

KIMBERLY SCHOOL DISTRICT #414 2016-2017 MONTHLY AMOUNTS

HALF BENEFITS

MEDICAL - BlueShield Regence Innova PPO - Option 1 <i>(\$1,500 Deductible; 80/60/60 Coinsurance; \$30/\$45 Office Visit Copay; \$10/\$30/\$50 Rx Copay)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$599.70	\$241.24	\$358.46	\$342.20
Empl/Child	\$923.00	\$241.24	\$681.76	\$665.50
Empl/Children	\$1,081.50	\$241.24	\$840.26	\$824.00
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION <i>LifeMap</i>
\$6.49
\$13.87
\$13.87
\$12.96
\$22.17

OPTIONAL DENTAL <i>Delta Dental</i>
\$30.29
\$60.20
\$88.19
\$60.59
\$116.70

MEDICAL - BlueShield Regence Innova PPO - Option 2 <i>(\$2,500 Deductible; 70/50/50 Coinsurance; \$40/\$55 Office Visit Copay; \$15/\$30/\$50 Rx Copay)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$515.00	\$241.24	\$273.76	\$257.50
Empl/Child	\$792.50	\$241.24	\$551.26	\$535.00
Empl/Children	\$928.60	\$241.24	\$687.36	\$671.10
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION <i>LifeMap</i>
\$6.49
\$13.87
\$13.87
\$12.96
\$22.17

OPTIONAL DENTAL <i>Delta Dental</i>
\$30.29
\$60.20
\$88.19
\$60.59
\$116.70

MEDICAL - BlueShield Regence HSA PPO - Option 3 <i>(\$4,000 Ded; 80/60/60 Coinsurance; Rx 20% after deductible)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$468.90	\$241.24	\$227.66	\$211.40
Empl/Child	\$722.00	\$241.24	\$480.76	\$464.50
Empl/Children	\$845.90	\$241.24	\$604.66	\$588.40
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION <i>LifeMap</i>
\$6.49
\$13.87
\$13.87
\$12.96
\$22.17

OPTIONAL DENTAL <i>Delta Dental</i>
\$30.29
\$60.20
\$88.19
\$60.59
\$116.70

MEDICAL - BlueShield Regence HSA PPO - Option 4 <i>(\$5,000 Deductible; \$5,000/\$10,000 OOP; Rx 20% after deductible)</i>				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$449.20	\$241.24	\$207.96	\$191.70
Empl/Child	\$691.90	\$241.24	\$450.66	\$434.40
Empl/Children	\$810.50	\$241.24	\$569.26	\$553.00
Empl/Spouse	Not Available for Medical			
Family	Not Available for Medical			

OPTIONAL VISION <i>LifeMap</i>
\$6.49
\$13.87
\$13.87
\$12.96
\$22.17

OPTIONAL DENTAL <i>Delta Dental</i>
\$30.29
\$60.20
\$88.19
\$60.59
\$116.70

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