

West Bonner County School District  
 Health - Vision - Dental - Life Insurance Benefit  
 2020-21 School Year

Blue Cross Health & VSP Vision

Rate Classification for Blue Value	Health Premium	VSP Premium	Total Premium	Employee Benefit	Employee Out of Pocket	Increase
Employee	\$ 565.65	\$ 7.00	\$ 572.65	\$ 572.65	\$ -	Increase 8.80%
Employee + Spouse	\$ 1,241.60	\$ 10.00	\$ 1,251.60	\$ 572.65	\$ 678.95	
Employee + 1 Child	\$ 869.85	\$ 10.00	\$ 879.85	\$ 572.65	\$ 307.20	
Employee + Children	\$ 1,010.75	\$ 17.85	\$ 1,028.60	\$ 572.65	\$ 455.95	
Family	\$ 1,438.75	\$ 17.85	\$ 1,456.60	\$ 572.65	\$ 883.95	

**Rate Classification for PPO Plan**

Rate Classification	Health Premium	VSP Premium	Total Premium	Employee Benefit	Employee Out of Pocket
Employee	\$ 606.65	\$ 7.00	\$ 613.65	\$ 572.65	\$ 41.00
Employee + Spouse	\$ 1,331.75	\$ 10.00	\$ 1,341.75	\$ 572.65	\$ 769.10
Employee + 1 Child	\$ 932.85	\$ 10.00	\$ 942.85	\$ 572.65	\$ 370.20
Employee + Children	\$ 1,084.00	\$ 17.85	\$ 1,101.85	\$ 572.65	\$ 529.20
Family	\$ 1,543.20	\$ 17.85	\$ 1,561.05	\$ 572.65	\$ 988.40

Delta Dental

Rate Classification	Health Premium	Employee Benefit	Employee Out of Pocket	Benefit Paid
Employee	\$ 34.63	\$ 34.63	\$ -	Total Paid \$ 611.54 \$ 7,338.48
Employee + Spouse	\$ 69.26	\$ 34.63	\$ 34.63	
Employee + 1 Child	\$ 68.83	\$ 34.63	\$ 34.20	
Employee + Children	\$ 100.83	\$ 34.63	\$ 66.20	
Family	\$ 133.41	\$ 34.63	\$ 98.78	

Willamette Dental

Rate Classification	Health Premium	Employee Benefit	Employee Out of Pocket
Employee	\$40.20	\$34.63	\$5.57
Employee + Spouse	\$86.90	\$34.63	\$52.27
Employee + 1 Child	\$86.96	\$34.63	\$52.33
Employee + Children	\$129.18	\$34.63	\$94.55
Family	\$168.78	\$34.63	\$134.15

LifeMap

Rate Classification	Health Premium	Employee Benefit	Employee Out of Pocket
Employee	\$ 4.26	\$ 4.26	\$ -