

Benefits for 2017 - 2018

Medical



Summary of Coverage

Blue Cross of Idaho Preferred Blue PPO

IN NETWORK	
Deductibles (Individual / Family)	\$750 / \$1,500 (Resets October 1 annually)
Preventive Care	No charge for listed preventive, screening and immunization services
Primary Care Visit	\$30 copay/visit
Specialist Visit	\$30 copay/visit
Diagnostic Exam	No charge up to \$400, then Deductible/Coinsurance
X-Rays	No charge up to \$400, Deductible/Coinsurance (Preauthorization Required)
Outpatient Procedure	Subject to Deductible/Coinsurance
Inpatient Visit	Subject to Deductible/Coinsurance
Emergency Room	\$100 copay/visit, then 30% Coinsurance
Urgent Care	\$30 copay/visit
Pharmacy / RX (30 Day Supply)	Generic: \$7 copay / Preferred Brand: \$30 copay Non Preferred Brand: \$50 copay / Specialty: \$50 copay
Pharmacy Out-of-Pocket	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Max (Indiv / Family)	\$2,250 / \$4,500
OUT OF NETWORK	
Deductibles (Individual / Family)	Combined with In Network Deductible
Preventive Care	No charge for listed preventive, screening and immunization services
Primary Care Visit	50% coinsurance
Specialist Visit	50% coinsurance
Diagnostic Exam	50% coinsurance
X-Rays	50% coinsurance (Preauthorization Required)
Outpatient Procedure	50% coinsurance (Preauthorization Required)
Inpatient Visit	50% coinsurance
Emergency Room	\$100 copay/visit, then 50% coinsurance
Urgent Care	50% coinsurance
Pharmacy / RX (30 Day Supply)	Generic: \$7 copay / Preferred Brand: \$30 copay Non Preferred Brand: \$50 copay / Specialty: \$50 copay
Pharmacy Out-of-Pocket	\$4,000 Individual / \$8,000 Family
Out-of-Pocket Max (Indiv / Family)	\$3,750 / \$7,500

* Member may be responsible for any amount over the allowed amount