

**KIMBERLY SCHOOL DISTRICT #414 2021-2022 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	\$571.77	\$241.24	\$276.31	\$330.53	\$295.46
Empl/Child	\$875.62	\$241.24	\$276.31	\$634.38	\$599.31
Empl/Children	\$1,024.72	\$241.24	\$276.31	\$783.48	\$748.41
Empl/Spouse	\$1,344.42	\$241.24	\$276.31	\$1,103.18	\$1,068.11
Family	\$1,675.02	\$241.24	\$276.31	\$1,433.78	\$1,398.71

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	\$552.62	\$241.24	\$276.31	\$311.38	\$276.31
Empl/Child	\$846.22	\$241.24	\$276.31	\$604.98	\$569.91
Empl/Children	\$990.32	\$241.24	\$276.31	\$749.08	\$714.01
Empl/Spouse	\$1,299.12	\$241.24	\$276.31	\$1,057.88	\$1,022.81
Family	\$1,618.02	\$241.24	\$276.31	\$1,376.78	\$1,341.71

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	\$465.72	\$241.24	\$276.31	\$224.48	\$189.41
Empl/Child	\$711.87	\$241.24	\$276.31	\$470.63	\$435.56
Empl/Children	\$832.67	\$241.24	\$276.31	\$591.43	\$556.36
Empl/Spouse	\$1,094.47	\$241.24	\$276.31	\$853.23	\$818.16
Family	\$1,363.17	\$241.24	\$276.31	\$1,121.93	\$1,086.86

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