

**KIMBERLY SCHOOL DISTRICT #414 2017-2018 MONTHLY AMOUNTS  
HALF BENEFITS**

<b>MEDICAL - Blue Cross of Idaho PPO \$1500</b> <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	\$241.24	\$263.74	\$247.48
Empl/Child	\$772.23	\$241.24	\$530.99	\$514.73
Empl/Children	\$903.33	\$241.24	\$662.09	\$645.83
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

<b>MEDICAL - Blue Cross of Idaho PPO \$2000</b> <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	\$241.24	\$244.74	\$228.48
Empl/Child	\$742.83	\$241.24	\$501.59	\$485.33
Empl/Children	\$868.88	\$241.24	\$627.64	\$611.38
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

<b>MEDICAL - Blue Cross of Idaho HSA \$3000</b> <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	\$241.24	\$151.99	\$135.73
Empl/Child	\$599.48	\$241.24	\$358.24	\$341.98
Empl/Children	\$700.68	\$241.24	\$459.44	\$443.18
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

<b>OPTIONAL VISION</b> <i>Blue Cross VSP Option</i>
\$9.85
\$15.00
\$25.75
\$15.00
\$25.75

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<b>OPTIONAL DENTAL</b> <i>Blue Cross Dental</i>
<b>Traditional PPO</b>
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

<b>OPTIONAL DENTAL</b> <i>Blue Cross Dental</i>
<b>Traditional PPO</b>
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

<b>OPTIONAL DENTAL</b> <i>Blue Cross Dental</i>
<b>Traditional PPO</b>
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
<b>Willamette</b>
\$37.48
\$63.64
\$112.27
\$72.03
\$129.34

<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
<b>Willamette</b>
\$37.48
\$63.64
\$112.27
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<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
<b>Willamette</b>
\$37.48
\$63.64
\$112.27
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**NOTE: You may take vision or dental insurance without taking medical insurance. PLEASE SEE BACK FOR OPTION COMPARISONS & SPECIAL NOTICE**