

OLATHE PUBLIC SCHOOLS

Monthly Benefit Plan Rates for January 1, 2021 through December 31, 2021

Dental Plans	
	Monthly Premium
Employee Only	\$ 42
Employee & Spouse	\$ 77
Employee & Child(ren)	\$ 77
Family	\$ 103

Vision	
	Monthly Premium
Employee Only	\$ 12
Employee & Spouse	\$ 20
Employee & Child(ren)	\$ 20
Family	\$ 34

Dental Orthodontia	
	Monthly Premium
Employee Only	n/a
Employee & Spouse	n/a
Employee & Child(ren)	\$ 155
Family	\$ 198

