Blue Cross Medical Insurance Plan Outlines 2021-2022
MVN CCO PLAN OPTION

Idaho Falls School District 91 Benefit Highlights- TRADITIONAL PPO PLAN OPTION		
Medical Benefits	***In-Network***	***Out-of Network***
Individual & Family Aggregate Deductible	$3,000 individual & $6,000 Family Aggregate	
Coinsurance	70%	50%
Out-of-Pocket – Excludes deductible. (Excludes drugs, dental services, charges in excess of the maximum allowance and non-covered services.)	$1,500	$3,000
Immunizations	100%	100%
Physician Office Visit – Primary Care (See Dual Option Co-Pay)	$30 co-payment	50% after deductible
Physician Office Visit – Specialist (See Dual Option Co-Pay)	$60 co-payment	50% after deductible
Maternity	70% after deductible	50% after deductible
Physician Services (Hospital, surgery, anesthesia, etc.)	70% after deductible	50% after deductible
Hospital Services (Inpatient, outpatient, diagnostic, etc.)	70% after deductible	50% after deductible
Laboratory/x-ray **	70% after deductible	50% after deductible
Ambulance	70% after deductible	50% after deductible
Inpatient Physical Rehabilitation	70% after deductible	No benefits
Chiropractic Care (Up to $800 per insured per calendar year)	70 % after deductible	50% after deductible
Mental Health Outpatient Psychotherapy Services Mental Health Psychiatric Services	 $30 co-pay 70 % after deductible	 50% after deductible 50% after deductible
Prescription Drugs Retail (30 day supply) Generic Brand Name Mail Order (30 day supply) Generic Formulary Non-formulary	 50% of the cost 50% of the cost $15 co-pay $30 co-pay $45 co-pay	Same as in-network PLUS amounts over allowance. No benefits
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%	50%
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-insurance applies	

The summary describes the general features of this program; it is not a contract. All provisions of the Group Master Policy apply to this program.