

Moscow School District
Benefit Summary
2018

Regence Blue Shield of ID Effective Rate Increase 1.2%

Medical Benefits	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 & Mammography	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/Acupuncture (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 VSP Direct	VSP \$10 Copay	VSP \$10 Copay	VSP \$10 Copay	VSP \$10 Copay

Delta Dental of Idaho & Willamette Dental Effective Rate Increase 0%

Delta Dental of Idaho	Dental Plan		Dental Plan		Dental Plan	
	\$25 Individual / \$75 Family	PPO Premier	\$25 Individual / \$75 Family	PPO Premier	\$25 Individual / \$75 Family	PPO Premier
Annual Deductible						
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		Willamette Dental	
Annual Deductible	No Deductible		No Deductible		No Deductible	
Office Visit Copay	\$15 Per Visit		\$15 Per Visit		\$15 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	

2018 Renewal Rates

Combined Medical / Dental / Vision

Effective January 1, 2018

Effective Rate Increase 1.5%

Employee	\$830.96	\$420.91	\$738.76	\$643.66
Employee & Spouse	\$1,492.16	\$849.39	\$1,326.56	\$1,155.76
Employee & 1 Child	\$1,093.33	\$547.69	\$973.33	\$848.93
Employee & 2 Children	\$1,355.04	\$673.17	\$1,207.24	\$1,053.54
Employee & 3+ Children	\$1,595.94	\$798.57	\$1,420.34	\$1,237.34
Employee, Spouse & 1 Child	\$1,755.54	\$977.18	\$1,562.14	\$1,362.04
Employee, Spouse & 2 Children	\$2,017.17	\$1,102.58	\$1,795.97	\$1,566.57
Employee, Spouse & 3+ Children	\$2,258.07	\$1,227.98	\$2,009.07	\$1,750.37