

Medical

Deductible - Individual
 Deductible - Family
 Coinsurance Percentage
 Out Of Pocket - Individual
 Out Of Pocket Maximum - Family

| Blue Cross PPO \$1500 | |
|-------------------------------|-----------------------|
| In Network | Out of Network |
| | \$1,500 |
| | \$3,000 |
| 80% | 60% |
| \$3,000 | \$4,500 |
| \$6,000 | \$9,000 |
| \$30 | Ded & Co-Ins |
| \$30 | Ded & Co-Ins |
| \$100 Copay-then Ded & Co-Ins | Subject to Deductible |
| | 20 Visits |
| \$10 | Sub to 50% coins |
| \$10 | Sub to 50% coins |
| \$25 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| None | None |
| \$3,000 | \$3,000 |
| \$30 Copay | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| 100% | Ded & Co-Ins |
| None | None |
| None | None |
| 4 Visits | 4 Visits |
| Blue Cross of Idaho | Blue Cross of Idaho |

| Blue Cross PPO \$2000 | |
|-------------------------------|-----------------------|
| In Network | Out of Network |
| | \$2,000 |
| | \$4,000 |
| 80% | 60% |
| \$3,500 | \$5,000 |
| \$7,000 | \$10,000 |
| \$30 | Ded & Co-Ins |
| \$30 | Ded & Co-Ins |
| \$100 Copay-then Ded & Co-Ins | Subject to Deductible |
| | 20 Visits |
| \$10 | Sub to 50% coins |
| \$10 | Sub to 50% coins |
| \$25 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| \$40 | Sub to 50% coins |
| None | None |
| \$3,000 | \$3,000 |
| \$30 Copay | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| 100% | Ded & Co-Ins |
| None | None |
| None | None |
| 4 Visits | 4 Visits |
| Blue Cross of Idaho | Blue Cross of Idaho |

| Blue Cross HSA \$3000 | |
|---------------------------------|---------------------------------|
| In Network | Out of Network |
| | \$3,000 |
| | \$6,000 |
| 70% | 50% |
| \$5,800 | \$11,600 |
| Subject to Deductible & Co-Ins | Subject to Deductible & Co-Ins |
| Subject to Deductible & Co-Ins | Subject to Deductible & Co-Ins |
| \$100 Copay-then Ded & Co-Ins | Subject to Deductible |
| | 20 Visits |
| Subject to Deductible & Co-Ins* | Subject to Deductible & Co-Ins* |
| Subject to Deductible & Co-Ins* | Subject to Deductible & Co-Ins* |
| Subject to Deductible & Co-Ins* | Subject to Deductible & Co-Ins* |
| Subject to Deductible & Co-Ins* | Subject to Deductible & Co-Ins* |
| Subject to Deductible & Co-Ins* | Subject to Deductible & Co-Ins* |
| Medical Deductible | Medical Deductible |
| Combined with Medical | Combined with Medical |
| Ded & Co-Ins | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| Ded & Co-Ins | Ded & Co-Ins |
| 100% | Ded & Co-Ins |
| None | None |
| None | None |
| 4 Visits | 4 Visits |
| Blue Cross of Idaho | Blue Cross of Idaho |

| 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 12 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/No Annual Maximum |
| \$15 Office Visit covers: |
| Routine & Emergency Exams, Xrays, Teeth Cleaning, Fluoride Treatment, Sealants, Head & Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Charting & Evaluation |
| \$15 Filling copayment |
| \$150 Porcelain-Metal Crown |
| \$200 Complete Upper or Lower Denture |
| \$150 Bridge/per tooth |
| \$50 copay for Root Canal Therapy |
| \$75 copay for Osseous Surgery |
| \$25 copay for Root Planing |
| \$15 copay - Routine Extraction |
| \$75 copay - Surgical Extraction |
| Orthodontia: |
| Pre-Treatment \$150 |
| Comprehensive Treatment \$1500 |
| Must use Willamette Dental Providers |

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

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.