

WEISER SCHOOL DISTRICT #431
STANDARD PLAN**
2026-2027 Health, Pharmacy, Vision and Dental

Plan:

Deductible: \$ 750 Individual/ \$ 1500 Family

Pharmacy Copay: 10/20/30/50/20%/30% \$250 deductible

** Max OOP for Rx \$3,000/\$6,000 (family) per calendar year

Coinsurance after deductible met: 20%/40% up to \$2,250 (in network)/\$4,500 (out of network) Out of Pocket Maximum

Maximum out of Pocket before Major Medical starts: \$ 3,750/\$7,500 includes \$750 deductible*

Wellness Program Benefits: Available (see attached)

Office Visit Co-Pay: \$20; /\$40

Employee Option:

Blue Cross premium for H/Ph/Vis

	Blue Cross premium for H/Ph/Vis	Weiser School District Employee Benefit Amt	Employee Cost: Total Health, Pharmacy, Vision
Employee	\$ 1,048.35	(\$871.10)	\$ 177.25
Employee and Spouse	\$ 2,297.10	(\$871.10)	\$ 1,426.00
Employee and Child	\$ 1,612.70	(\$871.10)	\$ 741.60
Employee and Children	\$ 1,882.10	(\$871.10)	\$ 1,011.00
Employee and Family	\$ 2,670.45	(\$871.10)	\$ 1,799.35
Two Employee + Family	\$ 2,670.45	(\$1,742.20)	\$ 928.25

Delta Dental of Idaho

Delta Dental of Idaho	Weiser School District Employee Benefit Amt	Employee Cost: Delta Dental
\$43.93	(\$43.93)	\$0.00
\$87.84	(\$43.93)	\$43.91
\$86.05	(\$43.93)	\$42.12
\$127.80	(\$43.93)	\$83.87
\$169.04	(\$43.93)	\$125.11
\$169.04	(\$87.86)	\$81.18

Willamette Dental

Willamette Dental	Weiser School District Employee Benefit Amt	Employee Cost: Willamette Dental
\$ 59.45	(\$43.93)	\$ 15.52
\$ 128.65	(\$43.93)	\$ 84.72
\$ 114.34	(\$43.93)	\$ 70.41
\$ 170.02	(\$43.93)	\$ 126.09
\$ 227.82	(\$43.93)	\$ 183.89
\$ 227.82	(\$87.86)	\$ 139.96

PLEASE NOTE THE FOLLOWING:

The maximum defined benefit amount is \$ 821.10. Medical premium is \$1037.60, Vision \$8.85 and EAP \$1.90 (cannot be separated)

Dental benefit is \$ 43.93. Dental benefit may be waived & applied toward the medical premium.

*Maximum Out of Pocket \$2,250.00 for individual / \$4,500 for family.

