KIMBERLY SCHOOL DISTRICT #414 2021-2022 MONTHLY AMOUNTS HALF BENEFITS

			ПА	ILF BENEFITS				
MEDICAL - Blue Cross of Idaho PPO \$1500						OPTIONAL VISION	OPTIONAL DENTAL	OPTIONAL DENTAL
(\$1,500 Deductible; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%						Blue Cross VSP Option	Blue Cross Dental	Dental Blue Connect
	Medical & EAP	Amount Dist Pays	Amount Dist Pays	Payroll	Payroll Deduction			
	Total Cost	NO Wellness Exam	w/Wellness Exam	Deduction	w/ Wellness Exam		Traditional PPO	Willamette
Employee	\$571.77	\$241.24	\$276.31	\$330.53	\$295.46	\$9.85	\$31.95	\$43.18
Empl/Child	\$875.62	\$241.24	\$276.31	\$634.38	\$599.31	\$15.00	\$54.25	\$73.30
Empl/Children	\$1,024.72	\$241.24	\$276.31	\$783.48	\$748.41	\$25.75	\$95.70	\$129.33
Empl/Spouse	\$1,344.42	\$241.24	\$276.31	\$1,103.18	\$1,068.11	\$15.00	\$61.40	\$82.97
Family	\$1,675.02	\$241.24	\$276.31	\$1,433.78	\$1,398.71	\$25.75	\$110.25	\$148.98
MEDICAL - Blue Cross of Idaho PPO \$2000						OPTIONAL VISION	OPTIONAL DENTAL	OPTIONAL DENTAL
(\$2,000 Deductible; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%						Blue Cross VSP Option	Blue Cross Dental	Dental Blue Connect
	Medical & EAP	Amount Dist Pays	Amount Dist Pays	Payroll	Payroll Deduction			
	Total Cost	NO Wellness Exam	w/Wellness Exam	Deduction	w/ Wellness Exam		Traditional PPO	Willamette
Employee	\$552.62	\$241.24	\$276.31	\$311.38	\$276.31	\$9.85	\$31.95	\$43.18
Empl/Child	\$846.22	\$241.24	\$276.31	\$604.98	\$569.91	\$15.00	\$54.25	\$73.30
Empl/Children	\$990.32	\$241.24	\$276.31	\$749.08	\$714.01	\$25.75	\$95.70	\$129.33
Empl/Spouse	\$1,299.12	\$241.24	\$276.31	\$1,057.88	\$1,022.81	\$15.00	\$61.40	\$82.97
Family	\$1,618.02	\$241.24	\$276.31	\$1,376.78	\$1,341.71	\$25.75	\$110.25	\$148.98
MEDICAL - Blue Cross of Idaho HSA \$3000						OPTIONAL VISION	OPTIONAL DENTAL	OPTIONAL DENTAL
(\$3,000 Ded; 70/50 Coinsurance; Rx 30% after deductible)						Blue Cross VSP Option	Blue Cross Dental	Dental Blue Connect
	Medical & EAP	Amount Dist Pays	Amount Dist Pays	Payroll	Payroll Deduction			
	Total Cost	NO Wellness Exam	w/Wellness Exam	Deduction	w/ Wellness Exam		Traditional PPO	Willamette
Employee	\$465.72	\$241.24	\$276.31	\$224.48	\$189.41	\$9.85	\$31.95	\$43.18
Empl/Child	\$711.87	\$241.24	\$276.31	\$470.63	\$435.56	\$15.00	\$54.25	\$73.30
Empl/Children	\$832.67	\$241.24	\$276.31	\$591.43	\$556.36	\$25.75	\$95.70	\$129.33
Empl/Spouse	\$1,094.47	\$241.24	\$276.31	\$853.23	\$818.16	\$15.00	\$61.40	\$82.97
Family	\$1,363.17	\$241.24	\$276.31	\$1,121.93	\$1,086.86	\$25.75	\$110.25	\$148.98

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