

Minidoka School District

Blue Cross Options #2

September 1, 2016

	<i>High Preferred PPO</i>	<i>Middle Preferred PPO</i>	<i>Low Economy HSA</i>	<i>High Preferred PPO</i>	<i>Middle Preferred PPO</i>	<i>Low Economy HSA</i>
Deductible:						
Individual	\$1,500	\$3,000	\$5,000	\$2,000	\$3,000	\$3,000
Family	\$3,000	\$6,000	\$10,000	\$4,000	\$6,000	\$6,000
Physician Co-pay:	\$30	\$30	N/A	\$30	\$30	N/A
Physician Co-pay (Specialist):	\$30	\$30	N/A	\$30	\$60	N/A
Coinsurance:						
In Network	80/20%	80/20%	100%	80/20%	70/30%	70/30%
Out of Network	60/40%	60/40%	100%	60/40%	50/50%	50/50%
Out of Pocket Maximum:						
In Network	\$3,000	\$5,500	\$5,000	\$5,000	\$5,500	\$5,800
Out of Network	\$4,500	\$8,000	\$5,000	\$7,000	\$8,000	\$11,600
Emergency Room Co-pay	\$100	\$100	\$100	\$100	\$100	\$100
Drug Card Co-pay:	\$15/\$30/\$45	\$15/\$30/\$45	Subj to Ded/Coin	\$10/\$30/\$50	\$10/\$30/\$50	Subj to Ded/Coin
Drug card Deductible	N/A	N/A	N/A	\$250	\$250	Subj to Ded/Coin
Drug Card Maximum:	\$3,000	\$1,000	Subj to Med OOP	\$1,000	\$1,000	Subj to Med OOP
Employee	\$571.50	\$517.05	\$485.85	\$530.25	\$484.75	\$467.35
Employee+Spouse	\$1,258.65	\$1,138.95	\$1,069.45	\$1,167.50	\$1,067.00	\$1,028.45
Employee+Child	\$968.90	\$876.75	\$823.40	\$898.80	\$821.50	\$791.85
Employee+Children	\$968.90	\$876.75	\$823.40	\$898.80	\$821.50	\$791.85
Employee+Family	\$1,452.25	\$1,314.20	\$1,233.90	\$1,347.05	\$1,231.05	\$1,186.60
Percent Increase	4.10%	16.80%	20.90%	-3.40%	9.40%	16.30%

This comparison does not contain all benefits nor exclusions. It is merely a comparison of most commonly considered benefits.

Minidoka School District

Select Health*

Revised Options

September 1, 2016

	<i>High Signature</i>	<i>Middle Signature</i>	<i>Low HealthSave</i>
Deductible:			
Individual (In/Out of Network)	\$1,500/\$3,000	\$3,500/\$7,000	\$4,000/\$4,250
Family (In/Out of Network)	\$3,000/\$6,000	\$7,000/\$14,000	\$8,000/\$8,500
Physician Co-pay:	\$30	\$35	N/A
Physician Co-pay (Specialist):	\$45	\$50	N/A
Coinsurance:			
In Network	80/20%	80/20%	100%
Out of Network	60/40%	60/40%	100%
Out of Pocket Maximum:			
In Network	\$4,000/\$8,000	\$6,000/\$12,000	\$4,000/\$5,500
Out of Network	\$8,000/\$16,000	\$12,000/\$24,000	\$8,000/\$11,000
Emergency Room Co-pay	\$200 after Ded.	\$200 after Ded.	N/A
Drug Card Co-pay:	\$15/\$30/\$50/\$100	\$15/\$30/\$50/\$100	Shared w/ Med
Drug Card Maximum:	N/A	N/A	Shared w/ Med

Employee	\$577.70	\$474.00	\$465.90
Employee+Spouse	\$1,273.10	\$1,047.50	\$1,026.70
Employee+Child	\$982.70	\$805.70	\$792.50
Employee+Children	\$982.70	\$805.70	\$792.50
Employee+Family	\$1,475.20	\$1,209.10	\$1,189.70
	5.20%	7.00%	15.90%

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*Rates are for a 9/1/2016 effective date