

Idaho Home Builders Association

Blue Cross of Idaho is proud to be the exclusive health plan partner of the Idaho Home Builders Association.

Our health plan options allow Idaho Home Builders Association members to offer whole-health coverage to their employees. These plans are available at competitive rates thanks to the packaging of medical, dental, vision and COBRA benefits, which helps lower premiums for both employers and health plan members.

Plan options:

- **Nine medical plan options**
 - Six PPO plans
 - Three HSA plans
- **Two dental plan options**
 - Optimal Dental
 - Dental Blue Connect
- **Preferred 150 vision plan**

Why offer Idaho Home Builders Association plans through Blue Cross of Idaho?

- Multiple high-value plan options available to meet the needs of each employer's workforce
- Competitive pricing for employer groups of all sizes
- Consolidated billing for all medical, dental, vision and COBRA coverage
- Dedicated account support from local Blue Cross of Idaho district offices in communities throughout the state
- Robust member benefits, including:
 - Broad network that includes 100% of hospitals and 95% of physicians in Idaho
 - Prescription drug coverage plus access to solutions that help members save more out of pocket
 - Preventive care – annual wellness visits, screenings and immunizations – with no out-of-pocket costs from in-network providers
 - \$0 copay for children's office visits that covers care from primary care providers, specialists and mental health providers (*\$0 copay available after deductible on HSA plans*)



2024 Idaho Home Builders Association Plans

MEDICAL PLANS: In-network rates									
Options	Preferred Blue PPO				HSA Blue PPO		Preferred Blue PPO		HSA Blue PPO
	Plan 1: PPO \$1,000	Plan 2: PPO \$1,500	Plan 3: PPO \$3,000	Plan 4: PPO \$5,000	Plan 5: HSA \$3,200	Plan 6: HSA \$5,000	Plan 7: PPO \$2,000	Plan 8: PPO \$4,000	Plan 9: HSA \$8,050
Network	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO	PPO
Deductible (individual/family)	\$1,000 \$2,000	\$1,500/ \$3,000	\$3,000/ \$6,000	\$5,000/ \$10,000	\$3,200/ \$6,400	\$5,000/ \$10,000	\$2,000 \$4,000	\$4,000 \$8,000	\$8,050 \$16,100
Out-of-pocket maximum (individual/family)	\$2,500/ \$5,000	\$3,000/ \$6,000	\$4,500/ \$9,000	\$7,000/ \$14,000	\$5,000/ \$10,000	\$6,550/ \$13,100	\$9,450/ \$18,900	\$8,800/ \$17,600	\$8,050/ \$16,100
Coinsurance	20%	20%	20%	30%	20%	20%	40%	35%	0%
Prescription copays/coinsurance	\$10/\$20/\$30/\$50/20%/30%				Deductible and coinsurance		\$35/30%/50%		Deductible and coinsurance
Prescription out-of-pocket maximum options	\$3,000/\$6,000		\$2,000/ \$4,000	Subject to medical	Subject to medical		Subject to medical		
Preventive care/screening	No charge				No charge		No charge		
Pediatric office visits (includes outpatient behavioral health)	\$0 copay				\$0 copay after deductible		\$0 copay		\$0 copay after deductible
Primary care office visit ChoiceDocs/ Non ChoiceDocs	\$20/\$40				Deductible and coinsurance		\$50		Deductible and coinsurance
Specialist office visit ChoiceDocs/ Non ChoiceDocs	\$40/\$60						\$80		
Telehealth	Office visit copay						Office visit copay		
Outpatient rehabilitation services	\$60 copay 30 visits combined						Deductible and coinsurance 20 visits combined		
Diagnostic lab and x-ray services	Deductible and coinsurance				Deductible and coinsurance		\$100 copay		Deductible and coinsurance
Advanced imaging							\$500 copay		
Inpatient hospital facility and services							Deductible and coinsurance		
Outpatient surgery and professional facilities									
Emergency room services	\$100 copay and deductible and coinsurance				\$100 copay and deductible and coinsurance		\$250 copay and deductible and coinsurance		

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DENTAL PLANS: In-network rates		
Name	Optimal Dental	Dental Blue Connect: Pathfinder Plan
Network	PPO	Willamette Dental Group
Deductible	\$50	N/A
Office visit copay	N/A	\$20
Preventive	100% after \$20 copay	100% after office visit copay
Basic care	20% after deductible	Ex: \$15 fillings
Major care	50% after deductible	Ex: \$350 crowns
Annual maximum	\$2,000	N/A
Orthodontia	Lifetime max: \$1,500 50% of allowed amount 12 months waiting period (Coverage for eligible dependent children)	\$2,800 copay (Coverage available for entire family)
Waiting period	Yes: 6 months basic 12 months major Waive if prior coverage	N/A

VISION PLAN: In-network rates	
Name	Preferred 150
Network	VSP
Frequency	12/12/12
Exam	\$10 copay
Materials copay	\$25
Frames/Contacts	\$150 allowance

