



Idaho School Benefit Trust

Option Pricing (Eff 9/1/2025)

Group Name Syringa Mountain School
Group ID 10037271

Medical			
Current Design	PPO 1000 <input type="checkbox"/> Check	<input type="checkbox"/> Check	<input type="checkbox"/> Check
Product	PPO		
Deductible IN (Indiv/Fam)	\$1,000/\$2,000		
Deductible OON (Indiv/Fam)			
Medical OOP Max IN (Indiv/Fam)	\$4,000/\$8,000		
Medical OOP Max OON (Indiv/Fam)	\$6,000/\$12,000		
Member Coinsurance (IN/OON)	10%/30%		
Physician Copay	10/30/30/50		
Prescription Drugs	15/30/45		
Prescription Drugs OOP (Indiv/Fam)	\$2,000/\$4,000		
Cobra	Y		
Commission PEPM	\$29.00		

Renewal Rates	PPO 1000		
Enrollee	\$544.35		
Ee + Spouse	\$1,162.00		
Ee + 1 Child	\$822.30		
Ee + Children	\$950.95		
Ee + Sp + Child(ren)	\$1,342.20		

Multiple Option Surcharge (Y/N)			
Alternate Options	Option 1 <input type="checkbox"/> Check	Option 2 <input type="checkbox"/> Check	Option 3 <input type="checkbox"/> Check
Product			
Deductible IN (Indiv/Fam)			
Deductible OON (Indiv/Fam)			
Medical OOP Max IN (Indiv/Fam)			
Medical OOP Max OON (Indiv/Fam)			
Member Coinsurance (IN/OON)			
Physician Copay			
Prescription Drugs			
Prescription Drugs OOP (Indiv/Fam)			
Cobra	Y		

w/ Changes	Option 1	Option 2	Option 3
Enrollee			
Ee + Spouse			
Ee + 1 Child			
Ee + Children			
Ee + Sp + Child(ren)			

Difference

ISBT Dual Surcharge policy

- 1 or 2 plans, no surcharge
- 3 or more plans, surcharge applies
- Surcharge is waived in triple option scenario if third plan is a CCO plan that has identical benefits (deductible, copay, coinsurance, OOP and Rx) to a PPO plan that is also being offered.

By signing you are agreeing to all Underwriting conditions and quote assumptions provided herein.

Authorized Representative:

Printed Name:

Date:

Dental		
Current Design	Dental <input type="checkbox"/> Check	Blue Connect
Dental Benefit	PPO I	N/A
Enrollment	Non-Standard	
Deductible	\$25	
Coinsurance	0%/20%/50%	
Benefit Max	\$1,250	
Ortho	N	
Commission PEPM	N/A	

Renewal Rates	Dental	Blue Connect
Enrollee	\$31.60	\$0.00
Ee + Spouse	\$63.20	\$0.00
Ee + 1 Child	\$55.50	\$0.00
Ee + Children	\$99.95	\$0.00
Ee + Sp + Child(ren)	\$115.55	\$0.00

Alternate	Option <input type="checkbox"/> Check
Dental Benefit	
Enrollment	
Deductible	
Coinsurance	
Benefit Max	
Ortho	

w/ Changes	Option	Option
Enrollee		Contact UW
Ee + Spouse		
Ee + 1 Child		
Ee + Children		
Ee + Sp + Child(ren)		

Difference

*If Ortho is added/removed, difference is not applicable.

Vision		EAP	
Current Design	Vision <input type="checkbox"/> Check	Current Design	EAP <input type="checkbox"/> Check
Plan	Dental Plus 12/\$130	Visits	4 Visits
Enrollment	Voluntary		
Exam Copay	\$10		
Frame Frequency	12-months		

Renewal Rates		Renewal Rates	
Enrollee	\$10.95	Enrollee	\$1.80
Ee + Spouse	\$16.80	Ee + Spouse	\$1.80
Ee + 1 Child	\$16.80	Ee + 1 Child	\$1.80
Ee + Children	\$28.80	Ee + Children	\$1.80
Ee + Sp + Child(ren)	\$28.80	Ee + Sp + Child(ren)	\$1.80

Alternate	Option <input type="checkbox"/> Check	Alternate	Option <input type="checkbox"/> Check
Plan		Visits	10
Enrollment			
Exam Copay			
Frame Frequency			

w/ Changes	Option	w/ Changes	Option
Enrollee		Enrollee	\$3.12
Ee + Spouse		Ee + Spouse	\$3.12
Ee + 1 Child		Ee + 1 Child	\$3.12
Ee + Children		Ee + Children	\$3.12
Ee + Sp + Child(ren)		Ee + Sp + Child(ren)	\$3.12

Difference

Difference

73.3%