

KIMBERLY SCHOOL DISTRICT #414 2017-2018 MONTHLY AMOUNTS
FULL BENEFITS (30+ hours per week)

MEDICAL - Blue Cross of Idaho PPO \$1500 <i>(\$1,500 Deductible; 80/60 Coinsurance; \$30/\$30 Office Visit Copay; \$10/\$25/\$40 Rx Copay)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$504.98	\$482.48	\$22.50	-\$10.02
Empl/Child	\$772.23	\$482.48	\$289.75	\$257.23
Empl/Children	\$903.33	\$482.48	\$420.85	\$388.33
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION Blue Cross VSP Option
\$9.85
\$15.00
\$25.75
\$15.00
\$25.75

OPTIONAL DENTAL Blue Cross Dental
Traditional PPO
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

OPTIONAL DENTAL Dental Blue Connect
Willamette
\$37.48
\$63.64
\$112.27
\$72.03
\$129.34

MEDICAL - Blue Cross of Idaho PPO \$2000 <i>(\$2,000 Deductible; 80/60 Coinsurance; \$30/\$30 Office Visit Copay; \$10/\$25/\$40 Rx Copay)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$485.98	\$482.48	\$3.50	-\$29.02
Empl/Child	\$742.83	\$482.48	\$260.35	\$227.83
Empl/Children	\$868.88	\$482.48	\$386.40	\$353.88
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION Blue Cross VSP Option
\$9.85
\$15.00
\$25.75
\$15.00
\$25.75

OPTIONAL DENTAL Blue Cross Dental
Traditional PPO
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

OPTIONAL DENTAL Dental Blue Connect
Willamette
\$37.48
\$63.64
\$112.27
\$72.03
\$129.34

MEDICAL - Blue Cross of Idaho HSA \$3000 <i>(\$3,000 Ded; 70/50 Coinsurance; Rx 30% after deductible)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$393.23	\$482.48	-\$89.25	-\$121.77
Empl/Child	\$599.48	\$482.48	\$117.00	\$84.48
Empl/Children	\$700.68	\$482.48	\$218.20	\$185.68
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION Blue Cross VSP Option
\$9.85
\$15.00
\$25.75
\$15.00
\$25.75

OPTIONAL DENTAL Blue Cross Dental
Traditional PPO
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

OPTIONAL DENTAL Dental Blue Connect
Willamette
\$37.48
\$63.64
\$112.27
\$72.03
\$129.34

*The remaining amount (in red) may be used for optional vision coverage, dental coverage, health savings account (HSA), and/or other Section 125 premium.
 If optional vision coverage, dental coverage, health savings account (HSA), and/or other Section 125 premium is declined the remaining benefit will be forfeited.
NOTE: You may take vision or dental insurance without taking medical insurance. PLEASE SEE BACK FOR OPTION COMPARISONS & SPECIAL NOTICE