

Employee Benefits

At-a-Glance

2022 - 2023 Plan Year



MEDICAL

Blue Cross of Idaho	Blue Cross PPO Network Deductible*: \$4,000 Individual \$8,000 Family Coinsurance: In-Network 80% (member pays 20% after deductible) Out of Pocket Max: \$5,500 Per Member \$11,000 Family	Office Visits: \$30 PCP / \$50 Specialist (ChoiceDocs: \$10 PCP / \$30 Specialist) Preventive Care Visits: Covered 100% Diagnostic Lab & X-Ray: First \$100 then Deductible + Coinsurance Maternity: Deductible + Coinsurance Hospital Services: Deductible + Coinsurance Supplemental Accident Benefit: \$300 combined per insured, per benefit period	Rx Benefits: Generic: \$10 Copay Brand Name Drugs: \$250 Deductible per member** per calendar year + Copays Formulary: \$30 Copay Non-Formulary: \$50 Copay Maximum out of pocket for RX: \$1,000 <i>copays are 30 day supply</i>	Pre-Tax cost per paycheck		
					.75 to 1.0 FTE	.50 to .74 FTE
				Emp Only	\$0.00	\$0.00
				Emp & Spouse	\$176.08	\$880.39
				Emp & Child	\$80.58	\$402.90
				Emp & Children	\$116.83	\$584.17
				Family	\$229.56	\$1,147.80

DENTAL

Delta Dental	Delta PPO or Premier Deductible: \$50 Individual / \$150 Family Individual Benefit Max: \$1,250 PPO Provider / \$1,000 Premier Provider Preventive & Diagnostic Services: 100% PPO Provider / 80% Premier Provider Basic Services: 80% PPO Provider / 70% Premier Provider Major Services: 50% PPO Provider / 40% Premier Provider	Pre-Tax cost Per Paycheck		
			.75 to 1.0 FTE	.50 to .74 FTE
		Emp Only	\$0.00	\$0.00
		Emp & Spouse	\$5.98	\$29.88
		Emp & Child	\$4.74	\$23.70
		Emp & Children	\$9.56	\$47.79
		Emp & Family	\$14.56	\$72.80

VISION

VSP through Blue Cross of Idaho	VSP Exam: Covered in full every 12 months after \$10 Copay Lenses: Covered in full every 12 months after \$25 Copay Frames: \$130 Allowance every 12 months with Participating VSP Doctor Contacts: (in lieu of glasses) \$130 Allowance very 12 months	Pre-Tax cost Per Paycheck	
		Emp Only	Included in Medical Premium
		Emp & Spouse	
		Emp & Child	
		Emp & Children	
		Emp & Family	

HRA

Peak1	Peak1 Administration *Medical Deductible: Reimbursement from \$500 to \$4,000 at 80% Once you have paid the first \$500 of your medical deductible, the HRA will reimburse at 80% for deductible amounts up to \$4,000.
	Please note: this is a change to the HRA program for 2022-23 plan year

This comparison is for illustrative purposes only and does not represent a contract. See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications

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EMPLOYER PAID LIFE

Joint School District #171 provides **\$20,000** in Group Term Life and AD&D Insurance coverage for each benefit eligible employee, as well as **\$2,000** in coverage for spouse & child(ren).

SUPPLEMENTAL LIFE INSURANCE

Voluntary Supplemental Life insurance is also offered. Rates vary by age.

Voluntary Supplemental Life

Additional Life Coverage:

Employees may purchase up to \$100,000
(not to exceed five times annual salary) with no health questions

Up to \$500k allowed w/approval & health statement

Supplemental Spouse/Dependent Life available

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 & income
Guaranteed issue if enrolled when first eligible for benefits. Otherwise, health history is required

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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/idwna>

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 Joint School District's benefit specialists at **The Murray Group** if you have any questions regarding your benefits: **(208) 765-2620**.