

Blue Cross of Idaho Insurance Rates

	\$750 PPO Plan	2024-2025 EE MONTHLY	\$3,000 PPO Plan	District pays monthly premium for EMPLOYEE Insurance \$ 957.45 for the \$750 PPO Plan Rate	
	\$ 916.25	Medical/RX	\$ 767.10	\$ 300.00	FLAT RATE MONTHLY DEPENDENT COVERAGE
	32.45	Dental	32.45	\$ 1,257.45	
	6.95	Vision	6.95		
	1.80	EAP - 4 visits	1.80		
	957.45	Employee ONLY	806.50		
District pays:	(957.45)	Available for dependent	(957.45)		
Employee Cost:	\$ -		\$ (150.95)		Available for additional dependent coverage under \$3000 Plan
		EE w/Spouse		\$750 PPO Plan	\$3000 PPO Plan
	\$ 2,015.15	Medical/RX	\$ 1,687.10	\$ 1,639.70	Medical/RX \$ 1,372.75
	70.15	Dental	70.15	92.75	Dental 92.75
	9.90	Vision	9.90	17.65	Vision 17.65
	1.80	EAP - 4 visits	1.80	1.80	EAP - 4 visits 1.80
	2,097.00	Subtotal	1,768.95	1,751.90	1,484.95
District Pays:	(957.45)	Flat Rate	(957.45)	(1,257.45)	District pays (1,408.40)
Dependent cost:	(300.00)	Available for dependent	(150.95)	\$ 494.45	EMPLOYEE COST \$ 76.55
Employee Cost:	\$ 839.55		\$ 360.55		
		EE w/ 1 child		FAMILY	
	\$ 1,410.75	Medical/RX	\$ 1,181.10	EE/SP & Child(ren)	
	62.35	Dental	62.35	Medical/RX	\$ 1,955.40
	9.90	Vision	9.90	Dental	124.20
	1.80	EAP - 4 visits	1.80	Vision	17.65
	1,484.80	Subtotal	1,255.15	EAP - 4 visits	1.80
District pays	(1,257.45)		(1,257.45)	2,479.30	2,099.05
Employee Cost	\$ 227.35		\$ (2.30) n/a	(1,257.45)	District pays (1,408.40)
				\$ 1,221.85	Employee Cost \$ 690.65