

**Snake River School District
2021-2022 Blue Cross premiums:**

	PPO Healthy Measures Plan Rates \$2,000	Economy HSA PPO \$3,000 deduct	Total Amount District Pays*	You pay for Healthy Measures PPO Plan	You pay for Economy HSA PPO	Monthly difference/ HSA Plan vs Healthy Measures Plan	Annual difference/ HSA Plan vs Healthy Measures Plan
Enrollment							
Single	796.45	735.25	700.00	96.45	35.25	61.20	734.40
+ Spouse	1744.90	1610.35	700.00	1044.90	910.35	134.55	1614.60
Employee w/1 child	1225.45	1131.20	700.00	525.45	431.20	94.25	1131.00
Employee w/children	1432.20	1323.05	700.00	732.20	623.05	109.15	1309.80
Family	2030.40	1874.50	700.00	1330.40	1174.50	155.90	1870.80

***District benefit amount is based on full-time (40 hours per week) employment
(benefits for part-time employees will be pro-rated) (34 hours = 85% of benefit)**

2021-2022 Dental premiums:

	Delta Dental rates	Dental Blue Connect rates	District pays	You pay for Delta	You pay for Dental Blue Connect
Enrollment					
Single	42.27	39.90	42.27	0.00	0.00
Employee + Spouse	83.40	98.30	42.27	41.13	56.03
Employee w/child	76.07	98.30	42.27	33.80	56.03
Employee w/children	130.72	152.04	42.27	88.45	109.77
Family	171.67	152.04	42.27	129.40	109.77

Some important points to remember:

- **In order to qualify for the enhanced \$2,000 deductible, you must complete all of the Healthy Measures steps every year.**
- **The Economy option has NO first-dollar health (except the wellness component) or prescription benefits. Those expenses may be paid with tax-exempt contributions you make to a Health Savings Account. Vision and Dental coverage are outside the parameters of the Economy Plan.**
- **Your option choice will remain the same unless you notify the payroll office BEFORE September 1 of any year that you wish to make a change.**
- A pre-tax Section 125 medical expense reimbursement account could help you set aside some of the deductible and co-pay costs. American Fidelity representatives will be in the schools in the fall.
- All references to deductibles, co-payments, and co-insurance are subject to Blue Cross of Idaho's maximum allowable charge or billed charges, whichever is less. Out-of-network benefits are limited to the in-network allowance and hold-harmless provisions do not apply.
- In addition to the benefits outlined briefly above, Blue Cross makes discounted services and products available through **Blue Extras**. Check the Blue Cross website for a list of products and services. Click on Benefits & Coverage then Overview then Blue Extras.
- This is a summary of benefits. Any errors and/or omissions are non-binding. Please refer to the Blue Cross of Idaho master contract for benefit provisions.
- **Generic Pharmacy Initiative:** The pharmacy program targets generic drugs that contain the identical active ingredients as their brand name counterparts. Under this program, your prescription drug benefit will no longer cover the additional cost for certain brand name drugs. Rather, the pharmacist will automatically fill the prescription with the generic drug. Members will still have the option of purchasing the brand name, but will be responsible for the additional cost. The "Generic Equivalent List" will be updated periodically as equivalent generics become available. You may reference Blue Cross of Idaho's web site, www.bcidaho.com, for the most current drug list.
- **Walgreens is not in the Blue Cross pharmacy network.**
- Blue Cross Customer Service: 800-627-1188
Blue Cross Preview: 800-743-1871
Blue Cross Pocatello Office: 208-232-6206
Blue Cross Idaho Falls Office: 208-522-8813
VSP (www.vsp.com) 800-877-7195
- **Websites for benefit information:**
 - Blue Cross of Idaho:** www.bcidaho.com
Register to access "My Health Plan" to check claims status, review benefits and eligibility, track deductible accumulation, find a doctor.
 - Delta Dental of Idaho:** www.deltadentalid.com
To find a dentist
 - American Fidelity:** www.americanfidelity.com/claims
To download forms