

Employee Benefits at-a-glance, 2020/2021 plan year



Pacific Source

MEDICAL OPTION 1, Copay Plan (All deductibles/out of pocket maximums start over October 1st)

Deductible: \$1,500 Individual/
\$3,000 Family

In-Network Coinsurance: After deductible, plan pays 80% and member pays 20%

Maximum out of pocket:
\$6,250 Individual/\$12,500 Family

OFFICE VISITS: \$30 Primary Care/\$45 Specialty
Preventive Care Visits: Covered 100%
Emergency Room: \$100 Copay + Deductible/Coinsurance
Prescriptions: \$250 Deductible Brand-Specialty
\$15 / **\$30 / \$50 / \$200**
(Generic/Pref .Brand / Non Pref.Brand/ Specialty)

Pre-Tax Cost (24 Paychecks)	Non Wellness			Wellness		
	Employer Monthly	Employee Monthly	Employee Per Paycheck	Employer Monthly	Employee Monthly	Employee Per Paycheck
Emp Only	\$408.82	\$123.16	\$61.58	\$463.45	\$68.53	\$34.27
Emp & Spouse	\$878.28	\$264.55	\$132.28	\$958.62	\$184.21	\$92.11
Emp & Child	\$580.19	\$174.77	\$87.39	\$644.21	\$110.75	\$55.38
Emp & Children	\$518.70	\$236.26	\$118.13	\$593.90	\$161.06	\$80.53
Emp & Family	\$1,164.03	\$350.64	\$175.32	\$1,260.02	\$254.65	\$127.33

Pacific Source

MEDICAL OPTION 2 & 3, HSA Plan individual or family (All deductibles/out of pocket maximums start over October 1st)

Individual Plan Deductible: \$2,000

Family Plan Deductible: \$2,800 Individual embedded /\$5,200 Family

In-Network Coinsurance: After deductible, plan pays 80% and member pays 20%

Maximum out of pocket: \$5,000 Individual/
\$10,000 family

Prescriptions:

All Prescriptions Subject to Deductible / Coinsurance*

**Deductible waived for certain preventive medications*

OFFICE VISITS: Subject to Deductible/Coinsurance

Preventive Care Visits: Covered 100%

Emergency Room: Deductible/Coinsurance

Pre-Tax Cost (24 Paychecks)	Non Wellness			Wellness		
	Employer Monthly	Employee Monthly	Employee Per Paycheck	Employer Monthly	Employee Monthly	Employee Per Paycheck
Emp Only	\$386.84	\$87.93	\$43.97	\$431.61	\$43.16	\$21.58
Emp & Spouse	\$778.93	\$177.03	\$88.52	\$839.90	\$116.06	\$58.03
Emp & Child	\$514.68	\$116.97	\$58.49	\$564.73	\$66.92	\$33.46
Emp & Children	\$473.51	\$158.14	\$79.07	\$531.05	\$100.60	\$50.30
Emp & Family	\$1,032.44	\$234.65	\$117.33	\$1,103.88	\$163.21	\$81.61

Bonner County is Funding HSA accounts for the 2020/2021 benefit year*:

	Non Wellness	Wellness
Individual	\$1,500	\$1,800
Family	\$2,000	\$2,300

**Any employee who does not complete required steps / identity verification for set up of H.S.A Account within 60 days forfeits the employer funding for the year.*

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

NEW! Dental Implants:** Covered with annual benefit maximum of \$1,500. **Maximum resets January 1st.

Pre-Tax Cost Per Paycheck (24 Paychecks)

	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; VSP Network
 \$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 (24 Paychecks)

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

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 (24 Paychecks)

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

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

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/AD&D Benefit: 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. Pre-existing condition exclusions / limitations apply.

Voluntary Short-Term Disability: Replaces up to 60% of Gross Weekly Earnings. Pre-existing condition exclusions / limitations apply. Maximum Weekly Benefit: \$1,000. Benefit Period: 12 weeks elimination.

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. Pre-existing condition exclusions apply. 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. Pre-existing condition exclusions / limitations apply. See benefits booklet for pricing by age band and amount & detail for pre-existing condition clause.

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

