

**KIMBERLY SCHOOL DISTRICT #414 2021-2022 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	\$571.77	\$482.48	\$552.62	\$89.29	\$19.15
Empl/Child	\$875.62	\$482.48	\$552.62	\$393.14	\$323.00
Empl/Children	\$1,024.72	\$482.48	\$552.62	\$542.24	\$472.10
Empl/Spouse	\$1,344.42	\$482.48	\$552.62	\$861.94	\$791.80
Family	\$1,675.02	\$482.48	\$552.62	\$1,192.54	\$1,122.40

<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
\$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	\$552.62	\$482.48	\$552.62	\$70.14	\$0.00
Empl/Child	\$846.22	\$482.48	\$552.62	\$363.74	\$293.60
Empl/Children	\$990.32	\$482.48	\$552.62	\$507.84	\$437.70
Empl/Spouse	\$1,299.12	\$482.48	\$552.62	\$816.64	\$746.50
Family	\$1,618.02	\$482.48	\$552.62	\$1,135.54	\$1,065.40

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

<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	\$465.72	\$482.48	\$552.62	-\$16.76	-\$86.90
Empl/Child	\$711.87	\$482.48	\$552.62	\$229.39	\$159.25
Empl/Children	\$832.67	\$482.48	\$552.62	\$350.19	\$280.05
Empl/Spouse	\$1,094.47	\$482.48	\$552.62	\$611.99	\$541.85
Family	\$1,363.17	\$482.48	\$552.62	\$880.69	\$810.55

<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

\*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**