

KALISPELL PUBLIC SCHOOLS 2024-2025 BENEFIT RATES

80% Table 10 Month Rate

80% Table 10 Month Insurance Rates	EMPLOYEE			EMPLOYEE/SPOUSE			EMPLOYEE/DEPENDENT			EMPLOYEE/SPOUSE/DEPENDENT		
	TOTAL 10 MONTH PREMIUM	EMPLOYER 10 MONTH RATE	10 MONTH RATE	TOTAL 10 MONTH PREMIUM	EMPLOYER 10 MONTH RATE	10 MONTH RATE	TOTAL 10 MONTH PREMIUM	EMPLOYER 10 MONTH RATE	10 MONTH RATE	TOTAL 10 MONTH PREMIUM	EMPLOYER 10 MONTH RATE	10 MONTH RATE
OPTION 1 - TRADITIONAL PLAN Deductible - \$3,000 individual /\$6,000 family Out of pocket - \$6,000 individual/\$12,000 family 70/30 coinsurance	\$980.70	\$662.64	\$318.06	\$2,059.46	\$1,153.30	\$906.17	\$1,961.39	\$1,098.37	\$863.01	\$2,844.01	\$1,592.65	\$1,251.36
OPTION 2 - HIGH DEDUCTIBLE HEALTH PLAN Deductible - \$3,000 individual /\$6,000 family Out of pocket - \$6,000 individual/\$12,000 family 70/30 coinsurance	\$980.70	\$662.64	\$318.06	\$2,059.46	\$1,153.30	\$906.17	\$1,961.39	\$1,098.37	\$863.01	\$2,844.01	\$1,592.65	\$1,251.36
Dental Plan Deductible - \$50 individual /\$150 family Max Benefit Per Person - \$1,500 100% for Preventive Services	\$60.06	\$48.05	\$12.01	\$101.93	\$57.08	\$44.85	\$94.24	\$52.77	\$41.46	\$145.18	\$81.30	\$63.87
Vision Plan 100% up to \$100 for Exam Max Benefit \$350 for Hardware	\$15.42	\$0.00	\$15.42	\$24.65	\$0.00	\$24.65	\$25.22	\$0.00	\$25.22	\$40.72	\$0.00	\$40.72
Life \$15,000 Coverage For those that enroll in the Medical and Dental Plans	\$2.22	\$1.78	\$0.44	\$2.22	\$1.78	\$0.44	\$2.22	\$1.78	\$0.44	\$2.22	\$1.78	\$0.44
Admin Life \$115,000 Coverage For Admin, IT and Non-Union	\$16.98	\$13.58	\$3.40	\$16.98	\$13.58	\$3.40	\$16.98	\$13.58	\$3.40	\$16.98	\$13.58	\$3.40
Total Employer Contribution w/ Basic Life	\$712.47			\$1,212.16			\$1,152.92			\$1,675.73		
Total Employer Contribution w/ Admin Life	\$724.27			\$1,223.96			\$1,164.72			\$1,687.53		