



2025 Renewal Options

Medical

Dental

Vision

presented by





Teton County 2025 Renewal



Benefit	Blue Cross of Idaho In / Out	Blue Cross of Idaho In / Out	Blue Cross of Idaho with Blue Cross Dental In / Out
Deductible per family	\$7,000 2x	\$7,000 2x	\$7,000 2x
Coinsurance	100% / 60%	100% / 60%	100% / 60%
Out-of-Pocket	\$7,000	\$7,000	\$7,000
Physician Co-Pay	\$20/\$40	\$20/\$40	\$20/\$40
Specialist Co-Pay	\$40/\$60	\$40/\$60	\$40/\$60
Drug Co-Pay	\$10 / \$25 / \$40	\$10 / \$25 / \$40	\$10 / \$25 / \$40
Drug Max OOP	\$1,000 IND / \$2,000 FAM	\$1,000 IND / \$2,000 FAM	\$1,000 IND / \$2,000 FAM
Wellness/Preventive	100%	100%	100%
Mental Health- Outpatient	\$20/\$40/\$60 No deductible	\$20/\$40/\$60 No deductible	\$20/\$40/\$60 No deductible
Mental Health- Inpatient	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Monthly Total	\$65,102.35	\$66,873.09	\$65,766.37
Employee	28 \$591.16	\$607.24	\$597.19
Employee + Spouse	15 \$1,241.29	\$1,275.05	\$1,253.95
Employee + 1 child	4 \$811.46	\$833.53	\$819.74
Employee + children	8 \$1,139.21	\$1,170.20	\$1,150.83
Family	10 \$1,757.10	\$1,804.89	\$1,775.02
Total	65		
Monthly Cost	\$65,102.35	\$66,873.09	\$65,766.37
Annual Increase	-	2.72%	1.02%
Annual Cost	\$781,228.20	\$802,477.08	\$789,196.44
Annual Increase	-	\$21,248.88	\$7,968.24



Teton County

Presented by GBS of Idaho
Dental Renewal Effective 1/1/2025



	Regence Current	Regence Renewal	Blue Cross Option 1	Blue Cross Option 2
Preventive Care Services Cleanings, Xrays	100%	100%	100%	100%
Basic Services Fillings, root canals, periodontic cleanings	80%	80%	80%	80%
Major Services Crowns, Inlays, Onlays, Bridges, Dentures	50%	50%	50%	50%
Calendar Year Max	\$1,000	\$1,500	\$1,250	\$1,000
Calendar Year Deductible <i>Deductible applies to Basic and Major Services only</i>	\$50 /\$150	\$50 /\$150	\$50 /\$150	\$50 /\$150
Waiting Periods				
Preventive Care Services (late EE's only)	3 months	3 months		
Basic Services (late EE's only)	6 months	6 months		
Major Services (late EE's only)	12 months	12 months		
Orthodontia Benefit (Initial Enrollment)	12 months	12 months		
Orthodontia Benefit (Late EE's)	24 months	24 months	12 Months	12 Months
Orthodontia Benefit	\$1,500 Lifetime	\$1,000 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime
Employee Only	31	31	31	31
Employee + Spouse	17	17	17	17
Employee + Child	3	3	3	3
Employee + Children	5	5	5	5
Employee & Family	14	14	14	14
Total Census Count:	70	70	70	70
Total Monthly:	\$ 5,544.20	\$ 6,328.20	\$ 5,164.42	\$ 4,840.40
Total Annual:	\$ 66,530.40	\$ 75,938.40	\$ 61,973.04	\$ 58,084.80
		\$ 9,408.00	\$ (4,557.36)	\$ (8,445.60)
Percentage (+/-)		14%	-7%	-13%



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Vision Renewal
Effective 1/1/2023



Benefit		VSP Current	VSP Renewal
Network		VSP	VSP
		Voluntary	Voluntary
Eye Exam CoPay		\$10	\$10
Frequency		12 months	12 months
Materials CoPay		\$25	\$25
Single Vision		incl	incl
Lined Bifocals		incl	incl
Lined Trifocals		incl	incl
Frames		up to \$130	up to \$130
Elective Contact Lenses		up to \$130	up to \$130
Employee	22	\$6.23	\$6.23
Employee + Spouse	11	\$12.45	\$12.45
Employee + 1 child	7	\$13.34	\$13.34
Employee + children	0	\$13.34	\$13.34
Family	12	\$21.32	\$21.32
Monthly Cost		\$623.23	\$623.23
Annual Increase			0.00%
Annual Cost		\$7,478.76	\$7,478.76



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Group Life & A.D.&D.
Renewal Effective 1/1/2023



	USable Current Benefit	USable Renewal Benefit
<u>Life Benefit</u>	\$20,000 w/Option to \$50K	\$20,000 w/Option to \$50K
<u>Maximum Life Benefit</u>	\$300,000	\$300,000
<u>AD&D</u>	\$20,000 w/Option to \$50K	\$20,000 w/Option to \$50K
Rate Per \$1,000	\$0.195	\$0.195
AD&D Per \$1,000	\$0.030	\$0.030
Additional Basic Life	\$0.230	\$0.230
Dependent Life	\$1.34	\$1.34
Spouse		
Dep Child(ren)		
Monthly Basic Life	\$300.50	\$300.50
Monthly AD&D	\$46.23	\$46.23
Monthly Dependent Life	\$106.10	\$106.10
Total Per Month	\$678.12	\$678.12
Combined Class 1 & 2 Total		
Monthly Increase		0.00%
Annual Cost	\$8,137.44	\$8,137.44