Blue Cross of Idaho

SHORT TERM PPO℠

Effective January 1, 2024 through March 31, 2024

All of our short-term plans offer a $45 copay for the first 3 office visits and $1 million lifetime max

Monthly rates: 1–6 months of coverage

Age (Applicant or Spouse)	Non-smoker	Smoker
$1,500 DEDUCTIBLE | COINSURANCE 20%		
0-19	$ 99.60	$ 119.52
20-24	99.60	119.52
25-29	99.60	119.52
30-34	114.54	137.44
35-39	149.40	179.28
40-44	164.34	197.20
45-49	199.20	239.04
50-54	293.82	352.58
55-59	373.50	448.20
60+	448.20	537.84
Per Child	79.68	

Age (Applicant or Spouse)	Non-smoker	Smoker
$3,000 DEDUCTIBLE | COINSURANCE 20%		
0-19	$ 82.03	$ 98.44
20-24	82.03	98.44
25-29	82.03	98.44
30-34	94.33	113.20
35-39	123.04	147.65
40-44	135.35	162.41
45-49	164.06	196.87
50-54	241.98	290.38
55-59	307.60	369.13
60+	369.13	442.95
Per Child	65.62	

Age (Applicant or Spouse)	Non-smoker	Smoker
$1,500 DEDUCTIBLE | COINSURANCE 50%		
0-19	$ 89.04	$ 106.84
20-24	89.04	106.84
25-29	89.04	106.84
30-34	102.38	122.86
35-39	133.55	160.26
40-44	146.91	176.28
45-49	178.07	213.68
50-54	262.64	315.17
55-59	333.88	400.64
60+	400.64	480.78
Per Child	71.22	

Age (Applicant or Spouse)	Non-smoker	Smoker
$3,000 DEDUCTIBLE | COINSURANCE 50%		
0-19	$ 73.12	$ 87.76
20-24	73.12	87.76
25-29	73.12	87.76
30-34	84.10	100.92
35-39	109.69	131.63
40-44	120.66	144.79
45-49	146.26	175.51
50-54	215.72	258.87
55-59	274.24	329.08
60+	329.08	394.89
Per Child	58.50	

Rates per child only apply for up to three dependents

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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Form No. 20-050 (10-23)