APPENDIX A

OLATHE PUBLIC SCHOOLS

Health Insurance Monthly Rates from January 1, 2026 through December 31, 2026

		Blue Select Plus (Narrow Network)				Preferred Care Blue (Broader Network)		
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution	Monthly Premium	District Pays	You Pay
$3,400 HDHP	Employee Only	$851	$851	$0	$140	$918	$849	$69
	Employee & Spouse	$1,789	$1,449	$340	$140	$1,930	$1,390	$540
	Employee & Child(ren)	$1,580	$1,381	$199	$140	$1,705	$1,330	$375
	Family	$2,383	$1,943	$440	$140	$2,571	$1,883	$688
	2-Employee Family	$2,383	$2,383	$0	$280	$2,571	$2,465	$106
$1,500 PPO	Employee Only	$886	$886	$0	N/A	$956	$863	$93
	Employee & Spouse	$1,862	$1,444	$418	N/A	$2,009	$1,402	$607
	Employee & Child(ren)	$1,645	$1,385	$260	N/A	$1,774	$1,338	$436
	Family	$2,482	$1,937	$545	N/A	$2,678	$1,898	$780
	2-Employee Family	$2,482	$2,482	$0	N/A	$2,678	$2,473	$205

		SPIRA CARE (Blue Select Plus)			
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution
$3,400 HDHP	Employee Only	$833	$833	$0	$140
	Employee & Spouse	$1,751	$1,441	$310	$140
	Employee & Child(ren)	$1,549	$1,375	$174	$140
	Family	$2,336	$1,934	$402	$140
	2-Employee Family	$2,336	$2,336	$0	$280
$2,000 PPO	Employee Only	$872	$842	$30	N/A
	Employee & Spouse	$1,831	$1,458	$373	N/A
	Employee & Child(ren)	$1,617	$1,389	$228	N/A
	Family	$2,443	$1,958	$485	N/A
	2-Employee Family	$2,443	$2,443	$0	N/A

Note: The monthly Premiums listed above that you are responsible for paying have remained unchanged for the Benefits Calendar Year 2026.

In addition to the above coverages, a variety of additional coverages are available for purchase including dental and vision insurance.

For 2-Employee Families, the district doubles the H.S.A. contributions.

Updated September 19, 2025