



City of Idaho Falls

Fiscal Year 2016-2017 Benefits

Medical Blue Cross of Idaho PPO

Group #1003329

Enhanced Plan	\$1000 Individual Deductible/\$3000 Family Deductible	
Standard Plan	\$2000 Individual Deductible/\$6000 Family Deductible	
Employee and Spouse must BOTH meet health requirements under the Healthy Measures program to qualify for Enhanced Plan or will automatically default to the Standard Plan		
	In Network	Out of Network
Coinsurance	50% After Deductible	30% After Deductible
Coinsurance Stop Loss	\$500 not Including Deductibles	\$1000 not Including Deductibles
Family Stop Loss	\$1500 (3 per Family)	\$3000 (3 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>		
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	<p>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.</p>	

Immunizations	1st dollar coverage on following immunizations: Accellular 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	\$2500 Individual Deductible/\$5000 Family Deductible	
	In Network	Out of Network
Coinsurance	80% After Deductible	60% After Deductible
Coinsurance Stop Loss	\$1500 not Including Deductibles	\$2000 not Including Deductibles
Family Stop Loss	\$4000 (2 per Family)	\$4500 (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.)	
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.	
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Contact Information		
American Insurance Service		cs@amerins-serv.com
Fax (208) 529-4698	Local (208) 529-3541	Toll Free (877) 878-3541
Blue Cross		Pre Authorization (800) 743-1871
	Pharmacy (855) 839-5205	www.bc Idaho.com
Please note that all inpatient stays must be preauthorized at least 2 days in advance. If admitted as inpatient in emergency		
H.S.A./F.S.A. T.P.A. (Third Party Administrator will be American Insurance Service)		

Vision	Blue Cross of Idaho
	Eye Examination:
Copay.....	\$10.00
Frames and Lenses: Reimbursement for frames and lenses is limited to one benefit each calendar year limited to one pair each	
Frames Copay.....	\$25.00
	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).....	\$130.00 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 Benefits		
Diagnostic and Preventative Services	100%	80%
Radiographs	100%	80%
\$50 Deductible for Class II and Class III Services - 3 per family max		
Class II Benefits		
Oral Surgery	80%	70%
Endodontic Services	80%	70%
Periodontic Services	80%	70%
Minor Restorative Services	80%	70%
Class III Benefits		
	50%	40%
Major Restorative Prosthodontic Services	50%	40%
Max Benefits	\$1,250	\$1,000
Maximum Rollover	\$3,050	\$2,500
	\$600	\$500
Annual Threshold Amount		
Annual Rollover Amount	\$300	\$250

Contact Information: American Insurance Service
Delta Dental Customer Service: (800) 356-7586

www.deltadentalid.com

EAP **McLaughlin Young**

The Employee Assistance Program is provided to all City of Idaho Falls employees and dependents to help them deal with **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, Legal Services including free telephonic legal advice, 30 min appointment for legal consultation, up to 25% discount for Financial Services including free telephonic financial advice, debt management planning, bankruptcy prevention, discounted
Contact Information (800) 633-3353 24/7 www.mygroup.com

Please check the network to make sure that your providers will be in network for 2016-2017. It is your responsibility to find providers that are in network. If your provider is out of network please don't be afraid to ask them to join the network as a PPO provider.

**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.*