

Employee Benefits *at-a-glance*

2023-2024 Plan Year



Medical Option 1 (Base)

Blue Value Plan	Blue Cross Managed Care Network	OFFICE VISITS: \$30 Primary Care/ \$50 Specialist TELEHEALTH: Covered 100% Preventive Care Visits: Covered 100% Diagnostic Lab & X-Ray: Deductible + Coinsurance HOSPITAL SERVICES: Inpatient: Deductible + Coinsurance Outpatient: Deductible + Coinsurance ER: \$100 Copay, then Deductible + Coinsurance	RX COPAY Generic: \$10 Copay Brand Name Drugs: \$500 Deductible per member/ calendar year + Copays Formulary : \$30 Copay Non-Formulary : \$50 Copay (copays are 30 day supply) Maximum out of pocket for Rx: \$3,000	Pre-Tax cost Per Paycheck		
					36+ Hrs	20-35 hrs
				Emp Only	\$0.00	\$0.00
				Emp & Spouse	\$426.58	\$853.15
				Emp & Child	\$194.40	\$388.80
				Emp & Children	\$291.23	\$582.45
				Emp & Family	\$559.15	\$1,118.30

Medical Option 2 (Buy Up)

Blue Cross N Plan	Blue Cross Managed Care Network	OFFICE VISITS: \$30 Primary Care/ \$60 Specialist TELEHEALTH: Covered 100% Preventive Care Visits: Covered 100% Diagnostic Lab & X-Ray: Covered at 100% HOSPITAL SERVICES: Inpatient: \$500 Copay Outpatient: \$100 Copay ER: \$75 Copay	RX COPAY Generic: \$10 Copay Brand Name Drugs: \$750 Deductible per member/ calendar year + Copays Formulary : \$30 Copay Non-Formulary : \$50 Copay (copays are 30 day supply) Maximum out of pocket for Rx: \$3,000 Individual	Pre-Tax cost Per Paycheck		
					36+ Hrs	20-35 hrs
				Emp Only	\$131.40	\$131.40
				Emp & Spouse	\$711.78	\$1,138.35
				Emp & Child	\$395.55	\$589.95
				Emp & Children	\$526.03	\$817.25
				Emp & Family	\$890.80	\$1,449.95

Dental

Option 1	Delta PPO or Premier	Pre-Tax cost per Paycheck			Option 2	Dental Blue Connect Must go to Willamette Clinic No Deductible / No Annual Maximum \$15 Copay per Visit Diagnostic & Preventive: Covered 100% Fillings: \$15 Copay Root Canal: \$25 to \$75 Copay Porcelain / Metal Crowns: \$150 Copay Bridge: \$150 Copay Comprehensive Orthodontia: \$1,500 Copay Implant Benefit: \$1,500 Annual Allowance	Pre-Tax cost Per Paycheck		
			36+ Hrs	20-35 hrs				36+ Hrs	20-35 hrs
		Emp	\$0.00	\$0.00			Emp Only	\$0.00	\$0.00
		Emp & Spouse	\$20.85	\$41.71			Emp & Spouse	\$30.30	\$60.60
		Emp & Child	\$19.12	\$38.24			Emp & Child	\$30.30	\$60.60
		Emp & Children	\$38.11	\$76.22			Emp & Children	\$56.05	\$112.10
		Emp & Family	\$52.64	\$105.29			Emp & Family	\$56.05	\$112.10

Vision

Blue Cross/ISBT Plan I VSP				Pre-Tax cost Per Paycheck	
\$25 Exam Copay (Every 12-Months) \$25 Material Copay (Every 12-Months) Lenses: Covered in full (Every 12-Months) Frames: \$130 Allowance Contacts Instead of Frames: \$130 Allowance (Every 12-Months)				Vision is Included with Medical Rates EAP is paid by the District	

Employee Assistance Program

4 FREE Face-to-face Counseling Sessions Video Conferencing is Available for your EAP Sessions 24-hour Crisis Help Legal & Financial Services 1-800-726-0003 or visit BPAHealth.com
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Employee Life and AD&D Insurance

District Paid Life/AD&D Coverage		Supplemental Life Insurance Buy-up Option	
Employee Life Benefit:	\$20,000	Get up to 3x Base Annual Salary (\$300k max)	
Employee AD&D Benefit:	\$20,000	\$100k Guaranteed Issue (no questions asked)	Spouse & Child coverage available
Dependent Life Benefit:	\$2,500	Guaranteed Issue when first eligible for benefits; Health History required for late enrollment	

Voluntary Long-Term Disability Insurance

Replaces up to 60% of income in event of partial or total disability 90 Day Elimination Period (length of time you are unable to work before benefits begin) Rates vary by age and income Guaranteed Issue when first eligible for benefits; Health History required for late enrollment

Colonial Voluntary Plans

The Plans presented below can be purchased by employees on a voluntary basis.		
COLONIAL LIFE INSURANCE CO. <i>(Sample of plans available to SMSD employees)</i>	Accident Insurance	Accident insurance supplements your medical coverage by providing cash benefits in cases of accidental injuries. You can use this money to help pay for your deductible/coinsurance, living expenses, etc.
	Critical Illness	Critical Illness coverage protects against the financial impact of certain illnesses, such as a heart attack or stroke. Lump-sum benefit payments can cover your out-of-pocket expenses when diagnosed with a serious medical condition.
	Hospital Indemnity	A hospital indemnity plan provides supplemental payments that you can use to cover expenses that your medical plan doesn't cover for hospital stays, surgery and certain inpatient treatment.

*See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.

ACCESS YOUR SUMMARY OF BENEFITS & COVERAGE INFORMATION:

The Federal Health Care Law or also known as the Affordable Care Act (ACA) requires that health insurance companies provide members with a **Summary of Benefits and Coverage**. The intent of this document is to provide members with straightforward information about their health care coverage.

These documents can be accessed via the following link:
Go to: <http://books.murraygr.com/bookcase/dcjib>

You may also request a copy anytime by calling Blue Cross of Idaho at: 1-800-627-1188

Also included is a **Uniform Glossary of Health Coverage** that is also required by the ACA to accompany the Summary. These documents do not replace the full contract of your policy, and you are still encouraged to call St. Maries Joint School District's benefit specialists at **The Murray Group** if you have any questions regarding your benefits: (208) 765-2620.