

**KIMBERLY SCHOOL DISTRICT #414 2019-2020 MONTHLY AMOUNTS
FULL BENEFITS (30+ hours per week)**

MEDICAL - Blue Cross of Idaho PPO \$1500 <i>(\$1,500 Deductible; 80/60 Coinsurance; \$30/\$30 Office Visit Copay; \$10/\$25/\$40 Rx Copay)</i>					
	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	\$537.88	\$482.48	\$525.30	\$55.40	\$12.58
Empl/Child	\$823.03	\$482.48	\$525.30	\$340.55	\$297.73
Empl/Children	\$962.98	\$482.48	\$525.30	\$480.50	\$437.68
Empl/Spouse	Not Available for Medical				
Family	Not Available for Medical				

MEDICAL - Blue Cross of Idaho PPO \$2000 <i>(\$2,000 Deductible; 80/60 Coinsurance; \$30/\$30 Office Visit Copay; \$10/\$25/\$40 Rx Copay)</i>					
	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	\$517.58	\$482.48	\$525.30	\$35.10	-\$7.72
Empl/Child	\$791.68	\$482.48	\$525.30	\$309.20	\$266.38
Empl/Children	\$926.18	\$482.48	\$525.30	\$443.70	\$400.88
Empl/Spouse	Not Available for Medical				
Family	Not Available for Medical				

MEDICAL - Blue Cross of Idaho HSA \$3000 <i>(\$3,000 Ded; 70/50 Coinsurance; Rx 30% after deductible)</i>					
	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	\$418.58	\$482.48	\$525.30	-\$63.90	-\$106.72
Empl/Child	\$638.68	\$482.48	\$525.30	\$156.20	\$113.38
Empl/Children	\$746.68	\$482.48	\$525.30	\$264.20	\$221.38
Empl/Spouse	Not Available for Medical				
Family	Not Available for Medical				

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

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

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

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\$25.75
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*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