

**KIMBERLY SCHOOL DISTRICT #414 2020-2021 MONTHLY AMOUNTS
HALF BENEFITS**

MEDICAL - Blue Cross of Idaho PPO \$1500 (\$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	Payroll Deduction w/ Wellness Exam
Employee	\$557.28	\$241.24	\$269.32	\$316.04	\$287.96
Empl/Child	\$852.83	\$241.24	\$269.32	\$611.59	\$583.51
Empl/Children	\$997.88	\$241.24	\$269.32	\$756.64	\$728.56
Empl/Spouse	\$1,308.88	\$241.24	\$269.32	\$1,067.64	\$1,039.56
Family	\$1,630.48	\$241.24	\$269.32	\$1,389.24	\$1,361.16

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	\$538.63	\$241.24	\$269.32	\$297.39	\$269.31
Empl/Child	\$824.23	\$241.24	\$269.32	\$582.99	\$554.91
Empl/Children	\$964.43	\$241.24	\$269.32	\$723.19	\$695.11
Empl/Spouse	\$1,264.78	\$241.24	\$269.32	\$1,023.54	\$995.46
Family	\$1,575.03	\$241.24	\$269.32	\$1,333.79	\$1,305.71

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	\$454.08	\$241.24	\$269.32	\$212.84	\$184.76
Empl/Child	\$693.53	\$241.24	\$269.32	\$452.29	\$424.21
Empl/Children	\$811.03	\$241.24	\$269.32	\$569.79	\$541.71
Empl/Spouse	\$1,065.75	\$241.24	\$269.32	\$824.51	\$796.43
Family	\$1,327.09	\$241.24	\$269.32	\$1,085.85	\$1,057.77

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
\$43.18
\$73.30
\$129.33
\$82.97
\$148.98

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\$9.85
\$15.00
\$25.75
\$15.00
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NOTE: You may take vision or dental insurance without taking medical insurance. PLEASE SEE BACK FOR OPTION COMPARISONS & SPECIAL NOTICE