

# Blue Cross of Idaho Insurance Rates

	2025-2026	
\$750 PPO Plan	EE	\$3,300 HSA Plan
	MONTHLY	
\$ 983.20	Medical/RX	\$ 685.80 687.60
32.45	Dental	32.45
6.95	Vision	6.95
1.80	EAP - 4 visits	1.80
1,024.40	Employee ONLY	727.00
District pays: (1,024.40)		(1,024.40)
Employee Cost: \$ -	Available for dependent	\$ (297.40) Coverage ONLY
		Blue Cross Insurance ONLY

## District pays monthly premium for EMPLOYEE Insurance

\$ 1,024.40	for the \$750 PPO Plan Rate
\$ 300.00	FLAT RATE MONTHLY DEPENDENT COVERAGE
\$ 1,324.40	

\$ (297.40) District Savings difference with \$3,300 HSA Plan  
Available for additional dependent coverage under \$3,300 Plan

	EE w/Spouse	
\$ 2,015.15	Medical/RX	\$ 1,687.10
70.15	Dental	70.15
9.90	Vision	9.90
1.80	EAP - 4 visits	1.80
2,097.00	Subtotal	1,768.95
District Pays: (1,024.40)		(1,024.40)
Dependent cost: (300.00)	Flat Rate	(300.00)
Employee Cost: \$ 772.60	Available for dependent	(297.40)
		\$ 147.15 Employee Cost

	EE w/ 1 child	
\$ 1,411.25	Medical/RX	\$ 1,181.10
62.35	Dental	62.35
9.90	Vision	9.90
1.80	EAP - 4 visits	1.80
1,485.30	Subtotal	1,255.15
District pays (1,324.40)		(1,324.40)
Employee Cost \$ 160.90		\$ (69.25) n/a

	EE w/ Children	
\$ 1,639.70	Medical/RX	\$ 1,372.75
92.75	Dental	92.75
17.65	Vision	17.65
1.80	EAP - 4 visits	1.80
1,751.90		1,484.95
District pays (1,324.40)	District pays	(1,324.40)
Employee Cost \$ 427.50	EMPLOYEE COST	\$ 160.55

	FAMILY - EE/SP & Child(ren)	
\$ 2,335.65	Medical/RX	\$ 1,955.40
124.20	Dental	124.20
17.65	Vision	17.65
1.80	EAP - 4 visits	1.80
2,479.30		2,099.05
District pays (1,324.40)	District pays	(1,324.40)
Employee Cost \$ 1,154.90	Employee Cost	\$ 774.65