

ADMINISTRATORS OCTOBER 2025 | KONOCTI UNIFIED SCHOOL DISTRICT

MEDICAL PLAN	40718 A 80%	40718 B 90%	40718G 100%	40718 D 70%	GOLD PROACTIVE CARE PLAN (PCP)	70718B HSA (BRONZE) **Dental/Vision/Life NOT INCLUDED** (spouses ineligible)
	IND/FAMILY	IND/FAMILY	IND/FAMILY	IND/FAMILY	IND/FAMILY	IND/FAMILY
DEDUCTIBLE	\$500/\$1000	\$200/\$500	\$200/\$400	\$5000/\$10000	\$0/\$0	\$5000/\$10000
OUT OF POCKET MAX	\$2000/\$4000	\$1000/\$3000	\$1000/\$3000	\$6350/\$12700	\$3000/\$6000	\$6350/\$12700
OFFICE VISIT	\$20	\$20	\$20	30%	\$0	30%
Rx Generic/Brand	\$9/\$35	\$9/\$35	\$9/\$35	SUBJECT TO DEDUCTIBLE \$9/\$35	SEPARATE OUT OF POCKET MAXIMUM	SUBJECT TO DEDUCTIBLE \$9/\$35
TOTAL COST Med/Dent/Vis/Life	\$2310.25	\$2622.25	\$2759.25	\$1593.25	\$2198.25	\$914 - INDIVIDUAL \$1454 - FAMILY
DISTRICT CONTRIBUTION	\$1670.57	\$1670.57	\$1670.57	\$1670.57	\$1670.57	\$1670.57
EMPLOYEE SHARE <small>Beginning Sept EOM Paycheck</small>	\$639.68 PER CHECK	\$951.68 PER CHECK	\$1088.68 PER CHECK	\$77.32 PAID TO EE LESS PAYROLL TAXES	\$527.68 PER CHECK	IND \$756.57 PAID TO EE FAM \$216.57 PAID TO EE LESS PAYROLL TAXES

I ELECT PLAN _____

TO ADD ORTHO TO DENTAL PLAN ADD \$8.40 TO COST AND INITIAL HERE _____

PRINTED NAME _____ SIGNATURE _____ DATE _____

ADDITIONAL COPAY INFORMATION CAN BE FOUND IN THE PLAN SUMMARIES ON THE KUSD WEBSITE

PLEASE CONTACT LINDA MINER AT X 3207 IF YOU HAVE ANY QUESTIONS