

Spring Hill School District Medical & Dental Coverages

MONTHLY EMPLOYEE RATES EFFECTIVE JANUARY 1, 2023 THROUGH DECEMBER 31, 2023

BlueCross BlueShield of Kansas City (BlueKC)

Tier	Certified & Classified Category 1 (8hr 12mo)		Classified Category 2 (6-8hr <12 mo)		Total Premium
	Employee	District	Employee	District	
District Contribution = \$713					
District Contribution = \$628.97					
BlueSelect Plus PPO (Base Plan)					
Employee Only	\$0.00	\$713.00	\$84.03	\$628.97	\$713.00
Employee + Spouse	\$887.77	\$713.00	\$971.80	\$628.97	\$1,600.77
Employee + Child(ren)	\$815.37	\$713.00	\$899.40	\$628.97	\$1,528.37
Employee + Family	\$1,248.02	\$713.00	\$1,332.05	\$628.97	\$1,961.02
Preferred-Care Blue PPO					
Employee Only	\$106.29	\$713.00	\$190.32	\$628.97	\$819.29
Employee + Spouse	\$1,093.38	\$713.00	\$1,177.41	\$628.97	\$1,806.38
Employee + Child(ren)	\$1,011.66	\$713.00	\$1,095.69	\$628.97	\$1,724.66
Employee + Family	\$1,500.38	\$713.00	\$1,584.41	\$628.97	\$2,213.38
BlueSelect Plus Spira Care \$1,000					
Employee Only	\$0.00	\$713.00	\$84.03	\$628.97	\$713.00
Employee + Spouse	\$834.62	\$713.00	\$918.65	\$628.97	\$1,547.62
Employee + Child(ren)	\$765.08	\$713.00	\$849.11	\$628.97	\$1,478.08
Employee + Family	\$1,195.50	\$713.00	\$1,279.53	\$628.97	\$1,908.50
BlueSelect Plus QHDHP including Spira Care (\$84.03 monthly HSA deposit for Category 1)					
Employee Only	\$0.00	\$628.97	\$0.00	\$628.97	\$628.97
Employee + Spouse	\$632.08	\$713.00	\$716.11	\$628.97	\$1,345.08
Employee + Child(ren)	\$572.89	\$713.00	\$656.92	\$628.97	\$1,285.89
Employee + Family	\$936.28	\$713.00	\$1,020.31	\$628.97	\$1,649.28
Preferred-Care Blue BlueSaver QHDHP					
Employee Only	\$0.00	\$713.00	\$84.03	\$628.97	\$713.00
Employee + Spouse	\$836.92	\$713.00	\$920.95	\$628.97	\$1,549.92
Employee + Child(ren)	\$767.83	\$713.00	\$851.86	\$628.97	\$1,480.83
Employee + Family	\$1,193.66	\$713.00	\$1,277.69	\$628.97	\$1,906.66
BlueSelect Plus EPO Plan					
Employee Only	\$69.49	\$713.00	\$153.52	\$628.97	\$782.49
Employee + Spouse	\$1,028.12	\$713.00	\$1,112.15	\$628.97	\$1,741.12
Employee + Child(ren)	\$949.34	\$713.00	\$1,033.37	\$628.97	\$1,662.34
Employee + Family	\$1,420.25	\$713.00	\$1,504.28	\$628.97	\$2,133.25

Delta Dental of Kansas

Certified & Classified		
District Contribution = \$33.51		
Tier	Monthly Employee Cost	Total Premium
Employee Only	\$0.00	\$33.51
Employee + Spouse	\$26.29	\$59.80
Employee + Child(ren)	\$33.75	\$67.26
Employee + Family	\$97.94	\$131.45