Employee Benefits at-a-glance, 2019/2020 plan year (All deductibles/out of pocket maximums start over October 1st)

MEDICAL OPTION 1, PacificSource PPO Plan

PacificSource

Deductible: $1500 Ind/ $3000 Family 80% Coinsurance in Network/Member pays 20% after deductible.

Maximum out of pocket: $6250 Individual/$12,500 Family.

OFFICE VISITS: $30 Primary Care/$45 specialty

Preventative Care Visits: Covered 100%

Diagnostic Lab & X-Ray: Subject to Deductible/Coinsurance

Pre-Tax Cost Per Paycheck

	PPO Base	PPO Wellness
Emp Only	$55.98	$38.07
Emp & Spouse	$120.25	$102.34
Emp & Child	$79.44	$61.53
Emp & Children	$107.39	$89.48
Emp & Family	$159.38	$141.47

Rx COPAY

$15 Generic
$250 Brand deductible
$30 Brand
$50 Non Formulary Brand
$200 Copay for specialty Drugs

MEDICAL OPTION 2 & 3 HSA individual or family

PacificSource

Deductible: $2,000 Ind/ $2700 family individual embedded/$5200 Family, 80% Coinsurance

In Network/Member pays 20% after deductible

Maximum out of pocket: $5,000 Individual/

Bonner County is Funding HSA accounts for the 2019/2020 benefit year:

Individual, $1,500.00 funded to HSA account

Family, $2,000.00 funded to HSA account

OFFICE VISITS: Subject to Deductible/ Coinsurance
Preventive Care Visits: Covered 100%
Diagnostic Lab & X-Ray: Subject to Deductible / Coinsurance
Maternity: Subject to Deductible/ Coinsurance
Hospital Services: All Services Subject to Deductible /Coinsurance
Emergency Room: Deductible/Coinsurance

Pre-Tax Cost Per Paycheck

	HSA Base	HSA Wellness
Emp Only	$39.97	$23.98
Emp & Spouse	$80.47	$64.48
Emp & Child	$53.17	$37.18
Emp & Children	$71.88	$55.89
Emp & Family	$106.66	$90.67

Rx COPAY

All Prescriptions Subject to Deductble / Coinsurance*

**Deductible waived for certain preventive medications*

DENTAL

Option 1, DELTA: 1464

Delta PPO or Premier: $50 Deductible
Individual Benefit Max: $1,250 PPO/$1000 Premier
Premier Preventive: Covered at 100% PPO/80% Premier
Basic: Covered at 80% PPO/70% Premier
Major: Covered at 50% PPO/40% Premier
Orthodontic: No Orthodontia Coverage
***Deductible and benefits start over January 1st**

Option 2, WILLAMETTE: ID29

Willamette Dental: Must go to Willamette Clinic
No Deductible / No Annual Maximum, $15 Copay per Visit
Diagnostic & Preventive: Covered 100% Fillings: Covered 100%
Root Canal: Covered 100% Porcelain / Metal Crowns: $225
Copay Bridge: $225 Copay
Comprehensive Orthodontia: $2,800 Copay

Pre-Tax Cost Per Paycheck

	Dental
Emp Only	$2.50
Emp & Spouse	$5.00
Emp & Child	$5.00
Emp & Children	$5.00
Emp & Family	$7.50

**See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.*

VISION: GV-2733

One plan only.
$10 Exam Copay (Every 12 months)
$25 Material Copay (Every 12 months)

Lenses: Covered in full every 12 months after copay

Frames: $130 Allowance (Every 24 months)

Contacts: (in lieu of glasses) $130 allowance (Every 12 months)

Pre-Tax Cost Per Paycheck

	Vision (VSP)
Emp Only	$0.00
Emp & Spouse	$2.70
Emp & Child	$3.09
Emp & Children	$3.09
Emp & Family	$6.52

LIFE INSURANCE: GL-2733 & G2-2733

Employer Paid Group Life/AD&D Benefit: Employee, 1x Annual Earnings, rounded to the next higher $1000. Dependent, $1,000.

Voluntary Supplemental Life: up to $100k guaranteed upon hire or up to $250k (not to Exceed 3x's annual earnings) through underwriting anytime after. Supplemental spouse/Dependent Life available. See benefits booklet for pricing by age band and amount.

DISABILITY: GD-2733 & GS-2733

Employer Paid Long-Term Disability : Replaces up to 60% of income in event of partial or total long term disability. 90 Day Elimination Period (length of time you are unable to work before benefits begin) **Benefit Period**: Own Occupation 24 Months, then until Social Security Retirement for any occupation. Subject to underwriting after initial enrollment period.

Voluntary Short-Term Disability: Replaces up to 60% of Gross Weekly Earnings. Maximum Weekly Benefit: $1,000. Benefit Period: 12 weeks elimination.

Accident Insurance

Indemnity Plan—Plan pays you based on a schedule of benefits for certain off-the-job accidents & injuries for which you receive medical care such as burns, broken bones, emergency room and urgent care visits, fractures and hospital admission for example.

The money comes directly to you for you to pay your providers or other bills, etc. you may need the money for after an accident or injury.

Post-Tax Cost Per Paycheck

	Accident
Emp Only	$6.49
Emp & Spouse	$10.24
Emp & Child	$10.89
Emp & Children	$10.89
Emp & Family	$17.14

Critical Illness

Indemnity Plan— Plan pays you based on a schedule of benefits for certain serious illnesses such as cancer, heart attack, stroke or kidney failure for example.
This plan will also pay you $50 per day for hospital confinement as well as $25 per year for your getting your annual wellness exam.
See benefits booklet for pricing by age band and amount.

EAP

Up to 6 FREE counseling visits
for every member of your household
Call 1-866-750-1327 confidentially
access
EAP benefits, **MyRBH.com**
Access Code: BonnerCounty

**See full benefit summaries for out of network benefits, exclusions, limitations, and contract clarifications.*