

**OLATHE PUBLIC SCHOOL**  
**Health Insurance Monthly Rates from January 1, 2021 through December 31, 2021**

		<b>Blue Select Plus (Narrowed Network)</b>		<b>Preferred Care Blue (Broader Network)</b>	
		<b>You Pay</b>	<b>District Paid Monthly HSA Contribution</b>	<b>You Pay</b>	
<b>\$2,800 HDHP</b>	Employee Only	\$ -	\$ 140	\$ 69	
	Employee & Spouse	\$ 340	\$ 140	\$ 540	
	Employee & Child(ren)	\$ 199	\$ 140	\$ 375	
	Family	\$ 440	\$ 140	\$ 688	
	2-Employee Family*	\$ -	\$ 280	\$ 106	
<b>\$1,500 PPO</b>	Employee Only	\$ -	n/a	\$ 93	
	Employee & Spouse	\$ 418	n/a	\$ 607	
	Employee & Child(ren)	\$ 260	n/a	\$ 436	
	Family	\$ 545	n/a	\$ 780	
	2-Employee Family	\$ -	n/a	\$ 205	

		<b>SPIRA CARE (Blue Select Plus)</b>	
		<b>You Pay</b>	<b>District Paid Monthly HSA Contribution</b>
<b>\$2,800 HDHP</b>	Employee Only	\$ -	\$ 140
	Employee & Spouse	\$ 310	\$ 140
	Employee & Child(ren)	\$ 174	\$ 140
	Family	\$ 402	\$ 140
	2-Employee Family*	\$ -	\$ 280
<b>\$2,000 PPO</b>	Employee Only	\$ 30	\$ -
	Employee & Spouse	\$ 373	\$ -
	Employee & Child(ren)	\$ 228	\$ -
	Family	\$ 485	\$ -
	2-Employee Family	\$ -	\$ -

**NOTE:** The monthly premiums listed above that you are responsible for paying have remained unchanged for the Benefit Calendar Year 2021.

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 their HSA contribution.