

**KIMBERLY SCHOOL DISTRICT #414 2023-2024 MONTHLY AMOUNTS  
FULL BENEFITS (30+ hours per week)**

<b>MEDICAL - Blue Cross of Idaho PPO \$1000</b>					
<i>(\$1000 Deductible/\$2500max out of pocket; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%</i>					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$687.92	\$482.48	\$729.72	\$205.44	<b>-\$41.80</b>
Empl/Child	\$1,054.82	\$482.48	\$729.72	\$572.34	\$325.10
Empl/Children	\$1,234.92	\$482.48	\$729.72	\$752.44	\$505.20
Empl/Spouse	\$1,620.92	\$482.48	\$729.72	\$1,138.44	\$891.20
Family	\$2,020.22	\$482.48	\$729.72	\$1,537.74	\$1,290.50

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

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

<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
Willamette
\$44.79
\$76.03
\$134.15
\$86.06
\$154.54

<b>MEDICAL - Blue Cross of Idaho PPO \$2000</b>					
<i>(\$2,000 Deductible; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%</i>					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$646.17	\$482.48	\$729.72	\$163.69	<b>-\$83.55</b>
Empl/Child	\$990.82	\$482.48	\$729.72	\$508.34	\$261.10
Empl/Children	\$1,159.92	\$482.48	\$729.72	\$677.44	\$430.20
Empl/Spouse	\$1,522.42	\$482.48	\$729.72	\$1,039.94	\$792.70
Family	\$1,896.72	\$482.48	\$729.72	\$1,414.24	\$1,167.00

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

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

<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
Willamette
\$44.79
\$76.03
\$134.15
\$86.06
\$154.54

<b>MEDICAL - Blue Cross of Idaho HSA \$3000</b>					
<i>(\$3,000 Ded; 70/50 Coinsurance; Rx 30% after deductible)</i>					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$544.17	\$482.48	\$729.72	\$61.69	<b>-\$185.55</b>
Empl/Child	\$833.07	\$482.48	\$729.72	\$350.59	\$103.35
Empl/Children	\$974.87	\$482.48	\$729.72	\$492.39	\$245.15
Empl/Spouse	\$1,282.17	\$482.48	\$729.72	\$799.69	\$552.45
Family	\$1,597.57	\$482.48	\$729.72	\$1,115.09	\$867.85

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

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

<b>OPTIONAL DENTAL</b> <i>Dental Blue Connect</i>
Willamette
\$44.79
\$76.03
\$134.15
\$86.06
\$154.54

\*The remaining amount (in red) may be used for optional vision coverage, dental coverage, and/or health savings account (HSA).  
If optional vision coverage, dental coverage, and/or health savings account (HSA) 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**