Blue Cross Medical Insurance Plan Outlines 2021-2022
H.S.A. PPO PLAN OPTION

Idaho Falls School District 91 Benefit Highlights		
Medical Benefits	***In-Network***	***Out-of Network***
Individual & Family Aggregate Deductible	$6,800 individual & $13,600 Family Aggregate	
Coinsurance	100%	100%
Out-of-Pocket – Excludes deductible. (Excludes dental services, charges in excess of the maximum allowance and non-covered services.)	None-After $6800 Deductible has been met.	None-After $6800 Deductible has been met. Balance Billing may Apply.
Preventative Immunizations	100%	100%
Physician Office Visit – Primary Care (See Dual Option Co-Pay)	100% after deductible	100% after deductible
Physician Office Visit – Specialist (See Dual Option Co-Pay)	100% after deductible	100% after deductible
Maternity	100% after deductible	100% after deductible
Physician Services (Hospital, surgery, anesthesia, etc.)	100% after deductible	100% after deductible
Hospital Services (Inpatient, outpatient, diagnostic, etc.)	100% after deductible	100% after deductible
Laboratory/x-ray	100% after deductible	100% after deductible
Ambulance	100% after deductible	100% after deductible
Inpatient Physical Rehabilitation	100% after deductible	100% after deductible
Chiropractic Care (Up to $800 per insured per calendar year)	100 % after deductible	100 % after deductible
Mental Health Outpatient Psychotherapy Services Mental Health Psychiatric Services	 100% after deductible 100% after deductible	 100% after deductible 100% after deductible
Prescription Drugs Retail (30 day supply) Generic Brand Name Mail Order (30 day supply) Generic Formulary Non-formulary You pay nothing for Preventive Prescription Drugs as specifically listed on the BCI Web site, www.bcidaho.com. (Deductible does not apply)	100% after the deductible	100% after the deductible
Annual Benefit Limit	Unlimited as of 9/1/2012	
Dependent Care Coverage –Dependent Care Coverage also includes maternity. Please keep in mind the birth child of dependent will not be covered under contract once birth has taken place. (Up to age 26, regardless of marital, financial or education status)		
Preventive Care Benefits (see included list of covered services)	100%	100%
Contraceptives Generic prescription drugs Name Brand prescription drugs Certain contraceptive devices	 100% Covered but co-pays apply 100%	
Breast Feeding Support and Supplies	100%	Not covered
Smoking Cessation Drugs	Covered but co-pays apply	