

**KIMBERLY SCHOOL DISTRICT #414 2019-2020 MONTHLY AMOUNTS
HALF BENEFITS**

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	Payroll Deduction w/ Wellness Exam
Employee	\$537.88	\$241.24	\$262.65	\$296.64	\$275.23
Empl/Child	\$823.03	\$241.24	\$262.65	\$581.79	\$560.38
Empl/Children	\$962.98	\$241.24	\$262.65	\$721.74	\$700.33
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

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	Payroll Deduction w/ Wellness Exam
Employee	\$517.58	\$241.24	\$262.65	\$276.34	\$254.93
Empl/Child	\$791.68	\$241.24	\$262.65	\$550.44	\$529.03
Empl/Children	\$926.18	\$241.24	\$262.65	\$684.94	\$663.53
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

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	Payroll Deduction w/ Wellness Exam
Employee	\$418.58	\$241.24	\$262.65	\$177.34	\$155.93
Empl/Child	\$638.68	\$241.24	\$262.65	\$397.44	\$376.03
Empl/Children	\$746.68	\$241.24	\$262.65	\$505.44	\$484.03
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

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