


Medical/Vision Coverage

Boise Municipal Health Care Trust



January 1, 2020

Medical		Preferred PPO		Economy PPO	
		In Network	Out of Network	In Network	Out of Network
	Deductible:	\$250 Individual		\$250 Individual	
		\$500 Family		\$500 Family	
	Out of Pocket:	\$1,500 Individual	\$3,000 Indiv.	\$2,500 Individual	\$5,000 Indiv.
		\$3,000 Family		\$5,000 Family	
	Ambulance Services:	80% billed after deductible		70% billed after deductible	
	Chiropractic and/or Acupuncture/Naturopath (Limited to 23 visits per benefit period):	80% after deductible	60% after ded.	70% after deductible	50% after ded.
NEW	Diabetes Prevention Program:	Free 16-week program for prediabetics to reduce risk of developing diabetes. Log in to members.beidaho.com to see if you qualify.			
	Diagnostic Services:	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Durable Medical Equipment:	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Emergency Services:	80% billed after deductible		70% billed after deductible	
Improved	Hearing Aids (Hardware & Exams):	100% to \$3,000 per year; Bal @10% <i>In-Network Only</i> <i>Does not apply to deductible or OOP</i>		100% to \$3,000 per year; Bal @10% <i>In-Network Only</i> <i>Does not apply to deductible or OOP</i>	
	Hospice Services:	100%	60%	100%	50% after ded.
	Hospital Services (Inpatient or Outpatient):	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Inpatient or Outpatient Physical, Speech & Occupational Rehab/Therapy:	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Physician Office Visit: (Additional labs, x-rays, other diagnostic services, not included in the copay)	\$20 Co-pay	60% after ded.	\$20 Co-pay	50% after ded.
NEW	MDLive (Telehealth): (Physician Consult by phone, video, or MDLive App 24/7)	\$10 Co-Pay		\$10 Co-Pay	
	Preventive Care & Immunizations:	100%		100%	
	Maternity Services:	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Breastfeeding Support & Supplies: (Includes rental and/or purchase of (1) manual or electric breast pump per benefit period)	100% of Max Allowance (Does not apply to Deductible)	60% of Max Allowance (Does not apply to Deductible)	100% of Max Allowance (Does not apply to Deductible)	50% of Max Allowance (Does not apply to Deductible)
	Mental Health Inpatient:	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Mental Health Outpatient:	\$20 Co-pay	60% after ded.	\$20 Co-pay	50% after ded.
	Supplemental Accident:	100% \$500 per incident		100% \$500 per incident	
	Surgical/Medical (Professional Services):	80% after deductible	60% after ded.	70% after deductible	50% after ded.
	Surgery (Med Necessary Obesity):	80% after deductible	60% after ded.	70% after deductible	50% after ded.

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 Prescription Drug		
Out of Pocket:	\$3,600 Individual/\$7,200 Family	
Generic:	\$10	
Preferred Brand Name:	\$20	
Non-Preferred Brand/Preferred Specialty:	\$40	
Non-Preferred Specialty:	\$55	
Retail Supply:	90 days for 3 co-pays	
Mail Order :	90 days for 2 co-pays	
 Vision	VSP Choice Plan	
	In Network	Out of Network
Exams, including Retinal Imaging:	\$25 Copay	
Lenses (Single, Lined Bifocals/Trifocals):	Covered in full after copay	
<u>Lense Extras:</u>	<u>Single Vision</u>	<u>Multifocal</u>
Anti-reflective coating	Covered in Full	Covered in Full
Polycarbonate Lenses (for children)	Covered in Full	Covered in Full
Polycarbonate Lenses (for all)	Covered in Full	Covered in Full
Standard Progressive Lenses	N/A	Covered in Full
Premium Progressive Lenses	N/A	\$95-\$105
Custom Progressive Lenses	N/A	\$150-\$175
Other Lens Options:	Avg 20-25% off	Avg 20-25% off
Frames:	\$250 Allowance + 20% Remaining	
<u>Contact Lenses:</u>	<i>Contacts are in lieu of Rx Glasses</i>	
Fitting & Evaluation	Covered in Full no Copay	
Elective Contacts	\$250 Allowance (In-Network ONLY)	
Necessary Contacts	Covered in Full	

New Tier* *Specialty limited to 30-day supply*

Ensure you make the most of your **in-network** savings by creating your member account at VSP.com. Refer to your Blue Cross ID Card to enter your member ID (without the preceding CIJ) to begin.
 Example: If you go to Costco, they are out of network, so instead of \$250 for frames, you only get \$70.