

**Blue Cross Medical Insurance Plan Outlines 2021-2022
TRADITIONAL PPO PLAN OPTION**

Idaho Falls School District 91 Benefit Highlights- TRADITIONAL PPO PLAN OPTION		
<i>Medical Benefits</i>	<i>In-Network</i>	<i>Out-of Network</i>
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)	\$10/\$30 co-payment	50% after deductible
Physician Office Visit – Specialist (See Dual Option Co-Pay)	\$30/\$50 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
Annual Benefit Limit	Unlimited as of 9/1/2012	
Idaho Falls School District 91 Benefit Highlights (continued)		
<i>Medical Benefits</i>	<i>In-Network</i>	<i>Out-of Network</i>
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	

Out-of-Network Services include services from a provider not contracting with Blue Cross Preferred Blue PPO. You will be responsible for payment of the annual deductible and your designated percentage of the balance. **If you choose a non-contracting or out-of-state provider, you may also be responsible for payment of any charges exceeding the Blue Cross' pre-established maximum allowance. Many out-of-state providers are PPO providers. Call 1-800-810-2583 or visit the Blue Cross website at www.bcidaho.com to find the PPO providers in your area.**

**For In-Network Services, Outpatient Diagnostic Covered Services (x-rays, lab tests, etc.) shall be paid at 100% of the Maximum Allowance up to \$100 per insured per calendar year; thereafter services are subject to deductible and coinsurance. Out-of-Network Services are subject to deductible and coinsurance.

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.

Dual Option Co-Pay Listing for the Traditional PPO Plan

Primary Care Providers		Specialist Providers	
• Emergency Medicine	• Maternal and Fetal Medicine	• Allergy	• Neonatology
• Family Practice	• OB Gynecology	• Anatomic Pathology	• Nephrology
• Family Practice Geriatric Medicine	• Occupational Medicine	• Anesthesiology	• Neurology
• Family Practice Sports Medicine	• Pediatrics	• Cardiovascular Disease	• Oncology
• General Practice	• Pediatric Emergency Medicine	• Child Psychiatry	• Orthopedic
• Geriatrics	• Preventative Medicine	• Dermatology	• Pathology Podiatry
• Gynecology	• Public Health & Preventive Medicine	• Ear, Nose and Throat	• Psychiatry
• Internal Medicine	• Urgent Care Center	• Gastroenterology	• Pulmonary Radiology
• Manipulative Therapy (DO)		• Hematology	• Urology

*Please note that if you see a Primary Care Physician that also practices as specialist provider you will be charged the higher co-pay. Also, if you utilize an Urgent Care Facility that has a Specialist on call at the time of visit, the Specialist Co-pay will apply.