

2024 Retiree/LOA/LTD Rates

OLATHE PUBLIC SCHOOLS
 Monthly Benefit Plan Rates for January 1, 2024 through December 31, 2024



Medical Plans		BlueSelect Plus <i>(Narrowed Network)</i>	Preferred-Care Blue
		Monthly Premium	Monthly Premium
\$3,200 HDHP	Employee Only	\$ 731	\$ 788
	Employee & Spouse	\$ 1,537	\$ 1,658
	Employee & Child(ren)	\$ 1,357	\$ 1,465
	Family	\$ 2,046	\$ 2,208
\$1,500 PPO	Employee Only	\$ 761	\$ 821
	Employee & Spouse	\$ 1,599	\$ 1,726
	Employee & Child(ren)	\$ 1,413	\$ 1,524
	Family	\$ 2,132	\$ 2,300

Spira Care		
		Monthly Premium
\$3,200 HDHP	Employee Only	\$ 715
	Employee & Spouse	\$ 1,504
	Employee & Child(ren)	\$ 1,330
	Family	\$ 2,006
\$2,000 PPO	Employee Only	\$ 749
	Employee & Spouse	\$ 1,573
	Employee & Child(ren)	\$ 1,389
	Family	\$ 2,098

Dental Plans without Orthodontia	
	Monthly Premium
Employee Only	\$ 41.16
Employee & Spouse	\$ 75.46
Employee & Child(ren)	\$ 75.46
Family	\$ 100.94

Dental with Orthodontia	
	Monthly Premium
Employee Only	n/a
Employee & Spouse	n/a
Employee & Child(ren)	\$ 151.90
Family	\$ 194.04

Vision	
	Monthly Premium
Employee Only	\$ 11.87
Employee & Spouse	\$ 19.80
Employee & Child(ren)	\$ 19.80
Family	\$ 33.65