

APPENDIX A

OLATHE PUBLIC SCHOOLS

Health Insurance Monthly Rates from **January 1, 2024 through December 31, 2024**

		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
\$3,200 HDHP	Employee Only	\$731	\$731	\$0	\$140	\$788	\$719	\$69
	Employee & Spouse	\$1,537	\$1,197	\$340	\$140	\$1,658	\$1,118	\$540
	Employee & Child(ren)	\$1,357	\$1,158	\$199	\$140	\$1,465	\$1,090	\$375
	Family	\$2,046	\$1,606	\$440	\$140	\$2,208	\$1,520	\$688
	2-Employee Family	\$2,046	\$2,046	\$0	\$280	\$2,208	\$2,102	\$106
\$1,500 PPO	Employee Only	\$761	\$761	\$0	N/A	\$821	\$728	\$93
	Employee & Spouse	\$1,599	\$1,181	\$418	N/A	\$1,726	\$1,119	\$607
	Employee & Child(ren)	\$1,413	\$1,153	\$260	N/A	\$1,524	\$1,088	\$436
	Family	\$2,132	\$1,587	\$545	N/A	\$2,300	\$1,520	\$780
	2-Employee Family	\$2,132	\$2,132	\$0	N/A	\$2,300	\$2,095	\$205

		SPIRA CARE (Blue Select Plus)			
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution
\$3,200 HDHP	Employee Only	\$715	\$715	\$0	\$140
	Employee & Spouse	\$1,504	\$1,194	\$310	\$140
	Employee & Child(ren)	\$1,330	\$1,156	\$174	\$140
	Family	\$2,006	\$1,604	\$402	\$140
	2-Employee Family	\$2,006	\$2,006	\$0	\$280
\$2,000 PPO	Employee Only	\$749	\$719	\$30	\$0
	Employee & Spouse	\$1,573	\$1,200	\$373	\$0
	Employee & Child(ren)	\$1,389	\$1,161	\$228	\$0
	Family	\$2,098	\$1,613	\$485	\$0
	2-Employee Family	\$2,098	\$2,098	\$0	\$0

Note: The monthly Premiums listed above that you are responsible for paying have remained unchanged for the Benefits Calendar Year 2023.

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 August 4, 2023