

OLATHE PUBLIC SCHOOLS

Monthly Benefit Plan Rates for January 1, 2018 through December 31, 2018

MEDICAL PLANS		BlueSelect Plus (Narrowed Network)				Preferred-Care Blue		
		<i>Monthly Premium</i>	<i>District Pays</i>	<i>You Pay</i>	<i>District Paid Monthly HSA Contribution</i>	<i>Monthly Premium</i>	<i>District Pays</i>	<i>You Pay</i>
\$2,700 QHDP	Employee Only	\$ 614	\$ 614	\$ -	\$ 140	\$ 663	\$ 598	\$ 65
	Employee & Spouse	\$ 1,292	\$ 972	\$ 320	\$ 140	\$ 1,394	\$ 885	\$ 509
	Employee & Child(ren)	\$ 1,142	\$ 954	\$ 188	\$ 140	\$ 1,232	\$ 878	\$ 354
	Family	\$ 1,722	\$ 1,307	\$ 415	\$ 140	\$ 1,857	\$ 1,208	\$ 649
	Dual Employee Family*	\$ 1,722	\$ 1,722	\$ -	\$ 280	\$ 1,857	\$ 1,756	\$ 101
\$1,500 PPO	Employee Only	\$ 640	\$ 640	\$ -	n/a	\$ 691	\$ 603	\$ 88
	Employee & Spouse	\$ 1,345	\$ 951	\$ 394	n/a	\$ 1,451	\$ 878	\$ 573
	Employee & Child(ren)	\$ 1,188	\$ 942	\$ 246	n/a	\$ 1,282	\$ 871	\$ 411
	Family	\$ 1,793	\$ 1,279	\$ 514	n/a	\$ 1,935	\$ 1,199	\$ 736
	Dual-Employee Family*	\$ 1,793	\$ 1,793	\$ -	n/a	\$ 1,935	\$ 1,742	\$ 193
\$1,000 PPO	Employee Only	\$ 802	\$ 757	\$ 45	n/a	\$ 867	\$ 740	\$ 127
	Employee & Spouse	\$ 1,689	\$ 950	\$ 739	n/a	\$ 1,829	\$ 817	\$ 1,012
	Employee & Child(ren)	\$ 1,489	\$ 942	\$ 547	n/a	\$ 1,612	\$ 824	\$ 788
	Family	\$ 2,248	\$ 1,277	\$ 971	n/a	\$ 2,434	\$ 1,120	\$ 1,314
	Dual-Employee Family*	\$ 2,248	\$ 1,884	\$ 364	n/a	\$ 2,434	\$ 1,648	\$ 786
BCBS HMO	Employee Only	n/a	n/a	n/a	n/a	\$ 891	\$ 740	\$ 151
	Employee & Spouse	n/a	n/a	n/a	n/a	\$ 1,874	\$ 869	\$ 1,005
	Employee & Child(ren)	n/a	n/a	n/a	n/a	\$ 1,652	\$ 876	\$ 776
	Family	n/a	n/a	n/a	n/a	\$ 2,496	\$ 1,171	\$ 1,325
	Dual-Employee Family*	n/a	n/a	n/a	n/a	\$ 2,496	\$ 1,752	\$ 744

 = Base Plan

All medical plan Employee costs assume fulfillment of district Wellness Program requirements (completion of Health Screening & online Health Risk Assessment) for both you and your spouse, if applicable).

Failure to fulfill these requirements before the October 31st Deadline, will result in an additional \$40 monthly surcharge.

* For Dual-Employee Families the district doubles their HSA contribution.

DENTAL PLANS	Dental
	<i>Monthly Premium</i>
Employee Only	\$ 41
Employee & Spouse	\$ 75
Employee & Child(ren)	\$ 75
Family	\$ 101

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

VISION PLAN	Vision
	<i>Monthly Premium</i>
Employee Only	\$ 13
Employee & Spouse	\$ 20
Employee & Child(ren)	\$ 21
Family	\$ 33

