\$ 39.01




All FT employees are enrolled for Basic Life & AD&D with KC Life. This is an employer paid benefit.



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Disability Income Insurance

For more information on how to protect your income, contact HR to set up an appointment with a representative. Premiums are located on the back of this brochure.




Accident Insurance

Type	Semi-Monthly
EE	\$1.23
EE + Spouse	\$1.93
EE + Children	\$2.06
Family	\$3.24

Critical Illness Premium per \$10,000 of Coverage

Age	EE	E/S	E/C	F
<25	\$ 0.35	\$ 0.50	\$ 0.55	\$ 0.75
25-29	\$ 0.40	\$ 0.60	\$ 0.60	\$ 0.80
30-34	\$ 0.65	\$ 0.95	\$ 0.85	\$ 1.15
35-39	\$ 1.00	\$ 1.50	\$ 1.25	\$ 1.75
40-44	\$ 1.65	\$ 2.50	\$ 1.90	\$ 2.75
45-49	\$ 2.70	\$ 4.00	\$ 2.85	\$ 4.20
50-54	\$ 4.00	\$ 6.05	\$ 4.10	\$ 6.20
55-59	\$ 5.75	\$ 8.70	\$ 5.80	\$ 8.85
60-64	\$ 8.45	\$ 12.75	\$ 8.40	\$ 12.85
65-69	\$ 12.85	\$ 19.55	\$ 12.70	\$ 19.55
70-74	\$ 19.65	\$ 29.75	\$ 19.35	\$ 29.60
75-79	\$ 19.65	\$ 29.75	\$ 19.35	\$ 29.60
80+	\$ 21.00	\$ 32.05	\$ 21.20	\$ 32.25



Protect the life you love.

For more information regarding which type of life insurance is right for you, contact HR to set up an appointment with a representative.

Hospital Insurance Low Plan

Type	Semi-Monthly
EE	\$2.31
EE + Spouse	\$4.77
EE + Children	\$4.40
Family	\$7.17



For more information regarding 457 Plan Retirement Contact HR to set up an appointment with a representative.

Hospital Insurance High Plan

Type	Semi-Monthly
EE	\$4.61
EE + Spouse	\$9.53
EE + Children	\$8.79
Family	\$14.34

Critical Illness Premium per \$20,000 of Coverage

Age	EE	E/S	E/C	F
<25	\$ 0.70	\$ 1.00	\$ 1.10	\$ 1.50
25-29	\$ 0.80	\$ 1.20	\$ 1.20	\$ 1.60
30-34	\$ 1.30	\$ 1.90	\$ 1.70	\$ 2.30
35-39	\$ 2.00	\$ 3.00	\$ 2.50	\$ 3.50
40-44	\$ 3.30	\$ 5.00	\$ 3.80	\$ 5.50
45-49	\$ 5.40	\$ 8.00	\$ 5.70	\$ 8.40
50-54	\$ 8.00	\$ 12.10	\$ 8.20	\$ 12.40
55-59	\$ 11.50	\$ 17.40	\$ 11.60	\$ 17.70
60-64	\$ 16.90	\$ 25.50	\$ 16.80	\$ 25.70
65-69	\$ 25.70	\$ 39.10	\$ 25.40	\$ 39.10
70-74	\$ 39.30	\$ 59.50	\$ 38.70	\$ 59.20
75-79	\$ 39.30	\$ 59.50	\$ 38.70	\$ 59.20
80+	\$ 42.00	\$ 64.10	\$ 42.40	\$ 64.50

Plan documents and guidebooks for the State of Kansas Health Plan can be found at <https://sehp.healthbenefitsprogram.ks.gov/benefits/2024-enrollment-resource>. The member portal to enroll for benefits can be found at <https://sehp.member.hrissuite.com/>. Employee health plan ID's and other plans offered by Bourbon County can be obtained through HR.

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Group Disability Income Semi-Monthly Premiums - Class 2 - Kansas

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 7/7 days (accident/sickness)

Annual Income	\$21,750	\$26,000	\$30,500	\$34,750	\$39,000	\$43,500	\$47,750	\$52,000
Weekly Benefit	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
Issue Age								
18 - 49	\$14.3	\$17.16	\$20.03	\$22.88	\$25.74	\$28.61	\$31.47	\$34.33
50 - 59	\$17.71	\$21.25	\$24.80	\$28.34	\$31.88	\$35.43	\$38.97	\$42.52
60 - 69	\$22.47	\$26.95	\$31.45	\$35.94	\$40.44	\$44.93	\$49.42	\$53.92
70+	\$28.60	\$34.31	\$40.03	\$45.75	\$51.47	\$57.19	\$62.91	\$68.63
Annual Income	\$56,500	\$60,750	\$65,000	\$69,500	\$73,750	\$78,000	\$82,500	\$86,750
Weekly Benefit	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
Issue Age								
18 - 49	\$37.19	\$40.04	\$42.91	\$45.77	\$48.63	\$51.49	\$54.35	\$57.21
50 - 59	\$46.06	\$49.60	\$53.14	\$56.69	\$60.23	\$63.77	\$67.31	\$70.86
60 - 69	\$58.41	\$62.91	\$67.39	\$71.89	\$76.38	\$80.87	\$85.37	\$89.86
70+	\$74.34	\$80.07	\$85.78	\$91.51	\$97.23	\$102.94	\$108.66	\$114.39

Group Disability Income Semi-Monthly Premiums - Class 2 - Kansas

Forms G H1808/G H1808C

Benefit Period: 26 Weeks

Elimination Period: 14/14 days (accident/sickness)

Annual Income	\$21,750	\$26,000	\$30,500	\$34,750	\$39,000	\$43,500	\$47,750	\$52,000
Weekly Benefit	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600
Issue Age								
18 - 49	\$9.72	\$11.66	\$13.61	\$15.55	\$17.5	\$19.44	\$21.39	\$23.33
50 - 59	\$13.02	\$15.62	\$18.23	\$20.83	\$23.43	\$26.04	\$28.64	\$31.24
60 - 69	\$17.69	\$21.23	\$24.77	\$28.31	\$31.84	\$35.38	\$38.92	\$42.46
70+	\$24.04	\$28.85	\$33.66	\$38.46	\$43.27	\$48.08	\$52.89	\$57.70
Annual Income	\$56,500	\$60,750	\$65,000	\$69,500	\$73,750	\$78,000	\$82,500	\$86,750
Weekly Benefit	\$650	\$700	\$750	\$800	\$850	\$900	\$950	\$1,000
Issue Age								
18 - 49	\$25.28	\$27.22	\$29.16	\$31.11	\$33.06	\$35.0	\$36.94	\$38.89
50 - 59	\$33.85	\$36.45	\$39.06	\$41.66	\$44.26	\$46.86	\$49.48	\$52.08
60 - 69	\$46.00	\$49.54	\$53.08	\$56.62	\$60.15	\$63.70	\$67.23	\$70.76
70+	\$62.50	\$67.31	\$72.12	\$76.93	\$81.74	\$86.54	\$91.35	\$96.16

The chart to the right shows the required documentation needed to add a dependent during enrollment.

Dependent Covered	Social Security Card	Marriage Certificate	Birth Certificate	Application for Coverage for Totally Disabled Dependent	Legal Custody Agreement	Court Order
Spouse	X	X				
Child	X		X			
Stepchild	X	X	X			
Handicapped Child	X		X	X		
Legal Custody Child	X		X		X	
Court Ordered Dependent	X		X			X