

**KIMBERLY SCHOOL DISTRICT #414 2022-2023 MONTHLY AMOUNTS
FULL BENEFITS (30+ hours per week)**

MEDICAL - Blue Cross of Idaho PPO \$1000					
<i>(\$1000 Deductible/\$2500max out of pocket; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%</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	\$644.42	\$482.48	\$686.22	\$161.94	-\$41.80
Empl/Child	\$987.67	\$482.48	\$686.22	\$505.19	\$301.45
Empl/Children	\$1,156.12	\$482.48	\$686.22	\$673.64	\$469.90
Empl/Spouse	\$1,517.22	\$482.48	\$686.22	\$1,034.74	\$831.00
Family	\$1,890.72	\$482.48	\$686.22	\$1,408.24	\$1,204.50

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

MEDICAL - Blue Cross of Idaho PPO \$2000					
<i>(\$2,000 Deductible; 80/60 Coinsurance;10/30/30/50 Office Visit Copay; RX\$250 deduct \$10/\$20:\$30/\$50;20%30%</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	\$605.37	\$482.48	\$686.22	\$122.89	-\$80.85
Empl/Child	\$927.77	\$482.48	\$686.22	\$445.29	\$241.55
Empl/Children	\$1,085.97	\$482.48	\$686.22	\$603.49	\$399.75
Empl/Spouse	\$1,425.07	\$482.48	\$686.22	\$942.59	\$738.85
Family	\$1,775.22	\$482.48	\$686.22	\$1,292.74	\$1,089.00

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

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	\$509.97	\$482.48	\$686.22	\$27.49	-\$176.25
Empl/Child	\$780.22	\$482.48	\$686.22	\$297.74	\$94.00
Empl/Children	\$912.87	\$482.48	\$686.22	\$430.39	\$226.65
Empl/Spouse	\$1,200.32	\$482.48	\$686.22	\$717.84	\$514.10
Family	\$1,495.37	\$482.48	\$686.22	\$1,012.89	\$809.15

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

*The remaining amount (in red) may be used for optional vision coverage, dental coverage, and/or health savings account (HSA).
If optional vision coverage, dental coverage, and/or health savings account (HSA) 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