

KALISPELL PUBLIC SCHOOLS 2022-2023 BENEFIT RATES

COBRA Rates

COBRA Rates	EMPLOYEE	EMPLOYEE/SPOUSE	EMPLOYEE/DEPENDENT	EMPLOYEE/SPOUSE/DEPENDENT
	TOTAL MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM
OPTION 1 - TRADITIONAL PLAN Deductible - \$3,000 individual /\$6,000 family Out of pocket - \$6,000 individual/\$12,000 family 70/30 coinsurance	\$833.60	\$1,750.54	\$1,667.18	\$2,417.41
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	\$833.60	\$1,750.54	\$1,667.18	\$2,417.41
Dental Plan Deductible - \$50 individual /\$150 family Max Benefit Per Person - \$1,500 100% for Preventive Services	\$51.05	\$86.64	\$80.10	\$123.40
Vision Plan 100% up to \$100 for Exam Max Benefit \$350 for Hardware	\$13.11	\$20.95	\$21.44	\$34.61