

KIMBERLY SCHOOL DISTRICT #414 2018-2019 MONTHLY AMOUNTS
FULL BENEFITS (30+ hours per week)

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	\$482.48	\$23.50	-\$9.02
Empl/Child	\$773.73	\$482.48	\$291.25	\$258.73
Empl/Children	\$905.13	\$482.48	\$422.65	\$390.13
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
\$39.96
\$67.84
\$119.68
\$76.78
\$137.87

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	\$482.48	\$4.45	-\$28.07
Empl/Child	\$744.28	\$482.48	\$261.80	\$229.28
Empl/Children	\$870.58	\$482.48	\$388.10	\$355.58
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
\$39.96
\$67.84
\$119.68
\$76.78
\$137.87

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	\$482.48	-\$88.50	-\$121.02
Empl/Child	\$600.63	\$482.48	\$118.15	\$85.63
Empl/Children	\$702.03	\$482.48	\$219.55	\$187.03
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
\$39.96
\$67.84
\$119.68
\$76.78
\$137.87

*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