

APPENDIX A

OLATHE PUBLIC SCHOOLS

Health Insurance Monthly Rates from **January 1, 2023 through December 31, 2023**

		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
\$3,000 HDHP	Employee Only	\$706	\$706	\$0	\$140	\$761	\$692	\$69
	Employee & Spouse	\$1,485	\$1,145	\$340	\$140	\$1,602	\$1,062	\$540
	Employee & Child(ren)	\$1,311	\$1,112	\$199	\$140	\$1,415	\$1,040	\$375
	Family	\$1,977	\$1,537	\$440	\$140	\$2,133	\$1,445	\$688
	2-Employee Family	\$1,977	\$1,977	\$0	\$280	\$2,133	\$2,027	\$106
\$1,500 PPO	Employee Only	\$735	\$735	\$0	N/A	\$793	\$700	\$93
	Employee & Spouse	\$1,545	\$1,127	\$418	N/A	\$1,667	\$1,060	\$607
	Employee & Child(ren)	\$1,365	\$1,105	\$260	N/A	\$1,472	\$1,036	\$436
	Family	\$2,060	\$1,515	\$545	N/A	\$2,222	\$1,442	\$780
	2-Employee Family	\$2,060	\$2,060	\$0	N/A	\$2,222	\$2,017	\$205

		SPIRA CARE (Blue Select Plus)			
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution
\$3,000 HDHP	Employee Only	\$691	\$691	\$0	\$140
	Employee & Spouse	\$1,453	\$1,143	\$310	\$140
	Employee & Child(ren)	\$1,285	\$1,111	\$174	\$140
	Family	\$1,938	\$1,536	\$402	\$140
	2-Employee Family	\$1,938	\$1,938	\$0	\$280
\$2,000 PPO	Employee Only	\$724	\$694	\$30	\$0
	Employee & Spouse	\$1,520	\$1,147	\$373	\$0
	Employee & Child(ren)	\$1,342	\$1,114	\$228	\$0
	Family	\$2,027	\$1,542	\$485	\$0
	2-Employee Family	\$2,027	\$2,027	\$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 November 7, 2022