

KIMBERLY SCHOOL DISTRICT #414 2016-2017 MONTHLY AMOUNTS

FULL BENEFITS (30+ hours per week)

MEDICAL - BlueShield Regence Innova PPO - Option 1 (\$1,500 Deductible; 80/60/60 Coinsurance; \$30/\$45 Office Visit Copay; \$10/\$30/\$50 Rx Copay)				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$599.70	\$482.48	\$117.22	\$84.70
Empl/Child	\$923.00	\$482.48	\$440.52	\$408.00
Empl/Children	\$1,081.50	\$482.48	\$599.02	\$566.50
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 (\$2,500 Deductible; 70/50/50 Coinsurance; \$40/\$55 Office Visit Copay; \$15/\$30/\$50 Rx Copay)				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$515.00	\$482.48	\$32.52	\$0.00
Empl/Child	\$792.50	\$482.48	\$310.02	\$277.50
Empl/Children	\$928.60	\$482.48	\$446.12	\$413.60
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 (\$4,000 Ded; 80/60/60 Coinsurance; Rx 20% after deductible)				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$468.90	\$482.48	-\$13.58 *	-\$46.10
Empl/Child	\$722.00	\$482.48	\$239.52	\$207.00
Empl/Children	\$845.90	\$482.48	\$363.42	\$330.90
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 (\$5,000 Deductible; \$5,000/\$10,000 OOP; Rx 20% after deductible)				
	Medical & EAP	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$449.20	\$482.48	-\$33.28 *	-\$65.80
Empl/Child	\$691.90	\$482.48	\$209.42	\$176.90
Empl/Children	\$810.50	\$482.48	\$328.02	\$295.50
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

*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