2026-27 BENEFITS GUIDE

September 1, 2026—August 31, 2027

Syringa Mountain SCHOOL

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 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, 2026.

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 or child
- You lose coverage under your spouse'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.

Required Information—*When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

Syringa Mountain School

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) - 10 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:

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(208) 806-2880
cthompson@syringamountainschool.org

Rhonda Bartholomew
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September 1, 2026

Syringa Mountain School

Blue Cross PPO 2000 Medical Rates

Medical Rates

Coverage Tier	Monthly Rate
Employee	**$689.97**
Employee + Spouse	**$1,473.07**
Employee + Child	**$1,042.36**
Employee + Children	**$1,205.49**
Employee + Family	**$1,701.51**

Dental Rates

Coverage Tier	Monthly Rate
Employee	**$33.70**
Employee + Spouse	**$67.35**
Employee + 1 Child	**$59.15**
Employee + 2 or More Children	**$106.55**
Family	**$123.20**

Vision Rates

Coverage Tier	Monthly Rate
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, 2026, through August 31, 2027.

LARGE GROUP PPO BENEFITS OUTLINE Visit our Website at www.bcidaho.com to locate a Contracting Provider		
Deductibles (per Benefit Period)	**In-Network**	**Out-of-Network**
	The Insured is responsible to pay these amounts:	
Individual	$2,000	
Family (*No Insured may contribute more than the Individual Deductible amount toward the Family Deductible*)	$4,000	
Out-of-Pocket Limits (per Benefit Period) Includes applicable Deductible, Coinsurance and Copayments. *(See Policy for services that do not apply to the limit)*		
Individual	$3,500	$5,000
Family *(No Insured may contribute more than the Individual Out-of-Pocket Limit amount toward the Family Out-of-Pocket Limit)*	$7,000	$10,000
Coinsurance *Unless specified otherwise below, the Insured pays the following Coinsurance amount*	20%	40%
Frequently used Covered Services - *Some services may require Prior Authorization.*		
Physician Office Visits *Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.*	$20 Copayment per visit for Primary Care Provider. $40 Copayment per visit for Specialist Provider (non-Primary Care Provider)	Deductible and Coinsurance
Pediatric Physician Office Visits *(For Insureds under the age of eighteen (18). Includes Urgent Care visits. Includes 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.)*	No Charge (Deductible does not apply)	Deductible and Coinsurance
Preventive Care Covered Services *(Includes services, screenings and tests that have received a rating of A or B to the extent recommended by the U.S. Preventive Services Task Force and Health Resources and Services Administration. Further information and specifically listed Preventive Care Covered Services are available on the BCI Website, www.bcidaho.com)*	No Charge (Deductible does not apply)	Deductible and Coinsurance
Supplemental Breast Screening *(For Insureds at heightened risk of breast cancer. Includes breast exam using standard or abbreviated MRI, contrast mammogram imaging or ultrasound.)* *One supplemental breast screening per Insured, per Benefit Period combined In-Network and Out of-Network.* *For additional exams, Diagnostic or Preventive Care Services apply as listed in the Benefits Outline)*	No Charge (Deductible does not apply)	Deductible and Coinsurance

Immunizations Specifically listed on the BCI Website, www.bcidaho.com.	No Charge (Deductible does not apply)	No Charge (Deductible does not apply)

TELEHEALTH SERVICES	
Telehealth Virtual Care Services	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.

COVERED SERVICES *Some services may require Prior Authorization.*	**In-Network** ***The Insured is responsible to pay these amounts:***	**Out-of-Network** ***The Insured is responsible to pay these amounts:***
Advanced Imaging Services (Outpatient services only)	Deductible and Coinsurance	Deductible and Coinsurance
Allergy Injections	$5 Copayment per visit if this is the only service provided during the visit	Deductible and Coinsurance
Ambulance Transportation Service • **Ground Ambulance Services** • **Air Ambulance Services** *(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.)*	 Deductible and Coinsurance Deductible and Coinsurance	 Deductible and Coinsurance In-Network Deductible and In-Network Coinsurance
Breastfeeding Support and Supply Services *(Includes rental and/or purchase of manual or electric breast pumps. Limited to one (1) breast pump purchase per Benefit Period, per Insured.)*	No Charge (Deductible does not apply)	Deductible and Coinsurance
Chiropractic Care Services *Up to a combined In-Network and Out of-Network total of 18 visits per Insured, per Benefit Period.* *(Additional services, such as laboratory, x-ray and other Diagnostic Services are not included in the Office Visit.)*	$30 Copayment per visit	Deductible and Coinsurance
Dental Services Related to Accidental Injury	Deductible and Coinsurance	Deductible and Coinsurance
Diabetes Self-Management Education Services	Primary Care Provider Copayment per visit	Deductible and Coinsurance
Diagnostic Services - Laboratory and X-ray *(Including diagnostic mammograms)*	Deductible and Coinsurance	Deductible and Coinsurance
Durable Medical Equipment, Orthotic Devices and Prosthetic Appliances	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Services – Facility Services *(Copayment waived if admitted)* *(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)*	$100 Copayment per hospital Outpatient emergency room visit, then In-Network Deductible and In-Network Coinsurance. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
Emergency Services – Professional Services *(Payment for Out-of-Network Emergency Services is based on the Qualifying Payment Amount.)*	In-Network Deductible and In-Network Coinsurance. Emergency Services accumulate towards the In-Network Out-of-Pocket Limit.	
Hearing Aids *(For Eligible Dependent Children Only. Benefits are limited to one (1) device per ear, every three (3) years, and includes forty-five (45) speech therapy visits during the first twelve (12) months after delivery of the covered device. Refer to Outpatient Speech Therapy section for benefit details.)*	Deductible and Coinsurance	Deductible and Coinsurance
Home Health Skilled Nursing Care Services	Deductible and Coinsurance	Deductible and Coinsurance
Home Intravenous Therapy	Deductible and Coinsurance	Deductible and Coinsurance

COVERED SERVICES *Some services may require Prior Authorization.*	In-Network	Out-of-Network
	The Insured is responsible to pay these amounts:	
Hospice Services	No Charge (Deductible does not apply)	Deductible and Coinsurance
Hospital Services	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation or Habilitation Services	Deductible and Coinsurance	Deductible and Coinsurance
Maternity Services and/or Involuntary Complications of Pregnancy	Deductible and Coinsurance	Deductible and Coinsurance
Mental Health and Substance Use Disorder Inpatient Services • **Inpatient Facility and Professional Services**	Deductible and Coinsurance	Deductible and Coinsurance
Mental Health and Substance Use Disorder Outpatient Services • **Outpatient Psychotherapy Services** • **Pediatric Outpatient Psychotherapy Services** *(For Insureds under the age of eighteen (18).)* • **Facility and other Professional Services**	Primary Care Provider Copayment per visit No Charge (Deductible does not apply) Deductible and Coinsurance	Deductible and Coinsurance
Outpatient Applied Behavioral Analysis (ABA) • **Pediatric Outpatient Applied Behavioral Analysis (ABA)** *(For Insureds under the age of eighteen (18).)*	No Charge (Deductible does not apply) No Charge (Deductible does not apply)	Deductible and Coinsurance
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 *(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)*	$10 Copayment per visit	Deductible and Coinsurance
Outpatient Habilitation Therapy Services • Outpatient Occupational Therapy • Outpatient Physical Therapy • Outpatient Speech Therapy *Up to a combined In-Network and Out-of-Network total of 30 visits per Insured, per Benefit Period* *(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)*	$60 Copayment per visit	Deductible and Coinsurance
Outpatient Pulmonary Rehabilitation Services *(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)*	$10 Copayment per visit	Deductible and Coinsurance
Outpatient Rehabilitation Therapy Services • Outpatient Occupational Therapy • Outpatient Physical Therapy • Outpatient Speech Therapy *Up to a combined In-Network and Out-of-Network total of 30 visits per Insured, per Benefit Period* *(Additional services, such as, x-ray and other Diagnostic Services are not included in the Therapy Services Copayment)*	$60 Copayment per visit	Deductible and Coinsurance
Palliative Care Services	No Charge (Deductible does not apply)	Deductible and Coinsurance
Post-Mastectomy/Lumpectomy Reconstructive Surgery	Deductible and Coinsurance	Deductible and Coinsurance

COVERED SERVICES *Some services may require Prior Authorization.*	In-Network	Out-of-Network
	The Insured is responsible to pay these amounts:	
Prescribed Contraceptive Services *(Includes diaphragms, intrauterine devices (IUDs), implantables, injections and tubal ligation)*	No Charge (Deductible does not apply)	Deductible and Coinsurance
Skilled Nursing Facility *Up to a combined In-Network and Out-of-Network total of 30 days per Insured, per Benefit Period*	Deductible and Coinsurance	Deductible and Coinsurance
Sleep Study Services	Deductible and Coinsurance	Deductible and Coinsurance
Surgical/Medical (Professional Services)	Deductible and Coinsurance	Deductible and Coinsurance
Therapy Services *(Including Radiation, Chemotherapy, Renal Dialysis and Growth Hormone)*	Deductible and Coinsurance	Deductible and Coinsurance
Transplant Services	Deductible and Coinsurance	Deductible and Coinsurance
Urgent Care Clinic *(Additional services, such as laboratory, x-ray, and other Diagnostic Services are not included in the Office Visit.)*	Specialist Provider (non-Primary Care Provider) Copayment per visit	Deductible and Coinsurance
Be aware that your actual costs for services provided by an Out-of-Network Provider may exceed this Policy'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 Blue Cross of Idaho, and that amount is not counted toward the Out-of-Network Out-of-Pocket Limit.		

PRESCRIPTION DRUG BENEFITS

- The Standard Formulary will be made available to any Member on request by contacting our Blue Cross of Idaho 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 BCI MAIL ORDER PHARMACIES
SPECIALTY PRESCRIPTION DRUGS

The Coinsurance listed below may be increased 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 under the Contract for certain Specialty Prescription Drugs. If a Member enrolls in the Cost Relief Program, they will not be responsible for the additional Coinsurance. If a Member does not enroll, their Coinsurance may increase, and may not count towards, their Deductible or Out-of-Pocket Limit.

OUT-OF-POCKET LIMIT (PER BENEFIT PERIOD)

Individual: $3,000 in Copayments for a combination of all Prescription Drug charges incurred.

Family: $6,000 in Copayments and/or Coinsurance for a combination of all Prescription Drug charges incurred. (*No Member 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*	$10 Copayment per prescription. No Deductible required.
Tier 2*	$20 Copayment per prescription. No Deductible required.
Tier 3*	$30 Copayment per prescription. No Deductible required.
Tier 4*	$50 Copayment per prescription. No Deductible required.
Tier 5*	20% Coinsurance per prescription. No Deductible required.
Tier 6*	30% Coinsurance 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 Member will not be able to get them at a Retail Pharmacy. For more information about applicable Coinsurance 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 *(up to a six (6) months supply at one (1) time)*	No Charge

Note: Certain Prescription Drugs have generic equivalents. If the Member requests a Brand Name Drug, the Member 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.

Blue Cross of Idaho

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)

- Annual adult physical examinations
- Abdominal aortic aneurysm screening
- Behavioral counseling for participants who are overweight or obese
- Bone density screening
- Breast cancer risk assessment and genetic counseling and testing for high-risk family history of breast or ovarian cancer
- Cervical cancer screening (Pap and HPV testing)
- Chemistry panels
- Cholesterol/lipid disorder 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
- Prostate-specific antigen (PSA)
- Screening and assessment for interpersonal and domestic violence
- Screening mammogram

Services for adults (continued)

- Skin cancer prevention counseling
- Sexually transmitted infections assessment and counseling
- Supplemental breast cancer screening (Effective January 1, 2026)
- 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

Services for pregnant women or women who may become pregnant

- 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 coverage[1]
- RhD incompatibility screening
- Urine culture

Services for children (21 years and younger)

- Anemia screening
- Behavioral counseling for participants who are overweight or obese
- Dental fluoride application for participants age 5 and younger
- Health risk assessment for depression, anxiety and/or self-harm
- Cholesterol/lipid disorder screening
- Lead screening
- Rubella screening
- Skin cancer prevention counseling
- Tobacco, alcohol or drug use assessment and counseling
- Transmittable disease screening and counseling (chlamydia, gonorrhea, human immunodeficiency virus (HIV), syphilis, tuberculosis (TB)
- Sexually transmitted infections assessment and counseling
- Routine or scheduled well-baby and well-child examinations, including vision, hearing and developmental screenings
- Newborn screenings:
  - Hearing test
  - Metabolic screening (PKU, thyroxine, sickle cell)
  - Screening EKG

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.

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***; 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. Contraceptive coverage may not be provided as part of group health plans sponsored by certain religious employers, as well as certain other individuals and nongovernmental entities that object based on sincerely held religious beliefs or sincerely held moral convictions, that qualify for exemptions under applicable federal and state laws.

Form No. 3-1336NI (09-25)

Immunization	
• 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	• Measles • Meningococcal • Mpox • 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***.

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

Updates for 2026: Added additional details for some services. Added supplemental breast cancer screening. Added Mpox vaccine.

IMPORTANT: *This highlight sheet is for general informational purposes only and should not be interpreted as a guarantee of coverage. All coverage is subject to the terms and conditions of your specific health plan. Please refer to the official plan documentation (e.g., the Enrollee Certificate or Summary Plan Description) for your plan for a complete description of benefits, exclusions, limitations, and conditions of coverage. To the extent that any of the information contained in this highlight sheet is inconsistent with the official plan documentation, the terms and conditions set forth in the plan documentation will control in all cases. Certain preventive care items and services may be based on your age and other health factors. Group health plans and health insurance coverage that were in existence on March 23, 2010 (referred to as "grandfathered health plans") are not required to provide coverage of preventive care benefits but may choose to cover some benefits or apply cost-sharing for any preventive care benefits that are offered. This highlight sheet does not apply to grandfathered individual and group health plans or to certain "excepted benefits" as defined under applicable federal law.*

Blue Cross of Idaho

$0 Copay for Children's Office Visits

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.*

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

Form No. 3-1427NI (10-20)

Blue Cross of Idaho | Blue365®

HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

We're Making A Healthy Life More Affordable

Blue365 is a free health and wellness discount program offered to members of Blue Cross of Idaho.

Blue365 offers exclusive health and wellness deals to keep you healthy and happy, every day of the year. As a Blue365 member, you will have access to discounts on gym memberships, hearing aids, glasses, contacts and LASIK, nutrition services, and more!

These Blue365 Deals, which are different than the healthcare benefits that you receive through Blue Cross of Idaho, can help you maintain a healthy lifestyle while spending less, using some of your favorite Blue365 vendors nationwide.

Blue365 offers premier health and wellness discounts and is **free to join**

Members can access savings from:

- TruHearing
- fitness your way by Tivity Health
- fitbit
- Active&Fit DIRECT™
- QualSight® LASIK
- START HEARING
- POWERED BY eyeMed

How do I join?

To join you must be a Blue Cross of Idaho member. Simply go to your Blue Cross of Idaho member portal, fill out a short registration form, and choose your preferred deals. Once you are registered, you can access all the health and wellness deals that Blue365 has to offer.

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

What do I get if I join?

After registration, members can browse and redeem deals and discounts through the Blue365 website. When you see the discount you want, click on ***Details***. You'll either be given a coupon code that you can apply directly to your purchase on the vendor storefront for Blue365 members, or you'll be sent to the vendor's site, where the discount will be automatically applied for you.

Every week, Blue365 will send you an email announcing a different deal or discount. You will need to opt in to receive these emails, and you can opt out anytime.

You will also receive healthy tip emails once a month, sharing small steps you can take to make a big impact on your health and lifestyle.

I have more questions.

Get in touch! We'll gladly answer any further questions you might have – and until then, here's to your health!

CONTACT US:
Email: ***support@blue365deals.com***
Call: 855-511-BLUE

Blue Cross of Idaho | Blue365

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Form No. 20-2461 (01-24)

Blue Cross of Idaho | Blue365

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.

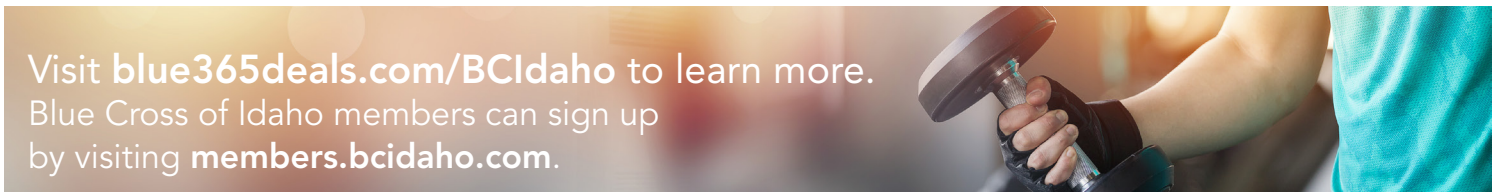
Whether you're dedicated to maintaining your workout regimen or just starting on a journey towards a more active life – Blue365 offers savings on a network of national gyms to give you the access and membership that fits your lifestyle.

Active&Fit DIRECT™

- 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.

fitness your way by Tivity Health

- 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.



Other fitness deals from:

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Finding A Doctor

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

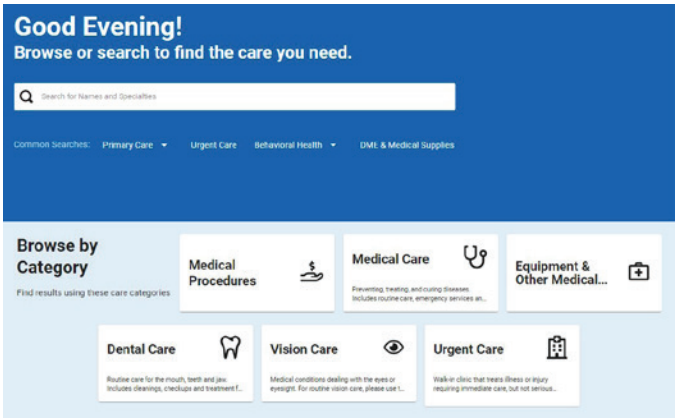
Blue Cross of Idaho works with healthcare providers who agree to provide services at discounted rates to help save you money. When you see an in-network provider, you get the most out of your health benefits. You can visit an out-of-network provider, but you may pay more out of pocket. Follow the steps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

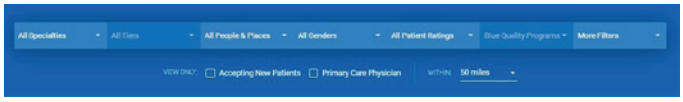
STEP 2: SEARCH FOR A PROVIDER

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 3: REFINE YOUR SEARCH

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



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.

Form No. 3-872 (11-23)

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.

Form No. 3-2777 (10-24)

Blue Cross of Idaho Rx

carelon Rx | 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.

Form No. 3-1287NI (11-23)

Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Preferred Blue® Dental PPO

Benefit Highlight Sheet Syringa Mountain School and Effective Date: September 1, 2026		
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) *(Deductible applies to In-Network basic and major services and all Out-of-Network services.)* **Individual**	**In-Network** **The Participant is responsible to pay these amounts:** **$25**	**Out-of-Network**
Family *(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)*	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.

Blue Cross of Idaho

ISBT Vision Plan

VOLUNTARY VISION PLAN

VOLUNTARY VISION PLAN OPTIONS *(Coverage with VSP Choice Doctor)*	
Benefit Option:	Essential Plus 12/130
WellVision Exam® (every 12 months)	$10 Copayment
Prescription Glasses	$25 Copayment
FRAME	
• $130 allowance for a wide selection of frames / $70 allowance at Costco/Walmart • 20% savings on the amount over your allowance • Every 12 months	Included in Prescription Glasses Copayment
LENSES	
• Single vision, lined bifocal and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months	Included in Prescription Glasses Copayment
LENS OPTIONS	
• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements • Every 12 months	Copayment $55 $95 – $105 $150 – $175
CONTACTS *(instead of glasses)*	
• $130 allowance for contacts and contact lens exam (fitting and evaluation) • 15% off contact lens exam (fitting and evaluation) • Every 12 months	$0 Copayment
EXTRA SAVINGS AND DISCOUNTS	
For more savings on additional pairs of glasses, sunglasses, contacts, laser vision correction and more, visit ***vsp.com/offers***.	
COVERAGE WITH OUT-OF-NETWORK PROVIDERS	
Exam ..... up to $45 Frame ..... up to $47 Single Vision Lenses..... up to $45	Lined Bifocal Lenses..... up to $65 Lined Trifocal Lenses ..... up to $85 Progressive Lenses ..... up to $65	Contacts ..... up to $105

VSP guarantees coverage from VSP doctors only.

Choosing a VSP doctor

Finding the right eye care provider is important to your eye health and overall wellness. Choose from a wide variety of VSP doctors, including local eye doctors or doctors at in-network retail locations like Costco, Walmart/Sam's Club, Visionworks® and more.[1] To find a VSP doctor, visit ***vsp.com*** or call 800-877-7195.

[1]*Not all doctors at in-network retail locations may participate. Please visit **vsp.com** or call 800-877-7195 to find a participating provider.*

Plan Information
VSP Doctor Network: VSP Choice

vsp vision care

Employee Assistance Program

Your Employee Assistance Program (EAP) is a well-being benefit that provides:

- Free & Confidential Counseling
- Personal Growth Support
- Stress Management Assistance
- Legal Assistance & Will Maker Programs
- Financial Consultations & Calculators
- Wide Range of Member Resources: Mental Health,
- Parenting, Eldercare Support, & more.

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

You can access these services in three easy ways: **Call, Text, Email, or Go Online.**

Call: 1-800-726-0003

Text: 208-336-4275

Email: Intake@bpahealth.com

Go Online at: www.bpahealth.com/portal-login/

Next, you can browse Member Resources, locate a preferred Provider, and access Virtual Counseling through the BetterHelp Login.

Get started today at **www.bpahealth.com**

Username: **Syringa Mountain School**
Password: **8007260003**
Number of sessions: **10**

Crisis Counselors Available by Phone 24/7

Service Providers in Your Area

Confidential and Secure

The BPA Health Difference

Comprehensive Support That Drives Real Results

At BPA Health, we go beyond traditional EAP services. Our proactive, high-touch approach ensures that employees and their families receive the right care, at the right time—reducing stress, improving well-being, and enhancing productivity. What sets us apart is our commitment to personalized support, ease of access, and comprehensive resources that address not only mental health but also financial, legal, and everyday life challenges. Our key differentiators are:

- **Personalized Service Navigation** – No more hours spent searching for a provider. Our Service Navigators:
  - Provide a list of 3 vetted providers within 24 hours and will schedule appointments
  - Follow up at 10 days to ensure connection
  - Check-in again at 30 days for additional support
- **Critical Incident Response (CIR)** – Immediate, expert-led support during workplace crises, trauma, or grief situations
- **Advanced Provider Search Filters** – Find the right provider based on specialty, age, and availability (nights/weekends)
- **Mandatory Management Referrals** – We guide employees throughout the process and provide progress reports

Beyond Mental Health: Whole-Person Well-Being

BPA Health provides resources that support every aspect of life, including:

- **BetterHelp Virtual Therapy** – Convenient Online counseling, including options for couples and teenagers
- **Financial & Legal Assistance** – Free tax filing (TaxSlayer), bankruptcy & discrimination support, estate planning & more
- **Caring for an Elderly Relative** – Expert guidance on aging-related decisions
- **Parenting & Family Support** – Resources to help navigate every stage of parenthood
- **Identity Theft & Credit Fraud Recovery** – Personalized assistance in handling fraud and security breaches
- **Home Buying & Selling Resources** – Tools and guidance for major life transitions

Did you know?

Employees using an EAP are **6X more likely** to remain engaged at work, show improved job performance and job satisfaction.

"Based on the results of utilizing the Management Referral Program with BPA Health, we were able to retain a long-time employee. We are very grateful for our continued partnership and recommend BPA Health to any employer looking to partner who cares as much about our employees as we do."

–Employer, Employee Assistance Program

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BPA HEALTH

Helping people be healthier and organizations more effective since 1974.
Call us at (800) 726-0003 or visit us at bpahealth.com to learn more.

Employee Assistance Program

Helping You Show Up as Your Best—At Work and at Home

What's Included in Your EAP?

Counseling Services

- Free and confidential counseling with access to 36,000+ licensed professionals across the country
- Convenient virtual appointments through BetterHelp, including options for couples and teenagers

Life Resources

- Stress & personal growth support
- Parenting & eldercare resources
- Legal & financial consultations
- Identity theft recovery
- Will maker & tax tools

Who's Covered?

- You
- Your spouse or partner
- Dependents up to age 26

How to Access Support

We are real people providing real help in real time

Call: 800-726-0003

Text: 208-336-4275

Go Online at: www.bpahealth.com

Monthly Tools for Everyday Resilience

Stay informed with monthly newsletters, resources, and trainings covering self-care, parenting, financial wellness, and more.

The BPA Health Difference

Personalized Service Navigation

No more hours spent searching for a provider.

- Vetted providers within 24 hours and appointment scheduling
- Follow up at 10 days to ensure connection
- Check-in again at 30 days for additional support

Critical Incident Response (CIR)

- On-site support for workplace trauma, grief, or crisis

Advanced Search Tools

- Find providers by specialty, age group, and schedule

Did You Know?

Employees using an EAP are **6X more likely** to remain engaged at work, show improved job performance and job satisfaction.

Helping people be healthier and organizations more effective since 1974.
Call us at (800) 726-0003 or visit us at bpahealth.com to learn more.

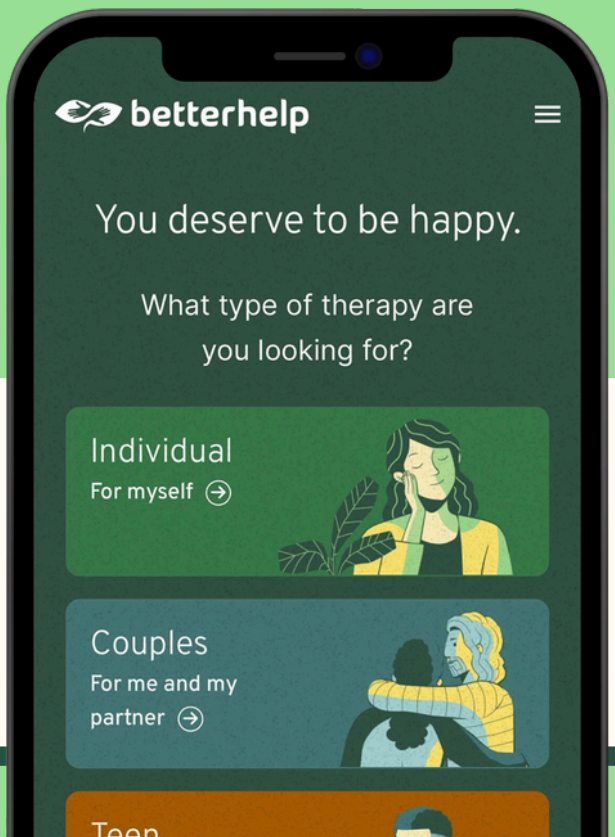
Member Portal

Did you know that your EAP offers easy and confidential virtual therapy?

betterhelp

As part of the many benefits available to you through your employer, your EAP program offers convenient and direct access to a licensed therapist through Chat, Phone, or Video—**Anytime. Anywhere.**

Get matched with a licensed therapist based on your preferences (gender, age, orientation, BIPOC, faith) and needs (Stress, Anxiety, LGBTQ, Depression, Couples Therapy, Teen Counseling, Addictions, Grief, etc.).



To access your BetterHelp benefits go to:
www.betterhelp.com/bpahealth

SCAN QR

or call: **800-726-0003**
to speak with the Service Navigaton Team

BPA Health
is the EAP provider chosen by your employer. Learn more at BPAHealth.com

BetterHelp
is the world's largest online therapy provider. Learn more at BetterHelp.com

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.