

Employee Benefits at-a-glance

2026 - 2027 Plan Year



Medical Option 1 (Base)

				Pre-Tax cost Per Paycheck		
					38+ Hrs	20-37 hrs
PPO 750 Preferred Blue PPO	Preferred Blue PPO Network \$750 Deductible Individual / \$1,500 Family Coinsurance: Plan pays 70% in-network Out-of-network: Plan pays 50% after deductible Maximum out of pocket: \$3,750 Individual / \$7,500 Family	OFFICE VISITS: \$30 Physician Office Visit / \$50 PCP-Specialist TELEHEALTH: Covered 100% Preventive Care Visits: Covered 100% Chiropractic: Deductible, Copay & Coinsurance Diagnostic Lab & X-Ray / Imaging: Deductible, Copay & Coinsurance HOSPITAL SERVICES: Hospitalization: Deductible, Copay & Coinsurance Inpatient / Outpatient: Deductible, Copay & Coinsurance	PHARMACY / RX Deductible: \$250 Brand Deductible Generic: \$10 Copay Non-Preferred Generic: \$20 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay Preferred Specialty: 20% Coinsurance Non-Preferred Specialty: 30% Coinsurance Rx Out-of-Pocket Maximum: \$3,000 Individual / \$6,000 Family	Emp Only	\$0.00	\$0.00
				Emp & Spouse	\$555.65	\$1,111.30
				Emp & Child	\$252.97	\$505.94
				Emp & Children	\$378.01	\$756.02
				Emp & Family	\$727.33	\$1,454.65

Medical Option 2 (Buy Up)

				Pre-Tax cost Per Paycheck		
					38+ Hrs	20-37 hrs
Blue Cross N Plan	No Deductible No Coinsurance After deductible, plan pays 100% / Member pays 0% Maximum out of pocket: \$2,500 Individual / \$5,000 Family	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	PHARMACY / RX Deductible: \$250 Brand Deductible Generic: \$10 Copay Non-Preferred Generic: \$20 Copay Preferred Brand: \$30 Copay Non-Preferred Brand: \$50 Copay Preferred Specialty: 20% Coinsurance Non-Preferred Specialty: 30% Coinsurance Rx Out-of-Pocket Maximum: \$3,000 Individual / \$6,000 Family	Emp Only	\$236.51	\$236.51
				Emp & Spouse	\$1,069.01	\$1,624.66
				Emp & Child	\$614.99	\$867.96
				Emp & Children	\$800.55	\$1,178.56
				Emp & Family	\$1,324.19	\$2,051.51

Dental

Option 1	Delta PPO or Premier No Deductible Individual Benefit Max: \$1,250 Preventive: 70% - 100% Basic: 70% - 100% Major: Covered at 50% Orthodontic: Value added Program through Delta Contracted Orthodontists	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		
			38+ Hrs	20-37 hrs				38+ Hrs	20-37 hrs
		Emp Only	\$0.00	\$0.00			Emp Only	\$0.00	\$0.00
		Emp & Spouse	\$23.01	\$46.02			Emp & Spouse	\$37.68	\$75.35
		Emp & Child	\$21.10	\$42.19			Emp & Child	\$37.68	\$75.35
		Emp & Children	\$42.05	\$84.09			Emp & Children	\$69.70	\$139.40
		Emp & Family	\$58.09	\$116.17			Emp & Family	\$69.70	\$139.40
Option 3	Northwest Dental Benefits Must go to a NWDB Clinic No Deductible Individual Benefit Max: \$2,500 Preventive: 100% Fillings: \$35 Copay Root Canal: \$250 - \$400 Copay Porcelain / Metal Crowns: \$350 - \$450 Copay Implants: \$850 Copay Orthodontia: Up to a \$2500 Allowance	Pre-Tax cost per Paycheck			Vision				
			38+ Hrs	20-37 hrs	Blue Cross/ISBT Plan I VSP			Pre-Tax cost Per Paycheck	
		Emp Only	\$0.00	\$0.00	\$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	
		Emp & Spouse	\$23.36	\$46.71					
		Emp & Child	\$27.17	\$54.34					
		Emp & Children	\$49.71	\$99.42					
		Emp & Family	\$65.56	\$131.12					

Employee Benefits at-a-glance

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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	<i>Guaranteed Issue when first eligible for benefits; Health History required for late enrollment</i>	

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. (Sample of plans available to SMSD employees)	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.

AllyHealth -Virtual Urgent Care and EAP

Telehealth	\$0 Co-pay Unlimited Telehealth visits available 24/7/365 Also, Rx Savings Card and Medical Bill Negotiation Service. Covers your entire family after you enroll in medical insurance.
EAP	\$0 Employee Assistance Program – up to 3 sessions per incident
Mental Health	\$0 Copay Mental Telehealth Visits (10 Visit Limit) After 10 visits - \$90 Copay

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.

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

These documents can be accessed via the following link or scan QR Code:

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 Acrisure (formerly Murray Group) if you have any questions regarding your benefits: (208) 765-2620.