



We're Moving to the OGI

(Or in other words, The Office of Group Insurance - the State of Idaho's Medical, Dental and Vision Insurance Plans)

Did you pick up these documents?



Benefits At A Glance
For the plan year that runs July 1, 2022 - June 30, 2023 (FY2023)

The state of Idaho is pleased to offer a comprehensive benefits package for employees of state agencies, political subdivisions, school districts, universities and colleges which includes medical and dental insurance, as well as life insurance, disability coverage and flexible spending accounts.

Benefits are an important component of Total Compensation along with salary and retirement. We encourage employees to explore and understand the benefits available offered in order to make the best decisions to meet their insurance needs.

This is only an overview of the benefits program administered by the State's Office of Group Insurance (OGI). For detailed benefits, plan coverage, eligibility, premiums and more, visit: <https://ogi.idaho.gov>

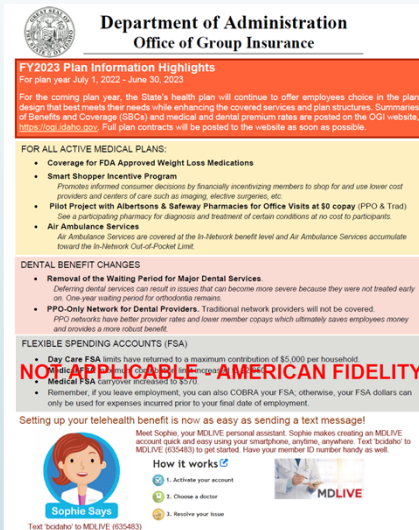
MEDICAL INSURANCE: Options include Blue Cross of Idaho Preferred Provider (PPO), Traditional or an HSA qualified (no funded HSA) High Deductible plan. Each medical plan provides comprehensive coverage with different levels of out-of-pocket expenses and premium contribution rates. The State partners with Blue Cross of Idaho to provide participants access and education in their healthcare decisions.

The Blue Cross member portal, members.bcidiaho.com, and OGI website include information about services including:

- cost transparency tools (CostAdvisor)
- chronic condition management programs,
- telehealth/virtual care (MDLive),
- employee assistance program (EAP),
- identity theft protection (Experian),
- searchable database of network providers,
- searchable prescription formulary (Ingenix),
- orthopaedic and acupuncture services,
- weight management (Mind),
- financial incentive program for selecting lower cost facilities and services (SmartShopper),
- diabetes management (Livongo),
- blue extras discount program, and more.
- 24/7/365 nurse advice line,

There are no enrollment waiting periods for medical insurance for benefit eligible employees. The agency and the employee share the cost of premiums. The employee's share of premium is based on the plan type and number of people they enroll for coverage. A detailed Summary of Benefits & Coverage (SBC) for each plan type as well as full plan contracts and premium rates are available on the Office of Group Insurance website. Employees may also choose to decline benefits at any point during the year.

DENTAL INSURANCE: When an employee enrolls in a medical plan they are required to enroll for at least self-only dental coverage. Employees can continue with self-only coverage, regardless of the number of dependents on their medical plan, or they can elect family dental coverage. Premiums are based on the number of people enrolled on the employer's plan. All listed preventive dental services are covered at 100%. Premiums and plan contracts are posted on the Office of Group Insurance website.



**Department of Administration
Office of Group Insurance**

FY2023 Plan Information Highlights
For plan year July 1, 2022 - June 30, 2023

For the coming plan year, the State's health plan will continue to offer employees choice in the plan design that best meets their needs while enhancing the covered services and plan structures. Summaries of Benefits and Coverage (SBCs) and medical and dental premium rates are posted on the OGI website, <https://ogi.idaho.gov>. Full plan contracts will be posted to the website as soon as possible.

FOR ALL ACTIVE MEDICAL PLANS:

- Coverage for FDA Approved Weight Loss Medications**
Provides informed consumer decisions by financially incentivizing members to shop for and use lower cost providers and centers of care such as imaging, elective surgeries, etc.
- Smart Shopper Incentive Program**
Provides informed consumer decisions by financially incentivizing members to shop for and use lower cost providers and centers of care such as imaging, elective surgeries, etc.
- Pilot Project with Albertsons & Safeway Pharmacies for Office Visits at \$0 copay (PPO & Trad)**
Test a participating pharmacy for diagnosis and treatment of certain conditions at no cost to participants.
- Air Ambulance Services**
Air Ambulance Services are covered at the In-Network benefit level and Air Ambulance Services accumulate toward the In-Network Out-of-Pocket Limit.

DENTAL BENEFIT CHANGES

- Removal of the Waiting Period for Major Dental Services.**
Deferring dental services can result in issues that can become more severe because they were not treated early on. One year waiting period for orthodontia remains.
- PPO-Only Network for Dental Providers.** Traditional network providers will not be covered. PPO networks have better provider rates and lower member copays which ultimately saves employees money and provides a more robust benefit.

FLEXIBLE SPENDING ACCOUNTS (FSA)

- Day Care FSA** limits have returned to a maximum contribution of \$5,000 per household.
- Medical FSA** carryover increased to \$570.
- Remember:** if you leave employment, you can also COBRA your FSA. Otherwise, your FSA dollars can only be used for expenses incurred prior to your final date of employment.

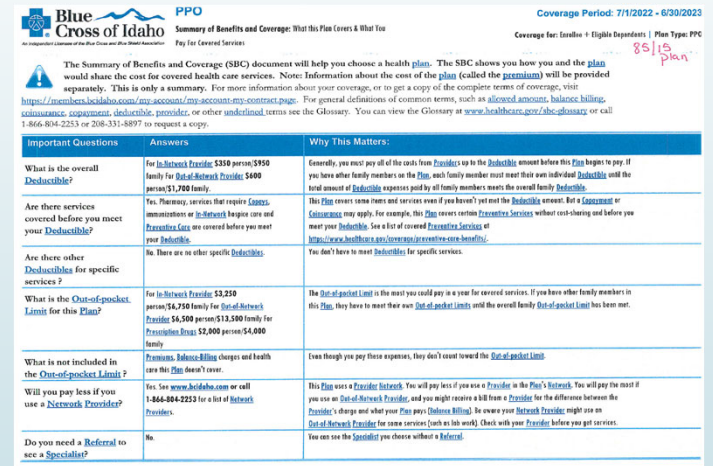
Setting up your telehealth benefit is now as easy as sending a text message!

Meet Sophie, your MDLIVE personal assistant. Sophie makes creating an MDLIVE account quick and easy using your smartphone, anytime, anywhere. Text **bcidaho** to MDLIVE (635483) to get started. Have your member ID number handy as well.

How it works

1. Activate your account
2. Choose a doctor
3. Resolve your issue

Sophie Says
Text **bcidaho** to MDLIVE (635483)



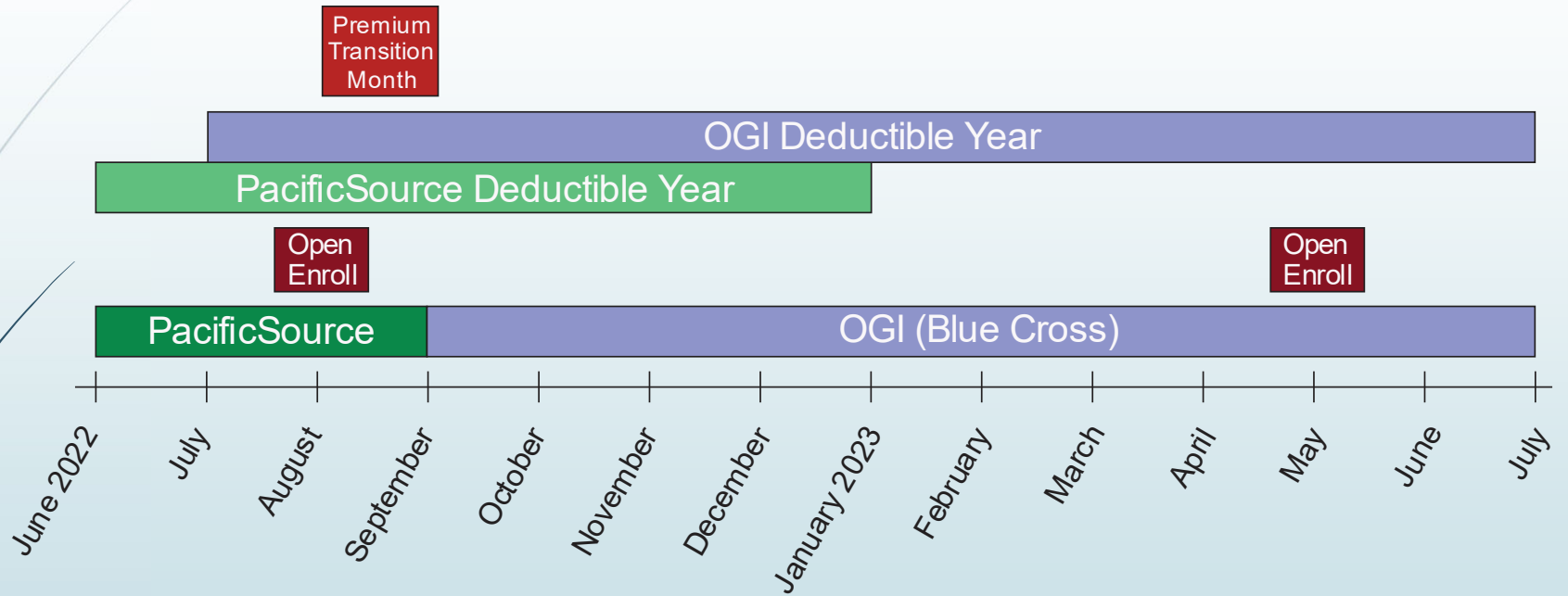
Blue Cross of Idaho PPO
Summary of Benefits and Coverage: What This Plan Covers & What You Pay for Covered Services

Coverage Period: 7/1/2022 - 6/30/2023
Coverage for: Enrollee + Eligible Dependents | Plan Type: PPO

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. Note: Information about the cost of the plan (called the **premium**) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://members.bcidiaho.com/my-account/my-account-my-coverage-page>. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **underlined** terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-866-804-2253 or 208-331-8897 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall Deductible?	For In-Network Provider: \$350 person/\$950 family For Out-of-Network Provider: \$600 person/\$1,700 family.	Generally, you must pay all of the costs from Premiums up to the Deductible amount before this Plan begins to pay. If you have other family members on the Plan , each family member must meet their own individual Deductible until the total amount of Deductible expenses paid by all family members meets the overall family Deductible .
Are there services covered before you meet your Deductible?	Yes. Pharmacy services that require Co-pay , immunizations or In-Network hospital care and Preventive Care are covered before you meet your Deductible .	This Plan covers some items and services even if you haven't yet met the Deductible amount. But a Copayment or Coincidence may apply. For example, this Plan covers certain Preventive Services without cost-sharing and before you meet your Deductible . See a list of covered Preventive Services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other Deductibles for specific services?	No. There are no other specific Deductibles .	You don't have to meet Deductibles for specific services.
What is the Out-of-pocket Limit for this Plan?	For In-Network Provider: \$3,250 person/\$6,750 family For Out-of-Network Provider: \$6,500 person/\$13,500 family For Prescription Drugs: \$2,000 person/\$4,000 family	The Out-of-pocket Limit is the most you could pay in a year for covered services. If you have other family members in this Plan , they have to meet their own Out-of-pocket Limit until the overall family Out-of-pocket Limit has been met.
What is not included in the Out-of-pocket Limit?	Premiums , Balance Billing charges and health care this Plan doesn't cover.	Even though you pay these expenses, they don't count toward the Out-of-pocket Limit .
Will you pay less if you use a Network Provider?	Yes. See www.bcidiaho.com or call 1-866-804-2253 for a list of Network Providers .	This Plan uses a Provider Network . You will pay less if you use a Provider in the Plan's Network . You will pay the most if you use an Out-of-Network Provider , and you might receive a bill from a Provider for the difference between the Provider's charge and what your Plan pays (Balance Billing). To ensure your Network Provider might be an Out-of-Network Provider for some services (such as lab work), check with your Provider before you get services.
Do you need a Referral to see a Specialist?	No.	You can see the Specialist you choose without a Referral .

Insurance Timelines





The Plan Year

- ▶ PacificSource
 - ▶ Premiums paid in arrears (June premiums deducted in June)
 - ▶ Deductible and MOOP based on calendar year
 - ▶ Plan year was September through August
- ▶ OGI
 - ▶ Premiums paid in advance (July premiums paid in June)
 - ▶ Deductible, MOOP and plan year is July through June
 - ▶ Will have implications with August / September payrolls



The Options on the “State Plan”

- PPO
 - Median premium
 - Lowest deductible and MOOP
 - MAY have limited network

- Traditional
 - Highest premium cost
 - Most extensive network

- HDHP
 - Lowest premium cost
 - Highest out-of-pocket
 - Best choice if you have lower utilization
 - Can be tied to a Health Savings Account (HSA)



Medical / Dental / Vision

- Employees must take both Medical and Dental. Vision is already paid through the medical premium.
- Employees cannot take dental and vision only.
- Dependents can waive dental coverage. Dental and vision coverage is not available without enrolling in the medical plan.
- Coordination with a different state employer:
 - If a family / couple works for two different state employers (ie ISU and SD25), it is cheaper for the family to have the each spouse covered by the individual employer. However, to be able to coordinate family deductibles and MOOP, each spouse **MUST** take the same option through each individual employer.



Dental and Vision Coverage

- ▶ Dental Insurance

- ▶ Dental coverage will be through Blue Cross instead of Delta Dental.
- ▶ Higher benefit limits with no waiting period.
- ▶ Limited orthodontia coverage.

- ▶ Vision Insurance

- ▶ Benefits are more limited than with the district's current VSP plan.



The Pharmacy Benefit

- ▶ Formularies will be different
 - ▶ Pre-authorization of specialty drugs
 - ▶ Walgreens likely to be an issue with some employees
 - ▶ Maintenance drugs – PacificSource vs. Blue Cross
- ▶ New benefit rollout at Albertson's pharmacies



Life / Disability / FSA, etc.

- ▶ These benefits will appear on the OGI website. However, the district is only participating in the Medical and Dental plans. EAP and Vision coverage is included in the medical plan.
- ▶ Life Insurance will remain with the district's current carrier: Hartford.
- ▶ The Section 125 Plan (Cafeteria Plan) will remain with American Fidelity.
- ▶ Disability insurances will remain with the current carriers



Open Enrollment / Opting Out

- Open enrollment is the ONLY time you can enroll or change dependent coverage without a change in family status. This summer, the open enrollment period is scheduled to run from July 25, 2022 through August 12, 2022.
- Missing the initial July / August open enrollment will mean that you would not be able to update your plan coverage until July 2023.
- Dropping or waiving coverage will require a signature on an approved form.
- Dropped coverage can only be reinstated during an open enrollment period when there has not been a change in family status.
- For those who waive coverage, there may be implications with getting coverage through an insurance exchange.



The August / September premium transition

- Employees will still be responsible for August's premium payable to PacificSource.
- Employees will also be responsible for September's premium payable to OGI.
- For employee-only premiums, the impact will be minimal. However, if an employee does not get a check in August, the district will pay the employee's portion with a double deduction made in September.
- For employees with coverage for dependents (or part-time employee coverage), we are investigating longer-term options.
- We are also looking at ways to cover summer premiums for employees who do not get paid during the summer months.



Retirees

- ▶ We believe that the impact for retiree who are over 65, the impact of the transition will be minimal.
- ▶ We are still working through the details for those employees who are younger than age 65.
- ▶ Options are available to be able to utilize Retirement Sick Leave (RSL) benefits.
- ▶ In essence, stay tuned for more information.




Resources

- ▶ Lockton “Plan Selector” tool
- ▶ OGI Website: <https://ogi.idaho.gov>
- ▶ www.bcidaho.com
- ▶ American Fidelity
- ▶ The Enrollment Portal link:
<https://id-controller.viewpointcloud.com/categories/1088>



E-mail will be our method of communication

- ▶ Please continue to monitor your district e-mail account throughout the summer as this will be our only method of communication.
- ▶ Items that you will see:
 - ▶ Link for enrollment
 - ▶ Appropriate forms
 - ▶ New meeting dates / times
 - ▶ Information on the August / September payrolls



Coordinating with the Section 125 Plan (American Fidelity)

- ▶ Implications of pre-taxing deductions
- ▶ Flexible Spending Accounts (Unreimbursed Medical)
- ▶ Plan year will remain as September through August
- ▶ HSA with the HDHP



Contacts

- ▶ School District #25
 - ▶ Shauna Miller – millersh@sd25.us – 208-235-3255
 - ▶ Carl Smart – smartca@sd25.us – 208-235-3273

- ▶ American Fidelity
 - Dave Andersen
 - Northwest Area Branch Office
 - 325 E Shore Drive, #110
 - Eagle, ID 83616
 - 877-589-2544 / 208-939-3459