

**KIMBERLY SCHOOL DISTRICT #414  
FULL BENEFITS (1,500+ HOURS PER YEAR)  
2010 - 2011 MONTHLY AMOUNTS**

**MEDICAL/VISION - BlueShield Regence Innova PPO**

*See Back for Plan Details*

	Medical (Includes Vision)	Mandatory \$20,000 Life Insurance (Employee Only)	Mandatory Employee Assistance Program (Employee & Dependants)	Amount District Pays (Medical/Vision/ Life/EAP)	Employee Payroll Deduction (Medical/Vision/ Life/EAP)
Employee	\$456.20	\$3.80	\$1.55	\$463.30 *	-\$1.75
Empl/Spouse	\$998.00	\$3.80	\$1.55	\$463.30	\$540.05
Empl/Child	\$702.50	\$3.80	\$1.55	\$463.30	\$244.55
Empl/Children	\$823.30	\$3.80	\$1.55	\$463.30	\$365.35
Family	\$1,164.90	\$3.80	\$1.55	\$463.30	\$706.95

\* The remaining benefit (\$1.75) may be used for any optional dental coverage. If dental coverage is declined the remaining benefit will be forfeited.

**OPTIONAL DENTAL INSURANCE**

*BlueShield Expressions*

	\$27.20
	\$58.80
	\$52.20
	\$77.80
	\$104.20

**MEDICAL/VISION - BlueShield Regence HSA PPO**

*See Back for Plan Details*

	Medical (Includes Vision)	Mandatory \$20,000 Life Insurance (Employee Only)	Mandatory Employee Assistance Program (Employee & Dependants)	Amount District Pays (Medical/Vision/ Life/EAP)	Employee Payroll Deduction (Medical/Vision/ Life/EAP)
Employee	\$350.60	\$3.80	\$1.55	\$463.30 *	-\$107.35
Empl/Spouse	\$767.40	\$3.80	\$1.55	\$463.30	\$309.45
Empl/Child	\$540.10	\$3.80	\$1.55	\$463.30	\$82.15
Empl/Children	\$632.90	\$3.80	\$1.55	\$463.30	\$174.95
Family	\$895.70	\$3.80	\$1.55	\$463.30	\$437.75

\* The remaining benefit (\$107.35) may be used for any optional dental coverage and/or deposited into a health savings account (HSA).

If dental coverage and/or health savings account (HSA) is declined the remaining benefit will be forfeited.

**OPTIONAL DENTAL INSURANCE**

*BlueShield Expressions*

	\$27.20
	\$58.80
	\$52.20
	\$77.80
	\$104.20

**NOTE: Employee can take dental insurance without taking medical insurance.**

**SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your newly acquired dependents, provided that you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.