

Medical

	Blue Cross PPO \$1500		Blue Cross PPO \$2000		Blue Cross HSA \$3000	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible - Individual	\$1,500		\$2,000		\$3,000	
Deductible - Family	\$3,000		\$4,000		\$6,000	
Coinsurance Percentage	80%	60%	80%	60%	70%	50%
Out Of Pocket - Individual	\$3,000	\$4,500	\$3,500	\$5,000	\$5,800	
Out Of Pocket Maximum - Family	\$6,000	\$9,000	\$7,000	\$10,000	\$11,600	
Physician Office Visits:	\$30	Ded & Co-Ins	\$30	Ded & Co-Ins	Subject to Deductible & Co-Ins	
Emergency Room Services	\$30	Ded & Co-Ins	\$30	Ded & Co-Ins	Subject to Deductible & Co-Ins	
Chiropractic Care	\$100 Copay-then Ded & Co-Ins		\$100 Copay-then Ded & Co-Ins		\$100 Copay-then Ded & Co-Ins	
Annual Maximum	Subject to Deductible		Subject to Deductible		Subject to Deductible	
Prescription Drug Coverage: **	20 Visits		20 Visits		20 Visits	
Preferred Generic	\$10	Sub to 50% coins	\$10	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Non-Preferred Generic	\$10	Sub to 50% coins	\$10	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Preferred Brand	\$25	Sub to 50% coins	\$25	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Non-Preferred Brand	\$40	Sub to 50% coins	\$40	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Preferred Specialty	\$40	Sub to 50% coins	\$40	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Non-Preferred Specialty	\$40	Sub to 50% coins	\$40	Sub to 50% coins	Subject to Deductible & Co-Ins*	
Prescription Deductible	None		None		Medical Deductible	
Prescription Individual Out of Pocket Max	\$3,000		\$3,000		Combined with Medical	
Mental Health / Chemical Dependency:						
Outpatient - Office Visits	\$30 Copay	Ded & Co-Ins	\$30 Copay	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Outpatient - Other Professional Services	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Inpatient - Facility & Professional Services	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins	Ded & Co-Ins
Covered Preventive Care & Immunizations	100%	Ded & Co-Ins	100%	Ded & Co-Ins	100%	Ded & Co-Ins
Pediatric Dental Services - up to age 19	None		None		None	
Pediatric Vision Services - up to age 19	None		None		None	
Employee Assistance Program (EAP)	4 Visits		4 Visits		4 Visits	
COBRA Administration	Blue Cross of Idaho		Blue Cross of Idaho		Blue Cross of Idaho	

* Enhanced Rx For Preventive Drugs
 ** Walgreens is NOT In Network for Prescriptions

OPTIONAL VISION Blue Cross VSP Option
Exam Co-Pay \$10 every 12 months
Lenses/Frames Co-Pay \$25.00
Frames: \$130 Allowance Every 24 months
Contact Lenses: \$130 Every 24 months

OPTIONAL DENTAL Blue Cross Dental
Traditional PPO \$50
Deductible \$50
Preventive 100%
Basic 80%
Major 50%
Implants 50%
Annual Max \$1250
No Orthodontics

OPTIONAL DENTAL Dental Blue Connect
Willamette
No Deductible
\$15 Office Visit covers: Diagnostic & Preventative Services, Fillings, Stainless Steel Crowns, Root Canals, Extractions, Local Anesthesia, and Lab fees
\$50 Porcelain-Metal Crown
\$150 Complete Upper or Lower Denture
\$50 Bridge/per tooth
Orthodontia: Pre-Treatment \$150
Comprehensive Treatment \$1500
Must use Willamette Dental Providers

SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan (with qualifying event), provided that you request enrollment within 30 days after your other coverage ends. In addition, if you are enrolled and have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll your newly acquired dependents, provided that you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

THINKING ABOUT RETIRING?

If you want to utilize medical, vision, and/or dental insurance coverage after you retire - you and/or dependents must be covered on the district's medical, vision, and/or dental plan for at least 12 months prior to your retirement date.