

OLATHE PUBLIC SCHOOLS
 Monthly Health, Dental, Vision Rates for Qualifying Employees
 Effective January 1, 2016

		Employee Only Coverage		Employee & Spouse Coverage			Employee & Children Coverage	
		Cost to Employee		Cost to Employee			Cost to Employee	
		With Wellness Participation	Without Wellness Participation	With Employee & Spouse Wellness Participation	With Employee Only Wellness Participation	No Wellness Participation	With Employee Wellness Participation	Without Employee Wellness Participation
BCBSKC- \$1,500 PPO	Blue Select Plus Network	\$ -	\$ 40	\$ 366	\$ 406	\$ 446	\$ 229	\$ 269
	Preferred Care Blue Network	\$ 80	\$ 120	\$ 526	\$ 566	\$ 606	\$ 377	\$ 417
BCBSKC- \$2,600 HDHP	Blue Select Plus Network	\$ -	\$ 40	\$ 320	\$ 360	\$ 400	\$ 188	\$ 228
	Preferred Care Blue Network	\$ 60	\$ 100	\$ 473	\$ 513	\$ 553	\$ 329	\$ 369
BCBSKC- \$1,000 PPO	Blue Select Plus Network	\$ 42	\$ 82	\$ 687	\$ 727	\$ 767	\$ 509	\$ 549
	Preferred Care Blue Network	\$ 110	\$ 150	\$ 878	\$ 918	\$ 958	\$ 684	\$ 724
BCBSKC- HMO	Blue Care Network	\$ 131	\$ 171	\$ 872	\$ 912	\$ 952	\$ 673	\$ 713

		Employee & Family Coverage			2-Employee & Family Coverage		
		Cost to Employee			Cost to Employee		
		With Employee & Spouse Wellness Participation	With Employee Only Wellness Participation	No Wellness Participation	With Employee & Spouse Wellness Participation	With Employee Only Wellness Participation	No Wellness Participation
BCBSKC- \$1,500 PPO	Blue Select Plus Network	\$ 478	\$ 518	\$ 558	\$ -	\$ 40	\$ 80
	Preferred Care Blue Network	\$ 675	\$ 715	\$ 755	\$ 5	\$ 45	\$ 85
BCBSKC- \$2,600 HDHP	Blue Select Plus Network	\$ 415	\$ 455	\$ 495	\$ -	\$ 40	\$ 80
	Preferred Care Blue Network	\$ 603	\$ 643	\$ 683	\$ -	\$ 40	\$ 80
BCBSKC- \$1,000 PPO	Blue Select Plus Network	\$ 902	\$ 942	\$ 982	\$ 233	\$ 273	\$ 313
	Preferred Care Blue Network	\$ 1,141	\$ 1,181	\$ 1,221	\$ 472	\$ 512	\$ 552
BCBSKC- HMO	Blue Care Network	\$ 1,150	\$ 1,190	\$ 1,230	\$ 481	\$ 521	\$ 561

	Cost to Employee			
	Employee	Employee & Spouse	Employee & Children	Family
Delta Dental Without Orthodontia	\$39.00	\$71.00	\$71.00	\$96.00
Delta Dental With Orthodontia	N/A	N/A	\$155.00	\$198.00
VSP Vision Signature Plan	\$12.50	\$20.00	\$20.50	\$33.00

Note: For the \$1,500 PPO, employees who elect Employee Only Coverage, **Blue Select Plus Network**, an additional \$40 is available that may be utilized to contribute to a Flexibly Spending Account, or applied to Dental, and/or Vision Premiums.
 Note: For the \$2,600 HDHP, employees who elect Employee Only Coverage, **Blue Select Plus Network**, an additional \$60 is available that may be utilized to contribute to a Health Savings Account, or applied to Dental, and/or Vision Premiums.
 Note: For the \$1500 PPO, employees who elect 2-Employee & Family Coverage, **Blue Select Plus Network**, an additional \$191 is available that may be utilized to contribute to a Flexible Spending Account (within IRS regulations), or applied to Dental, and/or Vision Premiums.
 Note: For the \$2600 HDHP, employees who elect 2-Employee & Family Coverage, **Blue Select Plus Network**, an additional \$254 is available that may be utilized to contribute to a Health Savings Account, or applied to Dental, and/or Vision Premiums.
 Note: For the \$2600 HDHP, employees who elect 2-Employee & Family Coverage, **Preferred Care Blue Network**, an additional \$67 is available that may be utilized to contribute to a Health Savings Account, or applied to Dental, and/or Vision Premiums.
 Note: The Wellness Discount is earned by completing a Health Screening and a Health Risk Assessment. Logging points and Eat Smart activities are no longer required.