2026 Retiree/LOA/LTD Rates

OLATHE PUBLIC SCHOOLS

Monthly Benefit Plan Rates for January 1, 2026 through December 31, 2026

Medical Plans		BlueSelect Plus (Narrowed Network) Monthly Premium	PreferredCare Blue (Broad Network) Monthly Premium
$3,400 HDHP	Employee Only	$ 851	$ 918
	Employee & Spouse	$ 1,789	$ 1,930
	Employee & Child(ren)	$ 1,580	$ 1,705
	Family	$ 2,383	$ 2,571
$1,500 PPO	Employee Only	$ 886	$ 956
	Employee & Spouse	$ 1,862	$ 2,009
	Employee & Child(ren)	$ 1,645	$ 1,774
	Family	$ 2,482	$ 2,678

Spira Care		Monthly Premium
$3,400 HDHP	Employee Only	$ 833
	Employee & Spouse	$ 1,751
	Employee & Child(ren)	$ 1,549
	Family	$ 2,336
$2,000 PPO	Employee Only	$ 872
	Employee & Spouse	$ 1,831
	Employee & Child(ren)	$ 1,617
	Family	$ 2,443

Dental Plans without Orthodontia	Monthly Premium
Employee Only	$ 43.22
Employee & Spouse	$ 79.23
Employee & Child(ren)	$ 79.23
Family	$ 105.99

Dental with Orthodontia	Monthly Premium
Employee Only	N/A
Employee & Spouse	N/A
Employee & Child(ren)	$163.49
Family	$208.83

Vision	Monthly Premium
Employee Only	$ 12.58
Employee & Spouse	$ 20.99
Employee & Child(ren)	$ 20.99
Family	$ 35.69