

**KIMBERLY SCHOOL DISTRICT #414 2023-2024 MONTHLY AMOUNTS
HALF BENEFITS**

MEDICAL - Blue Cross of Idaho PPO \$1000 \$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%					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$687.92	\$241.24	\$364.86	\$446.68	\$323.06
Empl/Child	\$1,054.82	\$241.24	\$364.86	\$813.58	\$689.96
Empl/Children	\$1,234.92	\$241.24	\$364.86	\$993.68	\$870.06
Empl/Spouse	\$1,620.92	\$241.24	\$364.86	\$1,379.68	\$1,256.06
Family	\$2,020.22	\$241.24	\$364.86	\$1,778.98	\$1,655.36

MEDICAL - Blue Cross of Idaho PPO \$2000 (\$2,000 Deductible; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$646.17	\$241.24	\$364.86	\$404.93	\$281.31
Empl/Child	\$990.82	\$241.24	\$364.86	\$749.58	\$625.96
Empl/Children	\$1,159.92	\$241.24	\$364.86	\$918.68	\$795.06
Empl/Spouse	\$1,522.42	\$241.24	\$364.86	\$1,281.18	\$1,157.56
Family	\$1,896.72	\$241.24	\$364.86	\$1,655.48	\$1,531.86

MEDICAL - Blue Cross of Idaho HSA \$3000 (\$3,000 Ded; 70/50 Coinsurance; Rx 30% after deductible)					
	Medical & EAP Total Cost	Amount Dist Pays NO Wellness Exam	Amount Dist Pays w/Wellness Exam	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$544.17	\$241.24	\$364.86	\$302.93	\$179.31
Empl/Child	\$833.07	\$241.24	\$364.86	\$591.83	\$468.21
Empl/Children	\$974.87	\$241.24	\$364.86	\$733.63	\$610.01
Empl/Spouse	\$1,282.17	\$241.24	\$364.86	\$1,040.93	\$917.31
Family	\$1,597.57	\$241.24	\$364.86	\$1,356.33	\$1,232.71

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
\$44.79
\$76.03
\$134.15
\$86.06
\$154.54

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\$25.75
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NOTE: You may take vision or dental insurance without taking medical insurance. PLEASE SEE BACK FOR OPTION COMPARISONS & SPECIAL NOTICE