

**Turner Unified School District**  
**Monthly Rates for Health, Dental & Vision**  
**Plan Year Beginning 10/01/2020    Ending: 09/30/2021**

**Blue Cross Blue Shield**

<b>Plan Options</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
Preferred Care Blue Traditional PPO	\$800.87	\$1,842.03	\$1,441.59	\$2,482.73
Preferred Care Blue QHDHP - \$2800	\$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 Blue Select Plus QHDHP - \$3000	\$579.00	\$1,331.69	\$1,042.20	\$1,794.90
<b>*Employer contribution of \$579.00 with Health Screening</b> <b>*No Health Screening - \$548.00 Employer contribution</b>				

**Delta Dental of Kansas**

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

**Davis Vision**

<b>Plan Options</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee + Child(ren)</b>	<b>Family</b>
Vision Plan	\$7.39	\$14.78	\$15.52	\$21.62