



Medical

Blue Cross of Idaho
Preferred Blue PPO

Preferred Blue®PPO

Benefit Highlight Sheet: Jefferson School District 251	Preferred Blue for Idaho School Benefit Trust	
	In-Network	Out-of-Network
Effective Date: 9/1/2021		
Benefit Period* Deductible (Individual/Family)	\$3,000/\$6,000	
Cost Sharing	You pay 30% of the allowed amount	You pay 50% of the allowed amount
Individual Out-of-Pocket Limit (See Plan for services that do not apply to the limit.) (Includes applicable Deductible, Cost Sharing and Copayments)	\$4,500	\$6,000
Family Out-of-Pocket Limit (See Plan for services that do not apply to the limit.) (Includes applicable Deductible, Cost Sharing and Copayments)	\$9,000	\$12,000
Copayment (Applies to In-Network only. Other services rendered during an office visit will be subject to Deductible and Cost Sharing.)	ChoiceDocs** In-Network Providers	All other In-Network Providers
	You pay \$10 Copayment per visit for Primary Care Provider You pay \$30 Copayment per visit for Specialist Provider (Non-Primary Care Provider)	You pay \$30 Copayment per visit for Primary Care Provider You pay \$50 Copayment per visit for Specialist Provider (Non-Primary Care Provider)
		Not applicable
COVERED SERVICES By choosing a non-contracting provider you may be responsible for the difference between what Blue Cross allows and what the non-contracting provider charges. This is called balance-billing. Some services may require prior authorization.	In-Network	Out-of-Network
	What you pay	
Allergy Injections	\$5 Copayment (if this is the only service provided during the visit)	Deductible and Cost Sharing
Ambulance Transportation Services	Deductible and Cost Sharing	
Breastfeeding Support and Supply Services (Limited to one (1) breast pump purchase per benefit period, per Participant)	No charge	
Chiropractic Care (Limited to 18 visits combined per Participant, per benefit period)	Deductible and Cost Sharing	
Dental Services Related to Accidental Injury	Deductible and Cost Sharing	
Diabetes Self-Management Education Services (Only for accredited providers approved by BCI.)	Primary Care Provider** Copayment	
Diagnostic Services (Including diagnostic mammograms)	No charge up to \$100, then Deductible and Cost Sharing	

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	What you pay	
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances	Deductible and Cost Sharing	Deductible and Cost Sharing
Emergency Services – Facility Services (Copayment waived if admitted) (Additional services, such as laboratory, x-ray, and other Diagnostic Services are subject to applicable Deductible, Cost Sharing and/or Copayment.) (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Cost Sharing	\$100 Copayment for hospital Outpatient emergency room visit, then Deductible and Cost Sharing
Emergency Services – Professional Services (BCI will provide in-network benefits for treatment of Emergency Medical Conditions. Participant may be balance-billed for these services.)	Deductible and Cost Sharing	Deductible and Cost Sharing
Home Health Skilled Nursing		
Home Intravenous Therapy	Deductible and Cost Sharing	80% Cost Sharing after Deductible
Hospice Services	No charge	
Hospital Services (Inpatient and outpatient services at a licensed general hospital or ambulatory surgical facility.)	Deductible and Cost Sharing	
Rehabilitation or Habilitation Services		
Maternity Services and/or Involuntary Complications of Pregnancy		
Outpatient Applied Behavioral Analysis (as part of an approved treatment plan) (No charge for Participants under the age of eighteen (18).)	Primary Care Provider** Copayment	
Mental Health– Inpatient (Facility and Professional Services)	Deductible and Cost Sharing	
Mental Health– Outpatient	Psychotherapy Services (No charge for Participants under the age of eighteen (18).)	Primary Care Provider** Copayment
	Facility and other Professional Services	
Morbid Obesity (\$5,000 combined lifetime benefit limit, per Participant)		
Outpatient Cardiac Rehabilitation Services (Limited to 36 visits per Participant, per benefit period.)		
Outpatient Habilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 20 visits combined per Participant, per benefit period.)	Deductible and Cost Sharing	Deductible and Cost Sharing
Outpatient Rehabilitation Therapy Services (Includes physical, speech and occupational therapies. Limited to 20 visits combined per Participant, per benefit period.)		
Palliative Care Services	No charge	
Physician Office Visit (Other services rendered during a physician office visit will be subject to Deductible and Cost Sharing)	Primary Care Provider Copayment/Non-Primary Care Provider Copayment	
Pediatric Physician Office Visit (For Participants under the age of eighteen (18).)		
Prescribed Contraceptive Services (Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.)	No charge	
Post-Mastectomy/Lumpectomy Reconstructive Surgery		
Skilled Nursing Facility (Limited to 30 days combined per Participant, per benefit period.)	Deductible and Cost Sharing	

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	What you pay	
Surgical/Medical (Professional Services)	Deductible and Cost Sharing	Deductible and Cost Sharing
Therapy Services (Including chemotherapy, growth hormone therapy, radiation and renal dialysis.)		
Transplant Services		
Preventive Care Benefits (See plan for specifically listed services)	No charge for services specifically listed For services not specifically listed Deductible and Cost Sharing	Deductible and Cost Sharing
Immunizations (See Plan for specifically listed immunizations)	No charge for listed immunizations	
Telehealth Services provided by MDLIVE (Non-emergency services provided for Medical Consultation, Psychotherapy Treatment, Outpatient Medication Management and Psychiatric Evaluation/Medical Service covered services)	No charge To request a visit, call 1-888-920-2975 or visit the website at www.mdlive.com/bcidaho	
Telehealth Virtual Care Services (Providers other than MDLIVE)	Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services – see appropriate Covered Services section.	
Treatment for Autism Spectrum Disorder (Services identified as part of the approved treatment plan)	Covered the same as any other illness, depending on the services rendered, see appropriate Covered Services section. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses.	

*The specified period of time during which charges for covered services must be incurred in order to accumulate toward annual benefit limits, deductible amounts and out-of-pocket limits.

**Participant may be eligible to receive lower copayment amounts when selecting a ChoiceDocs Primary Care Provider.

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Benefit Highlight Sheet: Jefferson School District 251 Effective Date: 9/1/2021	
Prescription Benefits for Idaho School Benefit Trust	
<i>Each non Specialty Prescription Drug shall not exceed a 90-day supply at one (1) time Specialty Prescription Drugs shall not exceed a 30-day supply at one (1) time (one Copayment for each 30-day supply)</i>	
Retail and Mail Order	What you pay
Preferred Generic Prescription Drugs	\$10 Copayment – No Deductible required
Non-Preferred Generic Prescription Drugs	\$20 Copayment – No Deductible required
\$250 Deductible for Preferred Brand Name Drugs, Non-Preferred Brand Name Drugs, Preferred Specialty Drugs, Generic Specialty Drugs and Non-Preferred Specialty Drugs	
Preferred Brand Name Prescription Drugs	\$30 Copayment after Deductible
Non-Preferred Brand Name Prescription Drugs	\$50 Copayment after Deductible
Preferred Specialty and Generic Specialty Prescription Drugs	20% Cost Sharing after Deductible
Non-Preferred Specialty Prescription Drugs	30% Cost Sharing after Deductible
ACA Preventive Prescription Drugs	No charge for ACA Preventive Prescription Drugs as specifically listed on the BCI Formulary on the BCI Web site, www.bcidaho.com . (Deductible does not apply)
Prescribed Contraceptives	No charge for Women's Preventive Prescription Drugs and devices as specifically listed on the BCI Formulary on the BCI Web site, www.bcidaho.com ; Deductible does not apply. The day supply allowed shall not exceed a 90-day supply at one (1) time, as applicable to the specific contraceptive drug or supply.
Out-of-Pocket Limit	<p>Individual: \$2,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p>Family: Combination of \$4,000 in Copayments and/or Cost Sharing per Benefit Period for a combination of all Prescription Drug charges incurred.</p> <p><i>When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period.</i></p>

Certain Prescription Drugs have generic equivalents. If the Participant requests a Brand Name Drug, the Participant is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

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WE BELIEVE OUR MEMBERS SHOULD HAVE ACCESS TO MORE AFFORDABLE HEALTHCARE FOR THEIR CHILDREN. ONE OF OUR NEWEST BENEFITS AIMS TO DO JUST THAT.

Many of our members can pay no out-of-pocket copay when they take their covered dependent children to the doctor.¹

What's covered:

- Visits to both primary care providers (PCPs) – such as family care providers, pediatricians, nurse practitioners or physician assistants – and specialists
- Visits to urgent care clinics
- Visits for covered dependent children age 17 and younger
- Visits to mental health providers, such as therapists, counselors and psychiatrists
- Many preventive screenings and vaccinations that take place during office visits

Note: *This benefit is not available to all members. Please check your plan documents to make sure you have this benefit. You can find your contract by logging in to your account at members.bcidaho.com. You can also confirm by calling the Blue Cross of Idaho Customer Service Department at the number on the back of your member ID card.*

¹*Excludes emergency room visits and laboratory, X-ray and other diagnostic services.*