

Spring Hill School District Medical & Dental Coverages

MONTHLY EMPLOYEE RATES EFFECTIVE JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

BlueCross BlueShield of Kansas City (BlueKC)

Tier	2025 Certified & Classified Category 1 (8hr 12mo)		Classified Category 2 (6-8hr <12 mo)		2025 Premium Rates
	District Contribution= \$778.21		District Contribution = \$695.92		
	Employee	District	Employee	District	
BlueSelect Plus PPO (Base Plan)					
Employee Only	\$0.00	\$778.21	\$82.29	\$695.92	\$778.21
Employee + Spouse	\$980.81	\$778.21	\$1,063.10	\$695.92	\$1,759.02
Employee + Child(ren)	\$901.73	\$778.21	\$984.02	\$695.92	\$1,679.94
Employee + Family	\$1,376.29	\$778.21	\$1,458.58	\$695.92	\$2,154.50
Preferred-Care Blue PPO					
Employee Only	\$136.81	\$778.21	\$219.10	\$695.92	\$915.02
Employee + Spouse	\$1,211.96	\$778.21	\$1,294.25	\$695.92	\$1,990.17
Employee + Child(ren)	\$1,122.38	\$778.21	\$1,204.67	\$695.92	\$1,900.59
Employee + Family	\$1,659.97	\$778.21	\$1,742.26	\$695.92	\$2,438.18
BlueSelect Plus Spira Care \$1,000					
Employee Only	\$0.00	\$778.21	\$82.29	\$695.92	\$778.21
Employee + Spouse	\$917.98	\$778.21	\$1,000.27	\$695.92	\$1,696.19
Employee + Child(ren)	\$841.74	\$778.21	\$924.03	\$695.92	\$1,619.95
Employee + Family	\$1,299.14	\$778.21	\$1,381.43	\$695.92	\$2,077.35
BlueSelect Plus QHDHP including Spira Care (\$82.29 monthly HSA deposit for Category 1)					
Employee Only	\$0.00	\$695.92	\$0.00	\$695.92	\$695.92
Employee + Spouse	\$664.06	\$778.21	\$746.35	\$695.92	\$1,442.27
Employee + Child(ren)	\$599.36	\$778.21	\$681.65	\$695.92	\$1,377.57
Employee + Family	\$987.56	\$778.21	\$1,069.85	\$695.92	\$1,765.77
Preferred-Care Blue BlueSaver QHDHP					
Employee Only	\$0.00	\$778.21	\$82.29	\$695.92	\$778.21
Employee + Spouse	\$911.19	\$778.21	\$993.48	\$695.92	\$1,689.40
Employee + Child(ren)	\$835.26	\$778.21	\$917.55	\$695.92	\$1,613.47
Employee + Family	\$1,290.86	\$778.21	\$1,373.15	\$695.92	\$2,069.07

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