

**CLASSIFIED CONFIDENTIAL & MANAGEMENT OCTOBER 2017 | KONOCTI UNIFIED SCHOOL DISTRICT**  
**BOARD MEMBER**

MEDICAL PLAN	40718 A 80% INDIVIDUAL/FAMILY	40718 B 90% INDIVIDUAL/FAMILY	40718 D 70% INDIVIDUAL/FAMILY	BRONZE INDIVIDUAL/FAMILY <b>***D/V NOT INCLUDED***</b>
DEDUCTIBLE	\$500/\$1000	\$200/\$500	\$5000/\$10000	\$5000/\$10000
OUT OF POCKET MAX	\$2000/\$4000	\$500/\$1500	\$6350/\$12700	\$6350/\$12700
OFFICE VISIT	\$20	\$30	\$60 FIRST 3 VISITS	\$60 FIRST 3 VISITS
Rx Generic/Brand	\$9/\$35	\$9/\$35	<b>SUBJECT TO DEDUCTIBLE</b> \$9/\$35	<b>SUBJECT TO DEDUCTIBLE</b> \$9/\$35
TOTAL COST M/D/V	\$1547.45	\$1726.45	\$1153.45	\$649- INDIVIDUAL 40718 IND \$1019- FAMILY 40718 FAM
DISTRICT CONTRIBUTION	\$1300	\$1300	\$1300	\$1300
EMPLOYEE SHARE	\$247.45 PER CHECK	\$426.45 PER CHECK	\$146.55 PAID TO EE <b>LESS PAYROLL TAXES</b>	IND \$651 PAID TO EE FAM \$281 PAID TO EE <b>LESS PAYROLL TAXES</b>

I ELECT PLAN 40718 \_\_\_\_\_

TO ADD ORTHO TO DENTAL PLAN ADD \$6 TO COST AND INITIAL HERE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_