

COBRA Benefits

Everything you need to know about your
employee benefits for the 2024 plan year

Idaho Plans



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This guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

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Medical

Allegiance - Copay PPO Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
Deductible	\$1,500/ Person \$3,000/ Family	\$5,000 / Family \$10,000 / Family
Coinsurance	20%	50%
Out-of-Pocket Maximum	\$3,000 / Person \$6,000 / Family	\$10,000 Person \$20,000 / Family
Preventive Care	Covered in Full	50% AD
Office Visits		
Primary Care	\$25	50% AD
Specialist	\$50	50% AD
Urgent Care	20% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
Emergency Room	20% AD	20% AD
Hospital Services		
Minor Lab Testing and X-Ray	20% AD	50% AD
Major Diagnostic and Imaging Services	20% AD	50%AD
OP Mental Health/Substance Abuse	20% AD	50% AD
Inpatient Hospital	20% AD	50% AD
Outpatient Surgery	20% AD	50% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	\$10	\$20
Tier 2	\$25	\$50
Tier 3	50%	50%

AD = After Deductible

2024 Premiums

Status	Cost Per Month
Employee Only	\$626.30
Employee & Spouse	\$1,321.08
Employee & Child(ren)	\$1,185.59
Family	\$2,016.38

Looking for a provider? Check out the [Provider Search Here >](#)



Medical

Allegiance - Buy Up HSA Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
Deductible	\$2,000/ Person \$4,000/ Family	\$5,000 / Family \$10,000 / Family
Coinsurance	20%	50%
Out-of-Pocket Maximum	\$4,000 / Person \$8,000 / Family	\$12,000 Person \$24,000 / Family
Preventive Care	Covered in Full	50% AD
Office Visits		
Primary Care	20% AD	50% AD
Specialist	20% AD	50% AD
Urgent Care	20% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
Emergency Room	20% AD	20% AD
Hospital Services		
Minor Lab Testing and X-Ray	20% AD	50% AD
Major Diagnostic and Imaging Services	20% AD	50%AD
OP Mental Health/Substance Abuse	20% AD	50% AD
Inpatient Hospital	20% AD	50% AD
Outpatient Surgery	20% AD	50% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	20% AD	20% AD
Tier 2	20% AD	20% AD
Tier 3	50% AD	50% AD

AD = After Deductible

2024 Premiums

Status	Cost Per Month
Employee Only	\$554.80
Employee & Spouse	\$1,192.90
Employee & Child(ren)	\$1,049.65
Family	\$1,784.08

Looking for a provider? Check out the [Provider Search Here >](#)



Medical

Allegiance - Base HSA Plan

Calendar Year Benefits	In-Network You Pay	Out-of-Network You Pay
Deductible	\$4,000/ Person \$8,000/ Family	\$5,000 / Family \$10,000 / Family
Coinsurance	30%	50%
Out-of-Pocket Maximum	\$7,500 / Person \$15,000 / Family	\$13,800 Person \$27,000 / Family
Preventive Care	Covered in Full	50% AD
Office Visits		
Primary Care	30% AD	50% AD
Specialist	30% AD	50% AD
Urgent Care	30% AD	50% AD
Telemedicine - HealthJoy	Covered in Full	Not Available
Emergency Room	30% AD	30% AD
Hospital Services		
Minor Lab Testing and X-Ray	30% AD	50% AD
Major Diagnostic and Imaging Services	30% AD	50%AD
OP Mental Health/Substance Abuse	30% AD	50% AD
Inpatient Hospital	30% AD	50% AD
Outpatient Surgery	30% AD	50% AD
Pharmacy	Retail 30 Day Supply	Mail Order 90 Day Supply
Tier 1	30% AD	30% AD
Tier 2	30% AD	30% AD
Tier 3	50% AD	50% AD

AD = After Deductible

2024 Premiums

Status	Cost Per Month
Employee Only	\$474.20
Employee & Spouse	\$1,031.28
Employee & Child(ren)	\$907.53
Family	\$1,542.52

Looking for a provider? Check out the [Provider Search Here >](#)



Dental

Cigna Dental PPO SA Plus

Plan Features	DPPO - Base Plan You Pay	DPPO - Buy Up Plan You Pay
Calendar Year Deductible (waived for Preventive Services and Orthodontics)	\$50 per person (maximum 3 per family)	
Annual Maximum	\$1,000 per person (for all expenses)	\$2,000 per person (for all expenses)
Preventive Services X-rays, cleanings, exams	Covered in Full	Covered in Full
Basic Services Fillings, extractions, root canals	10% AD	10% AD
Major Services Dentures, crowns, bridges	40% AD	40% AD
Orthodontic Benefits For Adults & Children	No Benefit	50%
Orthodontic Lifetime Maximum	N/A	\$2,000

AD = After Deductible

2024 Premiums

Status	Base Plan Cost Per Month	Buy Up Plan Cost Per Month
Employee Only	\$21.87	\$27.17
Employee & Spouse	\$43.77	\$53.86
Employee & Child(ren)	\$56.34	\$73.93
Family	\$85.60	\$111.05

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Vision

VSP

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Woodgrain’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Plan Features	Base Plan You Pay	Buy Up Plan You Pay
Exam (once every 12 months)	\$20	\$10
Frames (one every 24 months for Base plan, once every 12 months on Buy Up plan)	\$130 allowance + 20% discount	\$200 allowance + 20% discount
Lenses (one every 12 months)		
SingleVision	\$20	\$20
Bifocal	\$20	\$20
Trifocal	\$20	\$20
Contact Lenses in Lieu of Eyeglasses (one every 12 months)		
Elective	\$130 allowance	\$200 allowance

Out-of-network benefits are available on both the Base and Buy Up plans. Benefits vary and any applicable benefit payments will be reimbursed to you upon completion of a claim form.

[Click here](#) for information on how to submit for reimbursement.

2024 Premiums

Status	Base Plan	Buy Up Plan
Employee Only	\$4.74	\$7.69
Employee & Spouse	\$9.51	\$15.40
Employee & Child(ren)	\$10.16	\$16.46
Family	\$16.23	\$26.31

Looking for a provider? Check out the [Provider Search Here >](#)

**If you have
questions about**

Contact

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Plan brochures,
enrollment materials,
general benefit
information

GBS COBRA
Services

(801) 364-7233

Medical and Dental

Allegiance

(855) 999-2268

www.askallegiance.com

Pharmacy

Navitus

(855) 673-6504

www.navitus.com

Vision

VSP

(800) 877-7195

www.vsp.com
