



2024-25 SEPTEMBER 1, 2024—AUGUST 31, 2025

BENEFITS GUIDE

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 (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective September 1 - August 31, 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.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

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)

(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
rhonda.bartholomew@hubinternational.com

Melonie Greening
(208) 737-6496
melonie.greening@hubinternational.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



**ISBT PPO
BENEFITS OUTLINE**

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

Syringa Mountain School: Effective Date: September 1, 2024

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	\$6,000
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 • ChoiceDocs 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)	Deductible and Cost Sharing
• 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>	\$30 Copayment per visit for In-Network Primary Care Provider. \$50 Copayment per visit for In-Network Specialist Provider (non-Primary Care Provider)	
Pediatric Physician Office Visits <i>(For Participants 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.)</i>	No Charge (Deductible does not apply)	Deductible and Cost Sharing

<p>Immunizations <i>Acellular Pertussis, Diphtheria, Haemophilus Influenza B, Hepatitis B, Influenza, Measles, Mumps, Pneumococcal (pneumonia), Poliomyelitis (polio), Rotavirus, Rubella, Tetanus, Varicella (Chicken Pox), Hepatitis A, Meningococcal, Human papillomavirus (HPV), Zoster and COVID-19.</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>No Charge (Deductible does not apply)</p>
	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>

TELEHEALTH SERVICES	
<p>Telehealth Virtual Care Services</p>	<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>		
<p>Allergy Injections</p>	<p>\$5 Copayment per visit if this is the only service provided during the visit</p>	<p>Deductible and Cost Sharing</p>
<p>Ambulance Transportation Service</p> <ul style="list-style-type: none"> • 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> 	<p>Deductible and Cost Sharing</p> <p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p> <p>In-Network Deductible and In-Network Cost Sharing</p>
<p>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></p>	<p>No Charge (Deductible does not apply)</p>	<p>Deductible and Cost Sharing</p>
<p>Chiropractic Care Services <i>Up to a combined In-Network and Out of-Network total of 18 visits per Participant, per Benefit Period.</i></p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>
<p>Dental Services Related to Accidental Injury</p>	<p>Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</p>
<p>Diabetes Self-Management Education Services</p>	<p>Primary Care Provider Copayment per visit</p>	<p>Deductible and Cost Sharing</p>
<p>Diagnostic Services (Outpatient services only) <i>(Including diagnostic mammograms)</i></p>	<p>No charge up to \$100 per Participant per Benefit Period (No Deductible required)</p> <p>Covered Services over the annual limit above Deductible and Cost Sharing</p>	<p>Deductible and Cost Sharing</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>	
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	Deductible and Cost Sharing	Deductible and Cost Sharing
<ul style="list-style-type: none"> Inpatient Facility and Professional Services 		
Mental Health and Substance Use Disorder Outpatient Services <ul style="list-style-type: none"> Outpatient Psychotherapy Services Pediatric Outpatient Psychotherapy Services <i>(For Participants under the age of eighteen (18).)</i> Facility and other Professional Services 	Primary Care Provider Copayment per visit No Charge (Deductible does not apply) Deductible and Cost Sharing	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)	
Morbid Obesity <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
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>(Up to a combined In-Network and Out of-Network total of 36 visits per Participant, per Benefit Period. An additional 36 visits may be available with Prior Authorization.)</i> <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

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
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.		

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 <div data-bbox="570 1234 1073 1308" style="background-color: #003366; color: white; text-align: center; padding: 5px;"> Services for pregnant women or women who may become pregnant </div> <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 	<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 <p data-bbox="1073 1287 1572 1507">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; 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
<p>Other immunizations not specifically listed may be covered at the discretion of Blue Cross of Idaho when medically necessary.</p>	

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 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.



TAKE YOUR HEALTHCARE INTO YOUR OWN HANDS.

The Blue Cross of Idaho member app gives you access to the tools and information you need to get the right care for you. With the app, you can:

FIND CARE

Use the search tool to find doctors, hospitals and urgent care, plus where to get services. Filter your results to find in-network care.

ACCESS YOUR ID CARD

Show, send or fax your in-app member ID card to a clinic, hospital or pharmacy when you get care.

GET TELEHEALTH

Find resources to help you connect with a provider from your phone.

KEEP TRACK OF YOUR AND YOUR FAMILY'S CARE

Find out how close you are to your deductible, what you might owe at your next doctor's visit and what services are covered for everyone on your plan.

PRICE PRESCRIPTION DRUGS

Look up prices for prescriptions from the app and find a pharmacy near you.

GET THE APP:

- **Option 1:** Find it in the App Store and Google Play Store
 - Search for the Blue Cross of Idaho member app in the App Store and in the Google Play Store
 - Select the app named **Blue Cross of Idaho** (new)
 - Select **Get** in the App Store or **Install** in the Google Play store to download the app
 - **Option 2:** Scan the QR code to get the app on your iPhone or Android device
- You can also visit bcidaho.com/memberapp to learn more.



Blue Cross of Idaho makes it easy for members to compare the cost of procedures at different healthcare facilities. When members choose the more-affordable, highly effective option, they will be rewarded with cash – and everyone saves.

The Issue

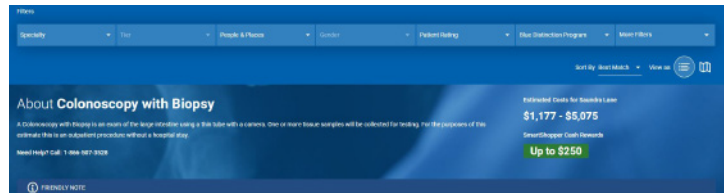
The cost for healthcare procedures like mammographs, CT scans and knee replacements can vary depending on where they are performed. Extra charges for a hospital stay, doctor’s fees, lab work, anesthesia and other services related to a procedure can also add up, meaning higher copays or coinsurance for members and overall healthcare spend for employers.

SmartShopper

SmartShopper empowers members to shop around for the care they need while helping both members and employers cut healthcare costs. Using the CostAdvisor cost transparency tool, members can search for services and find the estimated cost based on their plan benefits. At the same time, they can see the SmartShopper cash reward offered for using different facilities. When members select a SmartShopper-eligible location, they’re sent a reward. Making the more-affordable choice leads to savings for members and employers.

How it Works:

- After a provider recommends a medical procedure, a member logs in to their Blue Cross of Idaho member account at **members.bcidaho.com** and accesses the CostAdvisor tool.
- In the tool, the member searches for a service or procedure, using filters to refine the search.



- Search results will show the member a list of facilities, plus the estimated cost and the cash reward amount. Facility contact information and patient reviews are also included.
- The member chooses a facility and makes an appointment or contacts the SmartShopper Personal Assistant team to schedule it.
- If the member visits a facility with a cash reward (based on submitted claims), the reward will be on its way to the member four to six weeks after the date of the procedure.

FAQs

Are members required to use the SmartShopper program?

No. Blue Cross of Idaho will let members know how to use CostAdvisor to shop for care, why they will benefit by selecting the lower-cost option and how they can earn a cash reward through the SmartShopper program. However, they are not required to use the SmartShopper program.

Are members penalized for not using a lower-cost facility when they need to get a procedure done?

No. Blue Cross of Idaho wants to reward members who select a more affordable facility, but there is no penalty for not using the lower-cost facility. Members are welcome to use any facility they prefer, although they will get the most out of their benefit when they use in-network facilities. They will pay any applicable copay or coinsurance for care at any facility.

What's included in the estimated cost that a member sees in the CostAdvisor tool?

The estimated cost to a member for a procedure includes the services and fees that usually come with medical procedures. These include hospital stays, facility and doctor's fees, lab work, anesthesia and follow-up visits.



Need more information?
Not sure how this will benefit your team?
Visit bcidaho.com/smartshopper to learn
how you and your employees can be smart shoppers.






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®

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.



Preferred Blue® Dental PPO

Benefit Highlight Sheet Syringa Mountain School and Effective Date: 09/01/202

**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:	
Individual	\$25	
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 Ortho Not Covered	\$1,000	
Orthodontic Services (No Waiting Period) Ortho Not Covered	Ortho Not Covered	

HIGHLIGHTS OF OUR MOST POPULAR DENTAL PLAN

Preventive Services

Cleanings, oral exams and X-rays

**In network: \$0
No charge**



Out of network: 20%¹

Basic Services

Fillings, extractions and oral surgery

In network: 20%¹



Out of network: 30%¹
6-month waiting period

Major Services

Crowns, bridges, dentures and implants

In network: 50%¹



Out of network: 60%¹
12-month waiting period

Dental Provider Network

More than **90%** of Idaho dentists are in network.

Members get at least a **20%** discount on services by an in-network provider.



Benefit Options

DEDUCTIBLE

\$25 or \$50

Per person, 3 family member maximum

**BENEFIT PERIOD
MAXIMUM**

**\$1,000,
\$1,250 or
\$1,500**

Orthodontia



Member pays 50% of allowed amount.

Available to groups with 20 or more enrolled contracts.
Lifetime maximum of \$1,000, \$1,250 or \$1,500.
Optional 12 or 24-month waiting period.

¹ Percent of allowed amount you pay after deductible

Keep your eyes healthy with Blue Cross of Idaho vision, administered by VSP

Why enroll in Blue Cross of Idaho vision? Your eyes deserve the best care to keep them healthy year after year. Plus, with a VSP® network doctor, you'll get a great value on your eyecare and eyewear.

You'll like what you see

- **Personalized care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP network doctor.
 - When you see an in-network VSP network doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.
 - With a VSP network doctor, your satisfaction is guaranteed.
 - If you're not 100% happy, your VSP network doctor will make it right.
- **Great eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of providers.** Finding the right eye care provider is important to your eye health and overall wellness. Choose from a wide variety of VSP network doctors, including local eye doctors or doctors at in-network retail locations like Costco®, Walmart/Sam's Club, Visionworks® and more.¹

Using your benefit is easy

- **Choose a VSP in-network provider.** To find a VSP network doctor, visit vsp.com or call 844-348-0848.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP** and show them your Blue Cross of Idaho member ID card.

That's it! There are no claim forms to complete when you see a VSP network doctor.

Choice in eyewear

When you visit a VSP network doctor, you'll save on out-of-pocket costs for your choice of eyewear. Plus, go to a participating retail chain and enjoy more savings. Participating retail locations include Walmart/Sam's Club, Costco® and more. Visit vsp.com/offers for information on more savings and exclusive extras available to you.

Prefer to shop online?

Your benefit includes Eyeconic™, VSP's preferred retailer, and shipping is free. Visit Eyeconic.com for complete details.

Save with Blue Cross of Idaho Vision Coverage ²		
Benefit	Without Blue Cross of Idaho Vision Coverage	With Blue Cross of Idaho Vision Coverage
Eye Exam	\$166	\$10 Copayment
Frame	\$130	\$25 Copayment
Single Vision Lenses	\$80	
Light-reactive Lenses	\$96	\$70
Anti-glare Coating	\$104	\$41
Total	\$576	\$146

¹Not all doctors at in-network retail locations may participate. Please visit vsp.com or call 844-348-0848 to find a participating provider.

²Comparison based on state of Idaho averages for comprehensive eye exams and most commonly purchased brands.

Average Annual Savings

\$420

with a VSP Network Doctor



Blue Cross of Idaho offers you an affordable eyecare plan

VSP network doctor Network: VSP Choice

Visit vsp.com for more details on your vision benefit.

Benefit	Description	Copayment	Frequency
YOUR COVERAGE WITH A VSP NETWORK DOCTOR			
WellVision Exam	Focus on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	\$130 allowance on a wide selection of frames / 20% savings on the amount over your allowance \$70 allowance at Walmart/Sam's Club/Costco®	Included in Prescription Glasses	Every 12 months
Lenses	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Options	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% off other lens options	\$55 \$95 – \$105 \$150 – \$175	Every 12 months
Contacts (instead of glasses)	\$130 allowance for contacts and contact lens exam (fitting and evaluation) 15% off contact lens exam (fitting and evaluation)	\$0	Every 12 months
Extra Savings and Discounts	<p>Glasses and Sunglasses 20% off additional glasses and sunglasses, including lens options, from any VSP network doctor within 12 months of your last WellVision Exam.</p> <p>Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSP network doctor.</p>		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Visit vsp.com for details, if you plan to see a provider other than a VSP network doctor.

Exam up to \$45	Single Vision Lenses up to \$45	Lined Trifocal Lenses up to \$85	Elective Contacts .. up to \$105
Frame up to \$47	Lined Bifocal Lenses up to \$65	Progressive Lenses up to \$65	Medically Necessary Contacts.....up to \$210

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

©2021 Vision Service Plan. All rights reserved.

VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners.



VSP is an independent company that administers vision benefits on behalf of Blue Cross of Idaho.



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](https://www.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)



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/eaonlinequest>

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



September 1, 2024

Syringa Mountain School

Blue Cross PPO 1000 Medical Rates

Employee	\$ 509.75
Employee + Spouse	\$ 1,085.90
Employee + Child	\$ 769.00
Employee + Children	\$ 889.05
Employee + Family	\$ 1,254.00

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, 2024, through August 31, 2025

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.

