

**KIMBERLY SCHOOL DISTRICT #414 2020-2021 MONTHLY AMOUNTS  
FULL BENEFITS (30+ hours per week)**

<b>MEDICAL - Blue Cross of Idaho PPO \$1500</b> (\$1,500 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 NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$557.28	\$482.48	\$538.63	\$74.80	\$18.65
Empl/Child	\$852.83	\$482.48	\$538.63	\$370.35	\$314.20
Empl/Children	\$997.88	\$482.48	\$538.63	\$515.40	\$459.25
Empl/Spouse	\$1,308.88	\$482.48	\$538.63	\$826.40	\$770.25
Family	\$1,630.48	\$482.48	\$538.63	\$1,148.00	\$1,091.85

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

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

<b>OPTIONAL DENTAL</b> <b>Dental Blue Connect</b>
Willamette
\$43.18
\$73.30
\$129.33
\$82.97
\$148.98

<b>MEDICAL - Blue Cross of Idaho PPO \$2000</b> (\$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 NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$538.63	\$482.48	\$538.63	\$56.15	\$0.00
Empl/Child	\$824.23	\$482.48	\$538.63	\$341.75	\$285.60
Empl/Children	\$964.43	\$482.48	\$538.63	\$481.95	\$425.80
Empl/Spouse	\$1,264.78	\$482.48	\$538.63	\$782.30	\$726.15
Family	\$1,575.03	\$482.48	\$538.63	\$1,092.55	\$1,036.40

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

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

<b>OPTIONAL DENTAL</b> <b>Dental Blue Connect</b>
Willamette
\$42.49
\$72.13
\$127.26
\$81.64
\$146.60

<b>MEDICAL - Blue Cross of Idaho HSA \$3000</b> (\$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 NO Wellness Exam	Payroll Deduction w/ Wellness Exam
Employee	\$454.08	\$482.48	\$538.63	-\$28.40	-\$84.55
Empl/Child	\$693.53	\$482.48	\$538.63	\$211.05	\$154.90
Empl/Children	\$811.03	\$482.48	\$538.63	\$328.55	\$272.40
Empl/Spouse	\$1,065.75	\$482.48	\$538.63	\$583.27	\$527.12
Family	\$1,327.09	\$482.48	\$538.63	\$844.61	\$788.46

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

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

<b>OPTIONAL DENTAL</b> <b>Dental Blue Connect</b>
Willamette
\$42.49
\$72.13
\$127.26
\$81.64
\$146.60

\*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**

