

Moscow School District
Benefit Summary
2019

Regence Blue Shield of ID Effective Rate Increase 0 %

	Plan 1	Plan 2	Plan 3	Plan 4
Medical Benefits				
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
Coinurance	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	Unlimited office visits	Unlimited office visits	Unlimited office visits
Skilled Nursing Facility	Subject to office visit copayment	Subject to Deductible / Coinsurance	Subject to office visit copayment	Subject to office visit copayment
Durable Medical Equipment	60 days	60 days	60 days	60 days
Emergency Room Copay	Unlimited	Unlimited	Unlimited	Unlimited
Lab & Radiology	\$75	\$75	\$75	\$150
Preventive Care (after 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
Colonoscopy & Mammography	100%	N/A	100%	100%
Mental Health	100%	100%	100%	100%
Neurodevelopmental Therapy	Standard Coinsurance	Standard Coinsurance	Standard Coinsurance	Standard Coinsurance
Orthotics	28 Out-Patient Visits	28 Out-Patient Visits	28 Out-Patient Visits	28 Out-Patient Visits
Prosthesis	Unlimited In-Patient	Unlimited In-Patient	Unlimited In-Patient	Unlimited In-Patient
Rehabilitation - Inpatient	Unlimited	Unlimited	Unlimited	Unlimited
Rehabilitation -Outpatient	42 Visits	42 Visits	42 Visits	42 Visits
TMJ	30 Visits	30 Visits	30 Visits	30 Visits
Transplants	Unlimited	Unlimited	Unlimited	Unlimited
Rx Deductible	Unlimited	Unlimited	Unlimited	Unlimited
Rx Copay	\$0 Brand Deductible	\$0 Brand Deductible	\$0 Brand Deductible	\$100 Brand Deductible
Rx Mac	\$10 / \$30 / \$50	\$10 / \$30 / \$60	\$10 / \$30 / \$50	\$10 / \$30 / \$50 / \$100 Specialty Rx
Massage/Chiropractic/Acupuncture (Prior Authorized on Plan 4 & 5)	MAC B	MAC B	MAC B	MAC A
EAP	12 Visits	12 Visits	12 Visits	12 Visits
Chemical Dependency / Mental Health	1 - 4	1 - 4	1 - 4	1 - 4
Special Beginnings (Maternity Mgmt)	\$20 Copay	Standard Coinsurance	\$25 copay	\$25 copay
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	RBS/VSP \$10 Copay	RBS/VSP \$10 Copay	RBS/VSP \$10 Copay	RBS/VSP \$10 Copay

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

	Delta Dental of Idaho	Willamette Dental	Delta Dental of Idaho	Willamette Dental
Delta Dental of Idaho				
Annual Deductible	\$25 Individual / \$75 Family	N/A	\$25 Individual / \$75 Family	\$25 Individual / \$75 Family
Preventive	PPO 100% Premier 80%		PPO 100% Premier 80%	PPO 100% Premier 80%
Basic	80%		80%	70%
Major	50%		50%	50%
Annual Benefit Maximum	\$1250		\$1250	\$1000
Rollover Amount	\$3050	\$2500	\$3050	\$2500
Willamette Dental				
Annual Deductible	No Deductible	N/A	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)	\$1000 Per Plan		\$1000 Per Plan	\$1000 Per Plan
Maximums & Waiting Periods	No Waiting Periods or Annual Max		No Waiting Periods or Annual Max	No Waiting Periods or Annual Max

2019 Renewal Rates with Delta Dental of Idaho Combined Medical / Delta Dental / Vision

Effective January 1, 2019

	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$828.65	\$418.60	\$736.45	\$641.35
Employee & Spouse	\$1,488.47	\$845.70	\$1,322.87	\$1,152.07
Employee & 1 Child	\$1,089.64	\$544.00	\$969.64	\$845.24
Employee & 2 Children	\$1,351.27	\$669.40	\$1,203.47	\$1,049.77
Employee & 3+ Children	\$1,592.17	\$794.80	\$1,416.57	\$1,233.57
Employee, Spouse & 1 Child	\$1,749.46	\$971.10	\$1,556.06	\$1,355.96
Employee, Spouse & 2 Children	\$2,011.07	\$1,096.50	\$1,789.87	\$1,560.47
Employee, Spouse & 3+ Children	\$2,251.97	\$1,221.90	\$2,002.97	\$1,744.27

2019 Renewal Rates with Willamette Dental Combined Medical / Willamette Dental / Vision

Effective January 1, 2019

	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$830.05	\$418.60	\$737.85	\$642.75
Employee & Spouse	\$1,491.30	\$845.70	\$1,325.70	\$1,154.90
Employee & 1 Child	\$1,091.90	\$544.00	\$971.90	\$847.50
Employee & 2 Children	\$1,354.40	\$669.40	\$1,206.60	\$1,052.90
Employee & 3+ Children	\$1,595.30	\$794.80	\$1,419.70	\$1,236.70
Employee, Spouse & 1 Child	\$1,753.15	\$971.10	\$1,559.75	\$1,359.65
Employee, Spouse & 2 Children	\$2,015.60	\$1,096.50	\$1,794.40	\$1,565.00
Employee, Spouse & 3+ Children	\$2,256.50	\$1,221.90	\$2,007.50	\$1,748.80