

## Medical

	Blue Cross Managed Care Network	Office Visits: \$30 PCP / \$50 Non PCP	Rx Benefits:	Pre-Tax cost per paycheck	
<b>Option 1 Blue Value</b>	<b>Deductible:</b> \$500 Individual / \$1,000 Family 80% Coinsurance In Network <i>(member pays 20% after deductible)</i> <b>Out of Pocket Max:</b> \$2,000 Individual / \$4,000 Family	<b>Preventive Care Visits:</b> Covered 100% <b>Maternity:</b> Deductible + Coinsurance <b>Hospital Services Inpatient:</b> Deductible + Coinsurance <b>Outpatient:</b> Deductible + Coinsurance <b>Emergency Room:</b> \$100 Copay	<b>Generic:</b> \$10 Copay <b>Brand Name Drugs:</b> \$500 Deductible applies <b>Formulary:</b> \$30 Copay <b>Non-Formulary:</b> \$50 Copay <b>Maximum out of pocket for Rx:</b> \$3,000 Individual / \$6,000 Family <i>Copays are 30 day supply</i>	Emp Only	\$0.00
				Emp & Spouse	\$1,146.65
				Emp & Child	\$515.95
				Emp & Children	\$755.00
				Family	\$1,481.25
<b>Option 2 HSA Plan</b>	<b>Deductible:</b> \$3,000 Individual / \$6,000 Family 70% Coinsurance In Network <i>(member pays 30% after deductible)</i> <b>Out of Pocket Max:</b> \$5,800 Individual / \$11,600 Family	<b>Office Visits:</b> Subject to Ded + Coins <b>Preventive Care Visits:</b> Covered 100% <b>Diagnostic Lab &amp; X-Ray:</b> Deductible / Coinsurance <b>Maternity:</b> Deductible / Coinsurance <b>Hospital Services:</b> All Services subject to Deductible / Coinsurance <b>Emergency Room:</b> \$100 Copay + Deduct. + Coins.	<b>Rx Benefits:</b> All Prescriptions subject to Deductible / Coinsurance*  *100% coverage for certain preventive medications	<b>Pre-Tax cost per paycheck</b>	
				Emp Only	\$0.00
				Emp & Spouse	\$902.25
				Emp & Child	\$406.00
				Emp & Children	\$593.95
Family	\$1,165.30				

**\*\* Employees choosing the H.S.A. option will receive \$180.85 per month in their American Fidelity H.S.A. account to offset out of pocket medical expenses.**

## Dental Options

Option 1	Option 2	Option 3
<b>Delta Dental Premier</b> <b>\$25 Individual Deductible</b> <b>\$75 Family Deductible</b> <b>Individual Benefit Max: \$1,250</b> <b>Preventive:</b> Covered at 100% <b>Basic:</b> Covered at 80% <b>Major:</b> Covered at 50% <b>No Orthodontia Coverage</b>	<b>Dental Blue Connect</b> Must go to Willamette Clinic No Ded / No Annual Max \$15 Office Visit Copay <b>Diagnostic &amp; Preventive:</b> Covered w/ office visit copay <b>Root Canal:</b> \$25 - \$75 copay <b>Crowns:</b> \$150 Copay <b>Bridge:</b> \$150 Copay <b>Implant:</b> \$1,500 Copay <b>Orthodontia:</b> \$1,500 Copay	<b>Northwest Dental Benefits</b> Must go to a NWDB Clinic No Deductible <b>Individual Benefit Max: \$2,500</b> <b>Preventive:</b> 100% <b>Fillings:</b> \$35 Copay <b>Root Canal:</b> \$250 - \$400 Copay <b>Crowns:</b> \$350 - \$450 Copay <b>Implants:</b> \$850 Copay <b>Orthodontia:</b> Up to a \$2500 Allowance

Option 1 Pre-Tax cost per Paycheck	
Emp Only	\$0.00
Emp + Spouse	\$49.90
Emp + Child	\$44.10
Emp + Children	\$79.80
Emp + Family	\$121.46

Option 2 Pre-Tax cost per Paycheck	
Emp Only	\$0.00
Emp + Spouse	\$69.15
Emp + Child	\$69.15
Emp + Children	\$134.51
Emp + Family	\$134.51

Option 3 Pre-Tax cost per Paycheck	
Emp Only	\$0.00
Emp + Spouse	\$46.91
Emp + Child	\$55.09
Emp + Children	\$99.50
Emp + Family	\$134.28

## Vision

United Heritage VSP
\$10 Exam Copay (Every 12-Months)
\$25 Material Copay (Every 12-Months)
<b>Lenses:</b> Covered in full (Every 12-Months)
<b>Frames:</b> \$130 Allowance (Every 12-Months)
<b>Contacts Instead of Frames:</b> \$130 Allowance (Every 12-Months)

Pre-Tax cost per paycheck	
Emp Only	\$0.00
Emp & Spouse	\$6.97
Emp & Child	\$7.93
Emp & Children	\$7.93
Emp & Family	\$16.85

### Employee Life and AD&D Insurance

Employee Life Benefit: **\$20,000**

Employee AD&D Benefit: **\$20,000**

Dependent Life Benefit: **\$2,000**

Supplemental buy-up available on a voluntary basis. Guaranteed issue when first eligible for coverage.

### 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

\*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/bkapi>

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 Plummer-Worley School District's benefits specialist at **Acrisure if you have any questions regarding your benefits: (208) 765-2620**.