Teton School District #401

BlueCross of Idaho PPO Effective September 1, 2018

	In Network	Out of Network
School District Pool Deductible	\$500 Ind / \$1000 family***	\$500 Ind / \$1000 family***
School District Pool Co-Insurance	You Pay 20% School Pays 80%	You Pay 20% School Pays 80%
***Employee must submit	all EOB's to American In	surance to receive \$500
deductible benefit. ***		
Blue Cross Deductible	Up to: \$3000 Ind/\$6000 Family	Up to: \$3000 Ind/\$6000 Family
BlueCross Coinsurance	You pay 20% Blue Cross pays 80%	You pay 40% Blue Cross pays 40%
Coinsurance Out-Of-Pocket (Not Including Deductible)	Up to: \$1500 In Network * Combination of both out	Up to: \$3000 Out of Network of pockets can be reached
Major Medical (After Deductible and Coinsurance have been met)	100%	100%
Physician Office Visit	\$30	N/A
Prescription Drug	In network pharmacy -You pay \$0 generic / \$10 Name Brand then 20% of remaining cost for 30 day supply Mail Order - Matches Retail	
Maternity	You pay 20% after deductible	You pay 40% after deductible
Immunizations (Does Not Include Office Visit)	covered 100% covered 100% For covered immunizations	
Inpatient Rehab.	You pay 20% A.D.	Not Covered
Outpatient Speech, Physical, or Occupational Therapy (20 visit combined max per insured)	You pay 20% A.D.	Not Covered
Chiropractic Care (18 Visit Max)	You pay 20% A.D.	You pay 50% A.D.
Mental Health (Psychotherapy Services)	\$30	You pay 40% A.D.
Wellness / Preventative	100% up to policy limits for covered services	You pay 40% A.D.
Proputhorization Claims Not	work Provider information 1,800,63	7 1006 / www boidaha aam

Preauthorization, Claims, Network Provider information 1-800-627-1006 / www.bcidaho.com For buydown questions or any additional information contact American Insurance Service 529-3541

PLEASE SEE GROUP CONTRACT FOR FULL BENEFIT INFORMATION. Benefits can have restrictions and/or limitations. Group Contract Supersede's this summary EOB's are Explanation of Benefits that you receive from Blue Cross