

OLATHE PUBLIC SCHOOLS
 Monthly Benefit Plan Rates for January 1, 2025 through December 31, 2025



<i>Medical Plans</i>		BlueSelect Plus <i>(Narrowed Network)</i>	Preferred-Care Blue
		<i>Monthly Premium</i>	<i>Monthly Premium</i>
\$3,300 HDHP	Employee Only	\$ 750	\$ 809
	Employee & Spouse	\$ 1,577	\$ 1,701
	Employee & Child(ren)	\$ 1,393	\$ 1,503
	Family	\$ 2,100	\$ 2,266
\$1,500 PPO	Employee Only	\$ 781	\$ 843
	Employee & Spouse	\$ 1,641	\$ 1,771
	Employee & Child(ren)	\$ 1,450	\$ 1,564
	Family	\$ 2,188	\$ 2,360

Spira Care		
		<i>Monthly Premium</i>
\$3,300 HDHP	Employee Only	\$ 734
	Employee & Spouse	\$ 1,543
	Employee & Child(ren)	\$ 1,365
	Family	\$ 2,059
\$2,000 PPO	Employee Only	\$ 769
	Employee & Spouse	\$ 1,614
	Employee & Child(ren)	\$ 1,425
	Family	\$ 2,153

<i>Dental Plans without Orthodontia</i>	
	<i>Monthly Premium</i>
Employee Only	\$ 41.16
Employee & Spouse	\$ 75.46
Employee & Child(ren)	\$ 75.46
Family	\$ 100.94

<i>Dental with Orthodontia</i>	
	<i>Monthly Premium</i>
Employee Only	n/a
Employee & Spouse	n/a
Employee & Child(ren)	\$ 159.50
Family	\$ 203.74

<i>Vision</i>	
	<i>Monthly Premium</i>
Employee Only	\$ 11.87
Employee & Spouse	\$ 19.80
Employee & Child(ren)	\$ 19.80
Family	\$ 33.65