

APPENDIX A

OLATHE PUBLIC SCHOOLS

Health Insurance Monthly Rates from **January 1, 2025 through December 31, 2025**

		Blue Select Plus (Narrow Network)			
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution
\$3,300 HDHP	Employee Only	\$750	\$750	\$0	\$140
	Employee & Spouse	\$1,577	\$1,237	\$340	\$140
	Employee & Child(ren)	\$1,393	\$1,194	\$199	\$140
	Family	\$2,100	\$1,660	\$440	\$140
	2-Employee Family	\$2,100	\$2,100	\$0	\$280
\$1,500 PPO	Employee Only	\$781	\$781	\$0	N/A
	Employee & Spouse	\$1,641	\$1,223	\$418	N/A
	Employee & Child(ren)	\$1,450	\$1,190	\$260	N/A
	Family	\$2,188	\$1,643	\$545	N/A
	2-Employee Family	\$2,188	\$2,188	\$0	N/A

Preferred Care Blue (Broader Network)		
Monthly Premium	District Pays	You Pay
\$809	\$740	\$69
\$1,701	\$1,161	\$540
\$1,503	\$1,128	\$375
\$2,266	\$1,578	\$688
\$2,266	\$2,160	\$106
\$843	\$750	\$93
\$1,771	\$1,164	\$607
\$1,564	\$1,128	\$436
\$2,360	\$1,580	\$780
\$2,360	\$2,155	\$205

		SPIRA CARE (Blue Select Plus)			
		Monthly Premium	District Pays	You Pay	District Paid Monthly HSA Contribution
\$3,300 HDHP	Employee Only	\$734	\$734	\$0	\$140
	Employee & Spouse	\$1,543	\$1,233	\$310	\$140
	Employee & Child(ren)	\$1,365	\$1,191	\$174	\$140
	Family	\$2,059	\$1,657	\$402	\$140
	2-Employee Family	\$2,059	\$2,059	\$0	\$280
\$2,000 PPO	Employee Only	\$769	\$739	\$30	\$0
	Employee & Spouse	\$1,614	\$1,241	\$373	\$0
	Employee & Child(ren)	\$1,425	\$1,197	\$228	\$0
	Family	\$2,153	\$1,668	\$485	\$0
	2-Employee Family	\$2,153	\$2,153	\$0	\$0

Note: The monthly Premiums listed above that you are responsible for paying have remained unchanged for the Benefits Calendar Year 2025.

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 August 19, 2024