
DEPARTMENT OF ADMINISTRATION OFFICE OF GROUP INSURANCE

SCHOOL DISTRICT INFORMATION



WHO IS OFFICE OF GROUP INSURANCE?

- I.C. 67-5760 – 67-5772

- Powers and duties
- Objectives and considerations
- Retiree medical eligibility and subsidy
- Perpetual appropriation
- Group Insurance Advisory Committee (GIAC)
 - Website: <https://ogi.idaho.gov/group-insurance-advisory-committee/>

WHAT IS THE BENEFITS PACKAGE?

- Active employee medical, pharmacy & dental
 - Vision benefit
 - Prescription drug coverage
 - Employee assistance program (EAP)
 - Condition support programs
 - Telemedicine
 - Case Management & Care Management
 - Cost Advisor/Transparency Tools
 - Nurse Advice Line
 - Identity theft protection
- Retiree medical & pharmacy
 - Limited eligibility
- Health Savings Accounts (HSA)
 - Must use the State's vendor, Navia
- Flexible spending accounts (FSA) *optional*
 - Health care flexible spending accounts
 - Daycare flexible spending accounts
 - Limited Purpose Health Care FSA
 - All administrative fees are paid by the participants

MEDICAL PLAN OPTIONS

- **PPO Network**
- **Traditional Network**
- **High Deductible Health Plan** (on a PPO network) with an employer-funded Health Savings Account (HSA)
 - Employer contributes \$500 Single Coverage / \$1,000 Family Coverage to the HSA
 - The Employer contribution is already built into the employer share of medical premiums that each employer pays per benefit eligible employee, so there is no additional cost.
- **High Deductible Health Plan** (on a PPO network) with no HSA because the employee is not eligible to participate

WHAT ABOUT ALL THE FUNDING LEGISLATION?

- Last year and this year, the Legislature approved additional on-going funds in the discretionary budgets to assist districts in purchasing or enhancing their health care benefits.
 - ❖ These funds are **NOT** contingent on the district joining the State's health plan.
- If a district chooses to join the State's health plan, the Legislature has established the School District Participation Fund at the State Department of Education to assist districts with the one-time buy-in cost to the plan.
 - ❖ These funds are for a very specific purpose and remain at the SDE Participation Fund unless used for the one-time buy-in to the State's health plan.

WHAT IS THE INITIAL ONE-TIME BUY-IN?

- Thanks to a change in the statute this year, the School District Participation Fund will cover 100% of the one-time buy-in to the State's health plan. That formula is:

$$\text{\$3,465} \times \text{Benefit Eligible Employees} = \text{Buy-In Amount}$$

- You may not access these funds for any other purpose than to join the State's health plan

MONTHLY PREMIUM COSTS?

- Premiums update each June for July's coverage; updates typically communicated in early April
- Districts can choose to “Pay for All Eligible” or “Pay for Only those Enrolled”. The Employer share of premiums is different, but the Employee share is the same.
- Premiums are remitted to OGI by the 5th of the month following when they were collected.
- OGI does not send invoices. Districts will remit a deduction register with an EFT.
- Premiums also cover OGI administrative fees.

School districts have the option to choose the premium model that best suites their needs. The premium model can be evaluated/changed with each plan year. Districts with low decline rates may find the Pay for ALL Benefit-Eligible model more advantageous. A district with high decline rates may find the Pay for ONLY those Enrolled model better. We can assist districts in deciding which option is best for them.

Pay for ALL Benefit-Eligible Model
FY2025 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 - June 30, 2025

Full-time Employee (30 - 40 hours per week)						
Employer Medical (No HSA): \$1,068.82			Employer Dental: \$14.50			
Employer Medical (HSA Single): \$1,027.16 and \$41.66 HSA Contribution						
Employer Medical (HSA Family): \$985.50 and \$83.32 HSA Contribution						
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04
Part-time Employee (20 - 29.9 hours per week)						
Employer Medical (No HSA): \$855.06			Employer Dental: \$11.60			
Employer Medical (HSA Single): \$813.40 and \$41.66 HSA Contribution						
Employer Medical (HSA Family): \$771.74 and \$83.32 HSA Contribution						
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$208.06	\$644.98	\$358.72	\$577.18	\$791.90	\$1,063.00
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.48	\$43.20	\$41.92	\$83.44	\$71.62	\$122.08

Pay for ONLY Those Enrolled Model
FY2025 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 - June 30, 2025

Full-time Employee (30 - 40 hours per week)						
Employer Medical (No HSA): \$1177.46			Employer Dental: \$14.50			
Employer Medical (HSA Single): \$1,135.80 and \$41.66 HSA Contribution						
Employer Medical (HSA Family): \$1094.14 and \$83.32 HSA Contribution						
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04
Part-time Employee (20 - 29.9 hours per week)						
Employer Medical (No HSA): \$963.70			Employer Dental: \$11.60			
Employer Medical (HSA Single): \$922.04 and \$41.66 HSA Contribution						
Employer Medical (HSA Family): \$880.38 and \$83.32 HSA Contribution						
	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$208.06	\$644.98	\$358.72	\$577.18	\$791.90	\$1,063.00
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.48	\$43.20	\$41.92	\$83.44	\$71.62	\$122.08

WHAT ABOUT ELIGIBILITY FOR BENEFITS?

- The school district can determine which employees are eligible for health care benefits. You are **NOT** required to make all employees 20+ hours benefit eligible to participate in our plan.
- Eligible employees will then be defined as either “Full Time” / Tier 1, or “Part Time” / Tier 2.
- Premiums will be due according to the tier designation.

WHAT ABOUT OUR RETIREES?

- If the retiree was hired before June 30, 2009, and under age 65, they are eligible to join our group retiree plan.
- All other retirees may use their unused sick leave balances or retirement benefit to access established carrier relationships for medical, dental, long-term care, and/or Medicare Advantage/Part D/Supplement plans.

SPEAKING OF SICK LEAVE?

- Joining the State's health plan will not cap the amount of sick leave that district employees can transfer to PERSI
- The State and PERSI have relationships with a number of carriers for a variety of health coverages that are eligible for sick leave.

IF WE JOIN, HOW LONG ARE WE LOCKED IN?

- If you join the State's health plan, you are required to participate for at least five (5) years.



Office of Group Insurance

650 W. State Street, Ste 100

Boise, ID 83720-0035

(208) 332-1860

(800) 531-0597

ogi@adm.idaho.gov

<https://ogi.idaho.gov>