

KIMBERLY SCHOOL DISTRICT #414 2018-2019 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	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$505.98	\$241.24	\$264.74	\$248.48
Empl/Child	\$773.73	\$241.24	\$532.49	\$516.23
Empl/Children	\$905.13	\$241.24	\$663.89	\$647.63
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	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$486.93	\$241.24	\$245.69	\$229.43
Empl/Child	\$744.28	\$241.24	\$503.04	\$486.78
Empl/Children	\$870.58	\$241.24	\$629.34	\$613.08
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	Amount Dist Pays	Payroll Deduction	Payroll Deduction w/ Wellness Exam
Employee	\$393.98	\$241.24	\$152.74	\$136.48
Empl/Child	\$600.63	\$241.24	\$359.39	\$343.13
Empl/Children	\$702.03	\$241.24	\$460.79	\$444.53
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

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\$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

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Traditional PPO
\$31.95
\$54.25
\$95.70
\$61.40
\$110.25

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
\$39.96
\$67.84
\$119.68
\$76.78
\$137.87

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