

2024 Plan Options

IDAHO HOME BUILDERS ASSOCIATION





Blue Cross of Idaho is proud to be the exclusive health plan partner of the Idaho Home Builders Association. We have many years of experience delivering a variety of high-value health plan options that allow trade association employers to offer quality healthcare benefits to employees and their families.

By joining a trade association, business owners can elevate their status as an employer by offering rich benefits at cost-effective rates, helping them attract and retain top talent in a competitive labor market.

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 help lower premiums for both employers and health plan members. Association members can trust that their employees and families can get and stay healthy through no-cost clinical solutions.

Our health plan offerings can help business owners who join the Idaho Home Builders Association recruit top-tier employees and stay competitive while investing in the health of their workforce.

Idaho Home Builders Association members get more with a Blue Cross of Idaho plan

- Broad network of 100% of hospitals and 95% of physicians in Idaho
- Value-based care from 99% of in-network providers in 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

Blue Cross of Idaho member benefits

- Preventive care: Annual wellness visits. screenings and immunizations - with no out-of-pocket costs for members
- \$0 copay for children's office visits: Covers visits with primary care providers, specialists and mental health providers (\$0 copay available after deductible on HSA plans)
- Pharmacy benefits: Prescription drug coverage plus access to solutions like Cost Relief that help members save more out of pocket
- Care Management: Clinical support to members in need
- **Condition Support:** Helps members manage chronic health conditions
- Member savings: Discounts on health, wellbeing and fitness products and services



Blue Cross of Idaho district office locations

- Sharecare: Our Core digital wellbeing platform helps members get the most out of their benefits while helping them get and stay healthy.
- Diabetes Prevention Program: Gives members tools to prevent Type 2 diabetes
- Behavioral Health Management: Supports members in need of in- and outpatient behavioral healthcare
- **SmartShopper:** Digital shopping tool directs members to – and rewards them for selecting – low-cost sites of care
- ChoiceDocs: Incentivizes visits with quality doctors
- Several clinical solutions to support members with cancer, joint and back pain, rare and genetic conditions, and more

2024 plan options

MEDICAL PLANS: In-network rates							
		Preferred	HSA Blue PPO				
Options	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	
Network	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	
Out-of-pocket maximum (individual/family)	\$2,500/ \$5,000	\$3,000/ \$,6000	\$4,500/ \$9,000	\$7,000/ \$14,000	\$5,000/ \$10,000	\$6,550/ \$13,100	
Coinsurance	20%	20%	20%	30%	20%	20%	
Prescription copays/coinsurance	\$10/\$20/\$30/\$50/20%/30%			Deductible and coinsurance			
Prescription out-of-pocket maximum options	\$3,000	/\$6,000	\$2,000/ \$4,000	Subject to medical	Subject to medical		
Preventive care/ screening	No charge			No charge			
Pediatric office visits (includes outpatient behavioral health)	\$0 copay			\$0 copay after deductible			
Primary care office visit ChoiceDocs/ Non ChoiceDocs		\$20/					
Specialist office visit ChoiceDocs/ Non ChoiceDocs	\$40/\$60				Deductible and coinsurance		
Telehealth	Office visit copay						
Outpatient rehabilitation services	\$60 copay 30 visits combined						
Diagnostic lab and x-ray services							
Advanced imaging							
Inpatient hospital facility and services	I	Deductible an					
Outpatient surgery and professional facilities							
Emergency room services	\$100 copay and deductible and coinsurance			\$100 copay and deductible and coinsurance			

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			



Plans and options

Preferred Provider Organization (PPO) plans: These plans use Blue Cross of Idaho's statewide network, which includes 100% of hospitals and 95% of physicians.

Health Savings Account (HSA) plans: These plans give members access to the PPO network and let them make pre-tax payroll contributions into their own HSA to use toward qualified medical expenses.

Dental: Our dental plans have been structured to optimize healthy outcomes by increasing access to care, reducing cost for services that treat disease and aligning covered services to support overall health.

Vision: Members can get low-cost WellVision Exams® with Vision Service Plan (VSP) network providers. Members get the most out of their vision benefit when they see a VSP provider for corrective services, eyewear and contact lenses.



Important information

- Employers must be members of the Idaho Home Builders Association and in good standing to offer an Association health plan through Blue Cross of Idaho.
- Employers can offer up to three medical plans to employees.
- All employers, regardless of the number of employees, must offer COBRA coverage to their eligible former employees and dependents.
- Dental and vision coverage is also required with a medical health plan. Employers cannot offer a standalone dental and/or vision without offering a medical plan.
- If the employer leaves the Idaho Home Builders Association health plan at any time, they have to wait two years to rejoin the association health plan. Employers who leave the Idaho Home Builders Association can still offer Blue Cross of Idaho health plans to their employees. Employers who leave the health plan can still maintain their membership in the Idaho Home Builders Association.
- Employers can join the Idaho Home Builders Association and begin to offer health plan benefits at any point in the calendar year.
- The benefit plan year is January 1-December 31.
- If an employer joins the Idaho Home Builders Association partway through the calendar year, they will have a shortened plan year until January 1 of the next plan year.



BREATHEMORE

Simplified healthcare coverage for peace of mind



3000 East Pine Avenue | Meridian, Idaho | 83642-5995 P.O. Box 8406 | Boise, Idaho | 83707-2406

Adoption Agreement & Eligibility Attestation for Association Health Plan Employer Group Enrollment



This Adoption Agreement must be signed by an authorized representative at application and at each renewal.

This ADOPTION AGREEMENT & ELIGIBILITY ATTESTATION FOR ASSOCIATION HEALTH PLAN EMPLOYER GROUP ENROLLMENT ("Agreement") in the association health plan program provided by the Idaho Home Builders Association Benefit Trust Fund ("Association") is hereby submitted by the following Employer Group ("Employer Group"):

FULL LEGAL NAME OF EMPLOYER GROUP LOCATION ADDRESS Street City State Zip Code I certify and attest that Employer Group desires to enroll in the association health plan offered by Association, that Employer Group agrees to the terms of this Agreement and to the terms of the Policy and that: Employer Group is a bona-fide business establishment that meets and will continue to meet all participation requirements, including continued enrollment in the Idaho Home Builders Association. Employer Group is in the construction industry and has an NAICS code starting with 23 (Employer Group's NAICS code is: 2. The majority of Employer Group's income is from home building (for example, 65% of employer group's income is from home building and only 35% is from commercial construction). This Agreement authorizes Association, or its authorized representative, to audit applicable records, no more than one time 4. annually, to confirm that Employer Group meets the eligibility requirements selected in (1) above. Such audit shall not cause undue burden on Employer Group. Employer Group may require Association, or its authorized representative, as applicable, to sign reasonable confidentiality agreements. Employer Group understands that Association and/or its contracted insurer has the right to accept or reject the application for association health plan coverage. Coverage will not commence until the application has been accepted. Employer Group understands and agrees to distribute all plan documents consistent with Association's Guidelines for Distribution, and abide by the eligibility rules applicable to employee and dependent enrollment, COBRA continuation of coverage notice requirements, regardless of the number employees employed by Employer Group, and payment rules as provided in the Policy. Employer Group understands that all association health plan coverage under this Agreement, including any coverage for individuals covered under COBRA continuation of coverage, may be terminated if Employer Group fails to pay the applicable monthly fees as billed by the due date or completion of the grace period, as applicable. Employer Group will fully defend, indemnify and hold harmless Association and its trustees, employees, consultants and administrators against any and all loss, damage, liability, claim, demand or suit resulting from injury or harm to any person or property arising out of or in any way connected with the participation of the Employer Group under this Agreement. This is intended to include, but is not limited to, employment-related claims, statutory violations, breach of contract claims and claims for damages resulting from personal injury or injury to property. Employer Group understands this Agreement can only be revised at renewal in writing and that Employer Group will comply with the Association's policies and procedures as well as the Trust Agreement as it may be revised in the future. 10. The undersigned representative of Employer Group has reviewed the above information, agrees to its accuracy and is not an insurance agent or broker. Print name and title of **Employer Group** representative Date Signature of **Employer Group** representative Producer Title, Name & Agency

Date

Producer Signature