

Turner Unified School District
Monthly Rates for Health, Dental & Vision
Plan Year Beginning 10/01/2019 Ending: 09/30/2020

Blue Cross Blue Shield

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Preferred Care Blue Traditional PPO	\$800.87	\$1,842.03	\$1,441.59	\$2,482.73
Preferred Care Blue QHDHP - \$2700	\$717.60	\$1,650.44	\$1,291.66	\$2,224.53
Blue Selct Plus Spira Care EPO - \$1000	\$686.32	\$1,578.57	\$1,235.40	\$2,127.64
Blue Select Plus Spira Care EPO - \$2500	\$649.65	\$1,494.22	\$1,169.40	\$2,013.96
Spira EPO Blue Select Plus QHDHP - \$3000	\$579.00	\$1,331.69	\$1,042.20	\$1,794.90
*Employer contribution of \$579.00 with Health Screening *No Health Screening - \$548.00 Employer contribution				

Delta Dental of Kansas

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Low Plan Option	\$24.88	\$48.73	\$67.10	\$92.04
High Plan Option	\$45.58	\$89.32	\$123.41	\$160.93

Davis Vision

Plan Options	Employee Only	Employee & Spouse	Employee + Child(ren)	Family
Vision Plan	\$7.39	\$14.78	\$15.52	\$21.62