

Employee Benefits

At-a-Glance

2023 - 2024 Plan Year



MEDICAL

Blue Cross of Idaho	Blue Cross PPO Network	Office Visits: \$30 PCP / \$50 Specialist (ChoiceDocs: \$10 PCP / \$30 Specialist)	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		
	Deductible*: \$5,000 Individual \$10,000 Family	Preventive Care Visits: Covered 100%				
	Coinsurance: In-Network 80% (member pays 20% after deductible)	Diagnostic Lab & X-Ray: First \$100 then Deductible + Coinsurance				
	Out of Pocket Max: \$5,500 Per Member \$11,000 Family	Maternity: Deductible + Coinsurance				
		Hospital Services: Deductible + Coinsurance				
		Supplemental Accident Benefit: \$300 combined per insured, per benefit period				
				.75 to 1.0 FTE	.50 to .74 FTE	
				Emp Only	\$0.00	\$0.00
				Emp & Spouse	\$183.07	\$915.37
				Emp & Child	\$83.77	\$418.83
				Emp & Children	\$121.39	\$606.97
				Family	\$238.62	\$1,193.09

DENTAL

Delta Dental	Delta PPO or Premier	Pre-Tax cost Per Paycheck		
	Deductible: \$50 Individual / \$150 Family	.75 to 1.0 FTE	.50 to .74 FTE	
	Individual Benefit Max: \$1,250 PPO Provider / \$1,000 Premier Provider	Emp Only	\$0.00	\$0.00
	Preventive & Diagnostic Services: 100% PPO Provider / 80% Premier Provider	Emp & Spouse	\$5.80	\$28.98
	Basic Services: 80% PPO Provider / 70% Premier Provider	Emp & Child	\$4.60	\$22.99
	Major Services: 50% PPO Provider / 40% Premier Provider	Emp & Children	\$9.27	\$46.36
		Emp & Family	\$14.12	\$70.62

VISION

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

HRA

Peak1	Peak1 Administration
	*Medical Deductible: Reimbursement from \$500 to \$5,000 at 80%
	Once you have paid the first \$500 of your medical deductible, the HRA will reimburse at 80% for deductible amounts up to \$5,000.
	Please note: this is a change to the HRA program for 2023-24 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 if enrolling during initial benefit eligibility. If enrolling late, a completed Evidence of Insurability form is required.

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

COLONIAL SUPPLEMENTAL MEDICAL OPTIONS

The Plans presented below can be purchased by employees on a voluntary basis.

COLONIAL LIFE INSURANCE CO.	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.

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

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**.