

Moscow School District
Benefit Summary
Effective January 2017

<i>Medical Benefits</i>	Plan 1	Plan 2	Plan 3	Plan 4		
Product	Innova	Engage	Innova	Innova		
Individual Deductible	\$300	\$0	\$1,000	\$2,500		
Family Deductible	\$600	\$0	\$2,000	\$5,000		
Individual Maximum out of Pocket (includes deductible)	\$1,800	\$6,350	\$3,500	\$5,000		
Coinsurance	80 / 60 / 60	50 / 50 / 50	80 / 60 / 60	75 / 55 / 55		
Office Visits Copayments	\$20 / \$35	N/A	\$25 / \$40	\$35 / \$55		
Office Visits Limits	Unlimited office visits Subject to office visit copayment	Unlimited office visits Subject to Deductible / Coinsurance	Unlimited office visits Subject to office visit copayment	Unlimited office visits Subject to office visit copayment		
Skilled Nursing Facility	60 days	60 days	60 days	60 days		
Durable Medical Equipment	Unlimited	Unlimited	Unlimited	Unlimited		
Emergency Room Copay	\$75	\$75	\$75	\$150		
Lab & Radiology	1st \$600 paid at 100% then subject to Deductible & Coinsurance	Subject to Coinsurance	1st \$600 paid at 100% then subject to Deductible & Coinsurance	Subject to Deductible / Coinsurance		
Preventive Care (after Lab & Radiology)	100%	N/A	100%	100%		
Colonoscopy & Mammagraphy	100%	100%	100%	100%		
Mental Health	Standard Coinsurance	Standard Coinsurance	Standard Coinsurance	Standard Coinsurance		
Neurodevelopmental Therapy	28 Out-Patient Visits Unlimited In-Patient	28 Out-Patient Visits Unlimited In-Patient	28 Out-Patient Visits Unlimited In-Patient	28 Out-Patient Visits Unlimited In-Patient		
Orthotics	Unlimited	Unlimited	Unlimited	Unlimited		
Prosthesis	Unlimited	Unlimited	Unlimited	Unlimited		
Rehabilitation - Inpatient	42 Visits	42 Visits	42 Visits	42 Visits		
Rehabilitation -Outpatient	30 Visits	30 Visits	30 Visits	30 Visits		
TMJ	Unlimited	Unlimited	Unlimited	Unlimited		
Transplants	Unlimited	Unlimited	Unlimited	Unlimited		
Rx Deductible	\$0 Brand Deductible	\$0 Brand Deductible	\$0 Brand Deductible	\$100 Brand Deductible		
Rx Copay	\$10 / \$30 / \$50	\$10 / \$30 / \$60	\$10 / \$30 / \$50	\$10 / \$30 / \$50 / \$100 Specialty Rx		
Rx Mac	MAC B	MAC B	MAC B	MAC A		
Massage/Chiropractic/Accupunture (Prior Authorized on Plan 4 & 5)	12 Visits	12 Visits	12 Visits	12 Visits		
EAP	1 - 4	1 - 4	1 - 4	1 - 4		
Chemical Dependency / Mental Health	\$20 Copay	Standard Coinsurance	\$25 copay	\$25 copay		
Special Beginnings (Maternity Mgmt)	Included	Included	Included	Included		
Care Enhance (24 hr nurse line)	Included	Included	Included	Included		
Health Coaching (no charge included for Innova)	Included	Included	Included	Included		
Annual Maximum	Unlimited	Unlimited	Unlimited	Unlimited		
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited		
Vision Exam	Yes	Yes	Yes	Yes		
<i>Dental Benefits</i>	Delta of Idaho Dental Plan		Delta of Idaho Dental Plan		Delta of Idaho Dental Plan	
Delta Dental of Idaho	N/A		N/A		N/A	
Annual Deductible	\$25 Individual / \$75 Family		\$25 Individual / \$75 Family		\$25 Individual / \$75 Family	
	PPO	Premier	PPO	Premier	PPO	Premier
Preventive	100%	80%	100%	80%	100%	80%
Basic	80%	70%	80%	70%	80%	70%
Major	50%	50%	50%	50%	50%	50%
Annual Benefit Maximum	\$1250	\$1000	\$1250	\$1000	\$1250	\$1000
Rollover Amount	\$3050	\$2500	\$3050	\$2500	\$3050	\$2500
	Willamette Dental		Willamette Dental		Willamette Dental	
Annual Deductible	No Deductible		No Deductible		No Deductible	
Office Visit Copay	\$10 Per Visit		\$10 Per Visit		\$10 Per Visit	
Crowns & Bridges	\$175 Copay		\$175 Copay		\$175 Copay	
Dentures	250 (Upper or Lower)		250 (Upper or Lower)		250 (Upper or Lower)	
Root Canals	\$75/\$100/\$125		\$75/\$100/\$125		\$75/\$100/\$125	
Orthodontics (Adult & Children)	\$1800 Per Plan		\$1800 Per Plan		\$1800 Per Plan	
Maximums & Waiting Periods	No Waiting Periods or Annual Max		No Waiting Periods or Annual Max		No Waiting Periods or Annual Max	
<i>Monthly Premiums</i>	<i>Effective January 1, 2017</i>					
<i>Effective Rate Increase</i>	9.40%	9.85%	9.34%	9.27%		
Employee	\$819.15	\$413.60	\$728.05	\$634.05		
Spouse	\$652.32	\$422.00	\$579.82	\$505.02		
One Child	\$258.09	\$123.90	\$230.59	\$201.69		
2 Children	\$516.82	\$247.80	\$461.82	\$404.02		
3+ Children	\$754.82	\$371.70	\$672.32	\$585.62		