

# Jefferson School District #251

BlueCross of Idaho PPO Effective September 1, 2020

(Non Qualified)

	<u>In Network</u>	<u>Out of Network</u>
School District Pool <b>Deductible</b>	\$1000 Ind / \$2000 family***	\$1000 Ind / \$2000 family***
School District Pool <b>Co-Insurance</b>	You Pay 20% School Pays 80%	You Pay 20% School Pays 80%

**\*\*\*Employee must submit all EOB's to GBS of Idaho to receive \$1,000 deductible benefit. Employees must also participate in Healthy Measures Wellness program, and qualify to receive \$500 deductible benefit. Other wise Individual deductible will be \$1,000 and \$2,000 Family\*\*\***

Blue Cross <b>Deductible</b>	Up to: \$3000 Ind/\$6000 Family	Up to: \$3000 Ind/\$6000 Family
BlueCross <b>Coinsurance</b>	You pay 30% Blue Cross pays 70%	You pay 50% Blue Cross pays 50%

<b>Coinsurance Out-Of-Pocket</b> (Not Including Deductible)	Up to: \$1500 In Network * Combination of both out of pockets can be reached	Up to: \$3000 Out of Network
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<b>Major Medical</b> (After Deductible and Coinsurance have been met)	100%	100%
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<b>Physician Office Visit</b>	\$30 / \$60 specialist	N/A
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<b>Prescription Drug</b>	In network pharmacy -You pay \$10 Preferred generic, or \$20 Non-Preferred Generic. Then \$250 Deductible / \$30 Preferred brand name, or \$50 Non Preferred brand name. Specialty Preferred 20%, or Specialty Non-Preferred 30%. Total Annual Out of Pocket is \$2,000	
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<b>Maternity</b>	You pay 20%/30% A.D.	You pay 40% after deductible
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<b>Immunizations</b> (Does Not Include Office Visit)	covered 100% For covered immunizations	covered 100%
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<b>Inpatient Rehab.</b>	You pay 20% / 30% A.D.	Not Covered
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<b>Outpatient Speech, Physical, or Occupational Therapy</b> (20 visit combined max per insured)	You pay 20% / 30% A.D.	Not Covered
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<b>Chiropractic Care</b> (\$800 max per insured)	You pay 20% / 30% A.D.	You pay 50% A.D.
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<b>Mental Health</b> (Psychotherapy Services)	\$30 / \$60 Copay	You pay 40% A.D.
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<b>Wellness / Preventative</b>	100% up to policy limits for covered services	You pay 40% A.D.
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Preauthorization, Claims, Network Provider information 1-800-627-1006 / www.bcidaho.com  
For buydown questions or any additional information contact GBS of Idaho 529-3541  
**Open Enrollment is August 1st to August 30th for a September 1st effective date.**  
**PLEASE SEE GROUP CONTRACT FOR FULL BENEFIT INFORMATION. Benefits can have restrictions and/or limitations. Group Contract Supersede's this summary**  
EOB's are explanation of benefits that you receive from Blue Cross