

2025–2026

Benefits Guide

September 1, 2025—August 31, 2026

Welcome! Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage.

- **Open Enrollment:** Changes made during Open Enrollment are effective September 1, 2025.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.



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Insurance | Employee Benefits | Wellness

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Outline of Benefits

Medical - Blue Cross

(See attached Outline of Benefits)

Dental - Blue Cross

(See attached Outline of Benefits)

Vision - Blue Cross (VSP)

(See attached Outline of Benefits)

Employee Assistance Programs (EAP) - 4 Visits per Occurrence

(See attached Outline of Benefits)

Contact Information

| Coverage | Carrier | Phone # | Website/Email |
|-----------------------------------|--------------------------------|----------------|--|
| Medical | Blue Cross of Idaho | (800) 627-1187 | www.bcidaho.com |
| Employee Assistance Program (EAP) | BPA Health | (800) 726-0003 | www.bpahealth.com |
| Dental | Blue Cross of Idaho PPO Dental | (800) 627-1187 | www.bcidaho.com |
| Vision | Blue Cross of Idaho Vision | (800) 627-1187 | www.vsp.com |

Questions?

If you have additional questions, you may also contact:

Christi Thompson
(208) 806-2880
cthompson@syringamountainschool.org

Rhonda Bartholomew
(208) 737-6413
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September 1, 2025

Syringa Mountain School

Blue Cross PPO 1000 Medical Rates

| | |
|---------------------|------------|
| Employee | \$ 544.35 |
| Employee + Spouse | \$1,162.00 |
| Employee + Child | \$ 822.30 |
| Employee + Children | \$ 950.95 |
| Employee + Family | \$1,342.20 |

Dental Rates

| | |
|-------------------------------|-----------|
| Employee | \$ 31.60 |
| Employee + Spouse | \$ 63.20 |
| Employee + 1 Child | \$ 55.50 |
| Employee + 2 or More Children | \$ 99.95 |
| Family | \$ 115.55 |

Vision Rates

| | |
|---------------------|----------|
| Employee | \$ 10.95 |
| Employee + Spouse | \$ 16.80 |
| Employee + Child | \$ 16.80 |
| Employee + Children | \$ 28.80 |
| Family | \$ 28.80 |

The Medical, Dental and Vision Rates are effective September 1, 2025, through August 31, 2026

**ISBT PPO
BENEFITS OUTLINE**

Visit our Website at www.bcidaho.com to locate a Contracting Provider

Participating School District Name: Syringa Mountain School Effective Date: 9/1/2025

| Deductibles (per Benefit Period) | In-Network | Out-of-Network |
|--|--|--|
| | The Participant is responsible to pay these amounts: | |
| Individual | \$1,000 | |
| Family <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i> | \$2,000 | |
| Out-of-Pocket Limits (per Benefit Period) <i>(See Plan for services that do not apply to the limit) (Includes applicable Deductible, Cost Sharing and Copayments)</i> | | |
| Individual | \$4,000 | \$5,000 |
| Family <i>(No Participant may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)</i> | \$8,000 | \$12,000 |
| Cost Sharing <i>Unless specified otherwise below, the Participant pays the following Cost Sharing amount</i> | 10% of Maximum Allowance after Deductible | 30% of Maximum Allowance after Deductible |
| Frequently used Covered Services - Some services may require Prior Authorization. | | |
| Physician Office Visits <ul style="list-style-type: none"> ChoiceDocs In-Network Providers <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i> <hr/> <ul style="list-style-type: none"> All Other In-Network Providers <i>Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.</i> | \$10 Copayment per visit for ChoiceDocs Primary Care Provider. \$30 Copayment per visit for ChoiceDocs Specialist Provider (non-Primary Care Provider) \$30 Copayment per visit for In-Network Primary Care Provider. \$50 Copayment per visit for In-Network Specialist Provider (non-Primary Care Provider) | Deductible and Cost Sharing |
| Pediatric Physician Office Visits <i>(For Participants under the age of eighteen (18). Includes Urgent Care visits, mononucleosis testing, strep A and B testing, development screening(s), ear wax removal, removal of foreign body from ear, urine pregnancy tests, influenza A or B test, rapid RSV test, and pulse oximetry. All other additional services not listed above, such as laboratory, x-ray, and other Diagnostic Services are not included in the Pediatric Physician Office Visit Copayment.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |

| Frequently used Covered Services - Some services may require Prior Authorization. | | |
|--|--|------------------------------------|
| <p>Preventive Care Covered Services For specifically listed Covered Services <i>Annual adult physical examinations; routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings; Dental fluoride application for Participants age 5 and under; Bone Density; Chemistry Panels; Cholesterol Screening; Colorectal Cancer Screening; 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); Abdominal Aortic Aneurysm Screening and Ultrasound; Unhealthy Alcohol and Drug Use 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 and/or self-harm; Anxiety Screening; Newborn Hearing Test; Lipid Disorder Screening; Nicotine, Smoking and Tobacco-use Cessation Counseling Visit; Dietary Counseling and Physical Activity Behavioral Counseling; Behavioral Counseling for Participants who are overweight or obese; Preventive Lead Screening; Lung Cancer Screening for Participants age 50 and over, Hepatitis C Virus Infection Screening; Urinary Incontinence Screening. Urine Culture for Pregnant Women; Iron Deficiency Screening for Pregnant Women; Rh (D) Incompatibility Screening for Pregnant Women; Diabetes Screening for Pregnant Women; Perinatal Depression Counseling and Intervention; Behavioral Counseling for Healthy Weight and Weight Gain in Pregnancy.</i></p> <p><i>The specifically listed Preventive Care Services may be adjusted accordingly to coincide with federal government changes, updates, and revisions.</i></p> | <p>No Charge (Deductible does not apply)</p> | <p>Deductible and Cost Sharing</p> |
| <p>For services not specifically listed</p> | <p>Deductible and Cost Sharing</p> | <p>Deductible and Cost Sharing</p> |



| <small>Not Independent Member of the United Brotherhood Carpenters Association</small> | | |
|---|--|--|
| <p>Immunizations</p> <p><i>Acellular Pertussis, Anthrax, COVID-19, Cholera, Dengue, Diphtheria, Haemophilus Influenza B, Hepatitis A, Hepatitis B, Human papillomavirus (HPV), Inactivated Poliovirus, Influenza, Japanese Encephalitis, Measles, Meningococcal, Mumps, Pneumococcal (pneumonia), Rabies, Rotavirus, RSV, Rubella, Tetanus, Typhoid, Varicella (Chicken Pox), Yellow Fever and Zoster.</i></p> <p><i>All Immunizations are limited to the extent recommended by the Advisory Committee on Immunization Practices (ACIP) and may be adjusted accordingly to coincide with federal government changes, updates and revisions.</i></p> <p>Other immunizations not specifically listed may be covered at the discretion of the Contract Administrator when Medically Necessary.</p> | <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p> | <p>No Charge (Deductible does not apply)</p> <p>Deductible and Cost Sharing</p> |

TELEHEALTH SERVICES

| | |
|---|--|
| Telehealth Virtual Care Services | <p>Telehealth Virtual Care Services are available for any category of covered outpatient services. The amount of payment and other conditions for in-person services will apply to Telehealth Virtual Care Services. Please see the appropriate section of the Benefits Outline for those terms.</p> |
|---|--|

| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|--|---|---|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Allergy Injections | \$5 Copayment per visit if this is the only service provided during the visit | Deductible and Cost Sharing |
| Ambulance Transportation Service • Ground Ambulance Services • Air Ambulance Services <i>Payment for Out-of-Network Air Ambulance Services is based on the Qualifying Payment Amount. Out-of-Network Air Ambulance Services accumulate towards the In-Network Out-of-Pocket Limit.</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| | Deductible and Cost Sharing | In-Network Deductible and In-Network Cost Sharing |
| Bariatric Surgery Treatment <i>(Up to a combined In-Network and Out-of-Network Lifetime Benefit Limit of \$5,000, per Participant.)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Breastfeeding Support and Supply Services <i>(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Participant.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Chiropractic Care Services <i>Up to a combined In-Network and Out of-Network total of 18 visits per Participant, per Benefit Period.</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Dental Services Related to Accidental Injury | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Diabetes Self-Management Education Services | Primary Care Provider Copayment per visit | Deductible and Cost Sharing |

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|---|---|---------------------------------|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Diagnostic Services (Outpatient) <i>(Including diagnostic mammograms)</i> | No charge up to \$100 per Participant per Benefit Period (No Deductible required) Covered Services over the annual limit above Deductible and Cost Sharing | Deductible and Cost Sharing |
| Durable Medical Equipment / Prosthetic Appliances / Orthotics Devices | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Emergency Services – Facility Services <i>(Copayment waived if admitted)</i> <i>(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)</i> | \$100 Copayment per hospital Outpatient emergency room visit, then In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit. | |
| Emergency Services – Professional Services <i>Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.</i> | In-Network Deductible and In-Network Cost Sharing. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit. | |
| Home Health Skilled Nursing Care Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Home Intravenous Therapy | Deductible and Cost Sharing | Deductible and 80% Cost Sharing |
| Hospice Services | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Hospital Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Inpatient Rehabilitation or Habilitation Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Maternity Services and/or Involuntary Complications of Pregnancy | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Mental Health and Substance Use Disorder Inpatient Services | | |
| • Inpatient Facility and Professional Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Mental Health and Substance Use Disorder Outpatient Services | | Deductible and Cost Sharing |
| • Outpatient Psychotherapy Services | Primary Care Provider Copayment per visit | |
| • Pediatric Outpatient Psychotherapy Services <i>(For Participants under the age of eighteen (18).)</i> | No Charge (Deductible does not apply) | |
| • Facility and other Professional Services | Deductible and Cost Sharing | |
| Outpatient Applied Behavioral Analysis (ABA) | Primary Care Provider Copayment per visit | Deductible and Cost Sharing |
| Pediatric Outpatient Applied Behavioral Analysis (ABA) <i>(For Participants under the age of eighteen (18).)</i> | No Charge (Deductible does not apply) | |
| Treatment for Autism Spectrum Disorder | Covered the same as any other illness, depending on the services rendered. Please see the appropriate section of the Benefits Outline. Visit limits do not apply to Treatments for Autism Spectrum Disorder, and related diagnoses. | |
| Outpatient Cardiac Rehabilitation Services <i>(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$10 Copayment per visit | Deductible and Cost Sharing |

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| COVERED SERVICES <i>Some services may require Prior Authorization.</i> | In-Network | Out-of-Network |
|---|--|-----------------------------|
| | <i>The Participant is responsible to pay these amounts:</i> | |
| Outpatient Habilitation Therapy Services <ul style="list-style-type: none"> • Outpatient Occupational Therapy • Outpatient Physical Therapy • Outpatient Speech Therapy <i>(Up to a combined In-Network and Out of-Network total of 20 visits per Participant, per Benefit Period)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Outpatient Pulmonary Rehabilitation Services <i>(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment.)</i> | \$10 Copayment per visit | Deductible and Cost Sharing |
| Outpatient Rehabilitation Therapy Services <ul style="list-style-type: none"> • Outpatient Occupational Therapy • Outpatient Physical Therapy • Outpatient Speech Therapy <i>(Up to a combined In-Network and Out of-Network total of 20 visits per Participant, per Benefit Period)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Palliative Care Services | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Post-Mastectomy/Lumpectomy Reconstructive Surgery | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Prescribed Contraceptive Services <i>(Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.)</i> | No Charge (Deductible does not apply) | Deductible and Cost Sharing |
| Skilled Nursing Facility <i>(Up to a combined In-Network and Out-of-Network total of 30 days per Participant, per Benefit Period)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Sleep Study Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Surgical/Medical (Professional Services) | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Therapy Services <i>(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)</i> | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Transplant Services | Deductible and Cost Sharing | Deductible and Cost Sharing |
| Urgent Care Clinic <i>(Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.)</i> | Specialist Provider Copayment per visit | Deductible and Cost Sharing |
| Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed the Plan's Out-of-Pocket Limit for Out-of-Network services. Except as provided by the No Surprises Act, Out-of-Network Providers can bill you for the difference between the amount charged by the Provider and the amount allowed by the Contract Administrator, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit. | | |

Benefit Highlight Sheet for Syringa Mountain School

Effective Date: September 1, 2025

PRESCRIPTION DRUG BENEFITS

- The Standard Formulary is available at www.bcidaho.com, and is available to any Participant on request by contacting the Contract Administrator Customer Service Department at (208) 331-7347 or (800) 627-1188.
- Except for Prescribed Contraceptives, each non-Specialty Prescription Drug shall not exceed a 90 day supply at one (1) time.
- Each Specialty Prescription Drug shall not exceed a 30 day supply at one (1) time.
- One Copayment for each 30 day supply

**RETAIL OR MAIL ORDER PHARMACIES
SPECIALTY PRESCRIPTION DRUGS**

The Plan may increase the Cost Sharing listed below to take full advantage of any available drug cost share assistance program offered by drug manufacturers (either directly or indirectly through third parties). This feature, known as the Cost Relief Program, can lower overall costs to the Plan for certain Specialty Prescription Drugs. If a Participant enrolls in the Cost Relief Program, they will not be responsible for the additional Cost Sharing. If a Participant does not enroll, their Cost Sharing may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.

OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)

Individual: \$2,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred.

Family: \$4,000 in Copayments and/or Cost Sharing for a combination of all Prescription Drug charges incurred. *(No Participant may contribute more than the Individual Prescription Drug Out-of-Pocket Limit amount toward the Family Prescription Drug Out-of-Pocket Limit.)*

When the Prescription Drug Out-of-Pocket Limit is met, the Prescription Drug Benefits payable will increase to 100% of the Allowed Charge or the Usual Charge for the remainder of the Benefit Period.

| | |
|----------------|---|
| Tier 1* | \$15 Copayment per prescription. No Deductible required. |
| Tier 2* | \$30 Copayment per prescription. No Deductible required. |
| Tier 3* | \$45 Copayment per prescription. No Deductible required. |

***Specialty Prescription Drug Cost Relief Program**

Please note that certain Specialty Prescription Drugs are only available from an In-Network Specialty Pharmacy, and a Participant will not be able to get them at a Retail Pharmacy. For more information about applicable Cost Sharing amounts available to Specialty Drugs that are eligible for the Cost Relief Program, please see the "Drug Cost Relief Program" section in the Prescription Drug Benefits Section.

| | |
|--|-----------|
| ACA Preventive Prescription Drugs | No Charge |
| Prescribed Contraceptives <i>(up to a six months supply at one (1) time)</i> | No Charge |

Note: Certain Prescription Drugs have generic equivalents. If the Participant requests a Brand Name Drug, the Participant is responsible for the difference between the price of the Generic Drug and the Brand Name Drug, regardless of the Preferred or Non-Preferred status.

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.

Highlights of your preventive care benefits

You pay nothing – no coinsurance, copayment or deductible – for covered preventive care services when you visit in-network providers. Preventive care benefits for services from out-of-network providers are subject to your out-of-network benefit.

The listed preventive care services may be adjusted to agree with federal government changes, updates and revisions.

| Services for adults (18 years and older) | Services for adults (continued) | Services for children (17 years and younger) |
|--|--|---|
| <ul style="list-style-type: none"> Annual adult physical examinations Abdominal aortic aneurysm screening Behavioral counseling for participants who are overweight or obese Bone density Breast cancer (BRCA) risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer Chemistry panels Cholesterol screening Colorectal cancer screening Complete blood count (CBC) Diabetes prevention program (CDC-approved curriculum) Diabetes screening Diet and physical activity behavioral counseling Health risk assessment for depression, anxiety and/or self-harm Hepatitis B and hepatitis C virus infection screening HIV assessment Lung cancer screening for participants age 50 and older Pap test PSA test Screening and assessment for interpersonal and domestic violence Screening mammogram | <ul style="list-style-type: none"> Skin cancer prevention counseling Sexually transmitted infections assessment Tobacco, alcohol or drug use assessment and counseling Transmittable disease screening and counseling (chlamydia, gonorrhea, human immunodeficiency virus [HIV], human papillomavirus [HPV], syphilis, tuberculosis [TB]) Thyroid-stimulating hormone (TSH) Urinalysis (UA) Urinary incontinence screening Well-woman visits for recommended age-appropriate preventive services | <ul style="list-style-type: none"> Anemia screening Dental fluoride application for participants age 5 and younger Health risk assessment for depression, anxiety and/or self-harm Lipid disorder screening Preventive lead screening Rubella screening Skin cancer prevention counseling Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings Newborn screenings: <ul style="list-style-type: none"> Hearing test Metabolic screening (PKU, thyroxine, sickle cell) Screening EKG |
| | Services for pregnant women or women who may become pregnant <ul style="list-style-type: none"> Behavioral counseling for healthy weight and weight gain in pregnancy Breastfeeding support, supplies and counseling Gestational diabetes screening Iron deficiency screening Perinatal depression counseling and intervention Preeclampsia screening Prescribed contraceptive coverage¹ RhD incompatibility screening Urine culture | <p>Please note: Not all children require all the services identified above. Your provider should give you information about your child's growth, development and general health, and answer any questions you may have.</p> |

¹For groups that offer prescribed contraceptive coverage: Blue Cross of Idaho pays 100% of the cost of women's preventive prescription drugs and devices as specifically listed on the Blue Cross of Idaho Formulary on our website at [bcidaho.com](https://www.bcidaho.com); deductible does not apply. The day supply allowed shall not exceed a six-month supply at one time, as applicable to the specific contraceptive drug or supply. Prescribed contraceptive services include diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation.

| Immunization | |
|--|---|
| <ul style="list-style-type: none"> • Acellular pertussis • Anthrax • Coronavirus disease 2019 (COVID-19) • Cholera • Dengue • Diphtheria • Haemophilus influenzae B • Hepatitis A • Hepatitis B • Human papillomavirus (HPV) • Inactivated poliovirus • Influenza • Japanese encephalitis | <ul style="list-style-type: none"> • Measles • Meningococcal • Mumps • Pneumococcal (pneumonia) • Rabies • Rotavirus • RSV • Rubella • Tetanus • Typhoid • Varicella (chicken pox) • Yellow fever • Zoster |
| Other immunizations not specifically listed may be covered at the discretion of Blue Cross of Idaho when medically necessary. | |

Covered prescription drug information: To find out which drugs are covered by Blue Cross of Idaho plans, review our drug formularies, which are lists of covered drugs based on plan type, by visiting the Blue Cross of Idaho website at [bcidaho.com](https://www.bcidaho.com).

Please note: Your provider must bill these services as preventive/wellness services.

Updates for 2025: Added currently covered travel vaccines, Dengue and RSV, to immunizations. Renamed “poliomyelitis” to “inactivated poliovirus” in immunizations. Expanded contraceptive dispensing limitations from 90 days to six months. Added “bcidaho.com” link for drug formularies.

Applies to non-grandfathered individual and group plans. The descriptions above are general in nature, to allow for an overall view of Blue Cross of Idaho’s preventive care coverage. For complete descriptions of your policy and policy changes, please read your policy and policy amendment language.



WE BELIEVE OUR MEMBERS SHOULD HAVE ACCESS TO MORE AFFORDABLE HEALTHCARE FOR THEIR CHILDREN. ONE OF OUR NEWEST BENEFITS AIMS TO DO JUST THAT.

Many of our members can pay no out-of-pocket copay when they take their covered dependent children to the doctor.¹

What's covered:

- Visits to both primary care providers (PCPs) – such as family care providers, pediatricians, nurse practitioners or physician assistants – and specialists
- Visits to urgent care clinics
- Visits for covered dependent children age 17 and younger
- Visits to mental health providers, such as therapists, counselors and psychiatrists
- Many preventive screenings and vaccinations that take place during office visits

Note: This benefit is not available to all members. Please check your plan documents to make sure you have this benefit. You can find your contract by logging in to your account at **members.bcidaho.com**. You can also confirm by calling the Blue Cross of Idaho Customer Service Department at the number on the back of your member ID card.

¹Excludes emergency room visits and laboratory, X-ray and other diagnostic services.

PAY LESS WHEN YOU GET CARE FROM CHOICEDOCS

When you need care, you'll save when you see a primary care provider (PCP) or specialist who's part of our ChoiceDocs program. These PCPs and specialists have shown that they offer effective, affordable healthcare. Depending on your plan, you'll pay a lower or even no copayment for office visits when you see these ChoiceDocs. This benefit is available to PPO plan members.

How to find ChoiceDocs:

- Visit **members.bcidaho.com** and log in to your member account.
- Select **Cost Advisor** from the right menu.
 - You'll then need to select the name of the person on your plan who's looking for care.
- You'll be taken to the provider search tool. At the top of the page, be sure that you've selected your network from the **All Networks** drop-down menu.
 - Please note that you can only search for ChoiceDocs providers in a PPO network.
- From the **Browse by Category** drop-down menu, select **Medical Care** and either **Primary Care** or **Specialists**.
- Select the type of primary care or specialty care that you need.
- You'll see a list of doctors based on your search.
 - You can narrow your results to only show ChoiceDocs providers by selecting **All Tiers**, then **ChoiceDocs**
- Find the **ChoiceDocs text** next to those doctors who are part of the program.

FAQs

Why are some providers part of ChoiceDocs and others aren't?

Costs vary between healthcare providers. Prices can depend on the facility where they practice, what kind of tests they order and other factors. Blue Cross of Idaho looks at the costs that come with the providers we contract with. We use that data to find those who offer effective, affordable care and let you know that these providers are ChoiceDocs in our provider directory.

How much will I have to pay to see a ChoiceDocs provider?

Check your plan documents to find out what your copayments are to see ChoiceDocs and non-ChoiceDocs PCPs and specialists.

Do I have to visit a ChoiceDocs provider when I need care?

If you do not visit a ChoiceDocs provider, you will only pay the regular plan copayment. You are not charged a higher copayment or extra fees. However, you will save money with a lower or no copayment for office visits if you see a ChoiceDocs provider.



SmartShopper

Why pay more for medical services? Save money and get rewarded!

Use SmartShopper to compare the cost of scans, screenings and procedures at different hospitals and clinics so you can save more of your healthcare dollars. You may be eligible for a cash reward if you choose a low-cost – but just as effective – place for your care.

How SmartShopper works

1. Your doctor orders a procedure or test, or you're due for a preventive screening.
2. Call the SmartShopper Care Concierge Team. They'll help you understand the cost of care at different locations, and even help you make an appointment.
3. Go to your appointment for your procedure, test or screening.
4. If your procedure and location make you eligible for a cash reward, you'll get a check in the mail within four to six weeks.

What kind of care is eligible for a cash reward

When you need care, know that dozens of scans, screenings and procedures could earn you a reward. Services include:

- **Preventive screenings:** Mammograms, colonoscopies
- **Procedures:** Knee and hip replacement, sinus surgery, thyroid surgery
- **Scans:** MRIs, X-rays, CT scans, ultrasounds
- And more

When you get care at an eligible facility, you could earn a cash reward ranging from \$25-\$500.



**Cash rewards
range from
\$25-\$500**

How to use SmartShopper

Call 866-507-3528 to speak with a Blue Cross of Idaho-dedicated SmartShopper Care Concierge Team member. You can get help searching for care, scheduling an appointment at a qualifying location and have any questions answered.

You can also search for care by logging in to the member website at **members.bcidaho.com**, selecting **Find Care**, then **SmartShopper Rewards**. When you're ready to schedule a procedure, we recommend calling the SmartShopper Care Concierge Team for help so you can confirm you'll get a reward.

Learn more

Call 866-507-3528 to speak with a Blue Cross of Idaho-dedicated SmartShopper Care Concierge Team member.

Visit **bcidaho.com/smartshopper**.

FAQs

Why do facilities charge more or less for the same medical service?

Each hospital or clinic may have different expenses for the services it offers. Doctor's fees, lab work, anesthesia and other services related to a procedure can add up to unexpected costs.

Will I be penalized for not using a lower-cost facility when I need a procedure?

No. Blue Cross of Idaho gives you the option to shop around for care. If you select a lower-cost facility for a qualified service, you may be eligible for a cash reward. There is no penalty for using a facility that doesn't offer the lowest cost for care. You can use any facility you prefer. Keep in mind that you'll get the most out of your benefit when you use an in-network facility.

What if my doctor has already scheduled my test or procedure for me?

The SmartShopper Care Concierge Team can help you find and reschedule at a different facility that may qualify you for a cash reward.

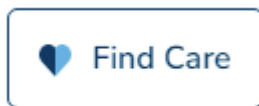
- I don't have access to a computer. Is there a way I can still use SmartShopper?
- Yes. The SmartShopper Care Concierge Team can help you search for locations to get care and even schedule your appointment. Please call them at 866-507-3528.

Our Find Care tool makes it easy to find in-network providers in your neighborhood and anywhere in the country.

Blue Cross of Idaho works with healthcare providers who agree to provide services at discounted rates to help save you money. When you see an in-network provider, you get the most out of your health benefits. You can visit an out-of-network provider, but you may pay more out of pocket. Follow the steps below to find an in-network provider.

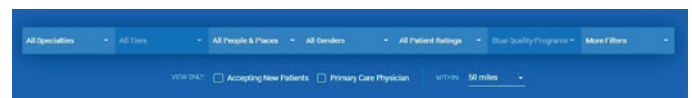
STEP 1: LOG IN

Log in to your member account at **members.bcidaho.com** and select **Find Care**.



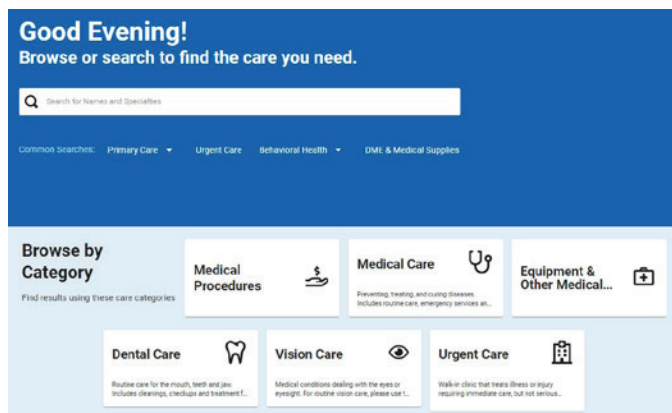
STEP 3: REFINE YOUR SEARCH

Use filters to help narrow your search results. You can sort by location, gender, rating and more.



STEP 2: SEARCH FOR A PROVIDER

Search for a provider by entering a name or specialty in the search bar. You can also start by selecting the type of care you are looking for, such as dental care or urgent care.



STEP 4: CHOOSE A PROVIDER

Select a healthcare provider to see if they are accepting new patients, what networks they accept, read reviews and more.

STEP 5: MAKE AN APPOINTMENT

Make an appointment with the provider of your choice by calling the practice or facility number provided. Be sure to ask if the provider is in network when making an appointment or checking in. Bring your Blue Cross of Idaho member ID card with you to your appointment.



BLUE365 EXCLUSIVE FITNESS MEMBERSHIPS

As a Blue Cross of Idaho member, you have free access to Blue365, an exclusive program that offers discounts on health and wellness products, including gym memberships.

Whether you're dedicated to maintaining your workout regimen or just starting on a journey towards a more active life – Blue365 offers savings on a network of national gyms to give you the access and membership that fits your lifestyle.



- Choose from 12,500+ fitness center in the Standard Program, and 8,500+ boutique studios in the Premium Program.
- 12,000+ on-demand workout videos and hundreds of clinically-approved wellness resources.
- No long-term contracts. Visit any participating location – anytime, anywhere – as often as you would like.



- Access to up to 13,000+ fitness locations and studios.
- Visit any participating location – anytime, anywhere – as often as you would like.
- Join live virtual classes like cardio, boot camps, barre and yoga.
- 24/7 access to on-demand videos – from strength training to meditation.
- Access 20,000+ health and well-being specialists with up to 50% off services like acupuncture, chiropractic, and nutrition.

Visit blue365deals.com/BCIdaho to learn more. Blue Cross of Idaho members can sign up by visiting members.bcidaho.com.



Other fitness deals from:

burnalong

obé

FIND WHAT
Feels Good.

FIT ON
HEALTH

fyt






Across the country and around the world...we've got you covered.

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you – across the country and around the world. Your membership gives you a world of choices. Within the United States, you're covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals around the world through the Blue Cross Blue Shield Global® Core program.

Designed to save you money.

In most cases, when you travel or live outside your Blue Cross and Blue Shield (BCBS) company's service area, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

To locate doctors and hospitals wherever you or a covered dependent need care (have your member ID card handy):

- Visit the National Doctor & Hospital Finder at www.BCBS.com. 
- Use the National Doctor & Hospital Finder app and the Blue Cross Blue Shield Global Core app for Android,* iPhone, iPad and iPod Touch.** (Rates from your wireless provider may apply.) 
- Call BlueCard Access® at 1.800.810.BLUE (2583). 

Take charge of your health, wherever you are.

In the United States

- Always carry your current member ID card.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call your BCBS company for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member ID card.
- When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/
Indemnity
Benefits



PPO
Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay.
- Receive an explanation of benefits from your BCBS company.

In an emergency, go directly to the nearest hospital.



Around the world

- Always carry your current member ID card.
- Before you travel, contact your BCBS company for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Service Center for Blue Cross Blue Shield Global Core at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

Inpatient claim: Call the Service Center if you need inpatient care. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.

In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: this number is different from the Service Center phone numbers listed above.*

Professional claim: You may need to pay upfront for care received from a doctor and/or hospital. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at www.bcbsglobalcore.com.

To learn more about the programs described here, call your BCBS company.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

*Android is a trademark of Google Inc.

**Apple, the Apple logo, iPod, iPod Touch, and iTunes are trademarks of Apple Inc., registered in the U.S. and other countries. iPhone is a trademark of Apple Inc. App Store is a service mark of Apple Inc.

TheBlueCard®
Now, Home Is Where The Card Is®



Amazon Pharmacy

Did you know that Amazon Pharmacy is an in-network option for mail-order prescriptions? Members can have their prescriptions filled by Amazon Pharmacy and sent directly to their homes.

How does it work?

Members can sign up at pharmacy.amazon.com. Members will need an account with Amazon, as well as an Amazon Pharmacy account. Amazon Pharmacy does not require a subscription to Amazon Prime.

Can healthcare providers send prescriptions to Amazon Pharmacy?

Yes. For **new prescriptions**, providers can send the prescription directly to Amazon Pharmacy.

Members can transfer **existing prescriptions** to Amazon Pharmacy by providing Amazon Pharmacy with the name of the drug and their current pharmacy. Amazon Pharmacy will take care of the rest.

How are claims handled?

Amazon Pharmacy will submit a claim with Blue Cross of Idaho Rx for you, just like other pharmacies.

What about refills?

Once Amazon Pharmacy has a prescription on file, a member just needs to log in to their account and order their drug. You can even sign up for auto refills.

How long does it take to get mail-order prescriptions?

Members using Amazon Pharmacy can get their prescriptions delivered within five days.

**For more information about your mail-order pharmacy options,
call the Blue Cross of Idaho Rx Customer Service number on the back of your member ID card.**

Amazon Pharmacy is an independent company that contracts with Blue Cross of Idaho Rx's pharmacy benefits manager to offer online pharmacy services. Amazon Pharmacy is solely responsible for its services. Blue Cross of Idaho Rx is not responsible for the provision of, or failure to provide, any services offered by Amazon Pharmacy.

MAIL ORDER PHARMACY

GET YOUR PRESCRIPTIONS SENT RIGHT TO YOUR HOME

Getting your ongoing prescription medication is even easier with mail order pharmacy provided by our pharmacy partner, CarelonRx Pharmacy. Have your regular medications delivered directly to you, with no extra cost.

Advantages

- Get regular supplies shipped automatically to your home by our mail order pharmacy partner, Carelon Rx Pharmacy
- Talk to a CarelonRx pharmacist anytime
- Order your prescriptions online or by phone any time
- Medications are shipped in tamper-proof packaging that are temperature-controlled when needed
- If you're traveling, you can have your medication shipped to a temporary address.

Costs

- Mail order service is included with no extra cost. Just pay your usual copayment or coinsurance.
- With mail order service, you can get a 90-day supply of your medication for what could be significantly less than from a retail pharmacy.
- A generic version of your drug could save you even more – an average of 30-80% less. CarelonRx Pharmacy may automatically send you a generic drug unless otherwise requested by your healthcare provider.

Questions?

Call Blue Cross of Idaho Rx at the number listed on the back of your member ID card or log in to your online member account at members.bcidaho.com.

Getting Started

1. If you need your prescription filled right away, ask your doctor to write two prescriptions:
 - The first for a short-term supply (30 days) to fill right away at an in-network retail pharmacy.
 - The second for the maximum supply allowed (up to a 90-day supply) with as many as three refills (if appropriate) to be sent to CarelonRx Pharmacy.
2. Sign up for mail order service by logging in to your member account at members.bcidaho.com.
 - Select **Pharmacy**
 - Then select **Manage My Drugs**
 - OR, call the Blue Cross of Idaho Rx Customer Service number on the back of your member ID card for help.
3. Find out how much your prescription will cost by logging in to members.bcidaho.com and selecting **Pharmacy** and then **Manage My Drugs**, or by calling Blue Cross of Idaho Rx.
4. You can pay by:
 - Electronic check
 - Credit card
5. Please allow 10 days for delivery by standard delivery.

CarelonRx is an independent company that administers pharmacy benefits on behalf of Blue Cross of Idaho.



HUB International Mountain States Limited

Insurance | Employee Benefits | Wellness

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| Benefit Highlight Sheet Syringa Mountain School and Effective Date: September 1, 2025 | | |
|--|--|---|
| PREFERRED BLUE® DENTAL PPO PLAN FOR IDAHO SCHOOL BENEFIT TRUST | | |
| BENEFITS OUTLINE | | |
| Visit our Web site at www.bcidaho.com to locate a Contracting Provider | | |
| Deductibles (Per Benefit Period) <i>(Deductible applies to In-Network basic and major services and all Out-of-Network services.)</i> | In-Network | Out-of-Network |
| | The Participant is responsible to pay these amounts: | |
| | \$25 | |
| Individual | | |
| Family <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i> | The Benefit Period Family Deductible is satisfied after three (3) Participants of the same family have met their Individual Deductible | |
| Benefit Period Limit | \$1,250 per Participant | |
| Preventive Dental Services (No Waiting Period) | No Charge - Deductible does not apply | 20% of Maximum Allowance after Deductible |
| Basic Dental Services (No Waiting Period) | 20% of Maximum Allowance after Deductible | 30% of Maximum Allowance after Deductible |
| Major Dental Services (No Waiting Period) | 50% of Maximum Allowance after Deductible | 60% of Maximum Allowance after Deductible |
| Orthodontic Lifetime Limit | | |
| Select | N/A | |
| Orthodontic Services (No Waiting Period) | | |
| Select | Ortho Not Covered | |

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.



Employee Assistance Program

Accessing your benefits is easy, confidential, and no cost to you.

Life Happens! Talking with a counselor can improve relationships, reduce stress, increase job satisfaction, and so much more.

Choose your setting In-person, video, phone, text or chat. Select a mental health professional that is right for you.

Plus, find timely advice at your fingertips Resources and referral services on a wide spectrum of work, family, and personal issues such as...

Stress Management
Professional Growth
Parenting and Eldercare

Legal Consultation
Financial Success
Mental Health

These services are provided to you AND your eligible family members, at no cost to you. AND it's confidential – no names are shared with your employer.



Login to see details of your plan and to access the online resources

www.bpahealth.com/EAP-home

username is **Syringa Mountain School**

password is **8007260003**.



Begin your counseling sessions by choosing ONE of the following:

1. Call 800-726-0003 or Text 208-336-4275

M–Th: 8am–6pm, F: 8am–5pm (MST)

2. Complete Online Request Form

<https://www.cognitofrms.com/BPAHealth/eaonline request>

3. Quick start with BetterHelp



Immediate access to telehealth counseling options like video, phone, chat, and text through our partner www.betterhelp.com/bpahealth

Crisis Counselors are available by phone 24/7





TIMELY ADVICE AT YOUR FINGERTIPS

Work Life Resources



Resources and Referral Services

Professional consultation and referrals to assist with a spectrum of work, family, and personal issues such as...

- Legal Advice
- Creating a Budget
- Parenting Concerns
- Financial Consultation
- Buying or Selling a Home
- Healthy Living & Wellbeing
- Elder Care Tips and Referrals
- Pet Ownership Resources
- ID Theft Consultation
- Tax Services



On Demand Webinars

Content such as...

- Greener Living
- Suicide Prevention
- Caring for Care Givers
- Gender Equality in the Workplace
- Stress Management



Savings Center

Purchases such as...

- Home Appliance and Electronics
- Travel – Airfare, Hotels, Car Rental
- Discounted Movie Tickets
- Auto Purchases
- Luxury Shopping and more!

BPAHealth.com/EAP-Home

Log in steps: username is **Syringa Mountain School** and **8007260003** is your password

For questions or support call us at 800-726-0003 or text 208-336-4275

M–Th: 8am–6pm, F: 8am–5pm (MST)

This Benefit Guide is a brief overview of your benefit package. Please refer to any contracts, policies or certificates of coverage for full benefits and any exclusions and limitations for each line of business.

