

Spring Hill School District Medical & Dental Coverages

MONTHLY EMPLOYEE RATES EFFECTIVE JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

BlueCross BlueShield of Kansas City (BlueKC)

Enrollment Tier	Certified & Classified Category 1 (8hr 12mo)		Classified Category 2 (6-8hr <12 mo)		Total Premium
	District Contribution = \$699.00		District Contribution = \$616.71		
	Employee	District	Employee	District	
BlueSelect Plus PPO (Base Plan)					
Employee Only	\$0.00	\$699.00	\$82.29	\$616.71	\$699.00
Employee + Spouse	\$869.01	\$699.00	\$951.30	\$616.71	\$1,568.01
Employee + Child(ren)	\$798.60	\$699.00	\$880.89	\$616.71	\$1,497.60
Employee + Family	\$1,221.14	\$699.00	\$1,303.43	\$616.71	\$1,920.14
Preferred-Care Blue PPO					
Employee Only	\$104.00	\$699.00	\$186.29	\$616.71	\$803.00
Employee + Spouse	\$1,071.54	\$699.00	\$1,153.83	\$616.71	\$1,770.54
Employee + Child(ren)	\$991.93	\$699.00	\$1,074.22	\$616.71	\$1,690.93
Employee + Family	\$1,469.71	\$699.00	\$1,552.00	\$616.71	\$2,168.71
BlueSelect Plus Spira Care \$1,000					
Employee Only	\$0.00	\$699.00	\$82.29	\$616.71	\$699.00
Employee + Spouse	\$817.31	\$699.00	\$899.60	\$616.71	\$1,516.31
Employee + Child(ren)	\$749.71	\$699.00	\$832.00	\$616.71	\$1,448.71
Employee + Family	\$1,171.78	\$699.00	\$1,254.07	\$616.71	\$1,870.78
BlueSelect Plus QHDHP including Spira Care (\$82.29 monthly HSA deposit for Category 1)					
Employee Only	\$0.00	\$616.71	\$0.00	\$616.71	\$616.71
Employee + Spouse	\$618.67	\$699.00	\$700.96	\$616.71	\$1,317.67
Employee + Child(ren)	\$561.27	\$699.00	\$643.56	\$616.71	\$1,260.27
Employee + Family	\$916.75	\$699.00	\$999.04	\$616.71	\$1,615.75
Preferred-Care Blue BlueSaver QHDHP					
Employee Only	\$0.00	\$699.00	\$82.29	\$616.71	\$699.00
Employee + Spouse	\$819.26	\$699.00	\$901.55	\$616.71	\$1,518.26
Employee + Child(ren)	\$752.10	\$699.00	\$834.39	\$616.71	\$1,451.10
Employee + Family	\$1,169.12	\$699.00	\$1,251.41	\$616.71	\$1,868.12
BlueSelect Plus EPO Plan					
Employee Only	\$68.04	\$699.00	\$150.33	\$616.71	\$767.04
Employee + Spouse	\$1,007.26	\$699.00	\$1,089.55	\$616.71	\$1,706.26
Employee + Child(ren)	\$930.56	\$699.00	\$1,012.85	\$616.71	\$1,629.56
Employee + Family	\$1,390.79	\$699.00	\$1,473.08	\$616.71	\$2,089.79

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