

## KALISPELL PUBLIC SCHOOLS 2024-2025 BENEFIT RATES

### Retiree Self-Pay Rates

Self-Pay Rates	EMPLOYEE			EMPLOYEE/SPOUSE			EMPLOYEE/DEPENDENT			EMPLOYEE/SPOUSE/DEPENDENT		
	TOTAL MONTHLY PREMIUM	EMPLOYER SHARE	12 MONTH RATE	TOTAL MONTHLY PREMIUM	EMPLOYER SHARE	12 MONTH RATE	TOTAL MONTHLY PREMIUM	EMPLOYER SHARE	12 MONTH RATE	TOTAL MONTHLY PREMIUM	EMPLOYER SHARE	12 MONTH RATE
<b>OPTION 1 - TRADITIONAL PLAN</b> Deductible - \$3,000 individual /\$6,000 family Out of pocket - \$6,000 individual/\$12,000 family 70/30 coinsurance	\$975.22	\$0.00	\$975.22	\$1,716.22	\$0.00	\$1,716.22	\$1,634.49	\$0.00	\$1,634.49	\$2,370.01	\$0.00	\$2,370.01
<b>OPTION 2 - HIGH DEDUCTIBLE HEALTH PLAN</b> Deductible - \$3,000 individual /\$6,000 family Out of pocket - \$6,000 individual/\$12,000 family 70/30 coinsurance	\$975.22	\$0.00	\$975.22	\$1,716.22	\$0.00	\$1,716.22	\$1,634.49	\$0.00	\$1,634.49	\$2,370.01	\$0.00	\$2,370.01
<b>Dental Plan</b> Deductible - \$50 individual /\$150 family Max Benefit Per Person - \$1,500 100% for Preventive Services	\$50.05	\$0.00	\$50.05	\$84.94	\$0.00	\$84.94	\$78.53	\$0.00	\$78.53	\$120.98	\$0.00	\$120.98
<b>Vision Plan</b> 100% up to \$100 for Exam Max Benefit \$350 for Hardware	\$12.85	\$0.00	\$12.85	\$20.54	\$0.00	\$20.54	\$21.02	\$0.00	\$21.02	\$33.93	\$0.00	\$33.93
<b>Life \$10,000 Plan</b>	\$3.80	\$0.00	\$3.80	\$3.80	\$0.00	\$3.80	\$3.80	\$0.00	\$3.80	\$3.80	\$0.00	\$3.80
<b>Total Employer Contribution</b>	<b>\$0.00</b>											