



Blue Cross of Idaho

SHORT TERM PPOSM

Effective November 1, 2020
through January 31, 2021

Monthly rates when you choose 1-4 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Non Smoker	Smoker
Under 30.....	\$ 144.00	172.24
30 - 39	196.57	235.90
40-49	269.84	322.90
50-59	415.44	497.26
60-64	595.38	712.41
One child (non-smoker)	\$ 94.44	
Two or more children (non-smoker)	188.88	

Deductible of \$1,000

Under 30.....	\$ 98.79	118.17
30 - 39	134.87	161.85
40-49	185.15	221.56
50-59	285.03	341.18
60-64	408.48	488.77
One child (non-smoker)	\$ 64.80	
Two or more children (non-smoker)	129.60	

Deductible of \$2,000

Under 30.....	\$78.37	93.76
30 - 39	106.98	128.41
40-49	146.89	175.78
50-59	226.11	270.68
60-64	324.07	387.80
One child (non-smoker)	\$ 51.42	
Two or more children (non-smoker)	102.84	

SHORT TERM PPOSM

Effective November 1, 2020
through January 31, 2021

Monthly rates when you choose 5–6 months of coverage

Deductible of \$500

Age of Applicant or Spouse	Non Smoker	Smoker
Under 30.....	\$ 151.20	180.85
30 - 39	206.40	247.70
40-49	283.34	339.04
50-59	436.21	522.11
60-64	625.16	748.03

One child (non-smoker)	\$ 99.16
Two or more children (non-smoker)	198.32

Deductible of \$1,000

Under 30.....	\$109.27	130.71
30 - 39	149.18	179.02
40-49	204.80	245.06
50-59	315.27	377.38
60-64	451.81	540.63

One child (non-smoker)	\$ 71.68
Two or more children (non-smoker)	143.36

Deductible of \$2,000

Under 30.....	\$80.59	96.40
30 - 39	110.00	132.03
40-49	151.04	180.73
50-59	232.48	278.32
60-64	333.20	398.73

One child (non-smoker)	\$ 52.86
Two or more children (non-smoker)	105.72

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Short-Term PPO plans do not meet the definition of minimum essential coverage (MEC) as defined by the Affordable Care Act.
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