



**Blue  
Cross of Idaho**

2026 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, COBRA benefits, and employee assistance program (EAP) 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

- Value-based care from most Idaho-based providers, with 70% of claims paid as part of a value-based care arrangement
- 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, COBRA and EAP coverage
- Dedicated, local account support from Blue Cross of Idaho employees located across 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
- **Diabetes Prevention Program:** Gives members tools to prevent Type 2 diabetes
- **Behavioral health support:** Telehealth therapy options and clinical support for members in need of in- and outpatient behavioral healthcare
- **ChoiceDocs:** Incentivizes visits with quality doctors
- Several clinical solutions to support members with cancer, joint and back pain, and more

## MEDICAL PLANS: In-network rates

|                                                                       | Preferred Blue PPO                             |                        |                        |                        |
|-----------------------------------------------------------------------|------------------------------------------------|------------------------|------------------------|------------------------|
| Options                                                               | Plan 1:<br>PPO \$1,000                         | Plan 2:<br>PPO \$1,500 | Plan 3:<br>PPO \$3,000 | Plan 4:<br>PPO \$5,000 |
| Network                                                               | PPO                                            | PPO                    | PPO                    | PPO                    |
| Deductible<br>(individual/family)                                     | \$1,000 /<br>\$2,000                           | \$1,500 /<br>\$3,000   | \$3,000 /<br>\$6,000   | \$5,000 /<br>\$10,000  |
| Out-of-pocket maximum<br>(individual/family)                          | \$2,500 /<br>\$5,000                           | \$3,000 /<br>\$6,000   | \$4,500 /<br>\$9,000   | \$7,000 /<br>\$14,000  |
| Coinsurance                                                           | 20%                                            |                        |                        | 30%                    |
| Prescription<br>copays/coinsurance                                    | \$10 / \$20 / \$30 / \$50 / 20% / 30%          |                        |                        |                        |
| Prescription<br>out-of-pocket<br>maximum options                      | \$3,000 / \$6,000                              |                        | \$2,000/<br>\$4,000    | Subject to<br>medical  |
| Preventive care/screening                                             | No charge                                      |                        |                        |                        |
| Pediatric office visits<br>(includes outpatient<br>behavioral health) | \$0 copay                                      |                        |                        |                        |
| Primary care office visit<br>ChoiceDocs/<br>Non ChoiceDocs            | \$20 / \$40                                    |                        |                        |                        |
| Specialist office visit<br>ChoiceDocs/<br>Non ChoiceDocs              | \$40 / \$60                                    |                        |                        |                        |
| Telehealth                                                            | Office visit copay                             |                        |                        |                        |
| Outpatient rehabilitation<br>services                                 | \$60 copay<br>30 visits combined               |                        |                        |                        |
| Diagnostic lab<br>and X-ray services                                  | Deductible and coinsurance                     |                        |                        |                        |
| Advanced imaging                                                      |                                                |                        |                        |                        |
| Inpatient hospital facility<br>and services                           |                                                |                        |                        |                        |
| Outpatient surgery and<br>professional facilities                     |                                                |                        |                        |                        |
| Emergency<br>room services                                            | \$100 copay<br>then deductible and coinsurance |                        |                        |                        |

## MEDICAL PLANS: In-network rates

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

| DENTAL PLANS: In-network rates |                                                                                                                         |  |                                                         |  |                                                                        |  |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------------------------------------------------|--|
| Name                           | Optimal Dental                                                                                                          |  | Dental Blue Connect: Pathfinder Plan                    |  | Dental Copay                                                           |  |
| Network                        | PPO                                                                                                                     |  | Willamette Dental Group                                 |  | DPPO                                                                   |  |
| Deductible                     | \$50                                                                                                                    |  | N/A                                                     |  | \$50                                                                   |  |
| Office visit copay             | N/A                                                                                                                     |  | \$20                                                    |  | N/A                                                                    |  |
| Preventive                     | \$20 copay                                                                                                              |  | \$20 copay                                              |  | \$30 copay                                                             |  |
| Basic care                     | 20% after deductible                                                                                                    |  | Ex: \$25 fillings                                       |  | Ex: \$75 copay for fillings                                            |  |
| Major care                     | 50% after deductible                                                                                                    |  | Ex: \$300 crowns                                        |  | Ex: \$500 copay for crowns                                             |  |
| Annual maximum                 | \$2,000                                                                                                                 |  | N/A                                                     |  | First benefit period \$1,500, second benefit period onward, no maximum |  |
| Orthodontia                    | Lifetime max: \$1,500<br>50% of allowed amount<br>12-month waiting period<br>(Coverage for eligible dependent children) |  | \$2,600 copay<br>(Coverage available for entire family) |  | Not covered                                                            |  |
| Waiting period                 | Yes:<br>6 months basic<br>12 months major<br>Waive if prior coverage                                                    |  | N/A                                                     |  | N/A                                                                    |  |

  

| VISION PLAN: In-network rates |         |           |      |                 |                 | Employee Assistance Program (EAP) |
|-------------------------------|---------|-----------|------|-----------------|-----------------|-----------------------------------|
| Name                          | Network | Frequency | Exam | Materials copay | Frames/Contacts |                                   |
| Vista Preferred               | VSP     | 12/12/12  | \$15 | \$25            | \$200 allowance | 3 EAP sessions                    |

## 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 a member of the Idaho Home Builders Association and in good standing to offer an Association health plan through Blue Cross of Idaho. Employers are not required to be members of the IHBA to receive a quote, but must be member prior to enrollment.
- Employers must have the majority of their income from home building (not from commercial construction) and North American Industry Classification System (NAICS) code starting with 23 (construction).
- 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 Association partway through the calendar year, they will have a shortened plan year until January 1 of the next plan year.
- 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.
- All employers must offer the EAP. Three visits are included with each medical plan offering.
- Enrollment census must consist of at least five adult members with a minimum of three enrolled employees to qualify.
- All members enrolled in the medical plan will be enrolled in the vision plan.
- Dental coverage is non-standard enrollment. This means that the eligible employee has the option to enroll or not.
  - o If the employee enrolls, then the dependents can participate.
  - o If the employee does not enroll, then the dependents cannot have coverage.
  - o The group still has to offer dental to their eligible employees and will contribute based on the actual enrollment.
  - o An employer group can offer one of the three plans as a single option or one of the following plans as a dual option:
    - » Optimal plan and the Dental Blue Connect Pathfinder plan
    - » Dental Copay plan and the Dental Blue Connect Pathfinder plan
  - o The group must offer a dental option to their eligible employees, Groups will contribute based on the actual enrollment.
  - o If an employee does not enroll in an IHBA medical plan, they are not eligible to enroll in an IHBA dental plan.
- If the employer leaves the Idaho Home Builders Association health plan at any time, they must 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.

*The Idaho Home Builders Association Benefit Trust Fund (the "Trust Fund"), a multiple employer welfare arrangement benefit trust fund, has contracted with Blue Cross of Idaho Health Service, Inc., to offer fully insured health insurance to employer groups that are members of the Idaho Home Builders Association and that meet the eligibility requirements established by the Trust Fund.*



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