

Blue Cross of Idaho Insurance Rates

2023-2024

\$750 PPO Plan

\$	850.75
\$	32.45
\$	<u>6.95</u>
\$	890.15
\$	<u>(890.15)</u>

District pays:

Employee Cost:

\$ -

\$	1,871.10
\$	70.15
\$	<u>9.90</u>
\$	1,951.15
\$	<u>(890.15)</u>

District Pays:

Dependent cost:

\$ (300.00)

Employee Cost:

\$ 761.00

\$	1,309.90
\$	62.35
\$	<u>9.90</u>
\$	1,382.15
\$	<u>(1,190.15)</u>

District pays

Employee Cost

\$ 192.00

\$3,000 PPO Plan

MONTHLY

Medical/RX	\$ 712.25
Dental	\$ 32.45
Vision	\$ <u>6.95</u>
Employee ONLY	\$ 751.65
	\$ <u>(890.15)</u>

Available for dependent

EE w/Spouse

Medical/RX	\$ 1,566.50
Dental	\$ 70.15
Vision	\$ <u>9.90</u>
	\$ 1,646.55
	\$ <u>(890.15)</u>

Flat Rate

Available for dependent

EE w/ 1 child

Medical/RX	\$ 1,096.65
Dental	\$ 62.35
Vision	\$ <u>9.90</u>
	\$ 1,168.90
	\$ <u>(1,190.15)</u>

\$ (138.50) Coverage ONLY
Blue Cross Insurance ONLY

\$ 317.90 Employee Cost

\$	1,096.65
\$	62.35
\$	<u>9.90</u>
\$	1,168.90
\$	<u>(1,190.15)</u>

\$ (21.25) n/a

District pays monthly premium for EMPLOYEE Insurance

\$ 890.15

for the \$750 PPO Plan Rate

\$ 300.00

FLAT RATE MONTHLY DEPENDENT COVERAGE

\$ 1,190.15

\$ (138.50) District Savings difference with \$3,000 PPO Plan

Available for additional dependent coverage under \$3000 Plan

\$750 PPO Plan

\$	1,522.45
\$	92.75
\$	<u>17.65</u>
\$	1,632.85
\$	<u>(1,190.15)</u>
\$	442.70

\$3000 PPO Plan

EE w/ Children

Medical/RX	\$ 1,274.60
Dental	\$ 92.75
Vision	\$ <u>17.65</u>
	\$ 1,385.00
	\$ <u>(1,328.65)</u>

District pays

EMPLOYEE COST

\$ 56.35

**FAMILY
EE/SP & Child(ren)**

\$	2,168.65
\$	124.20
\$	<u>17.65</u>
\$	2,310.50
\$	<u>(1,190.15)</u>

\$ 1,120.35

Medical/RX	\$ 1,815.60
Dental	\$ 124.20
Vision	\$ <u>17.65</u>
	\$ 1,957.45
	\$ <u>(1,328.65)</u>

District pays

Employee Cost

\$ 628.80