

IDAHO FALLS SCHOOL DISTRICT #91

2020 Medical Renewal -Blue Cross Triple Option

*All Benefits Assume In-Network Providers

	Blue Cross PPO Current Option I	Blue Cross CCO New Plan Option II	Blue Cross H.S.A New Plan Option III
Deductible	\$3,000	\$3,000	\$6,800
Deductible max	2 per family	2 per family	2 per family
Coinsurance	70%	70%	100%
Total Out of Pocket (Includes Deductible)	\$4500 Ind./\$9,000 Family	\$4500 Ind./\$9,000 Family	\$6800 Ind./ \$13,600 Family
General Dr. Co-Pay	\$10 Choice Dr./\$30 Non Choice	\$30	100% After Deductible
Specialist Co-Pay	\$30 Choice Dr./\$50 Non Choice	\$60	100% After Deductible
Preventive Care	100%	100%	100%
Prescription Retail	50%	50%	100% After Ded.
Prescription Mail Order	\$15/\$30/\$45	\$15/\$30/\$45	100% After Ded.
RX OOP	Separate \$2000	Separate \$2000	Medical Deductible
DXL	First \$100 Covered at 100%	First \$100 Covered at 100%	100% After Ded.
Preventive RX	RX Co pays	RX Co pays	100% Preventive Listing
Medical			
Enrollee	\$51.50	\$2.65	\$91.90 H.S.A. Contribution
Ee / Spouse	\$890.00	\$782.60	\$575.05
Ee/Child	\$430.35	\$355.10	\$211.25
Ee/Children	\$604.55	\$517.10	\$348.29
Family	\$1,133.85	\$1,009.35	\$767.95

This is a brief description of benefits for comparison purposes. Blue Cross Contract Supersedes this Summary.

