



**West Bonner County School District 83**

**Group #10020404**

**Renewal Rates Effective**

09/01/2026--08/31/2027

Medical Benefit	Blue Value 3000	PPO 3000
Product	Blue Value	PPO
Deductible IN (Indiv/Fam)	\$3,000/\$6,000	\$3,000/\$6,000
Deductible OON (Indiv/Fam)	\$6,000/\$12,000	Combined w/ IN
Medical OOP Max IN (Indiv/Fam)	\$5,500/\$11,000	\$5,500/\$11,000
Medical OOP Max OON (Indiv/Fam)	\$11,000/\$22,000	\$8,000/\$16,000
Member Coinsurance (IN/OON)	30%/50%	30%/50%
Physician Copay	\$20	\$20
Specialist Copay	\$40	\$40
Prescription Drugs	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%
Prescription Drugs OOP (Indiv/Fam)	\$3,000/\$6,000	\$3,000/\$6,000
<b>Commission PEPM</b>	\$5.20	

Dental Benefit	N/A
Enrollment	
Deductible	
Coinsurance	
Benefit Max	
Ortho	
<b>DBC Benefit</b>	Plan 3
<b>Commission PEPM</b>	\$1.25

Vision Benefit	Clear \$130
Enrollment	Identical
Exam Copay	\$25
Frame Frequency	12-months
<b>EAP Benefit</b>	N/A
<b>Cobra Admin</b>	Yes, fee applies <b>(\$ .50)</b>

\*DXL and supplemental accident are no longer offered

Current Rates						
	Blue Value 3000	PPO 3000	Dental	Dental Blue Connect Plan 3	Vision	EAP
Enrollee	\$706.50	\$757.90	\$0.00	\$49.64	\$7.00	\$0.00
Ee + Spouse	\$1,553.70	\$1,666.55	\$0.00	\$99.25	\$10.00	\$0.00
Ee + 1 Child	\$1,087.75	\$1,166.50	\$0.00	\$98.59	\$10.00	\$0.00
Ee + Children	\$1,264.40	\$1,355.90	\$0.00	\$144.42	\$17.85	\$0.00
Ee + Sp + Child(ren)	\$1,800.85	\$1,931.50	\$0.00	\$189.60	\$17.85	\$0.00

Renewal Rates						
	Blue Value 3000	PPO 3000	Dental	Dental Blue Connect Plan 3	Vision	EAP
Enrollee	\$844.25	\$905.70	\$1.25	\$52.77	\$7.00	\$0.00
Ee + Spouse	\$1,856.65	\$1,991.55	\$1.25	\$105.50	\$10.00	\$0.00
Ee + 1 Child	\$1,299.85	\$1,393.95	\$1.25	\$104.80	\$10.00	\$0.00
Ee + Children	\$1,510.95	\$1,620.30	\$1.25	\$153.52	\$17.85	\$0.00
Ee + Sp + Child(ren)	\$2,152.00	\$2,308.15	\$1.25	\$201.54	\$17.85	\$0.00

Percent Increase                      19.5%                      19.5%                      6.3%                      0.0%

Current Enrollment					
	Blue Value 3000	PPO 3000	Dental	DBC	Vision
Enrollee	79	31	0	12	117
Ee + Spouse	3	2	0	3	6
Ee + 1 Child	1	1	0	3	2
Ee + Children	4	2	0	1	6
Ee + Sp + Child(ren)	3	0	0	4	3

This document contains proprietary and confidential information. Copy and distribution of this document is prohibited without the written consent of Blue Cross of Idaho.

The quote conditions along with the rate page and standard options together comprise the entire quote.

By signing you are agreeing to all Underwriting conditions and quote assumptions provided herein.

Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Option Pricing (Eff 9/1/2026)**

**Group Name** West Bonner County School District 83

**Group ID** 10020404

\*Group can have no more than 3 plans.

Medical Benefit	PPO 500	PPO 750	PPO 1000	PPO 1500	PPO 2000
Product	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO
Deductible In-Network	\$500 Ind / \$1,000 Family	\$750 Ind / \$1,500 Family	\$1,000 Ind / \$2,000 Family	\$1,500 Ind / \$3,000 Family	\$2,000 Ind / \$4,000 Family
Deductible Out-of-Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network
Medical Total Out-of-Pocket In-Network	\$2,000 Ind / \$4,000 Family	\$3,750 Ind / \$7,500 Family	\$4,000 Ind / \$8,000 Family	\$5,500 Ind / \$11,000 Family	\$3,500 Ind / \$7,000 Family
Medical Total Out-of-Pocket Out-of-Network	\$3,500 Ind / \$7,000 Family	\$5,750 Ind / \$11,500 Family	\$6,000 Ind / \$12,000 Family	\$7,500 Ind / \$15,000 Family	\$5,000 Ind / \$10,000 Family
Medical Out-of-Pocket includes	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance
Member Coinsurance	20% In / 40% Out	30% In / 50% Out	20% In / 40% Out	30% In / 50% Out	20% In / 40% Out
Physician Copay In-Network	\$30	\$30	\$20	\$30	\$20
Specialist Copay In-Network	\$50	\$50	\$40	\$50	\$40
Prescription Drugs	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%
Prescription Drugs Total Out-of-Pocket	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO 500	PPO 750	PPO 1000	PPO 1500	PPO 2000
Enrollee	\$1,013.02	\$952.80	\$956.67	\$893.15	\$915.23
Ee + Spouse	\$2,227.81	\$2,095.36	\$2,103.88	\$1,964.19	\$2,012.74
Ee + 1 Child	\$1,559.70	\$1,466.97	\$1,472.94	\$1,375.14	\$1,409.13
Ee + Children	\$1,813.01	\$1,705.22	\$1,712.15	\$1,598.46	\$1,637.98
Ee + Sp + Child(ren)	\$2,582.21	\$2,428.69	\$2,438.56	\$2,276.64	\$2,332.92

Medical Benefit	PPO 3000	State-similar PPO	HSA 3400	HSA 5000	State-similar HSA	HMO Blue
Product	Preferred Blue PPO	Preferred Blue PPO	H.S.A. Blue PPO (Aggregate)	H.S.A. Blue PPO (Aggregate)	H.S.A. Blue PPO (Umbrella)	HMO Blue N2
Deductible In-Network	\$3,000 Ind / \$6,000 Family	\$350 Ind / \$950 Family	\$3,400 Ind / \$6,800 Family	\$5,000 Ind / \$10,000 Family	\$2,000 Ind / \$4,000 Family	N/A
Deductible Out-of-Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	\$750/N/A
Medical Total Out-of-Pocket In-Network	\$5,500 Ind / \$11,000 Family	\$3,250 Ind / \$6,750 Family	\$5,800 Ind / \$11,600 Family	\$5,000 Ind / \$10,000 Family	\$5,000 Ind / \$10,000 Family	\$2,500/N/A
Medical Total Out-of-Pocket Out-of-Network	\$8,000 Ind / \$16,000 Family	\$6,500 Ind / \$13,500 Family	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	N/A
Medical Out-of-Pocket includes	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance
Member Coinsurance	30% In / 50% Out	20% In / 40% Out	30% In / 50% Out	0% In / 0% Out	20% In / 40% Out	N/A In / 50% Out
Physician Copay In-Network	\$30	\$20	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$30
Specialist Copay In-Network	\$50	\$40	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$60
Prescription Drugs	\$10/\$20/\$30/\$50/20%/30%	\$10/\$30/\$60/\$100	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$10/\$20/\$30/\$50/20%/30%
Prescription Drugs Total Out-of-Pocket	\$3000 Ind/\$6000 Family	\$2000 Ind/\$4000 Family	Subject to Medical	Subject to Medical	Subject to Medical	\$3000 Ind/\$6000 Family

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO 3000	State-similar PPO	HSA 3400	HSA 5000	State-similar HSA	HMO Blue
Enrollee	\$838.25	\$1,032.19	\$737.48	\$734.21	\$851.50	\$1,135.61
Ee + Spouse	\$1,843.45	\$2,269.96	\$1,621.84	\$1,614.65	\$1,872.60	\$2,497.40
Ee + 1 Child	\$1,290.61	\$1,589.21	\$1,135.46	\$1,130.42	\$1,311.02	\$1,748.45
Ee + Children	\$1,500.21	\$1,847.31	\$1,319.86	\$1,314.01	\$1,523.93	\$2,032.40
Ee + Sp + Child(ren)	\$2,136.70	\$2,631.06	\$1,879.83	\$1,871.50	\$2,170.49	\$2,894.68

Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**Option Pricing (Eff 9/1/2026)**

**Group Name** West Bonner County School District 83  
**Group ID** 10020404

\*Group can have no more than 3 plans.

**Buydown Option**

Medical Benefit	PPO 500	PPO 750	PPO 1000	PPO 1500	PPO 2000
Product	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO	Preferred Blue PPO
Deductible In-Network	\$500 Ind / \$1,000 Family	\$750 Ind / \$1,500 Family	\$1,000 Ind / \$2,000 Family	\$1,500 Ind / \$3,000 Family	\$2,000 Ind / \$4,000 Family
Deductible Out-of-Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network
Medical Total Out-of-Pocket In-Network	\$2,000 Ind / \$4,000 Family	\$3,750 Ind / \$7,500 Family	\$4,000 Ind / \$8,000 Family	\$5,500 Ind / \$11,000 Family	\$3,500 Ind / \$7,000 Family
Medical Total Out-of-Pocket Out-of-Network	\$3,500 Ind / \$7,000 Family	\$5,750 Ind / \$11,500 Family	\$6,000 Ind / \$12,000 Family	\$7,500 Ind / \$15,000 Family	\$5,000 Ind / \$10,000 Family
Medical Out-of-Pocket includes	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance
Member Coinsurance	20% In / 40% Out	30% In / 50% Out	20% In / 40% Out	30% In / 50% Out	20% In / 40% Out
Physician Copay In-Network	\$30	\$30	\$20	\$30	\$20
Specialist Copay In-Network	\$50	\$50	\$40	\$50	\$40
Prescription Drugs	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%	\$10/\$20/\$30/\$50/20%/30%
Prescription Drugs Total Out-of-Pocket	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family	\$3000 Ind/\$6000 Family

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PPO 500	PPO 750	PPO 1000	PPO 1500	PPO 2000
Enrollee	\$1,013.02	\$952.80	\$956.67	\$893.15	\$915.23
Ee + Spouse	\$2,227.81	\$2,095.36	\$2,103.88	\$1,964.19	\$2,012.74
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Ee + Children	\$1,813.01	\$1,705.22	\$1,712.15	\$1,598.46	\$1,637.98
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Product	Preferred Blue PPO	Preferred Blue PPO	H.S.A. Blue PPO (Aggregate)	H.S.A. Blue PPO (Aggregate)	H.S.A. Blue PPO (Umbrella)	HMO Blue N2
Deductible In-Network	\$3,000 Ind / \$6,000 Family	\$350 Ind / \$950 Family	\$3,400 Ind / \$6,800 Family	\$5,000 Ind / \$10,000 Family	\$2,000 Ind / \$4,000 Family	N/A
Deductible Out-of-Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	\$750/N/A
Medical Total Out-of-Pocket In-Network	\$5,500 Ind / \$11,000 Family	\$3,250 Ind / \$6,750 Family	\$5,800 Ind / \$11,600 Family	\$5,000 Ind / \$10,000 Family	\$5,000 Ind / \$10,000 Family	\$2,500/N/A
Medical Total Out-of-Pocket Out-of-Network	\$8,000 Ind / \$16,000 Family	\$6,500 Ind / \$13,500 Family	Combined In & Out Network	Combined In & Out Network	Combined In & Out Network	N/A
Medical Out-of-Pocket includes	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance	Deductible, Copay, Coinsurance
Member Coinsurance	30% In / 50% Out	20% In / 40% Out	30% In / 50% Out	0% In / 0% Out	20% In / 40% Out	N/A In / 50% Out
Physician Copay In-Network	\$30	\$20	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$30
Specialist Copay In-Network	\$50	\$40	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$60
Prescription Drugs	\$10/\$20/\$30/\$50/20%/30%	\$10/\$30/\$60/\$100	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	\$10/\$20/\$30/\$50/20%/30%
Prescription Drugs Total Out-of-Pocket	\$3000 Ind/\$6000 Family	\$2000 Ind/\$4000 Family	Subject to Medical	Subject to Medical	Subject to Medical	\$3000 Ind/\$6000 Family

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PPO 3000	State-similar PPO	HSA 3400	HSA 5000	State-similar HSA	HMO Blue
Enrollee	\$838.25	\$1,032.19	\$737.48	\$734.21	\$851.50	\$1,135.61
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Ee + Sp + Child(ren)	\$2,136.70	\$2,631.06	\$1,879.83	\$1,871.50	\$2,170.49	\$2,894.68

Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Premiums listed do not include COBRA administration at \$.50 PEPM



### Underwriting Quote Conditions

- \* Unless stated otherwise, this proposal assumes the current plan of benefits remains in place.
- \* For dual/multiple plan offerings, each plan must have at least 5% of the total group enrollment.
- \* Rates are effective from 09/01/2026--08/31/2027. This offer must be accepted at least 15 days prior to the effective date. No
- \* Rates are based on the assumption of participation of at least 75% of all eligible employees.
- \* Dependent eligibility must flow through the enrolled subscriber.
- \* The attached rates assume common eligibility between all lines of coverage.
- \* Rates assume at least 50% employer contribution for employees.
- \* We are not issuing a renewal rate guarantee.
- \* No member is allowed to opt off coverage in lieu of compensation.
- \* The broker/agent, if applicable, is acting as the representative of the group/employer.

#### **Idaho School Benefit Trust reserves the right to adjust the quoted rates if:**

- \* The actual number of enrollees changes by more than 10% from the number of enrolled contracts noted above.
- \* Deductibles, coinsurance and/or co-payments will be self-funded by the employer and this was not disclosed during the
- \* New or revised State or Federal mandated benefits or fees/taxes become effective during the group's contract period.
- \* New or revised reports are to be received by the group/broker.
- \* Changes to the benefit plan(s) are requested by the group and agreed to by Blue Cross of Idaho.
- \* Changes are made to the employer contribution, employee eligibility, or probationary period.
- \* Enrollee participation falls below 75%.
- \* Any of the conditions listed above need to be changed.

### ~ Important Summary of Benefits and Coverage Information ~

To view and print a copy of the Summary of Benefits and Coverage (SBC) for your groups current coverage options and the uniform glossary, please log in to the employer portal of our website at [bcidaho.com/employers](http://bcidaho.com/employers). If you need assistance registering on the Blue Cross of Idaho website, please contact your Account Representative.

If you have questions about the SBC, need language assistance or would like a paper copy free of charge, please refer to the Customer Service number on the back of your Blue Cross of Idaho ID cards or call 1-800-627-1188. You can also visit our website at [bcidaho.com/SBC](http://bcidaho.com/SBC) for more information.

**The quote conditions along with the rate page(s) together comprise the entire quote.**