



Fiscal Year 2018-2019 Benefits



Medical Blue Cross of Idaho PPO

Group #10033329

Enhanced Plan	\$1000 Individual Deductible/\$3000 Family Deductible	
Standard Plan	\$2000 Individual Deductible/\$6000 Family Deductible	
Employee must meet health requirements under the Healthy Measures program to qualify for Enhanced Plan or will automatically default to the Standard Plan		
Coinsurance	In Network 50% After Deductible	Out of Network 30% After Deductible
Coinsurance Out of Pocket	\$500 not Including Deductibles	\$1000 not Including Deductibles
Maximum Out of Pocket Individual	\$1,500	\$2,000
Maximum Out of Pocket Family	\$4,500	\$6,000
<i>Note: Both out of pocket maximums for In and Out of Network are possible as well as a combination of both the In and Out of Network maximums</i>		
Physician Office Visit	\$30 copay	30% After Deductible
Emergency Room	\$500 copay unless admitted as inpatient	\$500 copay unless admitted as inpatient
Allergy Injections	\$5 copay per injection	30% After Deductible
Accident Benefit	\$500 per insured per benefit period	30% After Deductible
Smoking Cessation	Generic \$15/Name Brand \$30 Formulary and \$50 Non-Formulary for 30-day supply up to 180 day supply lifetime max per insured	Generic \$15/Name Brand \$30/\$50 for 30-day supply up to 180 day supply lifetime max per insured
Chiropractic	50% after deductible up to a combined total of \$800 per insured per benefit period	50% after deductible up to a combined total of \$800 per insured per benefit period
Rx (Prescription Drug Benefit) Rx Bin# 610053	30 Day Supply In Network Pharmacist Generic \$15/Name Brand \$30 Formulary and \$50 Non-Formulary choosing Name Brand over Generic equivalent \$30/\$50 plus cost difference of Generic Non Network Pharmacist Generic \$15 plus 50% of the balance Brand \$30/\$50 plus 50% of the balance Diabetic insulin syringes needles, test strips and lancets are covered under the Rx benefit as well as Oral Contraceptives including Ortho Evra patch and Nuva Ring.	
Generic Drugs for Prescribed Contraceptives	BCI pays 100% for prescribed Oral Contraceptive Generic Prescription Drugs and Diaphragms only. Oral Contraceptive Generic Prescription Drugs are subject to the applicable dispensing limitations. (Other covered prescribed hormonal contraceptives including oral, patches and rings are subject to the applicable Prescription Drug Deductible and/or copayment or coinsurance amounts and applicable dispensing limitations.)	
Wellness Preventative Care	Annual adult physical examinations; Routine or scheduled well-baby and well-child examinations, including vision and developmental screenings; Dental fluoride application for participants age 5 and younger; Bone density; Chemistry panels; Cholesterol screening; Colorectal cancer screening (colonoscopy, sigmoidoscopy, fecal occult blood test); Complete Blood Count (CBC); Diabetes screening; Pap test; PSA test; Rubella screening; Screening EKG; Screening mammogram; Thyroid Stimulating Hormone (TSH); Transmittable diseases screening (Chlamydia, Gonorrhea, Human Immunodeficiency Virus (HIV). Human papillomavirus (HPV), Syphilis, Tuberculosis (TB)); Hepatitis B virus screening; Sexually transmitted infections assessment; HIV assessment; Screening and assessment for interpersonal and domestic violence; Urinalysis (UA); Aortic aneurysm ultrasound; Alcohol misuse assessment; Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer; Newborn metabolic screening (PKU, Thyroxine, Sickle Cell); Health risk assessment for depression; Newborn hearing test; Lipid disorder screening; Smoking cessation counseling visit; Dietary counseling (limited to 3 visits per participant, per benefit period); Behavioral counseling for participants who are overweight or obese; Preventive lead screening; Lung cancer screening for participants age 55 and older; Hepatitis C virus infection screening.	
Immunizations	1st dollar coverage on following immunizations: Acellular Pertussis, Diphtheria, Hemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human papillomavirus (HPV) and Zoster. Keep in mind some immunizations are age and gender specific. <i>Travel Immunizations are not covered</i>	

H.S.A.		
H.S.A. Plan	\$2700 Individual Deductible/\$5400 Family Deductible	
	In Network	Out of Network
Coinsurance	80% After Deductible	60% After Deductible
Coinsurance Out of Pocket	\$1300 not Including Deductibles	\$2000 not Including Deductibles
Maximum Individual Out of Pocket	\$4,000	\$4,700
Maximum Family Out of Pocket	\$8000 (2 per Family)	\$9400 (2 per Family)
<i>Note: Both out of pocket maximums for In and Out of Network are possible as well as a combination of both the In and Out of Network maximums</i>		
Emergency Room	\$500 copay unless admitted as inpatient	\$500 copay unless admitted as inpatient
Chiropractic	80% after deductible up to a combined total of \$800 per insured per benefit period	60% after deductible up to a combined total of \$800 per insured per benefit period
Rx (Prescription Drug Benefit) Rx Bin# 610053	Preventative Drug List 100% coverage no copay or coinsurance. Other drugs deductible and coinsurance.	
Generic Drugs for Prescribed Contraceptives	BCI pays 100% for prescribed Oral Contraceptive Generic Prescription Drugs and Diaphragms only. Oral Contraceptive Generic Prescription Drugs are subject to the applicable dispensing limitations. (Other covered prescribed hormonal contraceptives including oral, patches and rings are subject to the applicable Prescription Drug Deductible and/or copayment or coinsurance amounts and applicable dispensing limitations.)	
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Vision	Blue Cross of Idaho	VSP - Vision Service Plan
	Eye Examination:	
Office Visit Copay		\$10
Frames and Lenses: Reimbursement for frames and lenses is limited to one benefit each calendar year limited to one		
Frames Copay		\$25
Lenses (each):		
Single vision		Included in Frame Copay
Bi-focal (lined)		Included in Frame Copay
Tri-focal (lined)		Included in Frame Copay
Contact Lens		
(in lieu of glasses)		\$130 allowance
Bi-focal vision contact lens		
Note: Carrier is now VSP and the website to find a list of covered providers visit www.vsp.com		

Delta Dental		Group #0296
Network	PPO	Premier
Class I Preventive Benefits		
Diagnostic and Preventative Services	100%	80%
\$50 Deductible for Class II and Class III Services - 3 per family max		
Class II Basic Benefits		
Oral Surgery	80%	70%
Endodontic Services	80%	70%
Periodontic Services	80%	70%
Minor Restorative Services	80%	70%
Class III Major Benefits		
Major Restorative	50%	40%
Prosthodontic Services	50%	40%
Max Benefits	\$1,250	\$1,000
Maximum Rollover	\$3,050	\$2,500
Annual Threshold Amount	\$600	\$500
Annual Rollover Amount	\$300	\$250

Dental Blue Connect through Willamette Dental	
HMO Style Plan with Orthodontia	
Facility Location:	Willamette Dental Group 2860 Valencia Drive Idaho Falls, ID
Copayments	
Office Visit (Including Preventive)	\$15
Fillings	\$10
Porcelain/Metal Crown	\$200
Upper or Lower Denture	\$300
Bridge (per Tooth)	\$200
Root Canal Anterior	\$75
Root Canal Bicuspid	\$100
Root Canal Molar	\$150
Routine Extraction	\$10
Surgical Extraction	\$75
Pre-Orthodontia Treatment	\$150
Comprehensive Orthodontia	\$2,000
Nitrous Oxide	\$40
Specialty Office Visit	\$30
Out of Area Emergency Care	You pay charges in excess of \$100

**This is a summary of benefits only and provides a brief and incomplete description of your health care plan. The above mentioned summary is not a guarantee of payment and does not supersede the contract. Many benefits listed in the presentation have limits. For a complete description and explanation of benefits, limitations, exclusions, and general provisions please refer to your entire benefit booklet.*

Contact Information		
American Insurance Service / GBS Benefits		cs@amerins-serv.com
Fax (208) 529-4698	Local (208) 529-3541	Toll Free (877) 878-3541
Blue Cross	Customer Service (800) 627-1188	Pre Authorization (800) 743-1871
	Pharmacy (855) 839-5205	www.bcidaho.com
Please note that all inpatient stays must be preauthorized at least 2 days in advance. If admitted as inpatient in emergency notify insurance as soon as you are able. For maternity please call with due date.		
Blue Cross HSA Preventative Drug List	https://brokers.bcidaho.com/resources/pdfs/03/3-1148NI-2018-HSA-Preventive-Drug-List.pdf	
VSP Vision	www.vsp.com	Customer Service: (800) 877-7195
Delta Dental		https://www.deltadentalid.com/
Group #0296	Local (208) 489-3580	Toll Free (800) 356-7586
Willamette Dental	https://locations.willametedental.com/id/idaho-falls/2860-valencia-drive.html	
		Toll Free (855) 433-6825
HSA Enrollment	http://myhsatoday.com/national-advisors-trust/	Enrollment Code: 23185968
FSA MyRSC Enrollment	https://secure.myrsc.com/	Employer Code: 23185968
H.S.A./F.S.A. T.P.A. (Third Party Administrator is American Insurance Service/GBS Benefits)		
Fax (208) 529-4698	Local (208) 529-3541	Toll Free (877) 878-3541

EAP

McLaughlin Young

The Employee Assistance Program is provided to all City of Idaho Falls employees and dependents to help them deal with personal and work related issues including but not limited to: Family Problems, Stress, Marital Issues, Emotional Problems, Alcohol Abuse and Alcoholism, Depression, Drug Use and Addiction, Grief, Addictions, Physical and Sexual Abuse, Work Related, Legal, Financial, Child and Elder Care etc....

6 free confidential sessions will be available to each member of the family per incident

Access to online information including but not limited to: Parenting, Aging, Balancing, Thriving (Health), Working, Living, and International.

Legal Services including free telephonic legal advice, 30 min appointment for legal consultation, up to 25% discount for ongoing legal services, legal forms such as living will, power of attorney, bill of sale etc., and an online encyclopedia.

Financial Services including free telephonic financial advice, debt management planning, bankruptcy prevention, discounted credit reports with certified credit review specialist available to answer questions and clarify the content, housing education for home buyers, general financial education materials, access to certified financial planner, and comprehensive financial fitness.

Contact Information (800) 633-3353 24/7

www.mygroup.com

Notes:
