

# KONOCTI UNIFIED SCHOOL DISTRICT | CLASSIFIED CSEA PLANS OCTOBER 2017

MEDICAL PLAN	40692 D 100% INDIVIDUAL/FAMILY	40718 E 90% INDIVIDUAL/FAMILY	40692 E 80% INDIVIDUAL/FAMILY	40718 U 70% INDIVIDUAL/FAMILY	BRONZE INDIVIDUAL/FAMILY <b>***D/V NOT INCLUDED***</b>
DEDUCTIBLE	\$300/\$500	\$200/\$500	\$500/\$1000	\$5000/\$10000	\$5000/\$10000
OUT OF POCKET MAX	\$1000/\$3000	\$1000/\$3000	\$2000/\$4000	\$6350/\$12700	\$6350/\$12700
OFFICE VISIT	\$20	\$30	\$20	\$60 FIRST 3 VISITS	\$60 FIRST 3 VISITS
Rx Generic/Brand	\$9/\$35	\$9/\$35	\$9/\$35	<b>SUBJECT TO DEDUCTIBLE</b> \$9/\$35	<b>SUBJECT TO DEDUCTIBLE</b> \$9/\$35
TOTAL COST M/D/V	\$1801.35	\$1729.35	\$1550.35	\$1156.35	\$649- INDIVIDUAL 40692 IND \$1019- FAMILY 40692 FAM
DISTRICT CONTRICBUTION	\$1300	\$1300	\$1300	\$1300	
EMPLOYEE SHARE PER CHECK 8 HOUR 12 MONTHS	\$501.35	\$429.35	\$250.35	\$143.65 PAID TO EE <b>LESS PAYROLL TAXES</b>	
8 HOUR 11 MONTHS	\$546.93	\$468.38	\$273.11	\$156.71 PAID TO EE <b>LESS PAYROLL TAXES</b>	
7.5 HOUR 11 MONTHS	\$582.60	\$510.60	\$331.60		
7 HOUR 11 MONTHS	\$663.85	\$591.85	\$412.85		
6.5 11 MONTHS	\$745.10	\$673.10	\$494.10		
6 HOUR 11 MONTHS	\$826.35	\$754.35	\$575.35		

TO ADD ORTHO TO YOUR DENTAL PLAN ADD \$12 TO YOUR COST AND INNITIAL HERE \_\_\_\_\_

**\*\*\*ALL EMPLOYEES CONTRACTED OVER 7.2 HOURS ARE REQUIRED TO PARTICIPATE IN DISTRCIT HEALTH INSURANCE\*\*\***

**EMPLOYEES CONTRACTED LESS THAN 6 HOURS MAY ONLY CHOOSE FROM BRONZE PLANS – 100% PAID BY EMPLOYEE**

I ELECT PLAN \_\_\_\_\_ I DECLINE COVERAGE AT THIS TIME \_\_\_\_\_

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

MORE INFORMATION CAN BE FOUND ON THE KUSD WEBSITE | PLEASE CONTACT JACQUE JILLSON AT X3206 IF YOU HAVE ANY QUESTIONS