

**Moscow School District  
Benefit Summary  
2023**

*Regence Blue Shield of Idaho*

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 Out-of-Pocket Maximum (includes deductible)	\$1,800	\$6,350	\$3,500	\$5,000
Family Out-of-Pocket Maximum (includes deductible)	\$3,600	\$12,700	\$7,000	\$10,000
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	28 Out-Patient Visits	28 Out-Patient Visits	28 Out-Patient Visits
Orthotics	Unlimited In-Patient	Unlimited In-Patient	Unlimited In-Patient	Unlimited In-Patient
Prostheses	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	<b>\$10 / \$30 / \$50</b>	<b>\$10 / \$30 / \$60</b>	<b>\$10 / \$30 / \$50</b>	<b>\$10 / \$30 / \$50 / \$100 Specialty Rx</b>
Rx Mac	MAC B	MAC B	MAC B	MAC A
Massage/Chiropractic/Acupuncture	12 Visits	12 Visits	12 Visits	12 Visits
EAP	1 - 8	1 - 8	1 - 8	1 - 8
Chemical Dependency / Mental Health	\$20 Copay	Standard Coinsurance	\$25 copay	\$25 copay
Special Beginnings (Maternity Management)	Included	Included	Included	Included
Care Enhance (24-hour nurse line)	Included	Included	Included	Included
MDLive (Telehealth)	\$10	\$10	\$10	\$10
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*

Delta Dental of Idaho	Delta Dental	N/A	Delta Dental	Delta Dental
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	<b>\$3050 \$2500</b>		<b>\$3050 \$2500</b>	<b>\$3050 \$2500</b>
Willamette Dental	Willamette Dental	N/A	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)	\$1,800 Per Plan		\$1,800 Per Plan	\$1,800 Per Plan
Maximums & Waiting Periods	No Waiting Periods or Annual Max		No Waiting Periods or Annual Max	No Waiting Periods or Annual Max

**2023 Renewal Rates with Delta Dental of Idaho**

*Combined Medical / Delta Dental / Vision*

*Effective January 1, 2023*

Employee	\$845.91	\$427.00	\$751.91	\$654.81
Employee & Spouse	\$1,519.59	\$862.60	\$1,350.69	\$1,176.39
Employee & 1 Child	\$1,112.50	\$554.90	\$990.20	\$863.20
Employee & 2 Children	\$1,379.76	\$682.80	\$1,229.06	\$1,072.26
Employee & 3+ Children	\$1,625.56	\$810.70	\$1,446.46	\$1,259.66
Employee, Spouse & 1 Child	\$1,786.18	\$990.50	\$1,588.98	\$1,384.78
Employee, Spouse & 2 Children	\$2,053.42	\$1,118.40	\$1,827.82	\$1,593.82
Employee, Spouse & 3+ Children	\$2,299.22	\$1,246.30	\$2,045.22	\$1,781.22

**2023 Renewal Rates with Willamette Dental**

*Combined Medical / Willamette Dental / Vision*

*Effective January 1, 2023*

Employee	\$849.85	\$427.00	\$755.85	\$658.75
Employee & Spouse	\$1,527.50	\$862.60	\$1,358.60	\$1,184.30
Employee & 1 Child	\$1,118.80	\$554.90	\$996.50	\$869.50
Employee & 2 Children	\$1,388.50	\$682.80	\$1,237.80	\$1,081.00
Employee & 3+ Children	\$1,634.30	\$810.70	\$1,455.20	\$1,268.40
Employee, Spouse & 1 Child	\$1,796.45	\$990.50	\$1,599.25	\$1,395.05
Employee, Spouse & 2 Children	\$2,066.15	\$1,118.40	\$1,840.55	\$1,606.55
Employee, Spouse & 3+ Children	\$2,311.95	\$1,246.30	\$2,057.95	\$1,793.95