Benefits At A Glance
For the plan year that runs July 1, 2021 - June 30, 2022 (FY2022)

*Consult your agency’s hr office or the Office of Group Insurance for enrollment periods applicable to benefits summarized below.*

The state of Idaho is pleased to offer a comprehensive benefits package for employees of state agencies, political subdivisions, universities and colleges which includes medical and dental insurance, as well as life insurance, disability coverage and flexible spending accounts.

Benefits are an important component of Total Compensation along with salary and retirement. We encourage employees to explore and understand the benefits available offered in order to make the best decisions to meet their insurance needs.

This is only an overview of the benefits program administered by the State’s Office of Group Insurance (OGI). For detailed benefits, plan coverage, eligibility, premiums and more, visit:

https://ogi.idaho.gov

MEDICAL INSURANCE: Options include Blue Cross of Idaho Preferred Provider (PPO), Traditional or an HSA compatible (no funded HSA) High Deductible plans. Each medical plan provides comprehensive coverage with different levels of out-of-pocket expenses and premium contribution rates. The State partners with Blue Cross of Idaho to provide participants access and education in their healthcare decisions.

New this year, a weight management program (Wondr Health), diabetes lifestyle management program (Livongo), acupuncture coverage, and exclusive specialty pharmacy services.

The Blue Cross member portal, members.bcidaho.com, includes information about other services including:

- cost transparency tools (CostAdvisor)
- telehealth/virtual care (MDLive),
- identity theft protection (Experian),
- searchable prescription formulary (IngenioRx),
- 24/7/365 nurse advice line,
- chronic condition management programs,
- searchable database of network providers,
- employee assistance program (EAP),
- chiropractic and acupuncture services,
- blue extras discount program, and more.

There are no enrollment waiting periods for medical insurance for benefit eligible employees. The agency and the employee share the cost of premiums. The employee’s share of premium is based on the plan type and number of people they enroll for coverage. A detailed Summary of Benefits & Coverage (SBC) for each plan type as well as full plan contracts and premium rates are available on the Office of Group Insurance website. Employees may also choose to decline benefits at any point during the year.

DENTAL INSURANCE: When an employee enrolls in a medical plan, they are required to enroll for at least self-only dental coverage. Employees can continue with self-only coverage, regardless of the number of dependents on their medical plan, or they can elect family dental coverage. Premiums are based on the number of people enrolled on the employee’s plan. New this year, all listed preventive dental services are covered at 100%. Premiums and plan contracts are posted on the Office of Group Insurance website.
VISION BENEFIT: Each medical plan includes adult and pediatric Vision Benefits. Blue Cross of Idaho contracts with VSP (Vision Service Plan) to administer these benefits. Members can choose a VSP network provider for a lower copay and higher frame allowance, or a non-network provider with a set reimbursement for services, frames and lenses. Pediatric vision is covered at 100% in-network (with limited frame selection); 50% out-of-network. Review the plan contracts for adult reimbursements and pediatric covered services.

PREMIUM ONLY PLAN: A tax-advantaged program where employees can elect to have medical and dental premiums deducted on a pre-tax basis, before federal or state income tax or FICA taxes are withheld.

EMPLOYEE ASSISTANCE PROGRAM (EAP): All benefit eligible employees and their dependents have access to confidential, short-term counseling to help them handle concerns constructively, before they become major issues. The EAP includes up to five (5) visits per person per plan year with no copayment required.

FLEXIBLE SPENDING ACCOUNTS: Health Care Flexible Spending Accounts (HCFSA) and/or Day Care Flexible Spending Accounts (DCFSA) allow employees to use pre-tax dollars to pay for expenses not covered by health insurance (i.e. copayments, deductibles, prescriptions) and/or child care expenses. Employees do not have to enroll in any other health benefit plan to participate in flexible spending.

New employees, or those with a qualified life event specific to the Day Care FSA, have 30 days to enroll, or you must wait until the next open enrollment period. Enrollment for flex accounts is done on an annual basis and does not carry over from year-to-year.

BASIC LIFE INSURANCE: Life insurance is provided by the agency at no cost to the employee. The agency's HR office will provide employees with the Principal Life Insurance Enrollment/Beneficiary Designation form.

ACCIDENTAL DEATH & DISMEMBERMENT: Included in the Basic Life Insurance policy, no special enrollment is required. AD&D provides a percentage of annual salary for certain serious physical losses, including loss of life, due to a covered accident.

SHORT & LONG TERM DISABILITY: Disability coverage is included in the Basic Life policy, no special enrollment is required. When an employee is unable to work because of an illness, including pregnancy, or injury, the employee may be eligible for disability benefits. Disability benefits can provide a source of continuing income and/or continued access to group insurance coverages for a period of time. Disability benefit amounts may be directly reduced by other sources of income.

VOLUNTARY TERM LIFE (VTL) INSURANCE: Employees may purchase additional term life insurance up to 3x their annual salary as well as additional spouse and dependent coverage. New employees who elect coverage will need to check the appropriate box on the Principal Life Insurance Enrollment/Beneficiary Designation form AND complete a Voluntary Term Life enrollment form within 30 days of hire; with no proof of insurability required. Employees can apply for VTL coverage at anytime; those without a qualifying life event who apply after the 30-day initial enrollment period must provide proof of insurability before enrollment can be evaluated.